"A healthy man has many wishes, a sick man only one."
— Indian proverb

INTRODUCTION

Why Physician Customer Experience? Why Now???

Physicians are vital to our society.

They are trusted advisors to the world on what matters most—people's health. Everything else fades in importance when you or someone you love is sick. Physicians diagnose disease, communicate treatment options and recommend the best path forward.

Can you imagine a world without physicians?

Neither can we!

And neither can pharmaceutical companies. Partnering with physicians is required for their life-improving and often life-saving medicines to reach patients.

Yet, despite their importance to pharmaceutical companies, the experience of their customers, Physician Customer Experience ("CX") has not been their focus for most of the brief history of the

pharmaceutical marketing. And perhaps "brief" is the problem. A quick look at some key moments in the history of pharmaceutical industry will help set the stage for the rest of the book.

Pharmaceutical marketing in the United States, in its current form, with the multitude of drugs being promoted by major companies using many promotional channels, has only been seen in its present form for a relatively short period of time, i.e., less than 100 years. Merck was an early leader on this front, but the German company lost its position, and its patents and other assets, as a result of World War I. The interwar years between 1918 and 1939 saw two major discoveries, insulin and penicillin, that helped launch the pharmaceutical industry and its marketing arm.

In 1957, the NHS introduced a virtual price fixing scheme that, by guaranteeing drug companies a suitable return on their investments, provided pharmaceutical marketers with a (sorry!) significant shot in the arm. Oral contraceptives, introduced in the 1960's, significantly turned up the competitive flame in the pharmaceutical marketplace. In many drug classes, 1st, 2nd, 3rd and 4th in class products were approved in rapid succession. Under these competitive circumstances, many pharmaceutical companies were told by their consultants that they had to build large armies of "Detail Men" to market their products to doctors in their offices. Typically, male Registered Pharmacists when all of this began, the numbers of soldiers in these armies quickly ramped up to 100,000 "Pharmaceutical Sales Representatives" covering physicians' offices in the United States. Soon the profile evolved to male and female alike and they were no longer pharmacists by training, but professional salespeople who were directed by consultants as to who they should call on and how often ("reach times frequency") and carefully scripted as to what they should say. These scripts approved by legal, of course.

In 2020, Pharmacy Times noted that "Pharmaceutical marketing is big business and it continues to grow at a rapid rate. In fact, the marketing spend in the pharmaceutical sector has increased by nearly 70% in the past 20 years (2000-2020) and now totals nearly $30 billion dollars." Growth in pharmaceutical marketing spend has continued, perhaps to an irrational level.

And amazingly, during all this hubbub, virtually no one stopped to ask the physician customers how they felt about being on the receiving end of all this marketing attention, or inquired whether the *customer experience* with which they were being provided met their needs and eventually the needs of their patients.

But in recent years this has changed. As will be discussed extensively throughout this book, the US pharmaceutical market of the 2020's is a far different place than it was in previous decades. Four major factors account for these differences.

First, a significant downward spiral in the price of many of the prescriptions being filled has taken much of the money out of the marketing coffers for such products. As this book is being written in 2024, 90% of the prescriptions being dispensed in the United States are being filled with generic products. Oral contraceptives that once fetched $25 for a monthly cycle when that amount of money constituted a significant percentage of a patient's monthly paycheck now bring 1/10th of that amount or less in the form of insurance company reimbursement. Antarthritics, antihypertensives and other products are also sold at "generic" price levels, leaving little money for marketing and little reason to market.

Second, the Primary Care Physicians that write for such products, including General Practitioners, Family Practice Physicians, and Internists, have lost much of the interest that they formerly drew from pharmaceutical marketers. Quite simply, the products that these doctors are prescribing are typically being filled gener-

ically, making marketing to them a less-than-profitable venture.

The third shift, a corollary of the previous two, is a shift in marketing focus to "specialty" drugs for more complicated diseases, still patent-protected and often priced at thousands of dollars per month per patient, and the specialties (e.g., Dermatologists, Oncologists, Rheumatologists) who prescribe them.

And the fourth and final shift, and the primary focus of this book, is that pharmaceutical companies must now pay close attention to the *customer experience* they are providing to these physicians.

The reasons for this final shift to the customer experience include:

- Specialty drugs are often complicated for physicians to use, requiring doctors to be presented with more extensive and comprehensive prescribing information, **not** just the marketing "jingles" that would suffice to sell the simpler, GP oriented products that were the focus of previous years. Relatedly, physicians are looking for "guidance" as to where and how to use the products in their practices, not the repetition of the same "product message" time after time.
- These products are often complicated for patients to use as well, requiring drug companies to establish Patient Support Programs, either themselves or through partner "Hubs," to assist patients in onboarding and remaining on the products.
- The expense of these products often requires

pharmaceutical companies to provide Patient Assistance Programs (often part of Patient Support Programs), providing access to the drugs at reduced cost for indigent patients.

These and other considerations are finally causing pharmaceutical companies to give Physician Customer Experience, which we will frequently refer to throughout this book as "Physician CX," the same focus that Customer Experience has long since received in other industries like hospitality, automobiles, financial services, etc.

NOTE. This book has been specifically written for professionals in the pharmaceutical industry who have, as all or part of their job responsibilities, helping pharmaceutical companies become more customer centric. This means having a laser like focus on the customer (in this case the physician), to implement this new focus expertly, and to optimize the company's long term profitability as a direct and measurable result.

Viewing Physician CX Through The Lens Of Psychology

Before delving into Physician CX, we need to begin with a clarification. More specifically, we need to state clearly and emphatically that when we say that this book is about the "Psychology of Physician CX," we mean just that. As you study the pages below, you will see that we are talking about Physician CX being founded on the principles of classical psychology, certainly NOT based on the glitz of "pop" psychology.

Several important realizations flow from this fact. First, when we talk about Physician CX we need to focus less on attitudes and

other "soft" measures, and more on **behavior**.

Psychology is best defined as "The scientific study of behavior," and we have found that it is through this lens that we can get the best understanding of how Physician CX actually works. More specifically, there is an old saying among psychologists that "The best predictor of future behavior is past behavior." Thus, as we think in subsequent pages about the design of optimal physician experiences, it is best to assume that unless some major force comes along and knocks them off their tracks, physicians will continue to seek the customer experiences that they have found pleasing in the past and continue to avoid those experiences that they have historically avoided due to their displeasing nature.

Which brings us directly to a second and related point. That is, a major focus of psychological research is the formation, maintenance and change of **habits,** and a study of Physician CX is best conceptualized in terms of studying physicians' habits in engaging with pharmaceutical companies.

Later in this book, we will see that physicians' interactions with pharmaceutical companies are primarily driven, as is most of their (and our!!!) behavior, by habits. We will see that these habits are consistent enough for an individual physician as to let us categorize that doctor in terms of their "Physician Engagement Persona." A Persona is nothing more nor less than a pattern of habits, things that a physician does and things that they habitually avoid doing in engaging with pharmaceutical companies. These habits, built up over time, became sufficiently stable that we will find that even in the face of a force majeure like the COVID-19 Pandemic, most physicians did not permanently alter these habits.

BUT … Habits can change in response to changing practical situations and zeitgeists. For example, we will discuss how physicians' traditional reliance on Pharmaceutical Sales

Representatives (PSRs) for information, now being thwarted by forces like the coronavirus, by institutions forbidding interactions with these reps and by increasing pressures on physician schedules is now turning doctors' attention to greater reliance on virtual and digital media.

Which brings us to the last two psychological constructs on which we need to focus before diving directly into our discussion of Physician CX, i.e., **reward** and **punishment**.

From a psychological perspective, we have found that it is best to define a "good" Physician CX as one that provides the doctor with something they want, a reward, and/or helps them to avoid something they don't want, a punishment. We will see, for example, that physicians typically demand a quid pro quo for time they invest in engaging with a pharmaceutical company. New and valuable information "updates," drug samples, lunch for the office staff, etc. are all examples of rewards that can yield, for certain physicians, a positive CX. In designing physician experiences, we need to build in as many rewards as practical.

Conversely, we will discuss the fact that a doctor feeling that they have lost control of their schedule is often perceived by the practitioner as a punishment, yielding a "bad" Physician CX. For example, a PSR that "drops in" to an office and overstays their welcome constitutes a punishment. In fact, we will see that some physicians refuse to allow PSRs to visit without prescheduling, thus permitting these doctors to avoid the punishment of interruption of the flow of their scheduled patients.

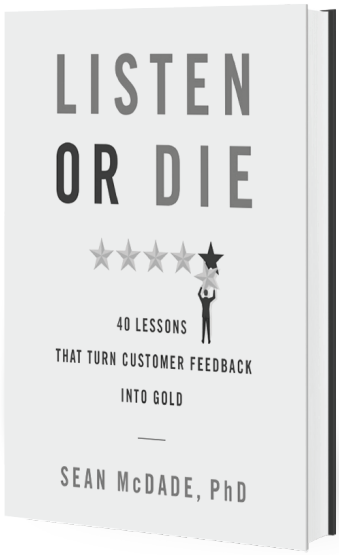
Behavior, habit, reward, and punishment. Relying on these and other psychological constructs, we have found, is the best, most rigorous way to study, and to positively influence, Physician CX.

Hence the title of this book, "The Psychology of Physician CX." It is also this viewpoint that caused the two authors, Dr. Richard

Vanderveer and Dr. Sean McDade, to join together in writing this important book, and more generally, to focus their careers on bringing "CX," long commonplace in other verticals, to center stage in the Pharma space.

Dr. Vanderveer holds a Ph.D. in psychology and has spent the last 50 years of his life studying the psychology of the physician, and reporting what he discovered about their knowledge, attitudes and practices back to his pharmaceutical company clients. While he is fluent in all of the research methodologies employed in pharmaceutical marketing research and CX research, his method of choice is typically the "open mic" conversation with physicians, permitting him to listen to physicians describe their behaviors, habits, rewards and punishments. In fact, Dr. Vanderveer recommends to the reader that you must **Listen** to your customer if you are to design, measure and manage positive Physician CX.

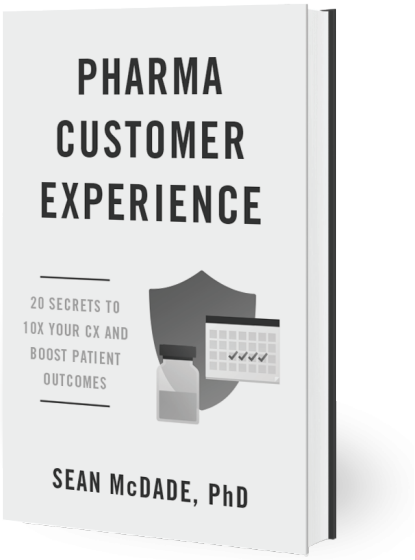
Dr. Sean McDade holds a Ph.D. in Business Administration and is CEO of PeopleMetrics, a leading provider of CX and Market Research solutions. Sean brings to this effort over 20 years of experience in CX management, spanning a wide range of industry verticals including automotive, hospitality and financial services in addition to healthcare. He so strongly agrees



with Dr. Vanderveer's imprimatur that it is important to "listen to the customer" that he entitled his first book on CX management **"Listen or Die."**

However, he adds to his recommendations another key "L" word... **Learn**. More specifically, Sean's experience in those other verticals has allowed him to gain a much broader perspective on how to make CX work inside your company, and he readily shares that perspective with clients in his books, webinars, speaking engagements, etc. Quite simply, he believes that CX management has now developed into a huge body of knowledge, and that it is essential for CX practitioners to become familiar with this body of knowledge.

BUT. This book is not an academic treatise, replete with hundreds of references and salutations. Rather, the CX body of knowledge from which it draws consists of the thousands of interviews that PeopleMetrics has conducted with patients over the past 20 years, and the thousands of research "open mic" conversations Dr. Vanderveer has conducted with physicians over the course of his 50-year career.



Speaking of the CX body of knowledge, "way back" in late 2021, Dr. McDade penned *Pharma Customer Experience*, the book pictured here and available through Amazon in paperback, Kindle and audible ver-

sions. If you haven't read that book, you should probably cue it up for reading when you have completed the book you have in your hands.

Why? Simple! Based on his years of working in Customer Experience, or "CX", Sean reasonably decided to focus his first volume primarily on *patient* experiences with pharmaceutical companies. Patients are the ultimate customer for pharmaceutical products. AND. Successfully getting patients to "onboard" with a new therapy and remain on it over time can be, as he rightfully points out in this volume, literally a matter of life and death.

BUT. Drugs are "directed consumer goods." Translation? Think about college textbooks. Sure, it's the college student who must shell out the increasingly large amounts of money for these books. BUT. It is the students' professors who select the textbooks. That means that for textbook publishers, both the students and the professors are customers whose experience matters. Prescription drugs work the same way. While a patient's behavior is critical in purchasing and using a drug, the patient's "HCP" (Health Care Provider), historically a Physician, but increasingly including Nurse Practitioners and Physician Assistants, are also key customers, since it is they that need to initiate the process by writing a prescription.

Bottom Line? Pharma CX inherently involves the perceptions of both the patient *and* the HCP. As Sean points out in *Pharma Customer Experience*, patients and physicians are "co-customers" of pharmaceutical companies. While Sean primarily covered the former in his previous book, this book primarily covers the latter. Read this book to understand Physician CX, read Sean's *Pharma Customer Experience* Book to get up to speed on Patient CX, and you will have a pretty good idea of how these "co-customers'" experiences interact in the Pharma space.

We need to stop here and make an important point. It is increasingly popular to refer more generally to "HCPs" (Health Care Practitioners or Health Care Providers) rather than to exclusively focus on physicians. Indeed, Physician Assistants and Nurse Practitioners are increasingly important in the delivery of healthcare and thus in pharmaceutical marketing. BUT. The pharmaceutical industry has over the years spent, and continues to spend, most of its dollars on the study of physicians through marketing research, and most of its promotional dollars are spent on physicians as well. The authors of this book have spent a combined 65 years studying "the psychology of the physician," and have spent far less time studying the other HCPs. Extrapolating from what we know about how physicians think, and assuming that other HCPs think exactly the same way, is not without its risks.

The upshot of all of this? It is a good bet that NPs, PAs and other HCPs will become even more important in years to come as the "doctor shortage" becomes even more critical. Thus, it will be increasingly important to understand their customer experiences. BUT. We are not there yet.

Hint. Look for the next book in this series to cover "HCP CX," with special emphasis on PAs and NPs.

And while we're explaining things, what's with "Way back in 2021???" Another simple answer. As Sean rightfully noted in his previous book, the COVID-19 pandemic in the United States changed the whole notion of CX as it relates to physicians. Prior to the coronavirus pandemic, a physician's primary "touch point" with a pharmaceutical company was a PSR. The PSR would typically visit the doctor's office regularly and "update" the physician on such matters as new indications and formulary coverage changes for one or more products. If appropriate for the product(s) they represented, PSRs would also provide "samples" of

the product, patient aid materials, and access to other company touch points like Medical Science Liaisons to answer any clinical questions from physicians. More recently, PSRs have also been charged with informing physician offices about Patient Assistance Programs (PAPs) that provide drug access to patients who otherwise could not afford the medication and Patient Support Programs (PSPs) that provide needed information often through case managers via Hubs, most often for more complicated specialty products.

Over the last decade, however, PSR access to physicians' offices had been slowly but surely declining. Doctors are pressured to see more patients each day, and increasingly find that the "reminder details" and social chatter that PSRs often engage in were not good uses of their time. In 2020, this declining trajectory of PSR access to physicians was accelerated by COVID-19, which closed most physician offices in the United States to PSRs and patients alike. Video platforms like Zoom were pressed into use in doctors' offices overnight. Functions served here included letting physicians continue to treat their patients through "telehealth," and allowing PSRs to continue to stay in contact with physicians through "virtual details."

Over the course of 2021 and 2022, as the US entered the "post-pandemic" or "endemic" period, physician offices reopened to patients, but in many cases visits from PSRs were still significantly curtailed. Moreover, new physician "Personas" emerged in terms of the way the doctors differed in their engagements with pharmaceutical companies before and after the pandemic. These Personas will be described in detail in subsequent sections of this book.

So, the bottom line is we teamed up on this book to focus on Pharma's other co-customer, the physician, because we felt that

with the pharmaceutical marketing and healthcare environments changing so rapidly, now was *the* time to do so. But why is Physician Customer Experience especially important for the pharmaceutical industry to pursue in 2024 and beyond? We answer that question by sharing 12 "Secrets" that we discovered through our in-depth conversations with physicians.

Let's dig in …