Special Supplement

ePharma Marketing
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Pharma Marketing News is the monthly e-newsletter of the Pharma Marketing Network (http://www.pharma-mktng.com), which is an exclusive marketing information resource and communications network for pharmaceutical marketing professionals. The Network includes an interactive e-mail discussion group (PHARMA-MKTING) and an informational Web site in addition to the Pharma Marketing News newsletter.

Each issue of Pharma Marketing News is packed with facts, opinions, and case studies based upon interviews with experts in the field of pharmaceutical marketing. Highlights of presentations from industry conferences, contact lists for experts consulted, and links to references help subscribers keep up to date on best practices and network with their peers.
Introduction

E-marketing is a challenge for the pharmaceutical industry. As evidence, I need only point out that the percent of the pharmaceutical marketing budget spent in the “e” space has remained below 5% since the dawn of the commercial Internet!

Many experts, however, believe that pharma eMarketing is at a tipping point and that pharmaceutical companies are poised to shift substantial ad spending from TV and other media to the Internet.

The "2005 DTC Industry Checkup," a survey of pharma marketing executives, concluded:

“This year, when asked where DTC marketers should increase spending, web sites top the list as the most important growth channel, with over 65% of respondents.”

Such a shift makes sense on many levels. For one thing, consumers are turning away from TV and going to the Internet more and more for credible health information. According to a poll sponsored by the Medical Broadcasting Company, 42% of respondents believe online health information is trustworthy compared to 16% who believe that traditional media—TV, newspapers, radio and magazines—are trustworthy.

By focusing more on Internet marketing, the pharma industry can help solve two of its most vexing problems: a decrease in return on investment (ROI) and lack of credibility. That’s because ROI for TV DTC is declining and TV DTC has had a negative impact on pharma’s reputation and credibility.

Although online media haven’t offered the reach numbers that are possible with TV, it does offer other advantages such as depth of information, interaction and superior customer engagement. Online compliance and disease-awareness marketing are examples that come to mind.

However, the pharmaceutical industry must be careful about using the Internet for marketing—especially marketing to consumers. It comes with a whole new set of problems, some of which are addressed in the first section of this Supplement.

The industry has done much more with eMarketing aimed at physicians. eDetailing has been a big winner in this category. We do take a brief look at eDetailing in this Supplement, but the topic is covered in much more detail in the Special eDetailing Supplement. Here, we look at what pharmaceutical companies are doing in Europe to market to physicians online.

The selection of articles in this Special Supplement was chosen to give you a better perspective on pharma eMarketing and offers some useful case studies.
Applying FDA Marketing Regulations to Internet Promotions

By John Mack

A recent eMarketing for the Pharmaceutical Industry conference held in Philadelphia, PA, Preeti Pinto, M.S., Senior Director Promotional Regulatory Affairs, AstraZeneca, gave the attendees some insight on the regulatory actions taken by the FDA with respect to online DTC marketing by pharmaceutical companies.

Pinto summarized the following most commonly cited violations found on pharmaceutical company web pages:

- Display of promotional information about investigational drugs
- Inclusion of outdated clinical research information
- Lack of fair balance
- Links to outdated PI
- Links to pages containing unapproved uses
- Use of unrepresentative graphical depiction
- Misleading presentation of clinical data

Pinto identified several specific regulatory citations by the FDA. The table on the next page is a select list of alleged violations, including companies, date cited, and URLs.

Be Careful With Web Site Names

Pfizer’s use of “leavingpainbehind.com” as a web site name associated with Bextra and Celebrex is an interesting violation cited by the FDA.

In a January 10, 2005, letter to Pfizer, FDA’s Division of Drug Marketing, Advertising, and Communications (DDMAC) claimed that Pfizer’s 27-minute TV infomercial “On the Road to Joint Pain Relief” ad on arthritis and joint pain relief is a drug ad for Celebrex and Bextra that is misleading because it overstates its proven effectiveness and omits important information about the drugs’ safety and effectiveness.

The letter goes on to state: “In addition to the name of the website, testimonials promise that patients will ‘leave pain behind,’ and the infomercial features testimonials portraying dramatic efficacy results…”

Continued on page 4...

Immutable Laws of DTC Domain Naming

Although it is important to choose a website domain name from a regulatory point of view, it is also important from a marketing point of view. “Choosing and capitalizing on a memorable domain name for a pharmaceutical product may very well be the most important on-line marketing strategy,” says RJ Lewis, President & CEO, eHealthcare Solutions.

How important is it, however, to choose a generic name like depressionhurts.com and mensfacts.com?

“In this new age of educational DTC,” says Lewis, “marketers must think of newer variations of generic terms to create such domain names as breastcancersource.com, depressionhurts.com, and PADfacts.com.”

Al and Laura Ries, old-school brand marketing gurus, in their book The 11 Immutable Laws of Internet Branding, however, claim that “one of the reasons for the dotcom disaster is the almost universal use of common-name Websites.”

The Ries’s propose that “the mind treats a generic or common word as the name for a category of things, not as one particular thing or brand.” They often ask the reader to imagine conversations like this:

"Where did you learn about depression online?"
"Depression Hurts."
"I know it does, but what's the name of the site?"
"Depression Hurts."
"OK. Let's go home. Everything will be fine!"

Excerpted from Pharma Marketing Blog.
**Table: Selected Pharmaceutical Website Marketing Violations**

<table>
<thead>
<tr>
<th>Company</th>
<th>Date</th>
<th>Alleged Violation</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bioniche Pharma Group Limited</td>
<td>4/4/2006</td>
<td>Failure to reveal material facts, minimalizes risks, broadens the indication (Sotradecol)</td>
<td><a href="http://www.sotradecolus.com">www.sotradecolus.com</a></td>
</tr>
<tr>
<td>Actelion Pharmaceuticals US, Inc.</td>
<td>7/20/2005</td>
<td>Overstates the efficacy of Tracleer, makes unsubstantiated superiority claims</td>
<td><a href="http://www.actelion.com">www.actelion.com</a></td>
</tr>
<tr>
<td>Pfizer Inc.</td>
<td>1/10/2005</td>
<td>Unsubstantiated Overstatement of Effectiveness</td>
<td><a href="http://www.leavepainbehind.com">www.leavepainbehind.com</a></td>
</tr>
<tr>
<td>Bradley Pharm.</td>
<td>11/9/2004</td>
<td>Unsubstantiated Effectiveness claims; Omission of Risk Information; False/Misleading Safety Claims; Failure to Submit</td>
<td><a href="http://www.bradpharm.com/pamine.htm">www.bradpharm.com/pamine.htm</a></td>
</tr>
<tr>
<td>Cubist Pharm.</td>
<td>8/17/2004</td>
<td>Broadening of Indication; Misleading Superiority Claim</td>
<td><a href="http://www.cubicin.com">www.cubicin.com</a></td>
</tr>
<tr>
<td>Abbott Lab.</td>
<td>6/10/2004</td>
<td>Failure to Submit Updates to Website</td>
<td><a href="http://www.norvir.com">www.norvir.com</a></td>
</tr>
<tr>
<td>Vivus Inc.</td>
<td>5/25/2004</td>
<td>Minimization of Risk Information; Unsubstantiated Effectiveness Claims</td>
<td><a href="http://www.vivus.com">www.vivus.com</a></td>
</tr>
<tr>
<td>Pfizer Inc.</td>
<td>4/22/2004</td>
<td>Omission of Risk Information</td>
<td><a href="http://www.zyrtec.com">www.zyrtec.com</a></td>
</tr>
<tr>
<td>King &amp; Spaulding</td>
<td>6/18/2003</td>
<td>Unsubstantiated Safety/Efficacy Claim; Failure to Submit</td>
<td><a href="http://www.Amnesteem.com">www.Amnesteem.com</a></td>
</tr>
<tr>
<td>BMS</td>
<td>3/13/2002</td>
<td>Unapproved Uses / Broadened Indication; Failure to Submit</td>
<td><a href="http://www.bms.com">www.bms.com</a>; <a href="http://www.ifex.com">www.ifex.com</a></td>
</tr>
<tr>
<td>Merck &amp; Co.</td>
<td>6/20/2001</td>
<td>Lack of Fair Balance</td>
<td><a href="http://www.FOSAMAX.com">www.FOSAMAX.com</a></td>
</tr>
<tr>
<td>BMS</td>
<td>4/10/2000</td>
<td>Overstatement of Efficacy; Lack of Fair Balance</td>
<td><a href="http://www.tequinn.com">www.tequinn.com</a></td>
</tr>
<tr>
<td>G.D. Searle</td>
<td>7/16/1997</td>
<td>Pre-approval Promotion</td>
<td><a href="http://www.searlehealthnet.com">www.searlehealthnet.com</a></td>
</tr>
</tbody>
</table>
E-mail Marketing Best Practices for Pharma

By John Mack

PMN Reprint #24-01

Several recent surveys indicate that pharmaceutical companies will put more emphasis on DTC e-mail marketing in 2005. In the “2004 DTC Industry Checkup,” for example, e-mail marketing was most often cited as primed for an increase (see “DTC in 2005: Can You Teach Old Dogs New Tricks?”, PMN Reprint #42-03). A JupiterResearch study found that a majority (67%) of pharmaceutical companies will increase their 2005 DTC e-mail marketing budgets.

E-mail will likely be an important tool to drive compliance and adherence. “There seems to be a shift in strategic focus in pharmaceutical online marketing,” said Monique Levy, a JupiterResearch analyst covering healthcare. “While acquisition and retention both remain important, the Web has appeared to date best suited to driving new customers to drug trials. Pharmaceutical companies know this, and have achieved a certain mastery at it. Now, they are shifting their sights to adherence, which in marketing language means loyalty and retention.” (see “Pharmaceuticals Target Direct-to-Consumer Marketing in ‘05,” http://www.clickz.com/stats/article.php/3451121).

Pinto offered a few clinical trial registry best practice suggestions, including:

- The presentation of clinical results should be non-promotional
- Both negative & positive trials should be included
- Data should be factual with all endpoints (not just favorable ones) included

Ms. Pinto recommended that registries “just state the facts and steer clear of conclusions and not be used as off-label promotional tools.”

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Experts Cited

Preeti Pinto, Sr. Dir. Head Promo Reg. Affairs, AstraZeneca Pharmaceuticals, 302-885-4408

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Continued on next page...
United States Congress is considering a national notification law similar to the law passed in California in 2003, which requires companies doing business in the state to notify consumers of security breaches.

No pharmaceutical company has had more experience with security problems than Eli Lilly (see “The FTC-Lilly Consent Decree: What it Means for PHARMA Vendors and Partners,” PMN Reprint #211-03). By now, every pharmaceutical marketer should know about the inadvertent e-mail message that led to Eli Lilly becoming the first major pharmaceutical company to settle an online consumer privacy complaint with the FTC.

Lilly has implemented a security program to comply with the FTC decree. This 4-point program, which should serve as a model for all pharmaceutical companies and agencies (especially agencies that want to do business with Lilly), requires Lilly to:

1. designate appropriate personnel to coordinate and oversee the program (i.e., a privacy officer or someone with privacy officer responsibilities),
2. perform a risk analysis to identify internal and external security risks, including “any such risks posed by lack of training,”
3. conduct a yearly annual written review to monitor and document compliance with the program, and
4. adjust the program in light of any findings and recommendations resulting from reviews or ongoing monitoring, and in light of any material changes to Lilly's operations that affect the program.

Vendor Critical Self-Assessment
Pharmaceutical companies will typically engage the services of an e-mail vendor to acquire lists and manage at least some aspects of their e-mail marketing campaigns. Vendors working on behalf of pharmaceutical companies are subject to the laws discussed above, but ultimately pharma companies will suffer the consequences of any security breaches.

Vendors should have written Standard Operating Procedures (SOPs) that address privacy and security issues regarding the personally-identifiable information (PII) of consumers, including e-mail address. Policies should address the following:

- **Access to and Use of PII**: Only employees that need PII to perform their jobs should have access to consumer PII. Consumer PII should be used only for purposes allowed by the data subjects.
- **Security**: There should be policies and procedures designed to protect consumer PII from external threats and PII should be stored and transferred in a secure manner. Any subcontractors employed by the vendor should protect PII in an equivalent manner.
- **Employee Training**: Vendors should have training policies in place for all employees, temporary workers, and subcontractors who have access to PII.

**Spam**
The more pharmaceutical marketers can do to distinguish their e-mail from spam, the better.

Spam—“unsolicited commercial e-mail”—is a burden on the Internet. Some studies suggest that as much as 87% of all e-mail messages are spam. Surprisingly, however, a new Pew Internet & American Life Project study found that while there may be more spam, it bothers people less, perhaps because more of it is getting filtered and never reaching peoples’ inboxes. The Pew study found that 53% of e-mail users say spam has made them less trusting of email, compared to 62% a year ago. It also found that less email users this year than last (22% vs. 29%, respectively) claim that spam causes them to reduce their use of email.

There will always be consumers who perceive ALL commercial messages as spam. In a 2002 Harris Interactive survey, 16% of respondents said there is no difference between e-mail marketing and spam. As a consequence, some consumers may block your email messages using spam filters or, worse, may lodge a complaint with the FTC. As the Lilly case demonstrates, it only takes one disgruntled e-mail recipient to initiate a suit and tarnish your public reputation.

E-mail marketing best practices focus on (1) distinguishing your e-mail from spam, and (2) protecting the privacy of consumer recipients of your e-mail communications.

**Permission**
As a first step, pharmaceutical marketers should practice “permission-based” e-mail marketing. This simply means that consumers first “opt in” or give their permission for the marketer to communicate with them via e-mail. Consumers can opt in via Web sites, call centers, or via BRCs. Usually the permission is given in exchange for a perceived benefit such as a discount coupon, free newsletter, or participation in a compliance program.

*Continued on page 6...*
Some State and Federal Laws Impacting E-mail Marketing

Online Privacy Protection Act of 2003, which became effective on July 1, 2004, states “an operator of a commercial Web site or online service that collects personally identifiable information through the Internet about individual consumers residing in California who use or visit its commercial Web site or online service shall conspicuously post its privacy policy on its Web site...” The law also specifies what the privacy policy should say. For example, the privacy policy shall “identify the categories of information that the operator collects through the internet about individual users of, and visitors to, its commercial Web site or online service and the categories of persons or entities with whom the operator may share the information.”

This law affects every business that uses a Web site to collect personally-identifiable information—including e-mail address for newsletters. Most pharmaceutical company Web sites have compliant privacy policies, so this law should not pose a direct problem for pharmaceutical companies doing their own e-mail marketing. However, if a third-party Web site is used to collect e-mail addresses on behalf of a pharmaceutical company, a critical assessment by the pharma company of the third party should require that the site “conspicuously” post a privacy policy that is compliant with this law.

California Security Breach Information Act, which became effective July 1, 2003, requires companies based in California or with customers in California to notify them whenever their personal information may have been compromised. This law applies to every pharmaceutical company that has customers in California, which means every pharmaceutical company, period. Recent security breaches at ChoicePoint and LexisNexis, according the Financial Times, “have only come to light because of [this law].” Additional states have introduced legislation requiring that companies and/or state agencies disclose to consumers security breaches involving personal information. Legislation modeled on the California law is likely to be introduced in this session of Congress.

The California "Shine the Light" Law (S.B. 27), operative January 1, 2005, is one of the first legislative attempts to address “list brokerage,” the compilation and sale of individuals' personal information. Under this law, companies that do business with California residents have to either allow customers to opt out of information sharing, or make a detailed disclosure of how personal information was shared for direct marketing purposes. The law applies only when companies have not provided California residents with notice of privacy policies containing opt-out options. This means that companies that have created a privacy policy and opt-out that is compliant with S.B. 27 are not required to give a detailed accounting of information sharing.

When purchasing or renting lists from third party companies/brokers, the best practice is to assure that the company or broker is compliant with S.B. 27. The preferred vendor will have made known their privacy policy and opt-out procedures to list members.

CAN-SPAM Act, Controlling the Assault of Non-Solicited Pornography and Marketing, which became effective January 1, 2004, is the most important law affecting e-mail marketing. CAN-SPAM applies to all e-mail messages whose “primary focus” is commercial. Although the FTC has not yet established criteria for determining when this is the case, it is clear that all e-mail from pharmaceutical companies to consumers must be considered commercial and, therefore, subject to this law. See the article “What You Need to Know About the New ‘CAN-SPAM’ Law” (PMN Reprint #31-01) for a detailed review of the law and its impact on legitimate e-mail marketing. It’s interesting that the law puts pornography and marketing on an equal footing.
Permission must also be revocable at any time. This is usually referred to as “opting out.” This will be discussed in more detail below.

Some pharmaceutical companies employ a corporate-level “blanket opt-in” option through which the consumer can opt in to receive information about all the products offered by the company. This seldom is beneficial to the consumer unless the products are related. With a blanket opt-in the frequency of e-mail increases and the consumer is more likely to consider the sender a spammer. Frequent e-mail also may cause recipients to opt out from further communications. It is much better to solicit opt ins for specific purposes and limit your communications to fulfill those specific requests.

It should be noted that aside from distinguishing your e-mail from spam, “permission-based” marketing may help you achieve a higher return on your DTC marketing investment. For more on this subject see “Out-of-the-Box Marketing: Will It Work for Pharma?” (PMN Reprint # 27-02).

Double Opt-In
Some marketers use a “double opt-in” approach. The marketer collects opt-ins as discussed above and then automatically sends a welcome e-mail message that requires the recipient to confirm the request to opt-in. Usually, this is easily done by clicking on a link in the message.

There are pros and cons to using a double opt-in. The consumer can miss the message and never send a confirmation and hence not receive the requested communications from you. However, double opt-in ensures that the consumer is the intended recipient and reminds the consumer of the benefits of the communications to follow. Double opt-in should be the standard when using 3rd party e-mail lists.

Confirmed Opt-In
The confirmed opt-in technique is similar to the double opt-in process in that a welcome message is sent to the consumer. However, the message merely confirms that the recipient has opted-in and no further action is required. The confirmation message, however, should include the opportunity to opt-out. Confirmed opt-in should be the method of choice for pharma companies managing their own e-mail databases and sending their own bulk e-mail messages.

The Message is the Medium
Many best practice principles for composing e-mail marketing messages have been codified in the CAN-SPAM law. By complying with this law, you will go a long way in distinguishing your e-mail from spam.

Do not use false or misleading header information.
Spammers typically falsify e-mail headers to make it impossible to trace the source of the e-mail. Header information is usually not visible to the consumer receiving e-mail messages. It contains information, however, that e-mail servers use to route messages to and from computers. By using valid headers, you have taken the first step to distinguish your e-mail from spam.

For non-techie marketing folks, it is enough to say that the “From,” “To,” and routing information – including the originating domain name and e-mail address – should be accurate and identify the person or entity that initiated the e-mail. The pharmaceutical company “initiates” the e-mail whether it “sends” the message itself or hires a third party.

All e-mails should be sent from a legitimate, active e-mail address. Replies should go to an in-box that is monitored in order to process opt-out and other requests.

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“What really matters,” says Paul Buta, COO at Optas, a provider of privacy-safe marketing solutions, “is that there is a valid return address and that the recipient has a range of options for opting out of future messages: opt-out links, monitored postal addresses, call center, etc. A responsible 3rd party e-mailer should be able to handle this for the pharmaceutical company.”

Be transparent.

CAN-SPAM requires that commercial e-mail be identified as an advertisement and include the sender’s valid physical postal address.

Your message should contain a clear and conspicuous notice in the body of the e-mail that the message is an advertisement or solicitation and that the recipient can opt out of receiving more commercial e-mail from you.

Recipients of your e-mail marketing messages may not remember signing up to receive such communications from you. Consequently, experts recommend that a reminder be included at the top of each e-mail message informing recipients that they have signed up for the service. Also, be sure to direct recipients to the opt-out instructions, which should be included at the end of each message.

An example of this reminder might be: “You are receiving this e-mail communication because you requested this information. If you prefer not to receive future messages from us, please follow the instructions at the bottom.”

Don’t use deceptive subject lines.

Spammers frequently use deceptive subject lines to fool recipients into opening their messages.

All e-mails should have accurate subject lines that do not mislead recipients about the contents or subject matter of the message. “ADV:” or “Advertisement” is not required to be included in the subject line.

This is probably a “no brainer” for most pharmaceutical e-mail marketers. However, unless there is a standard procedure for reviewing subject lines, an enthusiastic marketing associate at your agency may insert a “cute” subject line designed more to improve open rates than to convey the contents of the message.

Honor opt-outs within 10 business days.

CAN-SPAM requires that each commercial e-mail message include instructions for opting out. You must provide a return e-mail address or another Internet-based response mechanism that allows a recipient to opt out of future e-mail messages. You must honor these requests within 10 business days. You may create a “menu” of choices to allow a recipient to opt out of certain types of messages, but you must include the option to end any commercial messages from the sender.

Provide a valid return e-mail address or a link to a Web site that allows recipients to unsubscribe (opt-out) from future e-mail messages. If you used multiple levels of opt-in, you should provide a “menu” of choices that allows recipients to select the types of messages they do not wish to receive (selective opt-out). In any case, you must include the option to opt-out from all e-mail communications from the sender.

Finally, do not sell or transfer the e-mail addresses of people who have opted out, even in the form of a mailing list, unless you transfer the addresses so another entity can comply with the law. For example, if you use multiple lists from various 3rd party sources, you should maintain a “suppression file” containing all the e-mail addresses of people who have opted out of receiving communications from you. You must provide this suppression list to the 3rd party to “scrub” or remove the opt-out e-mail addresses from their lists.

Continued on next page...

Summary of E-mail Best Practices Principles

- All e-mails should be sent from a legitimate, active e-mail address. Replies should go to an in-box that is monitored in order to process opt-out and other requests.
- Your message should contain a clear and conspicuous notice in the body of the e-mail that the message is an advertisement or solicitation and that the recipient can opt out of receiving more commercial e-mail from you.
- All e-mails should have accurate subject lines that do not mislead recipients about the contents or subject matter of the message. “ADV:” or “Advertisement” is not required to be included in the subject line.
- Provide a valid return e-mail address or a link to a Web site that allows recipients to unsubscribe (opt-out) from future e-mail messages. If you used multiple levels of opt-in, you should provide a “menu” of choices that allows recipients to select the types of messages they do not wish to receive (selective opt-out). In any case, you must include the option to opt-out from all e-mail communications from the sender.

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This process can be quite complicated if you have recipients who have opted in for different kinds of communications and who subsequently opted out from one or another, but not all communications.

As Common as Brushing Your Teeth
A 2001 America Online study found that consumers with Internet access check their e-mail about as often as they brushed their teeth (13.1 and 14.5 times per week, respectively). This may say more about the dental hygiene of Internet users than their e-mail habits. Nevertheless, e-mail is an important channel for reaching consumers. Care should be taken by marketers not only to use this channel with the above best practices in mind, but also to use it effectively in combination with other channels like TV, Web sites, call centers, and direct mail.

Pharma Marketing News

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eDetailing: Yesterday, Today and Tomorrow

By John Mack

PMN Reprint #49-01

eDetailing proponents, inside pharma companies and outside, use survey data to justify their arguments for greater spending on eDetails. In some cases, however, the numbers seem to show confusing trends and even may suggest that eDetailing may not be all that it’s cracked up to be.

At the recent Technology Supported Physician Detailing conference in Philadelphia, Liz Boehm, Principal Analyst, Healthcare & Life Sciences, Forrester Research, presented data from recent surveys of physicians regarding their attitudes toward eDetailing.

Boehm presented data from three different studies:

- **SURVEY #1: 2003 Forrester survey of eDetailed physicians recruited through major eDetailing firms including Aptilon Health, closerlook, Group DCA, Lathian Systems, Medsite, Physicians Interactive, and RxCentric;**
- **SURVEY #2: 2005 Physicians and Technology Study. A survey done in conjunction with the AMA of 1,331 US physicians fielded via mail and Internet between August 2004 and December 2004 (referred to as ‘2004 data’);**
- **Interviews of 10 marketing representatives responsible for eDetailing within pharmaceutical companies, including 6 of the top 10 US companies.**

**eDetailing Defined**
Boehm defines eDetailing as follows: “A pharmaceutical- or medical device firm-sponsored, Internet-based program that informs prescribers about products or diseases.”

**Large Majority of Physicians Have Never Been e Detailed**
“The research we have done,” said Boehm, “shows that eDetailing is a viable marketing opportunity for pharmaceutical companies and one that to date has not been used to its best effect.”

According to the 2005 Forrester study data (**SURVEY #2**), eDetailing “dwell at the fringe of MD marketing.” Sixty-nine percent of physicians surveyed say they have NEVER participated in an eDetail and an additional 10% have participated in one or less eDetail per year.

Manhattan Research, which publishes physician research, estimates that the eDetailing market has grown from 40,000 physicians in 2001 to 246,000 physicians using electronic detailing in 2005—a number that is projected to increase to 268,000 in 2006.

According to a JupiterResearch 2005 survey (“Online Marketing to Physicians: Evaluating Physicians’ Responsiveness to Online Detailing”), sixty-five percent of doctors who practice family/internal medicine and use the Internet weekly for work purposes said they participated in online detailing programs in 2005, compared with 54 percent of online physicians in 2003.

High prescribers are eDetailed more frequently than low prescribers, according to Forrester’s numbers. Forty-eight percent (48%) of physicians writing more than 100 scripts per week have been eDetailed whereas only 26-28% of physicians writing 50 or less scripts per week have been eDetailed. According to Boehm, “there’s a lot of room to grow” as many physicians would like to be eDetailed but have not been asked to do so.

“We would argue that given most companies have several years of experience with electronic detailing they are far beyond just looking at overall

Continued on next page...
adoption rates,” said Mark Bard, president of Manhattan Research. “These companies demand to look at the subsegments of electronic detailing users. Who are the low vs. high frequency users? Who is using electronic detailing as a complement to the rep and who is using it as a replacement? In the realm of electronic detailing,” Bard said, “the ends of the spectrum may be the most interesting in terms of understanding future growth potential. If you want to deliver relevant initiatives you have to deliver based on the needs of the unique segment.”

Mixed Results for ROI
Boehm presented some results of interviews with pharmaceutical companies to gauge how much money they spent on eDetailing, what the return on investment (ROI) was, and what their plans for future eDetailing programs looked like.

The interviews demonstrated that pharma companies are having mixed results with their eDetailing programs. Half of the respondents said they planned the same number or fewer eDetailing programs for 2005 as they did in 2004. Sixty percent (60%) reported an ROI below 2 times or did not know what the ROI was (those that did not know the ROI planned to decrease the number of eDetails by 75% to 200% between 2004 and 2005).

“While it is critical for companies to determine the appropriate success metrics—which may differ by product team or stage in a product’s life cycle—it is also very important to understand the level of market demand for electronic detailing among physician targets,” said Bard. “If your target audience wants it, there is an inherent risk in making a decision not to offer that as one channel to the market.”

Bard offered some alternative ways to quantify the “success” of a program. “Similar to testing of the success of the detail rep,” he said, “there are numerous metrics that can be applied to the electronic realm (in addition to Rx share shift among targets). Measures of success may include the relevance of the content compared to other sources for product information, message recall (over time), and the convenience of the format (as perceived by the end user).”

Total Spending
The majority (60%) of Forrester interviewees said their companies spent $3 million or less on eDetailing in 2004. In 2003, Verispan estimated that a total $212 million was spent on ePromotions to physicians (mostly “virtual details”). This is a small drop in the bucket compared to the approximately $7 billion that pharma companies spend on traditional detailing each year, not including samples.

Why haven't pharma companies spent more on eDetailing? There is some evidence that low ROI is not the main reason. Monique Levy, Senior Analyst at Jupiter Research, presented results at a recent Lathian seminar from a survey of pharmaceutical executives that her firm conducted in August 2004. Only 16% of the respondents indicated that “low ROI” was a barrier to increasing spending on eDetailing. However, 61% of execs in the survey wanted proof of ROI.

Perhaps the most important factor influencing the success of eDetailing is continued physician acceptance. To date, a lot of that acceptance has been due to cash and cash-equivalent honoraria offered to physicians for participating in an eDetail.

Cash Honoraria
Perhaps it's no surprise that cash honoraria is cited by 93% of eDetailed physicians as influencing their decision to accept an eDetail (see FIGURE 1). In fact, 35% of eDetailed physicians cite honoraria of some sort (could be textbooks) as the primary reason for accepting eDetails, according to the 2005 Forrester online survey.

Continued on next page...
Compare these results to Forrester’s 2003 Technographics® Benchmark Study: 77% of eDetailed docs say honoraria is a reason for participating in eDetails. Forty percent (40%) of eDetailed docs agreed with the statement “I love them [honoraria]! That’s the reason I do eDetails!” and 95% of doctors surveyed said honoraria “are the reason” or “would sway my decision” to participate in an eDetail (see "Pharma Marketing News eDetailing Supplement").

It seems that between 2003 and 2005 doctors have become even more conditioned to receive incentives, not less so (93% in 2005 vs. 77% in 2003 cited honoraria as an influencer). Or maybe we should look at the 95% number in 2003 vs. the 93% number in 2005?

Bard explains why it can be problematic conducting research related to incentives and honoraria: most docs say they need it (to some extent). “We continue to find there are numerous situations where physicians agree the content overrides the demand for an honorarium,” said Bard. “Perhaps no surprise is that the timing of the information is one of the strongest predictors of their likelihood to participate without incentive. New product information carries an honorarium of sorts—timely information. The other side of the curve is that you will have to provide significant incentives to convince physicians to participate in electronic details (products in the middle of their life cycle … or with nothing new to say).”

Nevertheless, most pharmaceutical marketers would like to see physicians moving away from cash and cash-equivalent incentives. OIG compliance guidelines will force pharma companies themselves to take the initiative and limit cash honoraria or eliminate the practice entirely.

**eDetailing Actions**

In the 2005 online survey (not the AMA study shown in FIGURE 2), Forrester asked eDetailed physicians “Which of the following have you ever done following an eDetail?” A number of calls to action were listed including prescribing more of the featured drug as well as prescribing less of the featured drug. Happily, 49% of eDetailed physicians reported that they prescribed more of the featured drug (data from the 2005 online study are not shown in FIGURE 2). In a similar Forrester online survey completed in 2004, 61% of eDetailed docs said they prescribed more of the featured drug after being eDetailed (see FIGURE 2). By this measure, it seems that eDetailing is becoming less effective in driving new prescriptions, not more.

What about the other side of the coin—prescribing less of the featured drug? It appears that a significantly higher percentage of docs prescribed less of the featured drug in 2004 than in 2003 (50% in 2004 vs. 6% in 2003; see FIGURE 2).

Could it be that, as time goes on and more physicians are exposed to eDetailing, a larger percentage of eDetailed docs are prescribing less of the featured product?

It turns out that we may not be comparing apples to apples in the 2003 vs. 2004 data. The 2003 study was done online through eDetailing Vendors, whereas the 2005 study (2004 data) was a mail survey done through the AMA.

The online 2003 survey asked “Which of the following have you ever done following an eDetail?” Respondents had to answer “Yes” or “No”. Six percent (6%) of eDetailed physicians in this study answered “Yes” to the question regarding prescribing less of the featured drug.

The AMA study, on the other hand, asked the question in a slightly different way, according to Boehm. It asked “How often have you prescribed

**Continued on next page…**
less of the featured drug: Never, Rarely, Occasionally, Frequently."

According to Boehm, "when you ask a question that way, you get more granularity." In other words, more respondents are likely to check off "rarely" because maybe they did it once. With the "Yes/No" choice, however, people tend to say "Yes" only if they've done the thing asked more often than they've not done it. Boehm noted that 31% of docs in the AMA study answered "rarely" and these may have answered "No" if the question was asked as in the 2003 online study (see FIGURE 3).

Advocates of eDetailing should be careful when presenting data from these surveys and comparing results from one year to the next in an attempt to illustrate trends. You just might kill the goose before the golden egg is laid!

Experts Cited

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eDetailing Special Supplement

In the rush to gain Share of Voice by increasing the frequency and reach of sales calls, pharmaceutical companies may have lost sight of the value that the "detail person" has given to physicians in past years.

The declining sales force return on investment may signal that a significant adjustment will take place in how pharma companies market and sell their products to physicians. Many experts--not the least of which are the experts cited in this Special Supplement--think that eDetailing fits the bill for a solution to declining physician marketing ROI.

This Special Supplement to Pharma Marketing News brings together in one convenient document the collective wisdom of many experts both inside pharmaceutical companies and outside provide a frank assessment of the role and impact of eDetailing on physician marketing as well as the challenges that lie ahead.

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The Role of Tablet PCs in Pharma Sales and Marketing

By Caren Spinner

PMN Reprint #39-02

Pharmaceutical companies invest substantial resources on information, training, and support to insure their sales forces are successful. Equipping sales reps with mobile technology is a critical element for delivering and managing the flow of information between the rep and the company and between the rep and the customer.

The latest device in the progression of mobile computing technology is the tablet or slate PC. The Tablet PC is the evolution of the Notebook PC and the most mobile PC ever. However, mobility does not necessarily equate to "high impact" or guarantee an increase in face time with the physician. Understanding how to most effectively utilize this technology is critical.

Various topics that addressed the different aspects of this latest innovation in portability and performance and how they could be used in the commercial side of Pharma business were the focus of almost the entire second day of the two-day Technology Supported Physician Detailing conference organized by the Center for Business Intelligence and held recently in Philadelphia, PA. Topics ranged from software to leveraging the use of tablet PCs to increase sales force effectiveness in both the primary care and hospital-based environments.

What Is a Tablet PC?
The tablet or slate PC is a flat screen device reminiscent of the writing areas on "hand-holds" or "palms." Tablet PCs refers to those devices that include a built in keyboard, and a slate device is a Tablet PC without a keyboard. Some devices have a removable keyboard and most use a "pen" or stylus instead of a mouse for navigation. They come in various screen sizes ranging from about 10 to 14 inches and weigh from approximately 2 to 8 pounds. In terms of durability, their "life expectancy" is on par with laptops in general. (For a more comprehensive overview visit http://www.tabletpctalk.com/faqs/comparison/2004.php.)

Prices vary depending upon manufacturer, but many models are in the neighborhood of $2,000. Challenges to adoption will come from those users who are reluctant to move away from using keyboards. It is believed that "newer users" will be more receptive to pen/stylus navigation.

Mobility and Functionality
The tablet PC has a high degree of functionality and mobility. It can be used as to capture, store or exchange data and information. It can also be used as a "high tech" method to handle these data. Most important, according to Rob Dhoble, President, Diversified Agency Services Healthcare/Omnicom Group, an advertising and marketing communications holding group, it can also be used by the rep as "a robust presentation of creativity."

"Using a Tablet PC based mobile eDetailing solution," says Dhoble, "transforms the physician interaction from a 'detail' to a targeted, educational experience and enables brand teams to collect actionable business intelligence from physician call data."

Some Pharma sales reps are currently using these devices with broader usage being expected in the future. Mobile eDetailing business intelligence systems, for example, can deliver powerful insight into physician behavior and marketing message impact, and provide brand teams with valuable tools and analysis to help them better understand and direct the brand interaction at the physician level.

According to a white paper by ArcStream Solutions, a wireless systems integration firm, mobile applications are enabling pharmaceutical commercialization efforts in these ways:

(1) To convey complex, yet accurate and complete, drug information in brief detail visits, sales representatives can refer to mobile devices containing rich, up-to-date marketing and sales information.

(2) To gain mind and market share among physicians overloaded with information, and complement face-to-face detail visits, mobile applications can perform e-detailing—reaching physicians through emails and other electronic information sent directly to handheld devices.

(3) Continued on next page...
To assist sales representatives in completing administrative tasks from the field, mobile applications can help perform chores such as expense reporting, logging drug samples, etc.

Training is Critical for Full Benefit
The challenge, however, will be to successfully deploy this technology to the field. According to Julius Sinkevicius, Product Manager, Tablet PC Group, Microsoft, one of the problems is the fact these devices are under-utilized when used as a laptop only and one of the reasons for this under-utilization is lack of proper training (hardware, software and pen navigation). "People aren't given enough training and use it as a lap top only, so it's underused," said Sinkevicius.

Microsoft is one of the innovators of software for tablet PCs and the company has made recent improvements in character/handwriting recognition software. This is significant because it facilitates a number of activities including: writing meetings notes, training and education, writing on the screen, documentation, display video and annotating text or handwritten documents. They key features supporting these benefits include a lighter device with a longer battery life and the flexibility of using a pen to write on the screen or as a navigation device, all of which is compatible with various software development kits and other business software packages authored by Microsoft.

These things are important to the sales rep because Microsoft believes that the right platform and the right technology may lead to an increase in prescriptions. Because tablet PCs allow the rep to interact in any location, the technology itself may actually provide a longer duration of detail time that can be further enhanced by the ability to attach forms and quickly search and provide information.

Pilot for Operational Success
According to Geoffrey McCleary, Vice President of Interactive Product Services at Hyphen, a healthcare communications agency, "The power of the tablet PC is that it allows you to ‘hear’ what goes on in the physicians office and ‘see’ the brand through the physicians’ eyes" while allowing market segmentation of physicians for true targeting.

McCleary suggested that tablet PCs enable the creation of a physician segment of one for true target marketing. This would be cost-prohibitive to do in print. In his presentation entitled, "Detailing Pilots--A Stake holder-Based Approach to Operational Success," he suggested a pilot program be developed. This pilot program would allow a company to evaluate the technology, test the impact of that technology on both the company and the business, project pilot learning onto the organization as a whole and ultimately, determine if it can be used as a viable model to drive growth.

In order to do this successfully; McCleary recommended defining the desired goals at the outset of the pilot program is critical. He also suggested that the pilot program include all stakeholders including members of the product management team, members of regulatory or medical/legal, team members from the brand’s agency of record, members of the sales team, sales training, sales representatives and IT.

Tablet PCs and Closed-Loop Promotion
Another important factor about tablet PC technology is the necessity of understanding how it can be used to fulfill the needs and the demands of the physician audience. A panel discussion on tablet PC-based detailing and sales effectiveness ("closed-loop" promotion) cited examples of this.

One of the most significant observations during this discussion was that with one rep for every 8 physicians, 70% of whom are concentrated on the GP/PCP audience and with almost every high-volume prescriber (HVP) having a "dedicated rep", the rep/physician interaction has approached the point of diminishing returns. This problem is even more serious when one considers that there is growing friction between physicians and reps with 20% of physicians being "no sees" and 80% of calls lasting less than two minutes. In addition, physicians are demanding more clinical and comparative data (see "A Crisis in Professional Detailing," PMN Reprint 37-02).

Closed-loop promotion is believed to be a solution for some of these problems. From a brand perspective, the technology of tablet PCs enables an increase in the speed to response. It permits a
fast, almost "overnight" ability to change content while at the same time enabling the rep to rapidly deliver that message. From the sales perspective, the tablet PC detail makes it easy to immediately navigate to any topic that the physician raises or wants information on. It can cut down on the "waiting time" for new or updated marketing materials to be printed and mailed and at the same time can be utilized to capture market research data and other necessary metrics at the time of the actual detail.

Tablet PCs in the Hospital Setting
Perhaps one of the best applications of this technology will be in the hospital. Jon McNeary, Pharmaceutical Practice Director at Arcstream Solutions, presented "Leverage Mobile Technologies for Hospital-Centric Detailing". In the hospital setting, the laptop PC may be too difficult to handle, PDA may not provide enough functionality but the tablet PC should be ideal when one considers its size, capability and functionality.

He discussed trends in detailing in the hospital environment citing that within a strategic context, the hospital rep must meet the needs of a variety of constituents. At the same time, this must be accompanied by various tactical decisions that are being made by the identification and tracing of key performance indicators. According to McNeary, "The hospital-based reps are looking to technology as an enabler not a crutch." In addition, Pharma companies may rely on the hospital-based rep as a lens into an account and its purchasing history and product preferences.

As a result, the scope of this technology for the hospital-based rep must include a variety of capabilities including relationship building/account management, delivery of information/clinical literature, as a tool to enhance communications among different groups or administer surveys and conduct measurements of various metrics.

Use By MSLs
Medical Science Liaisons (MSLs) may benefit the most from the mobility and on-the-spot convenience of PDAs and tablet computers. Tablets can improve the effectiveness of medical education, a key activity of MSLs. MSLs also manage thought leaders and advocacy activity. Having a database of thought leader opinions on hand along with all available clinical data allow MSLs to address physician questions immediately.

As pharmaceutical sales strategies and physicians' familiarity with interactive communications shift, it will be even more necessary that Pharma companies equip their representatives with the appropriate tools and training to insure their success. The tablet PC is the next evolution in mobile technology that has been developed to meet the various challenges inherent in the pharmaceutical sales and marketing environment.

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Hospital vs. Practice Based Detailing
While many similarities exist, hospital based detailing does have some key differences with traditional, practice based detailing:

Fewer interactions with specific doctors
• Many hospitals are banning detail reps altogether or forcing them to schedule all visits
• Some doctors and thought leaders only will see Medical Affairs reps (e.g., Medical Science Liaisons), not Detail reps

Less emphasis on sampling
• Some hospitals are limiting the number of samples that can be dropped
• The workflow of a hospital-based rep is different
  ➢ Less waiting room time
  ➢ Move from one doctor to another in real time

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Pharma Marketing News

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Pharmaceutical marketing is alive and well in Europe. European physician and patient portals, which offer pharmaceutical marketing services, are thriving despite—or because of—the ban on direct-to-consumer (DTC) advertising. This was evident from the enthusiastic interaction between speakers and attendees at the recent European Medical Portal Meeting 2005 that was recently held in Berlin, Germany. The meeting was organized by DocCheck, an Internet-based healthcare professional portal that brings together pharmaceutical companies and their clients (physicians, pharmacists, etc.). I attended the meeting and spoke on health web site ethics.

This article describes what European portals—specifically DocCheck, a German healthcare professional portal site—have to offer pharmaceutical marketers interested in reaching health professionals and consumers in Europe.

Day of the Portals
The first day of the meeting (“Portal Day”) was held at the upscale, but hard to find, Hotel Q!, winner of the Travel & Leisure's Design Award 2005 (Best Design Hotel) and located a few steps from Kurfürstendamm, Berlin’s famous shopping mile packed with boutiques, restaurants, bars and galleries. The goal of “Portal Day” sessions was to help portal managers learn about portals in Europe and how they make money.

When I arrived at the meeting, Frank Antwerpes, M.D., CEO of DocCheck, was in the process of handing out aprons and colored clay to the portal managers in preparation for an afternoon workshop. Participants were broken down into several groups and asked to envision what the “killer” health portal application would look like in the year 2030. Each group had to make a clay model of its concept and present it to the whole group afterward.

I found myself with portal managers from the UK and Germany. I am proud to say that my “MD Avatar” concept, which solves the problem of not having enough time to consult with your own physician, won the competition (see BOX, next page). My presentation, however, was less than stellar—my team’s intricate clay model collapsed during the presentation.

DocCheck
“DocCheck has the largest panel of medical professionals in Germany and one of the largest in the world,” according to Antwerpes. DocCheck was launched in 1996 and currently has 370,000 registered users, 200,000 of whom subscribe to its biweekly medical e-newsletter. DocCheck’s newsletters include sponsored articles and ads from pharmaceutical companies.

Universal Physician Password
DocCheck offers a variety of services to its members besides the newsletter. A key part of its business is supplying physicians with universal passwords that allow them access to over 1,020 closed (physician-only) German and 117 international medical Web sites, including pharmaceutical sites.

The universal physician password system works in Europe—whereas it failed as a business model in the US—because it is illegal for European pharmaceutical companies to provide public access to promotional (advertising) information intended only for physicians. In the US, however, there is no law preventing pharmaceutical companies and medical publishers from allowing consumers to access physician-only areas of their Web sites. At the most, these sites merely ask the user to confirm that he/she is a physician.

DocCheck benefits from its password service, which is free to physicians and websites, by knowing a lot about its registered physician users and what medical sites they visit using their passwords. DocCheck collects actual usage data showing what pharma sites the doctors are visiting. DocCheck sells these data back to their pharma clients. “We can benchmark different companies regarding the use of their web sites by professionals,” says Antwerpes. Access data can be combined with demographic data such as physician age, specialty, region of practice, etc.

Continued on next page...
Of course, physicians in Germany and other European countries often visit health sites—including US-based sites—that do not require passwords.

**eDetailing in Europe**

Brad Wilson, founder and CEO of OnMedica, a UK-based healthcare professional portal, presented his company’s experience with eDetailing, which he defined as “a multimedia interactive presentation that has a clinical information bias and is centred on a pharmaceutical product.”

OnMedica is one of the leading providers of eDetailing in the UK and is currently working with 12 different pharmaceutical companies on 16 different products. OnMedica’s goal is to see the “e” channel as a significant part of the total pharma marketing mix—at least 15% to 25% of sales/marketing spend. “When that happens,” says Wilson, “we know we have a real place at the table” rather than “fighting for the scraps.”

Wilson presented convincing IMS ROI data showing the effectiveness of e-Detailing. In spite of the fact that Pharma asks for proof of the value of e-Detailing, it remains a difficult “sell” as many Pharma executives are wedded to the old and trusted promotion paradigm. “This will change”, says Wilson, “as pressure on sales and promotion budgets tightens”. This sounds similar to the situation in the U.S. (see, for example, “eDetailing: Yesterday, Today and Tomorrow”).

**DocCheck e-Research**

The second day of the conference—Industry Day—was a day of presentations to an audience of pharmaceutical executives who came to learn more about European portals. DocCheck’s Daniel Goetz made a presentation about DocCheck B-to-B e-Research.

About 140,000 DocCheck members participate in DocCheck’s online research MediAccess Pool. About 60,000 of these panelists are physicians and 14,000 are pharmacists (see Chart, pg. 18).

Continued on next page...
The principles that guide market research at DocCheck are:

- Valid depiction of target group
- Promptness
- Clean data
- Transparency
- Competitive price

Goetz used data on urologists to illustrate that there is no bias between DocCheck’s online sample and classical offline market research. There are 4558 urologists in Germany and about 3600 are online. Of those, 1236 are in the DocCheck online panel. “Our e-mail open rates,” says Antwerpes, “ranges between 10% and 20%. Consequently, it is not a problem for us to obtain a statistically-significant sample of specialist survey respondents from the DocCheck panel.” For urologists, the target of 120 respondents, therefore, is easily obtained to ensure valid research data.

“Typically,” says Goetz, “we can deliver results within 3 to 4 days. We recently ran a survey for general practitioners starting in the afternoon and by the next morning we had the desired 100 responses.”

Each individual in DocCheck’s database is verified as a health professional and each respondent to a survey can be identified. “We always know who participates in our surveys,” says Goetz, “and we can invite only those professionals that we want to participate according to our clients’ needs.”

By transparency, DocCheck means that its clients always have real-time access to the data.

**Recruiting Health Professionals**

DocCheck’s survey participants can be recruited so as to provide a randomized sample or the sample can be tailored according to profession (physician, pharmacist, dentist, etc.), specialty (surgeon, internist, urologist, etc.), practice type (office vs. clinic or hospital), age, and region. It’s also possible to match customer lists provided by pharmaceutical clients.

Panelists are invited solely via e-mail. Each invitation includes the topic of the survey, an estimate of the time required to complete the survey, a statement on data protection practices, contact information, and an explanation of the honoraria provided (usually 10 to 20 Euros per survey).

**Patient Panel**

DocCheck’s “new baby” is a patient panel. The main problem with most patient panels, according to Goetz, is that “you can never be sure that the person answering your survey is really a patient or is just somebody that wants to claim the incentive whether it be cash or a chance to win a prize.”

DocCheck uses physicians and pharmacists in its MediAccess Pool to invite qualified patients only (see CHART on next page). This assures that only patients with verified medical conditions can register for the survey. Invitation by health professionals increases patient trust, which makes it easier to get truthful and useful responses.

DocCheck can track which patients are recruited by which physicians. There is no conflict with European data protection laws because the physician never hands over his or her patient personal data to DocCheck. Patients voluntarily register to be on the DocCheck panel.

**Permission-based e-Mail Marketing**

Pharmaceutical clients can send sponsored e-mail promotions to DocCheck’s MediMail database of 30,000 physicians who have opted in to receive such messages. “As a courtesy, we pay recipients 0.15 Euro for each e-mail message they receive and open,” says Antwerpes. “There is a quite good response rate depending on the offer or information provided,” says Antwerpes.

Continued on next page...
Conclusion
European Medical Portal Meeting 2005 was the first meeting of its kind. DocCheck is already planning the 2006 meeting, which will be held in Barcelona, Spain. It will be multi-lingual and Antwerpes hopes that more portal representatives and pharma attendees from Spain, France, and Italy will attend.

Experts Cited
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- Mark Bard, CEO, Manhattan Research, 212.414.2228, mbard@manhattanresearch.com
- Brad Wilson, CEO, OnMedica Group Ltd, +44-(0)1494-735001

Overview of how DocCheck recruits participants for its Patient Panels. DocCheck provides all the resources like Web forms and flyers that physicians can use to invite patients. Both the physician and the patient receive honoraria.

Pharma eMarketing at Tipping Point?
The 2005 ePharma Summit was held at the new Borgata Hotel and Casino in Atlantic City, NJ. This venue, it turns out, was appropriate as many presenters and diehard attendees—of which there were disappointingly too few—seemed to be gamblers of one sort or another. Some gambled at the tables in the casino and some are gambling that pharma e-marketing will take off in 2005.

In May, 2006, eyeforpharma hosted a two-day Online Marketing & eDetailing conference in Berlin, Germany. Keynote speaker Len Starnes, Head of E-Business, Europe for Schering Germany, noted that this event marked the 10-year anniversary of European pharmaceutical eMarketing. “Ten years ago,” said Starnes, “a European conference on pharmaceutical eMarketing was a major event with very senior pharmaceutical people attending.”

Starnes was speaking at a recent Pharma Marketing Roundtable conference call on the subject of physician eMarketing in Europe. Other experts on the call included:

- Francesco Convertini, Web Product Manager, Sanofi-Aventis
- Vincent DeChellis, Principal at NHHS, an independent healthcare consultant based in the US
- Mark Millar, Director, PraeMedica, a technology-based physician communications agency based in Ireland
- Robert Nauman, Principal, BioPharma Advisors Network, a consultancy based in the US
- Pascal Vancoppenolle, CEO and co-founder, MediQuality, an online sales & marketing application provider and consultancy based in Belgium
- Kay Wesley, Global Director eMarketing, AstraZeneca

“Ten years ago we had great expectations,” said Starnes. “Some people made a lot of wild predictions such as ‘we can forget the rep because now, with the Internet, we have reps 24/7.’ Since then, we’ve been through the trough of despair in 2000 and now we are coming into a much more realistic phase.”

Strategically Challenged
“In Europe, not all pharmaceutical companies are using the Internet strategically,” said Vancoppenolle. “There is a tendency for some companies to employ eMarketing on a project by project basis. They have an idea and then implement it, followed by another idea, etc. There is no coherent strategic vision. Consequently, Europe, unlike the US, has not yet moved away from eDetailing because eDetailing has not been widely implemented.”

“I agree,” said Wesley. “The industry up to now has been tinkering about with pilots and not doing a great deal of strategic work in the online channel.”

“Many of the approaches adopted by brand managers,” said DeChellis, “are pretty much very tactical as opposed to weaving the Internet into their overall strategic mix and looking at the overall spend to determine what is the appropriate amount. Instead of looking at online vs. offline marketing, we should be looking at marketing in general and ask what is the right mix.”

Europe Lags Behind the US
Despite its 10-year history, European pharmaceutical eMarketers still concede that they lag behind their US counterparts by 2 years or more at least when it comes to eDetailing. “In Europe there is still some misunderstanding about what eDetailing really is,” said Starnes. “For some product managers, eDetailing is simply seen as a Web site.”

The group considered the upside of being followers rather than leaders: “Being behind the US is sometimes a good thing,” one said. “We can learn from your mistakes or we can see what the trends are and prepare ourselves for what’s coming.”

Commercial vs. Educational eDetailing
Yet in some ways, Europe is ahead of the curve and more forward thinking at least when it comes to commercialized vs. educational eDetailing.

As recently as two years ago, pharmaceutical companies in the US routinely gave cash-equivalent incentives to physicians for completing commercial product eDetails. Recent OIG and PhRMA guidelines, however, has led to the demise of the practice in the US.

“Incentives are what drove a lot of the curiosity in eDetailing by physicians in the US initially,” said DeChellis. “The good thing about the OIG and other guidelines on incentives is that the content must now be more compelling in order to attract physicians. The companies providing eDetailing in the US now realize that they cannot simply repurpose sales aids or vis aids and that’s why they are heading more into eLearning. The likelihood of physicians coming back is dependent...
on how valuable they find the information and whether it was time well spent.”

“Some markets in Europe do permit the offering of honoraria for participation in eDetails,” said Wesley. “Nevertheless, there is less acceptance of a highly-commercial eDetailing approach in Europe. Many European physicians value ‘interactive product education,’ so eDetails in Europe may be positioned slightly differently and have a more educational ‘tone.’ As a matter of fact, we’ve observed that doctors who are interested in eCME are also interested in eDetailing. We should encourage this ‘educational’ positioning of product information and help all prescribers find it when they need to, rather than restricting its use to specific campaigns with incentives.”

Starnes agrees and sees a north-south divide in how countries interpret directives. “Member countries adapt European directives for their local needs. We tend to see some of the north European countries (e.g., Netherlands, Scandinavia) being more liberal in their interpretations of the directives. The further south you go, especially the Mediterranean countries, interpretations are stricter.”

This difference seems to align with the cultural differences relating to freedom of access to information. These differences are quite deeply rooted and apply not only to consumer-directed information but also to physician-directed information. The cultural differences not only apply to regulators in different countries but also to product managers within the pharmaceutical companies themselves. Most agreed that it comes down to what is an acceptable level of risk.

Implementation Issues Abound
Europe has its own unique problems in terms of deploying eMarketing solutions. Although the EU may be likened to the US federation of states, Europe is still comprised of separate countries with significant cultural and language differences.

“Unlike the US, Europe is not a single homogenous market,” said Millar. “There are many variations in regulations as well as licensed indications for pharma products.”

Implementation Issues Abound
Europe has its own unique problems in terms of deploying eMarketing solutions. Although the EU may be likened to the US federation of states, Europe is still comprised of separate countries with significant cultural and language differences.

“A Different tone of voice, a different approach is needed in all these markets, which are culturally unique. The very centralized approach has a lot of global clout but whether it has a lot of local impact is another question.

“AstraZeneca is trying to bring a global economy of scale and best practices to bear but still implement and communicate locally. In the online channel, the whole notion of thinking globally and acting locally comes into fruition only if you work smartly as an organization in order to execute well.

“We’ve just begun to scratch the surface of the potential the e-channel offers. The potential for the global organization to learn is great. To get insights from what’s happening on the ground, you really need an integrated approach to customer relationship management (CRM) across all channels.”

AstraZeneca: Brand Globally, Communicate Locally
“Pharmaceutical companies brand globally, but communicate locally,” says Kay Wesley, AstraZeneca’s Global Director of eMarketing. “Although pharma companies are very good at global branding and global product strategy, the communication has always been very sales rep based and you don’t get much more local than a rep visiting a doctor!” Using the Internet for marketing, therefore, is an interesting new paradigm for the industry.

“Pharmaceutical companies are not as disciplined as other industries in implementing communications planning across the global-local divide. Some pharmaceutical companies have been entirely localized where everything is done at the local level. This results in pockets of excellence in certain markets, whereas other markets are not doing anything at all from an ‘e’ perspective. Other companies are extremely centralized with everything running from the home office. Needless to say, this doesn’t sing in the hearts of European physicians.

“A Different tone of voice, a different approach is needed in all these markets, which are culturally unique. The very centralized approach has a lot of global clout but whether it has a lot of local impact is another question.

“AstraZeneca is trying to bring a global economy of scale and best practices to bear but still implement and communicate locally. In the online channel, the whole notion of thinking globally and acting locally comes into fruition only if you work smartly as an organization in order to execute well.

“We’ve just begun to scratch the surface of the potential the e-channel offers. The potential for the global organization to learn is great. To get insights from what’s happening on the ground, you really need an integrated approach to customer relationship management (CRM) across all channels.”
actually have the chance to talk to regulators, in some markets they often will change their views and allow us to do things we couldn’t do before.”

“Incentives are what drove a lot of the curiosity in eDetailing by physicians in the US initially,” said DeChellis. “The good thing about the OIG and other guidelines on incentives is that the content must now be more compelling in order to attract physicians. The companies providing eDetailing in the US now realize that they cannot simply repurpose sales aids or vis aids and that’s why they are heading more into eLearning. The likelihood of physicians coming back is dependent on how valuable they find the information and whether it was time well spent.”

“Some markets in Europe do permit the offering of honoraria for participation in eDetails,” said Wesley. “Nevertheless, there is less acceptance of a highly-commercial eDetailing approach in Europe. Many European physicians value ‘interactive product education,’ so eDetails in Europe may be positioned slightly differently and have a more educational ‘tone.’ As a matter of fact, we’ve observed that doctors who are interested in eCME are also interested in eDetailing. We should encourage this ‘educational’ positioning of product information and help all prescribers find it when they need to, rather than restricting its use to specific campaigns with incentives.”

**Implementation Issues Abound**

Europe has its own unique problems in terms of deploying eMarketing solutions. Although the EU may be likened to the US federation of states, Europe is still comprised of separate countries with significant cultural and language differences.

“Unlike the US, Europe is not a single homogeneous market,” said Millar. “There are many variations in regulations as well as licensed indications for pharma products.”

Starnes agrees and sees a north-south divide in how countries interpret directives. “Member countries adapt European directives for their local needs. We tend to see some of the north European countries (eg, Netherlands, Scandinavia) being more liberal in their interpretations of the directives. The further south you go, especially the Mediterranean countries, interpretations are stricter.”

This difference seems to align with the cultural differences relating to freedom of access to information. These differences are quite deeply rooted and apply not only to consumer-directed information but also to physician-directed information. The cultural differences not only apply to regulators in different countries but also to product managers within the pharmaceutical companies themselves. Most agreed that it comes down to what is an acceptable level of risk.

**Changing Regulatory Landscape**

“The situation is dynamic rather than static as well,” said Starnes. “We are seeing quite a change in what regulators will allow us to do from year to year as new concepts are explored. For example, compliance programs for patients are not addressed at all in the EU directives and if we actually have the chance to talk to regulators, in some markets they often will change their views and allow us to do things we couldn’t do before.”

An example would be regulations relating to physician access to medical information on the Web provided by pharmaceutical companies. There are some markets – for example – where passwords are absolutely not necessary. “In other markets it’s really up to the product manager to determine the degree of security necessary to access Web sites,” said Starnes. “In some markets, such as France, pharmaceutical companies must really limit access to bona fide physicians.”

Some pharmaceutical companies are very much committed to only provide pharmaceutical professional information to European physicians behind a password. This may be done for several reasons. One reason sometimes stated is to protect patients. A more important reason, however, is to provide as much personalized information to physicians as possible. This is where online marketing can enhance customer relationship management (CRM). Indeed, many European pharmaceutical company eMarketers work within CRM departments.

Not only are there different regulations to contend with, but cultural differences also call for different delivery approaches. “We have seen different models of eDetailing work in different markets,” said Wesley. “In some Scandinavian markets we’ve had success with shared-screen eDetailing in which a rep talks the doctor through the detail on the phone. In most other markets, however, the virtual, self-directed eDetail model is prevalent.”

**Organizational Issues**

In the US, most pharmaceutical companies have disbanded their “e” departments and disbursed Internet-savvy personnel to brand teams. This has not happened – yet – in Europe. Why is that?

The experts agreed that US marketing teams have much bigger budgets and more people with Internet expertise than do local European markets. In Europe, they contend, it is impossible to place an eBusiness expert in each product team.

*Continued on next page…*
Sanofi-Aventis: Italian eDetailing Success Story

**Product:** ENTEROGERMINA®

Enterogermina®, an oral suspension of bacteria spores offered in single doses, restores the intestinal bacteria balance in case of an intestinal disorder. Enterogermina® can be used for preventive or curative treatment. In Italy, Enterogermina® is the leader in its market and achieved OTC product status in 1999.

**eMarketer:** Francesco Convertini, Web Product Manager

**Project:** Deploy an eDetailing program to support a product that has a long history in the marketplace. Prove that it works.

**Problem:** Determining the effectiveness of an eDetailing program is difficult. Usually, you don’t know if increased sales are due to eDetailing or to advertising, which is allowed for OTC products, or to pharmacy marketing. [In Italy physicians are important OTC influencers, accounting for 25% of sales.]

**Test Methodology:** Divided Italy into 2 areas: in one area all 10,000 physicians were eDetailed; another area was divided into 2 panels: one for eDetailing, one without eDetailing. A call center conducted physician interviews prior to the eDetailing to determine brand awareness, share of voice, etc. The eDetailing lasted for 6 months, after which follow-up interviews were conducted.

**eDetailing Implementation Specifics:** Every month a print newsletter was sent by mail to physicians. Each issue of the newsletter discussed a feature of the product and provided an overview of topics accessible on the Web site. The newsletter had an average reading “redemption” of 90%; that is, of 10,000 physicians receiving the newsletter, 9,000 entered the eDetailing Web site mentioned in the newsletter.

**Results:** Once on the general Web site, 60% of physicians clicked through to the formal eDetail. eDetailing proved to reduce loss of market share with a Top of Mind of 50%, increasing the attitude towards prescriptions.

“eDetailing gives us much more information about what the physician needs,” said Convertini. “And we get this feedback much more quickly than we can get from a sales rep. The next hurdle I face is working with consumers via the Internet.”

Resources are so limited in some small markets that product managers are responsible for more than one product! What’s needed is at least one specialist per country that can work with all the product managers to guide them and help them to put the right marketing mix and campaigns together.

“We’ve actually just changed our eMarketing structure,” said Wesley. “All our global eManagers are now in the brand teams so that each brand has an eMarketing manager, who we see as having a strategic role in getting the brand as a whole to leverage the channel from global ‘congresses’ through to e-selling on the ground and patient disease awareness. These global eManagers still work together on global capabilities.”

“Although I have an eBusiness title,” said Starnes, “I spend 50% of my time in customer and patient relationship management. I am actually part of the CRM team. The positive thing about that is I can talk about the e-channel in a completely different way that is more relevant to the CRM folks.”

Integrating eBusiness expertise into the brand team is one thing, but talking the talk and walking the walk as a marketer is another. “Many pharmaceutical companies jumped into the Internet early on, but put the Internet under the IT umbrella instead of Marketing,” said Vancoppenolle. “The result today is a lack of Internet marketing knowledge among marketers.”

*Continued on page 25...*
European Online Marketing and eDetailing Survey Results

The following are results from a survey of pharmaceutical experts on eDetailing and Online Marketing conducted in 2005 by eyeforpharma, MediQuality, and PharmiWeb Solutions (see http://www.eyeforpharma.com/edetail_report.asp). The results are based on 722 responses, mostly from European pharmaceutical marketing professionals.

**FIGURE 1** (left): Eighty percent (80%) of the respondents agree or strongly agree that e-detailing will become more popular in the next three years. PMN Chart

**FIGURE 2** (right): However, only a minority of respondents (32%) believe that eDetailing has a proven ROI and the majority simply don’t know. PMN Chart

**FIGURE 3** (left): More than 75% of respondents agree that the industry needs assistance from 3rd parties about how to use the Internet (PMN Chart) while 92% of the respondents do not agree that the industry is good at using the web compared to other industries (data not shown).
“To push eDetailing is a really tough job,” said Convertini. “Product managers are not that familiar with the Internet and don’t understand why it has to be included in the marketing mix. That’s why I invest so much effort in research that demonstrates the effectiveness of eDetailing in terms that are understood by marketers. If you only talk about ‘clickthroughs’ and ‘unique visitors’, and so on, marketers will not understand or pay attention.”

The Future
“The day will come when marketing is not “e” or online and offline, it will be just marketing,” said DeChellis. “As it stands right now, the complexity of online marketing is still somewhat daunting to marketers and their agencies. Specialists are still required to deal with things that marketers don’t fully understand or don’t want to deal with. Consequently, we still have a siloed online/offline approach when we should have integrated marketing of a brand.”

Experts Cited

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Questions for Pharma to Ponder

Schueth suggested a number of specific questions for panelists to consider, including the following:

- What makes the point of care so interesting to pharma? In another words, what are the risks and rewards for Pharma relative to the point of care?
- In January 2004, Wellpoint announced that they were investing $40 million in technology and software at the point of care. What does it mean to Pharma when a health plan that manages its own prescription benefit makes this type of investment?
- Some pharmaceutical manufacturers think there’s a lot of downside relative to electronic prescribing, and don’t want to encourage this technology. Others—particularly those with strong managed care formulary positions—see it as inevitable and an opportunity. Who has

Continued on next page...
the right perspective, or is there another way to look at it?

- There is a great deal of discussion around encouraging adoption of technology in healthcare? Is adoption what we should concentrate on encouraging, or is it utilization? What's the difference?
- Who are the major electronic prescribing companies, and how do they fit into the bigger picture?
- What should the Pharmaceutical manufacturer eBusiness executive keep his/her eye on over the next 12-16 months?
- What are the principles around which an electronic prescribing solution should be developed? (See box, pg. 27)

The panel, however, started out determining whether ePrescribing was “evolutionary or revolutionary.”

**Appropriate Messaging**

Barrett said he thought ePrescribing is “evolutionary if it remains truly neutral.” Knoblauch concurred and also suggested a definition of “neutral” in the context of ePrescribing. “Severe messaging,” she said, “to push docs down one path or another is inappropriate.” She gave as an example of severe messaging a scenario whereby a doctor would have to progress through 4 or 5 promotional screens before getting to the point where he or she can enter a prescription.

The subject of promotional messaging at the POC is sensitive and complex. As mentioned in the article “Ready or Not: Gearing Up for the Expansion of ePrescribing,” the Medicare Prescription Drug, Improvement and Modernization Act of 2003 includes specific language regarding Appropriate Messaging (PERMITTING USE OF APPROPRIATE MESSAGING): “Such standards shall allow for the messaging of information only if it relates to the appropriate prescribing of drugs, including quality assurance measures…”

SureScripts, which provides an eRx network connection between prescribers and pharmacies, has no problem with commercial messages on ePrescribing devices using its system. Even commercial messages such as banner advertisements shown while the physician fills a script is OK. Kevin Hutchinson, CEO & President of SureScripts, says he does have a problem, however, if the ad is “triggered off a physician’s intent” and tries to influence a specific prescribing transaction. If a Lipitor Ad, for example, were to pop up triggered by the physician writing a script for Pravachol, that would be unacceptable (see BOX, “SureScripts Certification Requirements Regarding Messaging”). “Pharma companies may wish to support our guidelines for messaging,” suggests Hutchinson, “because it levels the playing field for all companies and it is the right thing to do.”

**Best Practices**

Different stakeholders at the point of care have divergent interests regarding messaging to physicians. The federal government (i.e., Medicare), for example, is interested in promulgating best clinical practice messages to physicians. Payers, CMS included, are interested in keeping costs in check and would like to encourage physicians to prescribe lower-cost drugs, such as when there is a generic alternative to a brand medication. No one is sure, however, what the commonly-acceptable best practices for ePrescribing will be (e.g., box, pg. 27).

**SureScripts Certification Requirements Regarding Messaging**

“Aggregator shall not, nor permit any person or entity, directly or indirectly, to use…advertising, instant messaging, and pop up ads, to influence or attempt to influence, through economic incentives or otherwise, the prescribing decision… of a physician at the point of care…”

“Notwithstanding the above, Aggregator or its affiliates may show information regarding a payer’s formulary so long as (i) all pharmaceuticals and pharmacies available are disclosed to the physician, and (ii) nothing is designed to preclude or make more difficult the act of a physician or patient from selecting any particular pharmacy or pharmaceutical.”

Clearly, pharma has a stake in promoting best practices that assure a level playing field for all stakeholders. A neutral and open ePrescribing platform, for example, would allay pharma concerns about messaging and control over formulary (would ePrescribing platforms connected to PBMs, for example, allow PBMs and payers to more easily switch their drugs on and off formulary and give PBMs more leverage over the prescribing process?).

**Benefits to Pharma**

Kevin Hutchinson offers the following benefits that ePrescribing gives pharmaceutical companies:

*Continued on next page...*
• Expands and enhances a customer relationship strategy with physicians
• Provides a foundation for:
  - Patient compliance
  - Persistency tracking
  - Abuse tracking
  - Electronic medical education
  - Electronic clinical trial recruitment
• Should speed the adoption of EHR, which enables health maintenance programs and evidence-based practices that more easily demonstrate efficacy of medication therapy
• Over time will reduce costs in the total prescribing system
• Provides the opportunity for pharma to be viewed as a leader in driving awareness and promoting adoption of the benefits of automating the prescribing process

According to Knoblauch, Pfizer supports ePrescribing and believes that “better patient compliance will be the result. We need to do what’s right.”

**Experts Cited**

- **Michael Barrett**, Principal, Critical Mass Consulting, mbarrett@cmass.us.
- **Kevin Hutchinson**, President and CEO, SureScripts (www.surescripts.com), 703-921-2101.
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**Pfizer’s Principles for Assuring Quality of Care by Electronic Prescribing Systems**

Electronic prescribing (eRx) is an increasingly valuable and important tool for protecting patient safety, enhancing patients’ health outcomes and improving the efficiency.

• Patients and physician needs should drive design of the eRx tools that will be used at point of care. A market-driven approach to eRx will best assure the adoption of systems aligned with the provision of quality of care.
• Electronic prescribing should be provided through a neutral and open platform. It should not be designed to advance the commercial interests of any particular participant (e.g., PBMs, Pharma, Pharmacy, Insurance, etc) to the potential detriment of patient care.
• Electronic prescribing should support greater access to data for better clinical decision making, including alerts to adverse events and access to formulary information. Data containing such information should not be selectively or competitively pushed to the physician, and the distribution of such information must not diminish the patient’s right to appeal.
• eRx must not subvert the protections offered to patients in other areas of Medicare.
• eRx systems must conform to prevailing quality and technical standards
Searching for Answers on Search Engine Marketing?

By Mitch Bernstein

PMN Reprint #35-01

Search Engine Marketing, also known as SEM, is one of the hottest topics in interactive marketing today. At a recent ePharma Summit conference in Philadelphia (May 2004), search was discussed a number of times in presentations.

More importantly, according to recent figures from the Internet Advertising Revenue Report of the Interactive Advertising Bureau (IAB), search represented more than 35% of total online advertising revenues in 2003, a $7.3 billion dollar market.

Other estimates vary, but predict continued growth in SEM. A May 14, 2004, Washington Post article, for example, states "Yahoo Inc. officials said … that the market for Internet searches will grow from $3 billion to $11 billion over the next five years, as computer users increasingly look for more local and product information online."

These figures help explain Yahoo’s record earnings and why Google’s IPO is such a hot financial story, but they also announce an important trend that is changing the way marketers think about the interactive channel.

Benefits Abound

What many marketers are discovering is that search is a medium where users self-qualify, providing valuable insights about the products they seek, as well as what they see as relevant on their way to researching and buying those products.

That is, online searchers self-qualify by the keywords they search for and when they click on paid relevant ads or natural search results, they are automatically sent to the most appropriate pages within the advertiser’s web site. Once at the site, the actions of visitors can be tracked to learn what they find relevant or not.

As opposed to buying banner ads and other types of online advertising, SEM allows advertisers to pay for ads that "perform" in terms of delivering traffic. With paid search, often called “keyword buys” or “pay per click,” advertisers only pay for prospects who are actually interested in learning more about a product or service. These payments are sometimes determined by a blind auction model, where marketers can enter a maximum price that they are willing to pay for placement of their keyword ad.

A Dark Side?

Of course, there is a flip side to what marketers are quickly latching onto as the next big thing. Some organizations are critical of search engines and

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Search Glossary

Algorithm - In the context of search engines, it is the mathematical programming system used to determine which web pages are displayed in search results.

Cost-per-click - The cost-per-click (CPC) is the amount you pay each time a user clicks on your ad.

Keyword - Keywords are the words users type in to define a search. The keywords you choose for a given ad are used to target users searching on those keywords and thus deliver your ads to potential customers.

Link Popularity - A count of the number of links pointing (inbound links) at a website. Many search engines now count linkage in their algorithms.

Natural Search Optimization (NSO) - The process of matching code to Search Engine algorithms, so that website content can be fully spidered and indexed by the leading search engines.

PageRank - The search engine Google is based upon link counting. The more quality links that a website has, the better its "page rank" (PR). PageRank values can range from 0 to 10.

Search Engine Spam - The submission of pages that are intended to rank artificially high by various unethical techniques. These can include submitting hundreds of slightly different pages designed to rank high, small invisible text, or word scrambled pages.

Spider - The main program used by search engines to retrieve web pages to include in their database.
fear that their algorithms can be manipulated by marketers to lead unwary consumers to fraudulent information. Others worry about trademark infringement and privacy issues (see box).

**SEM for Pharma**
With 550 million searches being conducted daily in the US, search provides tremendous opportunities to build brand awareness and drive sales while learning about what sort of keyword terms your audiences find relevant to your products.

For OTC products, search marketing is an efficient way to drive sales online, and increase overall awareness of your brand. For DTC Rx pharmaceutical advertisers, it's an ideal vehicle to capture the attention of Internet users searching for information on a disease state, especially those who have yet to commit to a particular product.

No matter what your brief, search will provide you with a cost-effective strategy for building brand awareness and capturing the attention of consumers who are hungry for information and in a decision-making mindset. This proactive mindset is the key to delivering results that can raise eyebrows—and budgets.

By focusing on a customer who has already self-identified as a qualified lead, advertisers both large and small are seeing impressive results. With more than 63% of consumers saying they've conducted a health related search online within the last year, marketers can use search to drive online sales, information downloads, participants for a promotion, database registrants, or virtually any other objective.

**SEM Tips**
So how can pharmaceutical marketers navigate this medium to take advantage of SEM to drive action on their websites?

TIP 1. Optimize your Web site for Natural Search. Optimizing your Web assets (aka, Search Engine Optimization or SEO) requires more than simply "tweaking" your site. It takes an ongoing effort to make sure that the site content is optimized for search engine algorithms, which are constantly updated to prevent "gaming" the system.

While Paid Search has generated a lot of the buzz in marketing circles, Natural Search results are actually responsible for as much as 80-85% of Search related traffic. Natural results are not labeled as "Paid," "Featured," or "Sponsored" and are not for sale. Competition for first page visibility is fierce, and is determined by a combination of content, brand relevance and a whole host of technical factors that include linking strategies, coding style, and keyword density. Natural Search results are generated by complex and constantly evolving algorithms, or "spiders", unique to indivi-

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**Trademark Poaching:** Several trademark owners have expressed concern that paid listings in search engines (such as Google’s AdWords) allow rivals to bid for terms that compete with their marks, poaching traffic from their sites. The law is unclear about the responsibility of search engines to police trademarks in paid search. Google says in its terms and conditions that advertisers themselves "are responsible for the keywords and ad text that they choose to use."

**Privacy Issues:** Google has introduced a new service called GMail, which is a free, search-based webmail service that includes 1,000 megabytes of storage. Google inserts relevant text ads within GMail messages, which are scanned by automated software to find keywords bought by advertisers. If a match is found, a relevant ad is included in the message before it is sent on the recipient. Although Google claims no human will read GMail messages, some people may still find it too intrusive.

The Electronic Frontier Foundation (EFF) raises another privacy issue with GMail. According to EFF, "While the media has largely focused on the fact that Gmail will scan the contents of your email messages in order to target ads, the more serious problem from a privacy perspective is Google’s ability to link your Gmail account information with your Google web searches. By linking your complete Google search history - tagged with your name and personal details - to your email records, Google can create a highly nuanced picture of you as a reader and as a person. Such pictures present irresistible targets for government investigators, civil lawsuit plaintiffs, and even identity thieves. A single attack or disclosure could release deeply sensitive details about your life to the world without your knowledge or consent.”

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dual search engines, and the results can change frequently. To stay ahead, companies must develop sophisticated content strategies to win the war of visibility.

**TIP 3. Hire an experienced SEM provider.** For many people, the simplest option is to hire an expert. When seeking an SEM provider, be sure that they blend multiple strategies to drive results. Paid Search encompasses both CPC Keyword advertising through Google, Overture, Kanoodle, FindWhat, and Enhance Interactive, as well as Paid Inclusion. CPC keyword ads are set apart from the “natural” results from a search and are labeled as such by their placement. Paid Inclusion results are listings that look like Natural or Algorithmic results, but are actually paid for by marketers. Instead of pricing that works on an auction system, paid inclusion results are generally set at a fixed price per click, depending on the type of term being bought.

**Metrics, Metrics, Metrics!**
My firm icrossing, which specializes in search marketing, has had the chance to work with several leading pharmaceutical firms, as well as Fortune 100 companies in a number of other industries. While the most effective results usually come a few months into a campaign, paid search can often drive results in far less time. Whether you are using existing or custom measurement packages to track your results, it is important to tie your campaigns to specific metrics. We have seen some impressive results, such as:

- Doubling the revenue objectives of the campaign online
- Increasing total leads 483%
- Decreasing Cost per lead by 87%
- Increasing Lead conversion rate by 43%
- Decreasing cost per click by 60%

These figures are taken from various product-specific case studies available on our website ([www.icrossing.com](http://www.icrossing.com)). Successful SEM strategies invariably involve both approaches - Paid and Natural – blended in a fashion that meets your overall objectives. Well-executed SEM programs will not only drive brand awareness and sales, it will help the company and its products stay relevant to your most desirable audiences, which is invaluable on its own.

**Pharma Marketing News**

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**Unethical SEO**
Marketers may be tempted to use SEO techniques that “game” search engine algorithms to their advantage. Some of these techniques run the risk of Search Engines delisting Web sites that employ them.

One such techniques is called “cloaking” and involves delivering different content to search engine spiders than to regular site visitors using browsers. Cloaking techniques are forbidden by major search engines, which regularly change their spider programs to thwart cloaking software.

Another trick is called “spamdexing,” in which spam Web pages are created with inbound links to the marketing Web site. This is intended to increase the marketing Web site’s relevance.

Ethical SEO stays within the guidelines found within search engines’ terms of service agreements. When choosing a search engine marketing provider, it would be wise to keep this in mind.

**TIP 2. Buy keywords.** While almost anybody can buy paid media keywords, you’ll want to make sure that ad copy is crafted to your audience, that you’re managing bids on the different engines, and that response tracking systems are in place to measure the impact.

A good search marketing campaign will feature keyword lists built with proper derivatives, and website copy that is drafted directly to that cohort. When a particular keyword or string performs well, marketers can then leverage the intelligence behind that data to drive brand awareness and sales in the short term, making your program more successful.

Fully 80% of adult Internet users, or about 93 million Americans, have searched for at least one of 16 major health topics online. This makes the act of looking for health or medical information one of the most popular activities online, after email (93%) and researching a product or service before buying it (83%).

PEW Report (Health Internet Resources, July 16. 2003)
The debate surrounding the strategic and economic value of having an online DTC strategy rings loud and clear at most global pharmaceutical companies today. Typical questions include … “Should we invest more in the product Web site?” “Do we need an unbranded disease portal?” “Do we even need an online marketing strategy?” Although key criteria such as the product life cycle stage, competitive landscape, and therapeutic category must always be taken into account when answering these questions, there is generally a real need for an online marketing strategy that supports and optimizes the overall product strategy. In general, the key questions are where and how the online strategy creates disproportionate and sustainable value for the brand.

We have firsthand experience with our clients, and years of data documenting the evolution of the online consumer, proving how the Web is a powerful component to an overall DTC marketing strategy and how it can enable a brand team to achieve new heights with respect to customer reach, ROI and total Rx sales. If properly leveraged and integrated into the overall strategy, the value is clear -- it has the potential to be a facilitator and a motivator for patients who are already seeking additional information. Although the role of using the Web for primary awareness of the product and therapeutic category is very important, we will focus on the power of the product Web site as a conversion tool in this article and illustrate how the Web strategy fits into the overall marketing continuum — from initial engagement all the way to loyalty marketing.

Though a challenge, it is necessary to evaluate an online marketing strategy on many levels. For starters, the absolute impact, which is defined as the power of the strategy to drive traditional “success” metrics such as consumers requesting branded products offline after exposure to the Web, is a key starting point for any brand trying to answer key questions such as “What is the conversion power of the Web site?” After assessing the absolute impact, the power of the site in isolation, it is critical to evaluate the relative impact and gain insight into how this channel compares to other traditional DTC conversion channels — such as the 800 number inbound call center. For example, what is the power of the product Web site in driving a call to action within the target consumer audience relative to the call center? We have seen several cases, across several therapeutic categories, where the “product.com” site was up to five times more powerful relative to other traditional channels with respect to conversion rates; this is information a product manager needs to know, especially when allocating budget and setting the overall brand strategy.

The last question a product team needs answered, albeit a very important one, is related to the topic of the incremental impact of the online strategy. We raise this topic, because we have often encountered the following scenario when evaluating the strategic impact of the online strategy. The product team claims the offline advertising created most, if not all, of the value and the e-marketing strategy was simply there to “collect” the most motivated consumers. Although the e-marketing team finds this difficult to accept, and knows the online strategy created value, trying to isolate the impact of the Web site free from any other channel impact is a significant challenge. Although understanding relative impact is critical, defining the incremental impact of one channel with 100% certainty is next to impossible. Why? Because consumers typically have multiple exposures to the brand before they ultimately take action. Can you realistically allocate 80% of the value to a television advertisement and 20% to the product Web site or another channel? Not with a methodology that satisfies most accepted marketing research standards, much less the product team and the e-marketing team at the same time.

Although the Web may never be isolated as a unique driver — though many have tried — it can be explained in the context of the holistic impact of multiple exposures to the brand and the incremental impact of each experience or channel. Intuitively, most marketers agree the Web has some very attractive properties. While a product may get 30 seconds on TV and 1 or 2 minutes with a print ad, consumers are spending 5 or 7 minutes engaged in an experience online, whether it’s your product site or a lightly branded disease portal Web site. Valuing the level of engagement alone is an attractive, but highly esoteric, proposition. And, the Web has the unique ability to extend the patient education, motivation and empowerment, ultimately increasing the patient’s probability of having a successful brand request offline.

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Motivating Action Offline and Empowering Your Best Customers

Given that we are focusing on the strategic and economic value of the online strategy, we will look to metrics such as consumers’ likelihood to request an Rx of choice to put some numbers behind different channels and strategies. Although requesting an Rx is not the only success metric, it’s a good proxy for understanding relative value. Looking to data from Manhattan Research's Cybercitizen® Health database, we see significant differences between the various consumer segments. As a baseline, we find that 15% of all U.S. adults, and 19% of online adults, have requested a branded prescription drug from their physician. From here, we turn our attention to the segment of consumers (online and offline) who seek information after viewing a DTC ad (through any marketing channel). While 29% of those consumers seeking information through channels other than the product site have requested a product of choice, 39% of those visiting a product Web site report the same action.

Although these data are not definitive evidence that the product site was solely responsible for the request, they do show the relative increased tendency within this segment – consumers who visit a product site after viewing a DTC ad – to request branded products of choice. This makes sense given that they were motivated enough to visit the product site in the first place. One could discount the value of the product site and argue that this segment was innately biased because they were motivated to take action and, hence, the ultimate outcome would have been the same with or without the product site. In other words, had there been no product site, they would have searched elsewhere for information and then requested the brand. However, this conclusion would be flawed – just because this segment was motivated to visit the product site does not necessarily mean you can discount the value of the site – the fact is that Web sites exist and there are other online options and sources for this segment. The learning here is that the product Web site is the channel of choice for seeking additional information among your best customers – best customers because they are more likely to request a brand. At a minimum, you should seek opportunities to exploit that behavior.

The Engagement, Conversion, and Retention Continuum

So, what is the optimal online strategy in context to the overall brand? And where and how is it creating disproportionate value? As we stated earlier, the Web tends to be a channel where consumers learn more about a product. Although initial engagement and primary awareness are important, we know that consumers get their primary awareness from numerous channels and the Internet is not typically the first place they learn about a drug – it is, though, where they learn much more about the product. Likewise, the Web also plays an important role in customer care, compliance and retention. That having been said, in this article we are exploring the disproportionate value it creates with respect to converting demand into action.

Experience has shown that the product site and branded online marketing destinations are proving their value as powerful conversion tools to many product teams. If you are creating primary awareness through print, TV, and other Web channels, you can continue that dialogue by motivating and empowering them through the branded online sites - with the goals of driving offline action and facilitating a positive outcome in the physician office.

Conclusion

As stated earlier, the Web is a known destination for a group of consumers who are already motivated to take action. The key question is how, and to what extent, that destination impacts product choice. For example, “Does it impact awareness, purchase intent, or compliance with therapy – or all three in different ways?” Understanding the absolute, relative and incremental impact is critical to the long term brand strategy.

And while this group of online product site visitors is already in that category that is more likely to take action offline anyway, downplaying the role of the Web site is a likely mistake for many product managers and e-marketing teams seeking to rationalize costs. With the appropriate data, most product teams actually learn they are not investing enough in the Web as a strategic marketing channel relative to the value it is driving. It’s important to understand how the online destination motivates this valuable customer segment – and ultimately results in the incremental Rx volume that may not have happened otherwise.

This gets back to the premise of this article; it’s all about understanding the strategic role of your online destination and leveraging that knowledge to make intelligent marketing decisions down the road. Data enables knowledge and knowledge facilitates intelligent marketing strategy.

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cDetailing
Addressing the Consumer Education Gap
By John Mack
PMN Reprint #48-01

Consumers want in-depth information on how drugs work, how they affect their bodies and who should take them. Up until now, pharmaceutical companies have attempted to fill this need through DTC advertising on TV and in print. It is now apparent that traditional DTC advertising is not up to the task. The result is a consumer education and communications gap, which must be closed if the industry hopes to regain the public’s trust.

Recent DTC guidelines drafted by PhRMA and several pharmaceutical companies pledge to address this problem by focusing more on patient education and disease awareness. Pfizer, for example, promises to “invest a meaningful amount”—on par with what it spends on a branded advertisement campaign—to create non-branded ads such as disease-awareness ads and compliance ads.

The industry also recognizes that it needs to do a better job communicating the science behind its products. Kenneth Frazier, Merck’s general counsel said “We are learning as we go along about how best to present evidence to juries composed of lay people.” Pfizer has also pledged to fund research to find ways to further improve risk communication and apply what they learn to DTC advertising.

cDetail vs. eDetail
In contrast to consumers, physicians receive excellent scientific/medical education programs supplied or sponsored by pharmaceutical companies. Increasingly, this is delivered online by companies such as Medsite, which is a leading eDetailing and eCME provider located in New York City. Now Medsite is poised to do the same for consumers online.

Steve Smith, Editor-in-Chief of Medsite, has reengineered his company’s eDetailing line to create engaging interactions crafted around effective methods to engage, inform, and educate adults. Now he has tapped this experience to design the company’s first Consumer Detailing (“cDetailing”) product, which is a novel rich-media online consumer disease education and drug information program. “The cDetail,” says Smith, “is focused on changing knowledge and behavior through effective online engagement.”

Yahoo! for Reach and Targeting
In June, Medsite announced that it will partner with Yahoo!, a leading provider of online products and services to consumers, to deliver pharmaceutical-sponsored cDetails to 120 million monthly U.S. consumer users across all of Yahoo!’s properties.

“Medsite was the clear choice for the content side of this partnership,” said Jack Barrette, Yahoo!’s category development officer for Health and Medicine. “They are clearly the folks doing this for the longest time and have the best understanding how to engage an adult in a linear learning conversation online that allows them to interact and leave with a better understanding of the topic. Yahoo!’s differentiator is that we can target and reach about 70% of the online audience against any health condition. If, for example, there are 9 million diabetes sufferers online at any given time, we can find 70% of them on Yahoo! through our demographic, behavioral, and purchase-based targeting tools.”

Information Prescription
The cDetailing product will enable pharmaceutical marketers to bring deeper educational programming to consumers via rich-media advertising—such as embedded animated or video segments—and also give them access to drug and health information that had previously only been available to physicians. “The best partner a physician can have,” said Smith, “is an informed patient.”

“A cDetail is a five to seven minute informational and educational program that a physician could prescribe to a patient at the office visit, or that a pharmacist can give to the patient when they get the prescription filled, or that a patient can find as they are surfing through Yahoo! online,” said Sundeep Bhan, CEO, Medsite.

The idea of doctors “prescribing” information may be catching on. In the UK, for example, doctors are encouraged to recommend “self-help” books to patients with mild depression. In 2003, the state of Georgia and the National Library of Medicine implemented a Health Information Prescription pilot program through which doctors use customized prescription pads to point patients to first-rate online health information in NLM’s MedlinePlus database.

Pharma e-Marketing at Tipping Point
Medsite, Yahoo!, and many other pharmaceutical marketers are optimistic that the pharmaceutical industry will be allocating a larger piece of the...
marketing pie—the “secret sauce” to online advertising.

This optimism is based on several indicators. First, recent industry guidelines that include moratoriums on TV DTC advertising do not apply to the Internet.

These same guidelines place more emphasis on disease-awareness and better explanations of risks and benefits. “The Internet is the best place to really educate consumers and give them more learning than advertising,” said Bhan.

The industry is also cutting back on TV DTC advertising and most experts think that Pharma will shift ad spending from TV to the Web. The 2004 DTC Industry Checkup—a survey of industry executives—concluded: “The majority [of experienced industry marketing executives] will dramatically decrease spend on mass media in 2005, turning instead to e-marketing and other patient relationship media.”

Such a shift makes sense on many levels. For one thing, consumers are turning away from TV and going to the Internet more and more for credible health information. According to a poll sponsored by the Medical Broadcasting Company, 42% of respondents state that online health information is trustworthy compared to 16% for “offline” media like TV, newspapers, radio and magazines.

“Product managers need to look at their ‘secret sauce’ for media allocation,” said Barrette, “and ask if they are really reaching their customers where they are spending time. Even a 10% shift away from TV to the Internet will allow a pharma marketer to dominate online with those kinds of dollars.” The instantaneous mass reach of TV is a fairly unique proposition. Yahoo!’s goal is to “catch the folks that get interested from TV and continue the conversation,” according to Barrette.

Bhan estimates that a typical 6-week cDetail campaign will expose at least 50 million people to a cDetail on Yahoo!, depending on the budget; 3-5 million of those will view a “mini-detail” on the Yahoo! page and as many as 300K - 500K will complete the full educational experience.

**Targeted and Engaging**

A cDetail on Yahoo! is essentially presented as an unbranded condition awareness and educational ad, which can be linked to a brand preference. That’s possible because it is a fully functional web experience rather than a banner ad, for example. Such rich media advertising was not available until a year or two ago.

“Because there’s no limit to the depth of the engagement we can have with the consumer on Yahoo!,” said Barrette, “we can move someone from condition awareness to brand preference in the same conversation.”

According to Barrette, between 5% and 9% of online users that see a fully-functional rich media ad—in this case, a condensed version of the cDetail—engage with it. That is, they open it up and in some way interact with the advertisement. Five to nine percent interaction rate is extremely high, much better than direct mail, but also literally multiples of the typical 0.2% clickthrough rate for non-rich media equipped banner ads. “This...

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**FIGURE:** Physicians who prescribe prescription medications to their patients will also be able to prescribe cDetails like the above to support their goals of informing patients about effective disease management techniques while encouraging them to be compliant with their medication schedules.

**FIGURE:** Medsite’s cDetails encourage patients to “get their hands on” information about their disease and its treatment to overcome compliance obstacles. On Yahoo!, rich media technology allows consumers to view a condensed version of the cDetail without leaving the Yahoo! page.
translates into millions of people engaging with the message compared to 100,000 monthly visitors to a good drug.com site,” said Barrette.

DTC guidelines call for delivering drug ads to the appropriate audience. Lilly, for example, promises that all Cialis TV ads will be aired during programs that have more than 90 percent adult viewership. They would also want the same ability to target ads to the appropriate audience on the Internet.

Yahoo! has a whole suite of targeting tools that allows advertisers to find the right audience on the Yahoo! web site. Demographic and geographic targeting is possible because about 70 million Yahoo! visitors are registered. Basic registration data like zip code and age can be used to geo or demo target an ad. “Through demo targeting pharma advertisers can reach tens of millions of visitors on a daily basis,” said Barratte.

The next level is behavioral targeting. Anonymously, Yahoo! can monitor visitor behavior on the site and target condition-specific or brand-specific messages to folks who demonstrated an interest, say, in diabetes. Yahoo! can monitor search behavior, clicks on advertisements about diabetes, news stories about diabetes, and participation in newsgroups about diabetes. This anonymous bucket of visitors would then be served ads related to diabetes.

“The Medsite vision,” according to Smith, “is an informed patient and an informed physician dialoging together working from the same base of information. We think our cDetail product is a big step in the right direction.”

**Experts Cited**

- **Jack Barrette**, Category Development Officer, Yahoo!, 617 305 5232, barrette@yahoo-inc.com
- **Sundeep Bhan**, CEO and Co-Founder, Medsite Inc., 212.417.9501, s.bhan@medsite.com
- **Stephen Smith**, Editor-in-Chief, Medsite Inc., 212.417.9574, ssmith@medsite.com

If you are reading this, you probably are one of the 38% of Internet users who already know what a blog is. And you are in good company. Eight million American adults say they have created blogs. Technorati, the Google of blogs, reports that there are currently 22.6 million of them. With a new blog being created every one or two seconds, there will be approximately 34 million blogs worldwide by the end of 2005.

Surveys by the Pew Internet & American Life Project reported a year ago that blogs had established themselves as a key part of online culture. Blog readership jumped 58% in 2004 and now stands at 27% of Internet users. Five percent (5%) of internet users say they use RSS aggregators or XML readers to get the news and other information delivered from blogs and content-rich Web sites as it is posted online; 12% of Internet users have posted comments or other material on blogs. Still, 62% of Internet users do not know what a blog is (see box for definitions).

**“Killer” Internet Application**

Server-based blogging software, which allows ordinary people to create blogs, is the current Internet “killer application.” Blogs require almost no technical knowledge to get started. If you use a ready-made template on one of the free blogging portals, you can get started in minutes.

Why do people write blogs? Because they are practical, low-cost vehicles for self-expression or “citizen journalism,” providing people with common interests, a place to “hold a conversation” and to collaborate. Most blogs allow visitors to discuss topics online with the author and the blog’s visitors. Used in this way, a blog is an example of “social software” that supports the desire of individuals to be pulled into groups to achieve goals.

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Three technical advantages differentiate blogs from web sites and contribute to their success:

- Easy updating of text, audio (podcasting), and video files (Vlogging), including from a handheld device (moblogging);
- Potential to reach a large audience, thanks to high search engine rankings;
- Blogs are not only low cost or free: they may generate income through contextual advertising, collection of donations for a cause, referrals, etc.

Blogs can be open or "closed." Closed means that they are reserved to members of an organization or company: the blog owner creates a blog, determines who can access it and assigns a log-in and password to each of the intended participants. Transforming an open to a closed blog takes literally one click, depending of course on the degree of security required.

Pharma Marketing News

Pharma and Blogs: Like Oil and Water?

As readers of Pharma Marketing News well know, blogs are effective means of stimulating discussion about pharmaceutical issues and offering a window into public sentiment about the industry.

The pharma industry is concerned about the influence that bloggers may have on public opinion. Billy Tauzin, CEO of PhRMA, the industry’s trade group in the U.S., in comments critical of the need for a new FDA Drug Watch site, said “I’d rather have them (FDA) doing it than some blogger.”

Since then, FDA has backed off from its plans for a Drug Watch Site—mostly due to pressure from the industry—and bloggers will continue to fill the void without any industry countermeasures.

Pharmaceutical PR people, marketers, and even CEOs should take a cue from the media and at least lurk in the "blogosphere" to get in touch with public sentiment toward pharma. What in the blogosphere is worth watching by pharmaceutical marketers?

Start by using a blog search engine, such as Technorati or Feedster. Google has recently entered the game with its own blog search engine (see http://blogsearch.google.com). Type in the name of your company, product, or your CEO, and see what appears. You probably will not like what you see!

To keep track of specific blogs, you might consider subscribing to RSS (“real simple syndication”) feeds of the blogs and using an RSS aggregator to

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keep track of them. RSS aggregators are set up to periodically check for new items in the feeds you are subscribed to, commonly once every hour. In other words, the news comes to you, rather than you having to go to the news.

In order to win the blogging game, you have to be in the game! Unfortunately, there are very few pharma-sponsored blogs today. This is certainly a missed opportunity. Recently, one of the authors (Denise Silver), presented a workshop entitled “Medical Blogs” at the recent European Medical Portal Conference hosted by DocCheck in Berlin, Germany. Based on this workshop, we present some suggestions on how pharma companies can deploy blogs in the sections below.

Collaboration with Health Care Professionals
Pharmaceutical closed blogs reserved for use by healthcare professionals can be used to facilitate all sorts of collaborative efforts with special groups. This can include working with key opinion leaders (KOLs) to enable discussions between KOLs and pharma employees such as medical liaisons, clinicians and researchers.

Examples of such activities include:

- Presentation of case studies by KOLs with comments and/or questions from physicians
- Reports summarizing sponsored symposia including audio and visuals;
- Summaries of presentations made at medical congresses;
- Publication of bibliographies;
- Publication of product information such as product withdrawals, new approved indications, “dear doctor” letters, etc.
- Surveys

All of the above can be done on one blog, organized by categories or headings. Certain restrictions may apply regarding, for example, the disclosure of off-label information.

Employee Blogs: The Secret Pharma PR Weapon
Usually, pharma companies respond to criticism by issuing press releases from their corporate communication departments. Employee bloggers, however, could be a much more effective means of positively influencing the public’s opinion of their companies and their brands.

“We have clear evidence that consumers and other important stakeholders make decisions about products and brands based largely on what a company’s employees say about them,” said Christopher Hannegan Senior Vice President and Director of Edelman’s Employee Engagement Practice. "And now blogs provide these same employees with access to a mass audience as never before. So companies need to understand that two powerful forces are beginning to converge in a way that will have a direct and growing impact on their business."

According to a white paper by Edelman and Intelliseek, comments by employees are more influential in determining consumer intent to purchase than news stories or advertising about the product (see “Talking from the Inside Out: The Rise of Employee Bloggers”).

Some pharma companies are already using blogs as part of their public relations efforts. GlaxoSmithKline, has a blog in France that reports on results of public debates organized regularly in various locations and venues (see “GlaxoSmithKline blogs about health to stimulate debate”). This blog is coordinated by the Director of Public Affairs and is supported by GSK’s chairman. Thanks to blog technology, visitors can leave visible comments. This kind of interaction with the public is rare for pharmaceutical companies. Moreover, the GSK blog is already well-positioned in search engines. All in all, this blog is a good example of GSK’s approach to improving its image (see also "GSK Strikes Back with a Grassroots Campaign").

Open blogs, in which the employer has little or no oversight or control over comment, is the most common type of employee blog. But what can pharma companies do on an open blog, employee-run or not, without running into regulatory and legal issues? Here are examples of topics suitable for pharma employee blogs:

- Information on emerging diseases from researchers and clinicians;
- Notices of employee volunteers available to the public for charitable events, speaking engagements, etc;
- Responses to customer information needs;
- Comments on career opportunities within the company;
- Information about Patient Association Programs and other charitable activities in which employees may be personally involved.

Employee blogs on these topics could provide a “human voice” for the company. “That voice — the unfiltered sound of an actual person writing about what she cares about, sounding like herself — is actually the most important way of connecting with customers and partners,” says David Weinberger

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of Harvard’s Berkman Center for Internet & Society, a research program founded to explore cyberspace, share in its study, and help pioneer its development.

Another type of employee blog might be titled “In Our Own Words.” This variation of an open employee blog could be designed to address controversial issues that are currently plaguing pharma companies and that are prominently featured and reshaped on blogs critical of the industry.

This type of blog could work like the “In Their Own Words” segment of the NBC Nightly News. The PR department or an outside agency can interview employee volunteers on topical issues and get their frank and open opinions and publish these on the blog. Any editing would have to be approved by the employees first. Employee photos and contact information could also be provided to make it more personal and to encourage feedback.

**Blogs and Pharma Marketing**
Pharmaceutical marketers may be itching to take advantage of the advertising and “buzz” benefits of blogging. However, attempts to date fall very far off the mark.

Consider [www.cialisblog.com](http://www.cialisblog.com), an ICOS blog about the ED drug Cialis. This blog violates several blogging principles. Most importantly, it lacks a “human voice.” Most posts to the blog appear to be company press releases and are signed “Posted by Cialis.” This may be an attempt to establish rapport with the brand, but it doesn’t work. The second problem is that posts are infrequent. Strangely, some posts are focused on ICOS profit data and have nothing to do with Cialis at all!

If pharma marketers wish to employ blogs for marketing purposes, they need to be more creative. Blogs would be perfect venues for patient testimonials, non-branded disease awareness programs, and even celebrity comments. Now that Jerry Hall has been recruited as an “ambassador” for Levitra, for example, why not have her establish a blog to augment Bayer’s “Strike Up A Conversation” campaign?

**Challenges and Guidelines**
What are the challenges for any corporation thinking of running a blog? The key challenge is adapting to the new mode of communication in which you are expected to be utterly transparent and to “bare all.”

Pharma companies have significant unique regulatory and legal hurdles to deal with before they can fully support employee or open blogs. For example, blogs typically allow for reader comments, but for regulatory reasons pharma- ceutical companies may need to disable this function or at least establish an intermediary review before publication. Pharma companies may also be challenged to review daily posts to blogs in a timely fashion.

According the white paper by Edelman cited above, organizations should assess their internal culture and determine their vulnerability in the blogosphere. Questions to ask include:

- Are we a “listening” culture?
- Are we open and comfortable with honest feedback, and can we actually handle and manage it?
- How critical is stakeholder management to brand building and corporate reputation?
- Is our company or brand committed to transparency?
- Is our category disproportionately being shaped by external perceptions on the Internet?
- What is the morale, motivation and commitment of our employees?
- Are employees already blogging and what are they saying?

**Should Pharma Pass on Blogs?**
Many pharma executives would say “yes.” And, in fact, the health care sector at large has not yet figured out what to do with blogs. But blogs open up many opportunities for the pharmaceutical industry to improve its image through candor—real people talking to customers in their own voice rather than through corporate uni-speak—the corporate “one set of branding words for all.”

**About the Author**

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I recently participated in a search engine marketing panel discussion at CBI's 5th Annual eMarketing for the Pharmaceutical Industry conference in Philadelphia. I am not a search engine expert and practically all I know about search engine marketing comes from reading the PMN article “Searching for Answers on Search Engine Marketing?” and from being a user as well as a client of Google. So, when I was asked to sit in on the panel, I racked my brain on what I could contribute to the discussion. Luckily for me the topic “paid inclusion” came up during a conference call with other panel members. The experts gave me the 411 on the subject after which I knew that it was something I could talk about, especially if I could survey PMN subscribers and present the results at the conference. This article summarizes what I have learned since then from a variety of sources, including results of the online Pharma Search Engine Marketing Survey, which was conducted between March 2, 2006 and March 25, 2006.

First of all, what is “paid inclusion” (also known as “paid placement”)? Most consumers, and even a significant number of pharmaceutical marketers, may not know anything about paid inclusion. In fact, a small, but significant percentage of PMN survey respondents (18% overall and 27% of pharmaceutical company respondents) indicated that they were not aware of the practice before reading about it in Pharma Marketing Blog. Simply stated, paid inclusion is an option offered by some search engines whereby a Web site client pays to guarantee that its site is included in the natural search results, which usually appear in the center of the search screen (see Box). In addition, paid inclusion may ensure that the search engine “spider” or “crawler” software visits the client’s site more frequently than it would otherwise. Clients may also have the option to submit specific keywords that describe their pages.

Paid inclusion should be distinguished from paid search results, which are ads listed in separate, well-labeled areas of the screen and where placement strictly depends upon fees paid. Often, Web sites bid to get the highest listing.

Importance of Search Marketing
Before further discussing the issues surrounding paid inclusion and the results of the PMN survey, it’s important to understand the significance of search marketing in the overall pharmaceutical marketing mix.

A number of surveys and studies show that search engines play a major role in health information research. A recent Google survey, for example, found 93% of respondents used search engines to research medications, conditions and treatment options (see pg. 14). Consequently, search is one of the fastest-growing categories of online advertising and pharmaceutical marketers need to have a good search strategy. The question is, should paid inclusion be part of that strategy?

Given that consumers place a great deal of trust in the Internet and search engine results, it is important that this trust not be squandered. According to results of a PEW Internet & American Life Search Engine Survey published in 2005 (http://www.pewinternet.org/pdfs/PIP_Searchengine_users.pdf), nearly “half of all search engine users say they would stop using search engines if they thought engines were not being clear about how they present their paid results.”

According to the PEW survey:

While most consumers could easily identify the difference between TV’s regular programming

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Online Health-Related Stats Cited by Google

Healthcare consumers and physicians are searching for health information online.

- 80% of Internet users go online to find health-related information (Pew Internet and American Life Project, May 2005.) and 81% of online healthcare consumers use a search engine to find the information they need (Pew Internet and American Life Project, May 2002).

- The Internet is considered the most trusted source for health information behind physicians (Nielsen//NetRatings, 2005, as reported by eMarketer).

- 49% of U.S. consumers use the Internet to learn about pharmaceutical brands (IMS Health Publications, 2002, as reported by eMarketer).

- Increasingly, doctors are online: 95% of surveyed physicians said they use the Internet to find information about diseases, and 86% find information on drugs (PSL Group Global Survey of Physicians).

- Over 65% of consumers said they use the Internet to research important health topics before and after they visit a doctor (Nielsen//NetRatings, 2005, as reported by eMarketer).

- Visitors to Direct-to-Consumer brand sites are three times more likely to have found the URL via a search engine than by television (JZM, Inc. National Drug Website Benchmark Study, 2002).

- 81% of healthcare professionals discuss healthcare information with their patients, who have found it on the Internet (JZM, Inc. National Drug Website Benchmark Study, 2002).

- 75% of healthcare professionals recommend websites to their patients (JZM, Inc. National Drug Website Benchmark Study, 2002).

Google conducted its own survey in March 2005 of 300 consumers that use the web to research and/or purchase healthcare products and information (see ). The results are summarized below:

- Search engines play a major role in health information research – used by 93% to research medications, conditions, and treatment options

- Users consider the Internet a highly-trustworthy source (70%) for health information trailing only doctors and pharmacists

- Users go online to fulfill a wide variety of health-related needs; the most popular are: researching a medical condition (86%) and researching potential drug side effects (79%)

- Users turn to search engines to research a wide variety of medical conditions; the most popular are: allergies (41%), depression (37%), cholesterol (29%), pain (27%), and arthritis (24%)

- More than any other online resource, users go to search engines first (38%) for health information

- The vast majority of users (94%) find search engines very important or somewhat important for health-related research and purchase

- Online health information has strong offline effects – nearly one-half (47%) of Google users have approached a doctor about a medication or treatment after learning about it online.

- Almost one-third (30%) of Google users have filled a prescription online, while 70% have not.
and its infomercials, or newspapers’ or magazines’ reported stories and their advertorials, only a little more than a third of search engine users are aware of the analogous sets of content commonly presented by search engines, the paid or sponsored results and the unpaid or “organic” results. Overall, only about 1 in 6 searchers say they can consistently distinguish between paid and unpaid results.

Users do not object in principle to the idea that search engines will include paid results, but they would like them to be upfront and clear about the practice of presenting paid results.

Some specific results from the PEW survey include:

- Sixty-two percent (62%) of searchers are not aware of a distinction between paid and unpaid results;
- Forty-five percent (45%) of searchers would stop using search engines if they thought the engines weren't being clear about offering some results for pay.

Getting back to paid inclusion…paying a fee gets you in the game, but does not, in itself, guarantee a high position in the natural search list. Search engines that offer paid inclusion, which includes Yahoo! but not Google or MSN, insist that paid inclusion does not alter the position of a listing in the list of natural results. However, some features of paid inclusion blur the distinction between it and outright paid results. For example, in some cases marketers are able to supply key words as part of the paid inclusion option and thereby influence the results. Other Web sites must rely strictly on search engine optimization techniques such as placing keywords within the copy of their pages and these techniques may be discounted by search engine crawlers. In other cases, search engines may receive additional income based on the number of clicks received by their paid inclusion clients.

These practices, if more widely known by the public, could cast suspicion on the validity of search as an unbiased source of information. The problem is that someday a pharmaceutical company using paid inclusion to ensure its product Web site is included in the natural search results might be criticized in a Wall Street Journal or New York Times article. Is it worth the risk? Is there even much of a risk? Time to turn to our survey respondents.

Can Paid Inclusion be Misleading?

Survey respondents were divided on whether or not they believed paid inclusion misleads consumers by confusing natural search results with paid results (see FIGURE 1). Pharmaceutical company respondents, however, were much more likely to believe this to be true than were non-pharma respondents (73% of pharma respondents said paid inclusion misleads consumers whereas only 49% of non-pharma respondents thought so).

The survey also asked respondents to rate how strongly they agreed or disagreed with the following statements:

- Pharma marketers should NOT use paid inclusion under any circumstances (“Never”)
- Pharma marketers should use paid inclusion only in certain cases (“Sometimes”)
- It’s appropriate for pharma marketers to use paid inclusion whenever desired (“Always”)

The results are presented in Figure 2 (next page).

Respondents were also asked to explain why they agreed or did not agree. The remainder of this article presents a few representative responses.

A Higher Standard?

Several survey responses indicate that many respondents are not aware of the distinction between paid search and paid inclusion. This naturally led them to ask why pharmaceutical marketers should be held to a higher standard.

This is a capitalist society. Pharmaceutical companies are out to make a profit, and there's nothing wrong with that. If paid search is open to anyone, it should be open to pharma companies. — a non-pharma respondent

My mother used to say, “Would you jump off the Brooklyn Bridge just because someone else did?” or something to that effect. I think she was implying that I should have different standards than other people and not simply follow the herd. The same could and is often said of the pharmaceutical

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industry, which, in fact, is not allowed to do some things that are perfectly allowable in other industries.

Other respondents, citing the lack of any regulations or guidelines, considered the practice fair game.

For this type of online marketing, there is no reason (OIG, PhRMA, AMA, ACP, other guidelines and regulations) why this powerful and proven tool can not be used. Why hold pharma marketers to a different standard than other marketers? – a non-pharma respondent

This is a common marketing practice. Having your website come up first on a search engine does not create bias. If a person is researching a medication or condition on the internet, I find it hard to believe that they would only click on the first item that pops up on their search. – a pharma respondent

Again, this response indicates confusion between paid search and paid inclusion. With paid search, your goal is quite correctly to put your Web site at or close to the top of the paid search list (usually the well-labeled column on the right or at the top of the screen). The more you pay, the better the chance that this will happen.

With paid inclusion, on the other hand, payment just gets you in the list of natural search results; it doesn’t guarantee you top position.

Pharma marketers need to advertise their products just like any other manufacturer. The Internet is actually the ideal educational venue because consumers have access to a wide variety of informational resources on which to base their decisions. Most consumers now recognize paid inclusion ads when they see them in search results. – a non-pharma respondent

The PEW survey shows that consumers are not even aware of what are paid vs. unpaid results on search engines; it can hardly be believed, therefore, that they would be able to recognize paid inclusion sites listed anonymously among the natural search results.

Paid inclusion is a marketing tactic when implemented successfully, can help increase awareness of certain diseases and the products that treat those diseases. I would think that is a good thing. If a Rx product has been approved by the FDA, then the general public should be able to learn more about it and since paid inclusion is a marketing tactic (like journal advertising and direct mail), then why should it be excluded. What are consumers really being misled on? Consumers type in key words and they get a response that matches those key words. There is nothing wrong or unethical about paying to have your ad appear in a search engine result. If the consumer gets results they don’t like, then they will keep searching until they do. – a non-pharma respondent

No one is saying that pharmaceutical companies should not advertise on search engines. They definitely should advertise. However, ads should be clearly distinguished from non-ad or editorial content. A search engine’s editorial content is its list of natural search results. Paid inclusion, according to search engines that employ the technique, is not advertising. But is it editorial?

It’s Not Rocket Science

At least one respondent hinted that paid inclusion is perhaps a way to make up for the fact that your Web site does not contain information relevant to what consumers are searching for.

I think paid search engine advertising in the traditional sense (ads are designated as such) is perfectly acceptable. Furthermore it can provide a lot of utility for users by making them aware of products and services that may be valuable to them. However, paying to be included in a ‘natural’ search is misleading (unless the search engine discloses the practice). If you want your website to show up in the natural search listing, then make your website relevant. For the most part, getting included in the natural search results is not rocket science. Good marketers can ensure that they will

FIGURE 2: Charts show percentage of respondents who “Strongly Agreed/Agreed” with each statement on page XX. Left: All Respondents, Center: Pharma Respondents, Right: Non-pharma Respondents
Another argument against paid inclusion is based on its supposed lack of effectiveness:

If paid inclusion results are differentiated from native search results in some engines, I see no problem at all. If not, I think marketers should play by the rules as laid out by the media and test results. I think paid inclusion is more detrimental to the medium than the advertiser. If suboptimal search results are obtained, users will defect to better, less biased search engines, which in turn accounts for Google's dominance. My company does not utilize paid inclusion based on ROI concerns. We have found that SEO works better on a cost-effectiveness basis. – a non-pharma respondent

In my experience, paid inclusion doesn't directly influence natural 'organic' search rankings. Consequently, for us the question is more of a matter of marketing ROI and in this area PFI programs such as Yahoo's Search Submit Express are only rarely worth the expense. In most cases the identical results can be achieved at no cost through natural spidering of the site. – a non-pharma respondent

**Level the Playing Field**

ROI or no ROI, pharmaceutical marketers often are influenced by other factors as the following response illustrates:

If my competitors use paid inclusion, then that forces me to use it so as to level the playing field. – a pharma respondent

As one lemming said to another on the way down: “At least we’ve leveled the playing field.”

A more rationale argument, however, can be made that paid inclusion levels the playing field between credible information and not-so-credible information. Pharmaceutical marketers, of course, believe what they have to say falls into the former and not the latter category.

It's really very simple. Pharma Marketing is essentially communications-driven and it is our right to use all possible avenues and media vehicles to communicate the merits of your brand. Of course within the ethical framework. A lot of search results are conflicting e.g. one may find published studies that proclaim a drug's safety and will also find studies that say it's unsafe, or effective or not effective, or better than another or as good as another or useless ... Anybody who has tried to find some information through search engines will have experienced this. As a pharma marketer I will strongly want to scientifically convey my product's strengths, and to avoid getting lost in the maze and glut of conflicting opinions, Paid Inclusions are very appropriate and rightful. It's a free world on the Internet. The amount of information available is mind-boggling and confusing even to experts. Why should I risk my product being labeled as unsafe, useless, worse than or even dangerous when I can show the world studies that say it's better than, safe and efficacious. – a non-pharma respondent

**Do the Right Thing**

Other pharmaceutical marketers, however, have a different view of how the playing field should be leveled:

My rationale is if the listing is 'correct' and NOT 's-t-r-e-t-c-h-i-n-g' the point, then it is OK. But it seems as though some are taking advantage of the practice and as you said, are likely to pointed out, expose style, in the press and bring additional, un-needed shame on the industry!!! Do the RIGHT thing!!!!! – a non-pharma respondent

[I favor] full disclosure of paid inclusion so consumers/patients know the business practice being used. – a non-pharma respondent

The potential to misuse organic search engine positioning is as great as the potential to misuse paid results. Ethical companies will not misuse either, and unethical companies will misuse both. – a non-pharma respondent

With full disclosure by the search engine that they have received compensation for upping the list rank of the pharma marketer's link and with the pharma marketer's full disclosure that they paid to be included, I'm OK with this. But as a sub rosa deal, no way! – a pharma respondent

**FTC Weighs In**

Sometimes, however, doing the right thing means staying out of the public limelight. And nothing can get you into that limelight quicker than a letter from the FTC.

In 2002, the FTC responded to a complaint filed by Commercial Alert requesting that the agency investigate whether certain search engines violated Section 5 of the Federal Trade Commission Act (“FTC Act”), 15 U.S.C. § 45(a)(1),(1) by failing to disclose that advertisements are inserted into search engine results lists.

Commercial Alert’s complaint alleged that when search engines include Web sites in search results lists on the basis of “paid placement” and “paid inclusion,” such search results are advertisements. Commercial Alert further contended that “without clear and conspicuous disclosure that the ads are ads,” such “concealment may mislead search engine users to believe that search results are based on relevancy alone, not marketing ploys.”

The FTC responded by issuing a **commercial alert to search engines**, in which it stated:

Continued on next page...
“Because search engines historically displayed search results based on relevancy to the search query, as determined by algorithms or other objective criteria, the [FTC] staff believes that consumers may reasonably expect that the search results displayed by individual search engines are ranked in accordance with this standard industry practice - that is, based on a set of impartial factors. Thus, a departure from the standard practice, such as a search engine's insertion of paid-for placements in the search list, may need to be disclosed clearly and conspicuously to avoid the potential for deception.”

“Accordingly, the staff recommends that if your search engine uses paid placement, you make any changes to the presentation of your paid-ranking search results that would be necessary to clearly delineate them as such, whether they are segregated from, or inserted into, non-paid listings. Factors to be considered in making such a disclosure clear and conspicuous are prominence, placement, presentation (i.e., it uses terms and a format that are easy for consumers to understand, and that do not contradict other statements made), and proximity to a claim that it explains or qualifies.”

**Conclusion**

Way back in 1999 when the commercial Internet was young, the Web site DrKoop.com was criticized in a *New York Times* article for disguising paid content (ads) as editorial content (the site listed recommended hospitals and did not reveal that the hospitals paid to be listed). This “pay-to-play” arrangement is similar to the paid inclusion technique. The morale of the story is that the credibility of the Dr. Koop brand – representing the man as well as the Web site – suffered a blow from which it never fully recovered.

I believe that paid inclusion also disguises paid content as editorial content. Whether or not it is an issue that someday may blow up and negatively affect a pharmaceutical brand remains to be seen.

Consumers understand that search engines are not hallowed ground - they understand that nothing is these days. They are looking for information and don’t really care how they get it - whatever they find they will look at it with a skeptical eye before believing it. People are smarter than we think about information and advertising. There are many studies that prove this point. – a non-pharma Respondent

If there is any key caveat to be used with internet searches it is caveat emptor. Information can be unbiased or biased, and although we'd like to think that unbiased is always the best, sometimes paid-for information can lead us to new sources of data that are extremely helpful. The trick? Take all with a grain of salt. – a non-pharma Respondent

**Can Health Web Sites Improve Compliance?**

By Mario Cavallini

The logic seems obvious. The more that a patient knows about a condition and its treatment, the better the patient should do at compliance and healthy life choices. Sounds logical, but is it true? As often is the case with medical questions, you can find parts of the answer but not the big picture.

**Cochrane Collaboration Metanalysis**

Recently, a reviewer for the British medical literature service Cochrane Collaboration tried to solve this particular jigsaw puzzle (see “Interactive Health Communication Applications for people with chronic disease”). For puzzle pieces, Elizabeth Murray and colleagues from University College London (UCL) collected 28 clinical studies dealing with patient-education CD-ROMs, Web sites, video discs, in-house network applications, etc. Treating these various media as a general category, which they called “Interactive Health Communication Applications (IHCAs),” Murray et al then pooled the data via metaanalysis, treating the 28 smaller studies as if they were inputs to a broader, larger study to assess the effects of IHCA usage on patient health practices.

When the number crunching was done, they found that IHCAs were associated with improved know-
Knowledge and social support, but poorer clinical outcomes. Of course, statistical association (A is usually present at the same time as B) does not prove causality (A causes B). Nonetheless, the Cochrane Review authors took the plunge.

"Consumers who wish to increase their knowledge or social support amongst people with a similar problem," said the authors, "may find an IHCA helpful. However, consumers whose primary aim is to achieve optimal clinical outcomes should not use an IHCA at present. Further research is needed to determine the reason for this negative effect on clinical outcomes, whether an optimal IHCA can achieve behaviour change and improved health outcomes, and if so, what are the essential features of such an IHCA, and the extent to which they differ according to patient group or condition."

The subsequent UCL press release boiled the message down to simpler language: "Knowledge may be hazardous to web consumers' health." The next few days saw coverage in the popular press around the world that "the Web can be hazardous to your health.

**What's Wrong With This Picture?**

As Murray said in the UCL press release about her own conclusions, "This whole finding confounds conventional wisdom." Critical readers of the review looked into why Murray's jigsaw puzzle didn't make sense. They didn't have to look hard.

First of all, the puzzle pieces came from different boxes. "Interactive health communications applications" sounds like a uniform category, but it mixes a variety of documents and services that should not be considered equivalent in intent to improve health status or treatment compliance.

"The technologies for which the data is pooled are truly apples and oranges," a reader pointed out. "These include CD-ROM programs, restricted network based applications, videodiscs, open access web, and closed access web, as well as other formats. The purpose of the programs includes patient support systems, patient education, behavioral lifestyle change interventions, games, customized e-mail, discussion groups, personal decision support, etc. The authors excluded decision aids (while including decision support) and computerized cognitive behavioral therapy (while including tutorials to promote behavioral and lifestyle change). This seems to be a confusion of inclusion and exclusion criteria."

Secondly, the pieces got broken in the process of forcing them together. Findings that were favorable (such as relative reduction in symptomatic days or body mass index) were tallied as negative instead of positive.

These criticisms convinced Murray et al to withdraw the paper, and the Cochrane Collaboration to "explore changes to our quality assurance processes to avoid similar problems in the future."

**Lack of Benchmarks**

It would be good to recall the frustration at the heart of the review, which Murray noted in the paper's conclusion: "The number and range of IHCA's is increasing rapidly; however, there is a shortage of high quality evaluative data."

Pharmaceutical companies obviously have a major stake in successful compliance with a therapeutic regime and seek to encourage use of their products beyond the first or second prescription. However, understandably, they tend to regard the performance of compliance support programs as proprietary information. Industry benchmark services such as Datamonitor offer hypothetical cases and descriptions of the mechanisms of existing programs (e.g. Xenical, Detrol LA, Copaxone), but find little to say about bottom-line results.

As a recent Forrester report ("Justifying Rx compliance marketing") noted: "Managers seeking to scope an interactive compliance program will find little data to underpin their assumptions. Why is GlaxoSmithKline's Committed Quitters smoking cessation program touted as a success? Why did the email program to support a well-known CNS product only register 50% of its site visitors? Little is publicly documented about why some programs succeed while others fail to get off the ground. As a result, managers can't readily extrapolate from others' experience to predict the success of a proposed program."

Certainly, the wide variety of behavioral standards of "success" in these programs frustrates comparative analysis, as seen in the unfortunate experience of Murray and colleagues. Nonetheless, individual success stories are available, such as the citation in the Forrester report of the BoneMatters e-mail program supporting Micacalcin osteoporosis nasal spray, which "boosts therapy duration by an average of seven weeks versus a control group."

Another confounding factor pointed out by both Datamonitor and Forrester is the complex nature of compliance, in which many factors support or block cooperation with doctor's orders. Forrester notes, "programs that address these hurdles for a given patient must be flexible and creative. Teams must..."
test multiple approaches to tune compliance programs for maximum lift. This kind of trial and error may well lead to outstanding results—but not those easily predicted ahead of time."

According to a Datamonitor report (“Disease management online: Web-based tools for patients”), healthcare plans have a more difficult target than pharma marketers in calculating return on investment (ROI) for disease management (DM) programs: “Calculating the ROI for any DM program raises the question of what online DM programs are trying to achieve. While improved patient compliance with a treatment or reduced hospital stays are clearly benefits of any program, measuring the costs of managing a condition or even potentially preventing a condition is difficult. The problem is confounded when a condition is a risk factor for other diseases, or when a badly managed condition is not likely to impact the health of a patient for a period of time.

“Health plans work out ROI based on the costs of existing patients in care, such as a specific treatment, a stay in the hospital or a trip to an emergency unit,” continues the Datamonitor report. Comparisons of the average costs of members who do and do not participate in online DM programs are used to assess the return. However, calculating the ROI of a specific DM program over time involves accounting for hundreds of different factors that vary with the epidemiology of each different condition. The complications associated with this explain why investment in DM programs for diseases with a low prevalent population is so low.

“For stakeholders that do not cover the direct costs of patient care, such as DM vendors and pharmaceutical companies, measuring the ROI is a different task. The benefits for pharmaceutical companies are seen in improved compliance to a treatment, better clinical outcomes and, importantly, marketing opportunities. Overall, ROI will be seen in improved, or even maintained, sales. Given the short lifecycles of branded drugs, raising the awareness of the condition and encouraging patients to continue with a treatment is essential in competitive markets.”

Oversimplifying the situation only slightly, health plans can’t document the benefit of online patient education, and pharma marketers won’t—at least, not to each other.

The Bottom Line: Be Flexible
So where does this leave the marketer who is considering behavior-change programs online?

First of all, don’t worry about the Cochrane review; it overstated its case and should disappear with time. The pharma marketer really is not concerned with the global picture of “IHCAs,” but with the specific question of how to improve trial and compliance of the product—a much more manageable picture.

The logic remains sound that information plus motivation is important to improve compliance. However, compliance is a moving target, even in something as relatively simple as “taking the drug longer.” Different patients have different reactions to incentives and barriers, and they will change over the course of treatment.

A compliance-based marketing program should build in solid capabilities for monitoring performance and flexibility for fine-tuning and rebalancing the tactics. For this, the Web is ideal – a well-designed e-marketing strategy and supporting tactics can anticipate and adapt to the needs of visitors; individual components can be monitored on a realtime basis against predetermined objectives; and tactics can be modified or replaced faster than in any other medium.

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