

Darwin Debate Meeting Report

Digital Communications in the Pharmaceutical Industry: Adapt or Die?

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Pharmaceutical marketers face an immediate and critical challenge: how to effectively navigate and leverage the social and digital channels which their stakeholders increasingly rely on, while maintaining brand and corporate reputation.

The industry is focusing on a trust agenda at a time when its resources are under constant scrutiny. This, combined with a lack of clarity on the guidance for digital activity, means that UK pharma is lagging behind when it comes to engaging customers online.

But with 72% of people using social media sites 'all or some of the time' to educate themselves about specific medical conditions¹ and 45% of specialists using Wikipedia as a professional information source², has the time come to adapt or be left behind?

A group of leading pharmaceutical marketing and digital experts gathered in London on 19th July 2010 to discuss the future of digital communications in our industry. They were joined by Shuvo Saha, Head of Consumer Goods & Healthcare for Google, and Marcus Wareham, Sales Strategy and Planning for Facebook.

Before the meeting attendees completed a questionnaire which showed that when it comes to online social engagement, the industry is at a crossroads.

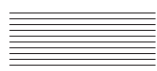
Many pharmaceutical companies operating in the UK are resisting online engagement, others are taking tentative steps – and seeing positive results. However there remains uncertainty and nervousness about the true potential of social media.

Attendees

- David Chandler, Brand Manager, Pain, Napp Pharmaceuticals
- Mark Charity, Sales Manager Ireland and SW, Nucletron
- Mindy Dooa, Corporate Communications Director, Astellas Pharma Europe
- Mark Drabble, Assoc. Brand Director Anti-infectives, Astellas Pharma Europe
- Kai Gait, Digital Commerce Marketing Manager, GSK
- Jon Gilbert, Senior Brand Director, Anti-infectives, Astellas Pharma Europe
- Sharron Greatorex, Senior Product Manager, Baxter
- Mark Hitchman, Managing Director UK & Ireland, Nucletron
- Chris Keith, Head of Marketing (S.T.) UK Oncology Business Unit, GSK
- Owen Marks, Commercial Director: Ophthalmology, Endocrine and New products, Pfizer
- David McCormick, Digital Brand Manager – Mass Market, Novartis
- Kathryn Orr, Digital Marketing Manager, Novartis
- Mark Reale, Corporate Communications Manager, Takeda
- Alasdair Williams, Associate Director, Market Services, Sanofi-Pasteur MSD
- Lisa Williams, EU Marketing, Takeda

References

1. PharmaMarketingNews, 2009: <http://pharmamktg.blogspot.com>
2. GP & Specialist Social Media Study, Sept 2009, conducted by ICM for Creston Group companies



CRESTON
health



RED DOOR COMMUNICATIONS

ROCK
medical communications

PAN

Delegates discussed five key questions.

1. When it comes to digital communication and online social engagement, UK pharma is lagging behind other geographical and commercial markets.

It was agreed that European pharma (not just the UK) generally lags behind other industries and the main barrier was identified as legal and industry regulations (see question three).

While the pharma industry is comfortable with paid-for advertising, predominantly seen in banners on websites, it's not so confident with online vehicles which allow a free-flow of communication. However it sees this latter area as one of potential opportunity.

The main hurdle to engaging in two-way conversations online is pharmacovigilance and how companies monitor adverse drug events if they are raised (see question five).

Most delegates felt they needed to have more of an online presence in order to start a conversation on an organisational level – conversations are already happening online whether companies like it or not.

But the main issue with entering into discussions online was lack of control. If pharma pays for anything online it is responsible for the whole content – including any forums or chat rooms.

However not all platforms have to include a discussion element (even though the digital experts in the room advocated this to maximise the number of visitors).

Delegates felt that as an industry pharma needs to change its perception about what marketing is – the focus should be on how we get to the customer and then shape our conversation once we get there.

Delegates agreed that pharma companies shouldn't be scared of what they say to customers – they can't say any more in a newspaper than they can online, but the latter may be an effective means of reaching their customer group.

Attendees also agreed that websites and other corporate digital activities were fast becoming the public face of the company – taking over from the sales rep whose visits are getting less frequent.

While opportunities to talk directly to patients were restricted to disease awareness messages, it was agreed that digital communication with healthcare professionals could be improved.

Most said they use online communities within the confines of their own company to great effect.

Many examples were cited where digital communication is being used effectively under tight regulation – financial services and the alcohol industry were two.

Developing websites for doctors was now considered easier as they did not have to be password protected, but when it came to design, pharma companies are not as slick as other professions who communicate digitally.

Delegates concluded that while they could improve on their technical delivery it was the content of messages that was most important – delivering responsible, code-compliant messages.

However there was some discussion about how sophisticated the pharma industry is in really knowing its customers.

It was acknowledged that most pharmaceutical companies divide their customers into three crude groups – those who use the product; those who don't; and those who they'd like to use the product more.

By comparison supermarket chain Tesco has 200,000 customer groups – they know who they are, what they do, where they go – delegates agreed pharma could learn a lesson from them.

The problem for many marketers was that when their budgets are cut digital activities are always the first to go. Delegates agreed that they should be planning from their objectives not from the channels used to reach them.

Also they should try to develop a link to sales – if they can't demonstrate an impact, digital activities will always be cut off.

DELEGATE VERDICT: ✓ YES – But there are clear barriers to overcome before pharma can move forward.

2. Social engagement with patients will help deliver on the industry's trust agenda.

The dilemma for the industry was quickly identified: a strong open relationship is needed for trust to develop, but the pharma industry cannot have this because it cannot talk directly to the public about its products.

And yet patients will go online to investigate their medical concerns before doing anything else, often using Wikipedia as their knowledge source. It was agreed that pharma companies need to work harder at separating out their brand and company messages and activities.

While marketers can develop trust through disease awareness activities, the impact of these needs to be measured, for example through knowledge shifts or behavioural change.

Some companies were working together to embrace trust in key disease areas, agreeing on joint messages and projects – for example the pharmacological oncology institute initiative, run by the ABPI.

Delegates also thought it was a question of being smarter about the messages they chose to deliver. Pfizer's corporate campaign on counterfeit medicines was cited as a good example, because it was not product specific and was conducted in partnership with the MHRA.

Awareness raising and reputation pieces online can allow pharma to be seen as good corporate citizens. The challenge is to find a way to have a discussion online that supports commercial success.

Delegates debated the different behaviour of patients and healthcare professionals and asked: when does an HCP start behaving like the average consumer?

If HCPs visited Johnson & Johnson's website for example, would they feel they had the scientific information they require to recommend J&J products? Things like the J&J blog make patients and consumers feel good about J&J. If HCPs do too then this is a dual commercial gain.

The key question which the delegates posed was how much trust is really valued? Most companies still measured their success on sales – not on customer trust and knowledge exchange.

However it was acknowledged that if companies engaged in improving perceptions of pharma, they could be on a par with other industries which measure trust on an ongoing basis and pay their agencies on a performance-related basis solely on brand trust measurement.

The conclusion is that until someone tries it, no one knows if social media will deliver on the trust agenda.

DELEGATE VERDICT: ✓ Yes – But how? Can it be reconciled with demonstrating impact?

3. The absence of specific UK regulation guidance is a non-issue.

Everyone felt that pharma companies were wary of the regulations and looking to the ABPI for more guidance, but some delegates questioned whether more guidelines were the answer.

It was strongly argued that digital is no different to any other activity – if organisations were considering doing something online that they wouldn't commit to paper then they were in dangerous territory.

More ABPI guidelines would be a double-edged sword, they would provide more clarity as to what could be done, but might make pharma

companies feel more restricted and less likely to do anything in the digital arena at all.

If digital communications is so fast-moving the regulatory bodies will struggle to keep up - what worked last year, might not work next year. But they should be considering digital vehicles in the same way as any other written materials.

Attendees saw the ABPI code as being about the interpretation of the intent of an activity. Introducing more clauses to the code might make it more restrictive.

Delegates wanted to leave the door open for the future, but needed to know and feel comfortable with the intent of what they were doing. They also wanted reassurance that people responsible for the code were digitally literate.

Being in breach of the code for digital activity is a real fear. The main barrier in terms of approval for digital communications is that there are not enough cases to cite to bring clarity - so many companies are not prepared to take the risk and stick their head above the parapet.

However there are things which can be done – for example, it is within the code for companies to display the pivotal research papers which got their product its licence on their company websites but few are doing so.

Some companies have put product-based information on websites which can be accessed directly by patients but only by using their product batch code to log on.

More and more companies are developing EU wide activities, but trying to make a programme common for as many as 16 countries is difficult. Some delegates said variation between markets was a significant cause of holding back development.

Many activities struggled to get approval in-house but delegates said that was more to do with explaining to the copy approval team more about the nature of digital communications as it appeared to be the vehicle they objected to most not the message! As highlighted above, they shouldn't be treated differently.

Delegates agreed they had no more control of messages online than offline.

An example was given that if a speaker at a conference gave his/her opinion when asked a question, they would answer as they saw fit and if wrong it was the sponsoring company's job to set the record straight afterwards.

But it was easier to correct messages online than through more traditional print routes – for example, if a leaflet was recalled, what are the devices for getting them all back?

At least with digital vehicles there is a specific route through which to communicate. Tesco and Sainsbury's frequently use their club cards to recall foods – surely the pharma industry should be following suit?

Hits on a website after you make a change/correction is a much more traceable measure than an addition to a sales aid which many customers may not read.

DELEGATE VERDICT: ✓ **YES – We are quite happy with the guidance as it is.**

4. Social engagement with HCPs can have a significant impact on my brand.

Delegates expressed some discomfort at two-way communications online. While they acknowledged that they needed to be able to react and take part in discussion online, they weren't sure how to do that appropriately.

Google talk a lot about 'push and pull' communications. The underlying premise of the ABPI code appeared to be 'thou shalt not push a message.' Google views an online search as the ultimate 'pull'. There are times when people search for information; the pharma industry's challenge is whether it provides that information or leaves it to others – who might be misinformed or not qualified.

One delegate shared a case study where their company had launched a Facebook page to raise disease awareness and offer support to teenage boys with haemophilia. The forum/discussion element of the page was removed – turning it into an information board. The page was launched on a Friday afternoon, within an hour 50 patients from the target group had signed up, by Monday morning there were 150.

The most important element of this sort of activity is constantly posting up fresh information to keep the page active and encourage people to revisit it. For example, patient information was downloadable from the page. Although there was no conversation permitted on the page the company's Facebook page was mentioned in other forums – so they were talked about and could monitor how their information was being viewed by their target audience.

Another delegate pointed out that pharma companies can write to Wikipedia asking their editors to change entries where information is factually incorrect rather than trying to change or redress the balance themselves.

Discussions with healthcare professionals were considered very different among specialists than general practitioners – purely based on the numbers involved. Many felt in a position to have an online relationship with specialists in a given field and frequently do. More concern was around mass communication with GPs or nurses.

The timeframe in customer relationship investment was also discussed – whereas ideally companies should look for long-term relationships with HCPs, i.e. 5-10 years, brand relationships (or rather brand investment) don't often go beyond two years.

And the 'face of the company' was another issue – most delegates felt that their company had no corporate personality and each of their brands was competing independently for their HCP's attention.

Differentiation between products was also becoming less and less, they said. The key was in trying to sell the more subtle differences based on an HCP's specific needs, and this was the opportunity in two-way discussions.

DELEGATE VERDICT: ✓ **YES – But so much more needs to be done.**

5. Pharmacovigilance responsibilities would be significantly impacted by greater social engagement.

Online media throws up more adverse events than other platforms but that should be seen as a good thing, most delegates suggested.

Pharma has a duty to its customers and patients so companies need to have robust processes in place for dealing with adverse event reporting.

Pharmacovigilance could be improved by online engagement. It is just a fear of workload one delegate said. Can pharma companies appropriately monitor for all online adverse events? Will it be easier to miss something?

Another delegate cited recent research by Nielsen, a marketing and media research organisation which in 2008 analysed 500 healthcare-related messages posted online across multiple disease categories.³

Of these 500 posts, only one message incorporated the information necessary to meet all four of the FDA's adverse event reporting requirements - an identifiable patient, an identifiable reporter, a specific drug or biologic involved in the event or fatal outcome.

One delegate pointed out that the ABPI was stricter and only needed an identifiable patient or reporter.

Some specialties are more likely to attract comment than others. Oncology was identified as a specialty which people commented on frequently – particularly in relation to adverse events.

DELEGATE VERDICT – ✓ YES, but in a positive way.

References

3. Listening to Customers in a Highly Regulated Environment: How Pharmaceutical Manufacturers Can Leverage Consumer Generated Media. Nielsen Online. August 2008