

Podcast Highlight

Helping Pharma eMarketing "Grow up"

eMarketing Benchmarks

By John Mack

The following article is based on the February 21, 2008, Pharma Marketing Talk podcast "Pharma eMarketing Benchmarks." Listen to the audio archive [here](#).

Most pharmaceutical marketers agree the Web has some very attractive properties. While a product may get 30 seconds on TV and 1 or 2 minutes with a print ad, consumers are spending 5 or 7 minutes engaged in an experience online. The Web has the unique ability to enhance patient education, motivation and empowerment, which many eMarketing experts believe ultimately increases the patient's probability of having a successful brand request offline.

Yet pharmaceutical marketers are continually challenged by their superiors to quantitatively measure the return on investment (ROI) of their campaigns. This is especially true for their eMarketing initiatives. The Internet can enable a brand team to achieve new heights with respect to customer reach, ROI and total Rx sales. But these heights are reached only if your online strategy encompasses the most effective tactics whether it be banner ads, search engine visibility, rich media, or product and disease awareness sites.

So, how do you know which online tactics are giving you the best return on your investment? Obviously you must do some research to measure how effective the tactics are in achieving your online goals, assuming you have set up goals that can be measured.

To get started it is helpful to compare and contrast your own online strategy's performance against competitive and perceived "best-of-class" tactics to evaluate the effectiveness of online programs, emulate effective strategies, and establish best practices. In other words, you need some eMarketing benchmarks.

eMarketing Benchmarks

In a February 21, 2008 Pharma Marketing Talk podcast, I had a conversation with Carolina Petrini, SVP, Marketing Solutions, comScore, regarding her company's consumer e-marketing effectiveness benchmarks for the pharmaceutical industry.

For the second consecutive year, comScore Inc, and Evolution Road have partnered to develop these benchmarks, which are based on aggregate

and blinded data across a multitude of studies conducted over the past five years.

comScore has built a panel of 1 million consumers in the US (comScore's Global Network includes 2 million panelists). This panel is leveraged in different ways depending on the study. Panelists are recruited through a variety of random recruitment methods, including lists, online, etc., and represent what the total US population looks like. "We have a proprietary weighting and projection system to eliminate the inherent bias that is the result of recruitment," says Petrini. "This assures that our projections are accurate."

Participants in the comScore Global Network receive a package of benefits including:

- Security software applications such as server-based virus protection, remote data storage, encrypted local storage, Internet history removal
- Attractive sweepstakes prizes
- Opportunity to impact and improve the Internet

Utilizing comScore panelist behavioral and survey data from current and prospective patients, these benchmarks provide pharmaceutical marketers with a better understanding of which e-marketing initiatives—whether online banner ads, search marketing or branded and unbranded websites—have the biggest impact on brand awareness, brand favorability, incremental new patient starts and incremental current patient adherence/next fill.

Specifically, the data provides pharmaceutical marketers with the information needed to make smart decisions about e-marketing by answering questions such as:

- Does putting resources towards a Web site have an impact on brand favorability, awareness and sales?
- Do online banner ads help generate new patient starts? If so, which types of banner ads are most effective in doing so?
- Which online initiatives are most beneficial in sustaining current patient adherence?

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“Our market research methodology measures how well online marketing strategies perform over time and how much they help the brand,” said Petrini. The methodology measures impact on:

- **Unaided awareness** – do you recall any brand name for the condition we’re measuring
- **Aided awareness** – choose from a list of brand names (“do you recall any brands in the list that treat the condition we’re measuring”)
- **Favorability** towards the brand
- **Conversion** to the product (purchasing) – did the person end up getting the drug? Eg, filling the prescription one more time if they are already a patient

Methodology

Conceptually comScore’s methodology is relatively simple—the goal is to understand whether running online media, or spending money on search, or developing web sites—branded or unbranded—make any impact on metrics that are important to the brand.

There’s a test group and a control group. The test group has seen the brand’s banners, interacted with rich media, searched, or visited the brand’s web sites. The control group, which is identical demographically to people in the test group, have never done these things online.

comScore tracks what panelist do online or surveys them, depending on the study. Rx data from external databases can be appended to panelists behavior so that it is known what panelists have done online and what prescriptions they have filled. Participants, claims comScore, are protected by industry-leading privacy practices that vigorously protect their identities.

Prospects vs. Patients

Two different populations are studied: prospects and patients. Prospects have not been on the drug in question for at least 12 months prior to the “date of impact,” which is the date the prospect first observed the ad or went to the web site or searched, whichever impact is being examined. Patients are people who have at least one Rx filled prior to the date of impact—that is within 12 months prior to impact.

Data collected Over 5 years.

The benchmarks are industry norms—an aggregation of more than 32 studies comScore has performed over the last 4-5 years for any pharmaceutical brand in which clients have given them permission to publish anonymized results. Some of the studies have been done using panels



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fully for both test and control groups. Some others have been done using the panel for control and groups from outside the panel as test.

Favorability Benchmarks

Brand Favorability, according to the Society of Magazine Editors (www.magazine.org) is “the extent to which consumers have a favorable opinion of a brand as a result of exposure to advertising” (see “[Accountability: How Media Drive Results and Impact Online Success](#)”).

How do you measure Brand Favorability? Simple. You ask. “The trick,” says Petrini, “is how you measure the response. For example, do you provide a lot of options ranging from very favorable to very unfavorable or just 2 options: favorable and unfavorable.” comScore’s Brand Favorability norms are shown in Figure 1 (next page).

“Among the ‘soft metrics,’ most brands are interested in moving the needle on favorability,” says Petrini. “Someone who feels more favorable towards the drug is more likely to get it prescribed to them eventually.” Insightexpress—another company that measures the effectiveness of online marketing—puts favorability in context with other variables: “Confronted with variables of price,” says Insightexpress, “convenience, competitive pres-

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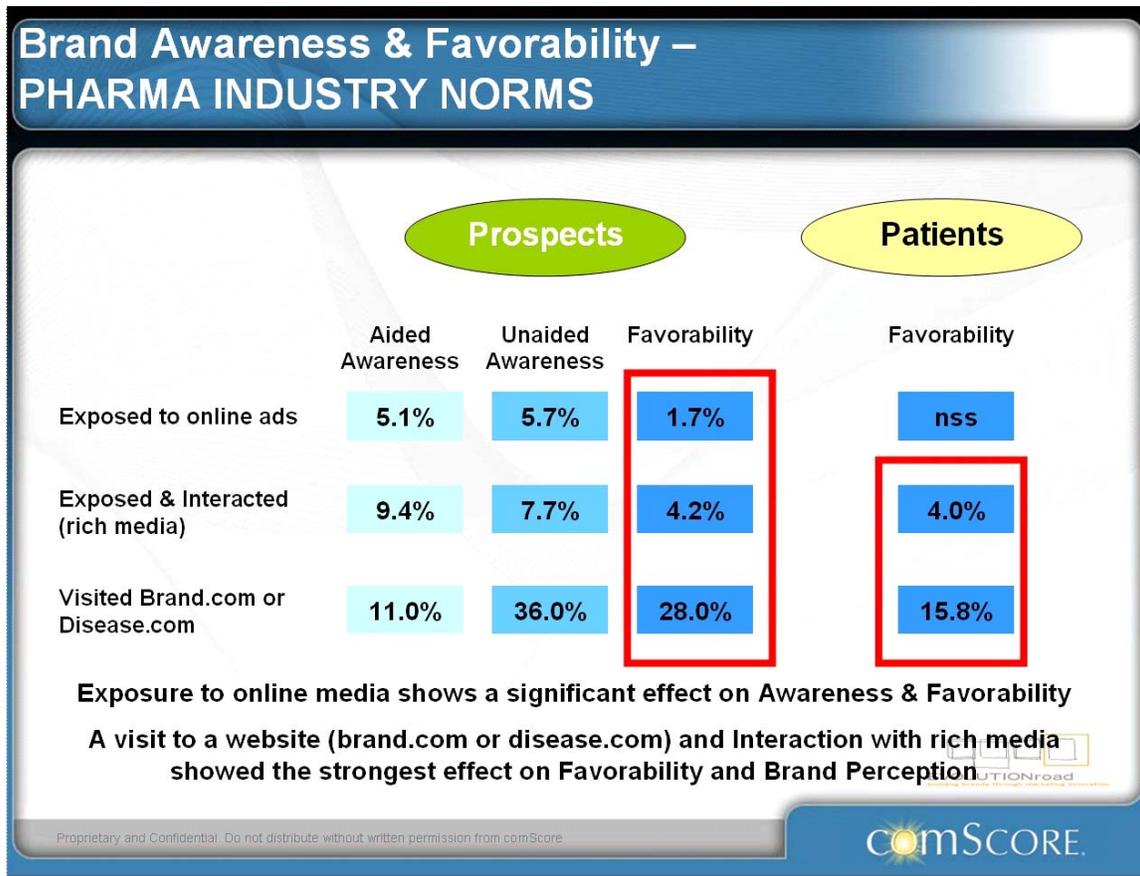


Figure 1: Brand Awareness and Favorability Pharma Industry Norms. The website data comprises both brand.com and unbranded sites. There is not enough data to break out these two different kinds of sites for analysis. Nielsen's Ad Relevance definition of rich media, which is fairly narrowly defined as "a method of communication that incorporates animation, sound, video, and/or interactivity via a proprietary ad platform."

ence, etc., a consumer who is only 'engaged' at the level of favorability is highly unpredictable."

Given the public criticism of many drug brands lately, pharmaceutical marketers may be justified in seeking a lift in favorability as their major goal, especially for a drug with a black box warning.

Prospects:

"Pretty much any of the online tactics we studied will get you something," said Petrini. "That is, you will make some kind of an impact over control. All the tactics help you, but in different degrees."

Just by exposing someone to an online banner ad gave the brand a 1.7% increase in favorability impact—that's an incremental over control. On the other hand, people who have been exposed to and interacted with rich media are 4.2% more likely to be favorable towards the brand. 4.2% lift in favorability and 28% more people are favorable towards the brand if they visited the brand.com web site. "This is very significant," said Petrini.

Patients:

Just exposing patients to a banner ad does not get you any lift in favorability. It doesn't make it any better or any worse. When you get a patient to play interactively with an ad, however, you get a 4.0% lift and when you drive them all the way to a product/disease site you get a 15.8% incremental in favorability.

Conversion/New Starts Benchmarks

comScore's current benchmarks show that the impact generated by exposure to online media, and interaction with rich media is not statistically significant.

Prospects:

"Among prospects the one tactic that gets you the biggest and most direct impact on new starts is a web site visit," says Petrini. "Whether it's a branded or unbranded disease site, every time you drive a prospect to the site you get a 4.9% incremental lift."

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Patients:

When it comes to patients the story is a little different. “Pretty much each one of the online tactics we studied will get you something,” says Petrini. “Even if you just exposed a patient to an online banner, you moved the needle on adherence or next fill by 4.0% over control.” The increment lifts for rich media and web sites are 9.5% and 19.7% respectively.

Change in Norms Over the Years

The norms can change each year. For example, the 4.9% increase in patient starts attributable to visiting product sites/disease awareness sites was 5.6% the year before.

“My view is that the execution of these sites are less effective,” says Petrini. “Also, a lot of brands that have decided to measure impact on disease management, unbranded web sites, where the brand message is not that clear. These tend to bring the norm down because these sites are less impactful.”

Another factor that may bring the norm down is when ads are driving less qualified people to the Web sites. The ad copy may have been weak, not properly targeted or placed. “So even though pharma has been online for a while,” says Petrini “in the last year or so we’ve seen a very significant push on online advertising. Brands have turned to the Web in a much more consistent basis, but perhaps in less targeted placements.”

What’s New

“This year for the first time we were able to go beyond a ‘yes’ or ‘no’ answer about a web site visit,” says Petrini. “We have enough data so that we can break it down by how patients were driven to the web site—whether by banner ad, rich media or search. It turns out that it really doesn’t matter how you drive them there. The incremental lift for media referred visitors is very similar to that of paid and organic search. We’re talking 24-25% vs 26-27%. I think that this is interesting because in older benchmarks we’ve seen a much larger difference between the conversion lift that media generates versus that generated by search. This speaks well about the targeting capabilities that agencies have developed when it comes to buying and placing online media and the type of messaging that is developed.”

What about Web 2.0?

“The benchmarks, to some extent have a legacy bias in terms of the kinds of online ads we measure,” says Petrini. comScore has the capability to measure Web 2.0 behaviors and has

been doing so for many clients across a broad spectrum of industries. But it has not yet studied the influence of discussion forums, etc. on online ad metrics for the pharmaceutical industry. “Not many pharma brands have embraced online communities as an option for influencing behavior,” says Petrini.

How to Use the Benchmarks

You can employ comScore’s methodology for online campaign optimization purposes where you have several different creative concepts or ad executions/placements and you want to find which one gives the greatest lift in favorability (if that is the goal of your campaign).

Keep in mind that these results are aggregated over a number of different brands over time. “These are the norms, what the industry usually gets when it run these ads. You need to know what *you* are going to get when you run *your* ads and it may differ from the norms.”

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