Why pharmacists should not think of marketing as a dirty word

Jason Perepelkin, PhD

Case

You have a patient, LB, who is a 65-year-old man with diabetes and hypertension. He arrives for a refill of his 6 regular medications and grumbles about “being a walking medicine cabinet.” He is clearly unhappy with his care, so you ask him if he would like to sit down for a medication review.

He looks perplexed. “I can get my physician to do that,” he exclaims. “But she probably won’t. . . . Sorry, my parking meter is going to run out.”

You have experienced this before. While you have the skills, the expanded scope of practice, and even remuneration opportunities, patients just don’t seem to know about or accept your role as a carer of patients rather than just a dispenser of pills. How do you overcome this? Maybe you need a primer in marketing.

Introduction

When people are asked what they think marketing is, the first thing that comes to mind is usually advertising, or those annoying telemarketing calls we always seem to get just as we are sitting down for supper. While advertising is a component of marketing and examples of the negative uses of marketing are plentiful, there are also a lot of positive aspects that pharmacists can use to engage and educate patients, other health care professionals, governments and even other members of the profession.

Isn’t marketing just advertising?

Advertising, or promotion, is the last component of what is commonly referred to as the “4 Ps”: product, price, place and promotion. To many, “product” conjures up visions of a physical, tangible item, but a product can actually include anything tangible or intangible that is a good,

service or experience that satisfies a need or want. A product can therefore be an organization (pharmacy, hospital, etc.), a person (pharmacist, politician, athlete), a place (city, amusement park) or an idea (public health campaign, human rights). Pharmacists should consider what product their patients need or want and how to best meet that demand. Pharmacists must also remember that they too are actually a product that provides valuable services.

The next “P” is price, and this includes financial and other costs to the patient. Many can understand the financial cost to patients, and this comes into play when you consider what products to offer; pricing decisions are therefore influenced by government and/or third-party coverage for medications, as well as for professional services like medication assessments and smoking cessation counseling. Price also involves the opportunity cost to the patient, such as the time it takes to get to the pharmacy and what that time could be spent doing otherwise, the time waiting for their prescription to be filled, seeing a pharmacist instead of a physician for a minor ailment and other such considerations.

The third “P” is place—where your product will be offered. Many think of the place as being the pharmacy, or maybe more specifically the consultation room. However, you also need to consider if there is some place more convenient for the patient to receive your product, such as his or her home, place of business, a union hall and so on. Also, if considering your community pharmacy, place can also refer to where you display (place) the vitamin D products during the winter months, where the blood pressure machine is situated, and of course any legal restrictions on place due to controlled substances.

The final “P” is the one that most people identify as marketing—promotion. Promotion can be thought of as communication, as in how you communicate with your patients (or other stakeholders, depending on your product). Objectives of promotion are to create awareness, stimulate demand, identify prospects and retain loyal patients. The promotional mix involves advertising (paid communication), personal selling, public relations/publicity and sales promotions (again, within defined limits of regulations). When you think of it, you are conducting a form of promotion any time you communicate with a patient, a physician, other employees or drug plan representatives.

Research has shown that the public has a generally positive view of pharmacists and time after time rate them at or near the top of the list of most trusted professions.¹⁻⁴ However, what are individuals basing their perceptions on? If they are simply based on easy access and not experiencing an adverse drug event, then this may not be a completely accurate representation. If one has a low expectation of an encounter and those expectations are met, then it is likely that the individual would rate the experience as positive. Yet if patients truly knew what pharmacists were capable of, would that rating remain?

Marketing and pharmacists

Some pharmacists are guilty of practising marketing myopia, where they pay more attention to the specific products (intangible and/or tangible) they offer rather than the benefits to their patients⁵; they tend to focus on what they are interested in and not on what their patients need. For example, you may provide the best asthma care in the province, have the most knowledge and training, but if the prevalence of asthma is negligible in your patient population, then you are missing out because you *want* to provide asthma care instead of assessing what the market (patients) *need*.

There are a number of examples where marketing has been used to enhance pharmacist service delivery. For example, Garcia et al.⁶ conducted focus group sessions with patients to better understand what marketing strategies they would prefer in regard to medication therapy management. Doucette and McDonough⁷ highlighted the importance of using relationship marketing to build the demand and value for professional services provided by pharmacists;

they also spoke of the importance of not trying to be all things to all people, but instead, taking a look at specific segments of one's patient population and targeting a niche.

Tootelian and colleagues⁸ used marketing research to understand the level of patient receptiveness to nontraditional roles of community pharmacists; the findings indicated that patients see value in pharmacist services related to medications, but not in a broader context (public health, etc.). As a result, they highlighted the need to educate patients about the training and qualifications of pharmacists and how pharmacists can play an enhanced role in patient health care.⁸

Recently, this need to better educate the general public about pharmacists' roles has been receiving more attention, with various provincial and national organizations either engaged in or planning public education campaigns. For example, the Blueprint for Pharmacy National Coordinating Office, in consultation with other organizations, has been developing a public relations campaign.⁹ As well, provinces have taken up varying levels of public education campaigns, from the *My Pharmacist Knows* (Partners in Prescribing) campaign in Saskatchewan,¹⁰ to the *Me and My Pharmacist* (mon pharmacien) in Quebec,¹¹ to the *Minor Ailment Assessments* campaign in Nova Scotia.¹²

While these campaigns to showcase the role of pharmacists in patient care are welcome, it is ultimately up to the individual pharmacist to communicate the role of the profession through the relationships formed with patients, health care professionals and other stakeholders; every pharmacist has a role in promoting what pharmacists can do and currently do for patients. Think about how you and your pharmacy are seen from your patients' perspectives. Do they know what goes on “behind the scenes”? Likely, the large majority have no idea that the reason it takes so long to fill a prescription is the process that goes on, from checking for interactions, calling the prescriber and so on. Consider what patients go through to access their pharmacist—contemplating which pharmacy to visit, the time they spend at the pharmacy, the “path” they must navigate to arrive at the dispensary and what they do while waiting for their prescription to be ready.

Consider methods that you can use to better understand your patients, or specific segments of

BOX 1 Marketing do's and don'ts

- Do conduct research on your target market to understand their needs and what they value before implementing anything new.
- Don't introduce a new professional service without having a plan to assess outcomes (increased patient consults, increase in patients staying within their A1c targets, physician satisfaction, etc.)—if it's worth implementing, it's worth measuring.
- Do look outside the profession and the pharmacy industry for innovative ways you can reach potential patients and/or retain current patients.
- Don't approach management—especially if they are nonpharmacists—and ask for permission to implement a new service simply based on the fact that it improves patient outcomes; also think of ways that the new service will be sustainable on a go-forward basis and the benefits to the organization (more loyal patients, better adherence, increased staff pharmacist satisfaction, etc.).
- Do practise relationship marketing, where each interaction with patients is one in a long line of opportunities you have to meet their needs, recognizing that they may not even know what their needs are—after all, you are the professional!
- Don't sell yourself short—nothing that's worth doing is ever easy, and if you don't succeed at first, don't forget the valuable lessons learned from the experience.

your patient population. Patients can be divided in many ways, including by demographic factors (age, sex, income, family size), health status (hypertensive, diabetic, asthmatic) and many others. For example, you may want to target all female patients older than 40 years who are taking medications that increase their risk for osteoporosis; you could further segment this group by focusing specifically on those with third-party insurance coverage. See Box 1 for further marketing tips.

Social marketing

Social marketing uses the principles and techniques of traditional marketing (to sell a product) to influence a target audience to voluntarily accept, reject or abandon behaviour for the benefit of individuals, groups or society as a whole.¹³ One of the best examples of social marketing is *health promotion*, a term many have heard before and are likely somewhat familiar with. The key focus in social marketing is the goal of behaviour change. Social marketing has been used in smoking cessation campaigns,¹⁴ academic detailing and informing prescribing choices,¹⁵ counselling on use of contraception,¹⁶ education on the importance of medication adherence,¹⁷ advocacy efforts¹⁸ and even in changing behaviours related to dangerous driving.¹⁹ The target audience must understand the benefits of changing their behaviour in order for social marketing techniques to work. As you

can see with the above examples, pharmacists are involved in social marketing daily, through interactions with patients, caregivers and other health care professionals.

Marketing-related resources for pharmacists

Some great sources of information pertaining to marketing focus on pharmacists and/or health care in general. One of the main contributors to this subject area has been David Holdford—his book *Marketing for Pharmacists*²⁰ is a great resource and introduction to marketing. While the book is American, it has a lot of useful insight and examples for all pharmacists.

Philip Kotler has also been instrumental in the development of marketing as it relates to health care, professional services (and providers) and social marketing. Three resources that may be useful for pharmacists are *Marketing Professional Services*,²¹ *Strategic Marketing for Health Care Organizations*²² and *Social Marketing*.¹⁹

While there are not many continuing education opportunities in the area of marketing, there are some available, such as Teva Continuing Education for Pharmacists.²³ Further suggestions are available by contacting the author.

Revisiting the case

Going back to LB, you now know your product is the medication review that you will provide him.

The price for LB is no out-of-pocket expenses but only the time he takes to come into the pharmacy and sit with you while you review his medication therapy together. The place could be your pharmacy counselling room, but don't be restrictive—if it is best for LB, perhaps you could conduct the session at his house. With regard to promotion, this could be done with interactions with each patient, making him or her aware of what you are able to do and/or what other team members may add to patient care and the financial cost, if any, for the service. At the end of the session, be sure to ask a simple question, either directly or anonymously—would you recommend this service to your friends and family? Word of mouth is the best form of promotion and a sign of patient/customer loyalty, so be sure to ask LB to recommend your professional services if he is satisfied with the experience.

Summary

While marketing can certainly be used for negative purposes, it can also be used positively, such as to better serve your patient population. As an analogy, think of medications—if they are not used correctly, they can cause great harm, but when used correctly (after consulting with a pharmacist!), they have potential to greatly improve the lives of patients.

Change is happening at an unprecedented level for the profession. Some of these changes are welcome, some are not; some are driven by pharmacists, while others are driven by other interests. Regardless, pharmacists need to embrace change and perhaps become the change agent. Marketing is a commonly misunderstood tool that, when used properly, can help increase the chances of positive, sustained change. Remember, "If you don't like change, you will like irrelevance even less."²⁴ ■

*From the College of Pharmacy & Nutrition, University of Saskatchewan, Saskatoon, Saskatchewan.
Contact jason.perepelkin@usask.ca.*

References

- Perepelkin J. Public opinion of pharmacists and pharmacist prescribing. *Can Pharm J (Ott)* 2011;144:86-93.
- Nonato S. Pharmacists most trustworthy; poll of attitudes to professions. *The Montreal Gazette*. 2012 January 4: A10.
- Perepelkin J, Zhang D. Brand personality and customer trust in community pharmacies. *Int J Pharmaceut Healthcare Market* 2011;5:175-93.
- Canada's most trusted professions. May 2013. Available: www.readersdigest.ca/magazine/2013-trust-poll/job-fair-most-trusted-and-most-distrusted-professions (accessed June 16, 2013).
- Levitt T. Marketing myopia. *Harv Bus Rev* 2004;82(7/8): 138-49.
- Garcia G, Snyder M, McGrath S, et al. Generating demand for pharmacist-provided medication therapy management: identifying patient-preferred marketing strategies. *J Am Pharm Assoc (2003)* 2009;49:611-6.
- Doucette W, McDonough R. Beyond the 4Ps: using relationship marketing to build value and demand for pharmacy services. *J Am Pharm Assoc (Wash)* 2002;42: 183-94.
- Tootelian D, Rolston L, Negrete M. Consumer receptiveness to non-traditional roles for community pharmacists. *Health Market Q* 2005;23:43-56.
- Blueprint for Pharmacy Steering Committee. *Blueprint for Pharmacy: our way forward*. Ottawa (ON): Canadian Pharmacists Association; 2013. Available: www.blueprintforpharmacy.ca/docs/pdfs/blueprint-priorities—our-way-forward-2013—june-2013.pdf (accessed July 10, 2013).
- Saskatchewan College of Pharmacists. *My pharmacist knows: partners in prescribing*. 2011. Available: www.mypharmacistknows.ca (accessed July 4, 2012).
- Association Québécoise des pharmaciens propriétaires. *Me and my pharmacist*. 2010. Available: www.meandmypharmacist.ca/en/ (accessed July 4, 2012).
- Pharmacy Association of Nova Scotia. *Spring 2013 TV Campaign*. 2013. Available: <http://pans.ns.ca/2013/03/spring-2013-tv-campaign-3750/> (accessed June 14, 2013).
- Kotler P, Zaltman G. Social marketing: an approach to planned social change. *J Marketing* 1971;35:3-12.
- Dewhirst T, Wonkyong B. Social marketing and tobacco control. In: Hastings G, Angus K, Bryant C, eds. *The SAGE handbook of social marketing*. Thousand Oaks (CA): Sage; 2012.
- Regier L. *RxFiles academic detailing & those one of a kind drug charts*. Available: www.rxfiles.ca/rxfiles/uploads/documents/CHT-RxFiles-Overview-and-Perspectives.pdf (accessed June 21, 2013).
- Kavle J, Eber M, Lundgren R. The potential for social marketing: a knowledge-based family planning method. *Soc Market Q* 2012;18:152-66.
- Giordano T, Rodriguez S, Zhang H, et al. Effect of a clinic-wide social marketing campaign to improve adherence to antiretroviral therapy for HIV infection. *AIDS Behav* 2013;17:104-12.

18. Novelli W, Workman B. Social marketing and advocacy. In: Hastings G, Angus K, Bryant C, eds. *The SAGE handbook of social marketing*. Thousand Oaks (CA): Sage; 2012.
19. Kotler P, Roberto N, Lee N. *Social marketing: improving the quality of life*. Thousand Oaks (CA): Sage; 2002.
20. Holdford D. *Marketing for pharmacists*. 2nd ed. Washington (DC): American Pharmacists Association; 2007.
21. Kotler P, Hayes T, Bloom P. *Marketing professional services: forward-thinking strategies for boosting your business, your image and your profits*. 2nd ed. Paramus (NJ): Prentice Hall; 2002.
22. Kotler P, Shalowitz J, Stevens R. *Strategic marketing for health care organizations: building a customer-driven health system*. San Francisco (CA): John Wiley; 2008.
23. Beaudin J. How to implement and promote professional services at your pharmacy. *Continuing Education for Pharmacists* 2013. Available: www.tevapharmacysolutions.com/continuing-education-for%C2%A0pharmacists-1 (accessed June 12, 2013).
24. Knapp K, Schommer J. Finding a path through times of change. *Am J Pharm Ed* 2013;77(5):Article 91.