It's Time to be Savvy with Concept and Message Testing

Differentiating a brand in today's highly competitive marketplace is no easy feat. Increasingly brand concepts and messages are struggling to interest physicians and rarely do we hear they are motivating any change in behaviour.

And yet, market research often does not address this critical failure. Standard rating scales (including likeability – a factor not linked with changing behaviour) remain the mainstay of testing practices. Although every therapeutic area presents unique market dynamics and brand challenges, motivating a change in physician prescribing can be distilled. Addressing a range of clear behavioural biases and tapping into focussed motivations whilst addressing core brand equity and identity, can tip the prescribing balance.

Leveraging a model for behaviour change

A number of these models exist. Ours has been tried, tested and refined over the years; honed into a simple framework for issue and data analysis. It also guides intervention design to incite a change in behaviour.

At the outset of a market research project, we use our model to systematically guide a deeper exploration of the behavioural issues at play and set hypotheses that will shape our analysis framework. Our behaviour change model works from right to left (see below), prompting exploration with three simple questions:

1) What is the specific behaviour we are looking to create/change?
2) What are the current, predominant behavioural biases at play?
3) Which behavioural biases could we leverage?

A model for behaviour change:
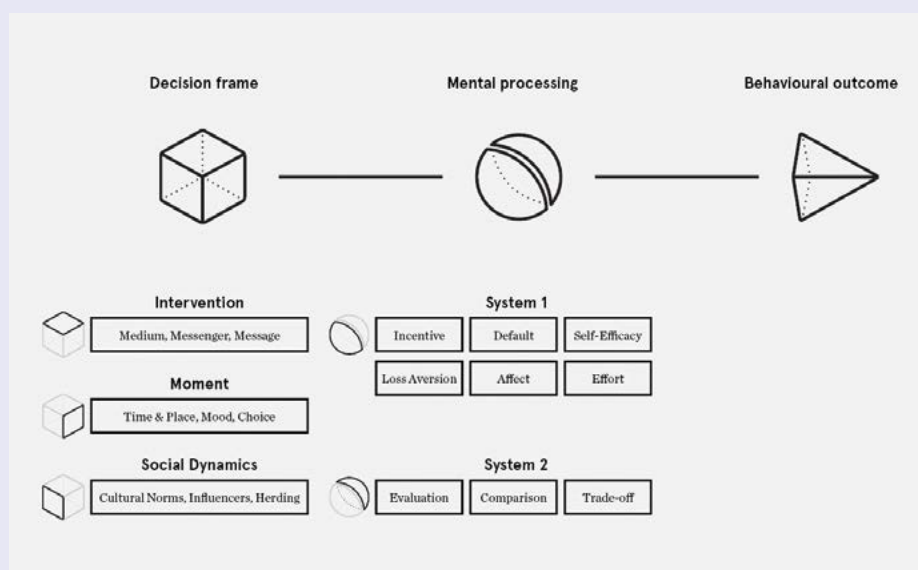
Behavioural outcomes: To ensure actions are meaningful you need to start with what you want to achieve and work backwards.

Mental processing: To determine current barriers and drivers of behaviour, research needs to explore why people behave as they do today – which of the six key irrational biases are at play?

- **Incentive:** Incentives are highly influential on decision making. Our evaluation of them is not always rational.
- **Default:** We are creatures of habit and follow ingrained behaviours.
- **Self-Efficacy:** We need to believe we can do something in order to do it.
- **Loss Aversion:** People prefer avoiding losses to acquiring equivalent gains.
- **Affect:** How we feel influences how we think and the decisions we make.
- **Effort:** We are inherently lazy and want to expend minimal energy if we can.

Decision frame: We can then explore what can be done to overcome or leverage the key biases to drive the desired behavioural outcome – how does the concept and/or messages need to be designed and expressed to create the desired behaviour.

Decision frame	Mental processing	Behavioural outcome

Intervention		System 1		
Medium, Messenger, Message		Incentive	Default	Self-Efficacy
		Loss Aversion	Affect	Effort
Moment				
Time & Place, Mood, Choice				
Social Dynamics		System 2		
Cultural Norms, Influencers, Herding		Evaluation	Comparison	Trade-off

Placing the model in context

We start any communications testing project by determining the behaviour we want to change/ influence and hypothesising the behavioural biases at play that can be leveraged/need to be overcome to achieve this. Next it is important to test and validate these hypotheses during the research. Spending time upfront to understand current context and behaviour is essential to validate hypotheses, unearth new influencers, and prioritise the most important biases that the communication needs to leverage or work to overcome. Finally, we circle back to these identified barriers and drivers during the communications evaluation to gain a realistic understanding of how they influence each bias.

Formulating the analysis framework

Confirmed behavioural biases at play (i.e. external factors influencing behaviour) alongside communication objectives (i.e. internal success criteria) make up the foundation for our evaluation of test stimuli.

For example, the framework may look like this table below (the three behavioural biases are for illustrative purposes only; these would be selected based on the confirmation of biases within the research as discussed above):

How to intervene

Having used the behaviour change analysis framework to identify the most effective concepts, storyflow and messages, the next step is integrating this into a successful intervention. This intervention could be a combination of detail aid and sales call selling story (or indeed other comms delivered via different channels). Consider the following:
1) Is the framing as targeted and clear as possible?
2) Are you speaking directly to the target audience/ segment and addressing their specific interests/ issues/ needs?
3) Have you appropriately leveraged social norms and context?

Making your communications count

Communications testing is an essential part of any brand launch and development. However, gaining surface 'reactions' to materials is no longer enough in the ever-changing competitive market place. You need to ensure your communications 'stand up' in this environment. You need to make sure they are not simply appealing, but that they are working effectively to drive a change in your customer's behaviour.

		How well the communications...
Traditional criteria	Differentiating	Own a unique space vs. competitors
	Motivating	Trigger physicians to consider using the brand at a given point in the treatment algorithm
Campaign success criteria	Brand ambition	Fit with and portray the brand ambition and positioning
	Key brand values	Communicate the key values that differentiate the brand versus competitors
Behaviour change criteria	Affect	Communicate the ability of the brand to achieve a specific patient outcome and incentivise use
	Effort	Make the brand seem easier to prescribe/use than competitors
	Self-efficacy	Make physicians feel empowered by prescribing the brand

Dr Pamela Walker, Director and Head of Health, Incite
Sarah Angus, Principal, Incite