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The Most Powerful Name in Corporate News

Positive Customer Relations for Pharmaceutical and Healthcare Brands

Jay Bolling - *CEO*

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- Jay Bolling

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About PulseCX
PulseCX is headquartered just outside of Philadelphia, PA. The company helps pharmaceutical and healthcare brands understand and support consumer and professional customers with communications and experiences that are relevant, relatable, and authentic.

Interview conducted by: Lynn Fosse, Senior Editor, CEOCFO Magazine

CEOCFO: ***Mr. Bolling, what do you understand at PulseCX about advertising that perhaps others do not?***
Mr. Bolling: At PulseCX, we believe the traditional approach to advertising has become ineffective. Many companies, both client and agencies alike, are still using a very traditional model for healthcare marketing communications, which is to present the features and benefits, over and over again, and expect our target audiences to engage with our brand messages. In today’s ‘information sharing’ age people are ignoring “push” messaging, so we’re firm believers that, to be effective, we need to establish relationships with our customers ‘first’, and then deliver our brand messages through these relationships and their specific customer experiences.

CEOFO: ***How does that work day to day?***
Mr. Bolling: I’ll use a specific example that relates to one of our clients. Unfortunately, at a certain age, many women experience a medical condition called overactive bladder (OAB). Since it’s a very embarrassing condition, they often hide it, use pads, and are typically very

embarrassed if they ever have to talk about the condition (even with their doctors). As a result, they don't talk to their doctors, and they don't want to talk to their friends. So imagine typical DTC advertising – promoting brand features and benefits that are trying to get women to do exactly what they don't want to do – talk to their doctors about this embarrassing condition. So why do we expect this to work? At PulseCX, we look at the specific situation (the "patient journey") and, rather than talking 'at them' about a specific brand, we ask ourselves, how we can make patients more comfortable? How can we help them with the physician-patient dialogue they dread so much? How can we educate them and make it easier for them to have these embarrassing conversations? Are there ways we can reach them through other (trusted) sources so our messages aren't coming only from the brand manufacturer (who they don't know, and certainly don't trust)? Can we use 'unbranded' advertising to raise awareness of the condition and get them to understand that it's truly a "medical condition" and not just part of getting older; that it's not something they need to be embarrassed about. Different than traditional DTC 'advertising', our approach was to create an "engagement model" that creates interaction with women, gets them to identify with the condition, and prompts them to talk about the product. Pfizer did this very well with erectile dysfunction. They put the disease on the map for people who were afraid to talk about it, or were just uneducated about it. They leveraged third parties to talk about it (of course, now there is a plethora of social media that can be used as well).

CEOCFO: ***Let us say you are working with that product. What would you do? How would you start the process?***
Mr. Bolling: We start the process by understanding specifically who that woman is. What are the key insights regarding her condition and treatment options, and what is her "journey" from start to finish? We'll identify women at all different points along the journey – from those who are in absolute denial, because it makes them feel older and reminds them they're not who they think they are (or want to be), to those who are ready to take action, because they've recently had an accident in public and this embarrassment alone has motivated them. By identifying key moments along the journey where we can insert our brand messages, and using iterative messaging that specifically relates to different aspects of the journey, we get a much greater uptake of our messages and prompt discussion among our target audience.

CEOCFO: ***How do you measure this indirect approach?***
Mr. Bolling: We use hard and soft measures. Soft measures typically relate to audience response – number of opt-ins, website hits, duration of interaction, information downloads, etc. We also look at hard methods, like new or refill prescriptions, use of co-pay cards, or other metrics that relate directly to our clients' bottom lines. We establish test markets and test matrices whenever we can. We're always looking at ways to measure what's working, and what's not working, so we can continually optimize the results of every campaign.

CEOCFO: ***What goes into deciding where and how you place? Is it the type of product, the type of condition, or is it what is going on in the world at the moment? How do you come up with your plan?***
Mr. Bolling: I think it starts with an understanding of the target audience, both behaviorally and attitudinally, to really understand where s/he gets information, and at what points in time along the journey we can best influence her/him. For one of our clients, this meant leveraging the retail pharmacy setting to raise awareness of osteoporosis among older women because it represented "the perfect storm". When people walk into a pharmacy, they're typically thinking about their health, they're thinking about potential treatment options, and they're ready to buy. In

fact, it was very interesting that, based on insights research, one of the most effective areas within the pharmacy to engage older women about their health was in the greeting card aisle. When women are buying get well and birthday cards, they're often thinking about their own age, health, and overall wellness – in essence, we found them to be more susceptible to information there than they might be in other areas of the store.

CEOCFO: *What are some of the unique challenges in healthcare advertising?*
Mr. Bolling: The number one common answer to this question is typically the regulatory environment, but many products, in many industries, have regulatory restrictions. If you've been in healthcare marketing for any length of time, you learn to work within these restrictions. To me, the greatest challenge in healthcare marketing is the fact that *no one wants to take our product.* Think about it – we have a situation where, if people had their 'druthers, they wouldn't use our products at all – ever! They only do so because they've been told they 'have to'. And even when people are told they have to take their Rx or it could be potentially fatal, they still don't because they feel they're invading their body with "chemicals". The real challenge in healthcare marketing is to get someone to think of a pharmaceutical product not like a chemical, but like a vitamin.

CEOCFO: *There is so much talk of getting a pill to feel better that it seems almost contradictory what you are saying. How does that match up with some of the other thinking?*
Mr. Bolling: Just look at adherence rates for chronic medications. Whether they're for lifestyle or life threatening conditions, it doesn't matter. Within six months of starting a prescription, 50 to 70 percent of patients will stop taking a Rx product – even when they should be taking it for the rest of their lives; even when it's one of the things they can do to save their lives. Prescription medications are 'conflicted objects' because, while they're designed to help treat people, every time someone takes a pill it reminds them they're sick and they're not normal. In essence, they're not the person they wish they were who doesn't have to take this pill. If you look at the statistics, people over 60 take an average of four and a half prescriptions per person. They're constantly taking pills that remind them they're getting older (because they never had to take those pills when they were 30). The idea of taking a pill to feel better is an easy thing to say, but I suggest you ask any of your friends whether they like taking Rx medication. Almost all of them will say "no".

CEOCFO: *Are you aiming at the people who do not continue to take medication, as well as new customers? How do you address both?*
Mr. Bolling: We have a long history of working in patient relationship marketing to increase product adherence. We developed one of the first programs in the industry back in 1991 that helped older men take their prostate therapy, and we've gone on to develop programs for people with diabetes, cardiovascular disease, asthma, and many other disease states. Over the years, we've learned one of the fundamental causes of poor patient adherence is that people don't fully 'accept' their condition. Many are in denial, some are apathetic, and a lot of people just don't know what they need to do. To address these different issues, we look at where people are in the different stages of acceptance – i.e., are they in the *avoidance stage* (often characterized by denial and apathy), the *assessment stage* (where they understand they have to take the medication, but may not know how or why), or the *acknowledgement stage* (when they're ready to take the medication, but need more information about access, cost, etc.). People don't forget to take their

medication. They make a conscious choice not to and communications need to address their specific issues and change their mindsets. In essence, we need to communicate with them in ways that help them to understand and accept the fact that it's important for them to take their medications. For some people, that's wanting to see their granddaughter get married. For others, it's because they want to be there for someone else.

CEOCFO: ***Would you typically develop several approaches in a campaign or do you try to aim for something that will encompass many possibilities?***
Mr. Bolling: The key to effective communications is to make sure people can find themselves in those communications. At PulseCX, we're firm believers that patient experience starts with the first exposure. A patient's first exposure to the product, and in many ways to the disease and how they're going to perceive it, is going to affect whether they continue to take the medication six or nine months from now. A big element of this 'perception' is the patient-physician interaction. In fact, the number one reported reason for non-adherence is associated with a patient's relationship with her/his doctor – i.e., if you don't trust your doctor, you're not going to trust the medication that s/he prescribes. What we try to do is prepare patients up front, when they're first exposed to our messages, well before their medications are prescribed.

CEOCFO: ***What are one or two things you have learned over time that resulted in a major change in your approach?***
Mr. Bolling: My approach changed from traditional branded advertising to a focus on direct response and relationship marketing back in 1993. In the '90s, our industry was plagued by its success. One blockbuster after another, you watched the industry waste promotional budgets by spending hundreds of millions of dollars on relatively ineffectual DTC advertising. They deployed thousands and thousands of sales reps to call on doctors and impart their brand messages (so much so that >30% of doctors no longer want to see sales reps in their practices). It was all "push-push-push". Bigger share of voice meant bigger sales, or so they thought. In 2008, all that came to an end. The recession forced industry change, and everyone realized they couldn't keep spending that kind of money with limited ability to measure its results. Marketers started to realize they could use more targeted techniques that are just as effective but twice as efficient. That's when my direct response background really came in handy. If we can target the right people with the right offer and the right message, we're going to get a much greater impact than if we just blanket the world with our messages. When you have to do twice as much with half the budget (which is the new mantra in the healthcare industry), you have to think twice as hard about what approach you take.

CEOCFO: ***PulseCX is a fairly new name for your company. Why the change and why now?***
Mr. Bolling: I acquired the agency four years ago and, at the time, I knew I wanted to create a new brand that reflects the future, as opposed to the past. But changing a brand is a very big event for a company, and my first obligation was to get the right people and processes in place and clearly define the vision for the new company. Roska Healthcare had a tremendous 30-year heritage in our industry, but it represented what we did in the past, not necessarily what we're currently doing or will be doing in the future. Direct response and relationship marketing will always be at the core of what we do, but they're not the only things we do. For us, it was really around how we take the benefit of our past and create a new brand that reflects where we're going. We went through a 15-month process to ensure we practiced what we preach. We started with market research to gain the insights necessary to establish the positioning,

message platform, and brand development. We went through the naming process, and the legal process, and launched the new brand on May 1st. One of the most exciting things for me is to see what it's done for the morale and culture at our company. Truly, PulseCX is now everyone's brand. It doesn't reflect the founder of a company who they may have never met, or even a specific individual. It represents the approach and culture that's going to do things differently and drive business in the future – one that's truly centered around the customer experience.

BIO: With more than 25 years of healthcare marketing experience, Jay Bolling is a recognized thought leader and innovator among today's pharmaceutical and medical device marketers.

Jay has helped PulseCX pioneer a new approach that fuses the best elements of disease awareness, brand advertising, digital media, and direct marketing to maximize the customer experience (CX).

He is the Past President of the Healthcare Communication & Marketing Association (HCMA) and is on the Editorial Board of The Journal of Management & Marketing in Healthcare, The Journal of Communication in Healthcare, and PM360 magazine.

Jay is the proud father of three girls, and loves to fish, golf, travel, and ski.