

1-7-2015

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Recommended Citation

Hattangadi, Vivek (2015) "Patient-centered Marketing Practices for Pharma India," *Manipal Journal of Pharmaceutical Sciences*: Vol. 1 : Iss. 1 , Article 1.

Available at: <https://impressions.manipal.edu/mjps/vol1/iss1/1>

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INVITED EDITORIAL

Patient-centered Marketing Practices for Pharma India

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The Indian Pharmaceuticals Market (IPM) is third largest in terms of volume and thirteen largest in terms of value, as per a pharmaceuticals sector analysis. It is highly fragmented, with an estimated 25,000 companies. However, fewer than 300 are in the organized sector. Currently, chronic therapies constitute 40 % of the market. In the coming decade however, chronic therapies will dominate; by 2025, it may constitute 65-70% of the IPM.

Although the IPM is growing at nearly 12 to 15 %, the growth of the chronic therapy segment is over 25 %. This growth could have been healthier, but for the myopic marketing practices and the obsolete promotional tools. Doctors are averse to this. They close their minds when medical representatives start communicating. Yet Pharma India is persisting with the traditional methods of marketing.

The New Marketing Myopia of Pharma India

Ted Levitt in 1960 coined the term 'Marketing Myopia'. His advice was to focus on customers. And this can come only when Pharma India recognizes its true customer. Who is the customer? Is it the doctor or the patient?

Historically, doctors have had a close relationship with the pharmaceutical industry. This relation has come under close scrutiny. Articles are written in medical journals, the lay press, books are written and the social media is a buzz with this subject. Kessler says that today's marketing practices have influenced the doctors but alienated the patients¹. It is very true to India too. The marketing practices here have inured to the disadvantage of the patients.

A paradigm shift in marketing practices is the need of the hour. It is towards patient-centered marketing. The prime importance to Pharma India should be a patient's health and welfare.

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Patient Centered Marketing

Patient centricity means putting the needs and preferences of the patients at the centre of marketing strategy. Here are some of the basics of patient-centric marketing.

Doctor-Patient Relationship

Medicine has changed a lot over the years, for the better or the worse. Certainly the technology, medications, and treatment options for diseases have improved over the years and will continue to improve. Sadly, however, the quality of the doctor-patient relationship has suffered a serious decline. The main reason is that doctors no longer have enough time to spend with an individual patient.

This is a good place for Pharma India to start. Patient advocacy groups hardly exist in India. Pharma India can initiate patient advocacy groups which can help doctors and patients come closer and develop dependable relations. Ersoy et al say that patient advocacy can help the patients obtain information which will facilitate their ability to decide or enable them to reach the sources of information². Shah and Garg add that such groups can be a liaison between patients and doctors in order to improve or maintain high quality of healthcare for the patients³. These groups further can develop creative support programs or provide educational material for patients. Various services can be offered to strengthen the bond between doctors and patients.

Patient adherence

Non-adherence is a major barrier in good patient care. Lack of adherence to drug regimens is a serious health issue, especially among the elderly. Adherence is the extent to which patients follow the recommendations of the doctors on medication, diet or lifestyle modifications. Non-adherence as per the Frost and Sullivan Whitepaper can constitute many forms, including not having a prescription filled, taking an incorrect dose, taking medications at incorrect times, forgetting to take doses, or stopping therapy before the recommended time⁴. Medication non-adherence is not just a serious problem in

healthcare; it carries an appreciable economic burden as well.

Although there is no Indian data on the revenue losses due to non-adherence, as per Capgemini Consulting, globally the revenue loss is estimated to be \$564 billion^{5,6}. Pharma India must realize that investing on such patient-centric activities can increase their sales revenues several fold.

Adherence programs fail because of the heavy dependence on the busy doctors for implementation. Pharma India can develop adherence programs for their drugs. It can change the traditional marketing approach which is now embedded in the socialization of doctors. At present, the notion of crafting marketing strategy with the patient at the hub is of considerable value. Patient-centric commercial strategy holds considerable potential in generating revenue growth⁷. Possibly, a collaboration among competitors, which is unthinkable at this point of time, can decide the future of industry growth via patient adherence programs.

Managing a chronic disease is complex and many factors can impact successful treatment from lack of education and patient apathy, to medication costs and environment. Adherence becomes all the more important considering that the share of chronic therapies is consistently increasing and patients need indefinite treatment.

Communication with patients

Peters makes an important point: *“Effective doctor-patient communication is a central clinical function in building a therapeutic doctor-patient relationship, which is the heart and art of medicine. This is important in the delivery of high-quality health care”*⁸.

The importance of this is not of recent origin but recognized many years back. Hall et al said in 1981 that *“Medicine is an art whose magic and creative ability have long been recognized as residing in the interpersonal aspects of patient-physician relationship”*⁹.

Doctor’s communication and interpersonal skills will help them get a better insight into the patient as an individual, not just the disease. They will be able to elicit quality information from the patient. This will not just facilitate precise diagnosis, but will help in giving clear therapeutic instructions and counseling. What’s more, excellence in communication will establish caring relationships with patients.

In a country like India with diverse cultural and ethnic background at times, through non-verbal communication, the quality of interaction between doctors and patients can certainly be better¹⁰.

Pharma India can assist the healthcare givers in this field; especially the nursing staff which needs to be educated in communication with patients. Language is often a barrier in effective interaction. Mandal and Basu in their article in ‘The Telegraph’ of 30 August 2014 reported that: *“Doctors and CEOs of some hospitals acknowledge that language is a problem that sometimes nullifies the nursing skills these caregivers possess. For patients, it can be a nightmare trying to convey something to a nurse for whom Bengali or Hindi might as well be Greek. A nurse short on language skills becomes a liability especially while handling a patient in pain”*¹¹.

Communication does not mean just words. In my book on *“Total Communication®: The DNA for Effective Communication”*, I have pointed out that *“Many doctors may not really understand the incredible impact and importance of body language as this subject is never taught in medical schools”*¹².

Are the medical professionals good listeners? One visit to a medical college hospital will tell you how much time a doctor has for the patients. In this milieu, listening to patients is improbable. Empathy and Emotional Intelligence are very important while treating patients. Empathy has been the subject of thorough study in human sciences. Carl Rogers says that empathy is one of the necessary conditions of a functioning care giving relationship. The attitude of comprehending their feelings and emotions and seeing things from their point of view helps the medical professionals to be more effective in caring for patients¹³.

This ‘healing touch’ of empathy in communication can be handled by the patient advocacy groups. Once again, Pharma India could offer their services to doctors, especially the upcoming ones.

Handling side effects

Medical science has not advanced to that extent that it has been able to develop and produce drugs which are devoid of side effects. Patients with chronic ailments have to live with them. The emotional distress due to side effects is difficult to handle. What are those side effects which are inevitable and how to live with them should be an area of concern for Pharma India. Patients can learn about the importance of adherence to medication, side effects management through videos produced by the manufacturing company. Pharma India can address specific topics of concern to patients, with the goal of advancing the knowledge of patient needs—for example, managing side effects. This group can also address the challenges faced by caregivers in caring for patients with side effects. For instance, a patient who is undergoing chemo

therapy, a caregiver at home, may not know if the signs of distress are treatment or cancer related. Lack of information about the side effects can result in confusion and distress for the caregiver and the patient.

Geriatric attention

While the Indian ethos respects the senior citizens, advocacy groups for such patients are non-existent. Many caregivers may not be sure of what's going on with their elderly parent's health. There is no one who can take the time to explain to them. Falls are common and the leading cause of injuries among people. Senior citizens have the right to information about their health and the right to be treated with dignity and respect. The doctor may genuinely be concerned about such problems but may not have the time and wherewithal's to handle this. For Pharma India this is an opportunity to assist and build relations with doctors.

CONCLUSION

From the retrograde marketing practices, can Pharma India transit into patient-centric marketing? The established commercial model needs more than just a revolution –a paradigm shift is required. The traditional model of pharmaceutical selling by demonstrating product efficacy to prescribers is being challenged. Today, the medical professionals have to face knowledgeable, engaged and internet savvy patients who can confront them and challenge their reputation. Pharma India must have at its heart the development of genuine partnerships between doctors and patients. It should nurture advocacy groups that prioritize healthy patient outcomes. It is also essential that doctors avoid putting their personal interest, or the interests of pharmaceutical companies, before those of the patients.

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