

Darwin Debate Third Meeting Report

Digital Communications in the Pharmaceutical Industry: Adapt or Die?

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Following on from our meeting of leading medical, legal and regulatory experts, a group of **senior pharmaceutical marketers, communications professionals and digital specialists convened in London on 1st November 2010 to discuss how the industry might move forward in the digital arena.**

To open the meeting, results of a recent survey amongst 51 marketers working in the UK pharmaceutical industry were presented, along with the views from medics at the second Darwin Debate meeting.

During the meeting Kai Gait, Digital Commerce Marketing Manager at GSK and Ross Taylor, Chief Digital Officer at TMW, presented current examples from pharmaceutical companies of excellence and good practice in digital communication.

The views expressed in this report are the personal views of the attendees and do not necessarily reflect the views of their respective companies.

The questions which were front of the group's mind were how can the pharmaceutical industry engage with patients through social media? How can we work within the ABPI Code of Practice? **How can we overcome the 'obstacle' of current internal approval systems given the speed at which social media and online engagement operate?**

The group began by defining 'social media' and concurred that it encompassed the tools and technologies that enable people to have an interaction. This could be anything from forums such as chat rooms, blogs and Twitter to technology, such as Skype, or even a website with a phone number encouraging people to make a call and engage in a conversation.

Attendees

- **Charlotte Binstead,**
Communications Manager,
Pfizer Pharmaceuticals
- **Andy Clarke,**
National Sales Manager,
Nucletron
- **Kai Gait,**
Digital Commerce Marketing Manager,
GSK
- **Terry Harrison,**
Head of Brand Communications,
Napp
- **Helen Hanratty,**
Marketing Manager,
Nucletron
- **Mark Hitchman,**
Managing Director UK & Ireland,
Nucletron
- **James Keady,**
Senior Brand Manager,
GSK
- **David McCormick,**
Digital Brand Manager – Mass Market,
Novartis
- **Mark Sudwell,**
Communications Consultant,
Lilly UK
- **Ross Taylor,**
Chief Digital Officer,
TMW
- **Alasdair Williams,**
Associate Director, Market Services,
Sanofi Pasteur MSD



CRESTON
health



RED DOOR COMMUNICATIONS

ROCK
medical communications

PAN

Some participants felt that social media as a concept lacks credibility amongst many marketers. However it was noted that people within and outside of pharmaceutical organisations are often engaging with social media without consciously being aware of it – a suggestion was made that in fact, all marketing is now a form of social media.

The ultimate fear for all companies was breaching Clause 2 of the ABPI Code of Practice and the penalties that might then be imposed – at worst this could be a huge fine, a company audit and the possibility that the medic responsible could be imprisoned.

A fundamental change for pharma to grapple with is control. As one delegate put it, everyone can now be a journalist whereas previously there were clear demarcations. Pharma and their customers have always been able to share information – what has changed is the scale.

But the message from the group was that it is not the channel of communication (including the speed at which it operates) which really presents a problem – and in that respect nothing has changed for marketers in terms of code compliance – it is the content and intent of any message that has to be ethical, accurate and appropriate.

At the same time care should be taken about the tactics used around digital activities and 'black hat' activities avoided – unethical attempts to improve rankings in ways that are disapproved of by the search engines, or involve deception. One method gives a different page depending on whether the page is being requested by a human visitor or a search engine, a technique known as cloaking.

The most important first step in moving forward was identified as educating specific influencers within the pharmaceutical industry about digital communications as a viable and appropriate channel.

One attendee voiced frustration that he still encountered brand managers who see 'digital' as a tactic or as an alternative to other more traditional marketing methods.

It was agreed that there was no reason why campaigns cannot be conducted on and offline, and the industry needed to understand the medium better in order to develop truly integrated campaigns including the need to understand different online 'tribes'.

This lack of understanding of the purpose of digital activities was seen as a huge barrier

between marketing and compliance – brand managers might see a website as a simple 'must have' tactic but for those signing everything off this could be 100-200 job bags to approve, said one delegate. As one delegate put it, 'no' is the default.

In addition, it was agreed that medics or compliance officers have not been involved in the strategic development of a site and therefore may struggle to understand the intent – something that brand managers may find difficult to educate them on within the given time frame for approving materials. This really highlighted the need for cross-functional teams inputting into the overall marketing campaign, particularly when companies are embarking on using digital channels for the first time.

It was felt that moving forward the pharmaceutical industry needed to change its approach to promoting its brands. Most companies still think field force first, even though GPs have less time to see pharmaceutical representatives and their numbers are naturally diminishing.

Individual career paths and personal histories perpetuate the need for a sales force. Embracing social media was described as a generational issue. Traditionally many of the senior managers in the pharmaceutical industry began life as reps and it is this core skill which they understand and believe in. It is also an easy resource to measure in terms of Return on Investment (ROI) with field force performance directly relatable to product sales. This method of determining how promotional budget should be spent has been around in the industry for more than three decades and is a core area where change needs to be seen.

Given the importance of proving ROI on marketing activities it was felt that a proven methodology of determining Return on Engagement (ROE) for digital activities would be a critical step towards gaining buy-in from senior managers. This would encompass both trust and customer relationships both of which are seen as important in the business mix.

Delegates were quick to point out that digital activities were not designed to replace sales representatives but instead supplement their activities. For example at the end of a sales visit the representative could tell the healthcare professional (HCP) that if they had any further questions they could visit a website for additional information, or use an on-line function to determine dosing levels.

One delegate suggested that companies who are reducing their field force might consider retaining some sales representatives at the company's head office in order to conduct sales via telephone with HCPs who call directly with enquiries. With Skype technologies HCPs can have a personal call with representatives at a time convenient to them.

Digital channels are also an effective way of communicating with territories which the sales force cannot reach (or where they are less effective). If a new sales territory is identified a digital communication channel can be set up to reach HCP targets in less time than it would take to hire a contract sales force and train them in the disease area, one delegate argued.

The group concurred that companies had to stop seeing digital as a threat to the sales force.

The barrier of compliance was discussed at length with questions being asked about the current approval system and the time-sensitivity of digital activities. One delegate who had previously worked in finance (another heavily regulated industry) said that approvals took a maximum of three full working days.

Part of the apparent slow pace of pharmaceutical company approval was attributed to thoroughness in trying to avoid a code complaint.

It was acknowledged that the confusion over digital activities and the code was raising questions about whether the industry is over-regulated and whether it is therefore handicapping its own ability to communicate. Pharma's obligations, as distinct to its lawful remit as defined within the Code, were debated and the group concluded that commercial success and patient health gains are far from mutually exclusive.

The group speculated on how a new entrant into the pharmaceutical market might behave, whether they would become a member of the ABPI and how they might structure themselves differently from convention in order to communicate effectively with their customers – digitally or otherwise.

It was suggested that it might be a useful exercise to create an Alternative Reality pharmaceutical company for the new age and see how it would function differently from existing companies steeped in their heritage and history of structure and procedure.

Such an exercise might help identify areas of potential change for pharmaceutical

companies. It might also prove useful in identifying tweaks to internal structure specifically in regards to decision-making and accountability. An example cited was the opportunity for compliance to reside within communications.

One of the complications for UK marketers was the remit of global communications teams who invariably were responsible for corporate and brand websites.

While the UK is allowed to conduct local activities, strategy for digital is dictated by global, meaning that UK brand managers are potentially reduced to glorified project managers, one delegate claimed.

Another argued that unless the UK was proactive in developing its own digital activities, HCPs and patients searching the web would invariably visit the global (usually American) sites and this was ultimately detrimental to the patient.

HCPs were unsurprisingly identified as still being pharma companies' core audience and digital communications were seen more as a consumer/patient-focused activity. However, delegates argued strongly that HCPs were consumers themselves and should therefore be treated with equal weight in digital.

Caution was warned over 'vanity' projects such as mobile apps, which provide little benefit to either brand or customer, according to the delegates. The true remit of the pharma company in online conversations was then debated - including the very real need for an effective and responsible exit strategy once a social media activity is no longer being supported. The group discussed whether "disintermediation" (whereby the middleman - classically a journalist or a GP - no longer has to be the sole conduit for health information to the general public) is detrimental to trust.

The communications professionals within the pharma team should be at the heart of any digital strategy delegates agreed. It was also agreed that online versions of print media needed to be communicated carefully as it is from these sites that a lot of bloggers or 'citizen journalists' take their information.

Digital Innovation

When the group looked at current examples of digital innovation by the pharmaceutical industry they agreed it was most important to create resources which were of value to the audience.

The group positively reviewed the digital work done recently by Janssen in ADHD, which found a way to engage the sales team by launching YouTube activities in conjunction with interactive field force materials for HCPs.

The project allowed a forum which went into post moderation – but only 2-3% of comments had to be removed because they contained product comments or profanities.

The site was also personalised with company responses in forums coming from 'Gary' who is Janssen's national brand manager for ADHD, demonstrating that social media is about people and not brands.

Before the launch of Janssen's ADHD product the main competitors were OTC products – the Janssen site received a higher number of hits than their competitors' websites.

The sceptics in the group believed that digital channels could be useful in reaching certain target groups with disease awareness campaigns. However they thought disease awareness campaigns only really worked to support products which were first to market or the market leader. But outcomes – such as how many patients visited their GP as a result – are hard to measure. While the group agreed that the work being done by Janssen was a significant step forward, placing Janssen ahead of its competitors, it was still nowhere close to the innovation being shown in other industries.

It was nonetheless agreed that Return on Engagement could be measured with number of hits or tweets compared to averages on other digital sites.

Pfizer's ManMOT (www.manmot.co.uk) was also held up as an example of innovative practice with a large proportion of the website dedicated to men's sexual health. However the key to this project was receiving the backing of a host of major charities with an interest in men's health from umbrella organisations such as Heart UK, Diabetes UK and the National Obesity Forum to the more targeted Men's Health Forum.

The site also allows visitors to 'consult' offline with a relationship advisor or GP by requesting a consultation through ManMOT. Healthcare professionals were also online to discuss issues between 6pm and 11pm in the evening when men were most likely to seek advice.

While in the interests of confidentiality details of the website's evaluation could not be revealed, the fact that the project is being

extended until May 2011 shows that in the company's view it is definitely delivering and worth continuing investment.

It was noted that engagement with the site increased dramatically during periods of intense communications activity, reinforcing the need for an integrated campaign with aligned tactics.

The ManMOT Twitter feed was Pfizer's first feed and every tweet is approved before it is posted – an independent evaluation of the site in The Guardian newspaper endorsed the site as a sound patient resource. This in turn created increased traffic to the site.

Transparency from the pharmaceutical industry for digital activity was already clearly demonstrated through the individual initiatives discussed. It was noted that this month Roche was the first company to publish its social media policy, quickly followed by Janssen.

The Roche policy (www.roche.com/socialmedia) outlines seven rules for personal activities speaking 'about' Roche and seven rules for professional activities speaking 'on behalf of' Roche.

The main message to employees is to always remember who you are representing and what your role is within the social media community.

Next steps:

- Educate key pharmaceutical industry personnel about digital communication to end misunderstanding of it as a 'tactic' and help it become part of an integrated marketing campaign. Develop an industry report and slide kit/forum for training
- Develop evaluation toolkit to help marketers prove the Return on Investment or Return on Engagement of digital activities
- Collaborate to create a 'second life' pharmaceutical company to discover what would be done differently if a new entrant was launched into the industry tomorrow and how they would approach company organisation to meet the needs of modern marketing and what lessons could be learned from this new approach
- Publish and share case studies of good digital practice and digital innovation to demonstrate to the industry that there is activity out there and companies need to get on board.