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PHARMACEUTICAL MARKET

A **PMGROUP** Publication

May 2013 | ISSN 1740-5084

Digital Edition available now at:
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INTERVIEW

Kay Drake and Naoki Okamura discuss eight years of Astellas, growth in Europe and category leadership



ROHIT KHANNA

RESTLESS YOUTH

With the speed and force at which technology is shaping the world of medicine and healthcare, isn't it time we begin allocating resources to those who can execute these changes, the youth?

I've been fortunate over the last six months to have had the pleasure and privilege of speaking at a TEDx event, attending the Harvard Healthcare Conference and being asked to act as a mentor for the 3-Day Startup conference at Tufts School of Medicine. In each of these situations there has been a common theme: youth. And not just random, haphazard youth-for-youth's sake, but restless youth.

Sharing the stage with bright young academics/professionals and listening to them speak about their views on health policy or else spending two days mentoring young doctors in their 3rd and 4th years of medical school, as they strive to marry the needs of healthcare with the fast moving world of technology, has been eye-opening.

What, as an industry, should we take away from this?

Getting down to the grassroots

First, it currently is, and would continue to be, my strong recommendation that today's healthcare marketers and commercial leaders get out to the grassroots level with some of these organisations, because the people who are going to change healthcare are not today's policy-makers and clinicians (by and large) but tomorrow's and, if you're immersing yourself in the way tomorrow's change agents are thinking, you are bound to pick up exceedingly relevant ideas that will forever change the way you (and your employer) think about healthcare.

Certainly, this is a broad stroke with which to paint the issue and there are plenty of earth-shatteringly insightful contributions coming from established people in the field of healthcare. But the tide is shifting. The knowledge economy that we have embraced for so long as the economy that we live in is quickly turning into what I classify as an 'execution economy'. It is no longer good enough to have great ideas. The ideas must be executable. And the people who are able to execute on these ideas are the youth. The establishment provides funding, guidance and framework, but the youth provide ability to execute. The young policy-makers and clinicians-in-training have, ironically, something that has never been associated with their age group or level of experience: vision.

Shifting resources

The second thing we should take away from this as an industry is that it is more important than ever to spend time with the next wave of up-and-coming [insert your specialty here - ophthalmologists, cardiologists, internists, psychiatrists, etc.].

For years and years we have promised ourselves as an industry that with each successive cohort of marketers that come through our doors this will be the group that

gets approval and funding to allocate resources towards residents, fellowship trainees and young clinicians. And then business reality sets in and we realise that residents, fellowship trainees and young clinicians have little say in the decision-making process of product adoption. Either they work in hospitals where administrators, procurement departments and/or senior colleagues make decisions or they work in group practices out in the community where their more experienced colleagues are, again, driving treatment interventions with an unspoken 'follow me' approach.

This perennial unfulfilled promise of allocating resources towards the 'up-and-comers' in our marketing budgets is reaching the point where the consequences cannot be ignored. We lose wonderful opportunities to build long-term brand and corporate loyalty but, more importantly, we lose the ability to capitalise on the vision and execution-oriented character traits that are now the hallmark of these young policymakers and clinicians.

The suggestion is not that we begin to allocate 50 per cent of our marketing spend towards this customer segment, but the current standard of a single, half-day advisory board meeting with a few residents or a day in the field every quarter with a sales representative, where we might interact with a couple of residents by pure happenstance or the sponsoring of some 'Residents Journal Club' group is not the answer either. Somewhere in between lies the correct balance and the real take-home message is that, in this case, less is not more.

Listen up

The third thing we should take away and burn into our minds as we move towards this strategic model is this: we need to do more listening than speaking with this group. If we accomplish the first two things - spend more time at the grassroots and allocate more resources towards the up-and-comers - but we continue to listen less and speak more, the first two things simply won't matter.

At the end of the day, the young change agents in healthcare today are restless. They have ideas, vision and the ability to execute. They think differently about healthcare, the way we should provide treatment intervention, the way patients should access services and the role that industry should play. They understand that a generation ago medicine was healthcare and that today medicine is simply a component of healthcare. If we, as an industry, can feed into this segment and learn from them, the field of healthcare and our industry will undoubtedly be a magical place to be for years to come.

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