

**Conference Highlight** Reprint # 510-02

## Pharma's Plodding Approach to eMarketing

*Mind-Boggling Communications Vs. Mind-Numbing Resistance*

By Harry Sweeney

Speaker after speaker at eyeforpharma's eCommunication & Online Marketing Conference, held recently in Philadelphia, commented on the plodding approach to e-communication and e-marketing taken by the pharmaceutical industry.

While the rest of the business community seemingly can't line up fast enough to take advantage of the cost-reductions, connectivity, flexibility and ability to sustain relationships with their customers that on-line, interactive communications provide, healthcare professionals are just beginning to achieve levels of critical mass and pharmaceutical marketers are lagging behind the "technobandwagon." Moreover, for those who have climbed aboard, few know how to optimize their use of this business-model-changing phenomenon, say the experts.

### Hurdles Acknowledged But Not Managed

In defense of the industry (and those of us who provide services for it), one response to the criticism about slow technology adoption rates might be: "It's the doctor-patient relationship, stupid! We're afraid of being accused of interfering with it."

Having been down this road before, just a few years ago, when direct-to-consumer (DTC) advertising was in its infancy, this writer couldn't overcome a feeling of déjà vu all over again. Anticipating criticism of DTC, a small group of experienced pharmaceutical advertising executives conducted a panel discussion at the annual meeting of the American Association of Advertising Agencies and, citing the different medical and professional, cultural and regulatory norms that the prescription drug industry has to deal with every day, warned "consumer" advertising executives to "Be careful!"

The blank expressions on the faces of the consumer agency executives gathered to hear the talk said it all: "We just don't get it." Follow-up

questions such as: "How can you live with that?" led to the same conclusion. The cultural, legal and regulatory restrictions that the pharmaceutical industry operates within simply are not well understood by most "laypeople."

### Ready or Not, Web 2.0 is Here!

Meanwhile, the use of the Web in the US for health information has skyrocketed. Over two-thirds of US adults have used the Internet to search for health information, and interest runs across all age groups. Consumer empowerment is the catchphrase of the day, and professionals, patients, and caregivers are all using the Web to achieve it. Communities of interested parties are forming around and in spite of legal and regulatory shackles that keep the pharmaceutical industry out if the game.

"The technology is into Web 2.0," said one attendee, "and the lawyers and regulatory affairs guys in most Pharma companies haven't figured out how to deal with the basic Internet."

"Web 2.0" is one of the latest buzz-words among the technosavvy crowd. It refers to the chat rooms, discussion groups, blogs, wikis, podcasts, cell phones and shareware of all kinds that transfer the power to communicate among individuals who form their own online communities and social networks (see box, next page). Think patient groups!

### Futurist Visions

Some futurist podium observations were extremely thought-provoking. The use of web-distributed, personalized "from your doctor" video explanations is just one example that might overcome health literacy issues. Instructions and reminders podcast to a patient's cell phone to improve compliance or reinforce suggested lifestyle changes, was another gee-whiz moment. Prescreening patients with online Q&As as a way to save valuable in-office time, was another idea presented.

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## Web 2.0

Web 2.0, a phrase coined by O'Reilly Media in 2004, refers to a supposed second generation of Internet-based services—such as social networking sites, wikis, communication tools, and folksonomies—that emphasize online collaboration and sharing among users. O'Reilly Media, in collaboration with MediaLive International, used the phrase as a title for a series of conferences and since 2004 it has become a popular (though ill-defined and often criticized) buzzword amongst certain technical and marketing communities.

As used by its proponents, the phrase "Web 2.0" refers to one or more of the following:

- The transition of Web sites from isolated information silos to sources of content and functionality, thus becoming computing platforms serving Web applications to end users
- A social phenomenon embracing an approach to generating and distributing Web content itself, characterized by open communication, decentralization of authority, freedom to share and re-use, and "the market as a conversation"
- A more organized and categorized content, with a far more developed deeplinking Web architecture than hithertofore
- A shift in economic value of the Web, possibly surpassing that of the dot com boom of the late 1990s
- A marketing-term used to differentiate new Web businesses from those of the dot com boom, which due to the bust subsequently seem discredited
- The resurgence of excitement around the implications of innovative Web applications and services that gained a lot of momentum around mid-2005

Source: Wikipedia, the free encyclopedia, [http://en.wikipedia.org/wiki/Web\\_2](http://en.wikipedia.org/wiki/Web_2)

Did you notice, however, that each of these examples involves some communications aspect of the practice of medicine? Is our sociomedical system ready to accept leadership in this area from the commercial sector?

### Search Ad Faux Pas

I felt sorry for one presenter from a major search engine company who brightly demonstrated how all its the online services might be supported by form submissions?" he asked. There was no good answer except: "Keep talking to them (FDA)."

### Think Globally

"There are no borders on the Web," said Dirk Haasner, head of regulatory affairs at Lundbeck, an international pharmaceutical company based in Denmark. "There are real problems that can occur as a result of 'label drift' if you're a global marketer," he warned. "Clear identification of the country an online program is intended for, limited hyperlinks, and periodic review of local, online labeling is a must to avoid regulatory problems. Learning to manage cross-cultural challenges is not easy," Haasner concluded, "but you can get the job done with proper organizational integration, respecting local customs, and not just parachuting in saying: 'Do this.'"

An international panel of presenters from Europe, Latin America, China and the US discussed innovative, online activities from their respective areas. New physician portals are emerging. One mentioned was [www.praxeon.com](http://www.praxeon.com), which processes natural language (eg, plain English) queries from doctors who receive immediate, evidence-based, responses. Other ideas from abroad included online video transmission (and storage for later access) of medical meetings held in central locations to CATV and desk-tops in the hinterlands of Latin America and patient "opt-in" compliance programs run by Pharma companies involving case managers at central call centers.

### eKOLs

The changing applications of key opinion leader (KOL) "expertise" was commented on by Simon Roberts (Roche, Canada) who cited four "E" types of KOLs: eloquence-based, eminence-based, evidence-based and, now, electronic-based. "Using your resources to help KOLs do more of what they like to do should be a primary goal of pharma marketers," Roberts said. This includes not just improvement of medical knowledge, but practical, political understanding as well, since KOLs serve on various boards and public bodies.

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Underscoring the sensitivity of such activities, however, Roberts cited a JFK speech in which Kennedy described the Chinese character for “crisis” as consisting of two brush strokes—one meaning “danger” and the other “opportunity.” “Recognize the opportunity, here,” Roberts concluded, “but beware of the danger.”

### Stay On Top of Your Game

Preeti Pinto cited the follow bullet point advice when considering new technology communication issues:

- Think ahead but draw from past experience
- Overcome obstacles to seize opportunities
- Create standards before venturing into new initiatives
- Involve all stakeholders, collaborate, collaborate and collaborate
- Draw on diversity
- Think beyond “fair balance” (eg, improve safety with information technology and pay attention to safety and AE reporting)

She concluded her remarks by saying “whichever initiatives you choose to implement, there is always a way to reach your marketing goals, but:

- This may involve creative thinking
- Involve regulatory up front
- Involve legal up front
- Establish company standards

The same theme later was echoed by John Mack, who commented that while “consumer engagement is the new add-on to frequency and reach for marketers, and online rich content enhances all communications, risk evaluation [of the information provided] is a key factor.” [questioneverything.com](http://questioneverything.com) was an example that Mack used to highlight the issue. “Is this a real ‘social networking’ site,” he asked, or one put up by a pharma company that couldn’t (or didn’t want to) start its own topic site? Audience members asked how to verify which sites are “legitimate” and which aren’t. “Transparency is the answer,” Mack said, “otherwise, there’s no easy way right now.”

### Social Networking: Sea-Change for Pharma

Social networking through Social Media was a key topic for many presenters. Dot-com presenters gave example after example of how consumers are adapting to and adopting such online activities as “mash-ups”—combinations of disparate materials such as pop-music with personal videos to make personalized music-videos, or categories of businesses with online maps to show concentrations within a geographic area. Industries built on a top-down, management control, “push” model (which would include pharmaceuticals) were seen, however, as having a particularly difficult time with surrendering their marketing imperatives to such user-controlled, “pull” models. For pharmaceutical marketers and their intermediate professional customers, empowerment of ultimate consumers (i.e. patients) represents a potential sea-change in relationships that will require especially deft management.

Attendees gathered around a half-dozen “idea exchange” roundtables to share experiences on using new technologies to outreach to all audiences, minimizing costs and achieving optimal return on investment, as well as new methods of evaluating online activities.

Organized Wisdom, a new, online health-focused, social networking platform also was introduced at the conference. Citing inspiration from The Wisdom of Crowds as a model for providing health information, co-founder Steven Krein, encouraged marketers to take advantage of the connectivity of the Web to promote consumers’ health interests first. “Transparency and participation are required,” he said, “because if you don’t participate, you can’t have any control over what’s being said.” And, online word-of-mouth communication has reached a point where individual testimonials add up to “wisdom.” According to Krein, businesses have to stop “selling”—in the old fashioned sense of the word—and start educating, informing and sharing knowledge and experience.

The development of trust, the difficulty of attaining it, competition for the attention of patients from alternative medicine sources and generational differences were other topics that were addressed by conference presenters.

### Change in Image Urged

Tanya Jones, MD, of Morehouse School of Medicine and New World Visions International, captured what she declared were the feelings of

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many of her patients and colleagues, when she said: "Make us believe you. Peel away the layers of distrust. Participate and educate us with

integrity." Change the image from "greedy, bad guys, to helpful, good guys." Not a bad set of suggestions to leave a successful conference with.

Pharma Marketing News

## Lunesta "bAdWords"

Lunesta recently ran a Google AdWord that many experts consider to be in violation of FDA regulations regarding DTC advertising. On the right is an example of such an ad that was captured from a Web site serving this and other Google AdWords on November 2, 2006. At that time, you could also do a Google search on "Sleep Medication" and find the following ad at the top of the page in the "Sponsored Ads" area:



### Sleep Medication

[www.lunesta.com](http://www.lunesta.com) Try our sleep aid free for 7 nights with the Lunesta 7-Night Challenge.

### Lunesta Adword is "bAdword"

These ads mention both the brand name (Lunesta) and the indication or rather the benefit, which is sleep (as in "Lunesta Sleep Drug"). It also manages to tell you that you can get a full night's sleep with Lunesta.



What the ad doesn't tell you—and what the FDA requires all drug ads that mention the brand name and the indication or benefits to tell you—is the major side effects. Or at least provide a direct link to a brief summary of the product labeling as in the Rozerem ad shown on the left. In this ad all you need to do to get the required information is to roll your mouse over the appropriately labeled area.

The Lunesta "bAdword" should result in an FDA cease and desist letter (ie, "warning letter"). That, however, is not likely to happen because (1) the FDA is too busy or too short on manpower to notice and it is doubtful that they do a systematic review of the Internet to make sure DTC ads served on it are on the up and up; and (2) AdWords served by Google are fleeting; you can

see them one minute and then lose them if you reload the page. The FDA can't say, go to [www.pharmamarketingblog.com](http://www.pharmamarketingblog.com) and you will see the violative Adword. It just may not show up!

Conversations with the FDA confirms that these kinds of violations on the Internet are a problem for regulators. It's difficult to keep up with the technology, for one thing. How many ways can ads be served up on the Internet that are virtually impossible to track?

The FDA also does not have any specific guidance for DTC advertising on the Internet and has always said that the same rules apply to the Internet as apply to print and TV.

It's about time for the FDA to stop sweeping Internet drug advertising issues under the rug and come up with some Internet-specific regulations or guidance. For example, is it OK to leave out fair balance in Google AdWords? Without such guidance, marketers can claim that it is hardly possible to include all that information in an AdWord, which limits you to 70 characters.

Source: Pharma Marketing Blog by John Mack