In This Issue

- ‘Marketing in the Cloud’ for Strategic Decision-Making
- Champions for a Cause: A Shire ADHD Case Study
- Driving Online Traffic with DTC: The Content Strategy Imperative
- What Do Patients Really Want? And are Pharma Co.’s Listening?

Digital Review

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Ellen Haas
Former CEO of Food Fit and Former Undersecretary of Agriculture, Food, Nutrition

Donald Hensrud, M.D., M.P.H.
Chair, Division of Preventive Medicine at Mayo Clinic and Medical Editor-in-Chief of The Mayo Clinic Diet

Cathy Kapica, PhD, RD
Senior Vice President, Global Health and Wellness, Ketchum and former Global Director of Nutrition for the McDonald’s Corporation

Dr. Paul Campos
Professor of Law
University of Colorado

Faye Wong
Chief of the Program Services Branch in the Division of Cancer Prevention and Control Center for Disease Control and Prevention

Bob McKinnon
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Peter Ubel, M.D.
Professor of Business
Duke University

Dr. Henrie Treadwell
Director and Senior Social Scientist for Community Voices, Morehouse School of Medicine

Jorge Daboub
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Univision

MeMe Roth
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Annie Toro
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Please visit our Web site www.dtcperspectives.com to view recent issues of DTC Perspectives magazine, or call Debra Sander at (973) 377-2106 to purchase previous issues.
Doing the Digital Thing

Television is still king when it comes to building consumer awareness, and doing it quickly. But just as the shape and size of the standard home screen evolves, so too does the role of TV in most consumers’ lives. The results of a Pew Research Center survey released in late summer showed that only 42 percent of Americans now consider the television to be a necessity, down from 52 percent last year and 64 percent in 2006. At the same time, however, 49 percent of Americans say their home computer is a necessity (which is down 1 percent from 2009, surprisingly) and 34 percent rank high-speed Internet access as a necessity (up 3 percent year-over-year).

It’s somewhat of a slow migration, but the computer screen seems be taking on a primary role among media options for consumers. Pharma also is making a slow but steady shift to the realm of digital marketing – and consumers / patients are already far ahead in terms of making the most of their online resources. When will pharma catch up, is the question many are asking.

In this issue we address the digital marketing topic by going to those on the front line. Our associate editor Jennifer Haug surveyed many of the sector’s digital marketing experts to get their thoughts on how pharma marketers can use the digital tactics to communicate more effectively with patients, using a range of tactics from apps to mobile to social media communities. Their answers are enlightening (this special feature section begins on page 46).

This is an opportune time for the experts to weigh in on the role of pharma in the digital space. The FDA / DDMAC has committed to issuing draft guidance on Internet / social media by the end of 2010, which is right around the corner, and many, if not all, marketers are anxiously awaiting this direction. As WEGO Health chief executive Jack Barrette has stated, “In the absence of any Internet guidance, let alone social media guidance, internal legal and regulatory teams are forced into a hyper-conservative cave, anticipating every worst-case social media scenario. Even restrictive FDA guidance will provide a path – a set of rails within which companies can engage with more confidence.”

A raft of summertime job changes

If you lost touch with the DTC sector in July and August, here are a few of the major personnel moves you may have missed: MediZine promoted Michael Cunnion to chief executive officer, from president. He succeeded Traver Hutchins, who was named chairman of the company, which also took on a new corporate name, Remedy Health Media, as it shifts from a print-focused strategy to online and other platforms. Catalina Health Resource named Sue Ramspacher as executive director, health consumer insights. She joins from GfK Healthcare. MicroMass Communications hired healthcare marketing veteran Joe Soto as executive vice president, director of account management. Soto, who will oversee strategic account management, most recently was general manager of Nitrogen (formerly Dorland Global). LDM Group, a prescription compliance provider, promoted Mark Heinold to president. He most recently served as the vice president for LDM Group.

Mark Tosh, Editor-in-Chief
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Advertising Forecast Shows Signs of Optimism

The media agency Carat in August revised its forecast for U.S. advertising spend in 2010 to show spending growing at a 1.1 percent rate and for continued growth in 2011 of 1.7 percent. This compares with Carat’s prior forecast of 0.2 percent growth this year. A positive trend for radio and television advertising earlier this year were factors in the upward revision, Carat said.

A separate forecast by eMarketer was even more bullish for healthcare in the online space. Despite what the research firm sees as “shifting regulatory hurdles,” general health and pharma online ad spending is predicted to hit $1 billion this year, up 10.6 percent, according to a report from eMarketer published in August. The firm noted that it expects online ad spending in the “health” category, including both OTC and DTC ads, to reach $1.52 billion by 2014, but that the pharma sector’s share to represent just 4 percent of overall U.S. online advertising. “Though the marketing mix is slowly shifting toward digital tactics, DTC advertising will remain rooted in traditional media over the next several years,” eMarketer analyst Victoria Petrock said.

Survey: Social Media Tactics Slow To Catch on With Some Marketers

The Direct Marketing Association reported in mid-August that about one-third of marketers are budgeting 5 percent or less of their budgets to social media efforts. The results of a DMA survey showed that 17 percent of respondents allocated 1 percent of their annual budget to social media, and another 16 percent said they set the social media spend at 4 or 5 percent of the total budget. Another surprising finding, according to DMA: two-thirds of the respondents stated they didn’t know what methods were the most effective in their social media programs, and a similar number (65 percent) of the responding companies do not use a listening tool to track online conversations.

DMA and Colloquy, a loyalty marketing organization, conducted the survey during parts of June and July, to DMA’s members and Colloquy’s subscribers, and the results were based on 369 respondents who handle social media spending.

Academic’s Paper Claims Pharma Creates a ‘Market for Lemons’

A paper published by University of Medicine and Dentistry of New Jersey professor Donald Light referred to the pharmaceutical industry as a “market for lemons,” because “sometimes drug companies hide or downplay information about serious side-effects of new drugs and overstate the drugs’ benefits. Then, they spend two to three times more on marketing than on research to persuade doctors to prescribe these new drugs.” He added that this can result in doctors receiving misleading information and passing that misinformation along to patients.

The Association of the British Pharmaceutical Industry (ABPI) dismissed the allegations, noting that the author was “long on accusation and woefully short on hard evidence.” Light’s paper, “Pharmaceuticals: A Two-Tier Market for Producing ‘Lemons’ and Serious Harm,” was an “institutional analysis of the pharmaceutical industry and how it works based on a range of independent sources and studies,” according to Science Daily. He presented it at the 105th Annual Meeting of the American Sociological Association.
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DTC Advertising Spend Drops Slightly in First Half
Toviaz, Simponi Among New DTC Advertisers

<table>
<thead>
<tr>
<th>Brand</th>
<th>Manufacturer</th>
<th>1H 2009</th>
<th>1H 2010</th>
<th>$ Change</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lipitor</td>
<td>Pfizer</td>
<td>$113,643,330</td>
<td>$142,210,277</td>
<td>$28,566,947</td>
<td>25.1%</td>
</tr>
<tr>
<td>Cialis</td>
<td>Eli Lilly &amp; Co.</td>
<td>$60,974,951</td>
<td>$93,285,343</td>
<td>$32,310,392</td>
<td>53.0%</td>
</tr>
<tr>
<td>Advair Diskus</td>
<td>GlaxoSmithKline</td>
<td>$65,019,085</td>
<td>$80,319,361</td>
<td>$15,300,276</td>
<td>23.5%</td>
</tr>
<tr>
<td>Cymbalta</td>
<td>Eli Lilly &amp; Co.</td>
<td>$46,351,141</td>
<td>$79,128,699</td>
<td>$32,777,558</td>
<td>70.7%</td>
</tr>
<tr>
<td>Pristiq</td>
<td>Pfizer (Wyeth)</td>
<td>$14,818,581</td>
<td>$77,473,722</td>
<td>$62,655,141</td>
<td>422.8%</td>
</tr>
<tr>
<td>Abilify</td>
<td>Otsuka America / Bristol-Myers Squibb</td>
<td>$50,196,961</td>
<td>$71,285,026</td>
<td>$21,088,065</td>
<td>42.0%</td>
</tr>
<tr>
<td>Plavix</td>
<td>Bristol-Myers Squibb / Sanofi-Aventis</td>
<td>$80,716,619</td>
<td>$67,918,130</td>
<td>-$12,798,489</td>
<td>-15.9%</td>
</tr>
<tr>
<td>Chantix</td>
<td>Pfizer</td>
<td>$5,254,933</td>
<td>$6,345,854</td>
<td>$1,090,921</td>
<td>20.7%</td>
</tr>
<tr>
<td>Lyrica</td>
<td>Pfizer</td>
<td>$61,159,326</td>
<td>$61,398,750</td>
<td>$2,239,424</td>
<td>0.4%</td>
</tr>
<tr>
<td>Crestor</td>
<td>AstraZeneca</td>
<td>$63,839,997</td>
<td>$57,169,072</td>
<td>-$6,670,925</td>
<td>-10.4%</td>
</tr>
<tr>
<td>Advair Diskus 250/50</td>
<td>GlaxoSmithKline</td>
<td>$21,054,635</td>
<td>$56,061,199</td>
<td>$35,006,564</td>
<td>166.3%</td>
</tr>
<tr>
<td>Toviaz</td>
<td>Pfizer</td>
<td>$0</td>
<td>$53,135,593</td>
<td>$53,135,593</td>
<td>N/A</td>
</tr>
<tr>
<td>Trilipix</td>
<td>Abbott Laboratories</td>
<td>$12,124,535</td>
<td>$50,564,269</td>
<td>$38,439,734</td>
<td>317.0%</td>
</tr>
<tr>
<td>Viagra</td>
<td>Pfizer</td>
<td>$55,996,541</td>
<td>$44,480,704</td>
<td>-$11,515,837</td>
<td>-20.6%</td>
</tr>
<tr>
<td>Lovaza</td>
<td>GlaxoSmithKline</td>
<td>$4,393,308</td>
<td>$4,447,794</td>
<td>$54,486</td>
<td>1.2%</td>
</tr>
<tr>
<td>Seroquel XR</td>
<td>AstraZeneca</td>
<td>$0</td>
<td>$42,806,383</td>
<td>$42,806,383</td>
<td>N/A</td>
</tr>
<tr>
<td>Yaz</td>
<td>Bayer</td>
<td>$46,300,291</td>
<td>$39,038,967</td>
<td>-$7,261,324</td>
<td>-15.7%</td>
</tr>
<tr>
<td>Boniva</td>
<td>Roche / Genentech</td>
<td>$33,883,116</td>
<td>$36,433,192</td>
<td>$2,550,076</td>
<td>7.5%</td>
</tr>
<tr>
<td>Simponi</td>
<td>Centocor Ortho Biotech</td>
<td>$0</td>
<td>$34,409,481</td>
<td>$34,409,481</td>
<td>N/A</td>
</tr>
<tr>
<td>Symbicort</td>
<td>AstraZeneca</td>
<td>$0</td>
<td>$33,375,081</td>
<td>$33,375,081</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total Spending for Top 20 Brands</strong></td>
<td></td>
<td>$735,727,350</td>
<td>$1,228,399,587</td>
<td>$492,672,237</td>
<td>67.0%</td>
</tr>
<tr>
<td><strong>Total Pharma Spending</strong></td>
<td></td>
<td>$2,125,445,878</td>
<td>$2,026,668,692</td>
<td>-$98,777,186</td>
<td>-4.6%</td>
</tr>
</tbody>
</table>

Newspapers See Big Gains in First-Half DTC Advertising
While Spend on Television Drops Slightly

<table>
<thead>
<tr>
<th>Media Type</th>
<th>1H 2009</th>
<th>1H 2010</th>
<th>$ Change</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>67%</td>
<td>Television</td>
<td>$1,511,935,077</td>
<td>$1,359,796,120</td>
<td>-$152,138,957</td>
</tr>
<tr>
<td>27%</td>
<td>Magazine</td>
<td>$545,352,531</td>
<td>$547,979,720</td>
<td>$2,627,189</td>
</tr>
<tr>
<td>5%</td>
<td>Newspaper</td>
<td>$46,580,168</td>
<td>$93,255,029</td>
<td>$46,674,861</td>
</tr>
<tr>
<td>1%</td>
<td>Radio</td>
<td>$19,899,905</td>
<td>$23,661,575</td>
<td>$3,761,670</td>
</tr>
<tr>
<td>0%</td>
<td>Outdoor</td>
<td>$1,678,106</td>
<td>$1,918,011</td>
<td>$239,905</td>
</tr>
<tr>
<td>0%</td>
<td>FSI Coupon</td>
<td>$91</td>
<td>$58,237</td>
<td>$58,146</td>
</tr>
<tr>
<td><strong>Total Pharma Spending</strong></td>
<td></td>
<td>$2,125,445,878</td>
<td>$2,026,668,692</td>
<td>-$98,777,186</td>
</tr>
</tbody>
</table>

Note: Excludes Internet advertising
Source: The Nielsen Company for DTC Perspectives
Nielsen Monitor-Plus is the leader in innovative advertising information services and tracks advertising activity across 18 media types. For more information, send an e-mail to Marisa Grimes at Marisa.Grimes@nielsen.com.
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In an increasingly digital world where Internet culture is constantly changing, it is not surprising to see advertisers rushing to take advantage of social trends. Yet it is surprising to see how quickly some people rush into tactics without building a complete and logical strategy.

The good news is that there are efficient and effective ways to leverage the latest channels and maximize budget spend.

Brand marketers have traditionally (and tactically) adapted their messages to the medium of the day. Be it print or electronic, if there’s a demographic and a channel, there’s almost always an advertiser looking to connect with their audience.

The Internet and related electronic media have offered quick, cost-effective channels for bringing the right message to the right audience... ostensibly at the right time. Only brands with massively broad-based offerings continue to buy expensive airtime in the hopes of appealing to the highest number of eyeballs. Niche brands – such as many of the health solutions – can provide appropriate and relevant messages to the most targeted audience.

Brand managers are stretching dollars further on calls to action that are more measurable. Fast, real-time optimization for improved return on investment is the only way to survive and thrive with a tight budget. And really, what budget isn’t tight these days?

For all of our connectivity and interactivity, it’s hard to imagine that the best solution is to merely throw more dollars at more channels. There are already too many channels and not enough dollars.

Fortunately, one of the most cost effective ways to communicate with your target audience is one of the oldest forms of promotion. The answer is out there, and you need to look no further than the cloud.

**Clouds and blue skies**

Marketing in the cloud is not the same as cloud computing. Some of the approaches are similar, but these are essentially different concepts. In the simplest explanation, cloud computing is a technical solution that moves computing resources from the desktop to the Internet. It is a revolution in computing that changes the hardware and software paradigm.

Cloud marketing is something closer to word-of-mouth (WOM) advertising, but with a more intelligent and measurable strategy. Marketing and advertising in the cloud means FREEing your message and your data, so that WOM can carry it farther and faster than you could with any budget. Your budget is finite, but your message doesn’t have to be.

**Getting started**

First, think about how you package your unique selling proposition. It needs to be prepared in a way that makes it...
portable and device agnostic. There’s usually no one-size-fits-all solution, so be prepared to package your message for several channels. It’s more expensive and time consuming to repackage your campaign after it’s already launched. So carefully consider who you want to reach well in advance, so that your content is ready for different screens, including desktops, mobile devices, or even the 140-character format.

Your goal here is to present a compelling reason for people to share your message with other people in their network. But this is more complex than a traditional WOM campaign or even a social media presence. Those are tactics that complement your cloud marketing strategy. Your strategy needs to be bigger than that. You need to shoot for the stars, or at least the clouds.

**Mapping your targets**

Simply targeting “everyone” isn’t practical, nor would it be logical. You are looking for the influencers, no matter what channel they occupy. In the past, it was a simple matter of examining raw numbers, but now we know it’s a good deal more complex than that. Truly understanding and mapping the virtual landscape means identifying both the traditional and nontraditional thought-leaders.

In most cases, you want that thought-leader to speak favorably of your brand or share your value proposition. That’s still a good goal, but it’s harder than ever to make that happen. Many virtual community leaders already know their influence and wield it carefully. Often, the last thing they want to do is drive people off their site so that they can visit yours.

Cloud marketing helps place your content on their site, using a variety of simple technical tricks. Thought-leaders want to share their knowledge, but they may not want to relinquish their site visitors. If you format your content properly, you can share your message with people who will redistribute it to their audience.

Start first with a clear mapping of your virtual influencers and the channels they use. Some of these thought leaders will be on multiple platforms, others on just one. Use a tested and proven methodology, so that you truly know who the influencers are. Engaging the wrong thought leader with the wrong message at the wrong time can be damaging to your brand and your campaign. Do it right or don’t do it at all.

Once you’ve identified the thought-leaders, you need to prepare content and assets that will appeal to them. Give them content and format it properly, and you begin the viral sharing process. That process forms a cloud of conversation that not only spreads your message, but also begins to drive traffic back to your Web site.

For example, consider what happens when a blogger or another Web site embeds one of your videos or the results of a poll. People can consume that asset on the Web site or blog of that influencer. Many people will remain on that Web site, but others will click through to your Web site to see what other content you have.

People who do not immediately click through will be exposed to your message on a Web site they trust. The implied endorsement of that thought-leader helps build credibility among the people with whom you want to share your brand message. It may take multiple exposures, but as they see your logo – particularly for an unbranded informational health Web site – they will eventually start to make conscious and subconscious connections.

**For all of our connectivity and interactivity, it’s hard to imagine that the best solution is to merely throw more dollars at more channels. There are already too many channels and not enough dollars.**

This is more than just posting videos on every available channel. You’ll be doing some of that, for sure. But you will also be strategically connecting your assets with the right influencers, who will influence their audience… and other influencers.

This strategic approach takes time. There are many tactical steps, so prepare for the long haul. This isn’t the tactic that will give you instant results. This is good, old-fashioned relationship building. It’s also a cross-functional effort that:

- Starts with your market research team
  - Identifying the correct influencers, mapping their sphere of influence, and identifying content and communication opportunities
- Grows with your content team for ongoing assets
  - Including copy, images, animations, polls, tools/calculators, video, audio, apps, mobile resources, etc.
- Takes form with your technical team
  - Developing assets for maximum portability across multiple mediums and channels, including mobile devices with location-based services
- Spreads with your advertising, marketing, and media relations teams
  - Getting assets into the right hands at the right time in the right format
- Optimizes with your analytics team
  - Measuring return on engagement and feeding data and insights back to all of the key stakeholders in a rapid and streamlined format so that necessary adjustments can be made to content, code, distribution, and more

**Return on engagement**

Because measuring direct return on investment (ROI) is not practical in the health and pharmaceutical industry, it’s important to set up key performance indicators (KPIs) that...
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ONLINE EVENT

Health Care Reform & Communications: What’s Ahead?

Where Are the Opportunities / Potential Restrictions for Marketing Communications, Media & Agency Players

October 12, 2010, 2 pm EST (approx. 1 hour)

The landmark 2010 legislation that will overhaul the U.S. health care system over the next decade has also created a wealth of new opportunities for health care communicators. How will this new legislation, and any new restrictions that might be part of future bills, affect your business?

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In this exclusive Webinar with Washington-based attorney Jim Davidson (chairman of the Public Policy Group at Polsinelli Shughart PC), get the insiders’ perspective on where the new law opens up growth opportunities within the growing health care sector and where legislators might move to restrict marketing efforts, including:

- Why are new opportunities arising in the area of patient communications?
- Where are the other growth opportunities in the changing health care market?
- What types of disease-state awareness campaigns are going to get higher priority?
- Where are HHS and CMS looking for support from marketing and communications industry?
- What legislative proposals are on the table that might restrict future marketing efforts?

Dr. Boris Kushkuley is president of Qi, part of Ogilvy CommonHealth (www.commonhealth.com), a full-service digital health-care marketing group. Dr. Kushkuley can be reached by e-mail at bkushkuley@commonhealth.com or by telephone at (973) 352-4179.
Shire began a recent word-of-mouth (WOM) campaign with a few simple objectives — including engaging consumers to spread the word about ADHD and to gain insights into the impact of a well-executed word of mouth program. When the dust settled, the company had successfully prompted roughly 60,000 people to speak to a healthcare professional about ADHD medication and, as a follow-on result, the effort produced a remarkable ROI for the brand.

Shire had three primary objectives with this program when it started in the fall of 2008: Engage consumers to spread the word about ADHD; increase the volume of conversations about ADHD; and, gain insights into the impact from a word of mouth program.

Over the past few years, the challenge for marketers to reach their target consumers has become more complex. There is more advertising clutter, less consumer attention and an audience that relies more and more on recommendations of friends than on the ads they see.

There is a preponderance of data that suggests that WOM continues to be the most trusted form of advertising. In fact, in a recent study, Nielsen BuzzMetrics surveyed 25,000 consumers worldwide, and confirmed that 90 percent of people identified “recommendations from people they know” as the No. 1 trusted source for information.

With this data in mind, Shire Pharmaceuticals decided to test the power of word of mouth as an innovative distribution channel to fortify the message that ADHD was a real condition that warranted medical attention. Tom Curatolo, Product Director for Vyvanse Marketing, and Beth Hamilton, Senior Product Manager, were instrumental within Shire to bring this program from concept to fruition.

Shire had three primary objectives with this program when it started in the fall of 2008: Engage consumers to spread the word about ADHD; increase the volume of conversations about ADHD; and, gain insights into the impact from a word of mouth program.

Shire began with consumer market research with both parents of children with ADHD, as well as the adults who had ADHD. This research focused on the dynamics of conversation — who people spoke to, when the conversations might take place, what they said, where the conversations took place, and most importantly, why they engaged in conversation at all.

The research was consistent with previous findings from Shire about consumer perspectives on ADHD, and underscored the opportunity at hand. Consumers felt a sense of relief when they were diagnosed, validating the fact that they weren’t just absent-minded individuals, nor were they bad parents. Research also confirmed that people felt a strong desire to talk with others about their condition. The more consumers discussed their ADHD with others, the less of a stigma they felt about living with the disease. This led to the campaign theme: ADHD is Real.

**Recruiting ‘ADHD Champions’**

Leveraging its existing ADHD database as a recruitment tactic, Shire sent permission-based e-mail messages to a specific segment of its list, inviting consumers to sign up to be a champion for a cause that mattered to them. In a seven-week period, Shire recruited nearly 2,000 people to participate as
ADHD Champions to spread the word that ADHD was, in fact, a real condition that warranted medical attention.

Consumer participants registered online by providing their name, address, e-mail address and age, and identified themselves as either a patient or caregiver. These people then spent about 15 minutes online completing a tutorial, reviewing content about ADHD to help ensure their level of knowledge was based on accurate facts and information.

After successfully completing the online tutorial about ADHD, a welcome kit was sent out to their home address. That welcome kit included a guide for how to participate as an ADHD Champion as well as 11 flash drives that were branded with the program URL: ADHDisReal.com. The intent was that each ADHD Champion would keep one flash drive for themselves, and then distribute the other 10 to people they knew who cared about ADHD. Those flash drives also included a PDF of a fact sheet about ADHD to further the knowledge transfer about the condition.

Participants were also given members-only access to a Web site where they could connect with other program participants in a private, moderated online community. This community was focused on lifestyle (not products), and was intended to create a sense of connectivity for the participants who were dispersed throughout all 50 states. Participants could respond to MLR-approved “threads,” but could not start their own discussion topic. There were a series of keyword bans in place to prevent adverse events from being shared, as well as a code of conduct and a mission statement to reiterate the purpose of this online destination. The community was monitored for all content, and there were zero adverse events identified over the course of a 14-month engagement.

Patients show positive reaction to Shire

The community element mirrored the original research findings related to validation and relief. While many ADHD Champions discussed their lifestyle challenges as a parent and as an adult, other ADHD Champions responded by contributing “experience-based” solutions. Because the threads were in real time, the idea of searching for and retrieving information instantly placed Shire among this target as a pharmaceutical company that is empathetic to its consumers.

ADHD Champions shared feedback on the conversations they had with others on this same member Web site. Using radio buttons and drop-down menus (again: no open text fields pre-
SHIRE TACKLES ADHD

Tracking the Spread of Conversations

The more consumers discussed their ADHD with others, the less of a stigma they felt about living with the disease. This led to the campaign theme: ADHD is Real.

Over 90 percent of program participants were women, and they predominantly were between 35 and 54 years old. This “mom” segment was an ideal consumer panel as women tend to direct the health care decisions in the household. Also, since ADHD has a strong hereditary component, Shire was able to educate caregivers and potential adult sufferers through this singular program segment.

Conversations across the United States

The program generated significant reach for Shire. Nearly 2,000 consumers participated by having 19,121 direct conversations about ADHD. The second-generation spread of this information contributed an incremental lift of nearly 75,000 more conversations, leading to a total reach of close to 100,000 conversations about ADHD as a real condition. These conversations happened in every state in the country for an average of 13 minutes per conversation. Over 14,000 flash drives were distributed, and 388 people participated in the online community.

Participants reported that 9 in 10 people whom they spoke to were “somewhat interested” or “very interested” in the topic, providing further validity to the power of word of mouth and the targeted message delivery that was achieved. Furthermore, two-thirds of the participants reported having “somewhat more” or “significantly more” conversations about ADHD than before they joined the program.

Consumer participants also really enjoyed their experience as an ADHD Champion. When Shire polled participants about their response to the program, they received the following verbatim quotes:

“I felt empowered to tell the message that having this condition isn’t something to be ashamed of. I hope that I inspired others to seek the help that is out there for them.”

“I appreciate being able to have this information to back up my experiences when I am talking to others. When I read other people’s messages I know that there are others with the same issues and that fact helps greatly.”

“It is a great program... and the people I have talked with became very engaged in the conversation.”

A deep dive into the metrics and analytics of the program suggests that nearly 60,000 people went to speak to a health-care professional, and that more than 5,000 likely received a Shire ADHD medication. As a result, the program generated an ROI of 7 to 1. DTC.

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CHECK OUT ALL OF THE DETAILS...
Inside the conference brochure that came with this issue of DTC Perspectives magazine.
DRIVING TRAFFIC

DTC Online Marketing:
The Online Content Strategy Imperative

As marketers consider their options for using social media, they must consider the fact that any social media program that has consumer engagement in mind needs to be built on a solid strategic foundation that can inform efforts across the full spectrum of available tactics.

by Brian Mondry

Unless you have been avoiding the trades these past couple of years, you have likely been bombarded by articles and seminar invitations around social media as it pertains to pharmaceutical marketing.

This is leading to many urgent discussions in the hallways and conference rooms of pharmaceutical companies and the marketing agencies that serve them about monitoring social chatter around brands, establishing presences on Facebook and Twitter, building online communities and other initiatives. This vital topic is getting the attention it deserves, which will only increase as we get closer to the FDA finally providing its social media guidelines sometime this year. But with all this talk one essential fact seems to be getting short shrift: any social media program that has consumer engagement in mind needs to be built on a solid strategic foundation that can inform efforts across the full spectrum of available tactics.

In most cases, the vital component of this strategy will be CONTENT.

As more and more advertisers become content creators in an effort to engage consumers online, online content strategy is becoming an ever more crucial component of any digital marketing program. As healthcare companies consider diving deeper into the social media waters, they should make sure they address the subject of online content before getting too far down the road as it will certainly impact their chances of success. However, online content strategy transcends social media. It should apply to all online endeavors around an Rx brand’s marketing campaign.

First, let’s define content in the context of digital marketing strategy and why it is so important in the online environment.

Pushing a message out to a target market in the form of online ads can be somewhat effective when supported by the right media investment because you can “buy” share of voice in a way that makes it hard to avoid your message. However, online is about consumer choice. A more productive relationship can be built between a brand and target market when said target market CHOOSES to engage with a brand online. Providing genuinely valuable content is key to pulling prospects into digital platforms – whether that platform is a branded or unbranded Web site, online community, YouTube channel or interactive ad unit. In advertising speak, this is referred to as Pull Marketing versus Push Marketing.

So what kind of content generates PULL against people who are not already inclined toward your brand? Unless you are Viagra circa 1998 or Apple today, it’s NOT promotional, brand or product-related content but rather objective, informative, relevant and frequently updated content that your intended audience will:

• Choose to engage with
• Share with “people like them”
• Be compelled to comment upon
• Want to come back and/or subscribe to
To be clear, the content needs to be brand-relevant; it just shouldn’t be overtly brand-focused. Once it pulls readers in, great content reflects the essence of what your brand/product provides, brands your organization as a trusted resource and, most importantly, COMPELS PEOPLE TO ACTION. Whether that action is digging deeper into your Web site/blog/community, sharing with a peer, joining your community, subscribing to your eCRM program or asking their healthcare provider about your Rx solution, the key is to use content to get patients closer to actual prescriptions.

**Building a content strategy**

There are four pillars to a great content strategy:

Pillar 1: Relevant to target market
Pillar 2: Reinforces core brand promise
Pillar 3: Unbiased, non-promotional
Pillar 4: Useful and compelling

Online content can take many forms. Work with your marketing research partners to determine which content categories would appeal to your specific target market:

- Applications (usually mobile)
- E-newsletter series
- White papers
- User-generated content
- Cause-related
- Video
- Text
- Podcasts
- Contests
- Games
- Polls, quizzes

Another reason for taking content strategy seriously is the long-term search engine optimization benefits if it is done right. The content developed specifically for your target market will be indexed by search engines, making it easier for the target market to find. Hopefully, they will get value from this content and decide to comment on it (if it is in an online community or blog environment) or link to it from their own site, blog or Facebook wall, in effect telling their community of like-minded friends or fellow condition sufferers about it.

This is where word of mouth kicks in: Their friends comment and link, then their friends, and the virtuous circle begins! Those who are familiar with SEO basics know how important the quality and quantity of links to your site are in terms of Google rankings. As the circle grows, your online destination moves higher and higher in non-brand-specific search rankings, so you’re not only building FREE traffic, you’re building FREE quality traffic with people who began their search with little or no inclination to look into your specific brand.

Now that the importance of online content strategy is clear, how do we move on to making it happen? This raises more questions:

- What is my brand’s content niche?
- Where do we get the content?
- Where does the content reside?
- How do we drive traffic?

Whether addressing cancer, asthma, diabetes, cardiovascular or any high-incidence health condition, you should assume that there already are a plethora of sites and/or communities chock full of educational, unbiased content around it for your target to choose from. So what can you offer that will compel your target to choose your online destination?

The first place to look when considering your content niche is your brand positioning platform. Your brand positioning reflects your core promise to the consumer. It conveys what makes your solution different and better than competitive solutions. It is your brand’s raison d’être! You must make sure your content strategy reinforces this brand positioning.

## Unless you are Viagra circa 1998 or Apple today, it’s not promotional, brand or product-related content, but rather objective, informative and frequently updated content that your intended audience will choose to engage with.

Next, consider the type of content that your target market is currently drawn to. This can be ascertained by working with your market research or online agency partner or on your own using the large variety of social media monitoring and online audience measurement tools available.

There is no magic formula that will get you to the right content niche. Internal work sessions with your brand teams and external marketing partners, using the brand positioning, current content landscape and possibly your advertising campaign work for guidance and conversation catalyst, should enable you to develop some compelling options.

You should also consider your target market’s overall non-condition-related interests and see where there may be a possible overlap with your brand positioning. Of course, any content niche should appeal to a large enough swath of your target market population to make it viable from an ROI perspective.

Once you have identified your content niche the next challenge is determining where that content will come from. Options include:

- Internal resources within your organization
- Hiring or incentivizing outside experts/physicians or agencies
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www.adheris.com
The first place to look when considering your content niche is your brand positioning platform.

No matter how you choose to deploy online content to engage consumers, a content-rich Web site is the place that should bring everything together. It provides consumers who are not predisposed to your brand a valid reason to engage with your site and, once at your site, the chance of them being exposed to specific information about your product greatly increases. Another reason to promote a content-rich Web site is it provides your traditional marketing materials with a more effective call to action for site traffic generation. The commonly used “Visit www.brand.com for more information” pales in comparison to “If your child has X, visit www.brand.com to see this video on suggested exercise movements.” The key is to give your consumer prospects a valid reason to take time to visit your site, and the proper content provides that reason.

Having this content on your site also provides brands a non-promotional reason to participate in existing online communities focused on a specific disease state. Your content can be synthesized in these communities along with a link to the area of your site where the content resides. So if you are targeting asthmatics and have some useful applications on your site that are not promotional in nature, you can join existing conversations and, identifying yourself honestly, encourage people to check out what you have to offer to make their lives better. These new visitors to your site may eventually make their way to your product-specific content, if not on their initial visit then perhaps at a later time. Meanwhile, your brand has provided value and established some equity with that particular site visitor.

A commonly used analogy is that of seeing an online community as a cocktail party. When at a cocktail party, you don’t just break into a group of people having a discussion and start touting your personal attributes. That would turn people off, you’ll find yourself treated as a pariah, and you certainly won’t be invited back! What you do is you align yourself with a group’s conversation, hopefully making friends or perhaps just future contacts in the process. The same concept applies in the online community space. If you have content on your Web site or online community that meets the criteria discussed earlier and is relevant to the conversation at hand, tell the community and provide a link. It’s like handing out your business card at the end of a live conversation. Just don’t act like a salesperson!

Many pharma companies are finding that Twitter is an effective and inexpensive tool for driving traffic to their online content. Unfortunately, a large percentage of their tweets simply link to self-serving press releases. Useful, compelling content gives brands a consumer-focused reason to tweet to their followers as well as a valid reason for consumers to CHOOSE to follow their brand and be happy they did. They will see your tweets as useful and welcome rather than intrusive.

However you drive traffic to your valuable, unbiased, non-promotional content, the hope is that those who start looking through this content eventually make their way to your product content. That is where good site information architecture and effective yet subtle linking between your Web site and (if you have one) online community come in. Don’t lose sight of the fact that customer creation is the ultimate goal. However, if the content you provide along the way can help patients live better with their conditions, then whether they become customers or not, everybody wins. **DTC**

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Pharma marketers are aggressively exploring how to leverage unbranded initiatives online, in part because of uncertainty around DTC online marketing and concern that branded online initiatives will be more heavily regulated by the FDA. An important first step for marketers is to better understand how consumers are adopting and using these unbranded condition Web sites.

In the current DTC marketing landscape, branded initiatives are the predominant form of promotion. According to data from SDI & Kantar Media, unbranded advertising only accounted for about 4 percent of total DTC spend in 2009. Though the product Web site will likely remain the online hub for most brand campaigns in the midterm, evolving consumer health information-seeking and pharmaceutical marketing trends have prompted companies to reevaluate the role of unbranded initiatives in their promotional and customer service plans.

Whether or not unbranded initiatives are an effective option for a brand depend on a variety of factors, including disease category, brand goals, product situation and the regulatory environment. It has been argued that for many brands, competing with major digital health publishers in providing comprehensive online symptom and disease information for the sole purpose of boosting patient education and awareness is a difficult and ineffective investment. But in the right situation, unbranded Web sites and condition-focused tools and content can support a variety of brand goals, such as lead generation and relationship management initiatives. The following trends indicate that unbranded initiatives can be viable pharmaceutical marketing strategies:

**Condition-focused content extends reach throughout treatment continuum**

Among other factors, increased broadband penetration and mobile access have made the Internet a central information resource to U.S. adults in recent years. This shift in access, coupled with macro changes in healthcare, has also driven more consumers to go online for health and pharmaceutical information more often and also during more situations along the treatment continuum. In the early days of the health Web, consumers primarily went online to check new symptoms. Now, consumers go online before and after doctor’s visits and at multiple points during the maintenance phase of treatment.

Unbranded Web sites and other types of condition-focused initiatives can help pharma marketers extend their reach and relevancy throughout the patient life cycle. For example, consumers visit product Web sites when researching prescription drug information, but are unlikely to use them as a resource when they have symptoms for a condition or are looking for disease management information. Unbranded Web sites can complement product Web sites by opening up more opportunities to engage and connect with patients throughout their journey, and potentially drive them into the marketing funnel or to complete other actions that support brand goals.

**Consumers online for pharmaceutical information are interested in unbranded Web sites**

Research indicates that there is considerable demand for unbranded Web sites among consumers using the Internet to look up prescription drug information. Over half of this key segment either uses or is interested in using unbranded Web sites from pharmaceutical companies. Only a small share of these consumers does not want to use this kind of resource at all (see Figure 1).

Driving this demand for unbranded Web sites is greater trust of manufacturer online resources than commonly believed. While only about one-quarter of consumers seeking prescription drug information say they trust manufacturer Web sites, about 50 percent indicate they are cautiously open to using these Web sites as part of their overall research.

One of the major challenges with unbranded investments, and branded ones for that matter, is that consumers visit these pharmaceutical properties much less frequently than major general health and medical Web sites. This trend, along with the regulatory challenges of deploying unbranded Web sites, is often cited by marketers as major barriers to the growth of unbranded online initiatives. Integrating campaigns both within and across...
channels can help leverage investments in unbranded Web sites more fully.

Industry’s involvement in social media leans toward an unbranded approach

Unbranded online campaigns have also risen higher in the brand planning agenda because of their potential to offer a viable way for brands to participate in social media. With ambiguous FDA regulations, most pharmaceutical social media initiatives at this point are either corporate or condition-focused. Beyond regulatory limitations, social media lends itself more to socially-relevant content such as causes, events, support, and service. An unbranded approach can offer a more human and personal way for pharmaceutical companies to participate in social media.

Jonathan Richman, director of Social Media at Bridge Worldwide and author of the Dose of Digital blog, predicts that pharmaceutical brand Facebook Pages will become extinct over the course of the next two to three years, alluding to the fact that consumers may be less than inclined to become a Fan of a pharmaceutical drug than they would of a more relatable brand or cause. By contrast, cause-related initiatives appear to be doing well. Merck’s Take a Step Against Cervical Cancer Page is one of the most notable industry examples on Facebook. Though the Gardasil brand is mentioned, the focus is on empowering women to take steps to protect themselves from HPV and cervical cancer, which is a cause to which females are more likely to feel connected and support rather than the drug itself. Additionally, many brands that have launched their own communities, such as PKU.com, I Walk Because, and CF Voice, have also gravitated toward more of a condition-focused approach.

But in the right situation, unbranded Web sites and condition-focused tools and content can support a variety of brand goals, such as lead generation and relationship management initiatives.

Another industry trend that used to be a mark in favor of unbranded Web sites was that they generally faced less regulatory scrutiny than product Web sites and other branded promotions. This past spring, though, the FDA posted a warning letter that called out a variety of offenses committed by two of Novartis’ unbranded oncology Web sites, GIST and CML Alliance. This situation called into question many of the assumptions that marketers previously held regarding the regulatory aspects of unbranded initiatives. Though the Web sites’ content did not seem to blatantly advertise the cancer drug Gleevec, the FDA nonetheless found them to be “false and misleading because they promote the drug for an unapproved use, fail to disclose the risks associated with the use of Gleevec and make unsubstantiated dosing claims.” The FDA determined that a variety of Web site elements promoted the drug, including links to product information and similarities between the look and feel of the unbranded Web sites and Gleevec.com.

Due to the present uncertainty around the regulatory aspects of unbranded Web sites and pharmaceutical digital marketing in general, companies are increasingly concerned with how they will manage the line between unbranded and branded content. Nonetheless, the merit of unbranded content remains. Despite the fact that marketers will likely take a more conservative approach toward these types of initiatives in the meantime, the above consumer digital health trends indicate that unbranded and condition-focused content are highly relevant in the current pharmaceutical marketing landscape and can be a viable option for certain brands under the right circumstances.

Maureen Malloy is a healthcare marketing analyst at Manhattan Research, a healthcare market research firm conducting annual research studies covering eHealth trends among physicians and consumers in the U.S., Europe, and Asia. She can be reached via e-mail at mmalloy@manhattanresearch.com, or by telephone at (212) 255-7799.
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In today’s fast-shifting patient-centric world, do we know what patients with serious diseases really want when it comes to information about their health? And are pharmaceutical companies listening?

by Carol Weeg

When Wendy S. was diagnosed with metastatic breast cancer two years ago, she listened carefully to what her doctor told her about her condition and treatment options, then turned to the Internet for more information. What she found was mostly for people she calls “survivors” – women with earlier-stage breast cancer, who may experience long remissions or even cures. “That’s not going to happen to me,” she says frankly, “but I am surviving, one day at a time. Where’s the information for people like me?”

Good question, and one that led me to others: What kinds of information do people with serious diseases want? How do they want to get it? And are pharmaceutical companies responding?

To try to find the answers, I read several studies about how consumers look for and use pharmaceutical information. Then I interviewed six people with cancer, ranging in age from 38 to 65. In addition to talking to Wendy (who has metastatic breast cancer), I interviewed other people with various types of cancer, including early-stage breast cancer, non-Hodgkin lymphoma, multiple myeloma and prostate cancer. The person who had lived with his cancer longest was diagnosed six years ago; the most recently diagnosed learned he had cancer only a few months ago.

Here’s what I found:

Tailoring is key

Patients want only information that applies to their situation, as Wendy’s statement shows. Every patient I talked to mentioned Web sites and brochures for their type of cancer that were not helpful because they were too general or had little information about their particular form of the disease.

Pharmaceutical companies often don’t do a good job of tailoring the message, even with their unbranded disease education Web sites. A study by market research company Mintel found that patients are increasingly looking for information on their own to choose health care treatment. If what they find is information that doesn’t apply to them, they’re going to click away from or discard it. While it may not be practical to provide detailed information about every form and stage of a disease, an overview of a condition should at a minimum contain links to advocacy groups for more information.

Make information bite-sized

Getting diagnosed with cancer makes nearly everyone feel anxious, which makes it difficult for patients to understand and remember everything they’re told. In fact, a recent study published in the Journal of Clinical Oncology found that most patients who had just been told they had cancer remembered less than half of what their doctors had said.

“Too much information at one time is overwhelming,” said one person I interviewed. “It’s easier to get it in installments.” And having already received bad news, patients are afraid of finding more in what they read. Then there are the side effects of treatment: four of the six patients I talked to referred to their “chemo brain,” claiming that their treatment affected their memory. That’s why the interviewees preferred two forms of communication: brochures or booklets, which
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they could re-read as needed, and Web sites that keep track of content they had read, videos they had watched, and symptom assessors they had used.

Pharmaceutical companies should provide disease and treatment information in multiple formats, from a one-page sheet that doctors can give to the newly diagnosed, to more detailed brochures and Web sites. That way when patients are ready to learn more, they can.

**Beware of unintended finger-pointing**

Patients may interpret lifestyle advice as implying that they caused their own cancer by making unhealthy choices. This may be surprising, but it probably shouldn’t be: Studies abound that link lifestyle and cancer, including the influence of diet, exercise, weight and stress on developing the disease or having it recur. “I used to live on fast food, and I already feel guilty about that,” said one interviewee. “When I read about how I should watch my diet and get exercise, it just makes me feel worse.”

When pharmaceutical companies’ unbranded Web sites include lifestyle advice, the sites should be careful to position it simply as steps that can help people feel better moving forward.

**Create message boards**

Patients want to hear from people who have “been there, done that,” as one interviewee put it. All six patients I spoke to participate actively in message boards. What are they looking for? One woman wants a recommendation to an oncologist closer to her home. Another wants to hear from anyone with her form of cancer that’s in remission, and how long they’ve been there. A man wants to hear about the experiences of people who have had a stem cell transplant.

**Pharmaceutical companies often don’t do a good job of tailoring the message, even with their unbranded disease education Web sites.**

Pharmaceutical companies typically don’t offer patient message boards, fearing negative posts about their products or side effects. But moderated message boards, where questions and comments need to be approved to be posted, should be considered. This could give patients a sense of community that would include the companies that make the medication they take.

**Don’t forget family members**

The people I spoke with all have children, ranging from grade school-age to old enough to have families of their own, and they all want information for their loved ones. A woman with an 8- and a 10-year-old would like a book that explains her cancer in language her children can understand. A man with kids in college wants to know how to talk to them about his prognosis. A woman whose adult daughter is helping with her care worries that she’s going to burn out and wants information about support groups for caregivers.

Disease information from pharmaceutical companies for family members is often lacking, and content for caregivers may simply repeat patient information, replacing the word “you” with “your loved one.” Pharmaceutical companies should gear more information specifically to family members and other caregivers.

**Provide help with organization**

Dealing with a serious illness takes a huge amount of time and organizational skills on the part of patients. A patient may see several doctors, visit an infusion center for his or her treatment, consult a nutritionist and get help from a therapist. This can generate a mountain of paperwork, not to mention insurance forms, all of which the patient should retain.

The people I spoke to want help getting and keeping medical paperwork organized. This includes trackers for treatment and diagnostic scans, appointment reminders, and pages for recording their medical team’s contact information. Some pharmaceutical companies already provide this, and others should consider adding it to what they offer patients.

**Keep the message hopeful**

Above all, the patients I spoke to want to approach their future with hope. Even when they can’t realistically hope for cure or a long remission of their disease, like Wendy with her metastatic breast cancer, they hope to extend their lives for as long as they have a good quality of life.

The information that pharmaceutical companies creates for patients is often very clinical in nature, sometimes adapted only slightly from what they provide to healthcare providers. Patients are individuals, with jobs, families, hobbies and unique likes and dislikes. In other words, they’re just like you and me, but they’re also living with the physical and emotional consequences of a serious illness. We should keep that in mind.

In the end, the most important thing for a pharmaceutical company is to give patients what they want.

From the patient point of view, having pharmaceutical companies pay attention to the kinds of information they want can make them feel like they’re being heard. And for pharmaceutical companies, it’s just plain good business. 

*Carol Weeg is a communications strategist at DKI Direct (www.dkidirect.com), a firm with expertise in relationship marketing. Weeg can be reached by e-mail at cweeg@dkidirect.com.*
Health Seeker Crossing

More than 16 million surf here.

HealthCentral empowers people to improve and take control of their health and well-being. With over 35 vertical health sites, health seekers find the information they want when they need it most.

For more information, please contact us at advertising@healthcentral.com or visit www.healthcentral.com/mediakit.

*Source: comScore, Based on The HealthCentral Network Properties Custom Roll-up, June 2010
D I G I T A L R E V I E W

DI G I T A L R E V I E W: EXPLORING CONSUMER HEALTHCARE WEB SITES

Consumer healthcare Web sites play a vital role in consumers’ research, and digital campaigns are gaining traction among DTC marketing budgets. DTC Perspectives examined this role and in addition to a channel overview of trends and DTC efforts, also individually reviewed the top five digital sources, according to comScore data.

BY JENNIFER HAUG

M arketers traditionally, as we know, have been hesitant about jumping into online promotions. Rightfully so – with corporate support sometimes lacking and a dearth of specific guidance from the FDA addressing Internet promotion – many marketers are wary of getting too deep for fear of their efforts being considered violative. So rather, they take an overly cautious, safe route; or worse, do nothing at all.

However, with some dipping their toes in the water, marketers are now allocating more of their budget toward online spend. And with an expected draft guidance from the FDA by the end of 2010, that spend is likely to grow in 2011 and beyond. “Over the past several years, online ad spending for pharma has been rapidly increasing at a rate of approximately +30 percent year-over-year. Based on these trends, we can expect to see continued increases for the remainder of 2010 and into 2011,” said Susanna Selchau-Hansen, director of research, pharmaceuticals, for The Nielsen Company. Bill Drummy, chief executive officer of Heartbeat Digital, added that, “We’ve hit a tipping point with digital [and] there is no turning back. And it’s going to accelerate the next couple of years, shifting quite dramatically more into the digital realm. Before we saw 3 to 5 percent of budgets going to digital on the consumer side, now we’re going to see more of 15 to 25 percent of budgets. We’re already starting to see that kind of growth.”

Internet provides cost, targeting efficiencies

John Mangano, a vice president at comScore Marketing Solutions and the pharmaceutical practice head, has also noted the “groundswell in online marketing,” explaining that “both those who have not marketed in the past are now marketing, or at least testing, and those who were early adopters are expanding.” Both he and Drummy attribute the growth to a few key factors: pressures for cost-based and targeting efficiencies.

Drummy noted that, largely due to media fragmentation, time-shifting and the Internet’s targeting capabilities, online spend tends to be more efficient and produce a higher ROI. The Internet as a medium also helps limit the waste that marketers can experience with other media. He also suggested “another more subtle factor,” for the explosion of Internet usage by consumers – “the age of people making [health] decisions is younger. They have grown up with digital and are more likely to be open to a digital strategy.”

“As long as people think in traditional, broadcast terms, they won’t be fully utilizing the digital medium; it’s not the same as a one-way medium. It’s about creating relationships of value over time”

– Bill Drummy of Heartbeat Digital
There is a higher level of depth and interactivity with the Internet, Mangano said. "Once you get someone to your Web site, you can go into great detail from the molecular structure if you wanted to down to how to treat your condition." Having a detailed site that is rather in-depth provides a deeper level of both understanding and communication.

**Researching across the disease continuum**

According to comScore data, a little more than 50 percent of people who are online visit health content; this equates to roughly 115 million people seeking such information each month. (See Table 1 listing the Top 5 consumer health properties). Monique Levy, senior director of research at Manhattan Research, told DTC Perspectives that since 2005 the firm’s research has shown a doubling in the number of consumers who go online to look for prescription drug information. People predominantly view general health sites, but they are highly likely to visit a Web site run by a manufacturer at some point in their research, she said.

Mangano explained that manufacturer sites typically only see 10 percent of the Internet population. "We see that 88 percent of pharma Web site visitors also visit [third party] sites while only 17 percent” of general health care site visitors view pharma sites, he said. "It’s a progression, as people learn about the condition they like to visit unbiased, third-party sites that are going to give a more broad view of how to treat the condition. As you start getting more and more down the road of treatment and have a greater understanding, then the [consumers] want to know" more specifics, turning to a manufacturer’s site. Manhattan Research data shows a lift in brand.coms when consumers get a better understanding about the choice of drug they will receive, noted Levy. Furthermore, she added, consumers used to research primarily during the early stages, now they are researching – and using the Internet – more during various points of the disease lifecycle. “That’s a significant change,” she pointed out.

“The industry has been very successful utilizing these sites today, and as they evolve and become even more valuable to users they will become more valuable to the pharma industry,” Mangano said. Consumers enjoy the “confidentiality, anonymity and global community” that the Internet provides. It also affords a greater access to information, offering condition management solutions. “As consumers become more aware of how to use the Internet and the resources evolve to do things we may not imagine today, I expect anyone caring for their health will use the Internet as an integral part of their care,” he added.

**Thinking holistically about campaigns**

Rather than just simply integrating a digital campaign into an overall plan, Drummy suggested that marketers think "more holistically. ... Take an overall strategy and deliver it in ways that are most appropriate across all of the channels that are out there." Digital channels provide marketers with a unique opportunity to "create experiences of value and interaction that are going to be worthwhile.”

Selchau-Hansen also echoed the sentiment of having a cohesive campaign. "Although TV remains the primary mass media channel, employing multiple media platforms is crucial in DTC, particularly given the increasing prevalence of consumers seek-
Digital Review

ing healthcare information online and the growing role of social media. Cross media exposure can also provide a significant and measurable lift to concurrently running TV and online ads, enhancing the net effectiveness of a brand’s advertising campaign,” she said.

Mangano told DTC Perspectives that many consumers visit Web sites because they are being driven from television. Paid search also supports other marketing efforts. “The most visited pharma sites are usually a function of the most marketed sites,” he said. He explained that marketers can utilize various channels, driving people from one medium to another. “In some instances, it’s more convenient to build a brand or have a discussion on television; but if you want to get more in depth, Internet is better; but if you want to reach someone remotely their mobile phone may be better.” The key is “tying them all together so they don’t work in silos, but as one campaign.”

Better utilizing the digital medium

Marketers are faced with the continual challenge of trying to meet constantly changing consumer demands. While difficult, there are a few things marketers can do to make the most of digital channels. Drummy explains that “as long as people think in traditional, broadcast terms, they won’t be fully utilizing the digital medium; it’s not the same as a one-way medium. It’s about creating relationships of value over time. That’s very different than traditional advertising. Until people understand it a little bit better or get into a position of more authority, it’s probably going to lag some other industries.”

Levy noted that “it all depends on what type of information the consumer is looking for, which can be dependent upon where they are in the patient journey.” There is a “growing awareness among marketers” to consider the full journey and understand where in the continuum consumers may fall so that they may better “tailor [their] campaigns.” She suggests that marketers expand their efforts by offering support to patients to help adherence. Acknowledging such tactics can be “typically quite difficult and involved to do,” they could make a significant impact on the brand. She also recommends that since HCPs are still the “most influential sources on consumer decisions, brands that can tie back to them can potentially build their trust and credibility with the consumer.”

Opportunities for improvement

Each of these industry experts believes that while marketers are making good efforts in the digital space (given their constraints), there is definite room for improvement and untapped areas with great potential.

Mangano said he believes much can be done to improve paid search, and noted that search engines are creating new ad formats specifically for pharma to meet FDA fair balance requirements. Last year’s FDA letters for sponsored links had a “draconian” effect, ultimately “defeating the effectiveness of the site.” As a result, he explained that “we’re seeing a lot more unbranded ads and vanity URLs.” If marketers could have “a more open communication through search terms, [vanity URLs wouldn’t have to be used], which I think everyone would prefer. ... There needs to be some clarity as to what is allowed versus just being told what is not allowed.”

Drummy and Levy also see mobile as a growing contender in the future. Levy believes that it is still early for mobile channel marketing by pharma, largely due to relatively low penetration of smartphones and also smartphones tend to skew towards younger generations. In the next three to four years, she expects to see thing picking up, providing marketers with a new, interesting way to reach consumers.

Current noteworthy efforts

Drummy, an advocate for mobile and iPads, discussed a few current mobile campaigns that have stood out. Working with UCB, Heartbeat Digital developed and created the Wellness Widget, a tool which helps Crohn’s

Since HCPs are still the “most influential sources on consumer health decisions, brands that can tie back to them can potentially build their trust and credibility with the consumer,”

– Monique Levy of Manhattan Research

Top 10 Health Sites in June 2010

<table>
<thead>
<tr>
<th>Health information sites—June 2010</th>
<th>Total unique visitors (000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyday Health</td>
<td>26,279</td>
</tr>
<tr>
<td>WebMD Health</td>
<td>22,071</td>
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<tr>
<td>Health.com</td>
<td>11,759</td>
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<tr>
<td>Yahoo! Health</td>
<td>10,818</td>
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<tr>
<td>About.com Health</td>
<td>10,448</td>
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<tr>
<td>LIVESTRONG eHow</td>
<td>10,040</td>
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<tr>
<td>Health Grades</td>
<td>9,842</td>
</tr>
<tr>
<td>MSN Health</td>
<td>7,907</td>
</tr>
<tr>
<td>Healthline Networks</td>
<td>7,346</td>
</tr>
<tr>
<td>AOL Health</td>
<td>6,886</td>
</tr>
</tbody>
</table>

Source: comScore, June 2010
Disease sufferers track their symptoms, facilitating doctor conversations. In addition to being a helpful tool, he explained that “this audience skews young and they’re high users of mobile phones, smart phones in particular.” He also identified Sanofi-Aventis’ Go Meals (not developed by Heartbeat Digital) as very successful. The app allows diabetics to access nutritional information at restaurants, find other restaurants and keep a log of their food intake.

Among other branded Web sites that stood out in our non-scientific survey (see Table 2 for top Rx properties) are Astellas’ and GlaxoSmithKline’s overactive bladder treatment VESIcare. This site has drawn consumers to the site and gotten them to view the information and act upon it, according to Mangano. He also pointed out Viagra’s 2009 Web site (Pfizer’s treatment for erectile dysfunction). “They were very good at getting people to view their video content, which was compelling enough to get people to view multiple videos.” There was a very small drop off between viewing the first and second videos. Based on comScore’s data, he deemed the site “very engaging and their goals were successful in terms of utilization.” Heartbeat Digital also collaborated with Xyzal, an allergy medication co-marketed by UCB and Sanofi-Aventis, to create a series of videos for their Web site. The videos helped people modify their behavior and had a huge impact on effectiveness for both the branded and unbranded campaigns, Drummy explained.

As for health content sites and unbranded campaigns, Mangano said Healthline’s use of video is very compelling; WebMD has wisely utilized social media; and Everyday Health has done a great job of driving traffic with solid content. Levy mentioned that UCB’s Epilepsy Advocates is “a well-developed site,” and ThereForYou.com, a hemophilia resource site by Baxter, has been “rather advanced for some time now.”

Finding digital success

“Obsess about results” is a mantra at the Heartbeat Digital office, Drummy explained, noting that “the Internet can be measured to a degree that wasn’t previously possible with other media.” Mangano said there are numerous metrics to determine a successful site, starting by determining what it is you want to measure and then comparing against a control to see if and how each component of a digital campaign drives the brand’s business. Digital ROIs can range from 4 or 5 to 1 or as high as 12 or 13 to 1, Drummy added. Digital provides marketers with a unique opportunity to reach consumers and measure their actions.

The road ahead…

The key for brands is to do what they can to balance both reach and targeting to get more efficient advertising, something the digital channels provide. Having a brand.com can also be crucial, but since those Web sites must meet stringent legal requirements, Drummy recommends that marketers “find the unmet need and focus with great discipline to fill it” when building their sites.

Cautioning marketers about social media, Mangano said that it is a supporting role to the Internet and other marketing efforts, not a replacement for traditional online marketing. He also forewarns marketers that it is a “very personal communication,” with consumers using it to connect with other individuals, therefore “consumers don’t always want companies to jump in.” He stressed the importance of listening to consumers though, but recommended that if companies want to communicate that they use their existing vehicles.

To best utilize digital, brands need to move from one-way communications of straight advertising to a plan more focused on providing messages and interactive discussions that are a value add to consumers that leads to brand discussion.

### Industry DTC Advertising by Channel

<table>
<thead>
<tr>
<th>2009 DTC</th>
<th></th>
<th>% Chg Yr Ago</th>
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</thead>
<tbody>
<tr>
<td>Dol (000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td>2,868,092</td>
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<tr>
<td>Magazines</td>
<td>1,331,836</td>
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<tr>
<td>Internet</td>
<td>311,678</td>
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<td>Newspapers</td>
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<td>Radio</td>
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<td>0.7%</td>
</tr>
<tr>
<td>Outdoor</td>
<td>6,867</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>TOTAL MARKET</strong></td>
<td><strong>4,765,533</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Source: SDI & Kantar Media

“The industry has been very successful utilizing these sites today, and as they evolve and become even more valuable to users they will become more valuable to the pharma industry,”

– John Mangano of comScore
Everyday Health
www.everydayhealth.com

Attracting more than 26 million visitors each month, Everyday Health has held the No. 1 health properties spot for nearly two years. Everyday Health provides a broad spectrum of high-quality, medically reviewed health information. Consumers can manage their or a loved one’s healthcare by learning about a disease, possible treatment options and receive information and support about living with the condition. Interactive features are also accessible (such as message boards and blogs, Web casts and videos, as well as trackers and calculators), with personalized content and tools offered to its nearly 40 million registered users. Marketers are presented with several advertising options, from banner ads and custom education centers to targeted newsletter sponsorships and customized brand e-mails. The Everyday Health Network is comprised of more than 25 Web sites, including the recently added PDRHealth.com, Physician’s Desk Reference’s site providing consumers with prescription, over-the-counter and condition information. The PDR site will re-launch in late 2010.

WebMD
www.webmd.com

WebMD, one of the most trusted and recognized health information Web site, aiming to educate consumers with reliable, timely, and accurate health information. In addition to receiving engaging, relevant and credible information about diseases and at-home or in-office treatments or tests, consumers can create a personal health record, view original broadcast-quality videos and receive community and expert support from the WebMD Health Community, a social networking platform launched earlier this year. Having won more than ten awards so far in 2010, the medically-reviewed site offers personalized, interactive tools, such as health assessments by topic, quizzes and WebMD’s Symptom Checker. Consumers can also read about health and wellness issues in WebMD’s newsletters or the digital edition of WebMD the Magazine. Furthermore, consumers can access WebMD through Widgets or download WebMD Mobile on the iPhone or iPad. Consumers can receive marketers’ messages through Sponsored Resources (sponsored content) and videos, banner and newsletter ads.

HealthGrades
www.healthgrades.com

HealthGrades, the number one physician referral Web site, offers comprehensive profiles and independent ratings for healthcare professionals. Comprised of HealthGrades.com, Wrongdiagnosis.com and CureResearch.com, the HealthGrades Digital Media Group helps consumers find the right physicians, research local hospitals, and learn about more than 20,000 medical symptoms, diagnoses and conditions. Consumers can manage their health throughout the continuum and prepare for a doctor’s appointment by utilizing these healthcare professional resources, plus viewing information about medications and diseases. According to a recent HealthGrades survey, 82 % of visitors to HealthGrades.com will see a physician in 30 days, 91% in 60 days, allowing marketers the opportunity to reach patients prior to the doctor-patient conversation. Advertising opportunities for marketers include content sponsorships, branded content integration, physician sponsorship programs, display advertising, lead generation, video placements, content licensing, and more.

Yahoo! Health
health.yahoo.net

Yahoo!’s health web site, powered by health information supplier Healthline, offers consumers a variety of health expert and licensed health and wellness content. Content providers include A.D.A.M., StayWell, Rodale publications, Johns Hopkins Medicine, and HealthiNation. Yahoo! Health provides content and tools to help consumers understand complex clinical conditions, translates the latest research, and provides users with takeaways to make health and wellness management decisions for themselves and those they care for. The site also provides the latest drug information and health news, interactive tools (such as health assessors and quizzes) and multimedia content (videos, images and 3D body maps). With 32 million total page views a month, marketers can utilize standard or rich media ad formats (including banner and video ads) to sponsor condition centers, blogs, and event pages.

About.com Health
www.about.com/health

Guides (credible experts in a particular field) lead About.com’s Health channel, providing highlights and synopses for a plethora of conditions. Reviewed by a medical board, pairing information with visual aids and community forums helps consumers learn about diseases, symptom diagnoses and treatment options, along with adjusting to lifestyle changes. Consumers can also receive newsletters, find physicians, view videos and access the A.D.A.M. Illustrated Health Encyclopedia. About.com launched its first iPhone and iPod touch app earlier this year – Calorie Count, a diet service allowing users to track nutritional data and weight loss, and find exercises and recipes. Nielsen NetRatings data found that roughly 75 percent of About.com health visitors aren’t reached by one of the other leading health sites, exposing an additional 6 million consumers to standard or expandable ads, sponsored content, or video ads from marketers. About.com also offers the Virtual Handbook, an expandable ad with a primary tab for advertised information and a second tab for relevant content from About.com.
There are roughly 6,000 health-related apps now available for consumers and healthcare professionals. How would you advise a pharma marketing team that wants to launch a new app for its brand?

**Brendan Gallagher**  
VP/GD Emerging Technology & Channels  
Digitas Health

I’d advise the pharma marketing team in question to think about both their brand strategy and their customers’ unmet needs before deciding on a tactical solution such as an app. Only about 20 percent of (FREE) apps are actually used once they are downloaded; and, over the long-run, an app’s audience only amounts to about 1 percent of its total downloads (Pinch Media).

A better first step for pharma brands would be to start optimizing their Web sites for the mobile devices their customers are using. Forty percent of Americans use their cell phone to surf the Web, e-mail, or read their Web sites for the mobile devices their customers are using. Forty percent of Americans use their cell phone to surf the Web, e-mail, or read their Web sites for the mobile devices their customers are using.

Once you’ve done that, then you can start thinking about apps… especially for more chronic conditions where disease management plays a big role. But you have to start with your customers. What do they need and how could an app help them?

**Larry Mickelberg**  
Chief Digital Officer  
Euro RSCG Life Worldwide

Mobile in general, and apps in particular, will quickly become the primary digital interface between brands and their customers. Yet, we still see a fair amount of apps that really aren’t anything more than promotional novelties – and are of shockingly limited value. We encourage clients to see the app development opportunity as a means not just to create brand promotion – but to promote brand utility for both consumers and health care professionals. Mobile can serve as a real functional intermediary in the provision of health care, and form truly meets function in the best and most useful health apps. Your app can promote quick and easy access to information, tools, and support that enable a more connected or participatory health experience between patients, HCPs, and brands. Think broadly about the consumer (or HCP) journey with your condition and your brand, and take into account the specific touchpoints or tasks that might be accomplished best with an app. Once you’ve identified the right set of concepts, find a digital agency partner who is experienced and familiar with the rigors of developing and testing functional specifications in the various mobile operating environments, specifically iOS, Android, and Windows and the specific policies of the app stores that support each of them.

**Jonathan Landau**  
Chief of Technology and Innovation  
DKI

I have three pieces of advice for brands who want to launch an app. 1) The wonderful thing about mobile development is that one does not need to be a hard core programmer to create a mobile app. This translates into a lot of innovation, and a glut of great (and not so) apps. In such a crowded marketplace, brands should focus on meeting very specific target needs, rather than trying to build Battlestar Galactica. A laser focused strategy will result in faster time-to-market, rapid adoption, and an early piece of valuable real-estate in your targets’ pocket. 2) Test multiple ideas. Again, with an inexpensive cost of development, you can afford to put multiple ideas in the marketplace for testing. See what sticks, what crashes, and keep iterating. 3) Let’s go back to the question which states, “There are roughly 6,000 health-related apps now available for consumers and healthcare professionals.” With that many apps, there is bound to be one that gets close to solving your targets’ needs already. And behind that app, may be a developer who’s ready to talk about a licensing partnership. So before going down the development route, look for a logical partner, strike a licensing deal, and get to market even faster.

**Dan Chichester**  
Chief Digital Officer, Senior Partner  
Ogilvy Healthworld New York, part of Ogilvy CommonHealth Worldwide

6,000 is a big number. Now consider that against the larger overall app playing field: 225,000 and counting on the iPhone App Store alone. Of that 6,000, there are certainly some impressive examples, relevant and useful to their intended patients or health professionals. But how many fit that description? And how many of those are lost in a swell of poorer quality apps that may also carry a “healthcare” label – but are really modern, mobile versions of shovelware?

Let’s aspire to that relevant and useful place. But let’s also make a key consideration of that app development be a true plan for making its prospective audience know that it’s out there. You wouldn’t release a video to YouTube and base its exposure on “hope.” Neither should you link to your app and “hope” that’s enough to get it onto the right touch screen. Create video trailers that promote its features and “must have” qualities, and distribute those far and wide. Seed the app (transparently, of course) to influential bloggers for their reviews. Provide sharing/social functions within the app itself, so satisfied patients and docs can help make it stand out. Encourage ratings, so it moves up out of the pack and onto the top lists.

Your app investment, and its brand message and the interactivity within, need exposure. And while there’s no “app for that” – there is great opportunity to have your smart app be built on a smart awareness strategy.
Katy Thorbahn
SVP GENERAL MANAGER
Razorfish Health

Oh, how we all love apps. And of course when you’re in love sometimes you don’t think through things quite as well as you should. Let’s clear our heads a bit starting with this thought: for healthcare, mobile is really about utility. We should resist the urge to create “[Insert Product Name] App” before we really understand whether or not anyone is going to find it valuable, useful, easy-to-use and time saving. Too often apps do not meet many (or any) of those criteria and then when branded for a product it just adds insult to injury... people simply do not respond positively to “utility” that feels self-serving. Even worse, not only do they not want it, they can become fairly vocal in their ratings of the app, negatively impacting the brand.

Luckily it’s pretty simple to avoid these pitfalls. Start first with deeply understanding your audience, including what they want from you and how they want it. Find the pieces of information that your audience uses to make decisions and think of ways to deliver that information in a quick, usable, and credible manner. Be sure to think about how they’re actually going to access it: for example, many their institutions don’t support the iPhone which results in docs having to augment their Blackberry with an iPod Touch to get your app. That’s not terribly customer-centric.

Bill Drummy
CEO
Heartbeat Digital

Here’s the thing: There are 6,000 healthcare apps (probably 8,000 now – so hard to keep up!). But do you know how many of them actually get used? Just a handful. In fact, after 6 months or so about 95 percent of all apps aren’t used anymore. It’s what we call the “app decay rate.” And it’s most likely worse for healthcare apps, given their generally poor quality at the moment.

So the question to ask yourself is not, “How do I get attention for my app in such a crowded marketplace?” but rather, “How do I create an app that will actually get used?” Because you’re not competing with 8,000 healthcare apps; you’re competing with the Google Maps app, the MLB.com app, the WeatherBug app, the celebrity sightings app – things people actually find useful.

Ask yourself these three questions (and if you or your developer can’t answer them, well, maybe you shouldn’t make an app until you can):

1. What is a clear, unmet need of the target audience I want to reach (be they patients, caregivers, doctors or nurses – please don’t forget the nurses)? Doing yet another uninspired “me too” app is a waste of time and money.
2. Is there a mobile application that will substantially address this unmet need? (And be open to the possibility that the answer may be “No!”). You need to invent something that your audience will find to have obvious and significant value. (For a self-serving example, see the Wellness Widget app we developed for Crohn’s patients at UCB’s www.crohnsandme.com.)
3. Can you promote the $&@# out of it? Look, there are more than 200,000 apps in the Apple App Store and nearly 100,000 in the Android Market. So no matter how great your app, you can’t expect anyone to find it without significant promotion. Your great new, inventive app should really become a central element of all your campaigns.

Answer these three questions and your mobile app-titude will soar.

Wendy Blackburn
EXECUTIVE VICE PRESIDENT
Intouch Solutions Inc.

First things first, we ask why they want to launch an app for the brand. What are their objectives? What are they trying to accomplish that they believe an app will solve? Sometimes we hear “I want one of those!” and we end up with a tactic (app) without a strategy. Apps are actually an opportunity to integrate with the rest of the marketing mix.

Once we’ve all established the goal, we run through a series of questions:

1. What should the app do? How will it provide value to the user, ensuring it will be used again and again?
2. What is the best platform for the app? The Apple iPhone made the word “app” popular. But apps can exist anywhere, and not everyone has an iPhone. The habits and behaviors of the target audience should drive whether the app is on iPhone, Android, iPad, the Web, etc., or a mix of all of the above.
3. What are the marketing limitations surrounding the brand? Is it black box? Is the legal/med/reg team comfortable with apps? If not, seize the opportunity to educate them.

Apps really open up a whole new world of complex questions, technical aspects, design challenges, and user experience considerations. Marketers should partner with someone who can help navigate the waters.
Next time, start digital.

Trying to turn a traditional ad campaign into a digital strategy... isn’t a digital strategy.

The role of digital in your marketing mix is critical. At Intouch Solutions, we know pharma online marketing requires a different approach.

For 11 years, we’ve been known as the Web experts of pharma. In fact, we’re the only full-service interactive agency exclusively dedicated to serving this industry. Today, we create innovative solutions for some of the largest pharma companies in the world.

Don’t kick off your digital campaign with duct tape. Call upon the experts at Intouch to help you start digital.

learn more at intouchsol.com/startdigital

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E-mail: startdigital@intouchsol.com
Phone: 913.956.4328

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In general, are pharma companies making the best use of online video capabilities? And if they are not doing this effectively, what should they be doing differently?

Mary Ann Belliveau
Director, Health Industry
Google

Pharmaceutical companies are just starting to discover the power of online video. According to a recent Google survey, nearly 1 in 3 YouTube users watch health-related videos and the “Health” category has become more popular than categories such as “Sports,” “Food,” and “Celebrity.” Consumers have a strong appetite for these videos and there is tremendous potential to create meaningful and useful content related to healthcare. In addition to this popularity, I think it’s important for health-industry marketers to understand that the “Health” category is unique. The videos we’re seeing from major pharmaceutical advertisers are more about education and proper treatment, than what we think of as traditional “advertising.” I think we’re likely see more robust and professionally produced video from pharmaceutical companies in the near future.

One emerging video trend we’ve noticed is the popularity of health-related YouTube brand-channels. While these are being used to accomplish various advertising goals, they are primarily employed to educate users about particular conditions and treatments. We’ve seen that users spend more time with health video than other content, and it makes sense – their health is critical to them and they feel like the information provided in video content is comprehensive and often easier to understand than what they read.

Videos and brand-channels are also being used to educate users about the pharmaceutical companies themselves. In general, the average consumer is very familiar with specific medication brands, but often less aware of the pharmaceutical companies that make them. Consequently, we’ve seen many major advertisers developing video for corporate identity/informational purposes.

Raj Amin
Founder/CEO
HealthiNation

Pharma companies have made very good progress in leveraging online video in 2010 – but we are still at the early stages of taking advantage of this new platform for direct engaged communication. Online video is much like search in that creative can be targeted very specifically to reach a motivated and specific audience. Therefore, engagement rates are much higher than traditional TV creative expects. If each consumer segment you are trying to reach wishes to learn with video, how are you evolving your creative approach to include video offerings for each segment and communicate your product messages most effectively? Creative executions that approach 1.5 – 3 minutes are ideal for these qualified audiences. Media partners must be in place at the outset and they should receive the creative brief to create contextual content that fits the objective. Regulatory barriers are largely overcome with flexible technology that can allow for integration of risk information. Video as a means of communication will be the number one way that consumers seek information through many connected devices across online and mobile platforms. The time to start increasing investment is now.

Nancy Massa
Western Regional Sales Manager
Patient and Consumer Market, Global Products and Services, Mayo Clinic

Based on some test experiences and user research, we believe the following are key for gaining patient or consumer engagement in the mobile space. First, have a reason to be mobile – why would someone want your app or information available in mobile? With growing numbers of consumers (and patients) using their phones for Internet access, it is becoming more critical to have your site mobile optimized, for when your site is found in search. Second, when thinking about specific mobile applications, think about why a consumer/patient would need to access that information via mobile? In the instance of patients for example, having their itinerary and all things associated with their appointments available on mobile may be the way to go. This might include medication and appointment reminders, as well as access to their medical record and lab results. Look at all of the things a patient might want access to while on an appointment and have it configured in a manner that is easy navigate and intuitive to use.
Online physician engagement is the most obvious and fundamental business opportunity facing pharma marketers today. We have all seen the stats — 65 percent of physicians have smartphones, 75 percent are online daily, 80 percent are using search engines, online journal readership has grown exponentially — and no one doubts that physicians have actively and passionately embraced digital tools. The opportunity to align pharma marketing with a fully connected physician market is enormous and important. Through an integrated online sales and marketing orientation, we can begin to more fully engage physicians in the places where they are with the tools they are responding to. But the opportunity is far larger than simply online marketing. The opportunity lies in applying technology solutions to add real value to the pharma/physician relationship.

Today’s physician is faced with a series of high-demand issues around complex patient management, practice management, CME and health care delivery policy that must be navigated among an increasingly empowered public. All this, while trying to make the sick well and sustain a belief in a calling that no longer lionizes their efforts or skills. The under-served physician — in need of information, encouragement and recognition — represents an opportunity for pharma to assume a meaningful relationship with a critical stakeholder. A deeper understanding of all a physician’s needs — and a more effective use of digital tools — is the keys to realizing this opportunity for pharma marketers in the coming years.
Where do you see the biggest opportunity for pharma in the digital marketing category?

**Ben Wolin**
CO-FOUNDER AND CEO
Everyday Health

While the use of new media and technology has made great advances, analytics has remained somewhat static — but is now changing. As marketers face continued pressure to prove ad effectiveness, a strong opportunity is to leverage online registration data for research purposes, to obtain script-level conversions. Through this research methodology, marketers are able to establish a direct link between online marketing strategies and offline sales, and test the impact of different campaign components such as display, search, custom patient education centers, email, video, and even mobile. This, ultimately, can help marketers fine tune their strategies, including media mix optimization and messaging.

**Jeremy L. Shane**
PRESIDENT & COO
HealthCentral

Pharma’s greatest opportunity is to build trust with Empowered Patients, the approximately 30 percent of patients who seek an active role in their treatment decisions. All of the meta economic, scientific and political forces are driving pharma towards more targeted offerings, increasing the dependence of marketing ROI on activating consumers who care about their care. Empowered Patients are demanding but loyal. They like situations that require thinking and problem-solving. They want to know their actions helped their situation. Digital experiences are uniquely valuable, taking Empowered Patients beyond passive research to connect with others “like them” through Q&A and patient communities. Empowered Patients are a fertile segment to test new messaging, and as influencers, help elevate traditional patients to become more activist. They will welcome programs that help them stay involved in their care (without constantly reminding them they are ill). For example, mobile services that help them record health events simply and efficiently can drive more informed in-office discussions and post-visit compliance. Longer-term, treatment choices in many disease areas will be shaped by deterministic genetic/diagnostic analysis. In these arenas, Empowered Patients will be the key segment to energize – with their interest in complex problems. Educating them about the right tests will become as important for good outcomes as getting them to ask for specific brands.

**John Gardner**
PRESIDENT | CEO
Integrative Logic

The educated patient is the most significant digital development in pharmaceutical marketing. The convergence of disease and treatment content with on-demand technical access means a consumer prepared to go “head-to-head” with their doctor in discussions about symptoms and more importantly, treatment options. Research shows the educated consumer will usually be given their product of choice.

Ian Ayres, author of *Super Crunchers*, details how tomorrow’s doctor isn’t the MD but rather the Ph. D, as sophisticated data-driven algorithms replace the experienced family physician. This availability of easily accessed, personalized content is driving the educated consumer, who can and will pull up clinical data while sitting in the exam room after diagnosis and have influence over their script. The continued development and availability of custom digital content will democratize the relationship between the professional and the patient. Pharmaceutical firms can enhance this relationship by creating brand and disease content, and leveraging ever-expanding access channels to share it.

**Suzanne Polizzi**
SVP INTERNET SALES, HEALTHGRADES DIGITAL MEDIA GROUP
HealthGrades Inc.

The biggest opportunity lies in the fact that media dollars spent in digital marketing still lags behind consumer time spent online. It offers the best value to reach the patient than any other media and allows access to a dialogue with the patient to educate and empower them at the time of a health care decision. Additionally, patients are turning to social media at a more rapid pace, though pharmaceutical marketers are still leery to venture into this medium. This availability of easily accessed, personalized content is driving the educated consumer, who can and will pull up clinical data while sitting in the exam room after diagnosis and have influence over their script. The continued development and availability of custom digital content will democratize the relationship between the professional and the patient. Pharmaceutical firms can enhance this relationship by creating brand and disease content, and leveraging ever-expanding access channels to share it.
Everyday Health is a leading provider of online consumer health solutions. Our broad portfolio of over 25 websites spans the health spectrum — from caregiving and condition management to fitness, nutrition and personal care, we offer users the tools, community and expert advice they need to live healthier, every day.

To make every day count for your brand, contact Scott Wolf at 646.728.9744 or swolf@everydayhealthinc.com.
Where do you see the biggest opportunity for pharma in the digital marketing category?

**Dave Watt**
Senior Vice President
Health.com Integrated Solutions

The Web has always been considered second to doctors as an information source for consumers. However, in a recent Health.com study, we found this assumption to be false. In fact, patients often begin their condition “journey” online – with 87 percent of our users citing the Internet as their primary source of information, far surpassing the doctor. This phenomenon is driven primarily by three key factors: 1) the ability to find personalized information; 2) the desire to take charge of their own health; and 3) credible online content.

The Web offers a unique advantage – it provides patients access to exactly the information they are looking for based on their immediate health concerns. Whether they are researching a symptom or seeking others managing the same condition, users can find both answers and support. More and more, patients want to participate in their health. In fact, according to a recent report by Pew Research, “The Social Life of Health Information,” 59 percent of health users are actively contributing comments, reviews and updates.

What has been missing to date, and what patients are demanding is validation from a credible third party. At last year’s DTC National conference Epsilon clearly underscored this need in their presentation of social media. This validation also opens a window of opportunity for pharmaceutical advertisers. By leveraging partnerships with credible third parties like Health.com Integrated Solutions, pharmaceutical marketers have the opportunity to take part in the participatory medicine movement. New products incorporating the integrity and expertise of seasoned medical editors and technological innovation are available and enable pharmaceutical marketers to finally join the “conversation.”

**David Laird**
Senior Manager, B2B Insights
Yahoo!

The biggest opportunity for pharma is to build strong brands by leveraging the uniquely engaging marketing opportunities afforded by digital media. More and more consumers are online and this allows pharma brand marketers to create a scaled, consistent presence among their key audience. Over 50 million U.S. Boomers are online, each spending over an hour per day online. The importance of the Internet to this key demographic continues to grow: in the past year the online Boomer population grew by 10 percent and they are spending 18 percent more time online.

Digital platforms have evolved into highly effective vehicles for building brands. Video is now seamlessly integrated into all types of content. Many publishers – including Yahoo! – have customized video delivery specifically for Pharma marketers. These marketers also have the opportunity to inspire consumers with a brand experience that includes the opportunity to engage with supplemental information about the brand. Lifestyle content such as healthy living and wellness is built on deep knowledge of consumer interests, and provides a brand with an outlet for a meaningful connection with its core audience. Starting points – online hubs that consumers visit several times per day – can help a brand quickly reach a substantial number of their key consumers in a trusted and familiar environment.

Marketers are just beginning to take advantage of the opportunities that digital innovations offer. The digital space holds tremendous potential for brand building.

**Joe Meadows**
VP, Marketing & Creative Services
Catalina Health Resource

The biggest opportunity for pharma in digital marketing isn’t specific to a particular technology. It’s not even tied to a particular supplier. The biggest opportunity is in our ability to establish a relationship with the health consumer; using a variety of tools and by reaching the consumer through a variety of methods, both on- and offline. To earn the right to be in that relationship with the health consumer, I think marketers and their suppliers need to keep three things in mind:

1. It’s all about Trust. Violate the consumer’s trust, and you’re toast. And rightly so.
2. Relevance. Consumers don’t want to wade through useless information to find what they need to know. The concept of targeting gets a bad reputation from some people, but if you keep rule #1 in mind, targeting can be the consumer’s best friend. And yours.
3. Don’t think the world is going to beat a path to your door. If you’re relying on consumers finding you because you have a great site, a new app, and spend a ton of money on search, you’re reaching only a portion of the available audience. Don’t forget to introduce health consumers to your online presence using offline tools, because many of the people you need to reach really aren’t looking for you online; however, they might find your online content interesting once you show them that it exists via their physician’s office, their pharmacy, or other “offline” points of care that the consumer already trusts.
Where do you see the biggest opportunity for pharma in the digital marketing category?

Collie Turner
Senior Director, Strategic Partnerships
HealthTalker

The biggest opportunity for pharma companies is to change how they capture data, and use that data over time. I was talking to a colleague at a very large pharmco a few weeks ago. We were discussing the idea of tapping into the consumer power his company has to find the most qualified participants. He looked at me with a big grin and said, “In theory that makes sense, but no one seems to really know how to do that. Brand databases don’t talk to each other.” I was stunned! How is it that I am in that company’s database, as an opt-in consumer – yet no one really knows where I fail and how to find me in the event that I might want to engage again?

Can you imagine the effectiveness if companies were able to look across all of its consumer data points (through strong brand collaboration) and consolidate those names into one uberdatabase for the company? With the right information captured during the registration process, pharma companies could develop a dialogue and serve consumers the content they want and partner with them over time, through all stages of their healthy (and not so healthy) life.

Lisa Flaiz
VP Strategic Growth & Innovation
imc² health & wellness

The biggest opportunity for pharma to leverage digital marketing is in building trust with patients and consumers. As we are painfully aware, the industry as a whole does not rank favorably on the consumer trust scales. In order to build sustainable relationships with engaged patients and consumers, pharma needs to focus not just on building transactions – a TRx goal – with increased length of therapy and improved compliance, but on building trust. This shifts the mind-set around goals to focus more on metrics of patient engagement and changes in perceptions and behaviors – even health outcomes. As you build trust, there will be various direct and indirect transactional benefits but brands obviously need to maintain a dual focus – trust and transaction. The digital channel, whether it’s mobile, online, OOH, search, social, or other consumer media touchpoints, allows pharma to build an experience around a brand. This experience can create an emotive response to what that brand stands for, based on the tenants of trust: credibility (does the brand deliver on its promise?), congruency (does the brand resonate with my values?), and care (does the brand understand my needs?). Pharma is poised to improve its value proposition to patients and consumers “beyond the pill,” but only if it can gain the trust needed to foster sustainable relationships with these key stakeholders. Digital marketing can help us deliver on this.

Chris Neuner
EVP, Sales and Client Engagement
QualityHealth

Patient data is becoming more accessible as a marketing vehicle in medical and regulatory compliant ways. There are two leading types of patient marketing data: (1) profiling accessed through following a user with cookie based data (less compliant); and (2) profiling data based on opt-in programs (e.g. patient requests a Diabetes Brochure, which indicates she has Type 1, and opts-in to receive information regarding her condition). Through the permission-based process and through multiple touch points, companies can learn a lot about a patient (e.g. what medication she is taking or when she is scheduling her next doctor visit).

By focusing on patient data through an opted-in relationship, companies are building relationships with consumers through persistency (not being reliant on a single brand messaging strategy), multi-faceted CRM and relevant, unbiased information.

One of the biggest opportunities in digital marketing is marrying this data with specific brand challenges. Whether this data is matched to geographic, managed care, formulary requirements or patient education, more targeted marketing can truly move the needle on business. Large scale targeting can reach patients in very, very specific ways.

Nan Forte
EVP
WebMD

There is clearly an opportunity for pharma to participate in the broader healthcare ecosystem that’s building. People are looking at a holistic view of themselves and thinking about how they are going to live their lives, not just in the context of their disease, but also of their lifestyle which includes health and wellness. We see people in our ecosystem of digital, mobile and print moving from disease to lifestyle areas very freely. Pharma has an opportunity to be a part of all those conversations.

People are looking for information, not just related to their condition, but for the related wellness and lifestyle situations that they want to better manage. The fact is, that the patient journey today no longer begins and ends in the doctor’s office. People are looking for information when they first develop a symptom, before they see the doctor, well after the visit, as they continue to look at the treatment they are on and other treatment alternatives, and also as they look for other lifestyle related information. Today’s patients define their condition in a broader context than just disease alone and pharma has an opportunity to be a part of that ongoing conversation in even more relevant, practical, accessible and targeted ways than ever before.
Two Worthy Goals for Marketers: Self-Enforcement and Self-Promotion

Pharma, from the brand manager to the C-suite, should do more to tout why DTC communication represents a major advancement toward the goal of a healthier society.

Haiku poetry and sonnets are formats – that despite their strict definitions of proper form – produce some of literature’s most beautiful imagery. Indeed, that is our industry’s challenge… to maximally promote our drugs within the posted rules. And, like great poets, beauty can follow form.

Financial industry scions are accused of playing fast and loose with regulatory restrictions. (And which rung do they stand on in the public’s eye of serving the common good?) Our industry must ensure that it plays within the DTC boundaries. Yes, we know at times it is a moving target or a murky target of what is “acceptable” and what is out-of-bounds. Yes, we feel stymied.

For sure, it is a competitive world and we must play hard, with our best skill set, but we need to absolutely compete within the boundaries even as they shift at FDA’s directive. No doubt, at times we are impelled to question the FDA ruling or urge them to quickly establish rulings/points-of-view as our media options flower, for example social media. But we must challenge, as best possible, outside of the tumult of the daily headline splashes.

No, we do not seek secrecy, not in the least. But we need not to have lead stories of the day about so and so company forced to perform corrective advertising or caught-up in cease and desist orders. Clearly, we can’t be portrayed as some coal mine operators have recently been depicted, paying fines and dodging corrective actions, as part of their “business plan.” (We know on which rung of the public acceptance ladder they stand.)

Doing more to tout DTC

As DTC missionaries, we must be our own best advocates of DTC benefits and self-enforcers of FDA requirements. Indeed, PhRMA signatory companies to its DTC guiding principles includes nearly all of the major DTC advertisers. These principles (www.phrma.org/files/attachments/PhRMA%20Guiding%20Principles_Dec%2008_FINAL.pdf) are fully supportive of FDA’s DTC directives/guidelines. If PhRMA signatory companies to the industry’s own DTC principles fail to adhere, PhRMA needs to work aggressively behind the scene or, if necessary, in a public way, to censor those who fail to follow the guidelines.

As an industry, we need to do more to tout why DTC is not only consistent with but is also a major advancement towards the goal of a healthier society. In short, we need to move out of the defensive mode, and make our case publicly. If we are not our own best advocates, who will be? If our voices are not consistently raised for our own cause, DTC naysayers will rise to the occasion and the industry will be in a distinctly counter-productive position of denial and seeking to correct wrong-headed conclusions. In sum, we believe that marketers should do what it takes (advertising/PR) for our own right-headed cause or risk the chance of losing our head.

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Where will you be on April 7th…? Winning Marketers will be celebrating their DTC excellence at the DTC National Advertising Awards. Plan now to enter the Ad Awards and Attend the DTC National Conference. Entries open November 2010 – for more information please visit our website.

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Revenue Hungry
Congress Eyes Advertising Deduction

With Congress and President Obama in deficit-reduction mode, the potential “tax” on the advertising of prescription drugs for generating revenue will keep this issue front and center in the overall debate about the federal budget.

Why would the Congress vote to tax advertising – particularly pharmaceutical advertising? Don’t misunderstand – they haven’t taxed advertising, at least not yet. There are two reasons taxing ads for medicines is frequently part of the budget discussion in Washington. It would have the potential to reduce demand, and therefore costs, associated with the Medicare Part D prescription drug program. That is the same prescription drug for seniors program presented by congressional leaders in 2003 as costing $298 billion but “re-estimated” to cost $1 trillion over 10 years.

In addition to potentially helping to suppress demand, this tax could raise serious revenues – Congress estimated last year that it would raise $37.5 billion over 10 years if it repealed the ability of pharmaceutical companies to claim the ordinary and necessary business expense deduction for the cost of advertising and marketing.

I wrote about this threat a year ago (Eating Our Seed Corn, June 2009 issue of DTC Perspectives) when Congress was looking for any revenue to offset the cost of healthcare reform, and the pharmaceutical industry was being asked to contribute its share. The potential for generating revenue and the lingering tension between the manufacturers of prescription drugs and the Democrats in Congress keep this issue front and center in the overall debate about federal budget deficits and “excessive demand” for prescription medicines.

Congress and the Administration are in a deficit-reduction mode. Voters are angry about high unemployment and taxpayer bailouts for banks and automobile companies, and they blame the Obama Administration and Congress. In response, Congress passed and President Obama signed “paygo” legislation that requires spending legislation – or tax cuts – to be offset by program cuts or increases in other taxes, keeping the legislation “budget neutral.” If you want to continue the Bush tax cuts or start a new federal program – you have to find an “offset.” Advertising deductibility is a ready target with a $37.5 billion revenue tag.

Is the size of the deficit important to you? It is about to be. Today the debt is $13.2 trillion. Our GDP is $14.4 trillion. The debt is 90 percent of GDP, and economists get nervous when it goes over 90 percent because it can put the economy into a stall or even deflation as interest on the debt absorbs more tax revenues.

The President appointed a commission to examine how to lower our debt led by former Republican Senator Alan Simpson of Wyoming and former Chief of Staff to President Bill Clinton, Erskine Bowles. Senator Simpson recently painted a stark image of the options available for them to recommend to Congress. “You either raise the payroll tax on Social Security or decrease the benefits, or start affluence-testing, try that one on . . . The rest of it is ‘B.S.’ And if the people are really ingesting ‘B.S.’ all day long, their grandchildren will be picking grit with the chickens.”

Bowles offered a less graphic, but equally dismal outlook. If we don’t lower the debt to GDP ratio – and fail to get our people better educated, “we’re going to be second-rate power before you know it.”

Raising revenue or suppressing speech?

The federal tax code has treated advertising as a deductible expense since it was enacted in 1913. While Congress over the years has flirted with the idea of reducing the amount that could be deducted to 80 percent or less, the advertising and media industries have successfully blocked past efforts. Efforts to limit the deduction and tax advertising have extended to various products including ads for tobacco and alcohol beverages. Singling out the advertising of one product, including prescription medicines, also raises the issue of whether the tax is applied to raise revenues or to suppress speech. In a Congress that has attempted to impose moratoriums on pharmaceutical advertising and impose warnings that
make it more difficult to market these products, it raises serious questions about whether a tax constitutes a limit on First Amendment protected commercial speech.

Nevertheless, when he was chairman of the House Ways and Means Committee (with jurisdiction over Medicare), Rep. Bill Thomas (R-Calif.) told The New York Times, “You cannot ignore the growing amount that’s being spent on pharmaceutical advertising. The decision to advertise or not advertise would be left completely up to the company. But the idea that you are going to drive up market share by advertising a product that isn’t medically necessary [and is paid for by the government] ought not to be in anyone’s mind.” Thomas is vice chairman of the presidentially appointed Deficit Reduction Commission.

One of the challenges to the advertising and media industries is to educate the Congress and the public on the tremendous importance of advertising to the U.S. economy. In a research paper prepared by Lexecon Inc. for The Advertising Coalition, Dr. George Stigler and Dr. Kenneth Arrow, both recipients of the Nobel Memorial Prize for Economics, wrote, “The role of information in enhancing consumer welfare is widely recognized in economics. . . . By providing information in an efficient (i.e., cost-effective) manner, advertising helps the economy to function smoothly—it lowers prices and aids new products and even firms to enter the marketplace. In short, advertising is a powerful tool of competition. . . .”

An additional study prepared by IHS/Global Insight and another recipient of the Nobel Prize, Dr. Lawrence R. Klein, demonstrates the power of that economic tool. In the U.S. economy, advertising generates $6 trillion in economic activity and helps support 21 million jobs, according to the study.

Fall elections may affect advertising

There are no guarantees in politics, but over the years the Republican leaders in the Senate and House of Representatives have been less inclined to tax or restrict pharmaceutical advertising. Certainly the overwhelming number of bills in Congress to accomplish this either have been introduced by Democratic Senators or Representatives.

Thus, a recent Gallup Poll (July 26-Aug. 1) shows the Republicans in the lead by 48-43 in the generic poll—the question posed to registered voters is whether they would vote for the Democrat or the Republican for Congress in their district in the 2010 general election. While Democrats led in the two previous Gallup Polls, this latest release points to challenging times for Democrats this fall.

Before you relax, however, there are other factors at play. Most of the campaigns will not start spending on television and radio until after Labor Day, and in 29 toss-up races, Democratic candidates had more than $31 million in cash on hand at the end of the second quarter, according to the Center for Responsive Politics. Republicans in those contests had raised $17.9 million.

As we approach November, pundits are looking for parallels to the Democratic surge in 2006 when they regained the leadership in the Senate and House or to the Republican sweep of the Congress in 1994. While some circumstances were much different—others offer haunting memories. In 1994, House Democrats were caught largely by surprise. The fundraising numbers show they are much better prepared in 2010.

In 1994, there were a number of long-serving incumbent Democrats who had raised too little money to counter serious challenges. Most of the “front-line” Democrats this year just won their seats in the last two elections representing conservative or Republican districts. They are younger and more than prepared for tough campaigns. One unsettling parallel may be found in the publicity involving charges against two senior House Democrats by the House Ethics Committee, recalling the memory of former Ways and Means Chairman Dan Rostenkowski and nearly 50 members who were caught up in a scandal involving the House Bank.

A further comparison may be found in the 1994 and 2006 elections. When Democrats lost seats, President Clinton’s approval rating was 42 percent. When Republicans lost seats in 2006, President Bush’s rating was 40 percent. The Gallup Poll shows President Obama in late July at 45 percent.

One final statistic—and perhaps the most important—in June of 1994, unemployment was 6.1 percent as the economy was emerging from a recession. In June 2006 it had dropped to 4.6 percent nearly a year before economic chaos would more than double that number. And despite the recent turnaround in the economy, businesses remain cautious about hiring, and the number still sits at 9.5 percent—possibly the most important indicator of all for the elections.

Jim Davidson is an attorney and founder of the public policy firm Davidson & Company. He currently chairs the Public Policy Group at the Washington law firm of Polsinelli Shughart PC, and he has been actively engaged in supporting the advertising industry on Capitol Hill for almost 20 years. In October 2008, Davidson was inducted into the DTC Perspectives’ Hall of Fame for DTC marketing. He can be reached by e-mail at jhd@davidsondc.com.
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Andrew Levitt is the founder and chief executive officer of HealthTalker (www.healthtalker.com). A seasoned marketing executive with more than 14 years of experience, Levitt launched HealthTalker in February 2007. The firm develops innovative word-of-mouth (WOM) programming, focusing on the pharmaceutical and biotechnology industries. He can be reached by e-mail at andy@healthtalker.com or by telephone at (617) 440–4232. Turn to page 16 to read about his case study.

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Our healthcare future practices are going to be very different from those in the past. We are entering an era where genomics will be able to predict what illnesses we are likely to get and the best drugs targeted to treat our unique situation. We will see better and more precise diagnostic tests. Information will be available that allow us to create highly personalized treatment plans.

Thomas Goetz, an editor at Wired magazine, has taken a look at our healthcare futures in his new book. Goetz’s main point is that we must become more involved in our healthcare and the more involved we are the healthier we will be. That is reminiscent of the old saying, “the harder I work the luckier I get.”

Goetz discusses the genomics revolution not in glowing terms, but merely as a tool to tell us which diseases we may have higher odds of facing. Small changes in behavior in response to genetic testing will increase our chances of remaining healthier.

Screening for disease opens up the possibility that we go too far in the need to know. Goetz has an excellent chapter on the risks of too much testing. Our healthcare providers have invested a lot of money in getting the latest testing equipment. To pay back that investment they promote tests. Combined with the medical profession’s propensity to practice defensive medicine we have created a healthcare industrial complex that needs to test, test, and test. Many people will get false positives and that leads to more testing and invasive procedures. Goetz is a good story teller and his examples of both good and bad testing are illuminating.

What about drugs of the future? In a fascinating chapter, Goetz probes the basic problem facing us today. That is, drug companies look for blockbusters and those efforts mean we create drugs that are meant to be prescribed widely. Two problems result from this emphasis. One is that we ignore many diseases with limited incidence. The second is we know that those blockbusters are prescribed to many to be effective for a minority of users. Goetz tells us the efficacy rate for drugs and the results point up the waste. Alzheimer’s drugs work 30 percent of the time, Diabetes 57 percent, Migraine 52 percent, Rheumatoid arthritis 50 percent, and Asthma 60 percent.

Goetz says every drug company has research on effective compounds for many smaller incidence conditions sitting unused in its archives of clinical data. He advocates some open sourcing of that data so we as a society can take that learning and produce those drugs. Another issue we face in drug development is our aversion to acceptable risk. Goetz claims aspirin and acetaminophen would not be approved today if they were part of a new drug application.

Goetz has written a highly non-technical and readable review of the new trends in personalized medicine. He concludes that new technology adds an opportunity for improved consumer knowledge, tracking and treatment of disease. That does not mean it is always a good thing if knowledge leads to an excess desire to test and treat. Our medical costs must be controlled and technology can both reduce costs and bankrupt us through overuse. His book is an attempt to guide us to the use of personalized medicine that gets us better health at reasonable cost.
The health care business is 16 percent of America’s GDP. With 10 percent unemployment, we need every job we can create. The new health care bill was, according to Rep. Nancy Pelosi, supposed to create hundreds of thousands of jobs right away. We are not sure where those jobs were coming from, but we have not seen them yet.

Our new health care bill will likely create several years of innovation paralysis until it is clear what the actual requirements will be for all players in the health care economy. The signals from the Obama Administration are clearly anti-business and pro-regulation. Nothing short of a Congressional regime change will put a halt to that philosophy.

That increased government role in our health care system is sure to slow down innovation. Investing private resources in health care innovation is a risky course. Business will not invest heavily without knowing their discoveries will be safe from confiscatory taxes, slow approval times and shortened patent life. The signals being sent are the health care companies need to be carefully watched so they do not gouge unsuspecting consumers. That prevailing attitude is not conducive to bold innovation.

Drug companies remain uncertain about long-term pricing policies. Certainly they can expect more vigorous price negotiations with Medicare and private insurers squeezed on premiums by new government mandates. They are not sure how the new health care law will be implemented in terms of patent protection, clinical effectiveness comparisons, and ability to promote to doctors and patients. Just recently, the FDA decided genomics tests could not be marketed for disease predictions because it is not an approved medical device. While the intent to ensure accurate tests may be good, the result will be to chill genomic research.

The FDA is being encouraged by Congress to be harder on drug companies in terms of risk tolerance. Recently obesity drug Qnexa was turned down by an advisory committee for what looks like an over cautious safety concern. We need to offer a pharmaceutical alternative if we want our obese population to have a way to cut their weight. Our Congress seems to love finding fault with business and clearly the FDA is going to be extra cautious in this environment.

We urge our regulators and legislators to take the opposite approach. Health care innovation is what America has been good at historically. We no longer make many things and must protect what we still have. Our new political environment is going to de-motivate American business from spending on health research. We need a Congress able to see the good in the capabilities of our hospital, physician, insurance and drug business. Instead they want to clamp down further on the ability of these businesses to prosper.

The only jobs that seem destined to increase are IRS agents and HHS employees who will make sure we do what we are all mandated to do. Would anyone be more inclined to go into debt to attend Medical School, start a new genomics testing company, do risky drug research, or invent a medical device in this hazy political climate? We will hope that Congress can get some feedback this November that they cannot mandate and regulate their way to prosperity.
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