The BUILD Checklist:
A FRAMEWORK FOR BUILDING BRANDS

81qd

Dr Atul Gawande makes a sound argument for the adoption of deceptively simple checklists across industries. In his book, The Checklist Manifesto, Gawande devotes an entire chapter to describing how even the incredibly complex process of building a skyscraper is effectively guided by checklists. Building a skyscraper, he writes, requires coordinating large teams, weighing input from a range of professionals, and balancing multiple environmental constraints. Building a pharmaceutical brand in today's complex market—working to meet patient needs while balancing physician interests, cross-functional teams, clinical trial constraints, and payer nuances—is similar.

Launching your brand vs. building your brand

The construction industry's checklists resemble the multiple spreadsheets of tasks and responsibilities that make up a brand launch plan. While at times tedious, this approach has generally been effective in meeting launch milestones. Where the "brand skyscraper" fails, or rather falls, is on meeting commercial expectations.

In fact, nearly two-thirds of drug launches fail to meet sales expectations.

This is often not a function of steps missed in the launch plan, misappropriated field force efforts, or substandard medical communications. Rather, launches frequently fail when there is a misalignment between market and mission.

The biopharmaceutical industry knows how to launch a brand, but the question is, how do we build a brand.

How do we:
- Generate market excitement?
- Gain patient acceptance
- Secure physician and payer adoption?

Can checklists be applied here? Of course.

But let's not confuse checklists with laundry lists. **Checklists are focused on the key levers that drive commercial potential.** Laundry lists are random, unstructured compilations of tasks to do; they may get done, and the laundry may get cleaned, but nothing, ultimately, will be built.
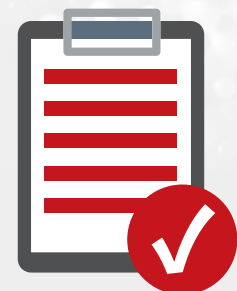
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One of our recent frameworks tips its hat to Dr Gawande's chapter on constructing a skyscraper. It is called

BUILD

a five-step checklist for building brands:

BU is for Buyer: Know your buyers

Brands live and die by how well they know their customers. The biopharmaceutical industry is no different. It is critical to understand all "buyers" and the factors that drive buying decisions.

81qd knows that there is no single clinical journey. Therefore, we build in-depth, data-driven profiles of clinical journeys for all patients that address the disparate treatments, specialties, payers, health systems, and practices involved in the ultimate decision to adopt products.

We understand the multiple paths patients can take, so we meet them where they are. We have developed tools to understand:

- How patients flow through the system from diagnosis to treatment
- How they move through treatment options
- Which HCPs are currently managing patients and what drives hand-off between HCPs
- How different specialties manage patients differently in terms of treatment choice, number of treatments, escalation of treatment, etc

By applying our proprietary analytics and technologies, 81qd addresses these issues and helps biopharmaceutical companies to know their "buyers" and understand their clinical journeys.

BUI is for Impact: Identify high-impact HCP's

Impact is multifaceted.

There are clinicians who drive treatment practice through medical conference presentations. Others make an impact on the decision-making in the health care community through their networks.

81qd's analytics can detect interpersonal influence and relationships among local health care providers and identify the greatest opportunities to leverage clinician relationships. Unfortunately, many brands continue to waste money by not employing these methods to efficiently move the market.

BUIL is for Lead: Determine where you will lead

If you do not lead, no one will follow. Every brand needs to define its leadership position. You achieve this by crafting the story of your brand in a way that moves the market to understand its clinical value proposition.

It is critical to define where your brand will lead. This is more than just a bland "value proposition" or generic "reasons to believe." This is about a clear approach to leadership, an approach that asks (and answers): Where will we lead? In what area? In which attribute? How will we evolve as the market evolves?

BUILD is for Develop a comprehensive data analytics strategy

Data analytics is the foundation on which effective strategy is built. While the biopharmaceutical industry has made leaps and bounds in terms of accumulation and aggregation of various data sources, there is still a lot of catching up to do when it comes to proactively defining a data analytics strategy.

Today, companies usually leverage data for retrospective assessments rather than proactive decision-making. 81qd recommends that companies develop a long-term data strategy that leverages machine learning and artificial intelligence (AI) platforms to offer high-value, cost-effective solutions that drive decision-making instead of just tracking performance.

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Case example

BUILDing a brand in a new space

Situation: A biopharmaceutical company was entering a new space and had no established footprint. The company acquired an agent with the objective to launch the first novel Rx treatment for disease in >10 years. Client needed support in defining a TL engagement and HCP targeting strategy.

BU is for Buyer:
Know your buyers

- Conducted claims data analytics to map **clinical journeys** and understand treatment patterns. Developed practice profiles.

BUI is for Impact:
Identify high-impact HCP's

- **Identified academic leaders and clinical leaders and their networks** to develop detailed physician profiling that supported targeted engagement two years prelaunch.

BUIL is for Lead:
Determine where you will lead

- Leveraged Clinical Leader assessment to **identify speakers for disease-awareness initiatives**.

BUILD is for Data: Develop a comprehensive data analytics strategy

- Optimized target list based on **claims analytics to identify highest opportunity practices**.

Impact: Captured 20% of the disease market within first 6 months; realized a 2.5-fold increase in HCPs who were aware of the company and able to link with its brand.

Dr Gawande references a 1970s essay by Samuel Gorovitz and Alasdair MacIntyre that posits 2 core reason for human failure: "The first is ignorance—we may err because science has given us only a partial understanding of the world and how it works. There are skyscrapers we do not yet know how to build…. The second type of failure the philosophers call ineptitude—because in these instances the knowledge exists, yet we fail to apply it correctly. This is the skyscraper that is built wrong and collapses."

In today's biopharmaceutical landscape, ignorance is rarely the cause of a failed launch; we can generally chalk up these misses to ineptitude. Our BU.I.L.D. checklist is structured to avoid both errors, by leveraging data analytics and in-depth understanding of buyers to fill in any knowledge gaps, coupled with impact-driven marketing approaches to ensure your brand leads the market.

Susan Abedi is EVP Strategy & Insights at 81qd. *81qd is an innovative, analytics-driven health care solutions partner with a proven history of solving key biopharmaceutical marketing challenges by utilizing state-of-the-art data science to yield game-changing, deployable insights that help optimize our clients' engagement with HCPs and patients.*