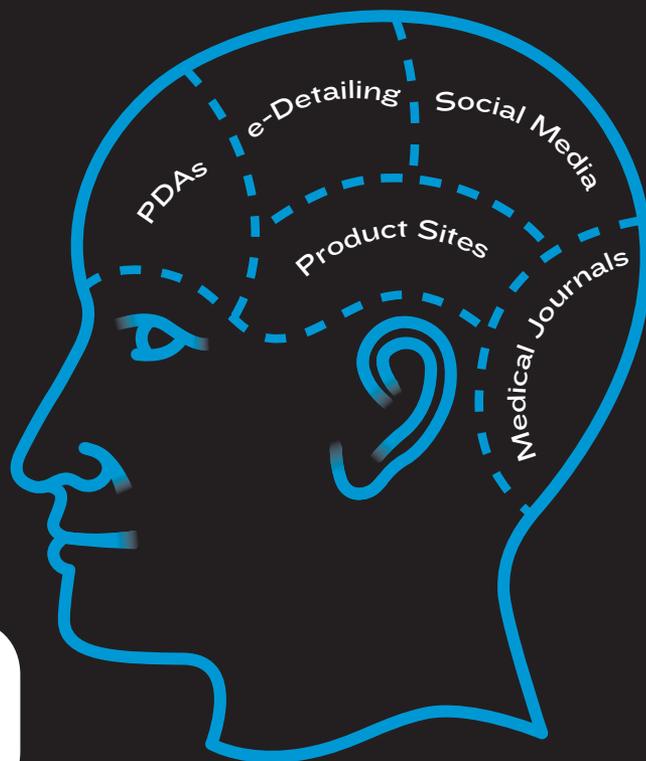


Pharmaceutical marketers increasingly have a difficult time trying to gain 'share of voice' with physicians, with fewer reps granted access. How can branded and unbranded efforts reach doctors at the right place and the right time?

Michael Golub and **Craig Douglass** report



DIVIDED ATTENTION

Here is an indisputable fact: Professional pharmaceutical marketing requires physicians' attention. But the best way to garner that attention is subject to debate, especially when it comes to non-personal promotion.

Many factors contribute to the growing importance of non-personal promotion to healthcare professionals. First and most importantly, according to a 2008 Datamonitor study, sales representatives are losing access to physicians, and the interactions they do manage to initiate often last two minutes or less.

At the same time, some healthcare organizations now actively discourage or prohibit the distribution of free product samples. In addition, the 2008 PhRMA code effectively eliminates many promotional vehicles, so the rep can no longer deliver an assortment of tangible, point-of-care brand impressions to the doctor's office.

Then there is the impact of the internet, which has become a leading source of healthcare news, information and education for physicians. The internet has spawned a variety of new possibilities for learning and communication, such as blogs, wikis and social networking sites. According to Manhattan Research survey data (Taking the Pulse v9.0), over 200,000 physicians will either read or post professional content online in 2009. These new conversation venues challenge pharma marketers' ingenuity in an effort to

maintain "share of voice" in the broadest sense or the term.

Some pressing questions emerge from these trends. How can marketers connect with doctors from afar? How can we attract physicians, build trust and cultivate relationships without the personal connection made possible by a sales rep? How do we earn the right to doctors' precious time? How can we seamlessly integrate with the digital domains of intrinsic interest to physicians? In an era in which doctors increasingly turn to social media channels to share ideas, experiences and best practices, how can marketers establish a presence without being perceived as unwelcome intruders?

Branded or unbranded?

Traditionally, non-personal promotion tactics have been conceptualized as either "branded" or "unbranded." According to this distinction, branded content includes the product's name, indications and attributes, while unbranded content does not. One unfortunate result of this dichotomy is the tendency to view "unbranded" marketing as altruistic at best, or futile at worst. In the digital arena, however, where proximity, links and direct sponsorship can foster positive associations, the notion of "unbranded" content may be a misnomer. Information, updates, dialogue and other communication that physicians' value can be leveraged to direct an audience

to brand-specific messages as well as to enhance a brand's persona without violating FDA marketing regulations.

How can this be achieved? Consider two different scenarios: physicians' efforts to retrieve brand information quickly, for example during office hours or during a patient consultation, a common practice among 71% of physicians (from Manhattan Research, 2009), versus retrieving of information on a weekend or in the evening, when online behavior may be described as "web browsing."

In the first instance, rapid access is key. Doctors looking for brand-specific information, such as dosing, cost, safety profiles, drug interactions, formulary coverage or prescription assistance programs, want to retrieve that information as quickly as possible. Accordingly, product-specific websites should be designed to maximize efficient information retrieval. Optimal information design for mobile devices such as a smartphone or PDA is equally important, as 64% of physicians use these devices and nearly three-quarters of these doctors search for drug information online at least once a week (from Manhattan Research, 2009). A frustrating experience in trying to find information on a product site during an actual patient consult might lead to a competitor's brand—at a pivotal moment in the decision-making process.

In the second instance, when doctors may be using the internet to catch up with medical news or to learn and share perspectives on clinical challenges or advances in their field, the engagement value of the brand-related offering assumes more importance.

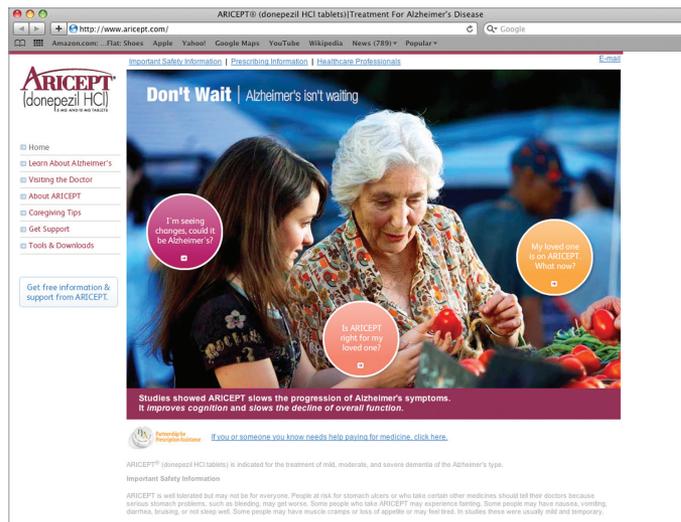
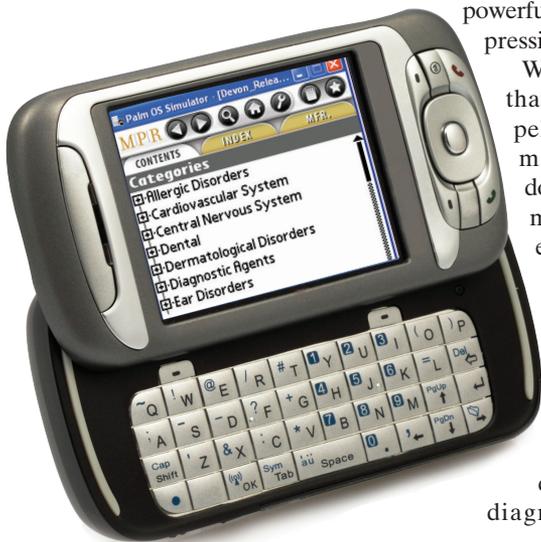
Reaching out to find doctors

Interest in brand-centric news will always hinge on many variables, such as the gravity of the condition in question, the target audience and the individual physician's concerns. For example, announcement of an effective new therapy for Alzheimer's disease will stimulate more interest than a first-in-class treatment to prevent facial hair growth—unless the target audience is limited to dermatologists.

Can we alert physicians about a product message when they are using the internet to stay current in a time-relaxed context, as for instance, during their off-hours? For brands in the fortunate position of owning clinically exciting news—news that doctors actively want and need—effective utilization of search engine marketing may suffice. Doctors are reaching out for this information. Online media can boost the digital marketing plan as well when the subject matter resonates

powerfully with physicians' pressing concerns.

What about brands that don't have compelling news to promote? In the era dominated by "push" marketing, the engagement value of the interaction was the responsibility of the sales rep, who relied on a powerful arsenal at his or her disposal—detail aids, videos, diagnostic tear pads,



Above: Branded sites focusing on Alzheimer's, such as Aricept, tend to stimulate more interest in doctors than a first-in-line treatment; Below: Information designed exclusively for mobile devices aid docs in finding dosing, drug interactions and cost in a convenient manner

pens, posters, samples and meals—to get a doctor's attention. In the realm of non-personal digital promotion, we rely instead on doctors either reaching out to us or accepting our non-personal invitation to engage. We need them to read our email subject lines, to click through to our links, to connect with our brands, our offers, our information, our services. Under these conditions, the intrinsic engagement value of any novel content or message becomes critical. For mature brands that may not possess a wealth of topical news, novel forms of content become an effective "hook." This is not conceptually radical. This approach actually emulates the network television model, in which entertainment or news programming generates an audience for promotional messaging (i.e., commercials).

Another equally valid approach is to join physicians where they are, rather than trying to bring physicians to our web sites. Driving traffic to our web sites (often described as "swimming upstream") often requires distracting or interrupting physicians and then relocating them to our site. This effort can be expensive, as it requires either a compelling offer or ambitious reach and frequency. By distributing our content and services and integrating them into any one of a number of popular online physician locales, we optimize the marketing spend while increasing the relevance of our offerings.

To better understand the concept of physician engagement across a spectrum of offerings, consider different categories of utility, based on intrinsic value to physicians and importance to brand marketing efforts. Many topics and programs that physicians consider valuable can be linked to brand-related information or services (with careful attention to marketing regulations). In this category we find many resources created by marketers to serve the medical community. These include concise summaries of clinical guidelines, high-quality patient education materials, diagnostic aids such as self-assessment tools and risk calculators and basic science or clinical update programs (e.g., animation, short video documentaries, surveys) delivered in a distinctive manner.

The structure of web-centric communication creates ample opportunities to support marketing goals through development and deploy-

ment of high-utility content linked to, but not directly centered on, the brand. These opportunities include (1) “brought to you by” messages identifying the sponsor, (2) brief product overviews preceding or following other video-based presentations, (3) database-building through registration, thereby establishing ongoing contact with interested physicians by creating a serialized offer or set of programs and (4) user-initiated outreach in those instances in which novel content is distinctive enough to inspire viral distribution.

It is important to bear in mind that novel tools, educational programs and other resources created by marketers represent only one type of service of potential interest to healthcare professionals. In an era of blogs, community-oriented sites and multi-directional dialogue, we also find a great deal of user-generated content and communication such as Patients Like Me, a virtual gathering point for people with multiple sclerosis. In light of the growing popularity of these online communities, it behooves brand marketers to explore various applications of social media.

Some marketers cite regulatory concerns as a reason to steer clear of social media and social networking–related initiatives. However, the internet is now a dominant force in nearly every facet of interpersonal communication. And it is not a passive medium.

The appeal of using digital channels to connect with and influence others is not lost on physicians. This interest is reflected in the growing number of social networking sites that cater exclusively to the professional audience (e.g., Within3, Sermo, Physician Connect, Ozmosis, The Doctor’s Channel, Tiromed, SocialMD, Docsboard, Healtheva).

Some of these sites permit industry participation, while others do not.

But marketers need not pierce the firewall erected by “doctors only” sites to serve the medical community in a more genuinely interactive manner.

Contrary to popular belief, the number of brand-initiated forays into the social media sphere is already large—and growing. Need proof? Explore the pharma and healthcare social media wiki (www.doseofdigital.com/healthcare-pharma-social-media-wiki) recently launched by pharma industry blogger Jonathan Richman.

A quick perusal of the wide range of pharma- and healthcare-related offerings listed on this wiki reveals that the internet has evolved far beyond a collection of websites. The emergence and rapid ascent of Facebook, Twitter and YouTube, as well as the popularity of blogs, has recast the internet in a different light. The marketing agenda should evolve to reflect this shift from viewing the internet as a publishing or broadcasting platform to viewing it as a multi-directional communications network.

The Non-Personal Promotion “Value Grid”

It is possible to assess medically related content, resources, tools and services in terms of value to physicians and also in terms of value to brand marketers. It can be a challenge for brands, especially mature brands, to consistently generate materials of high relative intrinsic value to the medical community. However, that does not mean it is impossible. One strategy for reaching physicians with product messages and reminders involves linking materials with ostensibly low brand-related value, but with high physician value to brand-specific content.

Based on these measures, we can create four categories of utility as follows (examples are listed for each category):

Low Value to Brand, Low Value to MDs

- Patient advocacy group resources
- Professional journal archives from before 1990

High Value to Brand, Low Value to MDs

- Disease-related patient survey data
- IMS prescribing data

Low Value to Brand, High Value to MDs

- Board-review training
- Professional social networking sites
- Basic science updates

High Value to Brand, High Value to MDs

- Brand-related information: efficacy data from major clinical trial
- New indication: distinctive efficacy data
- Alerts regarding a first-in-class medication, no other treatments available
- Product samples

Product samples and information on how to obtain prescription assistance for patients in need are examples of content and materials of significant value to both the brand and physicians. Ideally, all marketing materials should meet this criterion. Since this is not always possible, an array of offerings, from mobile applications to social media initiatives to distinctive patient support offerings to professional educational resources, can serve to drive brand awareness.

Conclusion

Brand-specific messages will always occupy a central position in product promotion. However, in an era of increasing reliance of non-personal promotion, driving physicians to those branded messages has become more challenging—and more expensive. This is especially true for mature brands that do not always possess novel content or news to command physicians’ attention.

Innovative, clinically relevant information, programs and resources, as well as efforts to facilitate social networking and exchange — with a focus on the type of content and experience that physicians actively seek — can be deployed to support brand awareness and promotion by forging a connection with hard-to-reach physicians. ■

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