

# Darwin Debate Fifth Meeting Report

## Digital Communications in the Pharmaceutical Industry: Adapt or Die?

Simon Warne

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The fifth in our series of meetings on how the pharma industry might move forward in the digital arena focused on measuring the impact of online activities.

During the meeting Ross Taylor, Chief Digital Officer at TMW, showed examples of work in the consumer market which might provide inspiration for pharma, while Kai Gait, Digital Commerce Marketing Manager at GSK shared some insights into how his company has taken steps into the medical 'digisphere'.

The group met with the aim of defining and agreeing the parameters of 'return on engagement' (RoE) in reference to digital tactics, as an evolution from traditional "return on investment" (ROI) as applied to "traditional" tactics. The group also discussed how RoE might be measured and applied to UK pharma's social media and digital activity.

Ross Taylor began the meeting by stating that currently there is no standard definition for RoE so there is nothing ready-made which UK pharma can adopt or adapt.

Instead Ross put forward his own definition as a basis for discussion: **'the value that is gained from any interaction between your brand or proposition and your customers.'**

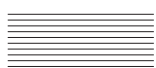
Potential value could be reflected in brand perception; product awareness; product preference; customer satisfaction; sales; customer support; advocacy; or propensity to repurchase/re-prescribe.

Ross suggested that possible 'engagements' worth measuring were how many people enrolled to use a service; how many consumed the service by seeing it/viewing it; how many contributed to the service by bookmarking, liking or aligning themselves to the service; how many participated in

### Attendees and Contributors

- **Andrew Burton**,  
Digital Lead, AstraZeneca UK
- **Kai Gait**,  
Digital Commerce Marketing Manager,  
GSK
- **Emma Gilbert**,  
Head of Communications and Advocacy,  
Corporate Affairs, Amgen
- **David McCormick**,  
Digital Lead, Roche UK
- **Fiona McMillan**,  
Corporate and Brand Communications  
Manager, Bristol-Myers Squibb  
Pharmaceuticals Ltd
- **Fiona Millard**,  
Brand Communications Manager,  
Napp Pharmaceuticals Limited
- **Ross Taylor**,  
Chief Digital Officer, TMW
- **Andrew Thomas**,  
Media Relations Team Leader,  
Primary Care, Europe, Pfizer Limited

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



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health



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**ROCK**  
medical communications

PAN

the service by adding a comment in the forum; and how many created further engagements from others by tweeting about it, for example.

In other words, outputs could be easily measured at different stages of the activity.

Attendees at the meeting agreed that these measurements were important, but it was equally important to measure how behaviour had changed as a result of the activity and for companies to have some pre-agreed expectation of what constitutes success.

One delegate suggested that when discussing digital projects internally a useful debate was around what would happen if companies did not undertake the activity. In other words, can pharma companies afford NOT to engage in social media and what is the impact of doing nothing?

The bottom line for all companies was to be able to substantiate what they had done and why – and in that respect digital communications is no different to any other communications activity.

### **"The best brands weren't born to be the most profitable, but to make life better"**

There was some debate over the relationship between product sales and 'success', while not everything was measured in direct sales there was tacit agreement that even non-promotional activity occurred in disease areas where there was a product interest.

While many of the examples of innovative, creative digital marketing from the consumer arena provided food for thought, attendees were concerned whether the pharma industry has credibility with patients in the same way as manufacturers do in the consumer world.

The question was how UK pharma can use engagement to improve its credibility, the anxiety being that without credibility, customers (HCPs and patients) will think it's only about promoting products. This was particularly thought to be the case in large therapy areas, such as cardiology and oncology, which are the power houses of many pharma companies.

Attendees felt that rather than operate in isolation, UK pharma had an opportunity to join forces digitally in order to reach a 'hard-to-target' or orphan patient group. A good example might be those suffering from advanced skin cancer. There are not many people with metastatic melanoma but they have limited resources at their disposal. Publicly funded campaigns to raise awareness of skin cancer are generally seasonal and there is currently no specific patient group – there's a big opportunity for a digital channel to create a network. Currently many skin cancer patients still look to US sites to get their information.

Kai Gait presented the communication curve that UK pharma was on and the changes which digital would force: from mass-marketing selling to connecting with the customer; from 'large campaigns' to 'ongoing engagement'; from 'controlling the message' to 'transparency'; and from 'hard to reach' to 'available everywhere'. At the moment the industry had not moved very far he argued, and was not focusing on the ultimate customer – the patient – concentrating instead on the level above – the healthcare professional.

The move towards 'continuous engagement' was identified as a particular challenge but critical to raise the profile and credibility of pharma.

Most companies do the same thing – whether it's in the digital arena or not. They enter a market where they have a product, spend a lot of money on targeted activities with key groups of HCPs and patients in that disease area, then when their patent expires, if they haven't got another product coming through, they exit the market and whatever projects they initiated wither on the vine.

Attendees were concerned about what happens to the community left behind and concluded that, as an industry, we don't enter into disease awareness programmes with a well thought out exit strategy. They also believed that companies had to make a long-term investment if they were going to dip in and out of a disease area with different products and initiatives over a considered period of time.

In rare disease areas, and particularly those with orphan drugs as their treatment option, there's a real opportunity to promote networks through online channels, perhaps partnering with the NHS or patient organisations.

This happened in HIV a couple of decades ago when the at-risk communities linked up through email forums. It was noted that if you Google disease areas forums, discussion sites come up first.

### **Latest digital technology used in consumer marketing**

**Ross presented men's deodorant spray Lynx online as a case study in consumer digital communication highlighting how the latest technology and specifically QR Codes and Geo ring fencing can be used.**

**QR Codes - or Quick Response codes are specific matrix barcodes (or two-dimensional code) readable by dedicated QR barcode readers and camera telephones. The code consists of black modules arranged in a square pattern on a white background. The information encoded may be text, URL, or other data.**

**QR Codes storing addresses and Uniform Resource Locators (URLs) may appear in magazines, on signs, buses, business cards, or almost any object about which users might need information.**

**Users with a camera phone equipped with the correct reader application can scan the image of the QR code to display text, contact information, connect to a wireless network, or open a web page in the telephone's browser. This act of linking from physical world objects is termed hardlinking or object hyperlinking.**

**Geo ring fencing – uses Google maps to set up a virtual perimeter for a real-world geographic area. As long as you have permission to engage you can recognise the point people enter this area and interact with them via mobile phone text or email.**

At the moment the UK pharma industry is geared towards annual campaigns. Instead delegates suggested companies need to devise a continuous brand plan, that looks further into the future than just the coming year, which would better support digital as a vehicle for providing long term engagement that develops organically and can be populated with approved but evolving messages.

A good example was Pfizer's ManMOT, a corporate site focusing on men's health but which can keep changing its disease focus to reflect the company's portfolio. (Whilst Pfizer's actual plans for the site were not discussed, attendees recognised the potential of the vehicle to do this and therefore applauded it for being more than a short-term campaign which would not live on beyond an individual product's patent expiry).

ManMOT is interactive in that it invites men to go into a closed forum and chat about their health concerns (specifically ED). No one else can see the conversation although the site host can print out the exchange and report back on the general findings/inquiries from all respondents.

It doesn't mean that patients won't go to see their GP. In fact it might be the precursor to encourage them to take that step.

Attendees debated how many people actually interacted with such a site, but the consensus was that even if they get one person diagnosed then that's great. UK pharma should not ignore the 'halo effect' among patients - if one person gets diagnosed and feels more comfortable talking to their friends about it, others may then seek help.

Kai Gait presented two GSK initiatives which provide added value services to HCPs. Through the health.GSK website (a promotional site) HCPs are able to chat to the company medical information team online. It's the same team that mans the phone lines and only operates during office hours.

At the moment it is being piloted on one GSK product but to date it has proved successful and out-of-hours demand has not been

sufficient to warrant discussion about a 24-hour service, although Kai reported that live chats were lasting three to four times longer than phone conversations.

### **If you can't answer a question on your own medicine who else can?**

Another suggestion to gain information from customers, and help shape the information provided to them, was pop-up questionnaires on websites. The secret to these was to have just a few questions (three maximum) so that the user knows it won't take long to answer, and have them pop up when the visitor has finished doing what they logged on to the site to do.

In the digital world it is important for UK pharma to focus on what its consumers expect rather than what the industry wants them to do. 'Clinicians are consumers too and we tend to leapfrog over this point. We need to go wholeheartedly into digital as that's what our users will be expecting', said one delegate.

GSK is also using twitter to let customers know about how much of their product is in stock. The @GSKUKPharmaVaccines is run by just two employees both fully trained in Adverse Event regulatory procedure.

Attendees agreed that if employees are able to answer the phone and talk to customers about similar issues, they should be allowed to tweet operating to the same regulatory and operational standard. And the two can be combined - all companies receive lots of inquiries about stock, so if they are out of stock part of the tweet can be the appropriate phone number to find out more.

As far as Return on Engagement was concerned delegates agreed that the most important question to ask before embarking on a digital activity is: are you providing a service that demonstrates a value?

**'If you're telling people whether your product is in stock or not, then that's a service. If you create enough service then sales will follow. You're responding to what the customer is looking for.'**

The challenge is to work out how long you continue with an activity before you decide whether it's been a success or a failure.

Attendees agreed that UK pharma needed to fight against 'shiny new toy' syndrome – and the desire to get involved in the next big thing without thinking it through. It's the little things that make a difference to the customer or patient – and while the industry is driven by the business of distributing its medicines, not everything in social media is selling a product and it's not all a risk.

### **Checklist before engaging:**

**Who is the user?**

**What are they going to think/feel/do – as a result of the interaction?**

**What is your goal?**

**How long do you intend to engage/commit for?**

**What percentage of your target market are you looking to engage with?**

**What could the halo effect be?**

**How does it fit in with the bigger strategy/campaign?**

**Will questions/interactions shape the content of marketing materials?**

**Is your strategy based on customer services?**

**Does the service need to be 24 hours?**

**Who holds ultimate responsibility for the site (internally)?**

**Is there a range of approvable messages?**

**How long do we wait to see if we have succeeded?**

**How can you exit (well)?**

**Who is going to levitate to site/campaign manager once the initiator has moved on?**