

Novel Drugs: Challenging Entrenched Prescriber/Investment Behaviour is not Just About Education

Behavioural science's time has come in the pharma industry, as medical communications adapt to a more ambitious and diverse treatment landscape. Drawing on examples from across public health and life sciences, Alpharmaxim's founder, William Hind, brings to life the science of behavioural change and how its strategic, structured application within medical communications could help deliver important new drugs into the hands of the patients who need them.

Behavioural science, long proven in influencing consumer behaviour (e.g. nudging the public to make greener or healthier choices), is rising swiftly up the pharma agenda – and for good reason.

Novel therapies, often with expensive price tags and more targeted patient populations, require strategic new positioning if they are to have a maximum positive impact on patients. Whether to challenge established prescribing practices, or to effectively get across a therapy's value to health authorities and investors, drug developers and licence holders must adapt to the increased sophistication now needed in their communications strategies.

This isn't simply a case of educating the market about the new product's benefits, however. There are other factors that keep decision-makers coming back to habitual choices. It is here that behavioural science comes in, and in particular, the need for methodology when identifying how to use omnichannel communications to maximum impact.

What is Behavioural Science?

Behavioural science draws on psychological theory and the social sciences to understand why individuals follow or resist certain behaviours.

In a public health or 'responsible citizen' context, behavioural science has been used successfully across a range of high-profile cases. These include encouraging people to follow COVID-19 guidelines,¹ or

adapt behaviour in line with climate change recommendations,² for example by reducing air travel or meat intake. Behavioural science has also been used to encourage vaccine uptake,³ and motivate people to make healthier lifestyle choices, such as increasing physical exercise, reducing obesity and driving up the number of people who stop smoking.⁴

The Opportunity in Pharma

In Life Sciences, behavioural science has a powerful role to play in medical communications – specifically in overcoming barriers to changing prescribing behaviour.

This is important so that healthcare providers (HCPs) don't automatically default to their habitual choices of medical or treatments but become more open to emerging options which may improve patient outcomes. So much so that the UK's Medical Research Council (MRC) is now advocating the use of behavioural science in the design of interventions such as marketing campaigns, to ensure that important new biopharma innovation fulfils its potential for patients.

Evidence of Inertia & Other Barriers to New Treatment Pathways

While it's possible to make an educated guess about HCPs' reasons for falling back on tried and tested treatment choices (including officially recommended first-line treatments, budget restrictions, and/or a lack of knowledge of the emerging options), the reality is usually more complex.

The established COM-B model for behavioural science sets out 93 different techniques and how they can be successfully combined to address barriers to change, based on the relative roles of Capability, Opportunity, and Motivation (M) as determinants of current behaviour. (Examples follow below.)

As HCPs strive towards their claimed goals of increased patient centricity, and place more emphasis on the patient experience as well as quality of life, understanding and proactively overcoming a given combination of barriers to behavioural change in a very targeted way among prescribers, or drug

funders, will be important if patients are to gain access to the best options now available to them.

Indeed, detailed research is currently being carried out into why the latest ostensibly transformational treatments for Parkinson's disease aren't making headway, despite early promise. Once published, later this spring, the results are likely to further support the case for more sophisticated medical communications campaigns designed to challenge HCP preconceptions.

A Knowledge Gap is Rarely the Only Issue

Pharma companies tend to excel at educating funders and HCPs about new assets and their mechanism of action (MOA); the specifics around their efficacy and the improvements they will bring; as well as the target disease and the unmet medical need. Yet this activity only represents one-third (the Capability element) of the combined factors that may affect a change in behaviour.

It may be that the HCPs involved don't have access to the right resources to see through a new treatment plan. Or perhaps prescribers are not being encouraged to try something new by their peers, or by the system they are in, are hampered by a lack of time or a failure to see the value of the new path.

When it comes to rare diseases, by their nature these are seldom seen by physicians' day to day. Treatments might be perceived to have some symptomatic relief but nothing to impact on the disease progression; or patients or their HCPs may fail to act on the diagnosis out of a lack of belief that there is anything positive that can be done. Lack of motivation or opportunity can be as significant a barrier as lack of capability (e.g. awareness or education), so campaigns should address those factors too, rather than simply inform relevant stakeholders about the new drug.

In other cases, HCPs and patients may have accepted as inevitable what many people would consider a gruelling regime if it is keeping the individual alive. A new therapy might be seen to disrupt the equilibrium



that had been achieved, even where there is a promise of an improved quality of life. In at least one case, further probing revealed that patients' parents were the main source of resistance.

Confidence Issues: Negative Perceptions & Neurodegenerative Disease Treatments

In common with other neurodegenerative diseases such as Alzheimer's, Parkinson's has been the subject of important novel treatments which have been heralded with great fanfare but have not delivered for patients. After a series of failed launches, it would seem that no amount of new education can substantially tackle the sense of poor motivation, where confidence has been eroded. A more involved approach will be needed.

Distilling the particular combination of 'blockers' to behaviour change is the first step in designing an effective medical communications campaign. Ideally this needs to be guided by a structure, framework or methodology, to ensure that campaigns are evidence rather than assumption based and have maximum impact across the target blend of channels.

Knowing How and When to 'Nudge' Your Target

Behaviour change frameworks contain a set of instructions to guide the development of

a behaviour change strategy, in this case a medical communications campaign.

Drawing on the COM-B model – which differentiates Capability, Opportunity and Motivation as drivers of Behaviour – medical communications teams can start to determine what kind of campaigns might work best to drive change.

In a public health context, COVID-19 required a series of new behaviours, starting with fastidious handwashing, face-covering and keeping a distance from others. Getting the public on board required improving their knowledge of what to do and how (Capability); ensuring they had access to soap/hand gel or face coverings (Opportunity); developing a clear plan of when they should do these things and align this with why they needed to do it or what they would get from it (Motivation - e.g. reduce the risk of negative outcomes/protect themselves and others).

At Amsterdam's Schiphol Airport more than two decades ago, repeat issues with the cleanliness of the men's toilets prompted alternative thinking. Putting up signs did nothing to drive 'a better aim', but when the creative team designed a realistic 'fly' into the ceramic of the urinals, suddenly customers' 'targeting' became more accurate. The change was possible; it was a case of finding the right motivation. The impact was

striking, too, reportedly an 80% reduction in urinal spillage and an 8% reduction in total WC cleaning costs at the airport.

How a Framework Can Help

Behaviour change frameworks encourage those developing communication strategies to be specific about the changes in behaviour that are needed (e.g. losing weight is not a specific behaviour, whereas reducing high-calorie food intake or walking X number of steps is). With strong, evidence-based insights into the changes that are needed, and the specific barriers that need to be overcome, it becomes easier to identify the right type of message and content, as well as the most effective combination of modes of delivery – and when these should be targeted at a population vs more individual level, to maximise the omnichannel opportunity.

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William Hind

William Hind founded Alpharmaxim in 2001. Alpharmaxim helps cross-functional biopharma teams communicate effectively with clinicians about new medicines or alternative treatment regimens and their potential to improve the patient experience, supported by relevant scientific evidence.

Email: william.hind@alpharmaxim.com