Communications often fail simply because they are not based on an understanding of human behavior, drivers of decision-making, and social nuances.

Behavioral science provides a framework to develop smarter communications and drive better health outcomes.

Public health campaigns and adherence programs are only the tip of the iceberg. All communications can benefit from behavioral science.

As a foundational element of communications, behavioral science should be fully embedded across organizations and in an overall approach to communications, not just an “add-on.”

With the shift in healthcare from acute treatment to managing chronic disease, from sickness to wellness, and from volume to value, industry knows it must improve outcomes. And to improve outcomes, information needs to be expressed in a way that connects with people on a human level, supporting healthy behavior and helping to correct unhealthy behavior. Yet, communications are often still data- and product-focused versus people-focused.

Moving the focus means taking emphasis away from the pill itself and turning to the wider picture of a person’s health journey. It means understanding the science of behavior and working with those principles to develop more effective, results-oriented communications (from lifestyle guidance to medical education, from marketing to support and adherence).

Every step of the health journey can be better supported by thinking about the human experience and why we are prone to certain behaviors. Indeed, unless we adopt this behavioral mindset, we are consigning ourselves to “hit-and-miss” communications.

Unlocking behavioral science

The extent of literature on factors influencing human behavior is enormous, and armed with this wealth of evidence, governments and public health organizations are actively investing in the application of behavioral science to improve health. This is only the tip of the iceberg in terms of applying behavioral science, as any health decision, whether it involves a patient, healthcare professional (HCP), or organization, is determined by human behavior. Within industry, we need to think about application, from product design to medical education, marketing, reimbursement, and adherence, and from large, multi-stakeholder programs to individual interactions.

The theories of behavioral science can seem complex and intimidating for many in the life sciences industry. But with the right navigator, it is possible to cut through this complexity to some fundamental principles. For example, the concept of “social norms” is easily understood but often not applied to communications. Thus, it is not surprising when those communications fail. Another simple concept is “framing,” or the way we explain or present things. Framing influences the choices we make and understanding this is a vital ingredient in effective communications. Practical and efficient implementation of these principles requires a behavioral mindset that gains and applies insight, rather than being overwhelmed by the burgeoning number of theories and methodologies.

Challenging the “supremacy of evidence?”

Evidence-based medicine prevails in the life sciences industry, whereby evidence from clinical studies is ratified by medical authorities, cascades through the medical community, and informs...
healthcare communications. However, it is abundantly clear that communicating the evidence by itself is not enough to change clinical practice. Indeed, falling into the trap of communicating more and more evidence in a scattered approach becomes a problem in itself, as it merely overwhelms decision-makers.

For example, we have examined clinical decision-making in rare diseases. We have confronted the all-too-common situation where, despite adequate information being available, it is usual for a diagnosis to take years. Our program identified the default heuristics (mental short cuts) that drive these damaging outcomes in a rare bone disease and built an understanding of the interrelationships and conversations involved in the referral pathway leading to diagnosis. We then applied this behavioral insight to focus on the key drivers of change: simple emotive communications that are easy to recall when needed and improving communication between HCPs on the referral pathway. This program resulted in a substantial increase in diagnosis, something that would not have been possible without understanding the behavioral environment and drivers. These insights have informed other programs as well, such as our approach to help polio eradication. Read more in our recent white paper on behavioral science.

Communications must become agile and adaptive

Applying behavioral insight to activate evidence is an important first step, but we must ensure that behaviors are sustainable and yield the best outcomes. Behavior is not an endpoint in itself and can fluctuate like currency. To be effective, communications must shift from being episodic interventions to longitudinal conversations. We know that people have good intentions to improve their own health, but in the real world, over time, they break diets, resume smoking, and forget to take their medicines. Then they refocus and try once more to make health gains.

We must anticipate this fluctuating behavior and design responsive interventions that provide ongoing support for healthy behaviors.

From recognition to adoption: the industry challenge

We know that behavioral science can improve outcomes across the spectrum of healthcare, but to what extent is it embedded in industry’s approach? To find out, we conducted extensive quantitative and qualitative research among more than 160 senior industry executives and globally renowned academics (see About the research section on page 4).

We found a striking consensus on the importance of behavioral science to the healthcare of the future: 97.5% of respondents saw behavioral science as “vital” or “somewhat” important to future healthcare.

It is equally clear that, despite this importance, adoption is currently low: Just 12% said they used behavioral science on a daily basis. This is mainly because there is a mixed understanding of, and lack of consistency in, the techniques employed and a perception that behavioral science is only relevant to certain roles and activities.

“The way we explain or present information influences our human response and the choices we make. In the lay person example, we are more likely to consider that “20% fat” is unhealthy, rather than “80% lean.” We may consider physicians to be rational beings, but the research of McNeil et al in the New England Journal of Medicine neatly shows how presenting data in different ways (mortality and survival frames) can influence choice. Among physicians in the study, the preference for surgery rose from 50% in the mortality frame to 84% in the survival frame”
So, for example, while medical education was regarded as a key area for the application of behavioral science, medical affairs (the key stakeholder) currently has limited involvement in its application.

Overcoming the barriers to adoption

Our research clearly shows that there is a will to harness the benefits of behavioral science, so we need to understand and address the barriers to wider adoption in the life sciences industry, across functions and activities.

The top three challenges identified in our research were the lack of relevant skills (68%), cultural differences in attitudes toward “hard” and “soft” science (65%), and lack of internal buy-in (52%).

The “softer” behavioral sciences undoubtedly have a credibility gap for many people in the life sciences industry whose backgrounds are in the biological sciences and medicine. “I don’t think the softer behavioral sciences, like psychology, are recognized with the same kind of respect as the harder sciences,” said one interviewee, a senior pharma executive. Another stated, “Many of the concepts are foreign to people who have been trained clinically.” The use of some language in behavioral science, such as “nudging,” can also give an erroneous impression of manipulation.

So, to support the adoption of behavioral science, we must express the concepts and benefits in language that resonates with the industry and back them up with evidence: scientific evidence regarding the success of embedding behavioral science in communications and metrics to demonstrate its effectiveness in healthcare. This evidence-based approach will be key to gaining the internal buy-in so important to consistent adoption. Expert partners, such as communications agencies, with hands-on experience in applying behavioral science principles, have a crucial role to play, both in championing the approach and in supporting skills development within the industry.

Making it real: a vision for the practical application of behavioral science

We believe that the success of behavioral science comes through applying it routinely on a daily basis — by embedding a behavioral mindset across all activities, not by partitioning behavioral science as a separate specialist discipline. Not only that, we consider it an essential foundation for all communication. This means looking at any health decision in terms of cultural, social, and environmental considerations, as well as individual attitudes and beliefs. From the largest to the smallest initiative, the tools of behavioral science can be used to develop impactful healthcare communications and thereby improve lives.

We are entering an exciting era in which new digital tools and routes of behavioral insight enable us to deliver ever more sophisticated, individualized, and responsive interventions that help us achieve our goals — evidence-based behavior change and programs that bring about improvements in health.

Heuristics as a driver of delayed diagnosis in rare diseases

This simple example illustrates the power and consequences of heuristics (mental short cuts). On average, reaching a correct diagnosis of a rare disease takes more than 5 years in the USA or UK. Physicians are trained to look for the ordinary ("If you hear hoofbeats, think horses not zebras"). Overall, this is good practice, but it can have unintended consequences when combined with time pressure and making quick decisions. It drives a tendency to take short cuts, look for confirmation of a common diagnosis, and ignore conflicting evidence, resulting in premature diagnostic closure.
In conclusion:

- We must first understand the complex systems that inform attitudes, beliefs, and behaviors and then apply that understanding to develop meaningful communications.

- We must acknowledge that, while evidence is critical and serves to inform, evidence alone is not enough. It must take into account people and their values and preferences to resonate.

- We must move toward embedding the learnings from behavioral science into our approach and leveraging them to develop effective interventions that support improved outcomes.

As one interviewee from our research put it: “The last five years have been about digital and devices — the next 10 will be about behavior change.”

About the research

In early 2016, McCann Health partnered with pharmaphorum to conduct an exploratory phase of research, comprising interviews with senior global life sciences executives and leading academics, to establish current levels of use of behavioral science and measures of success. Data gathered from these interviews formed the basis of a second research phase — an industry-wide survey — that was used as a springboard for the creation of expert round-table discussions in the UK and USA.

With more than 160 responses from senior industry professionals during the survey phase and valuable insights provided from the interviews and round tables, we established benchmarks of current behavioral science adoption rates and industry opinions on the discipline, as well as perceived potential and the role behavioral science is expected to play within healthcare in the coming years.

About the authors

Robert Poole (PhD) is Director of Scientific Services at Complete HealthVizion, a McCann Health company. He has 19 years of experience in healthcare communications, working collaboratively with clients to transform innovative science into communications programs that empower HCPs to improve patients’ lives. He has a particular interest in applying behavioral science to drive smarter, more effective communications.

Sandra Gulbicki is SVP of Global Marketing at McCann Health and has more than 15 years of experience in healthcare communications. She is a strategic marketer with expertise in uncovering customer and cultural insights and using them to inform business strategy, create compelling creative campaigns and experiences, and build communications that result in improved health outcomes.

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