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The 2010 DTC Hall of Fame Class
Minnie Baylor-Henry (left), Scott Grenz (center), Andrew Schirmer (not pictured as he was out of the country on business), and Dorothy Wetzel (right)
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What’s Next?

One of the first things aspiring reporters learn is that they should ask a lot of questions. You never know what thoughtful things people will say, given an opportunity.

So that’s what we’ve done for the past two issues of DTC Perspectives: we’ve come up with some questions that we hoped would draw interesting answers from a group of industry experts. In the September issue, it was experts in the digital marketing space whom we asked to give us insights about future strategies and tactics that will use digital tools. For this year-end 2010 issue, we asked a number of health care marketing thought-leaders what they are expecting for 2011 that could have significant impact for marketers and media-owners in health care (see page 46).

The answers are enlightening, to say the least. How about this one from InfoMedics president and chief executive Gene Guselli: “The biggest opportunities in 2011 will require sweeping changes in the way pharma companies are organized and serve their customers. In this new world, the brand manager can no longer simply market the brand, moving from one tactical promotion to another. Instead, brand teams will need to work together with colleagues across the franchise to address the whole patient and all the challenges associated with the condition.”

Another interesting answer comes from Kerry Ann Clawson of Accent Health. Asked about the future look of DTC, she noted that it will “most likely look different than what we have been accustomed to…. Healthcare marketers will also need to adapt their messaging to longer formats to clearly communicate the efficacy of their brands as well as comply with more in-depth FDA fair balance requirements. This will mean longer commercial lengths as well as longer PIs in print, etc.”

And, finally, here are a few thoughts from Andrew Bast of Purple@Epsilon. “New forms of media are radically breaking down the ways in which consumers are receiving, processing and engaging with information today…. [But] you simply can’t invest in a different channel because it is cheaper. It might be significantly less effective, too.”

One underlying theme among these responses is that the marketing of prescription drugs and other health-related products is going to become more difficult as new media, new technology and new regulatory requirements force changes in the old DTC model. This is a good thing, since in many ways DTC marketing has become formulaic. But the “rules” of this formula can be broken, even as regulatory guidance is followed. For example, check out the review of the new Viagra campaign that Ogilvy Healthworld chief creative officer Jonathan Isaacs has authored for this issue (page 25). Isaacs explains how a new agency’s perspective on the brand and the category led to a “new” insight – or a return to an old one – that has resulted in a compelling new creative execution for the brand. Perhaps this effort came together from collaboration across the franchise in an effort to “address the whole patient,” as Guselli has predicted.

DTC National moving to Boston in 2011

After four years of calling the J.W. Marriott in Washington, D.C., its home, the annual DTC National Conference is moving back to Boston in 2011, with a three-day session beginning April 6 and wrapping up April 8. For more details about the DTC National, and an early rundown of keynote speakers, check out page 16 of this issue.

Happy holidays and best wishes for a great year in 2011.

Mark Tosh, Editor-in-Chief
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*Source: comScore, Based on The HealthCentral Network Properties Custom Roll-up, June 2010*
Study Predicts Significant Shift To Health Apps by Consumers

The future for mobile health apps looks bright. According to a study issued in mid-November by the advertising agency Euro RSCG Life 4D, there will be a significant growth period for health-related mobile applications in the near future. The agency cites consumer/patient demand for access to health information on an as-needed basis (noting that consumers aren’t always in front of their computer, but more and more have easy access to smart phones). The study found that 67 percent of smart phone users now use mobile apps, including using the apps to find health information. And the number of people using mobile apps for health-related content rose almost 10 percent to reach 48 percent of apps-users in October 2010.

“We took a deeper look at these communications patterns and found that mobile has the potential to become the primary digital channel through which health information and support flows,” Euro RSCG Life Worldwide chief digital officer Larry Mickelberg said. The research also found that:

• Less than half of consumers have downloaded health apps, but more than 60 percent of smart phone users are interested in these health apps
• 62 percent of consumers who have used health apps found the experience to be “positive”
• 44 percent of smart phone users say they will use health-based apps more in the future
• Most consumers choose health-based apps based on recommendations by doctors or family

110 Million Prescriptions Going Unfilled, Abandoned Annually

A study by Harvard, Brigham and Women’s Hospital and CVS Caremark found a direct correlation between out-of-pocket co-pays and adherence to Rx drug therapy. The study, published in the Annals of Internal Medicine, also found that e-prescriptions are more likely to be left unclaimed at a drugstore than a doctor’s handwritten paper script.

For patients who have a co-pay of $50, there is almost a four times greater likelihood that the script will be abandoned at a pharmacy than those patients with $10 co-pays.

“Sticker shock is an important driver of prescription abandonment,” a study author noted. Estimating the “cost” of this non-adherence, the study determined a 3.3 percent abandonment rate for Rx scripts, which would result in roughly 110 million prescriptions going unfilled on an annual basis.

Among other key findings: younger patients are more likely to skip filling their prescriptions and, by drug class, opiates, anti-platelets and statins are the least likely to be abandoned at the pharmacy. Insulin and proton-pump inhibitors are the most likely to go unfilled.

Survey of Pharma, Device Companies Finds Mixed Views of FDA

A PricewaterhouseCoopers (PwC) survey of 50 life science companies found that 38 percent believe that relations between the FDA and pharmaceutical / device companies have improved over the past two years, and that 80 percent of the respondents noted that the FDA is providing better guidance about its expectations of the industry.

But, in a major thumbs-down for the agency, many of the respondents said shortcomings at the agency have contributed to a slow drug-approval process for new molecular entities and devices. More than one-half of respondents (56 percent) said the FDA’s Critical Path Initiative (which was supposed to help make the drug approval process more efficient) lacks the necessary resources that would make it most effective.

In addition, according to the PwC survey, six of 10 companies responded that the agency changed its position during the review process, and another four in 10 said they believed that new products were turned down because of under-staffing or a lack of funding at the agency. Separately, the PwC firm surveyed 1,000 people across the nation and found that 70 percent are against using funds from pharma to speed the drug approval process.
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Two Major Forecasters Upgrade Advertising Forecasts for 2011

Two of the major media agencies, Magna (a unit of Interpublic) and GroupM (a unit of WPP), in early December each raised their forecasts for advertising spending in 2011.

Taking the most bullish stance, GroupM is forecasting that ad spending will climb 5.8 percent next year, which represents a 1.3 point upward revision from its earlier 2011 forecast, which was issued back in the summer. Interpublic, which bases its forecast on expected media company revenues, said it sees global advertising rising 5.4 percent next year, which is roughly a 1 percent upward revision on its earlier projection.

However, the ZenithOptimedia unit of Publicis, lowered its 2011 forecast to show 4.6 percent growth in 2011. This is below the 4.8 percent increase it had projected previously.

“All of the forecasts generally reflect part of a longer-term, ongoing improvement in advertising expectations, and cite improvements in the macroeconomies of the world, as well as spending by marketers,” MediaPost reported. “All of the forecasters see digital media, including online and fast-growing sectors such as online video and social media, as playing a major role in driving the overall advertising economy.”

New Health and Fitness Site Launched by Rodale, MSN

The health publishing giant Rodale (which oversees the annual Prevention study of DTC advertising) is teaming up with web portal MSN to launch a new health-related website. Rodale will produce content for the site, and MSN will oversee the advertising. The new site is called Fitbie, and it launched in early December.

In a report on the deal, Ad Age said the new partnership “effectively matches MSN’s massive audience with Rodale’s editorial expertise. The venture mimics, to some extent, TV’s long-ago form of producers creating content for a few networks, where almost all TV viewers congregated nightly. Of course, the web features a much more fractured audience and across an infinite array of destinations, but the top properties after Google every month are almost consistently Microsoft, Yahoo, AOL and Facebook.”

Microsoft regional executive producer Scott Moore agreed with that assessment and told the trade publication, “That’s exactly the analogy I use in my approach to Internet publishing – portals are analogous to TV networks. We have huge audiences, we develop some of our own content, but at this stage in the web, there are category experts like Rodale.” Rodale already appeals to a specific audience with its existing websites and magazines, and with its new spot on MSN it “will appeal to a much bigger audience, a prospect that would appeal to most major magazine operations, which have failed to gain scalable audiences online,” Ad Age reported. According to comScore, MSN had 124 million visitors / readers during October.

How Wall Street Views CEO Change at Pfizer

In a surprising early December announcement, Pfizer chairman and chief executive Jeffrey Kindler resigned over the weekend of Dec. 4-5. He was immediately succeeded by Ian Read, a longtime Pfizer executive who most recently oversaw marketing and sales of the pharmaceutical business. Pfizer is the largest DTC advertiser with its campaigns for Lipitor, Viagra and, among others, Pristiq (which it acquired in the Wyeth deal), and also ranks among the largest OTC advertisers thanks to its takeover of the Wyeth consumer portfolio.

Wall Street securities analysts offered various explanations for Kindler’s surprising decision. Barbara Ryan, an analyst at Deutsche Bank, said, “Kindler was successful, in our opinion, in digging [Pfizer] out of a substantial hole. Driving [Pfizer] to become a leaner organization, he was the first CEO to cut the sales force, and end the arms race. Further, with the acquisition of [Wyeth], he diversified the revenue base into high-value, long-tail assets, and diluted the dependence on Lipitor. Despite these accomplishments, Jeff was not able to develop a sufficient level of support from the investment community. [This] announcement suggests that [Pfizer’s] leadership, including Kindler, believe it was best for him to move on….”

Another Wall Street analyst offered a different view. Said Jami Rubin of Goldman Sachs, “We are delighted to see the board taking action as [Pfizer’s] share price continues to underperform amid a flurry of questions about strategic direction, including capital allocation, pipeline, emerging markets, M&A, and the branded-generics strategy.”
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- Understanding the nuances of market trends that affect your brand’s success

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Overall Spending on DTC Drops by 6.4% in Q1-3 2010
But Top 20 Promoting Brands Increased by One-Third

<table>
<thead>
<tr>
<th>Brand</th>
<th>Manufacturer</th>
<th>Q1-3 2009</th>
<th>Q1-3 2010</th>
<th>$ Change</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lipitor</td>
<td>Pfizer</td>
<td>$142,602,156</td>
<td>$185,281,562</td>
<td>$42,679,406</td>
<td>29.9%</td>
</tr>
<tr>
<td>Cialis</td>
<td>Eli Lilly &amp; Co.</td>
<td>$101,122,227</td>
<td>$125,302,172</td>
<td>$24,179,945</td>
<td>23.9%</td>
</tr>
<tr>
<td>Cymbalta</td>
<td>Eli Lilly &amp; Co.</td>
<td>$85,045,828</td>
<td>$116,505,742</td>
<td>$31,459,914</td>
<td>37.0%</td>
</tr>
<tr>
<td>Pristiq</td>
<td>Pfizer (Wyeth)</td>
<td>$54,787,223</td>
<td>$105,895,938</td>
<td>$51,108,715</td>
<td>93.3%</td>
</tr>
<tr>
<td>Plavix</td>
<td>Bristol-Myers / Sanofi-Aventis</td>
<td>$107,667,898</td>
<td>$100,645,836</td>
<td>$7,022,062</td>
<td>6.5%</td>
</tr>
<tr>
<td>Abilify</td>
<td>Otsuka America / Bristol-Myers</td>
<td>$125,202,047</td>
<td>$99,606,883</td>
<td>$25,595,164</td>
<td>20.4%</td>
</tr>
<tr>
<td>Chantix</td>
<td>Pfizer</td>
<td>$28,635,049</td>
<td>$84,682,070</td>
<td>$56,047,021</td>
<td>195.7%</td>
</tr>
<tr>
<td>Lyrica</td>
<td>Pfizer</td>
<td>$92,746,086</td>
<td>$82,304,375</td>
<td>$10,441,711</td>
<td>11.3%</td>
</tr>
<tr>
<td>Crestor</td>
<td>AstraZeneca</td>
<td>$87,251,992</td>
<td>$76,971,688</td>
<td>$10,280,304</td>
<td>11.8%</td>
</tr>
<tr>
<td>Advair Diskus (Asthma)</td>
<td>GlaxoSmithKline</td>
<td>$69,915,352</td>
<td>$74,586,375</td>
<td>$4,671,023</td>
<td>6.7%</td>
</tr>
<tr>
<td>Lovaza</td>
<td>GlaxoSmithKline (Reliant)</td>
<td>$4,430,668</td>
<td>$70,280,664</td>
<td>$65,849,996</td>
<td>1486.2%</td>
</tr>
<tr>
<td>Toviaz</td>
<td>Pfizer</td>
<td>$21,774,318</td>
<td>$70,077,938</td>
<td>$48,303,620</td>
<td>221.8%</td>
</tr>
<tr>
<td>Advair Diskus (COPD)</td>
<td>GlaxoSmithKline</td>
<td>$38,011,371</td>
<td>$69,607,797</td>
<td>$31,596,426</td>
<td>83.1%</td>
</tr>
<tr>
<td>Viagra</td>
<td>Pfizer</td>
<td>$72,703,211</td>
<td>$68,191,000</td>
<td>$4,512,211</td>
<td>6.2%</td>
</tr>
<tr>
<td>Boniva</td>
<td>Roche / Genentech</td>
<td>$53,519,012</td>
<td>$53,529,277</td>
<td>$10,265</td>
<td>0.0%</td>
</tr>
<tr>
<td>Simponi</td>
<td>Centocor Ortho Biotech</td>
<td>$0</td>
<td>$52,688,836</td>
<td>$52,688,836</td>
<td>N/A</td>
</tr>
<tr>
<td>Spiriva</td>
<td>Boehringer Ingelheim / Pfizer</td>
<td>$53,911,969</td>
<td>$49,650,008</td>
<td>$4,261,961</td>
<td>-7.9%</td>
</tr>
<tr>
<td>Symbicort (COPD)</td>
<td>AstraZeneca</td>
<td>$8,308,344</td>
<td>$49,470,176</td>
<td>$41,161,832</td>
<td>495.4%</td>
</tr>
<tr>
<td>Symbicort (Asthma)</td>
<td>AstraZeneca</td>
<td>$73,552,734</td>
<td>$48,760,609</td>
<td>$24,792,125</td>
<td>-33.7%</td>
</tr>
<tr>
<td>Seroquel XR</td>
<td>AstraZeneca</td>
<td>$0</td>
<td>$47,640,246</td>
<td>$47,640,246</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total Spending for Top 20 Brands</strong></td>
<td></td>
<td><strong>$1,221,187,485</strong></td>
<td><strong>$1,631,679,192</strong></td>
<td><strong>$410,491,707</strong></td>
<td><strong>33.6%</strong></td>
</tr>
<tr>
<td><strong>Total Pharma Spending</strong></td>
<td></td>
<td><strong>$3,026,417,291</strong></td>
<td><strong>$2,831,829,853</strong></td>
<td><strong>$194,587,438</strong></td>
<td><strong>-6.4%</strong></td>
</tr>
</tbody>
</table>

Local Newspaper, National Sunday Supplement See Biggest Gains in Q1-3
While Network TV Loses Six Points in Market Share

<table>
<thead>
<tr>
<th>Media Type</th>
<th>Q1-3 2009</th>
<th>Q1-3 2010</th>
<th>$ Change</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>35% Network TV</td>
<td>$1,233,505,414</td>
<td>$1,001,875,927</td>
<td>$-231,629,487</td>
<td>-18.8%</td>
</tr>
<tr>
<td>30% National Magazine</td>
<td>$864,218,137</td>
<td>$849,540,295</td>
<td>$-14,677,842</td>
<td>-1.7%</td>
</tr>
<tr>
<td>20% Cable TV</td>
<td>$586,596,954</td>
<td>$571,807,959</td>
<td>$-14,788,995</td>
<td>-2.5%</td>
</tr>
<tr>
<td>7% Syndicated TV</td>
<td>$188,315,058</td>
<td>$195,942,348</td>
<td>$7,627,290</td>
<td>4.1%</td>
</tr>
<tr>
<td>4% National Sunday Supplement</td>
<td>$54,264,227</td>
<td>$96,962,051</td>
<td>$42,697,824</td>
<td>78.7%</td>
</tr>
<tr>
<td>2% Local Newspaper</td>
<td>$33,202,677</td>
<td>$63,506,704</td>
<td>$30,304,027</td>
<td>91.3%</td>
</tr>
<tr>
<td>2% Other*</td>
<td>$66,314,824</td>
<td>$52,194,569</td>
<td>$-14,120,255</td>
<td>-21.3%</td>
</tr>
<tr>
<td><strong>Total Pharma Spending</strong></td>
<td><strong>$3,026,417,291</strong></td>
<td><strong>$2,831,829,853</strong></td>
<td><strong>$194,587,438</strong></td>
<td><strong>-6.4%</strong></td>
</tr>
</tbody>
</table>

Source: The Nielsen Company for DTC Perspectives
*FSI Coupon, Local Magazine, Local Sunday Supplement, National Newspaper, Network Radio, Outdoor, Spanish Language Cable TV, Spanish Language Network TV, and Spot Radio.

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Conversion Benefit
How Long does it Take for Consumers to Start on My Brand?

The conversion curve for prescription drugs depends on at least the product, the category, the tactic and the execution/creative – yet even with all of these variables, meaningful norms derived from actual Rx-based analyses across these variables can inform brand managers how to plan and execute more effective DTC campaigns by using relevant benchmarks along the way.

Brand managers and agencies often wonder how long it takes for prospects to start on product after response or exposure to a marketing message, and of course, the answer is… it depends.

With prescription products, unlike CPG products, any consumer marketing activity will have to drive patients to take multiple actions; they must go to their physician to obtain a prescription for the product, and then, most likely, must also have enough motivation to go to a pharmacy to actually purchase the product. Clearly that takes some time, even in the best-case scenario.

The conversion curve depends on the product, the category, the tactic and the execution/creative. Still, meaningful norms can help guide brands and agencies in planning their campaigns. During a campaign’s execution, the market norm can serve as a useful benchmark for the actual conversion curve.

Based on actual Rx matchback analyses of hundreds of marketing tactics over a broad range of brands and therapeutic categories, RxMarketMetrics aggregates and reports on the market norms.

Studying conversion curves
The Rx market metric that can help answer the question of time to conversion is Percentage of Total Conversion Benefit (net of control) realized on a monthly basis. This article focuses on a time horizon of nine months from the first marketing touch for comparison purposes. All curves end at 100 percent of benefit at nine months (although many brands continue to see meaningful net conversions in the 12-18 month range).

For more about the underlying data, see the “About RxMarketMetrics” sidebar with this article.

Difference by brand category
Why would brand category matter? From a marketing perspective, some products involve symptomatic, consumer-driven conditions, while other more chronic asymptomatic conditions are more likely addressed during a routine doctor visit. Additionally, some underlying conditions involve progression and some require substantial education.

Chart 1: Chronic and Non-Chronic Conversion Benefit over Time

- Non-chronic brands see more rapid conversions - patients may respond to symptoms and see a doctor
- 75% of benefit reached in approximately 3 months for non-chronic brands and 5 months for chronic brands
- Chronic brand patients may need more time for education and consideration and/or may wait for regularly scheduled doctor visit (i.e., semi-annually)
In fact, every brand has its own unique conversion curves. Still, RxMarketMetrics can benchmark and compare meaningful and actionable differences between curves for brands treating Chronic Rx categories such as hypertension and diabetes and curves for Non-Chronic, symptomatic categories such as insomnia and erectile dysfunction.

See Chart 1 – Chronic and Non-Chronic Conversion Benefit over Time

Non-Chronic conditions tend to see 43 percent of their conversion benefit within the first month of marketing touch vs. 23 percent for Chronic products. While the Chronic curve grows over time, reaching 75 percent of the benefit by month five, the Non-Chronic curve reaches that point at month three. These differences may reflect the higher likelihood of a consumer to act more quickly and potentially schedule a doctor visit to address a symptomatic condition, compared with a longer education and consideration period for Chronic and often asymptomatic conditions that may fit prescheduled, perhaps semi-annual, doctor visits.

Specialty, another distinct market category, tends to have unique conversion benefit characteristics, different from Chronic and Non-Chronic brands.

**Difference by tactic**

Brands utilize a mix of marketing tactics for good reason – each tactic plays a different role in reaching and communicating with consumers. Some tactics target consumers seeking health information, other tactics target “hand raisers” and yet others seek to expose a message to a broad audience at different stages of their condition and brand awareness.

Using RxMarketMetrics, for example, a comparison of Search, Website (organic), online Lead Generation/Co-Registration (CoReg), TV and Print tactics for the Chronic market reveals interesting differences.

See Chart 2 – Search and Organic Website Conversion Benefit over Time

Search and Website (organic) tactics tend to start with high benefits quickly, at month one, implying a proactive patient population actively researching the condition and/or treatment options. Potentially, some portion of the population has scheduled physician office visits and, perhaps, even has “script in hand”, meaning not yet filled the first Rx but holds the actual prescription. Search grows even faster, reaching two-thirds of the benefit by the second month. It seems both tactics tend to pull in the “low hanging fruit.”

See Chart 3 – CoReg Conversion Benefit over Time

Lead Generation/CoReg tactics, while still in the online channel, reveal a different pattern than Search and Organic Website. For these tactics it takes longer for the benefit to accumulate. In three months, 50 percent of the Conversion Benefit from CoReg takes longer than other online tactics.

**About RxMarketMetrics**

Conversion Benefit information drawn from Crossix RxMarketMetrics™, market benchmarks for performance of patient adherence and consumer marketing activities based on more than 1,500 actual Rx analyses including 600 consumer marketing tactics across a broad range of therapeutic categories.

Campaigns included in RxMarketMetrics aggregated for the chronic, lifestyle and specialty/biologic markets and derived from actual, anonymized and aggregated, results of consumer marketing campaigns for dozens of leading pharmaceutical brands ranging from direct response (DR) to general awareness and branding campaigns (GA), and multi-channel, from Web to Print to TV.

Normative Rx-based measures include conversion rates and curves, as well as retention rates and curves specific to the market, channel and tactic. Benchmarks further broken down by campaign specifics, such as purpose, level of branding, creative, offer type, response channel and fulfillment stream.
Benefit is achieved (compared to just over one month via Search and Organic Website). Intuitively, this makes sense. CoReg vendors present offers to consumers who may or may not be researching that condition or brand. A higher portion of the consumer base is likely less far along in their decision-making process. In addition, this conversion curve puts emphasis on the follow-through with acquired leads – potentially even beyond the first couple of months – with much of the Conversion Benefit still (hopefully) to come.

See Chart 4 – TV & Print Conversion Benefit over Time

TV and Print, two of the mature foundations of the media mix, continue to play important roles. While the two channels have fundamentally different characteristics and cost structures, they generally have similar, fairly long and gradual, Conversion Benefit curves. The curves imply an ability to impact consumers closer to the beginning of their decision-making and/or educational processes, emphasizing the importance of communication over lengthy periods of time.

How to act on this Information

These market benchmarks of Conversion Benefit suggest a number of implications and actions for brands and agencies focused on optimizing and improving their marketing activities. Different marketing approaches will make sense for Chronic conditions versus Non-Chronic conditions given fundamentally different patient conversion behaviors. A significant benefit can come from patients who act months after the initial marketing touch.

Brands and agencies could also take this data into account when designing a brand’s communication stream and RM fulfillment. For prospects, a “one size fits all” approach to communication and fulfillment may not maximize cost effectiveness, with some tactics likely benefiting from a longer communication stream vs. other tactics.

These data can also assist in ongoing planning, allowing brands to forecast future benefits by pairing their brand’s early conversion results with benchmarks of similar condition/tactic combinations. Ultimately, these benchmarks enable marketers to more efficiently allocate resources, more rapidly optimize campaigns, and more effectively communicate with and educate consumers. DTC

This is the first installment of an ongoing series on RxMarketMetrics of various consumer marketing activities. For more information, see the Crossix RxMarketMetrics website (www.rxmarketmetrics.com), from Crossix Solutions Inc., an Rx-based consumer analytics company (www.crossix.com).
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Physicians: A Crucial Element of the DTC Equation

A New Approach to Direct-to-Physician Marketing Using Integrated Customer Marketing Tactics

The external influences over the prescribing process have become more complicated by factors such as pricing pressure and public sentiment, which is forcing a shift in how marketers can use data and other tools to reach the physician, the patient and the health-care organization.

BY KENT GROVES, PhD

When it comes to direct to consumer (DTC) pharmaceutical marketing, we typically think of consumers as those who purchase medications and treatments for themselves and others. Yet physicians — and often, other health-care professionals — also play a critical “behind the scenes” role in the DTC process because they prescribe or recommend specific drugs and treatments.

While a number of unique variables influence the prescribing process, recent legislation, pricing pressure and public sentiment are forcing a shift in how pharmaceutical marketers leverage data, evolving technology and physician requirements. These developments are complicating how pharmaceutical marketers reach the physician, the patient and the healthcare organization.

To complicate matters further, the pharmaceutical manufacturer, along with the physician, patient and the managed care organization, are all interconnected and influence the purchasing process, as summarized in Figure 1.

Unlike consumers, though, physicians are influenced by an entirely different set of factors. The purchases that physicians influence are often not affected by product price and their decisions are rewarded by the improved health of a patient (the consumer) — or, in some situations, through manufacturer incentives. Additionally, pharmaceutical manufacturers recognize that the success of both new drugs and mature products depends on whether physicians perceive the product as a radically differentiated offering or as a minor variation of what is currently available.

Old approach: marketing based on volume

Within the past decade, ever-increasing volumes of targeted messages reached and influenced consumers, health-care providers and managed care organizations. Pharmaceutical representatives drove sales via increased details and visits to health-
care providers (HCPs), while increased marketing communications and expanded targeting reached influencers across multiple touch points within managed care organizations.

Consumers were exposed to frequent, targeted and non-targeted, product messaging delivered through multiple channels. While this approach made an incremental short-term impact on sales, the inundation of messaging ignored the actual needs of the consumer and led to a decline in sales.

New approach: Integrated Customer Marketing

Fortunately, a new model is emerging that addresses many of these changes. Integrated Customer Marketing (ICM) is designed to help pharmaceutical companies better segment, target and more effectively reach physicians on their own terms. ICM focuses on identifying customer’s needs, creating a customer experience roadmap and developing a promotion plan that delivers against this roadmap. If properly implemented and supported, ICM has the potential to increase access and interaction with existing physicians, open doors to a broader target universe, generate incremental prescriptions among current customers and reduce communication expense by leveraging self-reported channel preferences.

Variables influencing physician prescribing

While there are a broad range of influences (Figure 1) associated with the prescribing process, ICM serves to determine the unique mix and weight of these influences by physician segment, while creating a customer experience roadmap and a promotional plan. As the graphic (Figure 2) illustrates, the focus must not be entirely on the physician in the prescribing process. This is because the physician’s decision is influenced during many stages. For example, the patient, not the physician, is involved in the purchasing decision and provides feedback regarding a product’s efficacy, asks questions and looks for recommendations.

In fact, the patient’s influence in the decision may be equal to or greater than that of the physician. To this end, patient marketing strategy should be complementary to the physician marketing mix, while ensuring that the patient message influences and reinforces their opinion – from the first visit with the physician, through to the post-treatment evaluation stage (Figure 3).

Pharmaceutical companies often develop overall marketing strategies that are closely integrated with promotional activities targeted at the other parties, including patients, other healthcare providers and managed care organizations. Complementary to those activities, the ICM approach can be further refined based on customer needs.

Specifically, developing the appropriate mix that complements field sales efforts, channel responsiveness and clinical activity for a given medical condition or disease state will ensure effective and efficient use of marketing resources. Figure 4 presents a sample media/channel mix approach that aligns each channel within a profile. The goal of this approach

**Fig 2: Physician Decision Making Process**

**Fig 3: Treatment Journey**
is to align channel and frequency with the most responsive targets in order to maximize ROI by physician segment.

A key component of ICM is the segmentation of physicians relative to their market activity, geography and channel preferences, which must be a high priority for any direct-to-physician program to succeed. The historical approach of developing physician segments based on a mix of known prescribing activity, historical responsiveness and subjective sales force input is outdated.

Ultimately, the goal is to build profiles of “like” physicians that have similar prescribing regimens, channel responsiveness and patient profiles. This insight serves to reduce irrelevant communications, while providing information and communication that leverages a greater level of understanding of their patients and their practice.

The patient marketing strategy should be complementary to the physician marketing mix, while ensuring that the patient message influences and reinforces their opinion - from the first visit with the physician, through to the post-treatment evaluation stage.

Segmentation can help identify the economic opportunity for a new or existing product within a practice, as well as the likelihood to adopt new technology or stay with the “tried and true.” When developing practical segments of prescribers, the influence of patients and a number of other variables (elements) must be considered. Consider the following:

- **Physician profile:** Includes, but is not limited to, gender, age, training/education, background and experience.
- **Patient variables:** Demographics including age, education, household income and mobility. May also reflect insurance coverage, attitude toward medication, their personal and professional peer group(s) and commonality of their illness among other patients within the practice.
- **Location of the practice:** Urban, rural or remote and accessibility (for patients and communications from the pharmaceutical manufacturer).
- **Geographic conditions:** Geography may reflect conditions related to pollen, humidity, and conditions more common among urban populations. And it may even alter or affect insurance or pharmaceutical coverage.
- **Nature of the practice:** Variety and frequency of various conditions, in combination with societal, patient expectations and current prescribing activity.

Using segmentation to optimize channel mix

Regardless of the drug, the effects of marketing efforts and patient requests vary by brand. A number of additional influences...
ences, including perceived efficacy, presence of side effects and negative interactions also play a role. Given this, it is the combination of touches via channel, whether digital non-personal promotions, details/samples, targeted direct mail or telecommunication, or timely patient requests that optimally influence physician prescribing.

Historically, physicians have not been optimally detailed. That is, high-volume physicians tend to receive a disproportionate number of details relative to their low-volume counterparts. This not only reduces the effectiveness of communications among a potential universe of growth customers, higher levels of detailing tends to have a negative return on marginal prescribing.

Another consideration is that highly detailed doctors are most likely over detailed by other brands, which lowers their aggregate response to all details in general. With the evolution and adoption of new channels of communication, pharma runs the risk of repeating non-detailing “over-communication” with high-volume physicians, while potentially ignoring a universe of potential clients simply because they have less history with the company or brand than the traditionally targeted universe.

The solution is to consider the target universe within the context of their profile, prescribing activity and exposure/response to existing messaging channels. Using these segmentation criteria, assign the physicians to the appropriate response decile, and establish a measurable test and control methodology that evaluates their response to various combinations of channels and touches (Figure 5). While this example used physician-targeted communications (excluding the sales force), consumer-directed messaging and sales force optimization applications may also be incorporated to evaluate the synergy between multiple communication streams.

Using this approach, not only can you effectively capture insight relative to physician segment, channel mix/impact and ROI, but you will also gain insight into the relationship between channel response and other independent variables that will help develop future communication plans.

Summarizing the challenge / opportunity

One of the challenges associated with the identification of physician and patient characteristics is the fact that these variables do not function in “isolation” of each other, and tend to exhibit varying degrees of covariance, or cross-influence. Additionally, influence may further be a function of non-measured variables such as practice geography, jurisdiction, beliefs and value or even sampling bias. The challenge is determining which have the greatest influence, and more importantly, their weight of influence relative to the presence of other variables, and given sets of circumstances or prescribing situations. Ultimately, the more information gathered and evaluated relative to physician prescribing habits, the better position we will be in to anticipate their needs, channel preferences and responsiveness to our message.

As one of Merkle’s healthcare strategy practice leaders, Kent Groves is responsible for working with pharmaceutical clients to leverage physician and consumer data into their “go-to-market” campaigns, while increasing ROI, building stronger relationships, and optimizing communication between brands/companies and their customers. Primary areas of focus include HCP segmentation, brand channel integration, CRM, marketing analytics and DTC. Groves received a PhD in Pharmaceutical Policy and Strategy from Dalhousie University and he is published extensively in a variety of journals. He is recognized as a healthcare subject matter expert in the area of factors influencing physician prescribing, and has a broad base of experience with a number of clients in the healthcare vertical. He can be reached by e-mail at kergroves@merkleinc.com.
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Current business models are shifting as marketers re-evaluate priorities and re-strategize. Many are moving away from the “one-to-many” model in favor of micro-niche audiences to better meet consumers’ needs and demands. Those who keep up with the media channels without sacrificing their content and message will rise to the top.

by Michael Cunnion

Transformational shifts

According to its latest Communications Industry Forecast, an annual report analyzing spending, usage and trends published by private equity investment firm Veronis Suhler Stevenson, as the industry emerges from the current recession we can expect investor attention to shift away from traditional media outlets toward more targeted media.

Micro-niching is a trend that is already evident in the industry, a pattern seen earlier this year when several media companies repositioned to highlight their unique focus. One such rebranding was ours, as we transitioned from MediZine to Remedy Health Media, reflecting a move away from a somewhat restrictive position toward one conceptually and significantly broader in reach, yet with a greater focus on delivering unique content.

The time to move beyond digital is upon us and those companies that have shifted their business model to take advantage of the increased reach and access afforded by multiple media – without compromising the integrity of their content – will come out ahead.

We believe there are three clear paths that medical marketers are taking as they change strategies and adapt. Some are...
finding ways to engage consumers in meaningful conversations, some are focusing on delivery systems to satiate the real-time—all-the-time information needs of today’s consumer, while others are choosing to differentiate through content.

Health care media companies are fundamentally shifting the focus of content creation in order to meet consumer demands for a constant flow of connectivity and content.

Engaging consumers

One way health care media companies are navigating this sea change is to increasingly encourage consumer engagement. From subscription programs, to point-of-care initiatives, to digital efforts health care marketers are seeking creative ways to connect meaningfully with their audiences.

Well-known online health brand WebMD did just this in September when they hosted a series of video interviews with Health and Human Services Secretary Kathleen Sebelius. Prior to taping the interviews the company asked its audience to submit questions on health care reform for Secretary Sebelius to address. The videos were posted to a unique micro-site dedicated to a discussion on the impact of health care reform. No longer simply a forum for providing information, marketers are using digital engagement vehicles, and incorporating tools such as interactive polls, Q&A forums and community discussion boards to stimulate a dialogue among their stakeholders.

The key to successful consumer engagement is to identify mechanisms that facilitate sharing information and the delivery of trusted, actionable content. This empowers users by involving them as active partners and giving them confidence to seek solutions that improve their health.

Driving delivery: convenience

“Location, location, location,” a long-time mantra for success in real estate and bricks-and-mortar retail, is the new game-changer for how content is delivered today – with one key difference. Location today is no longer a single address. It is everywhere and anywhere the end-user wants it to be.

Whether the user is researching an ingredient in a medication at a pharmacy, evaluating diagnostic options in a doctor’s waiting room, at his home or her work, or using an application on their smart phone, today the information we need is also always within reach.

In making content available for Apps, iPads, Kindles, Nooks, and Blackberries, in addition to the more traditional print and e-mail options, information providers are meeting the needs of consumers seeking content exactly where they want it.

Focus on content

Of course one of the issues with ubiquitous content is simply that. It is everywhere. The challenge is not the amount of information available, but the quality of that content.

This equation becomes even more critical when the content itself is being used by consumers to provide insights into health conditions or to help users make decisions related to their health. The challenge therefore, is how to deliver quality content, information that can be trusted.

Organizations which focus on a multi-prong approach will emerge as the new leaders across all media.

Many media information organizations have made a commitment to creating high caliber content. Recognizing the value in the distinction between pervasive licensed content versus unique original content, such companies are investing heavily in editorial talent. They are building out their bench strength by hiring medical and editorial expertise; forming partnerships with leading universities and research institutions to collaborate with scientists and doctors; and leveraging cutting edge knowledge as source information for deep content which in turn is published as articles online, in magazines distributed at point-of-care locations, as newsletters and white papers accessed via subscription.

Where to from here?

Recognizing that it is advances in technology which facilitate the flow of information across multiple platforms and that it is new channels which enable access to more information, organizations which focus on a multi-prong approach will emerge as the new leaders across all media.

This means in order to thrive, health care media organizations must ensure meaningful consumer engagements by partnering with companies that are focused on delivering high-quality content, with dynamic delivery systems across many mediums. As we enter a new year and navigate a new media world, this is key to motivating truly valuable brand engagements. DTC

Mike Cunnion is chief executive officer of Remedy Health Media, a multiplatform publisher of consumer health and wellness information. Remedy Health Media is a trusted leader in consumer health and wellness information, reaching more than 100 million consumers annually with research-based information to help them make informed choices about their health and well-being. Cunnion can be reached via e-mail at mcunnion@remedyhealthmedia.com or by telephone at (212) 695-2223.
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Top 25 Marketers will be honored at a congratulatory luncheon at the DTC National Conference. The 2011 Top 25 Marketers luncheon is a private post-conference event hosted by PARADE magazine. This event will be a celebratory time for the 2011 Top 25 Marketers and their guests.

DTC Perspectives Magazine Again Congratulates the 2010 Top 25 DTC Marketers
Viagra and Boniva were two standout campaigns to our marketing experts, for DTC Perspectives’ annual Creative Critique. Jonathan Isaacs of Ogilvy Healthworld and John J. Nosta of Ogilvy CommonHealth Worldwide explain how sometimes the simple and subtle approaches in marketing can create a stronger, longer-lasting impact with consumers. Following are their respective reviews.

Viagra: ‘The Age of Knowing’
Reviewed by Jonathan Isaacs

Much like the male sexual psyche itself, Viagra campaigns are a mass of strange and occasionally baffling contradictions. On the one hand, the brand has all the fixin’s for creative greatness. Viagra is the most famous, iconic, blue chip pharmaceutical brand ever. It has embedded itself into our collective social consciousness for all eternity, and every creative in the world would love a crack at working on it. On the other hand, I can’t think of a more impressive leader brand with a less meaningful or lasting body of work. But maybe that’s about to change.

Ironically, the one truly brilliant Viagra idea came before the brand even existed. It was inventing the ED category in the first place. Pfizer did a superlative job of educating the public and using Bob Dole (war hero, senator, dignity on two legs) to destigmatize the conversation around male sexual dysfunction. Then things got... complicated.

Impact of differing societal views

Now there are some plausible explanations for the creative morass that followed Bob. Viagra has always been a political, financial and cultural lightning rod, attracting all sorts of wanted and unwanted attention. To me, the cultural aspect is the most consequential factor because America has never been quite sure how to feel about sex. One minute we hypersexualize everything (Hannah Montana has turned into Cherry Forever and the new GQ features two actresses from “Glee,” one in a Catholic school skirt so short it qualifies as plaid dental floss, the other in white panties with her legs spread). The next minute, we act like we landed in Plymouth, Mass., last Thursday. What kind of advertising do you do when the country says, “Please don’t run your spots before 10 pm because when I’m watching Jack Bauer waterboard a narco-terrorist with the kids, I don’t want them exposed to inappropriate adult content.” I don’t care what brand you work on, a monster cultural disconnect like that wreaks havoc on your strategy, your creativity, probably your sanity, and it’s a battle you really can’t win.

“Cue Viagra’s new campaign, ‘The Age of Knowing.’ The idea is so simple, it’s almost subversive: When life throws you a curve ball, you just... DEAL WITH IT.”

– Jonathan Isaacs, Chief Creative Officer at Ogilvy Healthworld
Unless.


Finally, mercifully, some planner at the new agency got an A on their history homework and realized that Viagra, like the NFL or Chevy or the Marines, has always been a quintessentially true-blue American male brand. It isn’t about sex. It isn’t about mumbling your way through a conversation with your doctor about wanting to have sex. It’s about being a MAN. A red-blooded-iron-jawed-keep-your-pie-hole-shut-your-feelings-to-yourself-and-get-things-done man.

A reflection of real men

Cue Viagra’s new campaign, “The Age of Knowing.” The idea is so simple, it’s almost subversive: You are a stand-up guy who’s been around the block a few times. So when life throws you a curve ball, you just… get ready people… DEAL WITH IT. It’s so bloody obvious, at first it makes you think it can’t be right. But it makes complete sense. Men don’t like to talk about their problems and who among us hasn’t imagined being a world weary Sam Elliot or Clint Eastwood?

The campaign kind of combines both. The TV and print show weathered guys handling whatever is in front of them with lines like, “This is the age of knowing what you’re made of,” or “Men don’t look for excuses. They just get things done.” The executions are modern and clean (with a Viagra blue tint), the type is strong and the message is clear. ED is a challenge like any other. You don’t have to feel bad about it. Or awkward. Or insecure. ED doesn’t make you less of a man. Not doing something about ED makes you less of a man. You need to take action ‘cause that’s what men do.

What real man would argue with that? ‘Nuff said.

BONIVA: Subtle Branding With a Powerful Message

Reviewed by John J. Nosta

One word starts us on our brand journey: BONIVA. A single word that sets in motion a cascade of influence that established a powerful brand. Simple imagery and associations that are subtle at first but all lead to a brand personality that grabs the audience and (almost subconsciously) locks them in.

But let’s take a step back. Osteoporosis, once you know you have it, is about fear. It’s the fear of growing old and the fear of a fall and the subsequent fractures that can happen to frail, older bones. But the interesting observation is that this famous fall isn’t really the issue. In fact, in the patient with osteoporosis, the fracture can often occur first, and then the fall, simply as a result of the fracture! The BONIVA story is all about power and the restoration and preservation of bone strength – but it doesn’t hit you over the head with “power graphics” or frightening imagery of broken bones and broken lives. The series of BONIVA DTC advertisements provides an interesting use of powerful communications that underscore this strength. And it’s this power that is disguised artfully across a variety of communication elements. It’s these elements that, taken together, build a brand that offers the strength that this fearful and aging consumer needs.

The power of the name

The brand name sets the stage for BONIVA and really says it all. Bone. The linguistic analysis points right to a statement of indication and to efficacy. This drug treats your bones. It’s simple, it’s a single word and it’s easy to remember. But there’s more that lies beneath the surface. The word structure itself provides an interesting word play. If you switch the two syllables around – IVA and BONE, you loosely construct the central claim: “I HAVE BONE.” The name is simply perfect and provides the backbone (I couldn’t resist) for the promotional development. The color adds to the structure of the story. It’s solid and strong with a sans serif typeface. And when the name isn’t presented in logo form, BONIVA is always represented in the more powerful all-cap style. Now, a bit of a divergence begins. We see in the logo, the human form standing in contrast to the powerful name and typography. The icon clearly represents the human form in a unique motion style. But take a closer look. There is no fear of falling here. And the icon appears to be moving beyond a simple step and more into the lofty realm of flight. But more about flying later.

“It’s these elements [in BONIVA’s advertising] that, taken together, build a brand that offers the strength that this fearful and aging consumer needs.”

– John J. Nosta, Creative Officer at Ogilvy CommonHealth Worldwide

The power of the story

The BONIVA story isn’t really about the drug itself or a complicated mechanism of action involving that boring science of osteoclasts and bone density. What it’s really about is patients living their lives with less of the burden and fear of osteoporosis. BONIVA gives a patient the power to be active and preserve bone strength. The TV spot is rich with activity
from yoga to weight training. These scenarios establish today’s active woman (60 is the new 50) and the associated role of exercise in preservation of bone strength. It’s not about what the drug does, but what it lets the user do – the power (and permission) to be active in today’s busy world.

But beyond the powerful name, brand hallmarks and story, the real magic of BONIVA is Sally Field. Certainly, Sally appears to be a vibrant 64-year-old woman who has taken great care of herself. She’s a great model of health for her peers. In a sense she’s timeless and un-aging, and that’s the exact desired effect that both the drug and the patient wish to create. But ask any 60ish woman in our target audience about Sally and you get a very common response: she’s Sister Bertrille on the television show The Flying Nun! But what does that have to do with our brand? Well, this leads back to our subtle branding and the conscious and subconscious associations that promotion can establish.

With Sally, there are several. First is the general sense of “likeability” that this character presents. She’s friendly and open. Second, her widely recognized television character is a nun. And while there are no specific religious implications, we do have very strong associations with purity and trust. These elements begin to provide a halo effect to the brand and create the very core values and attributes that drive brand adoption – trust (efficacy), purity (safety) and youthfulness (patient type). But let’s not stop there. Remember the icon? The patient in motion, or dare I say patient in flight? The added element of the “flying” nun further reinforces the brand story of power. Power brought to the level of superhero without all the negative baggage, overstatement and borrowed interest of a cartoon character.

Simply, BONIVA lets you fly away from the fear and concerns of osteoporosis. And that’s due to powerful brand hallmarks and advertising that accomplishes this without your even noticing! DTC

Jonathan Isaacs is chief creative officer at Ogilvy Healthworld (www.ogilvychww.com), part of the Ogilvy CommonHealth Worldwide network, the largest assembly of creative talent in the world of healthcare communications. Isaacs can be reached by e-mail at Jonathan.Isaacs@ogilvy.com or by telephone at (212) 237-4713.

John Nosta is a creative officer at Ogilvy CommonHealth (www.ogilvychww.com), part of the Ogilvy CommonHealth Worldwide network, the largest assembly of creative talent in the world of healthcare communications. Nosta can be reached by e-mail at jnosta@common-health.com or by telephone at (973) 352-3001.

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Value-added packages available for 4 time advertisers. Opportunity for integrated presence through DTC Perspectives magazine, our Web site, e-mails/e-newsletters, and conferences.
While setting up an ideal testing plan can be difficult, it is still important to take an idealist’s perspective. Measurement and testing should be scoped with specific objectives, followed by a formalized analysis, with a planned repeat test in the future to continually optimize results.

BY LOUIS WINOKUR

The biggest lesson young adults learn as they move from the classroom to the business world is that it is difficult to setup an ideal testing process due to various constraints such as lack of budget, time or resources.

Despite this, it’s still important to take an idealist’s perspective when creating a testing plan. You might facetiously think of this as the “Wash, Rinse, Repeat” approach. Measurement and testing should be scoped with specific objectives, followed by a formalized analysis, with a planned repeat test in the future to continually optimize results.

In this article, we will use a case study to show the results of a testing plan. We will then illustrate how this initial test helped create the framework for a proposal to a different client that will help them improve elements of their patient relationship marketing program. The test in question improved upon previous methodologies and had definitive results. Three of four original subject lines had open rates that were over 35 percent higher than test subject lines.

This simple “Wash, Rinse, Repeat” framework echoes the mantra of a famous organization that provides strategies for public speaking. The idea is that most processes can be broken down and explained in three simple steps.

Step 1 – Scope out the parameters
The lead account person has just come bursting into your office with a new request. “The client would like to do an e-mail test. We need to provide them with a scope of work by the end of the week!”

It doesn’t matter if your title is analyst, senior manager, or director of the department – the very next step should be to setup a meeting with the sales team and all of those involved in the analytics to discuss the project and understand what the client really wants. Once that is done, a preliminary scope can be prepared and discussed with the key contact at the client.

In this case, we had a fairly new program that had passed the initial launch phase and was ready for some strategic adjustments. The program was designed to educate caregivers and patients about a disease state. Enrollees were segmented based on their relationship to the patient and their treatment status. A series of educational e-mails were then delivered to the patients over the ensuing months.

The objective was to find out if the current subject lines were better than alternative subject lines that were already promotional review team approved. Ideally, it would be great to test each and every e-mail in the streams, however as we discussed the project with the account team, we realized that based on the program size and time constraints, it would make sense to test a handful of e-mails in the streams.

Once the timing was known, we used enrollment history to estimate the available sample size for the test and control segments across the various streams. The test parameters were straightforward. We would run a simultaneous test and randomly select enrollees to receive either the existing subject line (control) or the new (test) subject line. The measure of suc-
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cess would be open rates since all other variables would be the same for each group. The four pairs of subject lines were tested over a two month time period.

**Step 2 – Check the data**

The test is underway and you are receiving weekly data feeds on the results for the subject line pairs. You’ve been keeping the account person apprised of the initial data, but the client is hungry for the final results.

Time to take out the whip and the chair, more time is needed to gather sufficient sample size and make sure the results are significant.

The actual story isn’t that dramatic, but oftentimes there is a subtle pressure to provide results before everything is fully baked. Over the course of this test, we examined cumulative results, but also reviewed weekly data feeds to ensure that there were no anomalies. For example with the random assignment of subject lines, we would not expect each test pair to have the exact same count of e-mails delivered. Conversely, there should not be a large disparity in the counts for each pairing. Finally, providing all other factors are equal, we would expect consistency in the results. If the test e-mail has the higher open rate in weeks one through three, we wouldn’t expect the control e-mail to reverse course and suddenly have a higher response rate in weeks four through six.

If weekly results suddenly reverse direction, it’s time to investigate to see what has changed. In past tests, we found that one or all of the following had occurred:

- A number of client employees had joined the program without our knowledge and were inadvertently skewing the results
- The media plan had changed or advocacy group mailings had caused new enrollees with different profiles to enter the streams
- An internal glitch had caused test and control data streams to be transposed

After the two month time period had elapsed, we checked the cumulative data and concluded we had sufficient information to identify a winner in three of the four tests.

**Step 3 – Present the results**

The ballots have been cast and the results are in. We put together a short presentation to explain the findings. New learnings were achieved and the client is pleased, but various circumstances cause them to pass on another round of tests to answer some of the new questions that have been unearthed.

Three of the four subject line pairs in the data table above tested the difference between “Welcome to program name” vs. an alternative that emphasized the delivery of a “Doctor Discussion Guide.” The results were the same for each test, regardless of the program segment. People were more apt to open the “Welcome” e-mail than the “DDG” alternative. Although the segment C test didn’t have sufficient sample size to have a conclusive result, the consistency of the three outcomes suggests that it was important to remind the enrollees that they had opted in to a program and were receiving their initial communication.

The fourth pair compared alternative phrasing on how to educate enrollees about treatment options for the disease. In this case, the alternative subject line with the key phrase “Informa-
This implies that succinctness and a personal touch trump a more clinical expression about how to treat a condition.

Wash, rinse, repeat & learn

A new opportunity has presented itself. Another client with a more complex program has asked us to provide an outline of a test for their e-mail streams. The good news is that lessons learned from the “client A” test can be applied to “client B.” Here’s our chance to sketch out a refined approach and provide even more insights on what drives enrollees to open a patient relationship marketing e-mail.

The latest request for an e-mail test, allowed us to stretch out and come up with a more ambitious design. We proposed a similar test/control format for round one of the test, but added some nuances that will shed even more insight on the results.

• E-mail pairs will be tested as before, but round two was planned for Q1 2011, allowing our client to spread the budget for the tests over two fiscal years
• A new parameter, “subject line length” will be evaluated in order to assess if people are more prone to answer shorter subject lines
• Four subject line pairs will be evaluated across each segment, allowing us to understand if alternative subject lines still make a significant difference as enrollees receive e-mails that are further down the communication stream

Ultimately, the goal for any testing regimen is the acquisition and application of knowledge. It is important to work with an idealist’s attitude to start, and make adjustments as needed. A one-off test may be satisfactory in certain instances, but more often than not, the “wash, rinse, repeat” (& learn) regimen will pay the biggest dividends.

Louis Winokur is the director of analytics at DKI. DKI specializes in patient relationship marketing strategy and implementation, with more than 10 years of industry-leading experience in the digital world – coupled with a distinctive ROI-based model. DKI understands the full spectrum from acquisition to measurement and how to make all the dots in between synchronize. Winokur can be reached by telephone at (201) 391-6000 x-560, or by e-mail at lwinokur@dkidirect.com.
Developing Customer Trust in a Multi-Channel Environment

The rise of digital media, among other factors, has helped shift marketing from a sales-force centric model to a multi-channel customer-centric, value proposition. With the majority of consumers conversing online about health, trust is crucial for pharmaceutical manufacturers to be able to keep their consumer and physician retention levels up.

by Mark Sales

One of the biggest “sea changes” that pharmaceutical companies are going through right now is the move slowly but surely from a sales-force centric model with marketing largely in a support role to a multi-channel customer-centric, value proposition. As well as market factors such as the decline in the “blockbuster” drug and the flow of the tide towards generics and more personalized drugs, the “rise and rise” of digital media has had a part to play in this shift.

According to a recent report from Web monitoring firm Synthesio, the top international topic of conversation online is health. While other reports suggest that more than 95 percent of consumers are engaging in healthcare conversations online, 38 percent of doctors internationally are participating, with a whopping 83 percent feeling that they would be more likely to join in the online dialogue as well when proper guidelines and regulation come on board. Because of this – and despite the restrictive pharma environment – pharma companies have been diverting marketing spend to digital channels, with SDI noting an increase of more than 32 percent in industry spending on “ePromotion” to physicians, and Econsultancy and Exact Budget pointing to a 10 percent shift to Internet and social media channels in 2010 for the international pharma market (compared to a 65 percent increase in the market overall). But is this shift making pharma marketing more effective? Multi-channel is not the same as multiple channel; an all things to all men increase in Tweeting that doesn’t tie in with any of other marketing will have the same negative effect as an ill thought through ad campaign, although it will probably reach many more people. And right now a significant majority of patients (70 percent) and healthcare professionals (60 percent) do not wish to communicate with pharma via (currently unregulated) social networks, increase in digital spend or not. So what’s the issue? One word – “trust.” Take the physician, for example; as the official gatekeeper to the consumer, it goes without saying that in the new scheme of things, it’s really important for the pharmaceutical marketer to keep them on side. The mind set tends to go like this, “They are still prescribing my products and they aren’t turning away my reps so they must be loyal, right?” Wrong. Just because the doctor
keeps ordering doesn’t mean that the offerings are “just what the doctor ordered.”

Measuring relationship strength
An ongoing Kantar Health survey — *The Changing Pharma Commercial Model*, based on the TRI*M Customer Retention Index — which was set up some years ago to determine the strength of pharmaceutical companies’ relationship with primary care physicians and general practitioners in the U.S. and Europe, has shown that there is a tendency to mistake complacency for loyalty and that this tendency has become even more of an issue in these changing times. In countries where organizational changes were made in 2008/2009, retention indices dropped, the U.S. losing a statistically significant three points in 2009, then regaining them as the changes settled in 2010. In this new world, it’s also not just the physicians who are recommending brands (or not). Patients will no doubt be sharing stories and (often strong) opinions in cyberspace and rating performance. Some are voting with their feet if they don’t trust a brand — one quarter of new prescriptions written never get filled and more than half don’t get used within six months, not only costing healthcare systems a lot of money but hurting the pharmacy companies in terms of lost sales. Again, gaining trust and advocacy is the key; delivering open, transparent and targeted messages in the right mediums, constantly monitor the impact and making adjustments along the way. It’s no longer about “tell and sell.”

Trust’s impact on retention
Going back to another Kantar Health survey that was conducted in Dec. 2009 around the value of Corporate Reputation, it’s interesting to see which pharmaceutical companies are leading the performance tables on the ultimate “trust” metric, customer retention and how that related to their marketing and sales strategies. All in all, the survey showed that big companies struggled with achieving retention, but compared to industries like finance which generally showed very poor retention at under one third of customers for 2009, a TRI*M reputation index for the pharmaceutical industry in general doesn’t seem quite so bad (see figure 1). Novartis, a clear leader in the Reputation stakes and also in terms of Retention for the past three years, would appear to have a very strong cross-company multi-channel strategy. An interesting knock on effect from this is that, judging by the results from our survey, their top score in terms of reputation clearly links to their bottom line. So what has Novartis been doing to ensure they are effective in their multi-channel marketing and sales effectiveness? They are a very interesting case. They have a strong and consistent trust building marketing strategy that sees them leading the way in leukemia education and communication (for example, CML Earth, a social network that connects chronic myeloid leukemia patients, is popular with patients, patient groups and healthcare professionals from

**Figure 1: Novartis leads the pack for pharma companies in the TRI*M Customer Retention Index.**

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**Figure 2: The psychologist’s model for building trust.**

- **Dialogue**
  - Keep promises
  - Explain
- **Apologise**
- **Understand**
DEVELOPING TRUST

The survey showed that big companies struggled with achieving retention, but compared to industries like finance … a TRI*M reputation index for the pharmaceutical industry in general doesn’t seem quite so bad.

Regaining lost trust for the long-term

The key to managing this situation and regaining trust was that they monitored opinions to get an understanding of “the hurt,” acknowledged that they had been wrong, explained why, committed to doing better next time and opened up the dialogue rather than hiding their head in the sand (see figure 2). To err is human and it is not a deal buster as far as trust is concerned – as long as you don’t pretend that bad things haven’t happened and as long as you show you are doing your best to make amends (see figure 3). All of this goes to show that, as with any relationship, retention and advocacy won’t happen without pharma companies having consistently believable, reliable, competent, committed and engaging dialogue through multiple channels with high value customer segments. Online is a great place to build trust but it’s not the only way and there are easier routes to take while key customer segments are still reluctant to engage and regulations restrict usefulness. To gain trust from physicians, key opinion leader advocacy – identifying and partnering with those experts who can really support your marketing efforts with hard facts – is an important marketing strategy as is overall corporate reputation management. For the end customers, important trust building themes are education, the transparent flow of information and a more customer-centered product development process. And if you are not measuring how effective your multi-channel campaigns are at winning trust from all the key stakeholders, it really is time to start thinking long and hard about how to get some metrics – the signaling and coordinating glue in the system – in place.

Mark Sales is the global practice area leader for stakeholder management at Kantar Health, where he is responsible for the strategic direction and implementation of a portfolio of business solutions. He can be reached by e-mail at Mark.Sales@Kantarhealth.com.
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Members of the 2010 Class Inducted into DTC Hall of Fame

For its third annual DTC Hall of Fame class, DTC Perspectives honored four pharmaceutical executives for their achievements in advancing direct-to-consumer advertising, during a mid-November ceremony.

A variety of industry members joined together to celebrate the induction of four new members during the special DTC Hall of Fame ceremony. As part of the Marketing to the Digital Consumer Conference – A Healthcare Perspective, DTC Perspectives proudly inducted: Minnie Baylor-Henry, Pharmacist, JD, National Director, Regulatory Life Sciences, Deloitte & Touche, LLP & Former Director of DDMAC (1995-1999); Scott Grenz, Director of Media Buying, GlaxoSmithKline; Andrew Schirmer, EVP, Managing Director, McCann HumanCare; and Dorothy Wetzel, Co-Founder, Extrovertic and Former Vice President of Consumer Marketing at Pfizer.

The DTC Hall of Fame award was created to recognize individuals who have made significant contributions to advance DTC marketing. “DTC marketing has been practiced for more than a decade and has grown to become an important component of the industry’s success,” said Bob Ehrlieh, chairman of DTC Perspectives.

Candidates, current or retired with at least five years of experience, are nominated by the industry and then voted on by the DTC Perspectives’ Advisory Board to determine the final inductees. All sectors of the DTC industry – pharmaceutical manufacturer, agency, media channel, DTC service provider, DDMAC, and academia – are each valuable to enhancing patient communications, with the 2010 class nearly covering the gamut.

This year’s ceremony included personal introductions for each inductee, as well as brief video presentations from colleagues honoring them with personal anecdotes and words of praise. (Videos can be found on our YouTube channel, www.youtube.com/DTCPerspectives.) Profiles of the four executives appear on the following pages of this issue.

Google’s Amy Cowan with Alyssa Barrie and Michelle Kraemer, both from *The New York Times*, discussing the presentations from the first day.

Karole Olesky, Extrovertic’s Sarah Jaffe and Laura Radosh, and Andy Chamlin of Ironwood Pharmaceuticals networking during the opening night festivities.

Digital Debate opponents Bill Drummy of Heartbeat Ideas (left) and Professor Lewis Glinert from Dartmouth College come together to celebrate the Hall of Fame inductees.

John Kamp of Coalition for Healthcare Communication, James Silverman of CARE Media KidCARE TV and Suzie Schuyler of Prevention anticipating the Hall of Fame induction ceremony.

Kathleen O’neal of The Monitor Group, Scott Roskowski of the Television Bureau of Advertising, and Lauren Boyer from Underscore Marketing enjoying the Hall of Fame cocktail party.
As DDMAC Director, Baylor-Henry Helped Change FDA’s View Of Broadcast Ads

DTC Hall of Famer Minnie Baylor-Henry said she continues to believe that “empowering consumers is important to effective healthcare,” and it was with this mindset that she led the effort to develop the industry-starting draft Guidance for broadcast television DTC ads back in 1997.

By DTC Perspectives staff

It’s been a quick 13 years that have passed since the FDA issued its landmark draft Guidance in 1997 that provided a pathway for full-product advertising of prescription drugs on television. Minnie Baylor-Henry, who was the director of FDA’s Division of Drug Marketing, Advertising and Communications at that time, played a central role in developing this draft Guidance and working with the pharmaceutical industry to help pave the way for more direct communication with patients.

For her work in the development of this draft Guidance on broadcast advertising, Baylor-Henry has been named to the DTC Perspectives’ DTC Hall of Fame and received this honor and recognition at a November reception and induction ceremony that honored four new Hall of Famers for 2010. Baylor-Henry, who left FDA in 1999 to join Johnson & Johnson and initially held the post of senior director of regulatory affairs, has most recently held a national director role at the consulting firm Deloitte & Touche in Boston, but she was expected to return to Johnson & Johnson in 2011.

At FDA, Baylor-Henry worked in several areas, including National Health Fraud Coordinator, but is best known for her role as director of DDMAC, a position that gave her responsibility for the regulatory oversight of all prescription drugs advertising and marketing. She was responsible for many policy initiatives, including the issuance of the draft Guidance on DTC broadcast advertising.

In 1997, when FDA issued the paradigm-shifting draft Guidance on broadcast advertisements, the agency experienced a wave of criticism who felt that the FDA was “providing a mechanism that would invariably cause a problem with the traditional patient-physician relationship,” she noted. “However, we firmly believed that an empowered consumer would actually be a better patient and it was important that in the sea of information that the consumer have access to truthful, non-misleading information.”

Baylor-Henry also recalled the details from an FDA meeting in the late 1990s with the pharmaceutical company Hoechst Marion Roussel that set in motion the FDA’s move to permit broadcast DTC advertising for the first time. “There was a meeting with Hoechst Marion Roussel that took place at the FDA,” she recalled during her acceptance at the Hall of Fame reception. “FDA had requested the meeting because of questions about an Allegra ad where there was a person windsurfing over a field of wheat. FDA presented its data that supported its contention that that ad was making a representation about the product. [It was] no surprise that the

continued on page 42
Scott Grenz

A Media Planning Success

With the constant evolution of the media landscape, setting the right media plan is just as crucial for a brand as designing the right creative. Scott Grenz’s media developments on both the agency and client sides have proven successful time and again, including his work on the launch of Lipitor.

By DTC Perspectives staff

Media planning is an integral part of DTC. When combined with strong creative, a campaign’s success can be limitless. Enter Scott Grenz, media expert. As he will tell you, “It is not an easy task to effectively leverage all communication channels available to us within the regulated environment in which we operate… but when it can be done, the results are compelling.”

With more than 24 years of experience, Grenz is currently the director of media buying, North America for GlaxoSmithKline, responsible for providing strategic leadership and vision for all media investments in both the pharmaceutical and consumer healthcare divisions, as well as playing a vital role in the procurement organization at the company. With a keen focus on effectiveness, he has been able to draw upon experiences from each division to adapt the best practices overall. Before joining GlaxoSmithKline, he was with Johnson & Johnson as an investment leverage and futures director, responsible for all media negotiations. Prior to that, he was with Warner-Lambert/Pfizer for nearly a decade, most notably as a media lead for the launch of Lipitor.

He has been described as a man ahead of his time by colleagues, with Joe Hoholick, executive director, DR marketing at Amgen, calling Grenz’s media plan for Lipitor’s launch “shockingly innovative for its time.” As the director of media services in 1998, Grenz developed interesting partnerships and placements for the cholesterol treatment, while most of pharma was experimenting simply with network television. He managed to not only plan television spots and print ads, including a weekly four-page placement in TV Guide, but secure a 100 percent pharma share of voice in the New York baseball Rainout Theater and signage at Yankee stadium.

Grenz joined the Lipitor launch team from the brand’s agency partner J Walter Thompson, now known as JWT. During his seven-year tenure at the advertising firm, he worked on media planning and execution for several accounts, including Merck and Warner-Lambert. He had previously been a media planner with advertising agency Ayer, where he began his career.

Referred to as a quintessential media innovator, Grenz is quick to point to his mentors as one of the reasons of his success. Working with Hoholick and Bob Ehrlich, CEO of DTC Perspectives, at Pfizer, and Louis Jones, CEO of Maxus, in his early days at JWT, Grenz explained how they served as an inspiration for not only their drive and passion, but also for providing many opportunities, allowing him to achieve through both hard work and trial and error.

Also priding himself as a family-man, this devoted husband and father of two finds the best motivation to be “informing consumers about life-changing solutions to very real problems.” Keeping up with the constantly evolving media environment can be daunting, but Grenz finds the changes to be new and exciting challenges. Concentrating on innovation, efficiencies and effectiveness, he helps marketers make sense of it all, leveraging media to the fullest for each brand, saying, “I can’t think of a better way to spend the day.”
From Art Director to Agency Leader, Schirmer Finds His Way to Hall of Fame

In a distinguished advertising career that spans almost a quarter century – beginning as a freelance art director and moving to account management and agency chief – Andrew Schirmer has established a record of success in health care marketing and has earned a place in the DTC Hall of Fame.

By DTC Perspectives staff

Health care is not like any other consumer product or service. And marketing in health care – if that is even the appropriate term to describe this unique discipline – requires a different mindset and outlook. At least, this is the view of many health care marketers, and especially those who are the most successful in the profession.

Count ad man extraordinaire Andrew Schirmer, executive vice president and managing director of McCann HumanCare, among the group of highly successful health care marketers who takes a different view of his chosen field. Schirmer, who worked on one of the early DTC brands – the Parke-Davis Alzheimer’s treatment Cognex – has a 24-year health care advertising career and he has been involved with many of the leading pharma companies’ most successful consumer campaigns. This year, he received one of the industry’s highest honors, a place in the DTC Hall of Fame.

“While most of the marketing world revolves around enticing you to want things, our industry has always been about helping you to understand medicines and other therapies that you actually need,” Schirmer noted. “I continue to feel very good about the role we play in helping people live better, healthier lives. And in a society that seems to have been damaged greatly by the ‘I want’ culture, it is rather fulfilling and gratifying to earn a living in the ‘you need’ world of DTC health care communications.”

Schirmer, who was on a pitch in Europe in late November and was not able to attend the Hall of Fame event, has spearheaded the launch of the consumer health care practice at McCann Erickson. He has a wide variety of OTC, Rx and “wellness” marketing experience and has worked on major accounts for Pfizer, GlaxoSmithKline, Novartis, Boehringer Ingelheim and Sepracor (he was an integral part of award-winning campaigns for Lipitor, Prevacid, Lunesta, Viagra, Avodart, Zantac, and Reclast.)

‘Thick as thieves’ with a colleague

In his absence at the DTC Hall of Fame event, Schirmer asked former colleague (and fellow DTC Hall of Famer) Matt Giegerich to handle his “introduction” and read his remarks. Giegerich, chief executive of Ogilvy CommonHealth Worldwide, recounted his early days in the advertising business with Schirmer as a colleague and friend.

“I have had the honor of knowing Andrew as a friend, really for 21 years. We started together in the agency business,” Giegerich noted. “He was originally a freelance art director and I was an account guy. We were, for a long period of time, thick as..."
Dorothy Wetzel

Passionate about Serving Patients

Dorothy Wetzel’s experiences as a consumer healthcare marketer had created quite a storied career. Having grown as a marketer from her early days with Whitehall-Robins to launching her own agency last year, Extrovertic – her focus has remained the same: it’s all about the patient.

By DTC Perspectives staff

Working with the philosophy from former planning colleague Nat Puccio of “He who knows the consumer best, wins,” Dorothy Wetzel has consistently placed the patient at the center of her attention. Her passion to serve patients is what motivates her to produce the best marketing possible for her clients in her role as co-founder and chief marketing extrovert at Extrovertic. Mark Drossman, founding partner and chief creative extrovert at the agency, described her as having an “unshakable belief that smart marketing can help pharmaceutical companies literally transform the lives in patients for the better.”

Wetzel has also been able to draw much inspiration from those around her during her 25-plus year career in the consumer healthcare industry. Her creativity was encouraged in her early years by mentors Andy Davis and Holly Crosbie-Foote from her days at Whitehall-Robins (now Wyeth Consumer), allowing her to flourish. After moving to Pfizer in 1996, former boss Randy Goldmann taught her how to channel that energy and creativity when creating campaigns.

Becoming the vice president of consumer marketing during her tenure with the pharmaceutical giant, Wetzel worked on such brands as Celebrex, Lipitor, Viagra and Zoloft. She also served as a driving force behind some of Pfizer’s industry-leading patient marketing initiatives, including Pfizer for Living (an award-winning CRM program that has since been featured in a Northwestern University, Kellogg School of Management case study), Sana La Rana (an esteemed Hispanic health program), and Pfizer Health Literacy (a widely-acclaimed clear health communication initiative).

Harnessing her experiences as a client, Wetzel transitioned to the agency side of the business, after being given the opportunity by Mike Trepicchio to join Saatchi & Saatchi Healthcare Communications in May 2006. While there, she oversaw AstraZeneca’s consumer and professional marketing efforts as a senior vice president, management supervisor and navigator. After moving to another Publicis agency, Glow Worm, where she was an executive vice president, managing director, she and colleague Drossman decided to launch Extrovertic.

Priding herself on out-of-the-box strategic thinking, Wetzel and Drossman have led their team by infusing non-traditional approaches into a brand’s marketing platforms. Celebrating its second anniversary in January 2011, the “Extroverts” have grown the company with clients including Vertex Pharmaceuticals, Laser Spine Institute, and the UNC Center for Functional GI and Motility Disorders. Wetzel also helped create a joint venture with Extrovertic and Virilion (a Washington, D.C.-based digital and social media agency), called EV Healthcare, at which she serves as a managing partner.

As if her plate isn’t full enough, Wetzel is also a loving wife and proud mother of two children. Her family, friends and peers will describe her as a game-changing visionary with a sharp sense of humor and infectious laugh who simply refuses to accept the status quo. Understanding the opportunity she has to help create life-changing communications for consumers, Wetzel’s philosophy is now, “He who serves the consumer best, wins.”
company disagreed. However, at the end of the meeting, Hoechst presented a suggested pathway for companies to broadcast full-product ads on TV. The suggested pathway very much resembled the [subsequent] draft Guidance that FDA eventually issued. So, for all of you who believe that you cannot make recommendations and truly make a difference with the regulators, I am here to tell you that you can offer useful suggestions – Hoechst did and it changed the face of advertising,” she said emphatically.

As much as the DTC environment has evolved over the past 13 years, it’s now on the brink, possibly, of making another major change to how pharma companies communicate with patients as the agency prepares to issue a draft Guidance on social media. The FDA is faced with “considering the history of DTC and whether industry abused the trust that FDA bestowed in issuing the [broadcast] guidance,” Baylor-Henry noted at the Hall of Fame reception. “Many will say that the industry has acted irresponsibly,” she added, noting that a critical date in the evolution of broadcast DTC occurred during the broadcast of the Super Bowl in 2004 when drugs for treating erectile dysfunction were advertised to a huge audience of television viewers, including many youngsters. “This may have been a tipping point,” she said. “It is important that industry work collectively to restore the trust with regulators and the American public.”

However, she added, she still believes strongly in the positive aspects of DTC consumer advertising and patient communication. “I believe today, as I did in 1997, that empowering consumers is important to effective healthcare,” she said. “Further, I believe that industry continues to be the best source for truthful information, but such must be offered in a responsible manner that is consistent with the law.”

Andrew Schirmer, continued from page 40

thieves. [We were] married without kids, living in the same condo development, working in the advertising industry and kind of paving both of our ways, first together and then separately…. It really is appropriate and right that he is recognized here today because he – along with many of you in the room and others who have been recognized in the past on this podium – really is one of the founding fathers in innovation and consumer health care marketing.”

Giegerich continued, “[Schirmer] is one of the quickest wits and one of the smartest guys you can put in a room. I love him as a friend; I hate him as a competitor. Trying to be appropriate tonight, I will gladly encourage anyone who tonight is looking for a great agency run by a great leader that you should really get in touch with Andrew. Tomorrow call me.”

A great line of work

In addition to his record as an agency leader, Schirmer also has a keen eye for trend-spotting. And he believes that the DTC sector is quickly approaching a critical point in its evolution. “We are at an inflection point in consumer advertising and communications,” he told DTC Perspectives. “While the whole model of how you engage consumers with brands and companies is evolving, there are certain truths to the health care category that not only still apply, but are more important now than ever.” Among these truths will always be the foundation that the “business” is built upon: helping people to live happier and healthier lives.

In his remarks prepared for the Hall of Fame reception Schirmer also noted, that he continues to work in health care – and to take last-minute trips to Europe for important pitches – because he truly loves the work. “Those of us who have been doing this for a while, still love it; love it because we believe in what we are doing,” he explained. “We believe passionately that we can help people live healthier lives; we believe in the confluence of art and science that defines our craft and we understand that the consumer insight we mine in health-care takes us to deeper places of human truth than any other category. Quite simply, it is a great line of work, and I am a true believer in the value we create for our clients and their brands.”
Marketing to the Digital Consumer

DTC Perspectives held its first digital conference, Marketing to the Digital Consumer – A Healthcare Perspective, in mid-November. Geared to both DTC and OTC audiences, it enabled various digital media experts to convene, discussing the latest trends in digital and social marketing, as well as provide suggestions for navigating potential regulatory minefields while the industry awaits FDA guidance on digital and social media.

Kicking off the two-day event was Bill Drummy, chief executive of Heartbeat Ideas. While promotional spending still largely favors traditional media, he said, the growth rate is significantly higher in digital channels, with a 56 percent increase in the past year (excluding search). “[Some marketers] are actually doing specific initiatives now to relook at how they should do marketing in general, given what has happened in the digital landscape,” he explained.

While marketers agree that marketing in digital channels is appropriate for many of their brands, the question now is “more about the how,” posed Jennifer Korch, deputy director of U.S. eMarketing at Bayer during her co-presentation with Manhattan Research’s Monique Levy. “How do you dissect that larger breadth of channels that are out there and figure out which ones really make sense to meet your business objectives?” She explained that the solution will be figuring out the best balance for a brand and campaign, “balancing within the digital channel and then balancing it with the offline marketing as well.”

Reaching new levels

Digital channels afford marketers with many new opportunities for targeting, reaching consumers, and engaging and interacting with them at new levels. Citing Manhattan Research’s Cybercitizen Health v10.0 survey, Levy, a senior director of research at the firm, said the numbers of consumers searching for health information online (eHealth consumers) and prescription drug information (ePharma consumers) continue to increase annually, reaching new peaks in 2010 of 169.2 million and 111.9 million, respectively.

“Digital media has seen the most growth, increasing 85 percent in just the past five years,” concurred Jayne Krahn, vice president, consumer health and custom research, Kantar Media during her co-presentation with colleague Michele Deutschman, director of the MARS OTC/DTC Study, as part of a research session comprised of three separate studies. Citing additional facts from their MARS 2010 Online Behavior Study, they also found that digital media has grown the most as a valued source for healthcare information, jumping from 26 percent in 2005 to 40 percent in 2010.

With so many consumers not only researching, but doing so more throughout the condition or treatment lifecycle rather than just in the beginning stages, “You can target as finely as you can segment your audience,” Drummy added.
Regarding targeting in multi-cultural audiences, Betsy Frank of Time Inc. explained that these demographics not only don’t mind being targeted, they expect it. When using authentic, respectful personal relevance in ads, multi-cultural audiences feel that their uniqueness and economic power is being recognized.

In some cases, such as the alcohol dependency case study presented by Maggie Borger of Alkermes and Andy Levitt of HealthTalker, social media was the best way to reach their target audience. As explained by Borger, the product director for the alcohol dependency medication Vivitrol, their target is one that is “very hard to reach,” and is primarily treated with counseling, not a prescription. Levitt, chief executive officer, explained that word-of-mouth marketing was appropriate because research shows that recommendations from a trusted source, such as a family member or friend, are 50 times more likely to persuade someone. And in the case of overcoming alcohol dependency, many patients and caregivers found talking about their experiences was crucial to recovery.

Earning consumer trust, credibility

In order to engage with a consumer, a marketer must first earn their trust. Google’s Mary Ann Belliveau, director of health, and Michelle Schumaker, industry strategy and operations manager of health, explained that their research discovered a 44 percent increase in trust in online health resources by consumers. As one of the research session presentations, their Healthcare Consumer Study also found that 64 percent of consumers turn to search engines first when researching a condition.

With search such an integral jumping off point, Google created new formats for pharma to be able to use sponsored links that better conform to regulations, such as adding space to present more balanced risk and benefit information and fixed safety information for black box ads.

Both the MARS study and the About.com Summer 2010 Healthcare Study found that consumers use the Internet as a supplement to other sources. While 57 percent of MARS respondents said it is hard to know which sites they can trust, consumers research from numerous sources, aggregating information to form their own opinion. They want to know more to feel better empowered, explained Laura Salant, director of research at About.com during her section of the research session. MARS data revealed that the number one way a website can earn trust is being recommended by a healthcare professional (56 percent), followed by having academic articles and scientific research (46 percent).

“Sustainable relationships involve high levels of transaction and trust,” noted Lisa Flaiz of imc2. However, the vice president of marketing and development added that marketers must connect with authenticity. If it is not genuine, as members of a Health Activists panel pointed out, consumers will know and turn away, oftentimes feeling used. As Lee Ann Till, a diabetes health activist, explained, marketers need to understand that many times their products are “unwanted necessities” in a consumer’s life. One way to help combat such a barrier is to make an effort to understand the consumer as a person, not simply a product user. Lisa Emrich, a multiple sclerosis and rheumatoid arthritis health activist agreed, adding that marketers should truly understand what it’s like to have the given disease. But one thing Jen Petit, Sjogren’s syndrome health activist, warned against was coming into a community and not asking before telling. Activists are seen as leaders in their communities and want to be treated as a partner, rather than a student.

Moderator Bob Brooks, vice president at Wego Health, asked if there were any particular efforts that these activists felt resonated with them and their communities. Among them, Till applauded Roche and Sanofi-Aventis for their respective

“Sustainable relationships involve high levels of transaction and trust,”

– Lisa Flaiz, Vice President of Marketing and Development at imc2
Leading to engagement

Paralleling those sentiments, Digitas Health’s SVP, Matt McNally, urged marketers to treat consumers more as a partner and really understand the value exchange. The senior vice president of media said it is crucial to know what consumers are looking for so marketers know how to best meet their needs. “The education is meshing with the power,” pointed out Salant. She added that combining power, education and trust leads to activation.

When patients feel empowered, they not only take action for themselves, but they also tend to be influential to other consumers, noted Jeremy Shane, president and chief operating officer at HealthCentral. During his co-present with Shane, McNally stated that Amgen’s Group Loop was a “nice foray into social media” as they provided teens undergoing chemotherapy with a way to connect with others going through a similar experience. He also said MedImmune was another standout effort; they took more of an educating, rather than advertising approach, by teaching parents about flu season around the start of the school year.

Combating regulatory issues (or a lack thereof)

During a panel discussion moderated by Ted Smith, the executive vice president of patient engagement and analytics at HealthCentral, Pete Dannenfelder, vice president of strategy, healthcare at Targetbase, suggested that marketers should make information readily available to consumers. Jim Dayton, senior director of emerging media at Intouch Solutions, added that since “digital is pushing us to be more transparent,” marketers might consider explaining the regulations and restrictions pharma has regarding digital media so consumers can better understand. Christopher Franck, principal, life sciences and health care with Deloitte Consulting, LLP, said that is it “not reasonable” to expect pharma to monitor all conversations, but they should be allowed “to protect themselves from maliciousness … to protect their brand and corporate identities.”

Consumer usability studies should be the focus when determining the best guidelines, recommended Kathleen Onieal, a consultant with The Monitor Group and formerly global leader of marketing innovations at Merck & Company, during The Great Digital Debate, with Drummy and critics Lewis Glinert, PhD, professor of linguistics at Dartmouth College and Jeff Chester, executive director at the Center for Digital Democracy, which was moderated by John Kamp, executive director of the Coalition for Healthcare Communication. Lewis stated that he would be most concerned with credibility and trust as a marketer, adding that the FDA only sets benchmarks; it is up to the industry to set their own ethical standards.

Be efficient and effective

Marketers need to figure out how to best utilize digital to ensure an effective campaign and efficiently-used budget. According to The Digital IQ Index, a study conducted by the L2 Think Tank and NYU’s Stern School of Business, co-presenters Scott Galloway, an associate professor and founder of the L2 Think Tank, and Scott Hagedorn, chief executive officer from PHD Media, a brand’s digital IQ is a primary driver of shareholder value. Among those with “Genius” digital IQs were Pfizer’s Viagra, AstraZeneca’s Nexium, and Pfizer’s Chantix. Both agree, however, that ambiguous regulation has left pharma largely paralyzed regarding digital innovations.

The key element to a campaign is to know what your media options are, where your audience is and align to your brand strategies, recommended Andrew Bast, senior vice president, general manager at Purple @ Epsilon. Lauren Boyer, partner and chief executive of Underscore Marketing and former interactive media leader at Wyeth Consumer Healthcare, recommended that marketers leverage multiple channels, both driving to the brand.com and engaging where consumers are currently. As the Television Bureau of Advertising’s president, Steve Lanzano, and vice president of marketing, Jack Poor, said, today’s media world is more complex, dynamic, demanding, and interrelated.
As a new year approaches, new media options gain momentum and political changes afoot, the pharmaceutical industry will be faced with new sets of opportunities and challenges. Five questions regarding consumer health care marketing in 2011 were posed to several marketing and media thought leaders, their complete responses follow on the next several pages.

Many of the Forum participants see exciting opportunities lying ahead as new media venues allow for greater engagement and connectivity with consumers. Reaching today’s on-demand consumers, especially in a cluttered and splintered marketplace, can be extremely difficult. However, marketers have more media options at their disposal than ever before to reach and engage with these current and potential customers.

Putting the consumer, rather than a brand, at the epicenter will ultimately help the product. InfoMedics’ Gene Guselli believes that by “supporting the patient’s entire treatment journey,” the consumer will be better informed and more engaged throughout the product lifecycle. Focusing on the patient’s needs and concerns over product promotion will also help a brand build credibility, which will in turn help combat any trust issues that consumers may harbor. Tailoring messages and creating cohesive campaigns – including an integrated multimedia campaign as well as efforts to strengthen the doctor-patient dialogue – can further engage consumers and build credibility.

Marketers must be as efficient and effective as possible with their planning, execution and creative. “A targeted plan with multiple touch points directed at both patients and physicians will bring the best overall return and can actually allow marketers to have more impact with fewer dollars,” explained Kerry Ann Clawson of AccentHealth. One of the biggest keys for marketers in 2011, Alex Dong of Health Monitor said, will be “to successfully integrate multiple vehicles and platforms to deliver real ROI.”

Furthermore, marketers are also faced with increased scrutiny by regulatory bodies and legislators in the coming year. Catalina Health Resource’s Renee Selman suggests industry members work “closely with officials at the FDA” and other regulators by forming alliances and educating them about “the positive value of patient communications.”

Interested in participating in a future Industry Forum? For more information or future topics, contact Jennifer Haug by e-mail at Jennifer@dtcperspectives.com. We welcome your feedback for each issue.
What does the future of DTC marketing look like to you?

Andrew Levitt  
Founders and CEO  
HealthTalker

I’d love to see companies make an investment in creating a branded experience around the product itself. I think about the amazingly cool look of all Apple products, the elegance of a Starbucks coffee cup, the distinctive grill of a BMW... Each of these companies is able to tie their brand experience to the user experience. But pharma does no such thing.

Imagine if prescription products could be manufactured and packaged in such a way to tap into the emotional connection that brands try to create through traditional advertising? Why are companies limiting their marketing efforts by allowing their unique, patented product to be delivered in a generic brown plastic bottle? How about packaging pills in such a way that enables manufacturers to know when a patient is using the product to optimize compliance and engagement? No more brown bottles; instead, a highly sophisticated technologically-advanced product distribution mechanism that cuts through marketing clutter, provides value for the patient, and informs the manufacturer (and potentially, the prescribing physician) about product usage?

This approach should result in better patient compliance, and would also lead to greater patient loyalty through differentiated product packaging.

Mark Hertenstein  
SVP, Sales  
Epsilon Targeting

We anticipate a growth and sophistication of DTC marketing whereby marketers focus on the critical role customer experience plays in keeping their organization competitive. To be successful in the evolving marketplace, we will need to find ways to increase engagement levels with patients by providing more relevant and tailored messaging that appeals to their individual interests, needs or conditions. This goal starts with obtaining valuable data – both condition/therapy and lifestyle/health attitude data. Not only will this improve the experience for the consumer, but it will also help marketers cut through the clutter and improve return-on-investment, by getting the right message to the right audience through the most appropriate channels – all while strictly abiding to industry regulations.

Marketing efforts which benefit patients, such as disease awareness and treatment education, will also create the opportunity for more meaningful dialogues with healthcare providers. Our research validates that doctors/nurses are the most trusted source of information, followed closely by friends and family. These conversations, both between marketers and consumers and consumers and healthcare providers, will happen across a variety of channels and will leverage new and emerging tools such as social media and mobile, in addition to the tried and true traditional channels of television and direct mail.

Kerry Ann Clawson  
Executive Vice President – Sales & Marketing  
AccentHealth

DTC advertising is alive and well, however it will most likely “look different” than what we have been accustomed to in the past.

Drugs marketers need consumer promotion more than ever with the vast reduction of detail forces coupled with the ongoing struggle for their sales force to get quality one-on-one time with physicians. With mounting roadblocks to reach these key influencers, healthcare marketers will need to expand beyond traditional methods of physician outreach and explore other tactics that will lead to doctor discussion.

Healthcare marketers will also need to adapt their messaging to longer formats to clearly communicate the efficacy of their brands as well as comply with more in-depth FDA fair balance requirements. This will mean longer commercial lengths as well as longer PIs in print, etc. As some budgets decline, there is simply less money to do more, which is why a targeted plan with multiple touch points directed at both patients and physicians will bring the best overall return and can actually allow marketers to have more impact with fewer dollars.

Alex Dong  
Vice President of Marketing & New Product Development  
Health Monitor

The future of DTC marketing will focus on facilitating successful patient-physician dialogue. We see this happen through an integrated multimedia approach, utilizing a combination of print, Web and mobile products to reach patients and physicians with relevant information. These information sources will provide actionable knowledge, allowing patients to better work with their healthcare team to manage their diseases and conditions.
Andrew Levitt  
Founder and CEO  
HealthTalker

The biggest opportunity for pharma marketing in 2011 is to move beyond media, and provide remarkable customer service for patients. The proliferation of emerging media, the exciting properties/functionalities made possible by these new forms of media, and the democratization of information itself have all collided to enable consumers to get the information they want, in the format they want, and when they want it now. And it means that the industry needs to rethink its more staid, traditional ways of marketing. We are creating an environment of pull and push experiences for our brands – pull some consumers into experiences directly with us designed to educate, encourage, and compel positive behavior change; and to push experiences out into the marketplace to engage other consumers where they can discover benefits, learnings, and inspiration on their own terms. Creating and enabling pull and push experiences allows our consumers to insert our brands into the context of their lives, and where that fit is positive, it forms a stronger, more trusting connection between the patient and brand.

Greg Lewis  
Chief Marketing Officer  
DKI

As pharma marketing evolves in an even more competitive and regulated environment, it feels like meaningful and sticky campaign opportunities are a thing of the past... but that just might not be the case.

Technology now affords the opportunity to further customize content to targets and allows them to define their unique user preferences. Marketers need to offer choices: Do targets want content pushed to them or do targets want to pull content? Will they access education and support on their iPad or mobile device... or do they prefer paper materials? These will be core questions that all marketing plans should be assessed against.

For healthcare providers, the rules have certainly changed. No longer is it appropriate for sales reps to “show up and throw up.” The most successful reps still have strong relationships but their interactions are a combination of live meetings, Skype-like Web-interactions and other virtual support that they fulfill to their targets.

As marketers who are all trying to identify the optimal channel strategy, we must ensure our customers (consumers / patients / caregivers and healthcare providers) are at the center of our decision tree.

Alex Dong  
Vice President of Marketing & New Product Development  
Health Monitor

Patient education initiatives at the point-of-care offer the biggest opportunities for pharma marketing in 2011. Point-of-care provides an immediate and contextual environment for brands and products to influence patients and caregivers. When you provide relevant information and knowledge at the point of action when patients and doctors are discussing relevant treatment options, you get compliance, persistency and a positive outcome. Health Monitor’s most recent point-of-care patient study found that more than 80 percent of patients are more likely to consider brands promoted at the point-of-care as the best fit for their condition; more than 50 percent who see an ad in point-of-care patient-education material take action, including initiating discussion with their physicians.

In 2011, we see growth in point-of-care platforms from print to interactive digital assets.

Andrew Bast  
SVP, General Manager  
Purple @ Epsilon

We are definitely seeing a rapidly growing appreciation and demand for experiential marketing – marketing that allows consumers to engage, understand, ask questions, wonder, customize, be inspired by, propose alternatives, and even try our brands. The proliferation of emerging media, the exciting properties/functionalities made possible by these new forms of media, and the democratization of information itself have all collided to enable consumers to get the information they want, in the format they want, and when they want it now. And it means that the industry needs to rethink its more staid, traditional ways of marketing. We are creating an environment of pull and push experiences for our brands – pull some consumers into experiences directly with us designed to educate, encourage, and compel positive behavior change; and to push experiences out into the marketplace to engage other consumers where they can discover benefits, learnings, and inspiration on their own terms. Creating and enabling pull and push experiences allows our consumers to insert our brands into the context of their lives, and where that fit is positive, it forms a stronger, more trusting connection between the patient and brand.

Where do you see the biggest opportunities / growth areas for pharma marketing in 2011?
Where do you see the biggest opportunities / growth areas for pharma marketing in 2011?

Gene Guselli
President and CEO
InfoMedics

There’s great promise on the horizon. I’ve seen early signs of innovation which should eventually bear fruit for patients and physicians, as well as the industry itself in the years ahead. It gives me great hope to see a few leading pharma companies moving away from the traditional promotion of brands and taking the first steps toward supporting the patient’s entire treatment journey. These leaders are laying the foundation for meaningful support at the point of care that continues throughout the stages and challenges that come with chronic disease – from diagnosis to life-long management.

The biggest opportunities however will require sweeping changes in the way pharma companies are organized and serve their customers. In this new world, the brand manager can no longer simply market the brand, moving from one tactical promotion to another. Instead, brand teams will need to work together with colleagues across the franchise to address the whole patient and all the challenges associated with the condition. This approach will not only serve the patient and physician with meaningful treatment support but will keep the patient engaged throughout the product lifecycle and bridge them to the next appropriate solution for their individual needs.

I’m excited to partner with our pharma clients as they transition to this new patient-centered platform in 2011.

Shradha Agarwal
Chief Marketing Officer
ContextMedia, Inc.

With the explosive proliferation of media in recent years, marketers have the tools at their disposal to build a more patient-centric plan – one that’s anchored around when, where and how patients make decisions and want to learn. This requires a tectonic change in the planning process. Marketers can now engage patients in the content of their healthcare routine, whether at the doctor’s office, pharmacy or home, with the power to offer relevant information at relevant times. Marketers that seize this opportunity by being there for consumers within the context of their healthcare routine will swiftly increase sales, acquiring new patients and driving them to higher rates of compliance. A second opportunity for marketers in 2011 is to invest in media programs that support physician-patient conversations. As media proliferates and the total amount of noise on health subjects increases, we’re seeing a “flight to quality” amongst consumers. Brands that can integrate their messages into the HCP-patient relationship will enjoy a halo effect of credibility.

Finally, another important consequence of this media proliferation is the opportunity for brands to step outside of the “60-second box” on video messages. Digital media allows for more robust, meaningful opportunities to engage patients with video because they are being reached when they’re searching for information rather than an interruption.

Are there any specific marketing or media tactics – either now being used or under consideration – that can be more effective in engaging consumers / breaking through the noise?

Greg Lewis
Chief Marketing Officer
DKI

Social media presents information and perspectives in a very real and transparent way. Agencies and pharma companies are exploring ways to leverage this medium in a relevant manner that meets regulatory muster. The balance of patient perspectives will help to create stronger brands among brands within the healthcare space.

Alex Dong
Vice President of Marketing & New Product Development
Health Monitor

Mobile and social media are two areas that provide tremendous reach and impact for reaching consumers. More and more consumers are accessing information through their smart phones and getting information from fellow condition sufferers. It is critical that marketing and media tactics incorporate and integrate these platforms into their overall marketing plan. Providing information/knowledge when people want it, and getting the community to voice their support, can deliver real ROI.
As marketers in the health care industry, we know we operate in a highly-regulated field. Over the past decade – and certainly in the past two years – the regulatory environment has become even more intense. Our objective should be to proactively engage consumers, regulators and legislators to demonstrate how guidelines that protect patients’ rights and privacy benefit all of us.

At Catalina Health Resource® we have made a determined effort to reach out to dozens of members of Congress over the past two years to specifically educate them on the value of patient medical communications in the pharmacy. We have worked closely with officials at the FDA and Department of Health & Human Services to provide perspective of how onerous regulations could severely limit critically-important, clinically-appropriate, consumer-friendly patient messages on medications dispensed by a trained pharmacist. And we have helped unite a respected coalition of pharmacies, pharmacists, patient groups and consumer advocates to help deliver that message on Capitol Hill and within federal agencies.

So, as we confront increasing regulatory oversight, our task to educate legislators and regulators is similar to a “campaign.” We have to strategically form alliances, expend the time necessary to meet with members of Congress and their staffs, and simply – yet convincingly – state the positive value of patient communications.

Perhaps the word “marketing” itself has taken on a negative connotation with the surge of television, print and social media advertising. Instead, as an industry we can better discuss the positive benefit we provide health consumers with efficient, important health care information based on sophisticated consumer insights linked with understanding of healthy behaviors and clinical relevance. As is stated often, the only thing constant in life is change – and as an industry, our challenge is to make the seismic change in control of the U.S. House of Representatives from the recent elections an opportunity for positive re-engagement with new and veteran members of Congress. In the end, we can demonstrate that strong self-regulatory principles and best privacy practices achieve a common industry and government objective: healthier, better-informed patients.
Where are the biggest challenges for healthcare marketers and media “owners” in the new year?

Rob Rebak  
CHAIRMAN AND CEO  
QualityHealth

The biggest challenges for marketers will be competing in crowded markets with generic products. This challenge will be compounded by the growth of e-prescribing (e-Rxing). Just about all of the major chronic care categories now have significant generic competition, including hypertension, diabetes, cholesterol, allergies, arthritis, migraines, BPH and more. Approximately 20 percent of physicians have embraced e-Rxing due to financial incentives offered by the government and the fact that physicians will be required to use e-Rxing in 2012 to be paid for their work with Medicare and Medicaid patients. In 2011, the number of physicians using e-Rxing is expected to balloon to 60 percent. Electronic prescribing and managed care controls go hand in hand because physicians will receive messages to prescribe within their respective formularies or risk being penalized if they do not.

These factors may significantly limit prescriptions for pharmaceutical products regardless of requests made by patients and sales reps presentations delivered to physicians.

Marketers must find resources to attract and engage the most significant and relevant target populations for their brands to tell the “rest of the story” about their brands within closed loop systems where patient education can go far beyond TV, print ads and online display ads. Further, marketers must reach targeted patient prospects in areas where managed care formulary support and access exist, where requests for prescriptions will be granted rather than be switched due to the immediate messaging associated with electronic prescribing systems.

Media owners offering wide scale reach with one-size-fits-all messaging will be called on to deliver in a much more targeted and formulary-relevant manner, and may be required to run their media at risk due to shrinking budgets. Media owners already able to offer these resources should be well positioned. Those who do not offer such resources may have to scramble to align with those who do.

Mark Hertenstein  
SVP, SALES  
Epsilon Targeting

Healthcare is a highly regulated and complex industry, creating significantly more challenges for marketers than other industries. In particular, as Washington begins to implement changes to healthcare plans – which will have broad impact on both consumers and marketers – confusion may arise amongst consumers that is best addressed in relevant direct-to-consumer marketing campaigns.

2011 will also be a big year for generics, which poises both a challenge and opportunity for pharma companies. With some big brands, include Pfizer’s blockbuster cholesterol-lowering drug Lipitor, going off patent, we will see a shake up in the marketplace. Although there may be a migration to the generic version, strong brands can mitigate these losses. Epsilon Targeting recently conducted research which showed that with the right incentive, consumers would switch back to the brand name drug. For example, 85 percent of diabetics said they would switch back with the right incentive.

To tackle these challenges head-on, marketers need more granular and actionable insights to create efficiency, maximize performance and most importantly provide a message that resonates with the individual consumer. Targeting is best achieved by leveraging rich data resources to have a 360-understanding of the individual consumer.

Gene Guselli  
PRESIDENT AND CEO  
InfoMedics

With healthcare reform taking hold in the coming year, there will be increased demand for delivery on the promise of improved health outcomes. In order to do so, the successful healthcare marketer will need to put the physician back at the center of managing patient care, and provide the tools, information, and support needed to enable that physician to be successful with each and every patient.

Similar to my earlier thoughts, this will require that pharma companies look across the franchise to bridge the patient’s treatment needs throughout their journey. But I think it would be a mistake to presume that the pharma company then owns the patient relationship. Instead, I would encourage pharma brands to empower patients with information and then close the loop by providing their personal physicians with the knowledge and ability to more effectively and efficiently manage their care. I believe that we will see further investment and adoption of the patient-centered medical home (PCMH) in the year ahead, and the PCMH presumes that the physician is the primary coordinator of the patient’s care and treatment. Healthcare marketers and their media partners could take a big leap forward toward enabling improved patient outcomes if they challenge their traditional marketing decisions to be sure that they truly support the integration of the patient-physician interactions at the PCMH.
Where are the biggest challenges for healthcare marketers and media "owners" in the new year?

Cont’d

Andrew Bast  
SVP, General Manager  
Purple @ Epsilon

Two of the biggest challenges are the development of a measurement framework that can better determine the impact and contribution of emerging media; and a better understanding of the experiences of consumers regarding your brands and messages/content, as a result of emerging media. New forms of media are radically breaking down the ways in which consumers are receiving, processing, and engaging with information today. And with that, measuring and crediting channel(s) for that information engagement is changing. You simply can’t invest in a different channel because it is cheaper. It might be significantly less effective, too. Therefore, it is also important to determine the experience your consumer receives by engaging with information (from you, from your competitors, and from alternative, perhaps even radical third parties). That experience is formed by the totality of the engagement across all channels and media (including in-office, broadcast, websites, social, call centers, and more) and by the trust the consumer assigns to that experience. Creating a compelling case for action is still needed, but the manner in which it occurs has changed. It is no longer just the credibility of the message that needs to be assessed and evaluated, but the credibility of the messenger in delivering that message, too.

Shradha Agarwal  
Chief Marketing Officer  
ContextMedia, Inc.

In an industry where targeted media platforms – online and at point-of-care – are quickly adding powerful reach and scale, the perennial frustration for these media owners is a planning and buying process that doesn’t quickly enough adopt to the new media landscape. Despite the fact that these programs are exactly what pharmaceutical marketers say they desire – and POC programs offer precisely measured ROIs based on prescriptions sales data – they are still consistently underweighted in media plans. The challenge, then, for these media owners and their marketing counterparts, is to develop and adopt universal standards that make it easier to bring marketing plans to their ideal weighting. The creation and usage of metrics that define measurable outcomes, such as specific changes in NBRx, NRx and TRx sales volume, will help calculate real ROI on marketing campaigns and provides opportunities for this media to be compared in effectiveness to other elements of the marketing mix. In turn, healthcare marketers can make decisions that are more informed and aligned with their brand’s performance objectives. It will also enable those who are still sitting out to get more comfortable with changes in the marketing landscape. As research and measurement tools become more powerful and comprehensive, the healthcare marketing industry needs to accelerate its transition into an outcomes-based media planning and buying strategy, which invests resources into media channels based on demonstrated performance measurements. Traditional methods of media buying, rooted in mass reach measured by general impressions, has deterred healthcare marketers from highly targeted messaging to relevant audiences via customized communication channels. These channels, more than ever before, have the scale and reach to move the needle for the brand. In order to move towards this, media owners and healthcare marketers need to collaborate to establish and speak the same language to drive efficiencies and performance in ways suited for their own industry.

Kerry Ann Clawson  
Executive Vice President – Sales & Marketing
AccentHealth

One of the greatest ongoing challenges for marketers in general and health marketers in particular is the ability to reach a targeted and ever elusive media consumer. The average person can be exposed to more than 5,000 ads per day so the opportunity for marketers to engage and interact with their target audience in a captive environment has become increasingly more difficult. Consumer’s media habits are changing and marketers need to recognize that today’s population is on-the-go. Media companies are adapting to this new behavior by providing touch points where potential customers can be reached anywhere from the doctor’s office to the cash register when buying their morning coffee. In this new and evolving media landscape, media owners need to be able to demonstrate the effectiveness and efficiency of their platforms in providing targeted audiences for marketers, and must have the ability to measure results and produce positive ROIs for their sponsors.

While there is no shortage of new and traditional media tactics that marketers can consider in general, healthcare marketers have more specific needs to address when trying to reach their current and potential customers. They need to consider the best opportunity to engage patients when they are most likely to be thinking about their health and prompt action in an environment that is conducive to education and engagement. Media owners will need to continue to provide healthcare marketers with solutions that integrate a variety of media tactics that ultimately ensure there is a clear path to prescription generated from patient/physician discussion.
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Charlene Horvath Leitner has left her post as senior director, diabetes marketing with sanofi-aventis to join healthcare agency HealthEd as vice president, strategic planner. Porter Novelli named chief medical officer Barbara DeBuono, MD to lead its global healthcare practice as global director of health and social marketing. Susan Hayes rejoins the public relations firm from her eponymous company, S. Hayes Consulting, as a partner managing the Novartis business. Cheryl Nigro also joins from her own firm, Rethink LLC, to become EVP, leading the Merck accounts. Leading health information firm Remedy Health Media named Jan Studin as executive vice president, sales and marketing, leading the efforts across all of the company’s platforms and properties. She was previously vice president of sales at BettyConfidential.com, a leading online women’s magazine.

AbelsonTaylor named Nancy Drescher as SVP, director of client services, responsible for running the agency’s account services department. During her 20-year career on both the client and agency side, she has worked on such brands as Actos, Lipitor, VESiCare, Abbott dyslipidemia, Astellas anti-infective, and Vertex HCV accounts. The agency also promoted Beth Lodge from account supervisor to senior account supervisor and Deika Abdi from account executive to senior account executive, both working on a cardiovascular brand.

NATREL Communications, a healthcare advertising agency, hired Nicole DeBiase as account group supervisor. She was most recently a manager in the iMarketing group at Novartis Oncology. Jennifer Stutz has been promoted by the agency from traffic coordinator to account executive.

Draftfcb Healthcare’s digital division, dDFCB, hired Martin Laiks as executive vice president, managing director. He was most recently managing director at G2’s health and wellness practice. Ross Thomson joined Roska Healthcare Advertising as chief creative officer from Vox Medica, where he was chief ideation officer. Intouch Solutions, a full-service pharmaceutical digital marketing agency, hired David Windhausen as its newest senior vice president. He was previously president/managing partner at Trabon Solutions, a custom application development firm.

Concentric Pharma Advertising, an independent healthcare advertising agency, appointed Rebecca Greenberg as senior vice president, account director, responsible for managing key accounts. With 19 years of healthcare marketing experience, Greenberg joined from The Cement Bloc, a full-service health and wellness communications agency. She has focused largely on marketing specialty products for treatment of HIV, multiple sclerosis and cardiovascular disease, including leading such brand launches as Cardizem LA, Intenelle, Prezista, and Novartis MS products.

HealthEd, a specialized agency, has made a number of recent appointments, including: Mike Brzozowski as chief strategy officer, from his previous role at Draftfcb as executive vice president of customer relationship marketing; Sonja “Sunny” Foster-Storch as executive vice president, managing director, coming from The CementBloc where she led the market development and marketing strategy team; Paul Steiner as executive vice president, managing director for Encore, HealthEd’s sister company, also from Draftfcb, where he was senior vice president, director of customer relationship marketing.

Jennifer Accumanno and Michelle Yered became senior account executives with HealthEd. Accumanno was previously an account executive for Vogel-Farina, a full-service healthcare agency acquired by Grey Healthcare Group in 2006. Yered was most recently an account executive for healthcare service firm Integrated Communications Corp. HealthEd also named Elizabeth Burnston as marketing assistant, a recent graduate from Rowan University. Meghan Reilly was promoted from assistant account executive to account executive, account services.

Wayne Powers left his post as a president of the Time Inc. Media Group to join Yahoo! as senior vice president, advertising sales for North America. David Laird has left Yahoo!, where he was senior manager, B2B marketing insights, to join DirecTV as senior director, ad sales research.
Mike Cunnion is chief executive officer of Remedy Health Media, a multiplatform publisher of consumer health and wellness information. Remedy Health Media is a trusted leader in consumer health and wellness information, reaching more than 100 million consumers annually with research-based information to help them make informed choices about their health and well-being. Cunnion can be reached via e-mail at mcunnion@remedyhealthmedia.com or by telephone at (212) 695-2223.

Kent Groves, as one of Merkle’s healthcare strategy practice leaders, is responsible for working with pharmaceutical clients to leverage physician and consumer data into their “go-to-market” campaigns, while increasing ROI, building stronger relationships, and optimizing communication between brands/companies and their customers. Primary areas of focus include HCP segmentation, brand channel integration, CRM, marketing analytics and DTC. Groves received a PhD in Pharmaceutical Policy and Strategy from Dalhousie University and he is published extensively in a variety of journals. He is recognized as a healthcare subject matter expert in the area of factors influencing physician prescribing, and has a broad base of experience with a number of clients in the healthcare vertical. He can be reached by e-mail at kegroves@merkleinc.com.

Jonathan Isaacs is chief creative officer at Ogilvy Healthworld (www.ogilvyhealthworld.com), part of the Ogilvy CommonHealth Worldwide network, the largest assembly of creative talent in the world of healthcare communications. Isaacs can be reached by e-mail at Jonathan.Isaacs@ogilvy.com or by telephone at (212) 237-4713.

John Nosta is a creative officer at Ogilvy CommonHealth (www.ogilvyhealthworld.com), part of the Ogilvy CommonHealth Worldwide network, the largest assembly of creative talent in the world of healthcare communications. Nosta can be reached by e-mail at jnosta@commonhealth.com or by telephone at (973) 352-3001.

Mark Sales is the global practice area leader for stakeholder management at Kantar Health, where he is responsible for the strategic direction and implementation of a portfolio of business solutions. He joined Kantar Health after working at Novartis as the global sales effectiveness manager for the Neuroscience and Ophthalmology franchise, where one of his key successes was to head up the sales launch readiness for Lucentis – Novartis’ one of the industry’s most successful ever product launches. He has extensive experience working in the U.S., Europe, LATAM and Asia Pacific, and has also worked on the front line as a sales representative in the U.K. Sales is published and regularly speaks at industry conferences on the new commercial model and its implications. He can be reached by e-mail at Mark.Sales@Kantarhealth.com.

Louis Winokur is the director of analytics at DKI. DKI specializes in patient relationship marketing strategy and implementation, with more than 10 years of industry-leading experience in the digital world – coupled with a distinctive ROI-based model. DKI understands the full spectrum from acquisition to measurement and how to make all the dots in between synchronize. Winokur can be reached by telephone at (201) 391-6000 x-560, or by e-mail at lwinokur@dkidirect.com.

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<td>Alex Dong</td>
<td><a href="mailto:alexd@healthmonitor.com">alexd@healthmonitor.com</a></td>
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<td>Jeff Burkel</td>
<td><a href="mailto:jeff.burkel@micromass.com">jeff.burkel@micromass.com</a></td>
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<td>parade.com</td>
<td>212-450-7141</td>
<td>Mike Wojecck</td>
<td><a href="mailto:mwojeck@realage.com">mwojeck@realage.com</a></td>
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<td>215-836-0397</td>
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<td>610-834-0800</td>
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Historic GOP Sweep of House Promises Change – But What Kind?

With Republicans regaining control of the House of Representatives, one of the key questions for the pharmaceutical industry is how the new Republican leadership will work with the industry to implement the health insurance expansion set in place in the first two years of the Obama Administration.

The 2010 mid-term elections produced the greatest shift in party control of the U.S. House of Representatives since 1948 when Republicans gained control during the Truman Administration. Thus far, the GOP has 84 new members of Congress and has gained a net of 60 House seats. A handful of congressional elections remain too close to call.

As we have heard often his year, “elections have consequences.” Back-to-back elections seem to have conflicting consequences. President Obama fulfilled a major campaign pledge when he signed healthcare reform into law on March 23, 2010. A central feature of that legislation is the requirement that all Americans participate in the new health insurance program.

That individual mandate was the rallying cry for Tea Party activists and Republican candidates who swept out Democratic incumbents in part on a campaign to repeal healthcare reform and the individual mandate. Virginia Republican Governor Bob McDonnell was one of the first governors to go into federal court to challenge the new law. Newly elected Speaker of the House, John Boehner (R-Ohio), and the Senate Republican Leader Mitch McConnell (R-Ky.) have signed amicus briefs in support of the federal court challenge to the constitutionality of the individual mandate.

Awaiting a dialogue on drug coverage

Let’s recall some recent history before I pose a few questions. While television advertising of prescription drugs was initiated during the second term of the Clinton Administration in 1997, it received strong support in the early days of the George W. Bush Administration in both FDA guidances and surveys of public support for this advertising.

Then, in 2003 the Bush Administration and a GOP led Senate and House of Representatives worked together to enact Medicare Part D, the prescription drug benefit for seniors, creating a significantly larger pool of potential prescription medicine patients who are assured they have the resources to pay for their drugs.

Now, however, that the Obama Administration and a Democratic House and Senate have further expanded that pool of patients by providing even broader insurance coverage under the Patient Protection and Accountable Care Act, it seems time for a dialogue to occur between the pharmaceutical industry and Republican members of Congress.

The pharmaceutical industry historically has provided strong support for Republican candidates for Congress. Billy Tauzin, the Republican former chairman of the House Committee on Energy and Commerce, led the legislative campaign in the House that resulted in the adoption of Part D. After he left the House of Representatives, Tauzin was named president and chief executive of the Pharmaceutical Research and Manufacturers of America (PhRMA).

The close alliance between Republicans and PhRMA was a major issue in the 2006 congressional elections in which the Democrats regained the leadership in the House and Senate for the first time since 1994.

Nevertheless, as an astute politician, PhRMA’s president Tauzin entered into negotiations with the newly elected President Obama that called for an industry contribution of $80 billion to healthcare reform. In exchange the industry would likely benefit from the expansion of insurance coverage that will be generated by the individual mandate.

Now, however, traditional Republicans and those more aligned with the Tea Party movement are calling for the repeal of the provision in the new law that represents such an important new expansion of business for the pharmaceutical industry. While the likelihood of a repeal of the individual mandate is small, it nevertheless is a major issue dividing Republicans from an important industry group. It seems like a good time for a conversation.

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.
The contentious battle over health reform is still going on but a new book celebrates the historic nature of it. Former Senator Tom Daschle, an ill-fated Obama nominee for Secretary of Health and Human Services, tells the story of how health reform became law. Daschle is no historian and his account is told from a highly partisan angle. That said, Daschle has written a compelling account of how this President pushed it through.

There is no doubt getting a bill passed was a major legislative victory. Whether it is good policy will take years to evaluate. Daschle admits there is much to do to make it work but he is happy that we have a process in place to make reform a success.

Why did this push finally succeed when similar attempts have failed since the Truman administration? Daschle says Obama learned that Americans would accept expanded access as long as those who had insurance could keep what they had. He also promised lower cost, which Daschle admits is not really part of the final bill.

Daschle as the ultimate insider gives us a lot of the behind the scenes wrangling that went on to convince conservative Democrats to support the bill. It came down to abortion language that could placate right to lifers.

What is best about Getting It Done is Daschle’s section on what is going to happen year by year as portions of the bill take effect. We also get his view on what needs to change to make reform a success. Drug companies will not be pleased that Daschle thinks that the $80 billion compromise made by drug companies needs to be re-negotiated. He thinks we need re-importation and an end to DTC. What is scary in Daschle’s assessment is that cost is not being addressed. Yes, there are panels to recommend what works in health care but no teeth to implement them. I could not find how cost will be contained as we add 32 million people.

According to Daschle, Obama promised the average American family would save $2,500 a year on insurance. Yet Daschle concludes, “Our health insurance premiums will keep rising…” That contradiction is what bothers many critics of reform.

Whatever your political views are, Daschle writes a good, albeit biased account of what happened. To read Getting It Done is to understand why it got done. Daschle says there is much work to get done but we will like it once those kinks get ironed out. That may be but it is also possible we have created a monster that eats every last dime in the budget. That possibility you will not find explored here.

Robert Ehrlich, chairman and chief executive of DTC Perspectives Inc., regularly reviews books about the pharmaceutical industry, marketing and advertising for DTC Perspectives magazine. He also writes a weekly e-newsletter providing insights on pharmaceutical marketing trends. To subscribe to this FREE weekly analysis, sign up at the Web site, www.DTCPerspectives.com. Ehrlich can be reached by e-mail at Bob@DTCPerspectives.com.
The drug companies must feel a bit more optimistic after the Congressional results in November. While Republicans have also attacked drug companies in the past, it is clear that a more pro-business majority will rule the House. That means less chance of price controls, drug re-importation, Medicare pricing power, and hostile committee hearings.

For DTC it should mean less threat to the advertising tax deduction and draconian regulation. FDA is still largely controlled by appointees from the Democratic side but they should be under less political pressure to be hard on drug companies. Drug advertising, however, will still be under a critical eye as many social conservative Republicans bristle when they see an erectile dysfunction ad on football or evening prime time shows. Republicans also know drug pricing is a big issue with all constituents who do not want to pay higher prices than their peers in Europe and Canada.

Health Care Reform repeal is highly unlikely despite the bluster from John Boehner (R – Ohio). That means that although we can expect some modifications, the core of the reform will remain. That is good for drug companies who see 30 million newly covered Americans as potential customers. On the other hand we expect medical costs to rise and that means drug companies will be asked to contribute more than originally asked. That will likely be “voluntary” and will add to pressure to reduce drug company costs. That means greater scrutiny of all marketing budgets and possibly cuts in DTC spending.

We look to the next few years as tough ones for drug makers. Even Republican control of the White House in 2012 would not lessen the pressure on all health care providers, including drug makers, to lower costs. Drug makers desperately need a new breakthrough drug era which can lessen the arguments of generic over branded drugs.

There are certainly the right demographics to make drug companies successful over the next 30 years. The question is when will we see those revolutionary genomic, biologic or new chemical cures so much needed for baby boomer diseases? America’s drug industry is one that deserves every incentive to succeed. The November election should be a net positive for providing such incentives to America’s most vital industry.
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