

The Source For DTC Leaders



P E R S P E C T I V E S

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Nami Choe
Partner, Senior Director,
Consulting with Ogilvy
Healthworld



Bruce Cooke
Chief Creative Officer at
GSW Worldwide

**Marketers have the opportunity to modernize DTC,
improving both campaign ROI and consumer reach**

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**Branded vs. Unbranded:
Evaluating Tactics to
Reach Digital Consumers**

**Rx Non-Adherence:
The Silent Epidemic**

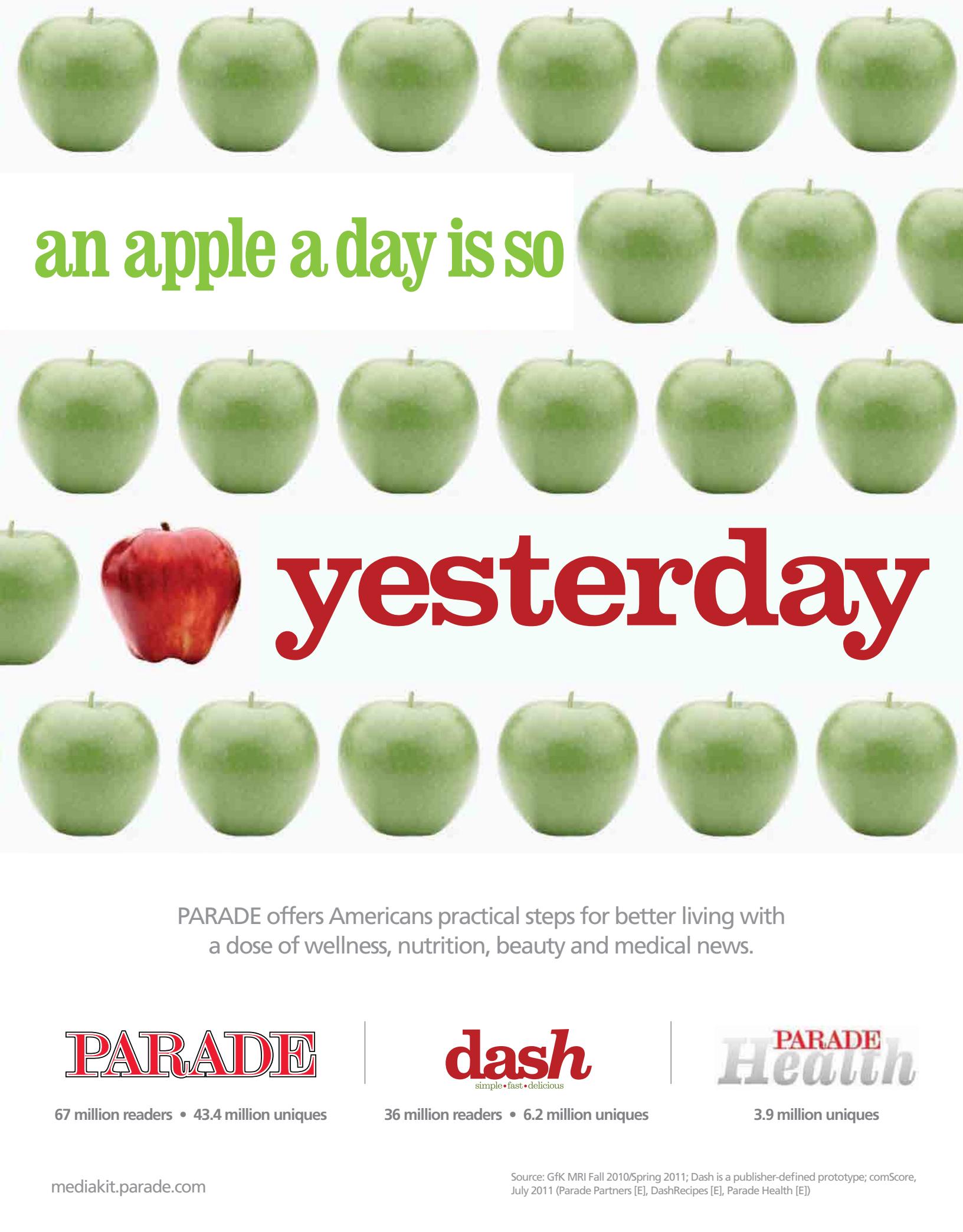
**Find Digital Consumers
In a Sea of Mass Media**

**Reinvent DTC Marketing
To Meet Demand in an
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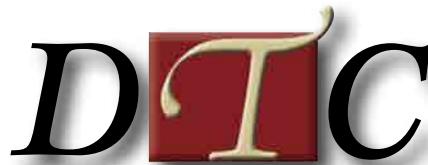
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Good Signs Ahead

After periods of decline, DTC spending appears to be rebounding in the first half of 2011, reaching \$2.16 billion. Data from The Nielsen Company shows that to be a healthy increase over the prior year, up 7.6 percent. While several big name brands will be going off patent in the next few years (including Lipitor, Plavix and Cymbalta), DTC Perspectives believes that spending by new brands entering the market will counter such losses. Thus, DTC levels will likely grow once again.

Marketers today understand how crucial DTC can be to a brand's success; consumers expect brands to be involved with the conversation. With new channels and methods for reaching and engaging consumers continually emerging, marketers are embarking upon some very exciting times. DTC marketing is on the cusp of an evolution that will break the current standards for communicating with patients. As Bruce Rooke, chief creative officer with GSW Worldwide, discusses in his article, "DTC is due for some big innovation. ... We have the chance – and responsibility – to respond to the changing landscape with a whole new vocabulary of action." (Rooke's article begins on page 20.)

In this era of constant change, marketers have the opportunity to re-invent how they promote their brand – from a campaign's creative and messaging to how the brand engages with consumers to determining the optimal media mix. However, improvements made to DTC campaigns would be fruitless if they were not properly measured and appropriately adjusted when needed. As advancements in analytics also develop, marketers can more accurately evaluate campaigns and channels to optimize ROI. "Marketers are continuing to unlock data analytics' potential in optimizing investment real-time and in a more targeted way," detailed Nami Choe, partner, senior director, consulting with Ogilvy Healthworld. Choe's article (beginning on page 17) explains "as we look to the future, with data becoming more available and tracking more sophisticated, there are opportunities for marketers to understand the impact of" their marketing efforts.

Progressing to the next level

With the plethora of opportunities created, jumping into the new frontier of DTC marketing can seem like a daunting undertaking. However, our industry must push forward to remain relevant and set new benchmarks for DTC. It is with this goal that we have designed our upcoming fall conference, *Marketing to the Digital Consumer: Pharma Best Practices Present and Future*. We hope that you will join us Oct. 12-13, learning how you can improve current campaigns and plan for upcoming initiatives in the future marketplace. We will also be inducting our 2011 Hall of Fame class, featuring progressive industry members: Mark Bard of the Digital Health Coalition, Bill Drummy of Heartbeat Ideas, Joan Mikardos of Sanofi-Aventis, and Nancy Phelan of Pfizer.



Sincerely,

Jennifer Haug



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Facebook Policy Change in Effect, Some Pharmas Shut Down Pages

As Facebook's policy change requiring the comments feature to be enabled on most pages went into effect mid-August, some pharmaceutical companies have decided to close out their pages. According to a *Washington Post* report, companies are concerned with what the open-commenting policy could lead to. Combining a lack of FDA guidance on social media best practices with concerns about adverse event reporting (AER) and off-label claims, companies have had to choose between shutting down their pages or establishing a plan for continual monitoring of Wall comments.

With many of the companies having joined Facebook within the last year and half, the *Post* explained that some have chosen to closely monitor their pages themselves or via a third party rather than turning away. Pfizer and Sanofi each told the newspaper that they plan to keep their pages online, noting that such engagement and feedback they have garnered outweighs concerns. While currently uncertain of its potential impact, Amgen and Novo Nordisk have decided to simply "monitor the situation."

Meanwhile, AstraZeneca, maker of depression treatment Seroquel XR, opted to close its "Take on Depression" page; Johnson & Johnson also followed suit by shutting down four of its pages – two devoted to ADHD, as well as rheumatoid arthritis and psoriasis. Johnson & Johnson manufacturers the respective treatments of Concerta, Simponi and Remicade, and Stelara. As with all pages, marketers can remove any posted comment from their Wall. Pages devoted to Rx products can still disable the commenting feature entirely.



Rep. Quayle Meets with WKPS Executives To Discuss Delivery of Health Information

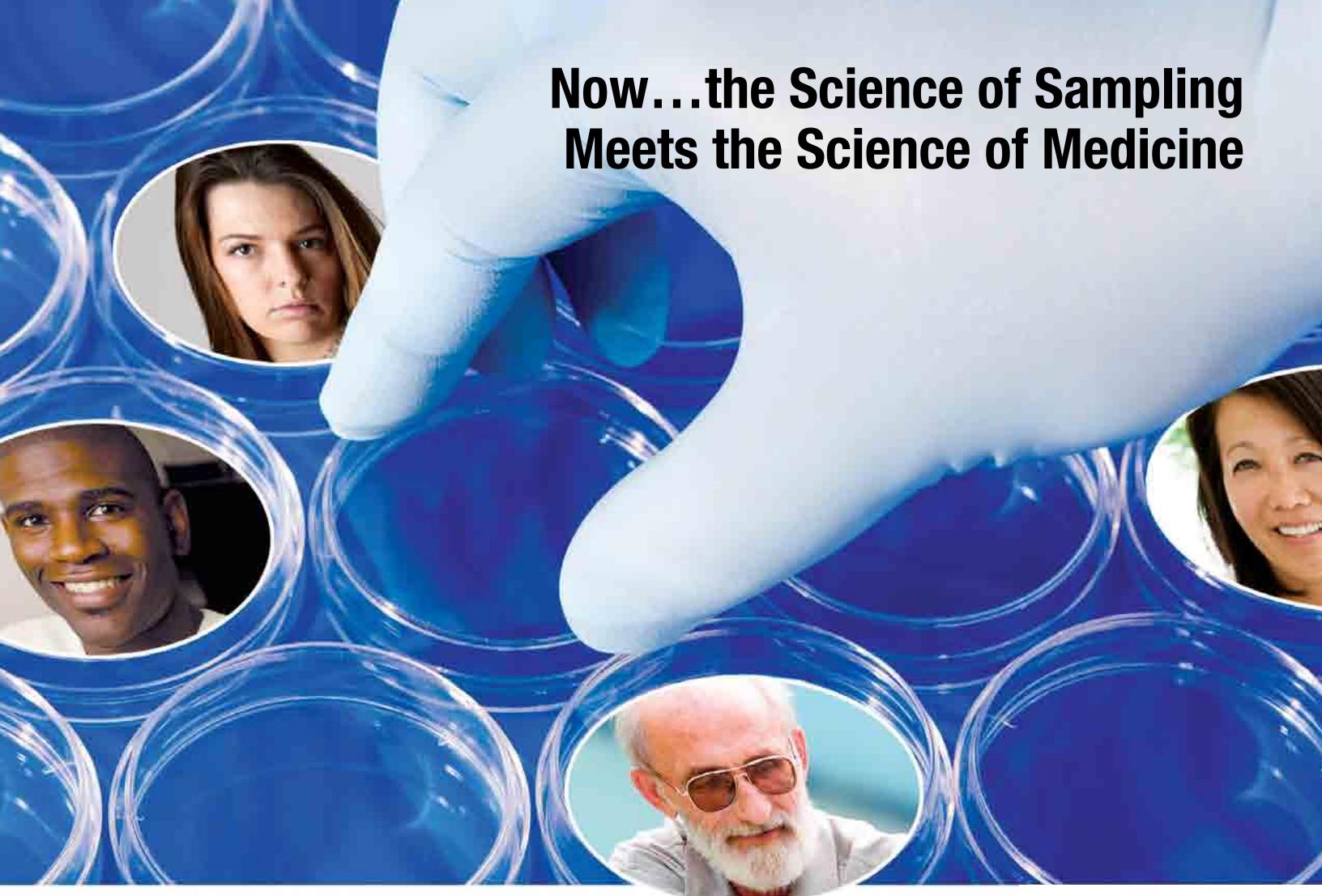
Congressman Ben Quayle (R-Ariz.) met with executives from Wolters Kluwer Pharma Solutions (WKPS) in late August to discuss the current state of health information in America. The first-term Congressman and son of former vice president Dan Quayle is eager to learn more about how industry can improve the delivery of health information and safety. He was treated to a presentation about health information technology by WKPS executives, including joint presidents Bob Jansen and Michelle Woker, members of the healthcare analytics team, including Cathy Betz, vice president of government affairs, and the company's Arizona lobbyists, TriAdvocates.



Rep. Ben Quayle (center) met with WKPS' Bob Jansen, president and chief commercial officer, and Michelle Woker, president and chief operating officer, to discuss improvements of today's delivery of health information.

"One of the things we shared with Congressman Quayle is our conviction that preserving good access to health information is vitally important to America's health as a country," said Bob Jansen, president of Wolters Kluwer Pharma Solutions' healthcare analytics business in a news release. "The Congressman also shares the conviction that transparent and actionable health information is in the best interest of public health."

WKPS is a leading provider of scientific information and analytics to pharma/healthcare professionals. While the firm is currently seeking a buyer, they plan to continue as a leader in the health information space.



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Botox Receives FDA Approval For Seventh Medical Treatment

The FDA has granted Allergan's Botox approval for the treatment of "urinary incontinence in people with neurologic conditions such as spinal cord injury and multiple sclerosis who have overactivity of the bladder," the agency announced in a news release. As reported by *The New York Times*' blogger, Duff Wilson, this is the seventh medical condition for which Botox has been authorized to treat since premiering in 2002 as a cosmetic treatment.

According to the FDA, the Botox injection will relax the bladder, resulting in an "increase in its storage capacity and a decrease in urinary incontinence" for up to 10 months. Company spokeswoman, Caroline Van Hove, told the *Times* that Botox has been studied for more than 100 medical conditions, referring to the drug as "a pipeline in a vial." She added that Allergan is also seeking approval for idiopathic urinary incontinence.

Other Botox indications include treatment for: hyperhidrosis, chronic migraine headaches, and certain muscle stiffness and contractions. Global sales for the multi-use drug were approximately \$1.5 billion in 2010. Seamus Fernandez, an analyst with Leerink Swann, predicts sales in the region of \$40 million for the current bladder treatment and \$210 million for the broader label by 2017, according to a Reuters report.



Lilly Diabetes Collaborates on Type I and II Awareness Efforts

To further diabetes awareness and support, Eli Lilly has partnered with the American Diabetes Association (ADA) and award-winning actor/comedian Anthony Anderson on a type 2 diabetes effort; and Disney and Denise Jonas, mother of Nick from the Jonas Brothers, for a type 1 diabetes initiative. (Nick Jonas has worked with Bayer Diabetes Care in the fight against juvenile diabetes.)

Continuing its successful Fearless African-American Connected and Empowered (F.A.C.E.) Diabetes campaign, Eli Lilly teamed with Anthony Anderson on their most recent effort. Anderson, a paid spokesperson, travelled with the pharmaceutical giant in events "around the United States to raise awareness of the type 2 diabetes epidemic among African Americans, a population disproportionately affected by the disease. In fact, according to the [ADA], African Americans are 1.8 times more likely to have diabetes than non-Hispanic whites," Eli Lilly & Co. explained in a news release. The most recent event took the "Law & Order" actor to the 14th annual *Victory Over Diabetes*, a free event hosted by the ADA in Atlanta.

Moving over to Lilly Diabetes' type 1 efforts, this campaign will target parents and caregivers whose loved ones have been diagnosed with the condition. Hosted under the Parenting section on Disney's Family.com website, visitors can view informational videos and articles, and connect with other caregivers. Disney Publishing Worldwide will also provide doctor's offices with custom children's books geared to various ages and life-stages with diabetes. Additionally, the partnership has created the *Once Upon a Time* contest featuring Denise Jonas. Families can submit a story, poem or essay about their child's experience with type 1 diabetes. Selected by an independent panel of judges, the winner will receive a family trip for four to the 2012 *Friends For Life*, an annual international conference devoted to children with the condition.

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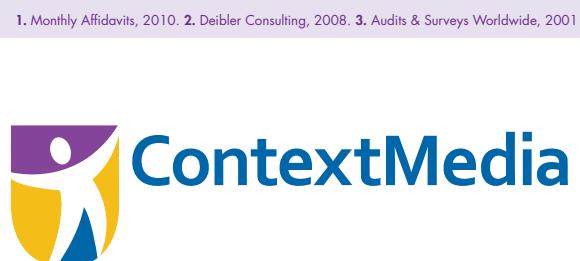


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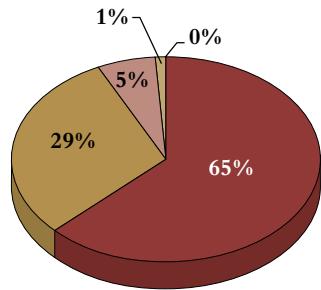
1. Monthly Affidavits, 2010. 2. Deibler Consulting, 2008. 3. Audits & Surveys Worldwide, 2001

Spending Review

DTC Spending Showing Healthy Signs of Growth at 7.6% in First Half Five New Brands/Treatment Indications Rank among Top 20 Spenders

Brand	Manufacturer	1H 2010	1H 2011	\$ Change	% Change
Lipitor	Pfizer	\$141,059,869	\$144,924,859	\$3,864,990	2.7%
Cymbalta (Pain)	Lilly USA	\$0	\$72,541,275	\$72,541,275	N/A
Uloric	Takeda Pharmaceuticals	\$244,590	\$72,269,377	\$72,024,787	29447.2%
Cialis	Lilly USA	\$93,285,343	\$71,352,468	-\$21,932,875	-23.5%
Celebrex	Pfizer	\$0	\$66,677,970	\$66,677,970	N/A
Abilify	Bristol-Myers/Otsuka America	\$71,729,538	\$63,926,868	-\$7,802,670	-10.9%
Seroquel XR	AstraZeneca	\$0	\$62,028,290	\$62,028,290	N/A
Pristiq	Pfizer	\$77,197,469	\$61,367,844	-\$15,829,625	-20.5%
Lyrica	Pfizer	\$61,278,288	\$59,598,520	-\$1,679,768	-2.7%
Cymbalta (Depression)	Lilly USA	\$84,570,291	\$56,488,760	-\$28,081,531	-33.2%
Viagra	Pfizer	\$44,489,842	\$55,443,355	\$10,953,513	24.6%
Advair Diskus (Asthma)	GlaxoSmithKline	\$80,361,827	\$51,455,379	-\$28,906,448	-36.0%
Plavix	Sanofi-Aventis/Bristol-Myers	\$67,918,130	\$50,100,266	-\$17,817,864	-26.2%
Chantix	Pfizer	\$63,458,544	\$49,592,955	-\$13,865,589	-21.8%
Enbrel	Amgen/Pfizer	\$4,502,295	\$48,351,033	\$43,848,738	973.9%
Advair Diskus (COPD)	GlaxoSmithKline	\$55,954,049	\$46,280,597	-\$9,673,452	-17.3%
Niaspan	Abbott Laboratories	\$5,085,769	\$42,912,129	\$37,826,360	743.8%
Boniva	Genentech/Roche	\$36,121,712	\$42,671,928	\$6,550,216	18.1%
Vimovo	AstraZeneca	\$0	\$40,800,076	\$40,800,076	N/A
Beyaz	Bayer HealthCare	\$0	\$39,360,372	\$39,360,372	N/A
Total Spending for Top 20 Brands		\$887,257,556	\$1,198,144,321	\$310,886,765	35.0%
Total Pharma Spending		\$2,010,966,227	\$2,163,414,680	\$152,448,453	7.6%

Television Sees Slight Increase in DTC Promotions Magazine Segment Gains Market Share



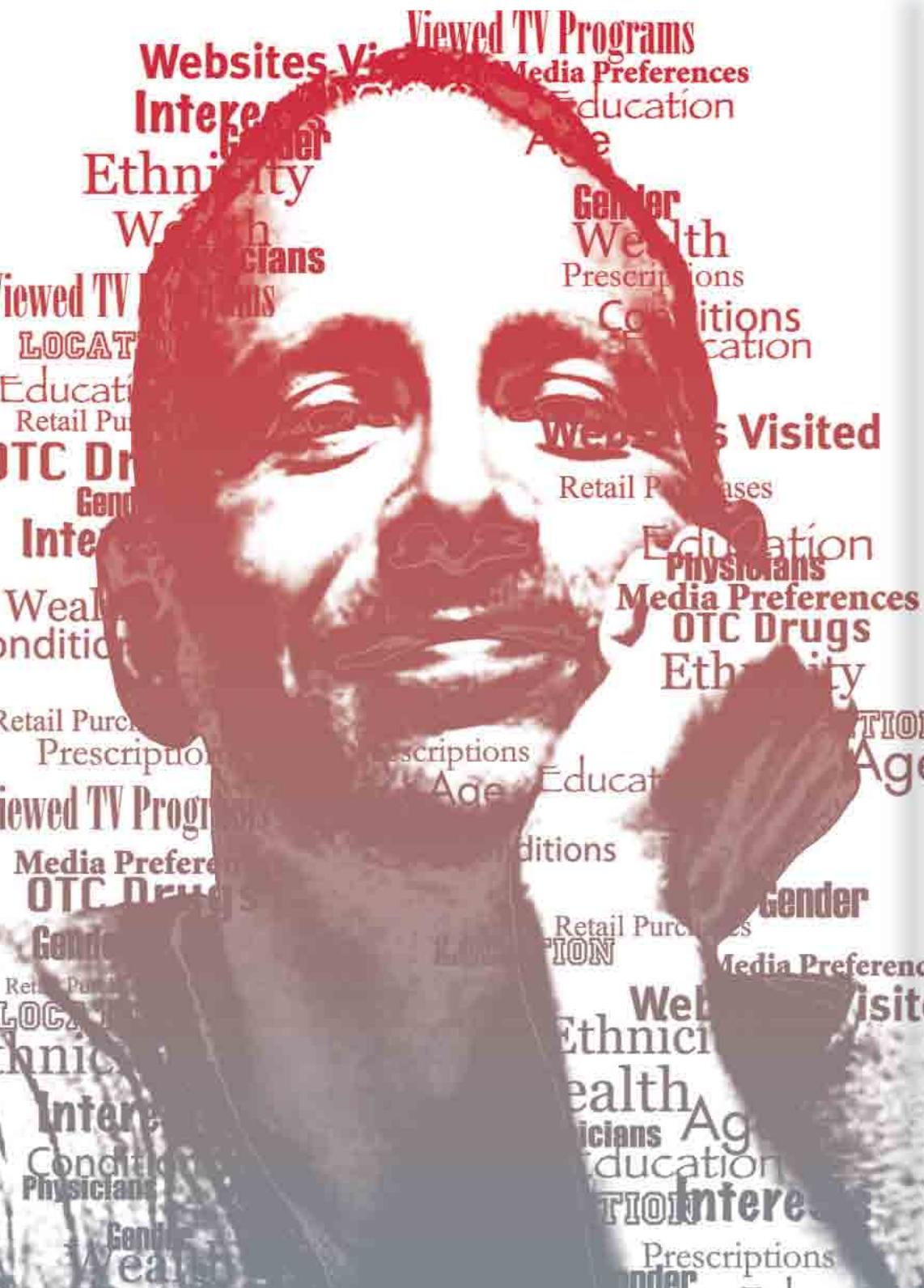
Media Type	1H 2010	1H 2011	\$ Change	% Change
Television	\$1,345,251,695	\$1,401,769,069	\$56,517,374	4.2%
Magazine	\$547,455,629	\$624,932,017	\$77,476,388	14.2%
Newspaper	\$92,678,960	\$117,297,547	\$24,618,587	26.6%
Radio	\$23,663,848	\$18,468,477	-\$5,195,371	-22.0%
Outdoor	\$1,916,095	\$947,570	-\$968,525	-50.5%
Total Pharma Spending	\$2,010,966,227	\$2,163,414,680	\$152,448,453	7.6%

NOTE: Excludes Internet Advertising

Source: The Nielsen Company for DTC Perspectives

Nielsen Monitor-Plus is the leader in innovative advertising information services and tracks advertising activity across 18 media types. For more information, send an e-mail to Marisa Grimes at Marisa.Grimes@nielsen.com.

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Branded Versus Unbranded Digital Tactics

What to expect in reaching relevant consumers and converting to brand

An examination of Rx-based benchmarks for branded and unbranded digital tactics demonstrates unique advantages and disadvantages offered by each. Pharma marketers can leverage the strengths and mitigate the weaknesses of branded and unbranded tactics by understanding which strategic goals each type of tactic can best support.

Campaign planning involves analyzing the tradeoffs between marketing approaches. In pharmaceuticals, these decisions grow more complex when choosing not just between channels, but also between branded or unbranded communications. Marketing decisions become even murkier considering regulatory compliance requirements and legal approvals – especially, though not exclusively, with branded messages. Unbranded messages can often be undertaken at a lower cost because of the less stringent fair balance requirements. This results in messages that can be conveyed in fewer pages, shorter television time, or smaller display space.

Of course, an unbranded message is typically not as powerful in driving direct conversion benefit (new patient starts) to a brand. Branded messages drive the product ethos to patients while unbranded messages serve to increase disease awareness and education. While unbranded messaging can grow the size of the market, branded messaging is necessary to increase a brand's share of new patient starts.

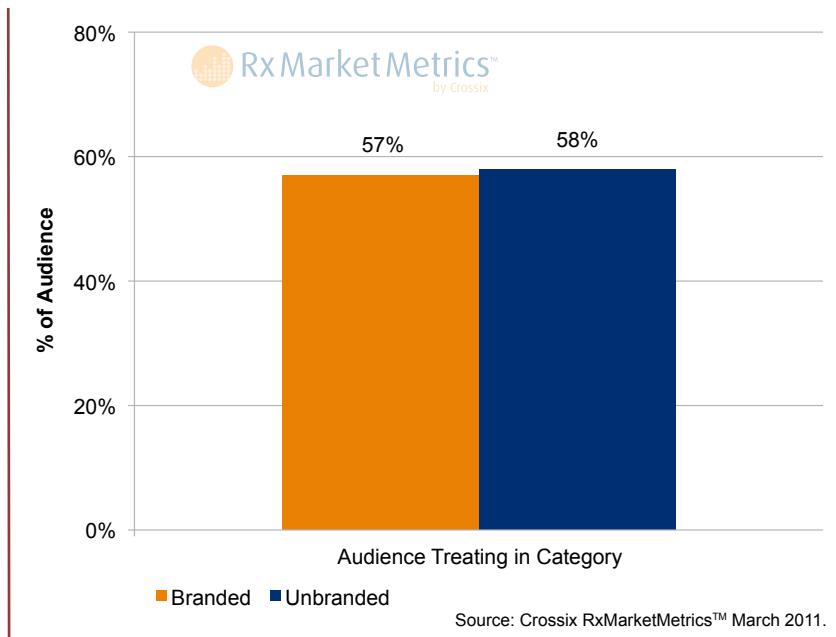
The decision as to when and where to use branded versus unbranded communication can be challenging in the ever-evolving realm of digital marketing. Cost considerations aside, one would hypothesize that branded tactics executed digitally would more effectively generate conversion to a prescription while unbranded tactics would hit a wider audience to raise disease or category awareness and drive a qualified audience. A meta analysis of branded versus unbrand-

ed digital tactics supports this hypothesis and uncovers actionable insights into when each should be used along the continuum of prospect identification, consumer engagement and conversion to brand use.

Benchmarking quality

Crossix RxMarketMetrics sheds light on performance differences between branded and unbranded tactics using meaningful norms that can help guide brand teams in their planning efforts. RxMarketMetrics generates these market norms by

Figure 1: Percentage of Audience Treating in Category



aggregating hundreds of actual Rx matchback analyses over a broad range of media tactics, brands and therapeutic categories. RxMarketMetrics measures the quality of engaged consumers through the metric *Percentage of Audience Treating in Category*. *Audience Treating in Category* includes both existing patients on a specific brand as well as prospects treating with a competitive therapy. *Percentage of Audience Treating in Category* is a measure of how well a tactic attracts a relevant audience likely interested in a brand's message and, thus, likely to engage.

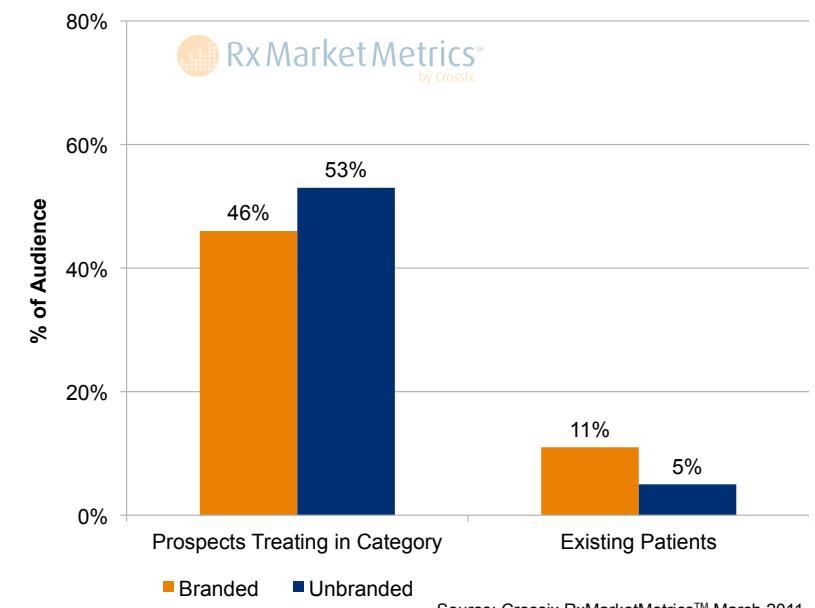
Audience vs. prospects

A comparison of quality of engaged audiences between branded and unbranded tactics across channels demonstrates meaningful differences in Rx profile. The median branded tactic generates a similar share of a qualified audience as the median unbranded tactic. (See Figure 1.) However, by drilling down and looking at only those not existing patients (candidates for conversion), further insights emerge.

Analysis of the *Percentage of Prospects Treating in Category* demonstrates that unbranded tactics drive more qualified prospects than branded tactics. The median unbranded tactic generates seven percentage points more qualified prospects than the median branded tactic. The lower level generated from branded tactics is driven by the fact that branded tactics often attract existing patients treating on the branded Rx, whereas unbranded drives higher proportion of prospects. (See Figure 2.)

Based on the median rates, unbranded tactics more effectively drive qualified prospects than branded tactics. However, this does not necessarily mean that the audience converts at the same rate as branded. Despite generating a higher rate of *Prospects Treating in Category*, typical unbranded audiences may not start at the same point in their treatment decision-making pro-

Figure 2: Percentage of Prospects Treating in Category vs. Existing Patients



Source: Crossix RxMarketMetrics™ March 2011.

cess as branded audiences, with implications on effectiveness of further education and brand-specific messaging.

Branded vs. unbranded conversion

Percentage of Total Conversion Benefit (net of control) quantifies the time to conversion to a brand Rx realized on a monthly basis. An examination of two digital tactics, search and website, demonstrates the differences in time to conversion between audiences engaged with branded tactics and those engaged with unbranded tactics. In addition to differences between branded and unbranded tactics in time to conversion, differences also emerge in absolute conversion rates as well as the size and scalability of the engaged audience. Among the top 20 percent of programs, branded tactics drive 1.2x higher

About Crossix RxMarketMetrics

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

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

Normative Rx-based measures include conversion rates and curves, retention rates and curves, and Rx patient profiles specific to the market, channel and tactic. Benchmarks are further broken down by campaign specifics, such as purpose, level of branding, creative, offer type, response channel and fulfillment stream.



BRANDED VS. UNBRANDED

Figure 3: Percentage of Total Conversion Benefit – Search

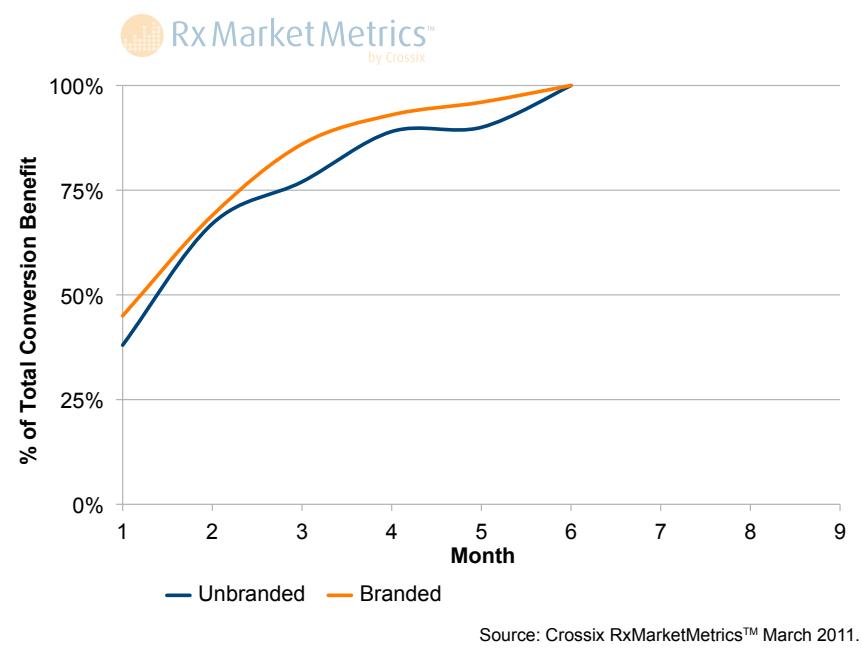
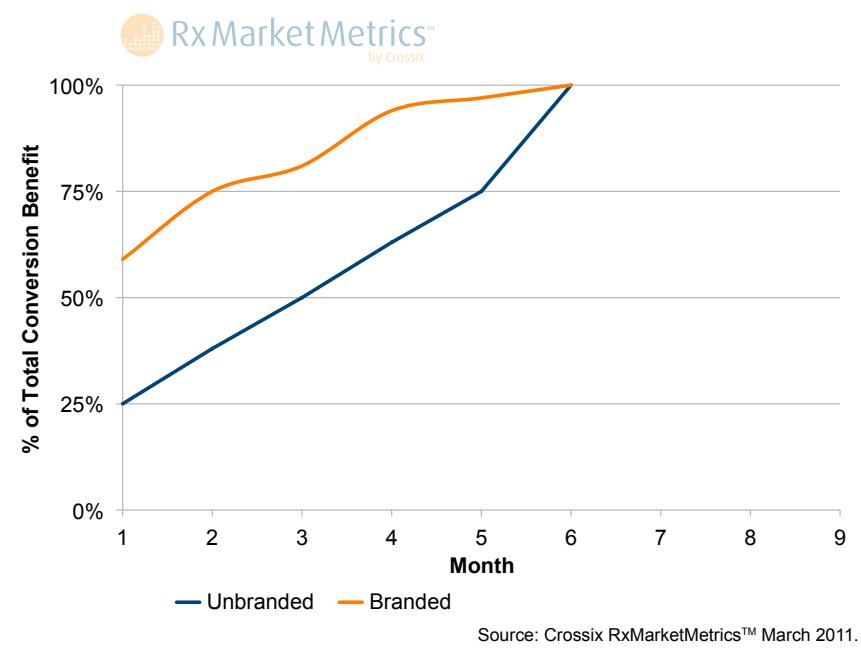


Figure 4: Percentage of Total Conversion Benefit – Website



rates of conversion than unbranded tactics. Sometimes branded communication elements follow unbranded campaigns, potentially mitigating an even larger difference.

Looking at a six month horizon, we see that the benefit from branded search shows more quickly with 45 percent of benefit achieved in just the first month versus 38 percent for

unbranded. Unbranded search share of benefit continues to track comparably with branded search through the six months, although at a slightly lower level. (See Figure 3.) An even larger first month variance appears when examining branded and unbranded websites.

Branded websites achieve nearly three-fifths of the total conversion benefit in just the first month. It takes unbranded websites nearly four months to achieve the same share of benefit – by which point branded websites have realized over 90 percent of the benefit. (See Figure 4.) A script-in-hand effect can partially explain this rapid realization of conversion through both search and branded websites, wherein visitors to the branded site have recently received their first Rx and then proceed to research the product before visiting the pharmacy.

Acting on this information

Brands and agencies typically view unbranded tactics as a means of casting a wide net to raise disease awareness, educate potential patients and grow the size of the market. RxMarketMetrics demonstrates that unbranded tactics executed digitally can serve as a powerful way to attract prospects treating in category. However, these individuals convert more slowly and need further support by branded messages to continue to move the potential customer from a prospect to a patient. In considering unbranded campaigns, the lower cost of media, the reduced regulatory constraints in messaging, and the broader appeal to higher volume of qualified prospects (wider net) should be weighed against slower time to conversion and lower conversion than a similar branded campaign. The product lifecycle and market share will often play a major role in considering these alternatives. Ongoing, granular Rx analysis of tactics can inform on in-market campaign performance in near real time.

This is a fourth installment of an ongoing series on Rx market metrics of various consumer marketing activities. For more information, see the Crossix RxMarketMetrics™ website (www.rxmarketmetrics.com), from Crossix Solutions Inc., an Rx-based consumer analytics company (www.crossix.com).



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Optimizing ROI Through Integrated Marketing

Optimal ROI is best achieved when the interactions between marketing channels and campaign tactics work together to increase overall marketing effectiveness. Pharma marketers should focus on three key steps when measuring integrated campaign ROI: audience type, channel mix, and timing.

BY NAMI CHOE

Consumers' preferences and modes of communication are diversifying exponentially faster than most contemporary marketers can nimbly adapt. By the time marketers collectively acknowledge and begin to understand a new advent in the industry, another innovation emerges to transform the landscape yet again. (Marketers were still attempting to unlock mobile's potential when tablets and new social media platforms like Foursquare marched into the forum.) In these circumstances, particularly against the backdrop of heightened economic pressures, the integrated marketing approach has regained prominence in industry dialogue with natural reason. Brands are seeking more structured frameworks for determining the optimal marketing and media mix.

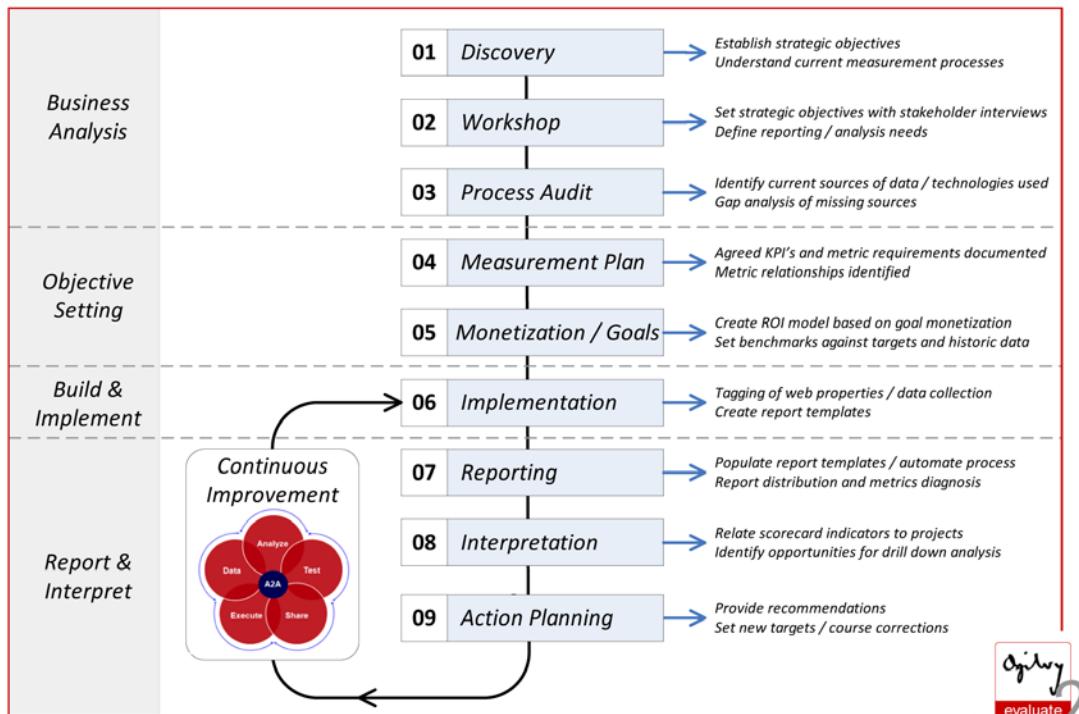
Marketers must be diligent and fastidious in their measurement planning to avoid common pitfalls that inadvertently compromise the fundamentals of integrated marketing.

The rapidly increasing number of tactics in the media toolbox yields a complex menu for marketers to select from, boosting the demand for data-driven analyses and predictive models to ensure that the final plan will derive the maximum ROI possible. However, campaign measurement remains relatively nascent with respect to cross-channel algorithms for

quantifying synergies generated from various media combinations and investment scenarios. Marketers must be diligent and fastidious in their measurement planning to avoid common pitfalls that inadvertently compromise the fundamentals of integrated marketing.

Frequent fluctuations and tightening of budget constraints during the campaign development process have generated understandable hesitation to commit to marketing plans without comprehending how each tactic will contribute to bottom-line sales and ROI. Internal and agency analytics teams often collaborate to model multiple investment scenarios to compare the potential returns associated with various media mixes.

The challenge with designing predictive models for integrated marketing efforts, though, has been the lack of cross-channel benchmarks to inform assumptions for lift and return. Traditionally, third-party vendors specialized in the measurement of a single medium, so most historical data points pertain to a channel's independent efficacy, regardless of its relationship with other campaign elements in the consumer's overall experience with a brand. Research vendors are making significant strides toward centralizing data to expand their breadth of cross-channel measurement, but a solid and universally accepted methodology has yet to be introduced. As a result, the inputs and assumptions for predictive ROI models do not always account for potential synergies derived from multiple channels and their cadences.



Ogilvy CommonHealth Worldwide's overall framework for planning, implementing, executing and sustaining campaign measurement.

At the eventual step of minimizing costs to maximize the ROI output, channels and touches thereby risk omission without the model reflecting the opportunity from its relationship with other media. In other words, the channels are evaluated, mixed and matched as independent entities – contrary to the underlying principles of integrated marketing. Rather than wait for third-party vendors to release blinded benchmarks to improve media mix assumptions, marketers should focus on building their internal repository of cross-channel results through robust measurement planning that truly reflects the integration for which their plans strive.

Establish measurement plans

Commence measurement planning before creative development to ensure that all tactics are tracked properly. Defining tracking requirements upfront ensures sufficient time for creative partners and vendors to assist with maximizing visibility into campaign dynamics. Measurement is too often an afterthought upon the program's completion, when it is too late to implement the appropriate tracking instruments to address key questions.

The most challenging part of this process is agreeing upon campaign and tactical objectives. Once key stakeholders are in agreement, the measurement plan becomes less of a burden and less time consuming on the analyst without going back and forth with vendors and marketers. When approached with discipline and structure, translating objectives into measure-

ment and optimization plans can be an efficient process that uncovers data gaps, minimizes tactical issues and ultimately keeps all partners aligned with marketing goals.

Measurement requirements should focus on enabling tracking consumer engagement across multiple channels. While legal parameters might limit the granularity at which consumer activities may be tracked, generic source coding can be leveraged to identify user paths and link disparate data sources. Ideally, marketers should also consider formal Media Mix Modeling (an econometric model which determines revenue contribution per tactic/program that accounts for overall

marketing efforts, seasonality and conversion lag times), which requires substantial campaign setup prior to launch, but can correlate media exposures/engagement to conversions without instruments for direct attribution (e.g., source codes and tagging). However, as with any model, it requires marketers to let ample time for the campaign to make an impact and gather enough data. Given the need for some level of patience, Media Mix Modeling is still a particularly attractive solution for measuring DTC campaigns where bridging between consumer media exposure to actual Rx or product adoption remains a large gap.

Document key hypotheses/tests in the measurement plan, and allow sufficient time for data to accrue for statistically significant findings. Data is becoming increasingly more accessible in real-time, allowing for prompt in-market optimizations. However, eagerness to optimize has also led to premature reactions. Adequate sample size is critical to statistical integrity but is often overlooked when marketers observe trends only directionally. Rash and frequent optimizations risk dismantling the test plan and might inadvertently inhibit learnings at the end of the campaign.

Identify connections

Identify key performance indicators (KPIs) that are aligned with how consumers actually engage with each channel and across channels. When marketers hold all tactics against the same objective, the measurement plan

grows unnecessarily complex and results in channels being held against unrealistic expectations. The overall objective of a campaign might be to increase sales, but evaluating all individual tactics against driving sales would be to overlook that each channel drives different consumer behaviors toward conversion. In general, certain tactics are further down the consumers' consideration paths and thus produce more direct attributions to revenue. A common example is the comparison between print and SEM. When marketers attempt to hold print and SEM against the same objective of driving sales, print typically yields an apparently lower return, prompting stakeholders to reduce print investment. Instead, the integrated marketing perspective would suggest that print heightens awareness and prompts consumer research via SEM.

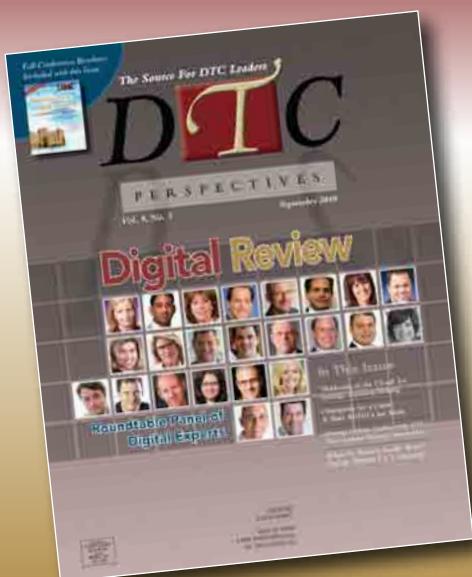
Focus investment on the select channels that are truly relevant to the target audience and brand category. Some marketers have misinterpreted integrated marketing as the requirement to create "surround sound" by positioning the brand in every possible channel – to check all of the primary media boxes, including TV, print, digital banners, SEM and social media. However, ROI generally diminishes when resources are spent unnecessarily or thinly. The measurement plan also becomes unfocused, as noise from superfluous media muddles and detracts from evaluating the tactics that were truly influential to the target audience.

These are exciting times for analytics. Marketers are continuing to unlock data analytics' potential in optimizing investment real-time and in a more targeted way. First step of successful integration is through the data planning phase and using data to understand how consumers engage across most relevant channels. However, as we look to the future, with data becoming more available and tracking more sophisticated, there are opportunities for marketers to understand the impact of pulsing versus continued exposure of marketing efforts.

More research is needed in order to understand how timing affects the relationship among channels. In addition, further understanding is needed in integrating the marketing efforts of different audience types: healthcare professional, patient/prospect, and pharmacist. Optimal ROI is reached only when marketers successfully understand and coordinate the relationship of three key factors: audience type, channel mix, and timing. And it will be the appropriate use and analysis of data that will enable marketers to achieve this. **DTC**

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It's Time "DTC" Stood for Something Else

Effective brands are now built on what they do for consumers, rather than what they are. Thus, DTC is due for some big innovation. By redefining DTC, marketers can truly realize the potential of DTC to responsibly change consumer healthcare and deliver the coveted: improved outcomes.

BY BRUCE ROOKE

If change is the Grandmother of Invention (after all, who do you think begot Necessity?), then the current world of DTC is like ladies night at the nursing home. There's a huge mosh pit of change all around us:

- Almost 75 percent of the biggest DTC spenders will go generic by the end of 2013. Think about it: Lipitor, Crestor, Plavix, Cymbalta, Viagra, Advair, Boniva, etc. (IMS, 2010)
- There's been a dramatic shift from mass media to targeted audience, (e.g., a 23 percent swing from network to cable, MM&M 2010)
- And, miracle of all miracles, there's finally a government agency that admits DTC plays a beneficial role in both public health and in lowering healthcare costs (The Congressional Budget Committee, May 2011)

Which means DTC is due for some big invention.

In fact, it'd be a shame if we just stood there and kept putting out the same *Beauty and the Beast* formula of a disease-stricken patient magically transformed into a walking grin, interrupted by 32 seconds of fake doctor-patient interaction while fair balance is read. We have the chance – and responsibility – to respond to the changing landscape with a whole new vocabulary of action.

What DTC could mean

"Direct to Consumer" says what it is and where it plays. But effective brands today are built on what they *do* than what they *are*. So imagine if DTC stood for:

D = Do. Do something for consumers beyond disseminating information. Don't just stand there at the pulpit and preach. Add value to your communications by adding utility to your media. A mobile app ("mHealth") that empowers a consumer to do something about their disease, or their care, can be much more effective in building your brand. Some other good examples:

- 1) Is an app that alerts me to when my epinephrine pen needs replacing worth more than another print ad? It shows that the brand is actively engaged in my life, proving its understanding – not just passively claiming it.
- 2) The AllergyManager app (from Omnaris) gives sufferers an allergy forecast in their area, along with information on Omnaris. (But don't cheat. Your app has to be more than just the mobile version of your website.)



3) GoMeals (from Sanofi-Aventis) instantly guides diabetics in the real world to what they should eat, where they can eat, and helps them watch what they eat.

4) The Tamiflu campaign* for Roche where, beyond the “Happy Feet” dancing penguins, we gave consumers a simple mnemonic to tell the difference

between cold and flu – the F.A.C.T.S. of flu: Fever, Aches, Chills, Tiredness, and Sudden Symptoms. It gave caregivers a free diagnostic tool that made them, well, better caregivers. That’s doing, not just telling.

T = Teach. Equip your consumers to be smarter patients or more astute caregivers. We love to hide behind the veil of educating consumers about their health – and then we proceed to sell in the traditional manner. Let’s truly educate. What if we walked them through a procedure, step-by-step, fears and hopes, using a celebrity not as borrowed interest but as the real consumer (realitylasik.com)? What if we taught men how to be conversant in controlling uric acid versus medicating gout pain (Takeda’s Uloric DTC campaign*)? Designer Jacob Heberlie found the perfect touch in his multiple sclerosis (MS) animated video series for Dr. Singer’s MS Clinic (mslivingwell.org) in taking the complex science and therapies and creating motivating “I get it now” moments for consumers and caregivers. The year-old GE healthymagination and Howcast online videos do much of the same (see the case study at howcast.com). And the healthymagination/MedHelp app, “I’m Expecting,” teaches a mom what is going on with her baby at any given time along the journey. In all of these examples, smarter consumers equaled more active consumers. And that teaching leaps over the hurdles and can lead directly to the brand.

C = Connect. Connect the conversation. Healthcare decisions are no longer made unilaterally. They include the consumer (patient), the caregiver(s), the physician, the nurse, the payer, and the invite list goes on. Plus, under healthcare reform, *team* health management will be standard of care (SOC) at the doctor’s office. So it will take multiple influencers to get to one decision. Which makes connecting that conversation even more crucial. This doesn’t mean you have to have the same campaign across all audiences. But it does



mean that somehow in your campaign, you need to inspire and incentivize a connected conversation. (Yes, beyond the ol’ “ask your doctor about...”) Besides, you want people talking about your brand, influencing each other, filling in each other’s blanks, completing the story – with your brand front and center.

For example, Eisai realized with Aloxi that the cancer patient may never speak up about their nausea (for fear of getting reduced, less effective chemo), and the doctor may never hear the patient complain. So they expanded their campaign to reach both caregivers and nurses, knowing if they could connect them, they could create that vital conversation, and Aloxi would be an important part of the dialogue. The customizable e-postcards of Gardasil’s “Tell Someone” campaign* helped boost awareness from 5 percent to 50 percent. And just imagine how a Zeo Personal Sleep Coach (www.myzeo.com) – with all of its tracking data and “ZQ” score – could create a connected conversation for a branded sleep aid. (Sorry, you have to imagine it. Hasn’t happened yet.)

So, as you can see, the necessity of change (and the endless opportunity of digital) has given all of us the chance to make DTC mean so much more than “Direct to Consumer” (or “Dull Television Commercials” or even “Diarrhea to Come”). By redefining DTC to mean *Do, Teach, Connect*, we can truly realize the potential of DTC to responsibly change consumer healthcare and Deliver the Coveted: improved outcomes. **DTC**

*Denotes campaigns developed by GSW Worldwide.

As chief creative officer, Bruce Rooke provides strategic leadership for GSW Worldwide’s creative team. His responsibilities include establishing and implementing standards for creative work and ensuring that strategic, creative, and branding processes are used consistently across the agency. Rooke can be reached by e-mail at brooke@gsw-w.com.



Medication Non-Adherence: The Health Care Industry's Silent Epidemic

In order to increase adherence, marketers need to understand the consumer behaviors that lead to the original divergence from intended medication use. Based on the FICO Medication Adherence Score, this article highlights consumer profile examples and explains the role such generated scores play in the larger pharmaceutical marketing ecosystem and forecasted scenarios.

BY TODD STEFFES

The issue of patient adherence to prescription drug regimens hasn't commanded enough discussion in recent years, but it has grown into a disturbing trend with significant side effects for the health care industry. Not only are the effects felt by patients, who suffer worse health outcomes as a result of not taking their medication, but the health care industry suffers in several ways as well. Chief among these are increased costs of doing business, providing treatment and serving patients.

Despite the negative consequences of medication non-adherence, existing strategies to fight the trend aren't adequately addressing the problem, and as a result are exposing patients to greater health risks. The industry as a whole needs to identify and adopt adherence initiatives that are more preventative in nature to engage earlier with individuals at risk of failing to take their medication and keep them on track.

Research shows as many as half of all patients in the U.S. do not take their medication as prescribed, 31 percent do not fill prescribed medication, 29 percent stop taking medication before supply runs out and 24 percent take less than the recommended dosage¹. As you would expect, this has a significant effect on patient health outcomes; for example, patients with high blood pressure who do not take medication as prescribed are more likely to experience complications like coronary heart disease or stroke. Worst of all, medication non-adherence is estimated to result in around 125,000 premature deaths in the U.S. each year².

In addition to detrimental health consequences, non-adherence adds significant costs to the health care system – the

issue as a whole costs the U.S. health care system \$290 billion each year³, or 13 percent of the total U.S. health care expenditure. Furthermore, a 2011 study showed that a non-adherent patient with high blood pressure spends an average of \$3,908 more per year for health care than an adherent patient⁴. For congestive heart failure, the additional patient cost is estimated to be \$7,823, and for diabetes \$3,765. Worse yet, these social and economic costs are rising, and are likely to continue unchecked unless current approaches to non-adherence are re-thought.

Fighting non-adherence today

In recent months, industry leaders have begun to notice this trend and take action. The National Consumers League (NCL) and the Surgeon General have announced a three-year campaign to raise awareness of the importance of medication adherence. Many prominent health care associations and other industry leaders are supporting the initiative.

A number of approaches exist today to improve medication adherence, including (see Figure 1):

- **Monitoring:** Organizations with access to claims information – health care providers and payer organizations – can monitor patient treatment history and look for gaps. Unfortunately, this approach only addresses non-adherence after it has occurred, and once treatment has been stopped it becomes more difficult to re-engage.
- **Point-of-care interaction:** Health care providers and retail pharmacies engage in direct communication with patients, but this is costly and not always accurate. Patients tend to

overstate their own prescription usage, and it's hard for practitioners to know which patients are in most need of counseling. It's also difficult for these organizations to decide where their time and resources are most needed.

- **Behavioral surveys:** Pharmaceutical manufacturers have used psychometric-style surveys to assess current and future patient adherence behavior. Though results are useful, responses often give an incomplete picture of a patient population because of low response rates and false or embellished self-reported information.
- **Patient education:** Industry organizations send out mail, e-mails and SMS messages, and use TV and online channels to communicate with patients. For example, pharmaceutical manufacturers like to combine educational material with incentives like co-payment cards to reduce out-of-pocket expenses for patients. These education strategies can work, but they are costly because they employ a "one-size-fits-all" approach and resources are wasted on patients who take their medication on time and in full.

In sum, there are two primary problems with today's approaches to medication non-adherence. First, it's too late to impact non-adherence retroactively; it is difficult and costly to re-engage with a patient and get them back onto their medication plan after they have already failed to fill a prescription. Second, patient engagement strategies need to be more tailored to specific patient and health condition types, channeling resources to those with the greatest risk of non-adherence. One-size-fits-all approaches do not effectively accomplish this, so new solutions are needed to circumvent these challenges and truly curb medication non-adherence.

Using analytics to focus programs

The use of predictive analytics has emerged as an effective way to overcome the limitations of current strategies and drive improved patient medication adherence. These analytic models can accurately predict who will become non-adherent before the prescription is written. This could be a real game-changer in the health care industry – if you can identify which patients are most at risk of becoming non-adherent, then you can develop tailored preventative engagement strategies and apply them to both improve patient health outcomes and save costs.

One approach to do this, like we've established with the new FICO Medication Adherence Score, is to generate a score

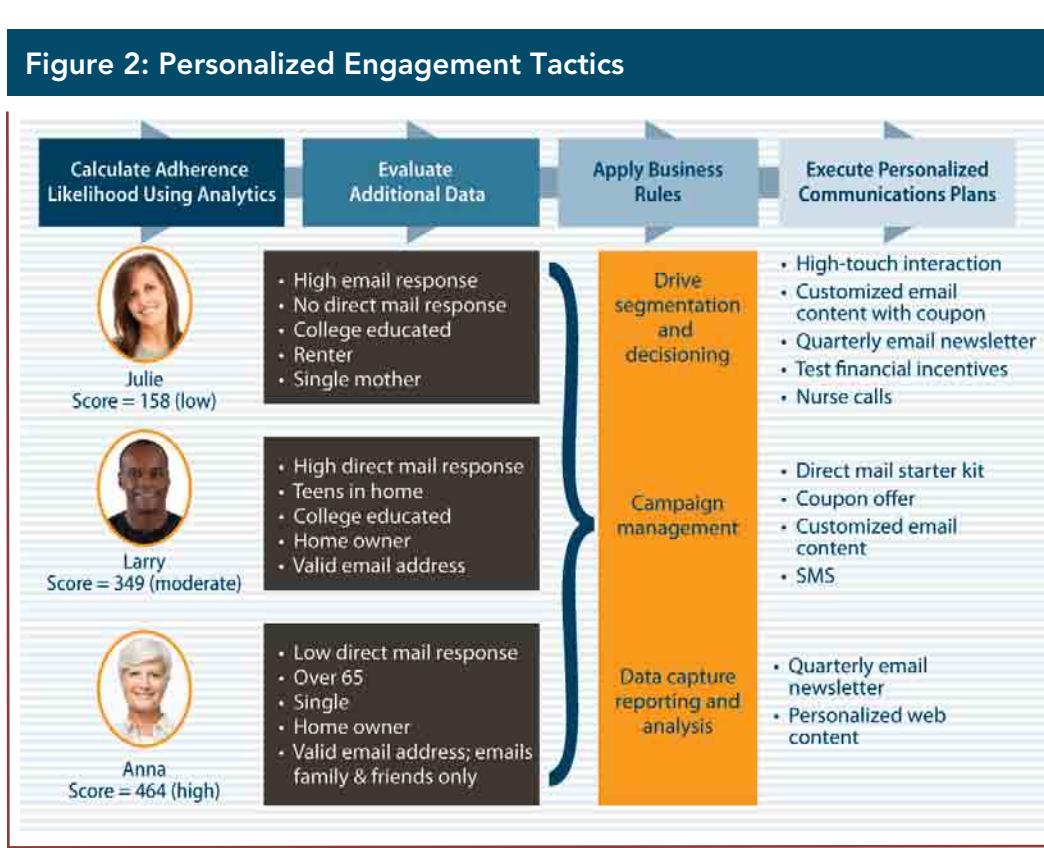
Figure 1: Solving the Limitations to Current Non-Adherence Tactics

Current Tactic	Why It's Limited	How Analytics Can Help
Monitoring	Backward looking. Patients are exposed to negative health outcomes; once treatment has been interrupted, it becomes more difficult to re-engage.	Predicts how likely a patient will become non-adherent, enabling engagement strategies to be proactive rather than reactive.
Point-of-Care Interaction	Hard for practitioners to know which patients are in most need of counseling, and for time and resources to be allocated appropriately.	Enables practitioners to quickly determine which patients are most in need of counseling at the point of care, and allocate time and resources appropriately.
Behavioral Surveys	Limited by low response rates and spurious self-reported information.	Provides a broad baseline assessment of adherence propensity across the entire patient population. Requires no survey participation.
Patient Education	Usually conducted using a "one-size-fits-all" approach, thus valuable resources are used on patients who take their medication on time and in full.	Ranks a patient population by probability of non-adherence, enabling more nuanced, segmented approach to customer engagement.

early in the course of treatment, when an individual is being prescribed drugs for the first time. We have learned that it is important to develop tools that have the greatest flexibility of application and can be made available to multiple stakeholders. Leveraging publicly available data sources can provide broad predictive tools across the entire patient base for enhanced adherence propensity assessment.

If the score indicates the patient is at higher risk of non-adherence, a doctor, pharmacy or other organization would have the opportunity to spend extra time when prescribing the drugs to emphasize the importance of taking them on time and in full. After treatment has begun, other intensive engagement strategies like nurse calls and reminder programs could be used to reinforce the earlier educational discussions and encourage adherence. Meanwhile, lower-touch and lower-cost strategies like e-mails and Web-based educational tools could be used with lower-risk groups, and co-payment offers could be tailored by risk group as well.

This differentiated approach has the potential to deliver greater health outcomes and lower costs, compared to traditional one-size-fits-all approaches. For example, a payer organization might attempt to improve adherence of new diabetes patients through a mix of tactics including multiple nurse calls and counseling sessions – an expensive strategy. Using predictive analytics, the level of nurse interaction could be adjusted to reflect a patient's adherence risk ratings; e.g., the company could reduce levels of nurse outreach to low-risk patients



(those most likely to adhere) and re-deploy extra resources to engage higher-risk patients.

Improving outcomes

By using analytics to predict non-adherence, health care organizations would have the opportunity to experiment with the most effective combination of engagement tactics for a particular patient or group – and then standardize what they learn to be the best practices. Initiatives such as lifestyle advice and coaching, e-learning programs, financial incentives and integrating care management with primary care teams are a few options at their disposal to encourage patients to play a more active role in their personal treatment. (See Figure 2.)

These kinds of advanced analytic test-and-learn procedures are already being deployed successfully in the industry. One FICO client involved in a multi-year disease management pilot used this approach to engage and retain diabetes and chronic heart failure patients. Specifically, the company tested potential messaging to find which would have the most impact on patients during the first few seconds of a nurse call. The messaging was pre-tested in focus groups to gauge audience understanding and responsiveness, and was tested again in a nationwide attitudinal survey. Then, analytics were used to search within this survey information and other available data sources for groups of patients who respond similarly to specific engagement tactics. The company used these test-and-learn

results to segment patients into six groups, and to develop tailored engagement strategies for each segment. Results surpassed original internal patient enrollment targets by 17 percent, and exceeded the program sponsor's target by 36 percent.

Advanced test-and-learn techniques are particularly relevant now, as health care organizations consider the use of new communication channels such as mobile and social media. These approaches provide an effective way for organizations to test patient response to both old and new engagement tactics, helping them find the most effective engagement strategies more quickly and cost effectively.

Medication non-adherence

has become a significant problem for the health care industry, inflicting harm on patients through poorer health outcomes and the health care industry through increased costs. The problem appears to be worsening, in part because existing preventative engagement and educational approaches aren't identifying high-risk patients until it's too late. New analytic-based strategies, however, can play an important role in improving patient engagement initiatives and ultimately patient adherence. As these strategies take hold and become a standard industry practice, the health care system and patients will both benefit from improved medication adherence rates, a healthier population and reduced expenditure across the health care spectrum. **DTC**

References

- 1 National Council on Patient Information and Education. "Enhancing Prescription Medicine Adherence: A National Action Plan" (2007)
- 2 Norman G. "It takes more than wireless to unbind healthcare." Presentation at Healthcare Unbound Conference (2007)
- 3 Cutler D. & Everett W. "Thinking Outside the Pillbox: A System-wide Approach to Improving Patient Medication Adherence for Chronic Disease." New England Journal of Medicine, 362, 1553-1555 (2010)
- 4 Medication Adherence Leads To Lower Health Care Use And Costs Despite Increased Drug Spending, Health Affairs (2011)

Todd Steffes is a vice president at FICO, and the leader of the company's health care business unit. For more information on the FICO Medication Adherence Score, please visit www.fico.com/adherence. Steffes can be reached by e-mail at toddsteffes@fico.com.

It's Time to Celebrate the Stars of the Industry



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Finding Digital Consumers in a Sea of Mass Media



How Digital Consumers Respond to Variable Media Mixes

Winning the battle to drive patient-initiated brand discussion with doctors can quickly focus on the excitable digital consumers who are so eager in seeking solutions. Using findings from seven syndicated studies, the authors look at various media strategies to determine successful tactics for reaching the digital consumer in a sea of mass media.

BY J. DOUGLAS ZABOR AND QI JIANG

Is there an ideal media strategy to reach and influence a digital consumer? Is the answer simply intuitive? And does the answer vary by the disease category? To attempt to discover the most definitive answer to these questions requires analysis of DTC categories that share three characteristics: 1) A large number of branded options, eight or more, 2) Where most brands use paid media advertising, and 3) Each category using all four of the most commonly used media strategies, including TV, print, online display, and brand website.

Study background

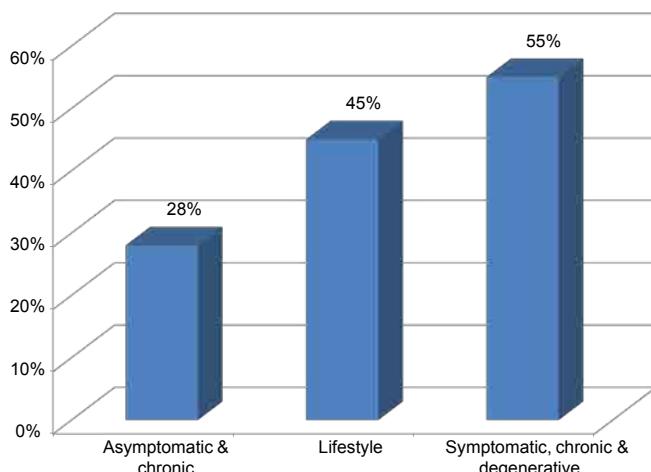
The source of data was selected from Phoenix Healthcare's Syndicated DTC monthly tracking studies for the first part of 2011. The trackers deploy a method of accurately measuring advertising exposure to all forms of media advertising each month, including all branded websites.

The following selective DTC categories were included, to which most readers of *DTC Perspectives* magazine could relate their brand. Data for the months of January through April

2011 was employed in this article, including 13,000 interviews which involved 31 brands and 146 creatively different ads. In total, nearly \$300 million dollars was spent on the ads tested for recall of exposure and call to action:

- *Lifestyle*: Where the patient will choose to ask for and to use prescription treatment for their purpose, and has the majority of influence on brand choice; 58 total: 9 TV, 15 Print, 19 Online, 15 Websites;
- *Asymptomatic/chronic*: Where the need for prescription treatment is determined through lab work yet the patient has influence within large choice of brands; 52 total: 11 TV, 17 Print, 16 Online, 8 Websites;
- *Symptomatic/chronic*: Where patients have differing choices through various levels of step therapies and where switching is patient-driven by efficacy to reduce symptoms; 54 total: 4 TV, 20 Print, 22 Online, 8 Websites.

Figure 1: Digital Consumer Segment Size of DTC Category



All respondents were classified into digital consumers and non-digital consumers to focus the analysis on the former respondent segment. Since each study is a representative sample of the generalized potential market for each DTC, the sample of segment of digital consumers is also considered to be a random sample of that population (see Figure 1).

Simply put, the study design permitted analysts to 1) Determine precisely which branded advertisements from any media source a digital consumer was exposed to, and 2) Correlate variation in advertising exposure to brand-specific behaviors recommended by the ads. By measuring how actions vary among patients based on exposure to different media strategies, it is possible to determine how one medium (or how one specific creative version of an ad within one medium) provides a differential contribution to action.

Unlike any other industry where call to action can be as creative as the core message concepts, the pharmaceutical industry call to action is regulated by the FDA. Thus, the efficacy of all pharmaceutical ads can be measured comparatively on proof that exposure to ad resulted in differential behavior when compared to audience who were not exposed. Those “Calls to Action” are defined as:

- Talking to your doctor
- Calling an 800 number
- Visiting the brand’s website

Depending on the media configuration used in the month, each brand was classified into one of four variations of media utilization:

- *Multi-media*: Campaigns with branded ads in at least one mass media (at least TV or national magazine and radio

or newspaper if used), plus online display and the brand’s website. A total of 10 brands included.

- *Mass media*: Campaigns with branded ads in at least one mass media (at least TV or national magazine and radio or newspaper if used), plus the brand’s website, but no online display ads. A total of 7 brands included.
- *Digital media*: Campaigns using only online display ads plus the brand’s website. A total of 4 brands included.
- *Brand site*: Brands with no other media besides the brand’s website. A total of 10 brands included.

For purpose of this analysis, the term campaign means the aggregation of all creatively unique messages in all media that month validated by Competittrack along with the branded website (see Figure 2).

Importance of digital consumers

A digital consumer, for the purpose of this article, is defined as someone who used the Internet in the last 30 days to seek information about signs and symptoms, disease information, treatments options, prescription medication options as well as the use of search for brands, for social feedback on brands from social media, blogs, and including direct brand site visits. The size of digital consumer market varies in different disease categories. Specifically, the Asymptomatic and Chronic category has 28 percent of respondents who are digital consumers, Lifestyle has 45 percent and Symptomatic has 55 percent.

The patterns intuitively fit the disease impact on the individual, with those having aggravating symptoms from a degenerative disease being the most active consumers of healthcare information on the Internet. Those with an asymptomatic chronic condition who are placed on long

Figure 2: Media Campaign Types

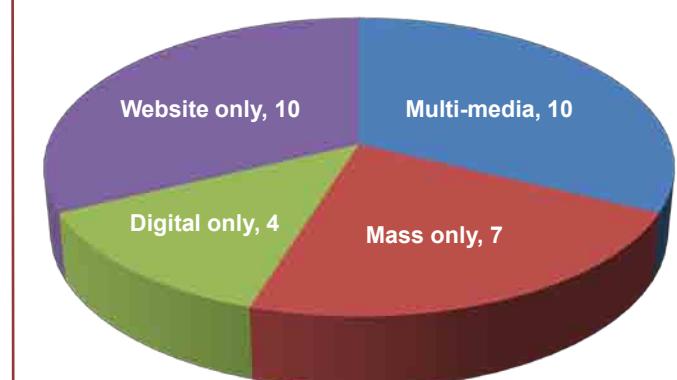
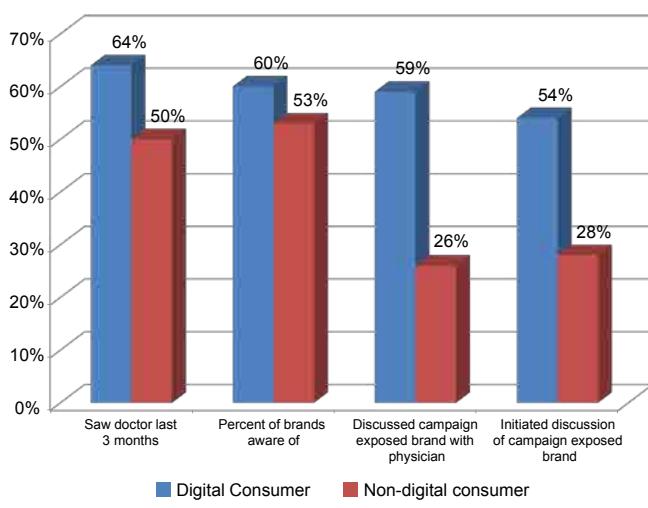


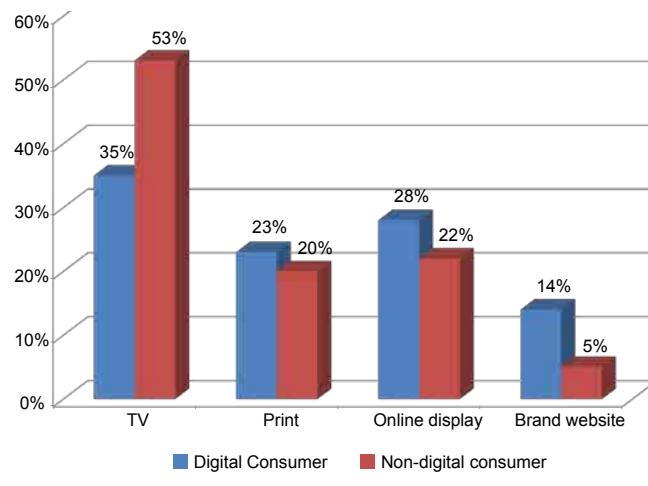
Figure 3: Digital and Non-Digital Consumers Recalling Branded Ads



term therapy which a physician reviews only periodically, are the least active. And the lifestyle market is in-between.

A digital consumer is different than a non-digital consumer in more important ways to pharmaceutical brands than simply depending more on the Internet for healthcare decision support. When comparing among branded ad recallers, digital consumers are significantly more likely to 1) See their physician in the last three months, 2) Are aware of more brand choices by name, 3) Discuss more brands as options for treatment with the physician, and, perhaps most importantly, 4) Are more likely to initiate a discussion about a brand they saw an ad for than their non-digital counterparts. In combination, these behavioral attributes make the digital consumer a highly desirable target for any brand (see Figure 3).

Figure 4: Percent Recall by Media Type



Finding an ideal motivational strategy

It is clear that digital consumers are very targetable consumers who are more responsive to branded advertising than their non-digital counterparts. But which media strategy should you choose from to reach this group of consumers?

Across all of the 31 brands, over \$300 million was spent: 73 percent on television, 25 percent on print, and 2 percent on online display. Clear differences can be seen when comparing non-digital consumers to digital consumers, in terms of stated exposure to television ads with non-digital consumers stating a significantly higher recall of TV ads. The opposite, however, is not true, while non-digital consumers recall fewer online display ads, the difference is not significant.

Consistently across all three markets, multiple media achieved the highest level of recall among digital consumers, followed closely by both mass media and digital. It is no surprise that brand site-only brands achieve the lowest exposure, but the visibility of these site-only brands justifies their inclusion as a consumer marketing media. Brands relying solely on their brand website see that these sites stimulate actions second only to the multi-media campaigns. This finding is true for both digital and non-digital consumers (see Figure 4).

Surprisingly to some may be that digital media produces more response per recaller than mass media. Given that digital media are still most often placed on specific health sites rather than portals or news media sites' front pages, this is a media that needs to be found by the digital consumer in their search for disease modifying solutions (see Table 1).

Table 1: Effects of Media Strategies

	Multi-Media	Mass Media	Digital Media	Brand Site
Campaign Exposure	72%	43%	38%	16%
Call to Action	51%	30%	36%	49%
Total Market Impact	32%	12%	15%	7%
Cost per response as a ratio to the cost of digital media only	24	18	1	N/A

Combining the reach by media strategy with the degree to simulate call to action, the impact on the total market can be clearly seen. Within this study, multi-media campaigns drove from two to four times the amount of actions compared to the other media strategies.

The answer depends on your goals

Seeking volume?

If your brand's goal is to achieve the largest share-of-voice in order to impact largest share-of-market action then multi-

media strategy is your solution. A multi-media campaign can produce the highest recall – the highest conversion-to-action among those recallers, which adds up to doubling the number of patients who will discuss our brand with their physician. This finding is consistent for all three categories even though ratios of spending in multi-media varied significantly between the categories.

The volume of patients taking action, however, comes at a price. Using the cost and the numbers of digital consumers taking action indexed at one, the mixed media campaign produced 2.4 times more action at 24 times the cost. Response rates and cost varied within the three markets. For example, the asymptomatic market mixed media produced 14 times the number of actions over digital media-only at 14 times the cost, producing a more justifiable return on investment.

Variations such as that are based on better mix of spending ratios between the media type, better creative and message consistency and interest across all media, but the incidence of patients plays a large role, and the third variable is virulence of the competitive media environment and the number of advertising competitors.

Brands relying solely on their brand website see that these sites stimulate actions second only to the multi-media campaigns.

Seeking impact at lower cost?

If your goal is to reduce or keep media spending down, but still grow your brand's reach and influence, then online display strategy is the best solution to reach the digital consumer. At 24 times less cost than a typical multi-media campaign, online display ads can reach nearly as many digital consumers as TV. Within a multi-media campaign, online display ads drive nearly a quarter of DTC's call to action goals. These facts mean that digital media packs a much bigger punch for the cost than print or TV.

The silent winner

Campaigns using TV alone, print alone, or even in combination, produce nearly the same outcomes as an online display campaign to reach and move digital consumers to take action. Brands that rely solely on their brand website achieved nearly equal impact on consumer call to action behavior as mixed media. Within multi-media campaigns, the brand website contributed nearly a third of the influence to act.

The three disease categories included in this study do have great variation in size of the digital consumer, media spending within each media as well as between media strategies. How-

ever, the finding of which media strategy has the largest impact is consistent across the three disease categories: Lifestyle, Symptomatic/chronic, and Symptomatic/chronic & degenerative.

Recommendations

After the FDA approves the consumer marketing materials, a brand teams' hands are tied in terms of improving effectiveness or efficiency of their campaign to satisfy management. Among this small set are three actions a brand market can take to improve campaign effectiveness (impact on market behavior) and efficiency (lowering the cost to trigger that behavior). Each plan of action should be directly supported by a brand or DTC tracker to achieve the highest level of decision support.

- *Change media spend:* Spend more or to spend to reach your competitive targets and continuously re-allocate spending between the media to find the optimal mixture to produce greater response at lower costs.
- *Creative asset spend re-allocation:* Rapidly determine which creative assets achieve higher recall along with driving increased behavior and move your money to those assets over time to verify the choice was well made.
- *Re-balance brand value and promotional value messaging:* In today's economy and especially to stimulate call to action, there needs to be a balance in driving home the value of the brand and providing greater access through lower cost options, such as saving cards, and building loyalty through brand site support and on-going support programs.

Above all, make sure you have the breadth and correct metrics to help you quickly identify a problem or opportunity that provides quantitative decision support to sustain management support. This includes the ability to:

- Measure all brands and all media within a target population in order to understand your share of market action and cost to justify to management;
- Link behaviors with exposure within the dynamic competitive market;
- Measure patient initiated discussion of your brand with physicians. **DTC**

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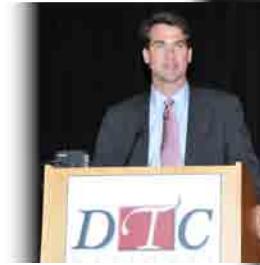
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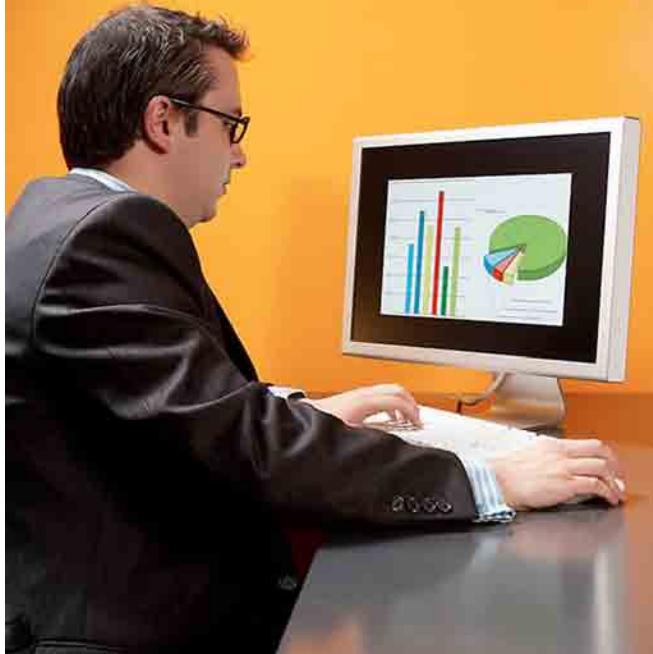
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Memo to Digital



Pharma Marketers:

Don't Overlook the Long-Tail Internet as a Viable Content Source

Pharma marketers face a number of unique challenges in digital advertising: achieving scale, reach, brand safety, cost-effectiveness and FDA compliance, to name a few. Marketers can reach their appropriate audiences, all while maintaining compliance with FDA regulations, by utilizing “smart targets,” which map online and offline data to content consumption patterns.

BY TANAYIA WASHINGTON

Digital marketers face many challenges in identifying and reaching their target audiences, including such issues as what channels to use, how much to invest in each and brand versus direct spend. Pharma digital marketers face additional challenges – stricter privacy restrictions on customer targeting and the use of online data, heightened concerns over brand safety, expensive premium health content and low customer interactivity.

Despite these challenges, pharma investment in digital media is robust – \$1 billion in 2010, according to eMarketer. Yet at this investment level, the stakes are high to deliver strong results in a cost-effective manner, all while maintaining federal compliance and ensuring brand-safe ad environments.

While the use of cookie targeting is fairly common in other industries, it is avoided by pharmas due to concerns over consumer data privacy – think HIPAA regulations – even though it is not outright forbidden by the FDA. But a replacement for this type of effective targeting is not easy to find.

Another challenge: the lack of interaction with online ads. According to a MediaMind study¹, standard and rich media click-through rates (CTR) are half as high for pharmaceutical ads as they are for those in other industries. Pharma marketers seem to still be interested in click-through because it can serve as an indication of interest and is widely used for display cam-

aign measurement and optimization, especially in the absence of online purchase metrics.

Given these challenges, there are four key questions pharma marketers need to ask in order to ensure their digital strategy is on track:

- **How can I identify my target audience?** Because cookies generally aren't an option, you need to find other ways to gain a deeper understanding of who your audience is.
- **How can I reach them at scale?** Any audience insights gained must be leveraged to broaden the scope of campaigns in order to make the best use of digital investments.
- **Can I reach my target safely?** Unless you can guarantee brand-safe environments, nothing else matters in pharma marketing.
- **Am I reaching my target effectively?** What is the optimal mix of targeting tactics that will achieve campaign goals (reach, brand lift, clicks, page environment) while maintaining regulatory compliance?

The digital advertising industry as a whole is under the glare of the data privacy cops. To ward off threats of federal intervention, the industry is developing voluntary, self-governing privacy standards. In this environment, pharma marketers not only have to satisfy overall industry standards, but also need to

adhere to stringent federal requirements on everything from privacy to creative copy.

Limited and costly inventory

As most pharma marketers naturally want to have their ads appear next to health-related content specific to their product, the laws of supply and demand have pushed the price of impressions up. According to comScore, health display ad impressions grew by 56 percent between December 2009 and December 2010, while unique visitor growth was just 29 percent, and page views only grew 11 percent. Thus, the number of ads per page increased by 41 percent, creating clutter and ultimately brand dilution and diminished ad performance.

As mentioned above, the limited supply of premium online health content has pushed costs higher. While pharmas may have a greater tolerance for higher costs, they're still looking for efficiencies. According to the December 2010 comScore Ad Metrix Display Spend Report², health sites charged an average CPM (cost per thousand impressions) of \$8.94 – nearly four times the overall average CPM of \$2.36. Auto and finance were the only vertical categories with higher CPMs.

Brand safety

Having an online ad appear next to inappropriate content – profanity, pornography, etc. – is a bad result for any marketer, reflecting poorly on the brand and adversely affecting campaign results. For pharma marketers, the result could be more serious if the placement targets a restricted audience and could be construed as promoting an off-label usage, drawing unwanted FDA attention.

The critical nature of this issue is borne out in research from The Winterberry Group³, which found that pharma marketers consider brand safety of greater importance than those in other vertical markets. For instance, consider the growth of online user-generated content, especially blogs.

While a major CPG brand might welcome the association with such content, especially in a target demographic, pharma marketers would steer clear of it as the quality of the relatively un-vetted content could be suspect and adversely affect brand health.

The Interactive Advertising Bureau (IAB) created a set of content quality standards in June 2010, outlining categories of non-standard and prohibited content. More recently, the IAB created voluntary Quality Assurance Guidelines, with IAB certification ensuring advertisers full transparency and safety. While these are valuable tools for advertisers, pharma marketers need to go above and beyond such measures, using their own stricter brand safety definitions.

To overcome these challenges, you need to develop a holistic approach that addresses all of

them. Otherwise, you risk devaluing your brand, limiting digital spend through lack of effectiveness or inciting the ire of regulators. The best solution is a multi-pronged approach that provides targeting, scalability, compliance and brand safety while not sacrificing effectiveness.

An overlooked resource

Because using cookies for gathering consumer data and targeting audiences is not really an option for pharma marketers, you have to find creative ways to get around this restriction and gain the necessary audience insights. One very effective, cost-efficient way for to reach your target audience at scale is by using the so-called long-tail Internet. It is composed of millions of websites that are not as heavily trafficked as popular destinations – for example, Everyday Health or WebMD in the health category.

While not a replacement for premium health content, a strategic use of long-tail content can provide much greater reach and be an efficient use of digital media budget. According to comScore⁴, using long-tail inventory had the potential to increase reach by well over 200 percent among consumers either searching for information on a particular ailment or buying a prescription for it. When adding in non-health content from the long tail, reach potential increased by more than 600 percent⁵.

Again, health content is the obvious starting point for any pharma marketer, but it shouldn't stop there. A mix of short-tail and long-tail content, both health and non-health-related, can be an effective combination. Additionally, insights on what content target audiences are consuming can be used to improve the precision of targeting without running afoul of privacy restrictions.

Figure 1: Reach with a Targeted Content Mix

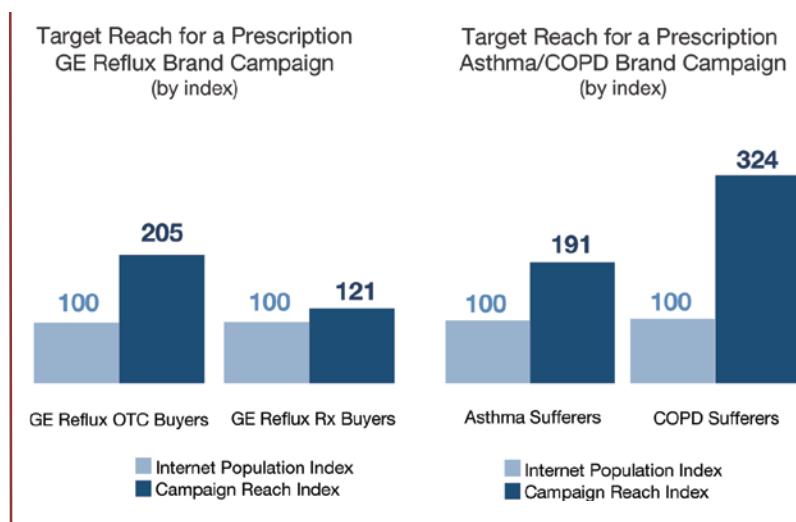
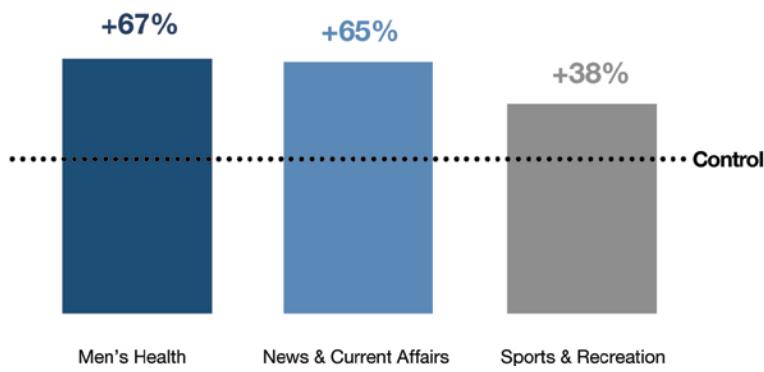


Figure 2: Brand Awareness Lift by Content Category for a Prescription Gout Brand Campaign (vs. control)



In order to understand and target what content audiences are consuming, you must know who this audience is beyond the condition they suffer from. However, this is not often the case. CONTEXTWEB found in its research that only 29 percent of pharma marketers were providing additional target information like demographic data to their media partners, and just 8 percent were providing interest data.

This lack of insight led CONTEXTWEB to conduct an in-depth study to determine the profile of consumers interested in pharma advertising. The study combined leading third-party audience data with proprietary system data to analyze action patterns, in this case clicks on pharma ads.

The resulting “Smart Target” profile revealed that the ideal “pharma desirable” is an early retirement boomer, age 56 and up, living in a city and having older children who are grown or entering college. They’re college educated with mid- to high-level incomes but are not big spenders. While obviously interested in health content given their age, they also consume content on a wide range of subjects. Importantly for advertisers, they are more likely to respond to a richer display media experience.

Once you know the profile of your audience, you need to leverage those insights in order to tap into non-health, long-tail content and reach them at scale. As part of the media budget planning process, you need to know which content channels to invest in first in order to use a targeted approach. In its research, CONTEXT-

WEB reviewed data on content consumption patterns for the pharma *Smart Target*. By analyzing billions of impressions, it created a statistically significant, refined custom content channel for this audience, called a “Hotspot.”

Reaching the target safely

To ensure your ads don’t appear next to inappropriate content, this needs to be checked both before and after ad serving. When using ad networks and exchanges, publisher screening must be rigorous and continuous because online content changes constantly. It must also be done in real time and down to the individual page level in order to block potentially harmful Web pages that may come from an otherwise safe domain. Ideally this process should be customizable for every advertiser.

Just what constitutes brand-appropriate content is highly subjective and differs widely by industry and even by company. This is why pharma marketers use their own manual methods of checking content safety. But this makes it hard to scale beyond short-tail health sites, leaving broader inventory sources such as networks or exchanges out of the equation. However, brand safety and scale don’t have to be mutually exclusive if you use automated machine learning that can mimic your brand’s sensibilities in order to scale safely.

The impact

While understanding your audience and finding new ways to reach them safely is important, it means nothing if your tactics aren’t helping you hit your campaign goals. Based on its research, CONTEXTWEB found that the most effective strategy for pharma marketers is using a mix of targeting tactics, with each contributing to an increase in digital media performance if used properly.

Reach

Blending health and non-health content doesn’t have to be done at the expense of hyper-targeting. Pharma campaigns

Figure 3: Lift Generated by Targeting Tactic

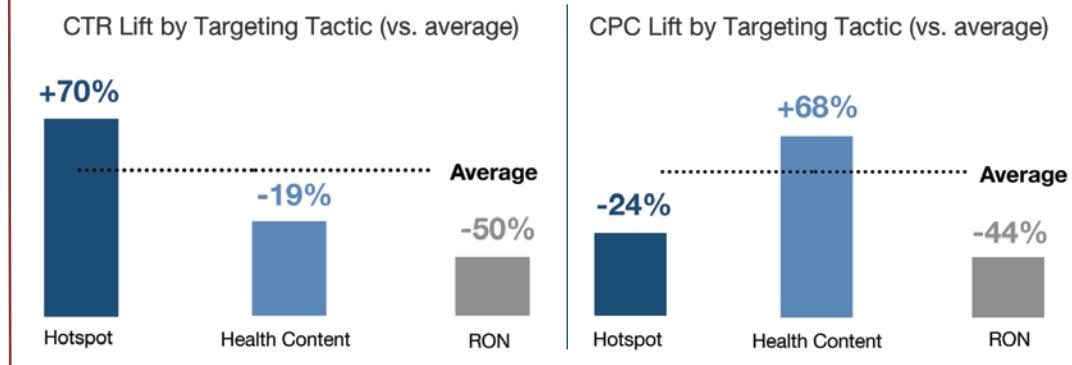


Figure 4: Click and Qualitative Performance by Category

Domain Category*	Q4 Pharmaceutical CTR Index	Q4 Pharmaceutical CPC Index	% of Domains with Qualitative Score 61+ (Indexed Value)	Average Index Value
Education	475	411	68	318
News & Current Affairs	80	98	340	172
Travel	86	81	334	167
Business & Industry	107	145	103	118
Health & Fitness	161	72	104	113
Science	125	122	73	107
Sports & Recreation	79	94	146	106
Finance & Money	117	99	96	104
Real Estate	53	77	176	102
Career	86	122	95	101
Technology & Computing	126	147	16	96
Parenting & Family	93	81	87	87
Religion	115	96	38	83
Style & Fashion	100	107	26	78
Autos	71	116	46	78
Society	86	110	34	77
Arts & Entertainment	79	104	34	73
Hobbies & Games	81	119	12	71
Food & Drink	93	54	46	64
Home & Garden	40	69	75	61
Pets	67	90	11	56
Total	100	100	100	100

employing mixed content are able to reach the intended consumer. Figure 1 illustrates how sufferers of specific conditions were reached by targeting a mix of content.

Brand lift

For pharma marketers, brand awareness is a key metric because it's the first step in getting their product on a condition sufferer's radar screen. In its research, CONTEXTWEB found that while health-related content was the most effective brand awareness driver, non-health content could also have an impact. Figure 2 shows the results of exposure to prescription gout ads on three different contextual environments, with health-related content having the greatest effect.

Clicks

CONTEXTWEB also found that using *Hotspot* targeting in pharma with non-health content can have higher CTRs (70 percent above the average) than targeting health content alone and is 24 percent more cost effective in terms of cost per click (CPC). Health content was more effective in terms of driving higher CTRs than run-of-network (RON), but not as efficient due to higher costs. RON placements were not as effective as content targeting in terms of CTR but were highly efficient – often a strong consideration for pharma advertisers (see Figure 3). Overall, CONTEXTWEB found using a mix of the long tail produced a 15 percent higher CTR on pharma campaigns.

Quality

Content quality and site environment are also important considerations affecting brand perception. Page design, editorial quality and visitor usage are environmental factors

you should take into consideration as part of any pharma advertising buy, helping determine domain and content priorities.

Trust Metrics, which took part in the CONTEXTWEB research, scored 2,000 Web domains that ran pharma ads on the CONTEXTWEB platform in Q4 of 2010. The score was computed based on the statistical patterns of more than 12,000 data points on each site, with results reported on a 0-100 scale. Sites scoring above 61 were generally considered to provide a premium value to advertisers.

By combining CTR, CPC and quality score ratings, CONTEXTWEB came up with an overall average index value for sites within a content category, as seen in Figure 4. While some categories were found to be stronger in performance than in quality or vice versa, the average index ranking suggests that non-health content such as education, news and travel would make excellent all-around choices for pharma marketers.

Strict regulations and ongoing online privacy concerns over digital marketing make finding effective ways to reach target audiences at scale a particularly thorny problem for pharma marketers. For this reason, you need to seek out alternative, compliant targeting strategies. This involves getting creative by implementing tactics that go beyond the traditional heavy reliance on health-related content. With the right approach and mix of tactics, brand safety, targeting at scale and consumer privacy can all peacefully coexist within the context of a holistic digital marketing strategy. **DTC**

References

- 1 MediaMind, "Benchmarks H1 2011," April 3, 2011, via eMarketer
- 2 comScore Ad Metrix Trend Report, February 2011
- 3 eMarketer, Winterberry Group Research, "Advertising Professionals in North America Who Believe that Brand Safety is a Meaningful Issue," April 2010
- 4 comScore Plan Metrix, December 2010
- 5 ibid

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In an ideal world, there would be no limits when creating a relationship marketing campaign. However, in reality, every marketer has to deal with some type of constraint, whether it be budgetary, time or regulatory. Drawing from an actual case study, this article discusses key steps for developing RM strategies.

BY LOUIS WINOKUR

It was a sunny day in June when we met with our newest pharma client. They had a great new product that had come out of clinical trials with stunning results. Everybody was excited about the new drug which had been approved by the FDA in record time.

When it became time to discuss the budget, we learned that the sky was the limit. We were asked to create 5-10 concepts and not to worry about timelines as it was important to have the right “feel” for the campaign. To our surprise, the normal copy restrictions did not apply for this product. Because the audience was thought to be affluent and well educated, we could write communications in “iambic pentameter,” assuming the target audience had the equivalent of a Ph.D. in English.

Gaining access to qualitative information provides insight into what factors influence patient behavior.

Generous marketing and media budgets were approved in what seemed like the wink of an eye. A battery of longitudinal market research tests was also approved including: Focus Groups, Concept Tests, Intercept and Re-contact studies.

Our client strategy meetings were held in the famous Burj Al Arab “sail hotel” in Dubai. Relaxing in my luxurious 1,000 square foot suite looking out on the Gulf of Oman, it was hard to imagine how life could get any better ...

Then I woke up.

Back in the here and now, we know the new reality is that times are tough and budgets are tight. Regulatory restrictions are an everyday reality. Timelines should be reasonable and deadlines must be met. Despite these truths, there is still room for resourceful and creative companies to shine. Speaking from a research point of view, there are a few simple tactics that can be employed to ensure that programs run at maximum efficiency.

To say that programs run in a loop is nothing new. In the world of RM, the flow to ensure strong results goes along the following lines, as seen in Figure 1. The chart represents a holistic view of how we should think about programs – from their initial creation through optimizations that occur over time.

Know your audience

The first step, “know your audience” is not always given the attention it deserves in the initial stages of program development. The internal analytics team should be brought in at this early stage to help assess the value of the target audience.

Figure 1: Holistic View of Relationship Marketing



There are many great resources available to the pharma community about disease states and the affected population. The first place to start is with the Prescribing Information document. This is where information on dosing, effectiveness, and common side effects of treatment can be found. It also often points the way towards segmentation strategy. Other resources such as the CDC, WebMD, or other health related sites can provide important background information. For Oncology, the Cancer Facts and Figures report published by the American Cancer Society is an invaluable resource for learning about patient populations (see Figure 2).

Speaking to client contacts who work on the brand or counterparts in the research department is also very important and will help the analytics team avoid the pitfall of proposing a redundant study when research data may already be available.

Information from the research department on drug costs and lifetime value will provide valuable inputs for the ROI model. Gaining access to qualitative information provides insight into what factors influence patient behavior. This data will be useful to the creative team as they formulate the program design.

Our recent experience with a new client showed the advantage of this approach. Existing client data provided us with information on the patient population (>300,000 strong), demographics (90 percent-plus female), and ethnicity (63 percent Caucasian). We also learned about segmentation strategies and initial reaction of HCP's, including their likelihood to prescribe.

Communicating with the internal research department allowed us to leverage internal funds to conduct a quick focus group study, which avoided redundancy and saved them

\$50,000. Results from that research helped us understand ways to motivate patients to increase adherence which in turn helped crystallize the contact strategy.

Create a measurement plan

The best brand managers in the world will have trouble getting their budgets renewed if they are unable to find a way to show why their program was successful. Without advanced planning, they will be forced to frantically ask for data on various program metrics, but will fall short when they realize that there are gaping holes in the information because measurement was not thought about in advance.

The key questions to ask is: "What does success look like?"

For the new client program noted in the previous section, we put together a presentation which outlined what they should expect from the RM program over the first 12 months after launch. Based on the media plan, we knew that close to 10,000 people would join the program, of which 80 percent would be diagnosed with the condition. Using historical data from past programs and evaluating the program design, we expected the open rate to be in excess of 15 percent and click rates to be 4 percent or greater. Other targets were set based on similar criteria, such as an expected reach of 30 percent and the percent of enrollees who would report that their knowledge if the disease state and treatment options had increased.

Once targets are established, a measurement plan can be put into place to capture the important metrics. The plan should

Figure 2: Cancer Patient Populations

Estimated New Cancer Cases and Deaths by Site for All Sites, US, 2010*					
		Estimated New Cases		Estimated Deaths	
		Number	Percent	Number	Percent
All sites	1,201,040	793,620	79.0%	148,950	20.2%
Brain & central nervous system	35,340	25,420	11.1%	7,880	5.4%
Prostate	70,930	7,010	1.0%	1,995	1.4%
Colon	44,040	4,010	1.0%	3,930	1.4%
Melanoma	73,680	9,880	12.7%	2,410	1.7%
Other new cases	2,030	1,420	0.5%	1,050	0.6%
Esophagus	124,240	84,000	12.9%	25,600	18.0%
Bladder	58,640	51,800	8.9%	14,100	11.6%
Stomach	71,000	12,330	8.2%	10,330	9.0%
Colon & rectum	53,000	4,300	1.0%	3,700	1.0%
Esophagus	102,900	46,610	11.6%	9,300	10.9%
Leiomyosarcoma	10,240	2,240	2.2%	—	—
Adrenocortical, kidney, & liver	10,240	2,240	2.2%	—	—
Uterus & endometrial	16,120	13,410	8.0%	4,030	3.0%
Esophageal	10,240	3,060	3.0%	2,000	1.5%
Bladder	43,740	21,370	31.7%	10,800	14.1%
Other digestive organs	4,860	1,660	3.5%	2,200	1.6%
Prostate	120,000	85,000	10.0%	28,000	19.2%
Bladder	53,220	40,110	7.5%	10,500	12.1%
Esophagus	11,220	9,510	8.5%	3,600	3.2%
Colon & rectum	11,220	2,410	2.2%	3,000	2.7%

Cancer Fact:
44,670 new Thyroid Cancer cases annually.
Women are 76% of diagnosed.

Female	8,480	8,480	100	100	
Male	1,240	1,240	14	14	
Esophagus	12,120	9,630	11.6%	2,880	19.4%
Bladder	10,330	12,340	11.2%	14,580	10.4%
Colon & rectum	10,330	11,210	22.0%	12,930	9.3%
Esophagus	10,330	1,030	10.0%	8,850	6.6%
Age & sex	2,080	1,580	1,282	1,282	1,112
Brain & other nervous system	22,260	11,680	10.24%	10,140	7.32%
Uterus	16,120	13,410	8.0%	4,030	3.0%
Esophagus	16,120	11,220	6.9%	2,000	1.5%
Other digestive organs	2,080	1,700	1.11%	980	0.71%
Age & sex	2,080	1,580	1,282	1,282	1,112
Brain & other nervous system	22,260	11,680	10.24%	10,140	7.32%
Uterus	16,120	13,410	8.0%	4,030	3.0%
Esophagus	16,120	11,220	6.9%	2,000	1.5%
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Bladder	10,330	12,340	11.2%	14,580	10.4%
Colon & rectum					

Figure 3: Website - Monthly Unique Visitors

extend over the length of the program and involve both internal and external resources.

Great! Now that initial research data has been acquired and a measurement plan is in place, we're home free, right? Not exactly.

Maximize enrollment

Various factors must be considered when thinking about how to maximize enrollment. The program design and development process can be thought of as similar to the construction of a high-performance sports car. The account, creative, and design teams at an agency take great care designing a seamless user experience with useful content, which provides the target audience with everything they need to know about a disease state and its treatment options.

The media plan and enrollment form can be thought of as the fuel that drives the program. A 2011 Ferrari Enzo's 660 horsepower can't beat a rusted-out 1970 Chevy Vega if there isn't any gas in the tank. Without fail, whenever we have come across dramatic drops in enrollment form traffic from month to month, the culprit has been either a drop in media spend or a co-reg vendor that has "gone dark" due to the recent completion of an enrollment goal.

Information from the research department on drug costs and lifetime value will provide valuable inputs for the ROI model.

Keeping this in mind, the enrollment form must have an enticing value proposition and should include the minimum amount of questions needed to segment consumers. Leave out questions that are "nice to know" and only include what you "need to know." The surest way to cause people to abandon your form in droves is to offer a weak value proposition and adopt a long-winded, complex, multiple-page design. Enrollment testing should be incorporated into the plan to understand how people are interacting with the form.

We recently invested in a Web tool that closely tracks interaction with RM enrollment forms. Initial analytics have provided surprising results. One client's two step form had an abandon rate in excess of 90 percent for Step 1 of a two-step form. Another had issues with getting consistent engagement with fields that were "below the fold." Heat map information shows how strongly people interact with headlines and other important copy. For a small up-front investment, these new data points pointed the way towards improving enrollment rates across multiple programs.

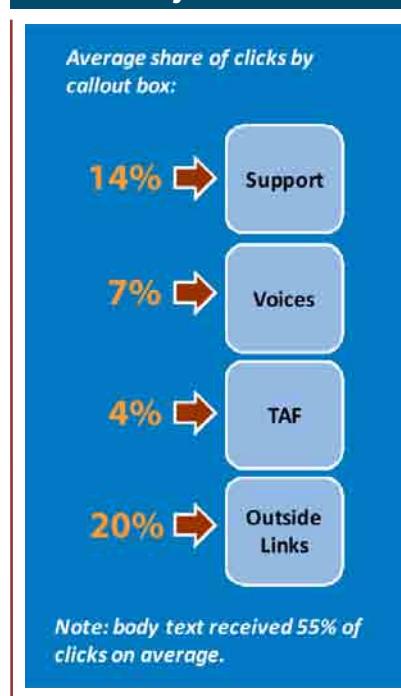
Recommending the proper media plan is outside of the scope of this article, but experience shows that for the most part, it is better to plan for a steady stream of enrollments than to adopt a plan that is front or back-loaded. In the example seen in Figure 3, a successful patient-education microsite and enrollment vehicle fell flat on its face as site visits declined by 97 percent when the client decided to cut media due to budgetary constraints.

Once people join an RM program, they are exposed to a variety of content. The focus of most programs involves education about a disease state. Education can include information about symptom tracking, topics to discuss with your doctor, common side effects, and exercise and diet tips to help people feel their best.

Optimize content

Marketers must be aware of how people interact with the information that is presented to them. At the very least, e-mail open and click rates should be monitored and compared to either an industry or internal benchmark. After a sufficient amount of data has been collected, we often undertake the extra step of conducting an in-depth analysis of click patterns within communications. This provides direct evidence of which content is of most interest and if placement in a callout box or other primary location has an effect on engagement.

In the Figure 4, we analyzed e-mail

Figure 4: Average Share of Clicks by Callout Box

click patterns across three patient segments for a program geared towards sufferers of a chronic condition. We found that the “On Drug” segment responded strongly to content, regardless of placement. The body text received 55 percent of all clicks, even though the links in this section were not in callout boxes. In addition, we found that “Outside Links” to other websites attracted 20 percent of clicks despite the fact that this callout box was at the bottom of the page. This was contrary to the popular theory that the majority of clicks always occur above the fold.

This data pointed to a need for a streamlined design for future phases of the project. For example, we recommended that the “Tell-a-Friend” (TAF) feature would work better if it were taken out of the sidebar and featured in a specific portion of the body text.

Planning is an important part of the optimization process. New competitors will invariably enter the market. Information on best practices for treatment of disease states changes over time. Meanwhile, technology continues to evolve, providing new ways for people to access and absorb information. Metrics that were once robust may begin to decline due to any or all of the above factors. Regular evaluation of engagement metrics will provide direction as to when a change is warranted.

For these reasons, a back end re-contact study is a must-have to ensure that conversion and adherence goals are progressing as expected. Dollars spent on evaluating program measurement are a wise investment. The resulting data will point to areas for course-corrections that will improve program efficiency and boost ROI. Past studies have provided us with valuable input which pointed the way to improving value propositions or updating content so that it had a greater impact on enrollees.

The important message to take away is the only way to run a “lean and mean” RM program is to know your audience, create a plan to measure results, find a way to reach them, and remember to optimize the content along the way. These days, it is especially important to map out a plan and to be prepared to make adjustments along the way to ensure success. **DTC**

Louis Winokur is currently the director of analytics at DKI. With over 15 years of marketing experience across analytics, client consulting and product development, Winokur has worked extensively on consumer segmentation and analysis of purchase patterns across various products and categories. He can be contacted via e-mail at lwinokur@dkidirect.com.

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Anywhere Health



Reinventing Healthcare Marketing in a Connected World

With emerging connections via technological advances, there is a confluence of health data and information widely available to consumers. Marketers who begin to engage in the anywhere health space will be positioned well ahead of the curve, reaching customers in new and engaging ways.

BY JIM WALKER

In a remote village outside of Nairobi, a healthcare worker walking to a makeshift clinic makes sure to bring her mobile phone along with a stethoscope so that patient vital signs can be immediately texted back to the hospital. Along the trails outside of Seattle, a runner training for a marathon glances at his watch and knows his exact location, heart rate, and body temperature. In Houston, a teenager uses her inhaler for an asthma attack, and her location is sent automatically to an online database. A physician in Philadelphia clicks on his iPad and has immediate access to CT scans from the ER. An elderly woman in Osaka flushes her toilet, and is alerted that her blood sugar is too high. An elderly man collapses at a church service in Atlanta and is revived by a portable defibrillator. A mother from New York posts a brief message about her son's illness on Facebook, and a few minutes later a friend alerts her that it's a serious condition. An overweight man steps on the scale in London and his weight and BMI are automatically sent to his iPhone where he can track his progress over time. He touches his phone and the data is made available to his physician. A mother in Chicago goes to the drugstore and uses her smartphone in the aisle to find coupons for children's pain medicine.

Each day around the world, scenes like these are occurring with increasing frequency as the combined impact of portable devices, wireless Internet access, and social networks revolutionize the ways by which patients are diagnosed, monitored, and treated. The common threads that link these stories – anywhere diagnosis, anywhere data, and anywhere delivery – are powerful and far-reaching, and together form the foundation for anywhere health.

Clearly this phenomenon is going to have a dramatic impact on both patients and HCPs, but what impact will this anywhere health revolution have on healthcare communications and marketing? Many marketing teams have already begun to address various channels such as mobile marketing, iPad development, and Facebook social marketing. However, the larger opportunity and challenge lies in creating integrated marketing programs that take into account the entire anywhere health landscape.

While all of these dynamic medical technologies will continue to evolve, some core principles are emerging that provide practical and ongoing guidance when formulating brand strategies and tactics in an anywhere health world.

Start with the patient

Up until very recently, tracking personal data and vital signs was the sole province of hospital units or elite athletic programs. However, that model is in the process of being completely overturned as low-cost devices and powerful data-tracking sites flood into the market, allowing for personal tracking at levels previously undreamed of. Today, devices and their accompanying websites can help individuals track fitness, health, sleep, mood, productivity, energy, location, money, social media patterns, learning and more! When the personal data and insights from these devices are then shared and discussed on social sites like Facebook or PatientsLikeMe, the resulting feedback loops can be powerful, if not transformative. Quite simply, the data-rich anywhere health environment is sparking an unprecedented rise in patient sophistication regarding his or her own particular condition, a trend that is only going to accelerate.

Healthcare marketers take note: as patient sophistication regarding anywhere health rises, the relative value and usefulness of basic disease education information declines in comparison with more nuanced and “advanced” disease education. Furthermore, patients will now have multiple sources to turn to when learning about medical products and procedures – making them less tied to branded messaging. In the face of these changes, marketing campaigns that simply revolve around producing a body of product-focused content may not be the most effective approach.

Follow the data

If the flood of medical data is making traditional marketing content less effective, that same data can also provide insights for evolving healthcare marketing. The patient journey is not static, nor is the data which is generated along that journey. To effectively reach patients along their journey requires a deep understanding of what particular triggers and data points mean – not just from a medical standpoint, but from a personal and emotional stand point. If the pollen count rises, or blood sugar levels drop, or BMI stays frustratingly high, all of these data points have medical implications as well as personal impact.

Effective health communications cannot succeed merely by transferring facts, but must engage in the narrative story that each individual patient is experiencing. Obviously medical writers play a critical role in the development of content – but does your marketing team have great storytellers who can empathize and speak *with* patients on this emotional level? Does your brand strategy *anticipate* the ways in which patients will be gathering their data, sharing their data, and how they will be progressing along their disease journey in a highly connected world? If your team can learn the patient story and imagine how critical patient data points will play out, your brand messaging will become a trusted voice in the conversation, instead of just another byte of information in the data flood.

This points to the true value of social media monitoring for healthcare – not in simply counting the number of mentions or calculating some type of overall tonality – but in providing incredible clarity into what real patients are thinking and feeling in the context of their overall journey. All of the focus groups in the world cannot match the ongoing stream of social media insights that can now be monitored.

Timing is everything

The anywhere health environment does not just connect patients between devices and data; it also connects patients and products in real-time *and* over time. Fundamentally, this combination of real-time conversation with long-term social connection might be the biggest challenge that marketing teams face in today’s anywhere health communications environment – how to work effectively in a real-time world with patients and professional customers who do not simply “move on” after interacting with a brand message.

This challenge is compounded by the regulated nature of most healthcare communications which limits not just what can be said but also *when* it can be said. Internal planning processes and staffing also conspire against working either in real-time or with a long-term perspective! As a result, most brand marketing ends up as a kind of leisurely but not overly committed “middle-ground” of quarterly or annual communications flow. The resulting subtext message that gets sent to patients and HCPs is, “We don’t really want to speak with you in real-time, and over the long-term everyone on the brand team is going to be rotated off in a year or two – so we’re not that interested in speaking with you in the long-term either.”

Ten years ago, in a less connected world, this approach may have been a workable sort of strategy. Moving forward though, brand marketers in the healthcare space need to think very clearly about both their real-time communications voice and their long-term customer relationship strategy.

Caregiver inclusion is no longer a “Nice to Do”

When a man comes home from a visit to the doctor and tells his wife that he has a heart condition, or elevated PSA, or high blood pressure, more often than not the wife will go online to do further research. In fact, according to a recent study, up to 91 percent of caregivers conduct their own research after receiving a healthcare provider recommendation for their loved one. Furthermore, the same study also found that more than half of these caregivers use social media sites like Facebook and Twitter. Pew Internet research has shown that for chronic and life-threatening conditions, online usage spikes even higher.

While immediate-level caregivers have always played an important role in the overall patient journey, the influence of extended-level caregivers has been amplified in the anywhere health environment. Now, through social networking sites like Facebook, “care circles” can easily include friends, distant relatives, and even patients with similar conditions.

So when immediate family members and these extended caregivers go online to start researching, what do they find? When your disease category is typed into Google, do you know what sites appear on the first page? What about YouTube? What is being said about your product on Facebook? In working with healthcare marketers, it is always surprising to find brand managers that have not considered these results from a caregiver perspective. What are the “first impressions” that your message is making towards caregivers in the online space? Is your message making any impression at all?! Caregiver testimonials, decision support tools that spur discussion between patient and caregiver, and doctor discussion guides can all be valuable ways to engage your caregiver audience.

End with action

In the anywhere health world, marketing should start with the patient and ultimately aim towards some type of measurable action. The level and type of action will vary depending on where patients are in their journey; so the type of action may often be something as simple as clicking on a link or answering a survey. Other times, the required action might be simply pointing patients and caregivers to a piece of information at the right time and in the right context (based on your knowledge of the patient journey). Higher level types of engagement, such as speaking with your physician (or loved one) about a course of treatment, are built upon these prior “smaller steps.” Not only should specific types of action be planned for, but a reliable way to track and measure customer activity should be developed before the campaign is launched, allowing for progress to be tracked on a consistent basis, and corrective changes to be made as certain tactics succeed or fail.

As the technology driving the anywhere health environment moves forward, patients, caregivers, HCPs and brand

teams will be ever more closely linked in a sea of real-time data and disease state information. Undoubtedly, these changes will bring tremendous opportunities and challenges. While it is difficult to predict all of the ways in which brand marketing will need to adapt to this new environment, some steps are already clear:

Move beyond the basics: In light of a wealth of online health information, brand teams need to provide more nuanced and “advanced” disease state information.

Engage on a personal level: As patients become more intimately aware of their own condition and progress, brand messaging needs to understand and speak to the patient journey on a personal level, not just relay information.

Listen to what patients are saying: Social media monitoring provides an unprecedented view into the patient journey. Use those insights to understand the patient journey and create points of meaningful engagement.

Think real-time and long-term: The anywhere health world is simultaneously real-time and long term, therefore brands need to engage both in the real-time conversation, as well as set in place infrastructure for ongoing customer relationships. Healthcare marketers have no choice but to engage.

Master the art of caregiver first impressions: The role of caregivers should be elevated in brand planning and in the overall communications mix, with special focus on how “first impressions” are made online. Caregivers as immediate family members, as well as those in newly extended circles of care, are here to stay!

Measure and track the small steps: Measurable actions should be planned for at the start of each campaign, with a clear way to measure and track success over time. Simple small actions can often lead to larger outcomes.

Plan for change: The old days of launching a campaign and then sitting back and remotely monitoring success are over. In the active and closely connected world of anywhere health, brand teams need to stay engaged and flexible, responding quickly and intelligently to market changes. **DTC**

Jim Walker is director of emerging trends at Cadient Group (Cadient.com), an interactive marketing company emphasizing digital solutions. An expert in the “anywhere health” model, Walker also founded the mobile health solutions firm, Anywhere Health (powered by Cadient Group). Find the latest news and information at AnywhereHealth.com and on Twitter@AnywhereHealth. Walker can be reached via e-mail at jim.walker@cadient.com.

Promises and Perils: Social Stock Market



A new social media platform, Empire Avenue, has emerged that is becoming widely adopted, including by corporations. Billed as a “social stock market,” pharma companies can discover how effective and valued their efforts are through their social capital.

BY JANE CHIN, PH.D.

The 2011 DTC National Report (*DTC Perspectives*, June/July 2011) referred to Jamie Turner, chief content officer of the 60 Second Marketer and co-author of “How to Make Money with Social Media,” who noted that social media is “currently over-hyped and that it is ultimately one tool of many.” This leads to a problem of pharmaceutical companies facing pressure to “engage” via social media. How does an industry move from decades-old habit of information dissemination to conversations? More than questions of “how” and “how much” in social media, a bigger worry for pharmaceutical companies is: “how liable?”

Consumers have grown to expect “just in time” responses to complaints they post on their social networks because companies are constantly monitoring mentions of their brands. Pharmaceutical companies face an “engagement dilemma” because current social media trends cannot sustain the “old way” of communicating a pharmaceutical brand. Yet to stay within legal and regulatory boundaries and to shift a domi-

nantly negative public perception of their industry, pharma companies must disclose safety and risk information.

Empire Avenue is a social network game that opened to the public in July 2010. According to the company’s website (<http://empireavenue.com/about/>), Empire Avenue labels itself as the “Social Stock Market” where players grow their social capital. Players enter the market with a free membership and choose a ticker and an Index (there are currently # indices not including sub-indices). As players link their social networks (Twitter, Facebook, LinkedIn, YouTube, Flickr, and blogs), their ticker reflects a “share price.” The share price will increase in value as each social network links up with Empire Avenue. (For more information about Empire Avenue, see related sidebar on page 46.)

The “engagement” stage begins when new players are noticed by existing players. These “investors” can buy shares in a new player and through word of mouth, alert other players in their communities about viable new investments. Some

investors may check out the new players' social networks and engage them on Twitter and Facebook. Players can immediately participate in interest communities on the site.

Eye on business brands

Empire Avenue launched with an eye for business brands, basing its value proposition for companies to connect with individuals deeper than a mere "follow" on Twitter or "like" in Facebook. The company believes that its platform enables business brands to reach new and engaged audiences. Companies can create networks of virtual shareholders and access customers across 150+ countries. At the bottom of the Empire Avenue "about" page, social stocks of business brands are displayed on a rotating basis: AT&T, Oreo (cookies), Swatch, Toyota, Intel, Dell, Applebees.

Pharma companies interested in using social media need to identify key opportunities that are appropriate and feasible to implement through a social network.

Business brands can generate a lot of buzz upon entry: when Microsoft (Xbox), BMW, and Rovio (Angry Birds) signed up, their tickers were announced to a popular private community group with almost 1,000 members. Within minutes, the volume of new share purchases in these business brands drove sales commissions from 5 percent to 30 percent. Investors love business brands for the potential virtual wealth that these brands may generate for shareholders.

"Luxury items" give Empire Avenue immediate monetization. Players may spend eaves (e) – the virtual currency to pur-

chase most of the game's luxury items including watercrafts, housing, automobiles, airplanes, and seasonal items. But certain luxury items are available only with cold, hard cash. To buy a castle, players must spend \$100 and in return for 25,000 eaves earned per week and 4,000 eaves net wealth increase per day.

This concept of premium items enables business brands to offer not only a presence, but specific products that can benefit players who commit virtual currency to gain. Microsoft struck a deal with Empire Avenue to offer an Xbox premium item under a newly created "electronics" category. Players spend 14,600e to purchase a virtual Xbox 360. This is tied to an Xbox Fanatic achievement worth 500e (look at this as rebate or "virtual cash back") if they buy the Xbox luxury item and post "Xbox FTW" as a status update on Empire Avenue, Facebook, or Twitter.

Empire Avenue's business model capitalizes on free membership and a commitment to one's social stock performance to create stickiness and loyalty to its platform. However meager its revenue, luxury items allow the company to not only monetize immediately but to create a means for business brands to offer virtual products to reinforce their brands to potential customers.

Opportunities and risks for pharma

Pharma companies interested in using social media need to identify key opportunities that are appropriate and feasible to implement through a social network. Pharma companies have been criticized as not being transparent or engaging with consumers, and remain faceless entities stereotyped as "pill pushers" as opposed to contributors to improving standards of care for patients in healthcare. Social media opportunities for pharma that may begin to address such issues may include:

Index	Ticker	Rank	Price	Dividends/ Share	Recommended	Share-holders	FB Page Posts	FB Page Comments	FB Page Likes	#Tweets	You-Tube Activity	Blog Posts
Technology	Nokia	VP	143.33	1.21	178	1105	0	3363	10906	368	2	100+
Games: Console	Xbox (Microsoft)	VP	127.82	0.27	241	1465	22	7112	42407	25	0	0
Technology	Intel	VP	124.26	0.8	139	1024	3	381	5911	5	22	22
Technology	AT&T	VP	113.28	0.78	74	459	16	4411	3088	88	8	8
Cars	Ford	VP	112.27	0.49	77	647	0	1885	3890	23	1	4
Cars	Audi	CFO	111.21	0.5	59	510	4	1439	36194	24	0	0
Cars	Toyota	VP	99.32	0.4	52	381	4	482	1225	17	10	0
The Eaves	Oreo (Nabisco)	VP	91.28	0.39	28	167	2	3744	22256	25	0	0
Technology	Dell	VP	87.63	0.33	54	370	8	580	1982	30	0	1
Cars	BMW	MGR	59.1	0.02	102	521	0	0	0	4	0	0

Week of: July 26, 2011

SOCIAL STOCK MARKET

1. Announcements of patient adherence initiatives
2. Reminders of product information (such as dosing and drug interactions)
3. Announcements of disease state educational initiatives
4. Announcements of healthcare reform education for consumers
5. Directions for reporting adverse events
6. Directions for addressing patient queries about medication or side effect management
7. Supporting patient advocates/advocacies
8. Identifying consumer and patient influencers

At first glance, Empire Avenue as a platform provides the means for a social media manager to accomplish tasks in each of these opportunities. Status updates are also confined to 140 characters, but responses to a player's "shout-out" (similar to a response to a status update) are not. Players can create their own personal communities as long as their share price has reached 14e, which means pharma companies can potentially create a moderated community for a particular topic. Community posts allow longer text messages and recently Empire

Avenue has improved its community format to resemble a rudimentary message board.

Yet the same features that make Empire Avenue an interesting social network model create risks for pharma companies. First is the perception of "buy-backs" or investing in shareholders who have purchased shares of the social stock for a business brand. Business brands that do not reinvest back to shareholders are criticized heavily by players: some players will hold onto the brands' social stock until it reaches a price point and "flip" the stock to reinvest profits elsewhere. Players may then tell others within their communities to sell shares of the business brand, citing the brand's lack of engagement. One automotive business brand was perceived negatively specifically because it did not reinvest its eaves in players who had purchased the brand's social stock.

Thus, there may be an expectation of "buy-back" of players who have invested in the business brand that pharma companies' social media managers may not want to, or may not be able to fulfill. If "buy-back" are fulfilled, the next decision is what the social media manager will do if a shareholder sells the shares of the brand's social stock or buys additional shares of the stock. Will the manager match the additional buy-back? If the share-

How Empire Avenue differentiates

Empire Avenue differentiated itself from other social networks by adding a "game layer" to its social media activity and by aggregating major social network activities onto its platform. The allure of Empire Avenue is that aggregate scores are then converted into a "share price" that players can track, even if the algorithm behind this metric remains a mystery to its players. For many loyal players of Empire Avenue, there is a network amplification effect that had increased the diversity of Twitter followers and connections via Facebook and LinkedIn.

Still, Empire Avenue wants to build its own communities rather than serving as another aggregate measure like Klout or PeerIndex that also assigns a number to one's social media activities: it wants to keep its players on its site while rewarding players' social media activities off of the platform. Daily "earnings" are weighed favorably toward Empire Avenue activities including participation in communities, "liking" (via clicking a thumbs up icon) on players' status updates, and "shout outs" on players' walls.

These Empire Avenue-driven activities are combined with aggregate social media activities

and investments (share purchases) by players' influence, the players' share price and apparent social media "value" within the Empire Avenue walls. Investment even via virtual currency creates a commitment – however artificial – between shareholders and their investment. This leads to some players becoming obsessive over their share prices. The result? Players' social media activities across, within and outside of Empire Avenue often increase or become more disciplined to sustain their share "value" via price increase or dividend yield.

Social media achievement badges based on milestones in social network activities (including number of Twitter mentions and retweets, number of Facebook "likes" and "comments") are unlocked as players attain these within and outside Empire Avenue's walls. "Secret achievements" give an element of mystery and frustration as players try to unlock these. "Special achievements" are tied to current events, notably the "Will and Kate" during the royal wedding and "Home of the Brave" to celebrate Independence Day in the United States.

holder sells, will the company hold onto the former shareholder's social stock or sell? Monitoring of these buy/sell activities takes up time and does not necessarily increase brand awareness or accomplish the business brand's social media objectives.

Next is the participation in communities, interaction through status-updates or "shout-outs" on shareholders' walls. Like any social media channel, the platform is the tool but the risks fall within what is shared by pharma companies and how the information is shared. If engagement has been limited by the companies' inability to provide proper context (because of limited text characters per communication), being able to type longer responses with required safety information may not eliminate companies' liability when it comes to regulators' interpretation of companies' actions or "intent."

As it stands, companies that participate in social media continue to take a limited and primarily responsive approach to consumer feedback and queries. Participation on Empire Avenue may not drive a change to the companies' level of participation or engagement. The platform is another social media tool: it does not and cannot change the risks in interacting with consumers that pharma companies still face.

Even the choice of ticker symbol – the very first decision companies must make if they choose to use Empire Avenue – can be problematic. If the companies choose predictable tickers like the names of their brands, this is straightforward. What if a manufacturer of diabetes medication chooses "DIABETES" as its ticker? Can this be interpreted by regulators as a form of promotion or a type of claim? Can the regulators view this choice for a brand as claiming to be "the" diabetes medication instead of "a" diabetes medication? Based on track record, regulators show what not to do by means of warnings and letters instead of clarifying what pharma companies can do on social networks.

Finally, Empire Avenue has real drawbacks as a social networking platform: the game layer causes new players to burn out quickly, especially those who fixate on continuing share price increases. There have been complaints of spamming and "content farms" that are not truly reflective of quality interactions, but are rewarded by the platforms tabulation of activities. In other words, Empire Avenue's calculation of transactions has encouraged some players to "game the system" in order to dominate the top slots of indices: CEO, President, and CFO positions where their profile image are displayed while other ranks (Vice Presidents, Senior Managers, Employees) are displayed as lists.

Founders of the platform are taking note of players' complaints of rewarding the "wrong" behaviors by not differentiating between spam and legitimate actions on the site. Additionally, players want increased transparency about how activity-based earnings are calculated. If Empire Avenue bills its platform as a potential social media training tool (and it

does, by positioning itself as a way of training to integrate social media interactions across multiple platforms) but guards its formula for arriving at its social stock price (hence, an indicator of learner's performance), this renders the tool ineffective for training.

Based on track record, regulators show what not to do by means of warnings and letters instead of clarifying what pharma companies can do on social networks.

Empire Avenue has the potential for encouraging deeper social networking relationships within its walls through its communities and even through player-to-player shout-outs or messaging system (including shareholder emails that cost eaves to send). To realize this potential, however, its founders must improve their reward system to encourage long-term participation. When multiple "successful" players who dominate leaderboards delete their accounts to take a break before "possibly returning" to the platform (some of them do after a few days, others after a few weeks), this pattern indicates a game design that falls short of behaviors congruent with building connections based on dialog and quality interactions.

Should pharma companies write off Empire Avenue? My recommendation is for companies to refrain from signing up their business brands without their social media managers first becoming very familiar with the platform. Social media managers assessing Empire Avenue as a social media platform for their pharma clients should identify not only potential best practices for meeting opportunity goals (such as the list of eight opportunities mentioned earlier in this article), but should establish rules of engagement for this specific platform. All business brands on Empire Avenue should consider writing an "investment policy" as part of their "bio" that explains why the brand is there, how the brand will engage other players, and how the brand plans to invest as a player on the site, including policies on buy-backs of shareholders.

Empire Avenue may be questioned as a fad and once upon a time, Twitter was waved away as a fad; now many pharma companies are monitoring this fad, if not using it to engage consumers in a meaningful way. Empire Avenue has created a niche in the social media space and a unique brand identity in a relatively short time. This is a social media network to watch... and one that may be worth waiting for. **DTC**

Jane Chin, Ph. D. is a healthcare leadership development consultant and media/content-strategist. She has been blogging and engaging with Web audiences since 1998 through her private network of blogs. Additionally, she is an accomplished author and was formerly a columnist for Pharmaceutical Representative magazine. Chin can be reached via <http://about.me/janechin> or on Twitter @janechin.

People ON THE MOVE

GCI Health, a leading healthcare public relations agency, named **Catherine Falcetti** as senior vice president, and **Julie Fleisher** and **Robyn Leventhal** as vice presidents. Falcetti was formerly senior vice president in healthcare with MS&L, a communications and engagement agency. Drawing from her experience leading business for Roche, Eli Lilly, Johnson & Johnson, Daiichi Sankyo and Genentech, she will focus on pharma with specialized, blockbuster and OTC drugs. Fleisher was most recently vice president of corporate communications at the public relations firm, Ruder Finn, where she developed and implemented global PR programs for Novartis Vaccines meningitis and influenza franchises. Leventhal was previously a vice president at MS&L, playing a key role in FDA Advisory Committee meetings and subsequent approvals for Genentech's Actemra and EMD Serono's Egrifta.

Saatchi & Saatchi Wellness hired **Augusta Duffey** as group creative director. She was most recently an associate creative director for Euro RSCG, where she led the creative development on various campaigns for such clients as Schering-Plough, among others. Pacific Communications added **Catherine Pearson** as senior account executive, joining the Restasis account team. She previously worked at Euro RSCG Life as an account supervisor.

AbelsonTaylor named **Elizabeth Upton Rambach** as vice president, account director; promoted **Erin Abbott** from account executive to senior account executive; and promoted **Kiersten Duffey** from account coordinator to account executive. Rambach will continue her focus on the integration of professional and consumer campaigns for two infant nutrition products and a major lipid disorder franchise. Prior to joining the independent healthcare agency, she was head of the account management department at RTC Relationship Marketing, overseeing the creation and execution of DTC programs for five pharmaceutical giants, AARP and Time Warner Cable. Abbott will be in charge of all digital and e-marketing initiatives for a pain medication. Duffey will be working on the launch of a new product for the treatment of lupus, as well as continuing her work on products in the areas women's health and epilepsy.

Ronan Gardiner has been promoted from advertising director and associate publisher to publisher of *Men's Health*



Augusta Duffey



Laura Frerer-Schmidt



Kevin White

magazine. Rodale Inc. also named **Laura Frerer-Schmidt** as publisher of *Women's Health*. She was previously associate publisher of *Self* magazine. **Kevin White** was named publisher of *Health* magazine. He had been publisher of *Real Simple* since 2008. **Renee Tulenko**, *Health* vice president, associate publisher, expanded her role to include strategic oversight and all day-to-day operations of *Health.com*.

Good Health Media Rebrands & Grows

Good Health Media is rebranding itself as Precision Health Media (PHM), sharpening its focus of reaching diagnosed audiences.

Citing July data from comScore, the health information portal revealed via news release that it became "the number one [platform] in total audience for the online health category at 44.7 million unique users ... [with an] audience reach of 64.9 percent." PHM utilizes an analytical technology platform, "Condition Match," to pair the most effective and relevant content with a DTC advertiser's messaging.

Drumbeat Digital Expands to West Coast

Drumbeat Digital LLC, parent company of Heartbeat Ideas, has launched a new integrated marketing company, Heartbeat West. Based in Los Angeles, Heartbeat West is a privately held, full service agency providing ideas and innovation in the emerging marketing environment to clients on the west coast. The company's proprietary GRADE™ toolset rigorously mines competitive and audience insights from the complexity of the digital landscape, while the agency's versatile engagement process flexes to meet the needs of both traditional and digital environments.

Precision Health
Media

"The source for Diagnosed Audiences"



Perspectives

CONTRIBUTORS



Jane Chin, Ph. D. is a healthcare leadership development consultant and media/content-strategist. She has been blogging and engaging with Web audiences since 1998 through her private network of blogs. Additionally, she is an accomplished author and was formerly a columnist for Pharmaceutical Representative magazine. Chin can be reached via <http://about.me/janechin> or on Twitter @janechin. Turn to page 44 to read her article.



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Qi Jiang is vice president of marketing science for Phoenix Healthcare's syndicated business. Phoenix Healthcare is a business unit within Phoenix Marketing International, the nation's 28th largest marketing research firm. The Healthcare unit tracks over 25 percent of all DTC spending in pharmaceuticals. Jiang can be contacted via e-mail at Qi.Jiang@Phoenixmi.com. To read the article she co-authored with colleague Doug Zabor, turn to page 26.



As chief creative officer, **Bruce Rooke** provides strategic leadership for GSW Worldwide's creative team. His responsibilities include establishing and implementing standards for creative work and ensuring that strategic, creative, and branding processes are used consistently across the agency. Rooke can be reached by e-mail at brooke@gsw-w.com. Turn to page 20 to read his article.



Todd Steffes is a vice president at FICO, and the leader of the company's health care business unit. For more information on the FICO Medication Adherence Score, please visit www.fico.com/adherence. Steffes can be reached by e-mail at toddsteffes@fico.com. To read his article, turn to page 22.



Jim Walker is director of emerging trends at Cadient Group (Cadient.com), an interactive marketing company emphasizing digital solutions. An expert in the "anywhere health" model, Walker also founded the mobile health solutions firm, Anywhere Health (powered by Cadient Group). Find the latest news and information at AnywhereHealth.com and on Twitter @AnywhereHealth. Walker can be reached via e-mail at jim.walker@cadient.com. Turn to page 41 to read his article.



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Louis Winokur is currently the director of analytics at DKI. With over 15 years of marketing experience across analytics, client consulting and product development, Winokur has worked extensively on consumer segmentation and analysis of purchase patterns across various products and categories. He can be contacted via e-mail at lwinokur@dkidirect.com. Turn to page 36 to read his article.



J. Douglas Zabor is executive vice president of Phoenix Healthcare's syndicated studies. Phoenix Healthcare is a business unit within Phoenix Marketing International, the nation's 28th largest marketing research firm. The Healthcare unit tracks over 25 percent of all DTC spending in pharmaceuticals. Zabor can be reached by e-mail at Doug.Zabor@Phoenixmi.com. Turn to page 26 to read the article he co-authored with colleague Qi Jiang.

ADVERTISING INDEX & RESOURCE CENTER

Company	Page	Website	Phone	Contact	Email
Beacon Healthcare Communications	5	beaconhc.com	908-781-2600	Adrienne Lee	alee@beaconhc.com
ContextMedia	9	contextmediainc.com	847-912-9612	Shradha Agarwal	shradha.a@contextmediainc.com
Epsilon	55	Epsilonontargeting.com	1-800-603-4555		Info@epsilonontargeting.com
GSW Worldwide	56	gsw-w.com	614-543-6951	Greg Henderson	greg.henderson@gsw-w.com
Parade Magazine	2	parade.com	212-450-7141		
Remedy Health Media	15	Remedyhealthmedia.com	212-695-5581	Jim Curtis	Jcurtis@remedyhealthmedia.com
SDI	11	sdihealth.com	1-800-982-5613	Melissa Leonhauser	Mleonhauser@sdihealth.com
SSI	7	surveysampling.com	203-567-7220	Chris DeAngelis	Chris_DeAngelis@surveysampling.com



BY JIM DAVIDSON

The Debt Ceiling is Just the Tip of the Iceberg

While an agreement was reached regarding the debt ceiling, uncertainty still looms. Aside from the significant risk of defaulting, without reforming spending and entitlements, we are far from being in the clear. A long-term resolution would be an important first step toward returning us to stronger economic growth for our industry.

Just hours before the August 2nd deadline, Congress and the President reached an agreement to raise the nation's debt limit up to \$2.4 trillion in two stages. Passing with a 269 to 161 vote, the federal government can continue to borrow until 2013. However, neither party is particularly satisfied with the plan. Our government's failure comes in spite of numerous commissions, negotiations, and yes, even gangs that have formed, disintegrated, and revived themselves over the past half-year in multiple attempts to resolve this issue – at least until the next time Washington has to statutorily raise the debt ceiling to accommodate its spending habits.

The Congressional Research Service reports the Congress has voted to increase the debt limit 74 times since 1962. The last 10 votes occurred in the past decade alone. We are far from being in the clear; Washington desperately needs to rethink the way it conducts business. It is likely that the best we can manage may be with the \$2.4 trillion dollars in cuts – of which \$900 billion is immediate – and some maneuvering of debts to keep us from default.

The debt issue poses few problems unique to the DTC industry apart from the obvious fiscal catastrophe that would hit every market if we fail. The reality is that the only sensible way to get out of this hole is to implement a debt reduction plan that both reforms spending and entitlements and reevaluates our entire tax code. Republicans have embraced the adage that "Washington doesn't have a revenue problem, it has a spending problem." To a certain extent, they're right. The government had netted \$814.9 billion in individual taxes as of July 2011 and \$134.3 billion in corporate taxes – increases of 24.3 percent and 1 percent over the previous year, respectively. Yet we still spent more than 1.5 times the amount we have taken in during this entire fiscal year. Even Democratic Senator and Budget Chairman Kent Conrad (D – N.D.) recognized the state we're in on a recent national news show interview: "If you look at our spending, it's the highest it's been as a share of our economy in 60 years, revenue is the lowest it's been as a share of our economy in 60 years, [and] so we're going to have to work both sides of the equation."



The trick is that while everyone agrees that we must reassess our tax policy, you cannot do that without opening up the Tax Code and evaluating every credit, deduction, and loophole against sound tax policy standards. That puts everything on the table and, by extension, at risk. We have witnessed this threat many times before. It is important to note that the deduction of the cost of advertising as an ordinary and necessary business expense has been established tax policy since the Tax Code was enacted in 1913. It never has been treated as a tax expenditure or as a preference item.

The larger issue that doesn't receive nearly as much attention is the burden that this fiscal uncertainty places on corporations and their business plans. Ask CEOs of any company about their

number one business concern and their likely response will focus on the government's ambiguity about how to fix the tax code, or when. Businesses large and small are increasingly challenged about how to budget for raw materials, supplies, new equipment, employees, and benefit plans – an uncertainty that has to contribute to the stagnation in growth in this country at a time when our anticipated recovery is on the rocks.

Advertising, after all, does not exist in a bubble. As DTC executives increasingly work to reexamine their models and the returns on investment from DTC spending, decisions made in Washington or the absence of sound decisions contribute to perpetuating a climate of instability. A resolution to the debate over crucial deficit and our mounting long-term debt would be an important first step toward returning us to stronger economic growth for our industry and potentially provide a strong impetus to renew marketing programs that will help stimulate sales and a brand in the current stagnation.

Jim Davidson is an attorney and founder of the public policy firm Davidson & Company. He currently chairs the Public Policy Group at the Washington law firm of Polsinelli Shughart PC, and he has been actively engaged in supporting the advertising industry on Capitol Hill for almost 20 years. In October 2008, Davidson was inducted into our DTC Hall of Fame. He can be reached by e-mail at jhd@davidsondc.com.

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Never Say Die

The Myth and Marketing of The New Old Age

By Susan Jacoby

Published by Pantheon Books • 2011 • 332 pages

REVIEWED BY ROBERT EHRLICH

Who wants to live to 100? Is today's 70 the new 50? Will baby boomers live active lives until their 90's? Will the children of baby boomers live routinely to 90? Do we really want to look forward to living 100 years? These are the questions Susan Jacoby explores in her new book *Never Say Die*. Based on the subtitle "The Myth and Marketing of The New Old Age" one gets the sense that Ms. Jacoby is not all that optimistic. Jacoby is a veteran writer and reporter for numerous newspapers and magazines.

We as a society are barraged with cosmetics, foods, supplements, books, procedures and exercise equipment that promises extended youth. While it is clear that the 50-plus age looks, dresses and acts younger than our grandparents did, the questions Jacoby answers are deeper. Is it really possible to have an active old age that makes living until our 90's an exciting prospect?

The short answer is no. Despite the claims that we all can be running on the beach well into our senior years, with an active sex life, pesky diseases under control, eating out at trendy restaurants and traveling the world is a myth, says Jacoby.

Never Say Die is an attempt to look at the facts of aging, rather than the marketing hype of purveyors of fountain of youth products. Jacoby concludes that living into your 90's is not that much more likely and even if one reaches that age, it is likely the life you will lead is one of frequent discomfort, dependence and likely decline in cognition. Though, it is true that people in their 60's likely live a more active life because of modern medicine and a recognition by society that they can still be fashionable and sexy. We see Jane Fonda, Raquel Welch, and Christie Brinkley still looking sexy into their later years. We all remember how women of that age were expected to wear appropriate clothes and hair. Grandma shoes and floral blouses were the norm.

Jacoby makes the case that once we reach our 80's we are likely to get sicker and more dependent on someone else to take care of our daily needs. Marketers like to show the young old using their products. Jacoby cites erectile dysfunction ads where the actors are all in the late 40's or early 50's. Marketers know that showing real old people is not attractive. The marketing myth is that we can all live active lives like never before. There is no reason to age cites the longevity industry.

Age is a state of mind and is controllable with proper diet, exercise, and a little help from a pill or two.

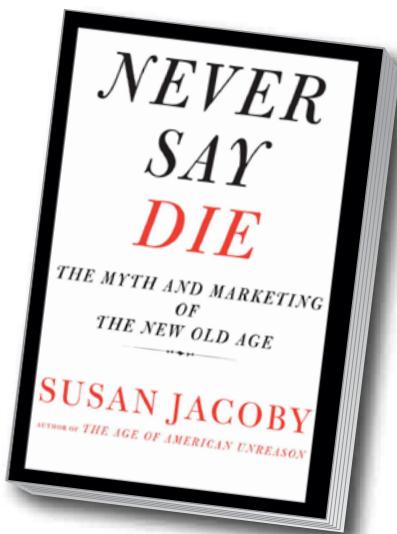
Yet, Jacoby says that 50 percent of people who live to 85 will develop senility. Most will not have the financial resources to survive without government or family aid. Most will develop vision problems, bone weakening, arthritis, high blood pressure and other serious conditions.

Jacoby traces the history of aging in an interesting chapter of how we treated old people historically. Of course that was easier a hundred years ago when their fewer of them. Most did not reach their 60's so accommodating the elderly, both socially and financially was easier. Yet, says Jacoby, we did not treat old people too well then either. They frequently had to beg to survive, and their last years were spent alone and in pain. She says the idea that their children always took them in was a myth.

Jacoby is at her best when she describes the financial health of the elderly. Most outlive their savings, especially post-recession where investments hurt dramatically. Since most peoples' wealth is in their house value, that decline is severe for middle income people. Jacoby also describes how we artificially extend life where quality is gone. This is bankrupting our health system as well as denying the elderly a dignified death.

Never Say Die is not an optimistic book. No one will be uplifted by it. On the other hand it is a sobering reminder that we cannot, at least yet, make old age a seamless transition from youth. It is inevitably going to be a period of decline and not loads of fun. Jacoby is not arguing that life extension is not good, just that we are being conned by longevity gurus that we can spit in the eye of old age and act whatever mental age we want. Yes, 70 may be the new 50, but 90 is probably the old 87.

Robert Ehrlich, chairman and chief executive of DTC Perspectives Inc., regularly reviews books about the pharmaceutical industry, marketing and advertising for DTC Perspectives magazine. He also writes a weekly e-newsletter providing insights on pharmaceutical marketing trends. To subscribe to this FREE weekly analysis, sign up at the website, www.DTCPerspectives.com. Ehrlich can be reached by e-mail at Bob@DTCPerspectives.com.

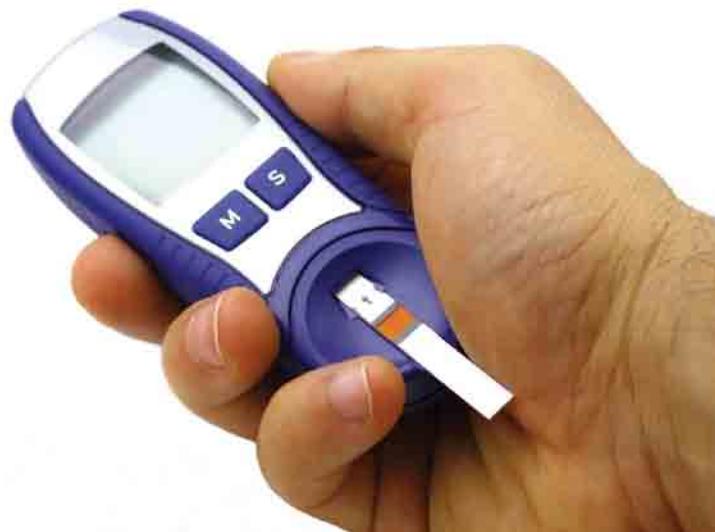




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The Uncertainty of Healthcare Continues

While we await a ruling on the constitutionality of Obamacare, millions of people are being left in limbo. The reformed healthcare system should utilize more free market measures before conceding to a government run structure.

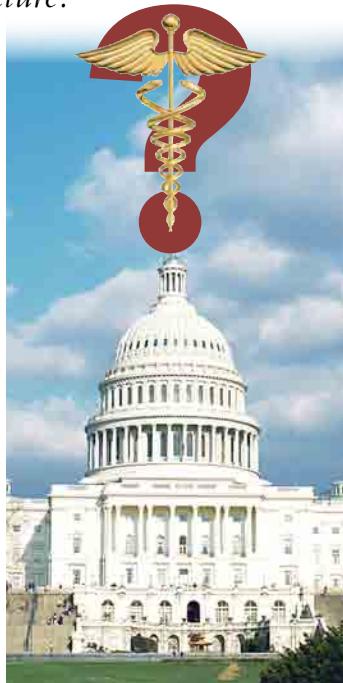
Obamacare or Nobama care? When will we know? Appeals courts have ruled on the legislation both ways. The Supreme Court will tell us sometime next year, we hope, whether this is the law of the land or part or all of it is unconstitutional. It does not matter what the partisan spin doctors tell us on cable television about who is right. It only matters what the Supreme Court says in a likely 5-4 ruling.

If the individual mandate is ruled unconstitutional, then how we will fund Obamacare? Underpinning the new law is all of these healthy people buying insurance

to subsidize the uninsured. Without them the program falls apart financially.

We would much rather see some genuine free market principles applied before we surrender to government run health.

the best deal. Second, we must encourage and grow the use of less costly medical personnel to diagnose and treat common illnesses. These can be more use of nurses, physician assistants, or a new class of medical diagnosticians with less training and cost. Third, we would like to see tort reform to



reduce excessive cover-your-butt-testing. Fourth, it is important to better educate and train consumers to know what things cost and put some personal skin in the game with their own money. Fifth, we can utilize our vast retail network to expand speedy clinics and reduce use of emergency rooms. Finally, we need to stop paying extraordinary amounts of money to keep people alive that final week or two when there is no hope of recovery or any quality of life.

Obamacare is not realistic in requiring high quality plans for all and telling us somehow it will cost less. That is really just disguised price controls. All we will end up with is mediocre care with shortages of providers and consequently long waits for service. We would much rather see some genuine free market principles applied before we surrender to government run health. We are not advocating the status quo. We need change we really can believe in and Obamacare is not credible.

Of course the longer we wait for that one deciding judge, we have significant uncertainty for a \$2.3 trillion part of our economy. This is delaying investment in the sector and reducing, not increasing, employment. Would any healthcare entrepreneur put serious new capital at risk not knowing the potential ground rules? We doubt it; so what is the Supreme Court waiting for? We need some supreme pragmatism here, not delay while 300 million lives are put on healthcare hold.



The data that matters.



Meet Elizabeth

She is actively living with Rheumatoid Arthritis.

Epsilon Targeting has 650,000 Rheumatoid Arthritis sufferers in our database.

We also know she is:

- Retired
- Lives in Houston, Texas
- Takes fiber supplements
- Motrin is her usual pain reliever

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