

Coming Out the Other Side

As the individual takes more control of their healthcare by engaging with others like them, the worlds of information and decision-making must become transparent. It is those marketers who are deeply focused on common sense who realize that an unprecedented opportunity exists to engage with these real people, with real needs, on their terms.

BY CHRISTOPHER M. SCHROEDER

White House chief of staff Rahm Emmanuel famously said, “You never want to waste a good crisis.” Two decades in politics, he knows there is nothing more difficult than embracing change especially when the costs of change seem greater than business as usual.

But if these remarkable days have shown us anything, it is how much wasn't normal under the covers. We've been living in a world of musical chairs, where traditional business and marketing practices have been masked by massive leverage and hubris – hubris based on the belief that the music would never stop (or, worse, that it would stop for someone else, or after we retire.) What have been given mostly lip service in this almost defensive crouch were the opportunities inherent in a true revolution in technology, information and communications.

The essence of this revolution is that individuals are in control, active, engaging with others like them, and forcing the worlds of information and decision-making to be transparent. Throughout history this kind of empowerment has made the powers that be, shall we say, “uneasy.” And yet it is NOT the audacious, but those who are deeply focused on common sense, who realize that an unprecedented opportunity exists to engage with real people, with real needs, on THEIR terms. That if we – anyone interested in healthcare in this country, from marketers, to care-giving institutions to policy makers to regulators – were to invent the most effective way to engage audiences, we would have dreamed to have the tools and capabilities in all our hands today.

To underscore the point, stop and ask yourself this simple question: how would you have been managing your business if the Internet came first? Assume that all the interactivity, transparency, multi-media, targetability to reach and engage with audiences on THEIR terms, helping them make THEIR decisions without interrupting or annoying them. There is no

tricking them; no forcing them – you are partners with them, one of many stops in their “aggregation of truth” as they seek control of their lives.

I would argue strongly that our businesses would be run quite differently than they are now. Certainly the smartest marketers would be hard-pressed to shift dollars from interactivity — where audiences are, where the opportunities for effectiveness, cost sensitivities and performance are best met — to one-way print and broadcast mediums that reach general audiences. And, in fact, marketers would ignore even online environments whose major claim is being simply “big.” Of course, scale brings efficiencies, but technologies today allow marketers to get the right messages in front of the right people at the right time at very narrow consumer health needs, and thus more relevant and better performing venues. They will ignore the claims of Web sites that say they are “bigger” than someone, and focus on those that show they are big enough, but engage the relevant audiences that value them as part of their conversations.

Internet – A fair balance dream

So what keeps pharma marketers constrained to embracing the same opportunities just because the Internet came second? Some of it, of course, is historic and cultural fear of change. But unique to health marketing is the regulatory environment. Sometimes marketers use regulation as an excuse not to change. At the same time, I may be one of the few Internet executives in health or any field that actually has served in gov-



ernment. The arenas of public policy are legend and complicated, and one takes them lightly at great risk.

My experience, at the same time, has also shown me that the vast number of public servants are patriots – women and men who came to government, often sacrificing more lucrative careers, to make impact in people’s lives. The key is to stay focused on the essence of the policy and regulatory goals. In health marketing, the essence of “Fair Balance” could not be clearer: it is consumer safety. This administration is the most Web-savvy in the history of our nation. They understand that conversations are happening all over the Web anyhow, and that consumers are seeking empowerment now and forever. In this free flow of information, people are seeking drug information from a myriad of locations.

Pharma marketing is only one piece of this – but a critical and unique contribution to these conversations. In fact, pharma marketing is the ONLY contribution that has ANY government regulation – thus among the safest and most valuable contributions of all. Pharma marketers WANT to contribute in the right way – and are thrilled to see those who cross the lines punished, they just don’t want to the conversation itself to be punished. Finally the Internet is a Fair Balance dream. Television has space and time limitations – who knows how many people see the ads anymore, and the value of a 10-second sound-over is debatable. Print, historically, had a full page of tiny type written in highly technical language – I doubt that there has been a significant contribution to keeping people safe in such daunting presentation. The Internet allows a level of depth, clarity, visualness, engagement, sharing and transparency that can help real people understand the strengths and risks of a product on their terms as they meet with their doctors.

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I believe these times call not for retrenchment but exploration and experimentation. I further believe that putting user needs first, and engaging in their conversations with transparency and openness on their terms – not merely to “sell the script” – is on the right side of how users engage among themselves and with their doctors, and will be at the foundation of any legislative or regulatory agenda. So the place to start is learning what people are saying in these conversations.

Four ‘community’ themes emerge

In our communities there are as many points of views as there are health seekers, but we’ve seen four themes regularly:

- 1) As size for size sake matters less, condition/wellness-specific information is good – but the most engaged health seekers define themselves with even greater precision. Age

and life situation, for example, can play an enormous role. For example, 30- to 40-year-old moms with breast cancers tend to rally around themselves – not that a 60-year-old survivor’s story is irrelevant, but that they want to be with people who share the real day-to-day life issues that are transcendent of their condition. Stage is critical as younger, newly diagnosed folks in a chronic condition like diabetes may be engaged in the “cure,” where someone in their 70s may be more engaged in “living the best life possible.” And camaraderie is the single greatest predictor of action and compliance — those who share similar experiences not only share empathy, but rally each other to stay on treatment and reach what become almost collective goals.

- 2) Where people learn from each is THE place to join the conversation, as all treatment happens in a context. No one takes drugs in isolation – they may worry about treatment costs or efficiency in a daily routine depending on their situation. Again, being with “folks like me” is critical here. In almost every HealthCentral or other condition-specific communities online we have studied, the lion’s share of people are “Living with it/Going through it,” but more interestingly they are spending the vast majority of time on sites with others who are also “Living with it/Going through it” rather than medical definitions, health professionals, or caregivers. And, no surprise in this environment, while cost has an enormous impact on compliance in these conversations, it is fascinating to see how people who aggregate around certain brands may have unique outlooks on their treatment. For example, our ADD/ADHD communities in aggregate consider price of equal importance to willingness to experiment with new treatments right for them. But in one specific ADD/ADHD brand we learned nearly 80 percent thought of themselves, first and foremost, as experimenters.
- 3) People speak in their own words to their own condition-specific needs. It has been well documented that while most companies in healthcare have thought about how to engage searchers in the “short tail” – large terms like “diabetes” or “symptoms” – the vast majority of searches are in fact “long tail” – people using many of their own words to find what they want (or often not totally sure what they want.) “Jogging” may take folks to an encyclopedia like Wikipedia; “jogging on mini trampolines same as jogging on a street” will take folks to communities who have discussed this subject, or about lessening pavement impact, or about protecting their knees. Importantly, but really not surprising, we have found that the average performance of marketing around this level of specificity is nearly 4X on marketing more generally distributed. These are a few of the many reasons we acquired Well-sphere.com, which has developed a cutting-edge technol-

ogy that aggregates communities and health information around the long-tail searches consumers are using. In just the three months since acquiring the company, we've seen incredible data around how people are thinking and searching on their specific health needs – and an explosive growth in traffic to these very specific health resources.

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4) Consumers are in the driver's seat, listening and delivering to them on their terms is imperative. Many clichés have come out of the Obama campaign's success, and even they have learned that that which worked in politics has challenges in day-to-day governance. But this is equally true: their experiences were verbal, not nouns – every step of their engagements with audiences were calls to action. They used permission and nameless data to learn consumer habits at specific levels to better consumer experiences and making it easier and easier for them to participate on their terms. They were always transparent, always on the side of users on their terms, and with great simplicity.

We, collectively, are all now, but have always been, "audience knowledge" companies. The better we understand the needs of

health seekers, the more effective our product development and engagement. This almost sounds clichéd, but the fact is most marketers and publishers have thought of real people as "conversions" – get them today, make the quarter, keep driving them with more of the same. That's not engagement, that's harassment. All innovation in ad product, all ability to be on the right side of policy, starts with this acknowledgement of this difference, and being on the side of people on their terms.

It was the great science fiction writer Arthur C. Clarke who noted that technological revolutions are most often OVER estimated in the short run, and UNDER estimated in the long run. The speed and velocity of change throughout history is most often dependent upon the perceived value of change versus the risks of staying the same.

Our economic times have blown the doors wide open on the inherent, structural weaknesses of business as usual. The winners – great, large existing brands and new upstarts alike – will emerge spending no time defending what was, and full time capturing the opportunities to create what will be based on joining the conversations on the users' terms with transparency, efficacy and directness. **DTC**

Christopher M. Schroeder is chief executive of HealthCentral (www.healthcentral.com), a collection of the highest quality condition and wellness-specific Web properties focused on consumers sharing real-life experiences related to their health needs. He can be followed on Twitter at CMSchroed.

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