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THE BIG BOOK OF PHYSICIAN TYPOLOGIES

The Big Book of Patient Typologies © Insagic, Inc. All rights reserved.

Effective patient-physician communication can improve a patient's health as quantifiably as many drugs [1]

HOW WELL DO YOU KNOW YOUR AUDIENCE?

In a world filled with information overload, healthcare marketers are looking for targeted approaches to communicate with physicians to increase brand loyalty and engagement. As a result, they spend a lot of time trying to develop a deep understanding of their physician audience, and that understanding relies on identifying attitudes and beliefs that affect how those physicians make treatment decisions and prescribe medications.

A successful communication strategy is more likely to be achieved when marketers gain access to improved methods of classifying the physicians they aim to reach. While segmentation studies are valuable, there exists a largely unexplored world of physician typologies.

Insagic has developed a novel type of analysis—rooted in our dialogue-based ethnographic research—that categorizes physicians based on their attitudes, as evidenced by their communication styles during the doctor-patient medical interview.

Ultimately, the more marketers know about their target physician types, the more successful they will be at creating messages which are relevant to them. Physician typologies uncover a unique perspective on the physician not available through traditional research methodologies.

DERIVING TYPOLOGIES THROUGH DIALOGUE

Drawing on our database of 200,000+ doctor patient conversations across numerous disease areas, Insagic's linguists examine how physicians interact with patients during their office visits. We pay particular attention to how doctors present treatment options to patients, how inclusive they are in the treatment decision process, whether they offer disease education that's accessible to patients or full of medical jargon. We then place them into groups called typologies.

Physician typologies are derived through qualitative analysis of doctors' communication styles in five different components of the office visit:

Assessment—how doctors assess the patient's illness and health

Disease Education—how accessible the language is and whether it's riddled with terms likely to be unfamiliar to the average listener

- Treatment Reasoning—the stated logic behind treatment decisions, e.g., based on side effects, clinical efficacy, insurance issues
- Treatment Decision—the degree to which doctors involve patients (or not) in the treatment decision process
- Alliance-Building—the level of partnership with and support for the patient expressed by the doctor

1 Patient-Physician Communication: Why and How. J Am Osteopath Assoc January 1, 2005 vol. 105 no. 1 13-18

Using this methodology and Insagic's database of Verilogue® conversations, we've identified seven physician typologies, arranged on a spectrum from patient-centered to physician-centered: Healer, Attendant, Guide, Parent, Authority, Mechanic, and Paternalist.

Identifying physician typologies is part art, part science. It's best achieved by carefully reading and analyzing individual conversations and therefore does not lend itself to automation or algorithms. By examining a large sample of these conversations together, we are able to identify which typologies are most common in a given disease area or analytical sample.

Physician typologies can be useful for those looking to better understand the doctors they work with and message to, enabling them to craft compelling communications for each unique physician group.

PT Centered DR Centered

The Healer

The Healer is the most patient-centered of all the physician types. Healers position themselves as "being there" for the patient, both physically and emotionally. They allow the patient more control over the flow of the conversation and tend to foster a more emotional relationship with the patient than some of their counterparts. Any disease or treatment education they offer is tailored to the patient and largely devoid of medical jargon. Healers also give their patients a substantial say in the treatment decision.

MARKETING TO A HEALER

Messages that focus not only on efficacy but on a therapy's specific benefits to the patient are likely to work well with Healers. Incorporating real patient testimonials that speak to quality-of-life concerns into materials that doctors can review with patients will be useful for Healers looking to reassure their patients.

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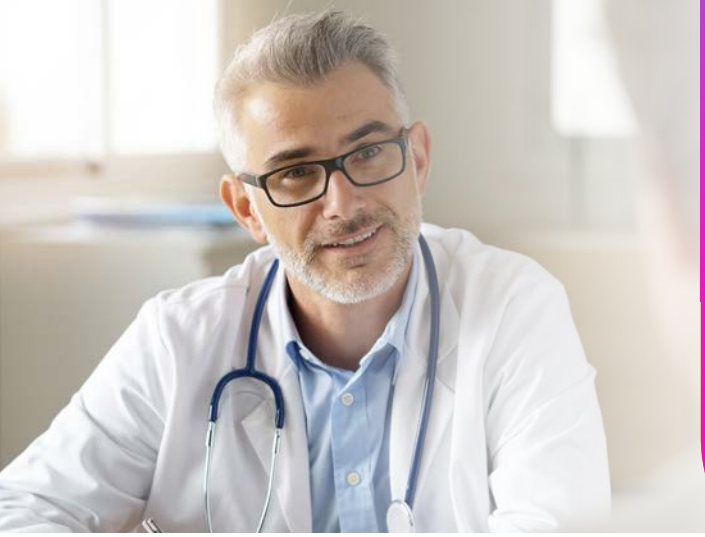

The cardiologist in this dialogue with an atrial fibrillation (A-Fib) patient exhibits a classic Healer approach to the assessment portion of this visit. In order to determine what's going on in the patient's (PTs) body, the doctor (DR) asks a few questions to get the conversation going or prompt the patient further on, but otherwise he simply listens while the patient relays his history with A-Fib and his most recent episode.

THE HEALER DIALOGUE EXAMPLE

DR: Okay, so I think you have had these irregular rhythms in the past, is that right, many years ago?

PT: Well in '04, I think I had the first one.

DR: Um-hum.

PT: And I had one about six months after that.

DR: Okay.

PT: And then I had another one about a year or two, about a year or so after that.

DR: Okay. And they all kind of felt the same? Just feel the palpitations and all? Okay. Uh, and then you went for a period or so years, no episodes, right? Uh, and then, uh, then a couple of months ago the same thing happened, right. Uh, what did you feel like when it happened a couple of months ago with it.

PT: I woke up in the middle of the night, it was about midnight.

DR: Okay.

PT: And uh, uh, it's not unusual to wake up in the middle of the night, but I woke up and I was, I was having trouble, like irregular breathing, and I felt that, uh, I could feel my pulse beating irregularly.

DR: Okay.

PT: And I feel it at the end of my fingers and in my skin, and I thought, oh no, and I took my, felt my pulse, and I could see that it was beating really strangely.

DR: Okay.

PT: Again and so I dragged my butt down to [DEIDENTIFIED] and uh, they took some tests, sent me home. The next day I went up to [DEIDENTIFIED]. Drove that morning and it still it was irregular, but I had a chat with the doctor and he told me that, uh, that there was nothing he could do. There was no, it was not beating rapidly.

DR: Yeah.

PT: And the blood pressure wasn't too high.

DR: Okay.

PT: So, they sent me home and my drive home from [DEIDENTIFIED] it sent back into -

DR: You could feel it. [LAUGHING] Okay. All right. You are still back in rhythm, normal rhythm today? Okay. Umm, and, uh, in retrospect, do you, can you think of anything that might of set it off?

PT: I was stressing may be.

DR: Okay.

PT: Um, I was probably drinking more coffee than I should have.

DR: Okay.

PT: I uh, I ate quite a bit late that night.

DR: Okay.

PT: Uh, I had, uh, I just keep eating.

DR: [LAUGHING].

PT: Late.

DR: Okay.

PT: I had, I had walnuts, and I was having, you know, pretty healthy stuff.

DR: Okay. Okay.

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PT Centered DR Centered

The Attendant

Like Healers, Attendants take a very patient-centered approach to the medical interview. Like Healers, Attendants make an effort to establish a meaningful connection with each patient, encouraging them to share their disease experiences and its impact on their life, so they can create a treatment plan to really fit each patient's needs. They differ from Healers in that they tend to intersperse the patient's narrative with pointed questions to get at the root of the problem, rather than letting the patient speak wholly uninterrupted. Attendants readily provide prescriptions requested by patients.

MARKETING TO AN ATTENDANT

Patient-centered messages emphasizing offering a holistic view of patients and their illnesses should get Attendants' attention, as these equip them to conduct interactions in their preferred, patient-centric communication style.

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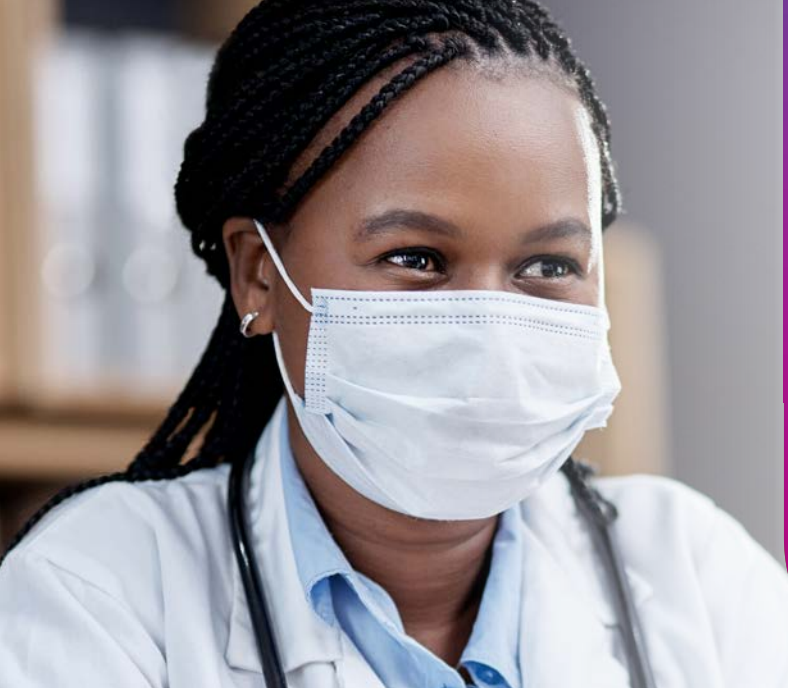

Notice how this oncologist involves the cancer patient in the treatment decision, taking the patient's schedule and other lifestyle concerns into account, rather than simply handing down a previously-determined set of next steps.

THE ATTENDANT DIALOGUE EXAMPLE

DR: Now, the, the best way to give this chemotherapy is IV, and have a port put in.

PT: Yeah. That's for the, [INAUDIBLE], like, uh, what I did before.

DR: Yeah.

PT: Okay.

DR: Now, the, the wedding is the [DATE].

PT: Um-hum, we're going to try to leave, uh, Monday. I'm going to try to leave Monday or Tuesday.

DR: When will you be back?

PT: After the wedding, we come back Monday. The, the wedding on Saturday, we come back on Monday.

DR: So that would be like the [DATE]?

PT: Yeah. Can we do it like on Monday?

DR: Let me see. Get it exactly right.

PT: But you know, then this [INAUDIBLE] -

DR: Yeah, the [DATE].

PT: It might be Tuesday.

DR: So if I could get somebody to put your port in, like on [DATE] -

PT: That's on a Wednesday?

DR: Wednesday?

PT: Okay.

DR: Then I could get you started on chemotherapy on the [DATE], which is a Thursday. But, let, let me back up. What's the best day to give you chemo?

PT: It doesn't matter to me, as soon as I get back.

DR: But with working?

PT: Um, I work in the morning. I can get off and come here for chemo, like I did before because I work, uh, from, uh, 6:30 to 3:00. No matter what time, uh, they do the chemo, yeah because that's what I did at [DEIDENTIFIED]. I get off -

DR: Yeah.

PT: And go then chemo.

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The Guide

Guides are fairly patient-centered in their approach to the medical interview and treatment decision process. As the name implies, they view it as their duty to show patients the way to better health, successful treatment, etc. They give patients disease and treatment information using accessible language, avoid heavy medical jargon, and use education to motivate patients and enable informed decision-making. Guides allow for patient input in the decision process while maintaining the authority of their position.

MARKETING TO A GUIDE

Because Guides use education to motivate and persuade patients, they will likely appreciate messages that draw on logic, facts, and benefits—beyond simple efficacy data. Citing experiences of other physicians or authoritative medical bodies could give Guides more material from which to draw when making the case for a specific course of action.

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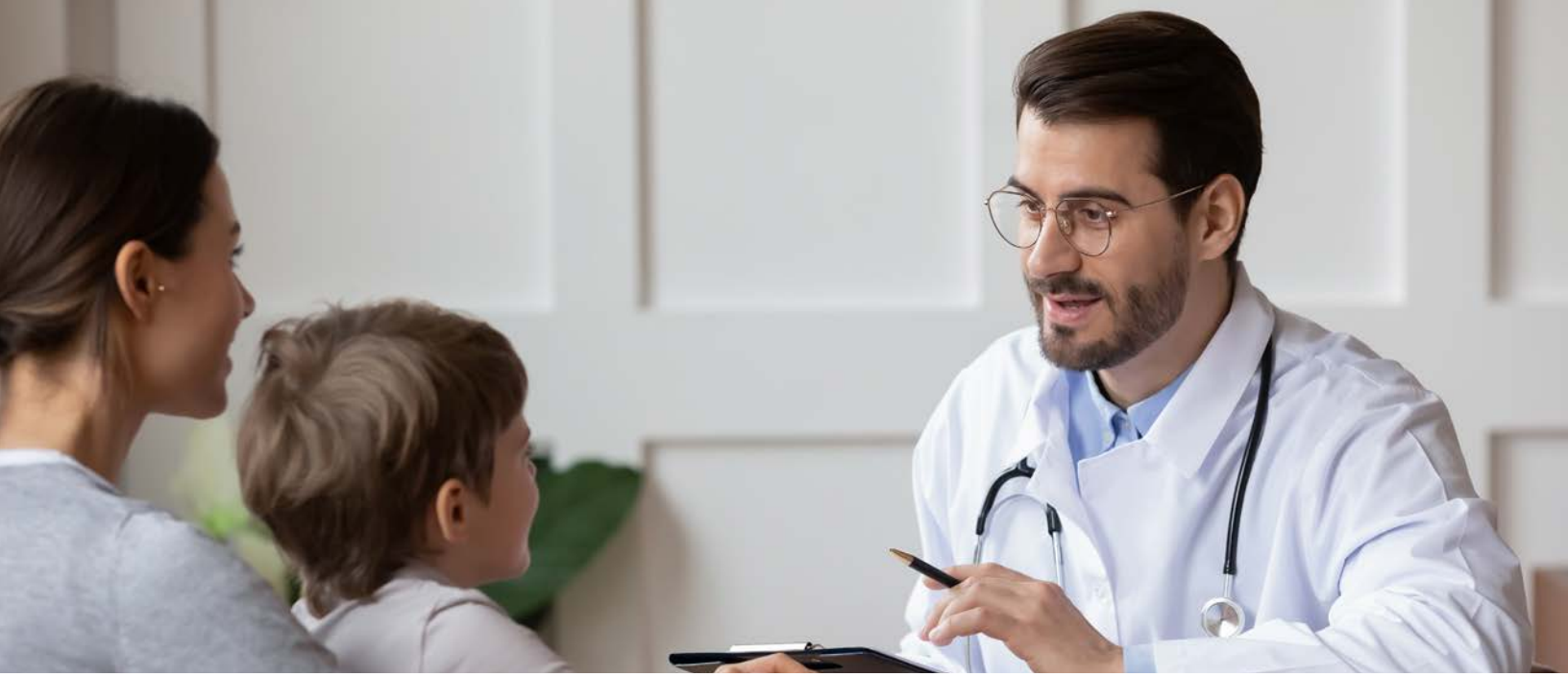

THE GUIDE DIALOGUE EXAMPLE

The pediatrician in the following example is persuading his young patient's mother that the patient should get a flu vaccine before leaving the office. To accomplish this, the doctor cites the "official recommendation," notes the success of the vaccine from his own experience, and provides factual information about the flu strains the vaccine protects against.

DR: Everbody period, so official recommendation is every-

PT: Everybody.

DR: Everybody, there we go. [LAUGHING].

PT: [INAUDIBLE].

DR: We've actually had the [flu vaccine] in about three weeks.

PT: Wow.

DR: Um, we've done probably 200 to 300 doses already.

PT: Um-hum.

DR: Um, and knock on wood, word around here is there's no fevers, no issues, no side effects at all.

PT: Okay.

DR: So, um, and all of the vaccines this year have the H1N1 as one of the strains in the vaccine so there wasn't going to be this decision do I get the H1N1, do I get the seasonal, do I get both.

PT: Excellent.

DR: It's just one and that's it. It has everything.

PT: Excellent.

DR: Okay?

PT: Good.

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The Parent

Parents are situated at the middle of the physician typology spectrum, between patient-centered and physician-centered in their communication approaches to the office visit. Parents tend to act protectively towards their patients, often focusing more on the potential risks of a treatment (e.g., side effects, cost) than its benefits, clearly trying to be as balanced as possible. Parents use supportive language but allow minimal conversational space for patient input. Patient education is frequently given using inaccessible language and treatment decisions are made from a clinically objective point of view.

MARKETING TO A PARENT

Given Parents' protective behavior towards their patients, they want to know all the pros and cons of treatment, as well as ways to mitigate any potential negative side effects. Comprehensive information that speaks to these issues should speak to them loudly.

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This hepatitis C patient has come to see his gastroenterologist to discuss new treatment options. From the outset, the doctor tries to take a balanced view of the treatments and urgency to treat. He doesn't portray the treatments negatively per se, but he does play devil's advocate to some degree as they discuss the way forward. Although the patient's comments indicate he is engaged in the conversation, the doctor does most of the talking.

THE PARENT DIALOGUE EXAMPLE

DR: So here we are to talk about the newest and latest. Is it the greatest? I don't know.

PT: It's different.

DR: It's different. … All right. Well, uh, bottom line is that, you know, these are add-on drugs to repeating the drugs that you've been on before, the [interferon] and the ribavirin which, you know, obviously didn't, uh, leave you untouched in terms of a thyroid and, of course your blood counts had come down pretty good and needed, I guess you need [drug name] at one point so that's -

PT: Hum.

DR: So we don't get away from those drugs. What do we, what do we, uh, what do we get for doing this though? Uh, the, uh, the newer therapies are added on to those two agents, but, uh, it's only for 12 weeks taking the extra medicine and then it's for people who have been on treatment before but either relapsed or they never even responded in the first place. It's still a, a full 48 week therapy -

PT: Yeah.

DR: Total. So three drugs for 12 weeks, two drugs for another 36 weeks.

PT: Hum.

DR: So one thing to think about is well, how, how badly should you retry therapy? I think the reason that I want to, uh, you know, open this subject instead of saying, oh, well, you've tried, you know, it was a nice try, a good college try, but let's not, uh, do the [INAUDIBLE] that, you know, you've had some advancement of disease on your biopsies. Uh, that's why we did the therapy in the first place is you went from a stage I in 2000 to a stage III five years later. So that was not good at all. You know, stage IV you're starting to run into areas of cirrhosis.

[…]

DR: So where are you now? What if it's still the same? You know, what if it's still stage II? Do we rush into therapy? I mean, uh, you know the dynamics are changing in terms of doing biopsies because the therapy is better. Back when we were, uh, be, before this, uh, my strategy was well, if you're in the type ones, maybe I can give people a 40% response rate. Look at all these side effects. It's not like I'm treating a runny nose here. Uh, you know, I'm giving people some pretty powerful medication.

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PT Centered DR Centered

The Authority

Authorities flood the conversation with information—often heavy with medical terminology—in an attempt to gain their patients' trust in their authority and knowledge. Thus, they provide abundant education but it's not necessarily understandable by their patients. This volume of one-way information also doesn't provide much encouragement for patients to talk. Authorities are clinically objective in their approach to the treatment decision and seldom partner with the patient in that decision.

MARKETING TO AN AUTHORITY

For Authorities, we suggest messages written in clinical language, demonstrating thorough application of scientific principles to data analysis. Compelling messages might also include empirical benefits of a particular treatment or course of action in addition to quality-of-life benefits for the patient.

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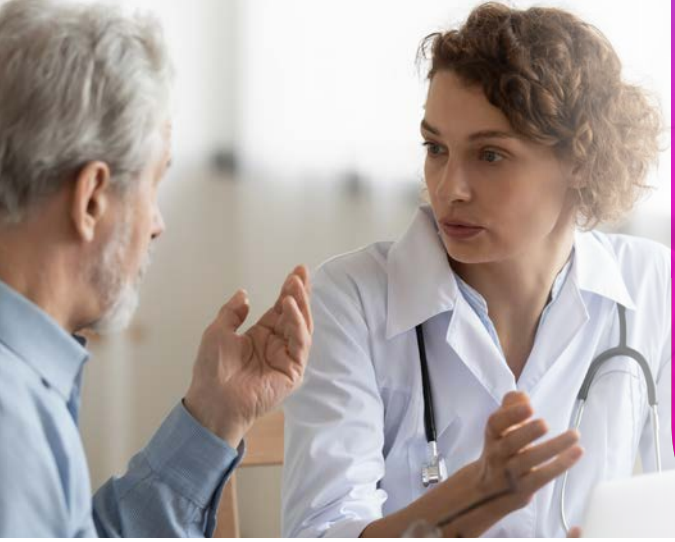

This oncologist is explaining to his patient with chronic myelogenous leukemia (CML) how the gene that causes the disease forms and how they detect it. While this is important information for the patient to know, the doctor uses several terms that may not be familiar to the patient (e.g., "gene arrangement," "endoplasm") and delivers it in a "data dump" type fashion. It is unclear from the patient's very brief interjections whether he understands everything that is being explained.

THE AUTHORITY DIALOGUE EXAMPLE

DR: And in CML, what happens is part of this chromosome 9 goes down and attaches itself to chromosome 22 and that's called Philadelphia chromosome.

PT: Right.

DR: And that is the chromosome that starts having some activity and causes this whole, you know, process. So these, this chromosome was detected on your bone marrow, uh, which is called a Philadelphia chromosome 922 translocation we call that. And we can also detect some copies of this through a, uh, you know, um, in the blood, and it's called BCR-ABL gene arrangement. So I checked that in your blood and what had happened is that in that, it's a [INAUDIBLE] test we did, oh where did it go, I just pulled that up. Okay. Okay, so I'm just going to show you this. So this is, it says that the result is positive, number one. So positive means that result is consistent with CML. Okay? So this was the blood test that we did and what it is, uh, I'll show you. The test can detect translocation with the weight, high sensitivity levels, so basically what you will to know is, I mean I don't have to, you know, explain you everything, but what you need to know is that we will perform this BCR-ABL gene test on the blood -

PT: Okay.

DR: Every three months, okay?

PT: Okay.

DR: Uh, so what happens is in as we will move on with our treatment, uh, you know and, uh, in addition to following the [drug name] and making sure you are tolerating this well, and no problems and side effects, we want to make sure your disease is responding. And the way we will, uh, you know, do that is number one, the blood test, the CBC, because you know right now, before your, you know, white cell count was so high. Likely your hemoglobin and platelet counts were not that bad, but that was one thing. And then obviously, uh, the, um, this BCR-ABL test that we are talking about, we will do that every three months and we'll make sure that it's coming down. And number three would be the cytogenetic; you know the Philadelphia chromosome that we talked about.

PT: Okay.

DR: That, okay, we checked on the bone marrow. We don't have, we don't normally do bone marrows, but we may do it, uh, later, uh, during the course of treatment. But the whole idea is to bring this disease into cytogenetic remission, okay? So there are three types of remissions, hematological, molecular remission, and cytogenetic remission. Hematological remission means that when we do the CBC, everything is looking normal, it's looking great. Meaning that no problems with that. When we do the, when we talk about molecular remission, that's the, this thing, we are talking about the endoplasm.

PT: Oh.

DR: And this is the cytogenetic remission. So what I'm just telling you is that we will just monitor this, uh, disease as we move on with the process.

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PT Centered

DR Centered

The Mechanic

Mechanics fall on the physician-centered end of the attitudinal typology spectrum. They offer little patient education and that which they do give is often heavy with medical terminology. As the category name implies, Mechanics see their patients' bodies as machines or systems that are broken and need to be fixed. Consequently, Mechanics approach both diagnosis and treatment in a clinically objective way, focusing on identifying the problem and accompanying solution. Treatment decisions are unilateral and decision logic is not always explained. In conversation, Mechanics seem to jump abruptly from topic to topic as they try to efficiently assess the patient, with little conversational space for patient narratives.

MARKETING TO A MECHANIC

Mechanics' clinical approach to the treatment process suggests that messages focusing on product efficacy and mechanism of action will resonate with them. Framing the information as a problem-solution equation is almost certain to get their attention.

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This type II diabetes patient's blood pressure isn't as good as her primary care physician would like. Pay attention to how the doctor describes the solution: he speaks of "fine tuning" her numbers and lays out a very systematic, step-by-step process to fix the blood pressure issue and keep the diabetes in-check as well.

THE MECHANIC DIALOGUE EXAMPLE

DR: So, no I, if we can kind of keep things simplified so that we get the numbers under control, but don't have to have you, you know, it's like having high blood pressure, I mean we don't have everybody with high blood pressure check their blood pressure 15 times a day. You know once we know it's stable we'll say if you feel bad check it periodically.

CG: Um-hum.

DR: So, you know these numbers aren't horrible, but they need fine tuning a bit.

PT: Yeah.

DR: I'm probably going to put you on a medication called metformin which it's reasonable and it's on the $4 plan is one thing, and it doesn't tend to, if you took it and didn't eat right away it's not going to bottom you out and have you bottoming out your sugar and getting nauseated and passing out on the floor.

CG: Okay.

DR: Um, the other problem that gets thrown into the mix once you have a sugar problem is, the minute there's a problem with sugar your cholesterol has to be a whole lot tighter controlled.

CG: I can help you with that [PATIENT NAME].

PT: [LAUGHING].

DR: And the bad cholesterol is better than it was.

CG: Mine was bad.

DR: About a year or so ago it was 156, it's down to 147. Your good cholesterol that cleans the arteries actually went up from 45 to 55 which is good because that drops your heart attack risk, that stuff cleans them out. But your bad being 147 when you're a diabetic, ideally it needs to be less than 100, I'm going to lay it down better. So that's a bit of a drop you need, you need a 40 point drop. Again we've got a couple of options. We can have you try to fine tune the diet, I know the exercise is going to be limited, see how that looks in three or four months' time, if it's not getting better, get you on a medication or we can throw a medication into the mix right now. I'd rather see, you know, change one thing at a time for the next few months, at least try to just have you fine tune things in the diet and I can give you some cholesterol diet information.

CG: Okay.

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The Paternalist

On the far physician-centered end of the typology spectrum we find the Paternalist. Paternalists characteristically ask a series of specific questions to assess the patient, rather than encouraging free-flowing dialogue. Paternalists seldom state their reasoning for a particular treatment choice and may give the impression that they enter the office with a treatment plan in mind, from which they cannot be deterred. Patient education is largely absent.

MARKETING TO A PATERNALIST

For the Paternalist, we suggest messages that correlate treatment options with a checklist of symptoms, since that is often how they approach the assessment portion of the patient interview. Quantifiable efficacy data should speak to their clinical, unilateral approach to decision-making.

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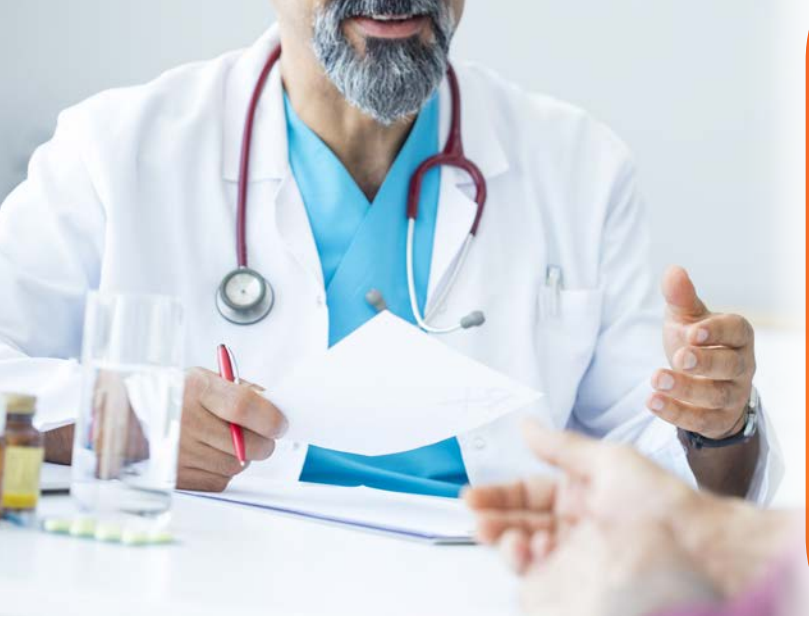

This endocrinologist starts the visit with his type II diabetes patient with an open-ended question but quickly switches to a more targeted assessment style. He also quickly pronounces a course of action and abruptly changes the topic from information-gathering to discussing the treatment he has in mind for the patient. When the patient expresses reluctance to use the drug he's suggested, the doctor cites clinical evidence that's it's safe and effective.

THE PATERNALIST DIALOGUE EXAMPLE

DR: So, tell me about the weight gain [PATIENT NAME].

PT: I just, well, I mean, uh, I guess I'm just, my body is retaining fluid. I can't, um, I, I'm trying to eat properly. I don't drink soft drinks at all, I drink green tea, and, uh, water

DR: You drink green tea and water.

PT: Water, um-hum.

DR: And you're gaining weight.

PT: Gaining weight.

DR: So, I must stay away from green tea and water, then.

PT: Well, I guess so -

DR: [LAUGHING].

PT: Obviously, I thought about that, and I, I maybe have oatmeal with apple in the morning time, or raisins, or something like that, maybe an egg every now and then.

DR: Do you count calories?

PT: No.

DR: Okay, if you want to lose weight, hon, you need to count calories. Now, we know your diabetes is well controlled. Your A1c is 5.6 which is very good, okay?

PT: That's the results of my blood work?

DR: Yes.

PT: Okay.

DR: It's well-controlled, but your weight is not good. You gained a lot of weight.

PT: Um-hum.

DR: So, if you allow me today, I want to talk to you about this medication. It's called [drug name], okay? Basically, you screw the needle on here, and you dial the dose, and I will show you how you inject. It causes the blood sugar to stay normal, but it helps you with weight loss. How about that? Once a day.

PT: That, that sounds complicated. That, that sounds like I got to give myself injections -

DR: You're going to give yourself one injection a day, but it's very easy.

PT: Is that going to hurt?

DR: No, uh, the needle is very, very small. Can you see the needle?

PT: No, I can't.

DR: Okay, it's really very small, and all that you have to do, we're going to teach you how to do that. Basically, you dial here, you take the cap off, you pinch the skin, and you shoot. Is it something you want to, you think you want to do? If it's too much, it's okay. I mean, you've got to try to lose weight, but that would be my, my best option for you that's approved by the FDA that would help you lose weight. It's nothing experimental. Now, you weigh 232 pounds. You weighed 20, you are 20 pounds heavier than last time.

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Do More With Typologies

While each physician type can generally be found in every disease area, two or three types are generally more prevalent in a given disease area than the others. Learning which physician typologies are predominant in a disease state can help marketers craft specific approaches and write persuasive messages for target physicians.

Physician typologies can also contribute to more effective training of sales representatives—having a sense of the in-office communication styles of the physicians they encounter in their work can help sales reps maximize their encounters with physicians by highlighting what's important to them, in terms they understand.

Last but not least, an understanding of physician typologies benefits all of us in the doctor's office, as we are able to spot communication styles of our own doctors and adapt our individual communication behaviors to achieve greater understanding and better health outcomes.

Doctors want their patients to get well and have productive, comfortable lives. The more we can do to facilitate a meaningful conversation for both parties, the more likely they are to achieve that end goal.

Infuse Your Messaging with Reality

- Partner with Insagic to discover which physician types are most prevalent in your category.
- Challenge Insagic to create typology-based motivational messages for your physician programs using your existing materials.

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About Insagic

Insagic, a Publicis Health company, is a next-generation insights and advisory business that combines data, design, and dialogues to deliver the activatable insights and transformational intelligence that healthcare marketers need to succeed and grow in today's platform world. Insagic is home to more than 50 innovative behavior scientists, data scientists, ethnographers, linguists, strategists, researchers, and designers—all united around the vision of creating a world where connected health intelligence accelerates the path to better outcomes.

For more information on Insagic's methodologies, and how they can be applied to your research projects, contact us at: hello@insagic.com