

Conference Highlight

Report from the Social Pharmer “Unconference”

Sowing Seeds of Social Media Change

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PMN84-04

Note: The views expressed in this article are solely those of the author. Any editorial additions aside from style changes are included as “boxed” information.



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This article is part of the April 2009 issue of *Pharma Marketing News*.

For other articles in this issue, see:

<http://www.news.pharma-mkting.com/PMNissueApr09archive.htm>

Published by:

VirSci Corporation

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One only has to recall the 7-Up “Uncola” campaigns to understand the limitations of defining something by the absence of certain qualities. But the Social Pharmar “Unconference” was more refreshing than a fizzy soda exactly because it lacked what causes so many industry conferences to fall flat: marginally relevant speakers, boring PowerPoint presentations and silent participants.

Social Pharmar was held on April 21, 2009, in conjunction with HealthCamp Boston in the eco-friendly Microsoft New England Research and Development Center. The event was coordinated and hosted by Shwen Gwee, the Med 2.0 host and founder who “daylights” as the Lead Business Analyst of Health Informatics and New Media for Vertex Pharmaceuticals. Each session averaged between 40-50 attendees, many of whom spilled out into the hallways or lined the back of the room to hear what proved to be a dynamic and insightful panel of speakers.

Openness, Transparency and Authenticity

Fard Johnmar, founder of Envision Solutions and Healthcare Vox blog author, began the day by grounding the group in four “megathemes” of social marketing: Flexibility, Speed, Authenticity and Transparency.

By introducing each concept with corresponding examples from pharmaceutical marketing and opening the floor for discussion, Johnmar set the tone for a high level of interaction among speakers and participants.

Johnmar used a variety of examples including the @boehringer twitter feed, Johnson & Johnson’s litigation against the Red Cross and subsequent blog postings on JNJBW Blog and Sanofi-Aventis’ Go Insulin YouTube channel as examples of flexibility, speed and authenticity, respectively.

Transparency, Johnmar argued, is something that pharma has yet to achieve in social media (see Box on pg 2 for Johnmar’s post-show Healthcare Vox blog posting for more thought-starters on that topic. Also see <http://bit.ly/jaUwP>).

There was much discussion among the participants as to whether or not the Go Insulin YouTube channel (<http://bit.ly/iPn5q>), which utilizes the popular video-sharing site’s broadcast functionality—but not its commenting features—to showcase brand-produced patient testimonials, truly achieved the goal of authenticity. Kenneth Bennett, Senior Director, INCC & Marketing IS Strategy at Sanofi-Aventis, was at the conference and provided a unique insider perspective.

“These are conversations and discussions we had and continue to have within Sanofi-Aventis,” Bennett said, “but we thought it was important to start somewhere.”

Developing a Framework

Back in the day when other pharmaceutical marketers were still trying to figure out what a blog was, Michael Parks, president of Pitch360 and former Vice President of Corporate Communications for Centocor, was authoring CNTO411—a groundbreaking corporate blog for Centocor (see <http://bit.ly/5BRB30>). Now an independent public relations consultant for health-care companies, Parks brought his real-world experience to bear as he outlined a practical approach for tackling social media.

Parks outlined five things you must understand before undertaking a social media strategy:

1. Your audience
2. Your topics
3. Knowledge of tools
4. Your company’s social media owner and succession plan
5. Your limits

Parks encouraged companies to monitor social media mentions about their brand and therapeutic areas prior to publicly launching any social media project. Understanding who the players are and what is already being said can be a critical input to determining your point of differentiation within the social media sphere and can help define your topics. He also suggested that it is in this phase that companies will learn more about the realities of adverse event reporting with social media, allowing appropriate policies to be put in place before online engagement is attempted.

Parks reflected on the ongoing debate on what topics should be covered by companies when engaging audiences online and pointed out that if you only talk about your product, your opportunity for driving interest is quite limited and your risk is quite high. The broader pool of available content you have to draw from—be it drug class, therapeutic area, disease state or corporate communications—the value increases and the risk decreases (see Figure 1, pg 2).

Another topic which Parks speaks from experience was succession planning. CNTO411 is no longer actively supported by Centocor and has taken flak

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Final Social Pharmer Thoughts: Coming Back To Transparency

By Fard Johnmar

From HealthcareVox Blog; <http://bit.ly/cNCb1>

Know More:

Earlier this week, I had the pleasure of speaking at the first Social Pharmer "unconference." While the event was a bit more structured than most conferences of this type, there was lots of great conversation among the participants and excellent presentations made by the speakers. I especially enjoyed Steve Woodruff's working session where we were challenged to come up with a social media strategy in 15 minutes. Overall, I think everyone did a very good job.

I thought I'd take a moment to come back to one of the themes I touched on in my presentation – the first of the day. I provided examples of how pharma/health companies are using social media technologies currently. (By the way, I love the fact that someone in the audience disagreed with one of my assertions, which led to a broader conversation in the room and on Twitter about whether the GoInsulin YouTube program was a true example of social media communications.) However, when I discussed the issue of transparency, I put a big question mark on my slide and did not provide a concrete example.

We had a very lively discussion focusing on the following transparency related questions:

- What does it mean for a pharmaceutical company to be transparent?
- Is it possible for a pharmaceutical company to be transparent?
- What does it mean for a drug firm to be transparent in a social media context?

These are tough questions, with few easy answers. I know as much as anyone that one cannot tell the world everything. After all, we all have business secrets, proprietary technologies and competitive advantage to protect. However, despite these restrictions, is it possible for drug companies to be more forthcoming about other issues? And, even if they want to, will regulators and lawyers (internal and external) let them?

I'll leave these questions for you to ponder. As you do this, please consider joining Shwen Gwee's Social Pharmer social network (<http://bit.ly/ywPPG>). This is fast becoming a gathering place for people interested in pharmaceutical marketing and social media to share ideas and collaborate in other ways. I'm already a member. I hope to see you there.

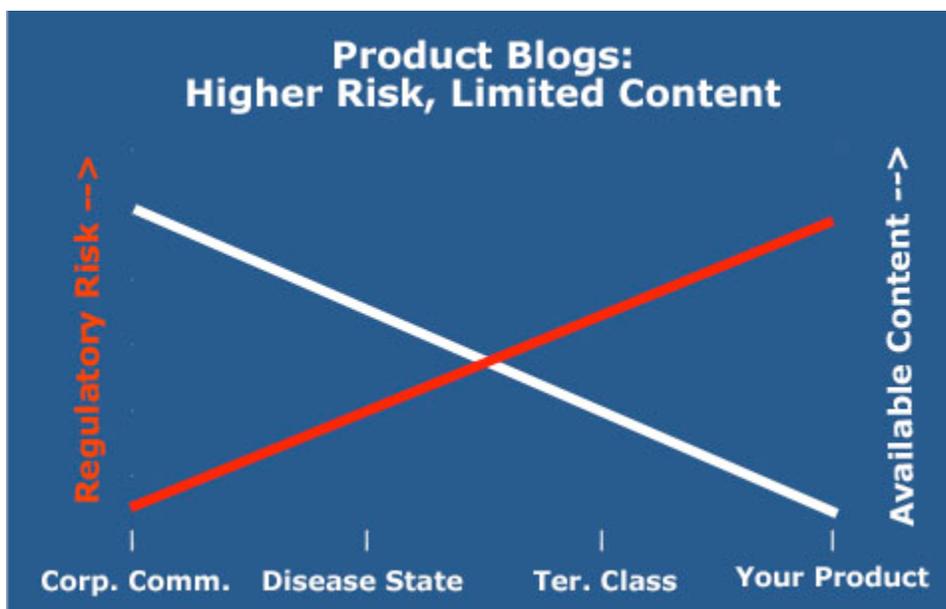


Figure 1: Balancing Value of Available Content and Regulatory Risk. Source: Michael Parks, Pitch360

for not being able to deliver on its original intent (see “CNT0411: We'll Meet Again, Don't Know Where, Don't Know When”; <http://bit.ly/DRk6Y>). Parks stressed the importance of having a social media champion within your organization (not your agency) and having a clear strategy for social media ownership when change occurs.

Bob Harrell, director of integrated marketing for Shire, wondered why social media projects have to go on *ad infinitum*. “Why can't we just launch and support a program for a set period of time? As long as we inform our customers of that intent, it seems like we can take some of the pressure off of making a lifetime commitment to these projects.”

FDA Regulation: Be Careful What You Wish For

Typically, conference participants use the session presented by regulatory as a time to stretch their legs, hop on an “important conference call” or take a bio break. If you did that at the Social Pharmers Unconference, you missed out on one of the most insightful and thought-provoking sessions of the day—as well as the rare sighting of Leonard Cohen lyrics in a pharmaceutical marketing presentation.

John Murray is a regulatory consultant and former pharmaceutical regulatory reviewer who guided some of the industry's most groundbreaking social media projects through MLR. Murray's presentation began with a seemingly simple question that really cut to the core of our current challenges with social media regulations, or lack thereof: What exactly are we asking for? Clarification of existing guidelines or the creation of new ones? Both could be provided by the FDA but the former might require guidance and the latter new regulations. Murray warned, however, to “be careful what you wish for.”

The policy makers, including FDA, are facing higher priorities, Murray argued. Can social media

help us make the safety and efficacy of drugs more predictable? More affordable? Can we make patient's use of them more compliant and create better outcomes?

“Ultimately,” Murray said, “if social media programs were perceived as an asset to FDA's higher level priorities rather than an enforcement problem, this could help shape a positive approach to regulatory policy. However, most social media programs being presented to medical, legal, and regulatory teams are unlikely to achieve this.” Murray cautioned marketers to examine the intentions behind their campaigns before presenting it for regulatory opinion.

In the meantime, Murray recommended working within current guidelines and regulations to create standalone social media content that can pass muster today. As an example, he used a well-known and ironic example: the FDA's social media toolkit for the peanut recall (see “FDA's Use of Social Media: Peanuts Today, Drugs Tomorrow!”; PMN Reprint #83-03; <http://bit.ly/eN7E>).

No Matter How Risk Adverse, You Can Do Something

Steve Woodruff, Founder and President, impactiviti, had the coveted after-lunch time slot, which has been the undoing of many a pharmaceutical marketing conference speaker. However, Woodruff, who was also live tweeting from the conference throughout the day, took the unconference mission to heart.

Asking everyone to form small groups, Steve assigned each team a separate corporate “profile.” For example, one group was a large pharmaceutical company under a consent decree, another a small start-up with a promising molecule but no FDA approval. Each group was challenged to

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Category	Risk, Social Benefit
The Disconnected	low participation, low benefit
Connectors Who Don't Care	high participation, low benefit
Lonely Fellow Sufferers	low participation, high benefit
Misery Loves Company	high participation, high benefit

Table 1: Forrester's Social Media Risk and Benefit Analysis for Different Categories of Health Users (see pg 5).

come up with the three social media ideas that would provide the most value at the least risk.

The take-away: every company, regardless of risk tolerance or business objective, can be doing something with social media. NOW.

How to do it Without Getting Fired

Josh Bernoff, Forrester principal analyst and co-author of the seminal work on social media *Groundswell: Winning in a World Transformed by Social Technologies*, debuted his latest research report focusing on social media within the pharmaceutical industry at Social Pharmar. The report, which shares a title with his session, examines social media strategy in light of two considerations: risk and social benefit.

Utilizing Forrester’s Social Technographics dataset, Bernoff plotted the set of conditions

included in the Social Technographics questionnaire on a quadrant with social benefit and social participation (defined as participation in a social media activity at least once a month) as the axes. What emerged were four distinct categories of conditions (see Table 1, pg 4).

For example, obesity is in the “Misery Loves Company” category. Bernoff then looked at several conditions based on the social engagement ladder (see Figure 2, below).

In the categories with high participation and high benefit, the category participants overindex in higher level engagement rungs such as collectors, critics and creators. It is these factors that make certain conditions ripe for social media programs.

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The Social Technographics Ladder

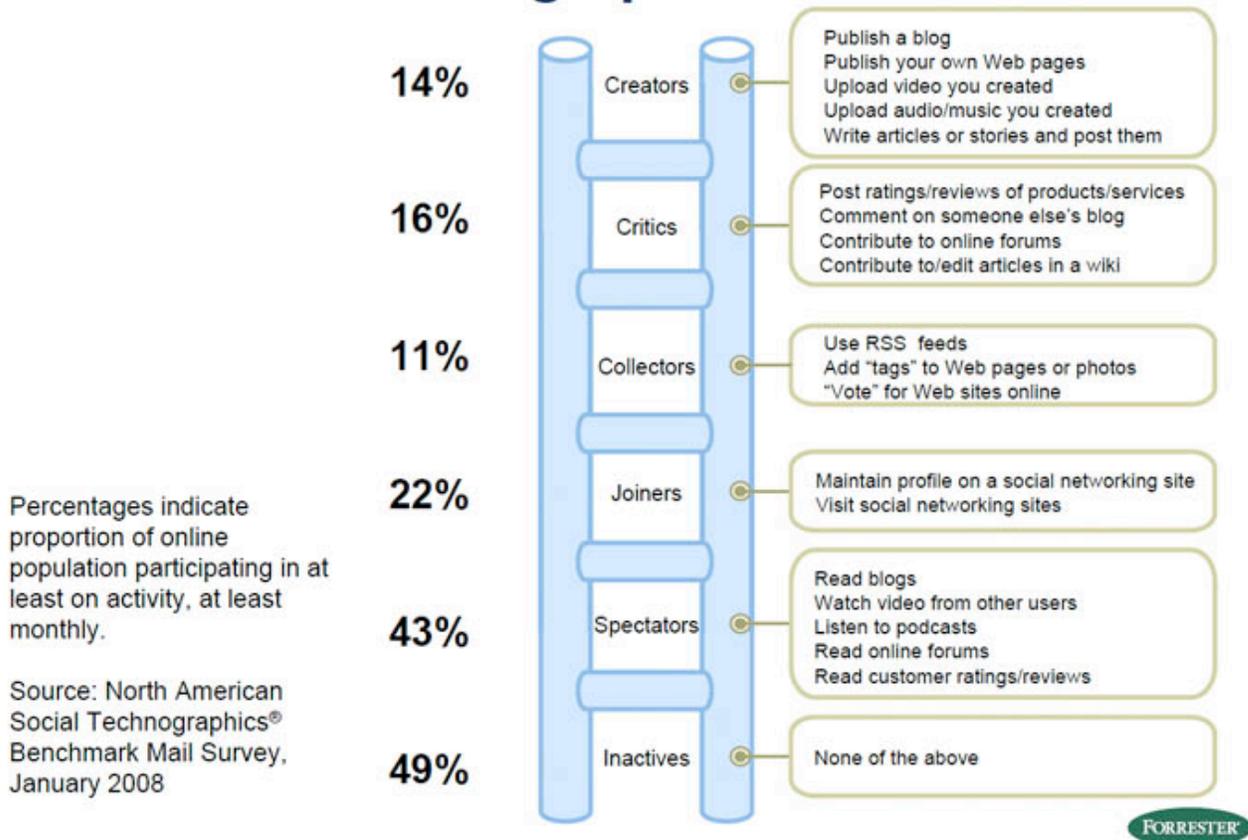


Figure 2. Forrester’s Social Technographics Ladder. Source: “How To Do A Social Application In Life Sciences Without Getting Fired”; <http://bit.ly/tGZTt>

Ultimately, Bernoff recommended choosing your strategy based on the social benefit and participation of your audience as well as your company's risk tolerance. If your company is more risk adverse, consider listening platforms such as monitoring services and Communispace private communities. If your audience and company can withstand a greater level of dialogue, consider moderated patient communities such as alli Circles or Juvenation.

I personally look forward to extending Bernoff's thinking to account for some of the more nuanced elements of the patient experience including treatment stage, caregiver contribution and a more robust measure of social benefit that takes into account symptom visibility, potential morbidity and social stigma.

What Do Patients Want from Pharma Engagement?

Jack Barrette, founder of WEGO Health, a patient advocacy platform and Julie Wittes Schlack, Senior Vice President of Innovation and Design for Communispace closed out the day by presenting the patient's perspective. Both WEGO Health and Communispace provide forums for patients to interact with pharmaceutical companies to provide insight into programs, access resources and connect with other.

More than anything, patients want a seat at the table. They want to hear from pharmaceutical companies and they want to talk back. Private communities, such as Communispace, can be used for insight generation, product collaboration, market research and advocacy development. By allowing patients to have authentic experiences with the brand and like-minded peers, Schlack pointed out that even when community participants decide not to use the product, they often leave as advocates for the brand.

Barrette introduced us to the concept of the health activist, a consumer opinion leader that connects with and educates other consumers through social media consumers (for details, listen to Pharma Marketing Talk podcast interview of Barrette: "WEGO Health: Empowering Health Consumer Opinion Leaders"; <http://bit.ly/bj0os>).

Barrette encouraged brands to map the influence of their consumer advocates in the same way they understand their physician key opinion leaders. True to form, Barrette shook up the late afternoon crowd by featuring health activist "viellen" a contributor to a popular women's health forum,

"Vaginapagina." Shocking? Maybe. But also a great reminder that consumers create health content to meet their special, unique needs everyday. We can either choose to participate in the conversation or not. The conversations will continue.

Next Steps

At the end of the day, Jack Barrette and Fard Johnmar led a discussion of practical next steps. There was definite energy and enthusiasm in the room to move the ball down the pharma field by sharing best practices and resources that help all of us make the case for social media. In the end, we decided to practice what we preach by utilizing Shwen's Social Pharmer Ning to create a collaborative community of our own. The social network, located at <http://socialpharmer.ning.com/>, already has 55 members.

The value provided by the Social Pharmer Unconference was definitely worth the \$25 participation fee and a flight to Boston. Now, if only proving ROI on our actual social media projects was so easy (for more on that, listen to this Pharma Marketing Talk podcast interview of Fabio Gratton, Co-founder, Chief Innovation Officer, Ignite Health: "How To Measure Social Network Communications Success"; <http://bit.ly/KgaNA>).

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About the Author

Amber Benson brings over ten years of varied and progressive experience in strategy development, interactive marketing and corporate communications to her role as Group Strategy Director for IMC2's Health & Wellness practice. You can follow her on Twitter: @pharmachameleon