

## The lost art of "What if?" forecasting

**How can pharma marketers make more confident decisions? By taking a big step back to consider a broader range of ideas and associated costs, risks and revenue potential.**

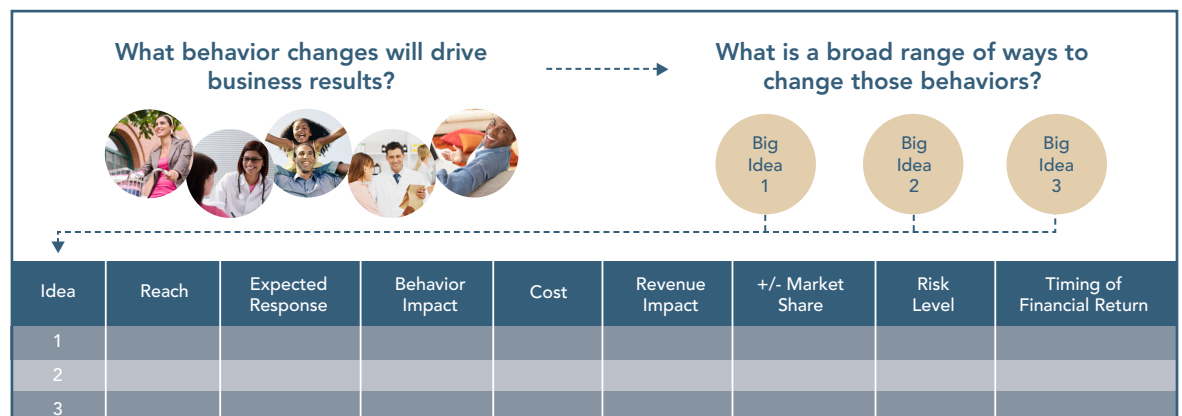
*What if... there were more cost effective ways to improve patient persistence? What if... more budget was re-directed from awareness to finding and converting qualified patient leads? What if... a budget was cut by 30% but the marketing initiative was still maintaining market share?*

Did you notice that brand planning takes place earlier every year? There is greater senior management demand to forecast and lock down next year's budget before this year's initiatives are even in market (let alone completed with results to analyze). The problem is that marketers can be trapped by their own budget line items without the chance to really figure out "what's the best way to change prospect or patient behaviors in a way that will have the biggest impact on our business goals?".

### What happens without "what if" brainstorming and forecasting?

- Budget totals get locked without fully understanding if a brand could achieve the same results for less money, or if a higher budget could deliver double the results.
- Budgets get allocated across media channels and agencies (starting the battle to hold or increase the "slice" of the budget pie) without looking at ways the total budget could be shuffled for better results.
- Budget documents need rationale – so tactical ideas are often pulled together without the benefit of a big picture brainstorming process and looking at the costs/revenue scenarios.
- Management assumes that innovation is focused on "the creative" instead of understanding that how budgets are shaped and how all channels work together can be a more powerful "creative" solution than the use of photos, slogans and copy.

## Solution: The "What if" Decision-Making Approach



*This chart reveals the types of inputs pharma marketers need to make more confident decisions.*

## How can pharma marketers make this work?

1. Create and maintain (with help of all agency partners) a summary of “what we know works” and “assumptions of how different patient behaviors impact business results”. There may not be complete patient level data analysis available so assumptions may need to be made by marketers, agencies and internal finance teams.
2. Find a senior “strategist” with every agency partner that is more excited by ideas than protecting budget and assign them to a “team” with a name that talks to innovation, patient management, etc.
3. Don’t wait for Q3 Brand Planning – once Q1 tactics are in place (and agencies and internal departments are comfortable that their current budgets are protected) host quarterly brainstorming workshops focused on the next 2 to 3 years, with a goal of coming up with 3 to 5 solid “big ideas” that involve multiple channels but are not limited by current budget ratios.
4. Then get the team (with help from finance or internal analytics) to forecast cost, risk and potential business impact (revenue, market share, ROI).

### Case Example:

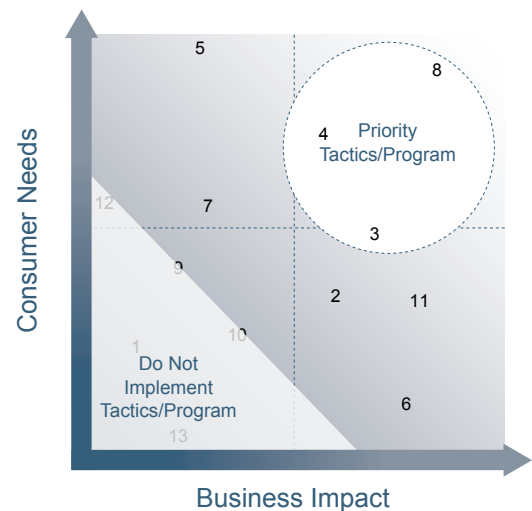
A health advocacy organization had an annual planning process that allowed different departments and marketing channels to keep the same budget year-over-year and plan their own tactics with little oversight.

- ✗ There was NO connection of “silo” tactics to overarching business goals
- ✗ There was NO effort made to promote improved results with integration
- ✗ There was NO one looking at how all activity would impact the total customer experience

### Solution:

First, the CEO implemented a standardized way of evaluating every budget expense in relation to overall corporate goals – and eliminated the process of awarding each channel/department with the same budget and autonomy year-over-year.

Next, all departments developed strategies and tactical ideas, described in a consistent way. They had to evaluate how well each idea aligned with “customer” needs as well as business/financial goals and projected results, using a standardized process.



All leaders of all departments participated in a day-long session where all the ideas were evaluated by the entire group. The “best” ideas based on objective criteria were decided upon, regardless of the department/channel.

So in the end, the budgets and tactical plans per department were decided based on the best interests of the customer base and corporate goals, not based on a department guarding its slice of the budget pie.

*For more information about Daggerwing Health’s perspective and expertise in helping clients improve decision-making with “what if?” ideation and forecasting, please contact us: [info@daggerwinghealth.com](mailto:info@daggerwinghealth.com).*