Point-of-care advertising is the medium most likely to drive consumers to action and it also creates more patient awareness than any other DTC vehicle, but yet it continues to be the most overlooked marketing tactic. Do marketers really understand the point-of-care opportunity?

By Anne M. O’Brien

Point-of-care (POC) advertising is more likely to drive a conversation with the doctor than other DTC vehicles; so why does it continue to be the most overlooked DTC tactic? According to Harris Interactive, 52 percent of consumers take action after seeing an ad at the point-of-care, but only 6 percent request the Rx. Advertisers who invest resources in tailoring the message to the point-of-care environment beat the odds and convert awareness into action.

The challenge is to deliver the most appropriate creative message at the point-of-care. While TV and print ads are great at driving awareness, they are only driving 16 percent of the audience to discuss the condition with their physician. The brand’s general awareness message is rarely the message to instigate a conversation. Advertising should encourage the patient to advocate for their healthcare because few patients specifically request a drug. The advertising message must empower the patient to have the dialogue, prompt them to raise their health concerns, inform the discussion and arm them with solutions.

While the ultimate deliverable of DTC advertising is to have the patient request the drug, only 6 percent of patients will specifically request an Rx they have seen in an ad. Successful DTC campaigns aid the patient in articulating what condition they want to treat and demonstrate why current treatments don’t work.

Rich media mix drives awareness

Most campaigns have a rich media mix that deliver awareness and drive interest, but stop short at maximizing their ability to drive action. They are not providing that closing call-to-action that drives discussion and scripts.

DTC marketers spend tens of millions dollars, and sometimes hundreds of millions of dollars, buying consumer media. That creative message needs to drive awareness and interest. It needs to meet our normative goals. It needs to clear regulatory hurdles. Great consumer campaigns are developed by great agencies that understand how consumers learn when they are watching television and reading magazines.

The communication needs at point-of-care are different (and the budgets smaller). Are we giving creative briefs that address that difference? Do we have the appropriate resources assigned to this critical piece of business?

Brands that invest in research and resources to understand the consumer needs when using different media channels and tailor communications are able to close the sale and
generate business from appropriate patients. A number of brands have developed communications that address their marketing challenges at point-of-care by developing their own tools, including branded and unbranded patient education brochures, “slim-jim” self-assessment tools and custom print publications. While these customized vehicles are effective, they are often cost-prohibitive and time-consuming for patients.

Options for buying media in the doctor's office abound. However, few consistently deliver strong ROIs, whether that is the result of the media or the message seems to incite different opinions from various media professionals. Several DTC advertisers have had success with office-delivered magazines with cover-wraps, as well as with in-office media companies that specialize in wallboards and other tactics.

As in-office supplier companies expand their offerings – often via consolidation efforts, there also are a growing list of these companies that can offer a full range of in-office media options. According to Glenn M. Roginski, manager, integrated marketing and media, GlaxoSmithKline, the effectiveness of these companies is enhanced when they can offer “placement in exam rooms via the wallboard program and customized ad messages on the flat-panel displays in waiting rooms.”

Beyond the doctor’s office

Point-of-care extends beyond the doctor’s office to pharmacies and hospitals. Both venues present similar problems to the waiting room: they require tailored messages and the media options are varied.

Most vehicles at pharmacies are either narrowly targeted or self-selecting. Programs that engage the pharmacist or provide useful information to the patient are programs that deliver strong returns. While the pharmacy is a cluttered environment, strategic placement of magazines or TV screens can and do engage patients. They can be timely, informative and persuasive.

In-office magazines – and there are a few of note – provide reach to a self-selecting consumer who wants more information about health in general and their condition, in particular. Content and appropriate, relevant advertising provide tools to deliver a more compliant, persistent patient.

When it comes to point-of-care in the hospital, the newborn marketers do it best. They do not have regulatory challenges and use sampling very effectively, which DTC brands cannot do. They do tailor the creative message to the precise needs of the new mother and don’t just run a general awareness ad.

Similarly, some DTC brands do a good job with vehicles like The Patient Channel, but their best advertisements are unbranded. Branded DTC ads that clearly address the patient's needs at the point-of-care are still few and far between. Pharmaceutical marketers could learn a lot from the Newborn Channel and marketers such as Huggies, who have developed video specifically addressing the challenges and fears new mothers face.

The Patient Channel’s own research indicates high engagement of patients and an intention to speak with a physician. Similarly, pharmacy TV programs tend to report high recall and likely action. Marketers should not only request the data, but include metrics or research in their sponsorships.

Challenges to overcome at point-of-care

Lack of uniform data presents obstacles for consumer media teams in evaluating point-of-care media. Challenges with targeting, engagement and reach are paramount. From a traditional media and analytics standpoint, point-of-care is a challenge for consumer media professionals because standard metrics do not exist to benchmark POC against other consumer vehicles. However, most POC vehicles can be tested and analyzed against IMS prescription data, and when monitored in a controlled test, can give a very clear ROI.

While point-of-care has proven to be a challenging creative and media environment, vehicles and marketers that provide clear, concise information and useful tools are able to break through the clutter and influence action. Brands that focus on the patients needs have an opportunity to close the sale and produce business.

Anne O’Brien is director, client solutions, at The HealthCentral Network, where she develops client-focused programs and products that engage patients and build brand businesses. She previously was a media director in the global marketing group at Johnson & Johnson. O’Brien can be reached by e-mail at aobrien@THCN.com, or by telephone at (646) 454-4206.