

Darwin Debate Meeting Report

Digital Communications in the Pharmaceutical Industry: Adapt or Die?

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Following on from our first meeting of senior pharmaceutical marketers, **a group of leading medical, legal and regulatory experts gathered in London on 11th October 2010 to discuss their perspectives on the use of digital communications within the pharmaceutical industry.**

They were joined by Kai Gait, Digital Commerce Marketing Manager and James Keady, Senior Brand Manager, Digital from GlaxoSmithKline who presented a case study on digital communications in promoting weight loss programme alli™. Compliance experts Nick Broughton from pharmaceuticalethics.com and Steve Gray from Compliance Hub led a discussion on considerations for the pharmaceutical industry in relation to four types of digital platforms: websites, blogger engagement, social networks and "Wiki".

For ease of comparison and to help take the debate forward, delegate discussions are recorded under the five key questions posed at the earlier meeting of marketers and digital specialists.

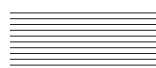
1. When it comes to digital communication and online social engagement is UK pharma lagging behind other geographical and commercial markets?

One delegate felt that UK pharma companies are currently squandering a huge opportunity in the digital arena through 'a paroxysm of indecision and misplaced understanding' of what they can use it for. It was widely agreed that we are still applying old marketing models to a new communication channel.

The most commonly approved digital activity appeared to be websites but the most pressing question from a compliance point of view is whether these sites are promotional or non-promotional.

Attendees

- **Hamzah Baig,**
Senior Medical Adviser,
Digital Commerce,
GSK
 - **Nick Broughton,**
Managing Director,
Pharmaceuticalethics.com
 - **Christine Cameron,**
Business Compliance Director,
Bristol Myers-Squibb
 - **Kai Gait,**
Digital Commerce Marketing Manager,
GSK
 - **Steve Gray,**
Managing Director,
Compliance Hub Ltd
 - **Stephen Holmes,**
Medical Affairs,
Baxter Healthcare
 - **James Keady,**
Senior Brand Manager,
Digital Centre of Excellence,
GSK
 - **Jeevan Shetty,**
Disease Area Specialist – Oncology,
Bristol Myers-Squibb
 - **Siân Walker,**
Director,
Pharmaceuticalethics.com
- Invitees who were not able to attend the meeting later contributed their views and they have been incorporated into the report:
- **Himanshu Patel,**
Consultant Lead Clinical Research Physician,
Lilly UK



CRESTON
health



RED DOOR COMMUNICATIONS

ROCK
medical communications

PAN

While it is compulsory by law that patient websites should be non-promotional, one delegate said it is very difficult to make healthcare professional (HCP) sites non-promotional too. Not mentioning product information is very restrictive and may even be seen as promotion through omission, they added.

Conversely, the challenge in having a promotional website for HCPs was updating it frequently enough to keep stakeholders coming back and finding it relevant each time they return. As with any other medium, content is key.

UK pharma wasn't seen to be pro-active enough in terms of looking at what's popular on the web and what's not. Delegates felt that it was better for the company to be in control of web design rather than the brand teams, and they acknowledged that UK pharma is entering a new era of having a company presence across the internet.

One of the attractions for using digital communications is the immediacy with which information can be posted. However, UK pharma is not structured to deal with instant updates – the practicalities of 'sign-off' mean that pharma's chances of being 'current' are slim if not impossible.

Delegates recognised that pharma companies need to change their system however there was reluctance for anyone to take responsibility for making that change. One delegate suggested it would take a dynamic Managing Director to implement a company change. The group was reticent about compliance departments themselves driving change.

In the meantime there was some debate as to who should be responsible for online content – the medical director or general manager, or someone at a less senior level? One delegate suggested having on-call medics to scan websites and approve/make emergency alterations – but the practicalities of this seemed too far from the current situation to contemplate.

In the meantime most digital activities were driven by marketers but some of these sailed close to the wind when it came to regulations.

One delegate called for the words 'digital' and 'new media' to be banned. Effective marketing shouldn't be about digital or not digital it should be about solid marketing objectives, added another.

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

2. Will social engagement with patients help deliver on the industry's trust agenda?

Delegates were at first sceptical about what patients trust online, specifically mentioning Wikipedia as a source for patients and HCPs alike, questioning the accuracy of its content.

However, one delegate said they had scrutinised a number of Wikipedia pages and in general the scientific content was accurate – however the main issue was with the content they'd chosen not to include in terms of the safety profiles of medicines.

Delegates acknowledged that pharma had an obligation to ensure that information about its products was correct and that it had the right to reply if articles were incorrect. However, the challenge with Wikipedia was that it is a global resource and what may be within licence in one country may not be the same as in another.

One delegate pointed out that there was a lot of ignorance about Wikipedia and the resource actually self-regulated better than the pharma industry. If statements are not referenced or substantiated they are taken down and altered. In that respect it was important that the pharma industry was perceived as ethical in social media circles and therefore seen as a trusted source of information.

Some delegates believed it was better for the pharma industry to update relevant sites rather than rely on an informed third party. But others were nervous about how much companies should be seen to alter. For example, if they just made essential corrections to information that put patient safety at serious risk then they could be seen as 'lying by omission' if they didn't amend everything else on the site with which they disagreed. One solution was to put any corrections under the 'discussion' area of the site and let the online community/site administrators decide whether or not to make amendments.

The meeting was at its most comfortable discussing websites where regulations for the pharma industry were clearer but one delegate warned that websites were not the future for many patients – today's children were no longer going to websites for their information, they were going on Facebook.

One delegate cited the Clarityn app on iTunes as a useful patient tool – it automatically links to the brand website where it tells patients the pollen count.

Delegates agreed that there was a definite need for accurate and reliable information for patients, but pharma companies needed to think more carefully about what people actually want to see. The key to successful patient communication was seen as 'transparency'. This might mean including information about competitors, whether individual pharma companies liked that or not.

While there was much debate about whether patients cared about the company that makes their drugs or not, it was acknowledged that there was a real opportunity for a pharma company that can 'get their act together' in digital to really distinguish itself from other companies.

But one delegate warned that whatever activities pharma companies undertook with patients should happen sooner rather than later. If the expected EU directive comes in on providing information to patients the guidelines will propose a level of communication half way between what the UK does at the moment (which is deemed to be a lot in Europe) and what the Germans and French do (which is very little). Patient information activities may therefore decrease rather than increase.

DELEGATE VERDICT: ✓ **Yes – But how? Can it be transparent? And with the EC Directive on communication to patients on its way, is time running out?**

3. Is the absence of specific UK regulation guidance a non-issue?

Delegates thought UK pharma should be careful what it wished for in wanting to see more guidance on digital activity.

For example, one delegate suggested current advice on blogging should not be accepted as it almost prevents companies from blogging at all.

However there were a number of unanswered questions which pharma needed to tackle before rebelling against restrictions, such as who is senior enough to blog and on what – science, a disease area, or anything? The vast majority of company blogs are boring and dull they conceded.

The meeting felt that the industry is obsessed with finding the right answer to digital communications whereas many of the solutions to using the medium are debatable – it would be better for companies to spend more time working on the ethical arguments to justify what it does.

UK pharma's objective must be to achieve a credible and ethical digital presence but in order to do so both marketing and medical departments need to adapt rather than constantly blame the other one for lack of progress.

One delegate thought that the industry was going to make little progress in digital communications as a group and instead the competitive spirit between companies might drive projects through. More examples of good practice were required but this would only happen if companies gave each other space and didn't hurl code complaints at each other at every opportunity. One delegate conceded that their company already had potential code complaints to file against competitors but wouldn't do anything unless someone else 'fired the first shot'.

Another contributor suggested that the ABPI should take accountability for informing this debate and in particular for the PMCPA to address the current gap and inconsistency in the Code regarding the place of social media.

DELEGATE VERDICT: ✓ **YES – We need to work harder on the ethical arguments for using digital channels rather than wait for the debatable benefit of hard-and-fast rules**

4. Can social engagement with HCPs have a significant impact on a company's brands?

Delegates could see the benefit of social engagement with HCPs but struggled with how to truly interact.

The PMCPA has said it can't see how pharma companies can take part in chat rooms for example as they can't regulate their content.

Likewise with blogs – if the blog appears on a company-sponsored website then the company has to be responsible for all content. And the difficulty is then if blog discussions veer off-label.

For the same reason it is difficult for UK pharma to be involved in any website which invites patient comment.

The only viable solution, one delegate suggested, was to put cash on the table to contribute towards the running of a digital activity, such as a website, and then step back and let a third party (a professional or patient organisation) take responsibility for the site's content.

One delegate suggested a 'virtual meeting' online as a means of conducting a digital interaction. Chat rooms could then be seen as online meetings with a definite start and finish time. After the 'meeting', the online access to it could be removed.

The company could then spend time amending and certifying the content before publishing it as an archived meeting – this would be both ethical and within the current Code.

There was some debate about how HCPs respond to company-branded information. One delegate thought physicians would not contemplate pharma-branded digital activities, but another argued that although initial reactions could sound negative they believed many HCPs would read up-to-date information from pharma companies.

But pharma companies need to think carefully about the messages they are delivering to HCPs. Comparing it to the car industry, delegates agreed that they would look at social sites/blogs to read other people's opinions on, say, buying a Mercedes, but would also look at Mercedes' own site – reading the company's claims before reading other owners' opinions on whether or not they delivered. However, would they read a Mercedes sponsored site on cars in general? The answer was probably not.

DELEGATE VERDICT: ✓ YES – But how can pharma truly interact online and stick within the PMCPA Code of Practice?

5. Would pharmacovigilance responsibilities be significantly impacted by greater social engagement?

The group's main concern was that the customer services pharmacovigilance departments weren't set up to cope with the large number of adverse effects which might be reported through such a far-reaching medium as digital communications.

The problem wasn't the willingness to respond to adverse event information but the unknown quantity of such communications. If pharma companies were swamped by adverse events which they couldn't process then they were lost.

The notion of increased numbers of pharmacovigilance staff within pharma companies felt unlikely – the value to the business of social engagement would need to outweigh the additional pharmacovigilance cost.

DELEGATE VERDICT: ✓ YES – But that shouldn't put us off

alli: A digital case study from GSK

alli was launched in 2009 with a campaign that was about a weight loss programme, not just a pill. The product had already been launched in the US before European introduction.

Even though alli is an 'over-the-counter' product there wasn't a blank canvas for launch – all marketing activities needed to adhere to rules imposed by organisations such as the PAGB (The Proprietary Association of Great Britain) and MHRA (Medicines and Healthcare products Regulatory Agency).

It was also a very over-crowded market. There were a sextillion searches for either diet or weight loss on Google in 2009. alli was competing with vitamin and weight loss pills, plus diet supplements and food products which make weight loss claims.

Every single key word in the campaign and every piece of copy in Google had to be signed off by GSK's regulatory department.

Every message had to include two key facts about alli – it's for overweight people with a BMI of 28 or over and its active ingredient is orlistat.

GSK developed a brand destination site – www.alli.co.uk – designed to provide product information and supply recipes for people to follow a reduced calorie, low-fat diet.

The search engine was a big traffic driver (albeit an expensive one) and the brand invested in a strong presence in page rank for 'weight loss' and 'diet' keywords during the launch.

The alli site included a significant database of recipes all of which had to be reviewed by a dietitian and signed off by regulatory affairs.

alli also partnered with Channel Four to provide healthy eating advice and real stories from real-life bloggers – but these blogs were pre-moderated. The subjects were chosen following the licence approval of alli and kept diaries prior to launching in market to communicate the alli programme in a peer to peer medium.

Pre-moderation of diary content was necessary to ensure that it met code requirements. The diaries were boosted by rich video content and interviews connecting consumers with real alli stories.

Many of the tactics within the alli digital plan were new for the regulatory department due to no existing precedents and it was recommended to engage these internal functions early to ensure digital capability can continue to grow within pharma organisations.