

Digital Pharma Is Alive and Well in Europe!

Report from DigiPharm Europe 2010

Author: Paul Jacobs

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PO Box 760
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infovirsci@virsci.com

The following commentary was originally published in several installments on Medigital Blog by Paul Jacobs (see ABOUT THE AUTHOR at the end of the article). Since many Pharma Marketing News readers may be unfamiliar with this blog and the pharma e-marketing scene in Europe, I thought it important to reprint Paul's thoughts here. The commentary was edited to focus more specifically on presentations made by pharma company representatives and to make it flow better as an article rather than a series of blog posts. I have also added images and tables from a few presentations plus a few comments of my own. – John Mack, Editor

I attended the DigiPharm Europe 2010 conference recently and there is quite a bit to digest and discuss. The following are my personal thoughts and commentary on many of the presentations made at this conference and the discussions that ensued. You can read the twitterstream for more information on the presentations not covered here (see <http://bit.ly/aZiZIT>).

Due to various reasons—lack of regulation/guidance, Luddite tendencies, old-fashioned thinking and a basic misunderstanding of the digital environment—talk is all that seems to be going on within the pharmaceutical and healthcare industry regarding the digital arena and especially regarding the social Web. Hopefully, conferences such as DigiPharm Europe 2010 and commentaries like this will encourage pharma progress in the social media arena.

[While Jacobs may be seeing the glass half empty, I see the glass half full—at least in regard to what some European pharma companies are doing in the social media arena. Perhaps Jacobs is too close to the action whereas I don't get to Europe that often. In any case, I think digital pharma is alive and well in Europe, which Jacobs documents very well in this commentary. – John Mack]

A Call to Action

Paul Dixey (@pauldixey), Managing Partner, BlueLight Partners, was the conference chair and introduced the first day by noting that “Something has been happening in the last year.” Andrew Spong (STweM blog, @andrewspong) agreed: “The pace of change within the health conversation is picking up, but not just in isolated pockets. There are more good things going on than we seem to have time to keep track of.” This precedes what I take to be a strongly-worded call to action from Andrew for the industry to start working with the collaborative channels and tactics that are available before it is too late.

I certainly agree with the sentiment, but I think the reality here is that we need to find a balance in the interim before pharma can truly start a collaboration with patients. Using Andrew's “live to work” analogy, we need a bit of work-life balance before we can decide how to commit the rest of our lives.

It's Not Rocket Science!

This segues nicely into the first presentation of the day by Kai Gait, Digital Commerce Marketing Manager, GlaxoSmithKline, on business organisation for a digital future: “Faster speed, smarter markets – faster customers, slower companies.”

It isn't rocket science, said Gait, yet 65% of pharma marketers find it hard to stay on top of technology and if executives can't understand technological change, it's very difficult to get buy-in. Campaigns are different now, we need to be moving from large campaigns to continuous engagement and from “hard to reach” to an “available everywhere” approach, with a need for transparency in all activities.

The ROI Problem

Gait delved further into the problems within corporate pharma where upper management is struggling to understand social media. He wonders if there are residual dot.com bubble ROI memories: “We gave you money before and what did we get back?”

Gait used an example of the SVP trialling an internal blog that was a spectacular failure, with complaints that it was a vanity project, that no-one read it and that it was aimed at the wrong people.

I've experienced difficulties myself with barriers to innovation thrown up because of an individual's bad experience with a simple web project—not because the implementation was bad, but because it was the wrong choice of medium to satisfy the strategic imperatives. I see it happening now and brand managers need to temper their enthusiasm for a specific channel (Gait calls this ‘channel blindness’) and start looking at the appropriate way to deliver the information and communicate with their appropriate audience. As Gait said (and I am paraphrasing), education internally is the key to buy-in, which is the gateway to communication.

Gait says that fear of losing control is a real inhibitor with respect to social media in some organisations and that pharma must invest in buy-in internally from all stakeholders. This is a theme that was repeated a number of times throughout the conference, and one that I personally think is key to a successful implementation of any tactic in the social media space.

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Five Steps to Buy-in Success

Gait listed five steps that digital pioneers can take to drive digital internally:

1. Be helpful
2. Be present (or available for questions)
3. Be social – in real life! (are we losing social skills because of social media?)
4. Share the love – make it about them and their brand
5. Pay it forward – show value

There was some discussion about this, including questions about whether the meaning of “social” has changed, and whether the 5 steps are really principles rather than a plan. I think they are ideals to work towards within our current reality.

“People aren’t afraid of change,” said Gait, “they are afraid of being changed.” He described three ‘lightbulb’ moments: 1) chose a positive theme; 2) simplify complex and challenging theories; 3) share awe-inspiring stories.

Gait also mentioned six drivers of influencing people within the organization:

1. Reciprocation – Create an experience that people want to share
2. Consistency – Make their commitment public
3. Social Proof – Express how their “equivalents” have done it
4. Liking – Get one of their “equivalents” to ask them to try it
5. Authority – Strangers with authority matter (ie, external experts)
6. Scarcity – Exclusive opportunities often drive action

Further discussion focused on the global nature of digital—pharma must look at engagement at this level and try to solve the regulatory issues with a global mechanism of sharing information. This is another theme that reared its head several times during the conference.

Webkey: Integrating Print and Digital

Mark Prince, Director, Sublime Digital, spoke about integration of online and offline strategy in his presentation “Paper - scissors - digital! (integration of online and offline strategy).”

Prince recommended using a USB Webkey as a link between digital and print; eg, giving away a USB key within a print ad that allows a physician to enter a protected website (see Figure 1, pg 4). There were some reservations about this, although it seems a good idea in principle. For example, what percentage

of physicians will even get to the stage of inserting a Webkey into their PC (that’s after the assistant has opened their mail and already selected what the physician will view)? It seems to me a rep-led campaign with webkey would be more effective.

Wikipedia Editing

Kay Wesley, Global Director, Complete Digital, made a hit at the conference with her presentation and series of videos about “How can Pharma drive a Creative Commons in Healthcare.” She suggested that pharma companies are not using Wikipedia effectively.

According to an informal poll of the audience, 83% attendees and Twitter followers of the conference hadn’t edited a relevant Wikipedia page and 89% of Pharma companies polled don’t have policy to keep Wikipedia up to date. John Mack quipped: “The only use of wikipedia by pharma I’ve seen has been MIS-use!” (see “Web 2.0 Pharma Marketing Tricks for Dummies”; <http://bit.ly/cc8fCJ>; use code ‘free68’ to get it FREE).

Creative Commons

By Kay Wesley

Throughout the centuries scientists have looked to share their knowledge to advance their particular field of understanding. This has been no less so within the field of Medicine where clinical research has largely been shared and communicated using published papers to disseminate findings and share information for the “common good.”

With the introduction of digital tools and web 1.0 technology this sharing of information within medicine has improved and increased in speed and reach, helped by the adoption by scientific journals and others in embracing the internet as a dominant source of information for Healthcare Practitioners.

Interestingly, 26% of the audience said pharma updating of Wikipedia is a breach of regulations. But there was some consensus that clause 24 of the Association of the British Pharmaceutical Industry’s (ABPI) Code of Practice (see <http://bit.ly/9V6C46>; pdf) would allow this, although it is not within the spirit of the Wikipedia editing guidelines.

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Figure 1. USBINSERT™. See <http://webkey.com/>

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Table 1: Roche Social Media Principles (Except)

Indeed, Heather Simmonds, a representative of Prescription Medicines Code of Practice Authority (PMCPA; responsible for administering the ABPI Code), confirmed that so far there have been no breaches of ABPI code with respect to Wikipedia page editing. Regardless, I think editing your own company or brand articles on Wikipedia can be dangerous. Pharmaceutical companies, therefore, need to be careful of the negative PR this may generate—even if it is the updating is done to provide accurate information.

On the other side of the coin, many people feel as I do that it is important to correct inaccuracies. Perhaps the best way forward is to use the “talk” channels in Wikipedia to suggest where changes should be made (with full disclosure, natch) and allow independent editors to decide whether to make those changes.

Roche’s Social Media Guidelines for Employees

Sabine Kostevc (@skoko), Head of Corporate Internet and Social Media at Roche, spoke about the Roche social media guidelines that were made available to the public and downloaded more than 5,000 times since publication on August 10 2010 (see <http://bit.ly/c9Kacn> and Table 1, pg 4).

Kostevc said it took 8 to 10 senior stakeholders within Roche 3 to 4 months to develop the guidelines from existing corporate documentation. The process allowed grassroots comments to filter up via senior functional group representatives with the support of internal project sponsors.

The principles set out in the guidelines are not being “policed” and rely on employee self-adherence. It remains to be seen if Roche expects providers and partners to adhere.

This is a brilliant move by Roche and it has, in some ways, set the bar for all pharmaceutical companies. It was very smart of the Roche people to bring into the tent those people who could potentially block the process. Comments from the floor suggested that Pfizer was planning similar guidance.

Kostevc said that a communications campaign about the guidelines was undertaken within Roche and that the guidelines have delivered clarity across the organisation. Post-publication, it is too early to see the full impact of the guidelines, but there has been positive feedback from employees.

According to Kostevc, the guidelines will be reviewed annually.

Talk... and Also Listen

Alex Butler (@Alex__Butler), Digital Strategy & Social Media Manager at Janssen, took to the stage

to talk about building two-way relationships. Butler emphasized that social media is only one component of an integrated strategy. Going forward, it won't be viable to keep social media elements separate (another theme recurring throughout the conference).

Butler reminded the audience that the public's trust of the pharmaceutical industry is nearly on a par with the tobacco and oil industries—ie, very low!—and that social media is one way to improve trust in pharma.

Janssen conducted a Twitter poll where 55% of its Twitter followers answered “No” to the question: “In general, do you trust information from pharmaceutical companies?” However, 98% said they trusted the information that @JansseUK linked to.

Butler emphasized that social media interactions, like people, are imperfect, and any social media engagement by pharma will be imperfect due to pharma's conflicting obligations. We should, however, follow the etiquette of each social media platform where possible (see “Janssen's Social Media CHARTER”; pg 6).

Obsessing Over Metrics

Butler turned his attention to outcomes measurement and claimed that we are data rich but insight poor. Obsessing over measures and metrics robs the data of the value of its key insight. Butler quoted Einstein: “Not everything that can be counted counts, and not everything that counts can be counted.”

According to Butler, pharma companies need to build up their presence in social media now—you cannot pay your way in later. Butler claims he spends around an hour to an hour-and-a-half a day on Janssen UK social media.

For more about Butler's social media endeavors, please see this Pharma Marketing Blog post: “Markets as Conversations: Can You Have a Discussion with ‘Psoriasis 360’ on Facebook?” (<http://bit.ly/bm6GS4>).

The Mother of All Dashboards

Judith von Gordon-Weichelt, Head of Media & PR, Boehringer Ingelheim (BI), talked about social media monitoring. She demonstrated the proprietary dashboard that BI uses internally to track sentiment, buzz, news, press and other activity surrounding its brands and corporate communications. BI monitors English and German social media in depth. It's a very comprehensive initiative and everyone was very impressed indeed. von Gordon-Weichelt said the next challenge is to develop specific social media engagement guidelines for BI's 44,000 employees.

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Janssen's Social Media CHARTER

As stated in the **Credo** we have a **responsibility to our communities** to encourage better health and education. We must place these principles at the heart of our social media engagement.

Any social media engagement undertaken by Janssen UK will be imperfect due to the conflicting obligations a pharmaceutical company has to meet.

The aim of Janssen within all publicly facing social media platforms is to provide high quality factual and balanced information in a transparent manner that supports people to:

- Better understand our company and the pharmaceutical industry in general.
- Access assets developed by Janssen or third parties that add value to the public.
- Deliver high quality information to the public helping to educate people about diseases that may affect them or a loved one, how to live better with their condition and encouraging them to take a more active role in disease management.

- People should be allowed to comment and share their views with the company and the broader community in as open a manner as possible while working within the spirit of the ABPI code of practice and adhering to the Janssen Business Integrity guidelines.

Everything Pharma Says is Promotional According to Some EU States

Heather Simmonds, Director, eMedia & Social Media, Prescription Medicines Code of Practice Authority (PMCPA), which is responsible for administering the ABPI Code of Practice, stressed how important it is to follow the code, even if it may seem out of date (2008 was the last update). She quipped “Heather said it was OK’ does not trump the ABPI code of practice!”

Simmonds further advice was that “if you put your head above parapet, consider how you will defend what you’re doing ... if a complaint is made.”

She also said that even if embarking on an educational campaign, pharmaceutical companies should treat everything as promotional unless they can clearly show that it isn't. She reminded the audience that many EU states consider every piece of information from pharma companies to be classed as advertising. I've often experienced this from a medical

education standpoint when providing educational materials for a launch product. The materials were treated and scrutinized exactly the same way as a promotional detail aid and a journal advertisement.

With reference to the relevance of codes of practice to digital and social media, Simmonds stated that in the EU, self-regulated pharma codes of practice are media-agnostic.

The ABPI Code has planned updates in November, but these will be limited in scope (eg, requirement to provide unsubscribe link in emails). Simmonds said that ABPI knows pharmaceutical companies want to use social media, but are not clear about what that use would be. The ABPI plans to first issue ‘guidance’ on social media before introducing it into the Code.

Simmonds also covered the traumatic journey of the proposed EU Directive amending legislation regarding pharmaceutical companies providing information to the general public about prescription medicines. She said the aim is to avoid changes allowing the direct-to-consumer advertising that is common practice in the U.S. and noted that the EU drug industry wants to be able to provide information directly to patients, but doesn't want to advertise to them directly.

Global Reach

With regards to the reach of the ABPI code, if a UK company posts promotional information on the Internet outside of the UK, it still falls under the remit of the code.

The main questions in the UK from the PMCPA are:

- Why do you think that social media is not covered in the 2008 code (even though it is not explicitly mentioned)?
- What do Pharma actually want to do?
- What will be the impact of the EU directive on providing information to patients?

Discussions on Twitter surround the fact that social media is a global phenomenon and that regional regulatory bodies need to consider this if they are to grow and adapt alongside these channels. They should possibly look at other globally-regulated industries to see how they achieve their goals in this space. There was a call for a public forum to discuss these issues and the redesign of medicine regulations globally.

Pharma Turns YouTube Comments On!

Gary Monk (@GaryMonk), ADHD Product Manager at Janssen, whose Twitter profile states “Well in-

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mentioned iconoclast - currently driving change from within pharma - determined to help the healthcare industry do less shouting and more listening," changed the topic to engaging patients and physicians. The title of his presentation was "From Innovation to Inte-gration – Engaging with Connected Patients and HCPs."

Monk talked the audience through a successful patient social media project including a YouTube video about ADHD ("ADHD: A day in the life by Janssen-Cilag Ltd") that was part of an integrated approach. Janssen seeded the campaign to targeted groups (parents and teachers), and the level of engagement was good (see Figure 2, below).

A key point made by Monk was that the success of the programme rested not only on seeding the content well, but coming to an agreement internally regarding the comment policy. In fact, it was evident that allowing moderated comments yielded more effective results than that obtained through pharma marketing messages. He contended that the public discussion in the comments area balanced out naturally, even the difficult discussions. Examples of comments that were not published included those that were off topic, with strong language or turn of phrase or if they mentioned specific products. With

regards to the process, moderation took longer in the beginning, but became easier over time.

Pfizer Engages HCPs

Rene Neubach, Manager Vienna eMarketing Centre Co-lead, Pfizer Specialty Care, focused on "How to Successfully Launch Online Programs and Engaging with HCPs." Neubach agreed that it is crucial for pharma eMarketing teams to have internal guidelines for individual channels and that these guidelines should be working and evolving documents. The devil is in details: concentrate on what we know we can do well: delivering information to customers (ie, deliver info first, engage when ready).

Neubach mentioned that a 30-35% website bounce rate is normal, but aside from bounce rate KPIs, pharma also needs to improve other digital basics such as usability, language and relevance. He warns that pharma can't use literal translation of materials for multi-country initiatives: transliteration needs to understand the intent/topic and therefore this should be carefully considered (eg, ask affiliates to manage the translation for their companies).

Neubach presented "Pfizer Engage," a system that allows for continued engagement with HCPs post-conference. Essentially, they use iPads during

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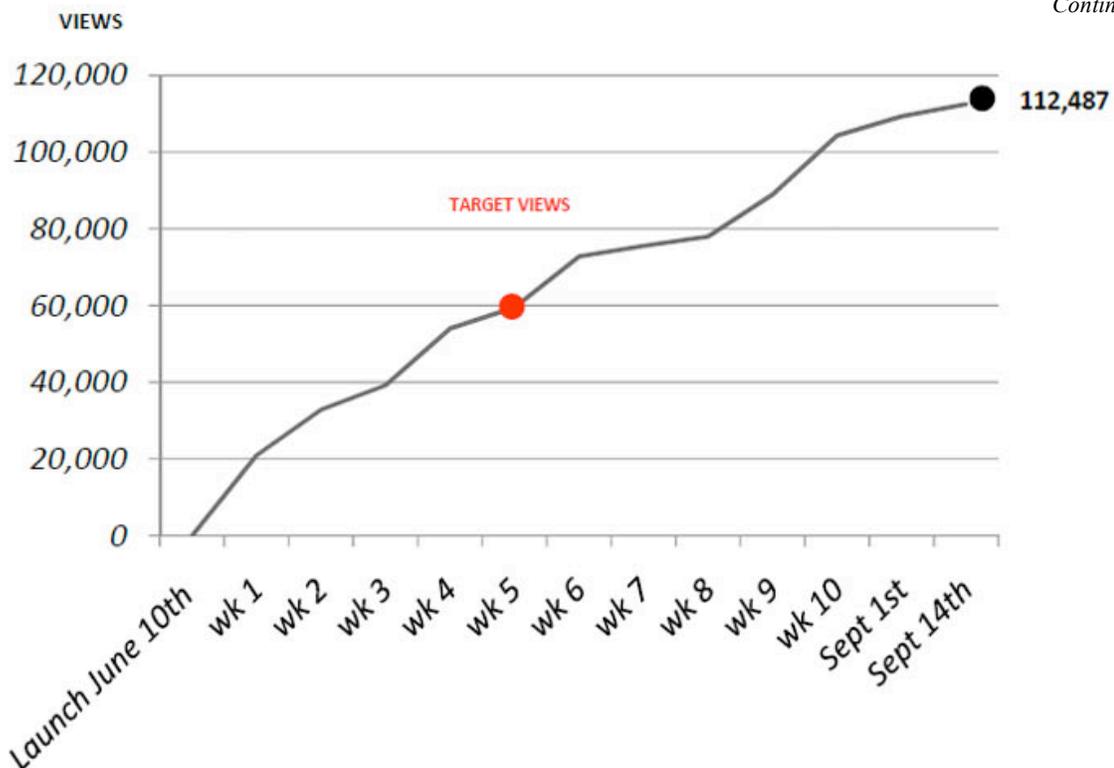


Figure 2. Total Views for "ADHD: A Day in the Life by Janssen-Cilag Ltd." The red dot marks the date of a Pharma Marketing Blog post about the site (see "Will Janssen-Cilag's ADHD YouTube Video Go Viral and Win an Award?"; pg 8).

Will Janssen-Cilag's ADHD YouTube Video Go Viral and Win an Award?

By **John Mack**

Originally published on Pharma Marketing Blog, July 20, 2010.

I, and others, have often criticized pharms's forays into social media as being "inauthentic" because no real dialogue is allowed. Without the dialogue, social media campaigns are not likely to reach full potential by "going viral," which is the point recently made by my Twitter friend @jonmrich during an #hcsmeu discussion last Friday. "Here's a hint for pharma," said Jon, "Nothing will go viral if you don't allow 'Likes' or comments. Guaranteed."

There are, however, a few pharma social media sites that DO allow comments and Johnson & Johnson (JNJ) leads the pack in that regard.

Today, I discovered (hat tip to @andrewspong) that Janssen-Cilag, Ltd, part of the Johnson & Johnson family of companies, is probably the first European pharmaceutical company to produce a non-branded disease awareness YouTube video that allows comments and "Likes." The video is entitled "ADHD: A day in the life by Janssen-Cilag Ltd."

According to the channel notes "This new short film, produced by Janssen-Cilag Ltd , tackles some of the issues surrounding Attention Deficit Hyperactivity Disorder (ADHD) from the perspective of a child with the condition. For more information visit www.livingwithadhd.co.uk.

"The film was made after talking to groups of doctors, patients, parents and teachers, who told us that too often people think 'ADHD' is just an excuse for 'badly behaved kids'. The film should help people understand what it's like to actually have ADHD.

"If you know anybody affected by ADHD, please do share this film with them. Together, let's make sure all families get the help and support they need."

The "Commenting Policy" states "All submissions will be reviewed and may not be posted if deemed inappropriate. Comments which are off-topic, offensive, or promotional, will not be posted. Please note that we will not post comments about any specific products or treatments, whether they are sold by Janssen-Cilag Ltd or not."

@garymonk, who apparently is the person responsible for this YouTube site, says that Janssen-Cilag has published the "vast majority" of comments. I believe it because there is "a couple of spats boiling away" according to @andrewspong, another Twitter friend of mine.

The site also allows visitors to vote whether or not they "Like" the video. As of today only 51 votes have been cast (43 like the video, 8 do not like it).

Will this video go viral? So far the video has been viewed 58,624 times since it was uploaded on June 9, 2010.

It's interesting to note that the Johnson & Johnson (JNJ) YouTube video, "Brad's Story: A 12-year old with ADHD," is at the top of the list of related videos. It also allows comments and "Likes." The JNJ ADHD video was uploaded to YouTube back on June 22, 2009 and has been viewed 62,983 times (150 "Likes" vs 12 dislikes). So, by that measure, the Janssen-Cilag video is doing rather well. It should be pointed out that JNJ's YouTube Health Channel includes 302 videos. In all, the total upload views for JNJ's videos is 2,170,352.

JNJ Health Channel's Rob Halper, Director, Video Communication at Johnson & Johnson, is a "Friend" of Janssen-Cilag's Living with ADHD. "Great channel! Terrific contribution to YouTube," said Rob. BTW, Rob Halpert is one of the people nominated (by me) to receive the coveted **Pharmaguy Social Media Pioneer Award** (see <http://bit.ly/c5Xz65>).

conferences and sign HCPs up to receive the enduring content. In this way, they build on the time, effort and expense of the conference, maximising the return. Pfizer measures success using an engagement index, and the programme is scientific, unbranded and personalized to each HCP.

Pfizer also engages consumers in online gaming. Neubach described Pfizer's experience with "Back in Play," a patient online educational game designed to get young men to think about back pain and the symptoms of ankylosing spondylitis.

The game uses football (soccer) as a 'hook' to drive the messaging. Neubach stressed that the concept was tested with a target audience first. The program has become a great success with 2 million online players.

Preserving eMarketing Knowledge Within the Organization

Finally, Neubach talked about establishing a centre of eMarketing within the organization so that all the knowledge is collected in one global place. This avoids problems when a brand manager leaves carrying all the local knowledge with him or her.

A challenge with that, as pointed out by John Mack (@pharmaguy), is that this may encourage 'edumbness' in the local teams. But Neubach contended that the central eMarketing team at Pfizer acts like an internal agency and are very quick to respond to requests.

Pushing Pharma Outside the Envelope

John Mack, Editor of *Pharma Marketing News*, presented "New Rules for New Media: A Funny Thing Happened While Waiting for FDA Guidance."

Mack noted that among the 70 presentations made at FDA's November, 2009, public hearings, the majority were from industry service providers and interactive agencies. Mack contends that these agencies are "pushing Pharma outside of the social media envelope." In addition, because of the first-come first-served basis by which the FDA selected presenters, the share of voice for patients and HCPs was much reduced from the previous public hearing on the Internet held in 1997.

From a survey taken by his readership, Mack explained that pharma parses into different categories what they are accountable for and what they are not according to the way the funds have been given/spent (grants, paid content, display ads). Interestingly, around 45% of pharma responders said that pharmaceutical companies should be accountable for the content even on sites they do not have direct control over (eg, those funded by grants).

There were also mixed views on accountability with regards to correcting third-party misinformation, with 12% of pharma respondents suggesting that all off-label information should be corrected by drug companies and 49% of pharma respondents opining that no corrections should be mandated on third-party sites.

Regarding space limitations, most responders to the survey did not know if space limitation is a problem in pharma online communication, and therein lies the challenge: how do we make 140-character messages meaningful to the patients in addition to fair and balanced?

A big issue for pharma marketers concerns Adwords and search, which according to Mack accounts for about 40% of US pharma's online spending budget. Because Google was losing much of this revenue, they piloted and presented a solution for prescription drugs that included a fixed warning of 60 characters, a link to more information and a fixed landing page in the headline.

Waiting for Goduidance

Waiting on the FDA is like waiting for Godot or "Waiting for Goduidance" as Mack put it. This is an apt analogy considering that the FDA hearings were held almost a year ago and so much has happened since then as pointed out by Paul Dixey at the very start of the conference.

So where is the draft guidance? Mack predicted that we will get guidance by the end of October, but the FDA will produce and roll out draft mini-guidance documents over time, the first of which, he predicts, will be concerning space limitations.

Mack pointed out that the slow movement of the FDA regarding guidance hasn't stopped pharma marketers from diving into social media, although there have been problems such as mishandling of crises. Mack mentioned the sanofi-aventis' VOICES page being assaulted by a patient who suffered permanent hair loss from the chemotherapy drug Taxotere, resulting in the comments being turned off. Mack concluded by suggesting that the greatest mistake for an online pharma initiative is to not have a crisis plan.

Following the presentation, Mack sat down for a panel debate with Chandler Chicco's Sam Walmsey, taking questions from the floor. Walmsey asked why Mack is so critical of the industry, and he admitted that he "...doesn't make a living by telling people what they are doing well." He leaves that up to awards ceremonies (it's a dirty job but someone has to do it... right?).

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Do “Mack Attacks” Help Pharma?

Mack focused one of his infamous “Mack Attacks” on the Race With Insulin Twitter page featuring promotional tweets from Race driver Charlie Kimball on behalf of Novo Nordisk (although a picture of the two smiling together may indicate they are still buddies).

But do “Mack Attacks” help pharma? Responses from the floor suggested that they do, but it does involve a headache of lawyers (I believe that is the collective noun). Gary Monk recounted how individuals who received a Mack Attack were rewarded with a significantly increased Twitter following.

Microchips and Pills

Todd Stephens, Global Marketing Director, Merck Serono presented on “Connecting Patients and Physicians to Treatment Outcomes in the Digital Era.” He started by asking: “Which of these three can you do well?”

- Product leadership
- Operational excellence
- Or customer intimacy?”

It is difficult to move focus from one to the other, or indeed to get a balance. Stephens pointed out that pharmaceutical companies must choose the technology they invest in three to four years in advance. There is a displacement in timelines between technology development, application of that technology, legal and regulations and roll out. Indeed, the choice of technology is relatively redundant to payors, as they are focused on outcomes, not technology: “Drugs are not reimbursed if they are not proven to improve treatment outcomes.” A question: will we be looking for reimbursement of medical apps?

So will adherence/compliance be the next important topic in digital? I say this is one part of the patient story. With the rise of mobile help or hinder this? Will Mobile compliance apps be the way forward or, as Stephens alluded to, will ‘intelligent medicines’ as being trialled by the NHS be the way forward?



ABOUT THE AUTHOR: Paul Jacobs is Director of Digital at a global medical education agency based in London, UK. He has over 10 years of experience in the industry and is passionate about social media, digital innovations and the digital environment. Paul writes the Medigital Blog (<http://medigital.wordpress.com>) in his spare time in between his work, home life with a young family and obsessing over mobile telephones. Follow Paul on Twitter: @PJ_Medigital

Interestingly, Stephens implies that Merck Serono is working on a mobile compliance tool in endocrinology.

More Challenges Ahead

Looking back at the DigiPharm Europe 2010 presentations, data, case studies, demonstrations and discussions, I can’t help but think that these are challenging and exciting times for the pharmaceutical industry. I for one am encouraged by the growing effective use of digital technology and channels, and at the same time worried about the potential direction this could take.

I think two things have become very clear from this conference:

1. There should be some discussion and agreement on regulatory issues with regards to digital and to social media in particular, and this discussion should focus on the global nature of the Internet and therefore consider the cross-boundary nature of how the drug industry should be regulated.
2. To survive in this landscape, the pharmaceutical industry must make inroads into developing a digital strategy—and by that I mean integrate digital tactics into an overall strategic plan, and at the same time generate and maintain internal buy-in by developing a corporate digital strategy that integrates digital into the fabric of your organization’s culture and operations.

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