



Digital DTC

Fully Optimized or Fledgling Opportunity?

In the past decade, as pharmaceutical and other healthcare marketers steadily have arrived at the digital party, interactive DTC tactics have afforded vastly improved marketing approaches – better targeting, engagement, relevance, and impact. Now, as patients are making more data available to take DTC to a new level of impact and efficiency, many healthcare marketers aren't taking full advantage of these developments.

BY ELAINE BOXER

First, a moment of reflection and self-congratulation: digital DTC advertising has come a very long way since 2000. At first, only a brave few placed 728x90 banners within related health and lifestyle content on sites such as Yahoo! and iVillage. It probably took those pioneers 10 months to win approval from their skeptical med/legal teams and their management to launch those modest banners.

Since then, even more timely and integrated digital vehicles through which marketers can reach relevant patient audiences have flourished, such as branded sponsorships, contextual ads, condition centers and microsites, and especially search marketing – which stands ready to respond to patients' queries and instantly direct them to content day or night. These tactics drive patients to both branded and unbranded Web sites and CRM programs.

Showing favorable results

Despite the early and ongoing educational process with internal med/legal review, as well as being held to measure-

ment and "ROI" standards to which no other channel has been subjected to the same degree, digital DTC tactics have gotten the stamp of approval from healthcare marketers.

Brand teams and eMarketing managers have been able to show favorable results versus and alongside traditional channels, using metrics such as reach to target, brand recall and intent to speak with a doctor about the brand. In fact, most marketers and media pundits believe that digital channels are not just effective, but also underpriced and undervalued versus other channels.

- If healthcare marketers were to convert their online reach and frequency metrics into proxies of GRPs and TRPs, they would find that they are paying a digital cost per "point" that is one-quarter or even as low as one-tenth of what they pay for similar exposure during primetime TV programming.
- Third-party media mix studies, as well as annual polls of marketing leaders, suggest that most advertisers' opti-

mal budget allocation for digital channels should stand at around 15 percent to 20 percent.

Granted, many digital ads still lack the emotional impact contained in 30 seconds of sight, sound and motion. But digital pharmaceutical ads also are not being skipped over with DVRs or creating embarrassing (and resented) dinnertime moments for families.

The next frontier

With so many “successful” digital DTC campaigns in the rear-view mirror, marketers and agencies have settled into a rhythm and become proficient at optimizing media around an underlying strategy that focuses on placement. The general goal of most digital DTC campaigns is to reach a group of consumers presumed to have relevant conditions or appropriate demographics (as measured by comScore or self-reported by the marketing solutions providers themselves). In so doing, they still merely scratch the surface by addressing only a patient’s activities online and at that point in time. Additionally, the messaging that they deliver at that moment quite often announces what the brand wants to say, instead of providing information that patient needs in order to progress in their disease management or treatment cycle.

Attempts to move beyond this – such as through various forms of behavioral targeting – have proven more evolutionary than revolutionary. These tactics provide additional frequency, which is especially effective in the context of a larger online and offline campaign. But they can also raise privacy concerns, and tend to be less effective than the core programs that trigger it, leading to decreasing marginal returns.

Opportunity for competitive differentiation

The greater and still largely untapped digital DTC opportunity exists in leveraging consumer database information to tailor patient targeting, timing, messaging, and program delivery in highly personalized and relevant ways. Unlike the days when pharmaceutical marketers first ventured into online

advertising – when it was enough simply to presume demographic fit based on a site’s indexed population and place an ad for Treatment X alongside content about Condition Y – now there is a vast quantity of targetable information on a large scale of patients, such as their exact point in a treatment or disease lifecycle, the treatments they are using or have tried in the past and their preferences for receiving healthcare information.

Consumers’ aggregate habits, as they go about locating relevant information online about health conditions, is creating a pool of insight about what kinds of information and support different segments of patients want.

Without the benefit of this information, the most common media and advertising targeting parameters have mostly helped to answer the question “where is the best place to put my message?” Marketers who now can access and apply deeper, value-focused parameters based on consumer database information can further answer “who are my best prospects, when is the best time to message to them, what is the best message at those points in the patient pathway, and what types of communication program or formats are most likely to motivate positive action?” (See Table 1.)

Patients are volunteering this information to digital health portals, EMR systems, CRM programs, managed care companies, and other healthcare service and marketing providers, in exchange for increasing a variety of content, service, convenience, and value. Additionally, consumers’ aggregate habits as they go about locating relevant information online about health conditions is creating a pool of insight about what kinds of information and support different segments of patients want. These data sources now make true digital DTP marketing – Direct to Patient rather than just to healthcare Consumers – possible.

Table 1

Sampling of common digital targeting parameters

- Implied or actual demographic information
- Visits to a health information site to read about a condition
- Visits to a brand.com site
- Searches on search engine
- Access to a health article on a news site
- A registration for a CRM program at a point in time

Sampling of value-focused targeting parameters

- Actual condition diagnosis
- Stage of treatment
- Therapies taking
- Experience with current therapy
- Physician relationship
- Timing of next physician visit
- Insurance coverage and formulary coverage

However, saying that it is now possible to target using these value-focused parameters does not make it simple or easy – and this is a good thing. The challenges inherent in collecting, accessing, verifying, updating, synthesizing, and applying a deeper information layer into targeting approaches mean that the marketers who do figure it out can turn this approach into a core competitive advantage.

By contrast, marketers who fail to uncover and utilize these types of value-focused targeting parameters will find their jobs becoming harder in the next few years. They will not only miss out on identifying key patient prospects and fail to capture prospects' attention or interest, but will continue to spend a non-trivial proportion of their marketing budgets on:

- Wasted impressions to consumers outside of the target audience
- Irrelevant messaging that does not address the target's key concerns or information needs
- Potentially relevant but poorly timed communications that do not address the patient's needs at that moment, and therefore are ignored or forgotten
- Investment in reaching patients who face obstacles to converting onto the brand, without addressing and managing those obstacles effectively through targeting, messaging, or both.

Targeting marketing through [the classic “4 W’s”] simultaneously provides relevant and welcome value to the patient and removes common barriers to pull-through for the brand.

Turning opportunity into action

Healthcare marketers can only get at and apply this deeper level of consumer information through value-exchange relationships with consumers or by partnering with content or service providers who cultivate and maintain such relationships. Either way, a key success factor is to continually stay in contact with consumers and refresh the patient database with additional information beyond basic contact information and diagnosis. This also helps to verify whether the information has changed, and to follow patients more accurately through a treatment or condition lifecycle. With a deep, continually-refreshed patient database, marketing programs can be tailored to address specific segments' concerns and needs at key points in their patient lifecycle, organized around the classic “4 W’s”:

- Who are the best patient prospects?
- What are their interests and needs?
- Where can we best communicate with them?
- When will communication create the most mutual value?

Targeting marketing through this approach simultaneously provides relevant and welcome value to the patient and removes common barriers to pull-through for the brand.

Here are a few examples of how this could be applied to actual marketing programs:

- With insight into the timing of patients' next planned physician office visit, marketers can time e-mail and direct mail drops to get their brand top-of mind – just before that seminal event. Going one step further, the marketer can provide tools to guide the discussion with the doctor – which carries the dual benefit of providing value to the consumer and influencing the patient/doctor conversation in a way that can influence prescribing behavior.
- As the recent healthcare reform debate highlighted, patients do make healthcare decisions with economic considerations in mind – especially whether to fill or refill a branded prescription. A recent study revealed that patients with favorable formulary status who received marketing for a particular brand were two to three times more likely to convert onto that brand than those with unfavorable formulary status for that brand. By knowing consumers' insurance and drug coverage, DTC marketers can choose the populations to which they want to target advertising, and change the messaging and promotion based on the brand's formulary status with consumers' various plans. This helps focus limited marketing budget where it is likely to have greatest impact, and engages patients who can afford the specific treatment rather than frustrating those who cannot.
- By knowing the specific doctor relationship, targeting and messaging can be applied to take into account whether and how often that doctor has been detailed, and ultimately can time messaging to that doctor in advance of the appointment.

The interactive relationship afforded through digital channels gives marketers a far deeper set of targetable data than many are accustomed to leveraging. By eliminating waste, tailoring messaging, reaching relevant consumers at the right junctures in their patient lifecycle, and taking into consideration influential healthcare elements such as insurance coverage and pharmacy access, healthcare marketers can apply their digital marketing dollars in ways that are more targeted and effective for them, and more valuable and relevant to the patient. **DTC**

Elaine Boxer is a senior vice president, marketing strategy, at QualityHealth. Founded as Marketing Technology Solutions Inc., QualityHealth (<http://www.QHperform.com>) is a leading online customer acquisition solution for healthcare marketers. Boxer, with extensive marketing, media and strategy experience, has worked with clients such as Johnson & Johnson, Schering-Plough and Forest Laboratories. She can be reached by e-mail at eboxer@QHperform.com.