



THINKSTOCK

LIKE-MINDED?

With few exceptions, pharma brands haven't made much headway on Facebook. The will may be there—the audience certainly is—but marketers won't see real results until they cede control and stop chasing likes. Two social-media experts share their tips with **James Chase**

On August 24, 2015, for the first time, one billion people used Facebook in a single day. It's a safe bet that each one was interested in healthcare in some way on some level. Yet just 8% of pharma brand managers even consider a social-engagement strategy, according to IMS Health. (I mean, if only there were a *dislike* button ...)

The reasons are not necessarily the ones you'd expect. "I rarely hear concerns over the regulatory environment [anymore]," says Trish Nettleship, global director multichannel marketing, director social media and influence, UCB. Indeed, she cites a lack of expertise and resources and the inability to track ROI as far greater hurdles. "Attracting strong social-media talent is a struggle across many industries, but we are now competing with the likes of Google, Apple and start-ups."

Chris Iafolla, head of digital and social strategy, inVentiv Health PR, agrees that regulatory is no longer the biggest roadblock. "We still have to be conscious of it, but it's more about how do we become relevant on Facebook? How do we prove our value and how do we overcome public distrust?"

According to inVentiv's research, consumers typically only engage with two or three brands online, so breaking through can be tough. "People come to Facebook with a set of expectations that are set by the way that they're engaging with Starbucks and JetBlue," notes Iafolla. "Health is highly personal. It's sensitive. People want to know that companies understand that they're people first and patients second."

Iafolla thinks the way to earn trust is to show empathy, speak in a way that is credible to the patient and remember that social media is a relationship. "When you start a relationship with a new friend and you visit their house, you don't just kick the door in and announce yourself," he says. "Let's take the time to knock, listen, be invited in, understand what the community is about and what the norms are before we try to push our content out there and engage with that audience."

Nettleship agrees. "It can't just be me, me, me," she says. "[As an industry] we tend to start with our objectives and that is wrong. Start with the patient and what they are interested in." She notes that UCB does more listening than talking, seeking guidance from patient advocates and community members and leveraging analytics to indicate what resonates within a community.

While the vast majority of pharma's Facebook presence to date has been unbranded, Iafolla believes there is scope for more branded activity. He warns, however, that this will require a mind-set shift.

"Right now, when you say 'branded,' marketers think DTC. We need to do branded [activity] in a way that is more empathetic," he explains. "We often draw clear distinctions between the two—branded is selling products, unbranded is disease education—but the way to do it on social media is to bring the spirit of those two together."

His approach? Bring in patients to serve as a digital advisory board and help to inform content. "They are often creating content themselves—poems, videos, songs—but they are talking about how a product has helped them. So it's a way you can tie together living and managing the condition but also bring product into that discussion."

The comment conundrum

Facebook continues to allow pharma brands to disable comments, so many of the branded pages that currently exist offer only the ability to share content and not respond. (Nexium is a notable excep-

tion.) Nettleship thinks this approach is misguided: "If you decide Facebook is the right approach for your brand, the only approach is to allow commenting."

But responding to comments can pose headaches. Adverse event reporting has been a concern for pharma since the advent of social media. Iafolla notes that while the actual number of reportable adverse events is "very, very small," clients tend to demand reports of anything close to an adverse event. "They might have to deal with an influx of things to sift through and make decisions on," he says.

Nettleship says it can be hard to determine the comments that require attention. "We respond to direct questions and we provide supportive, encouraging comments," she says. "But sometimes people just want to let off steam and feel heard, and a response in those cases may only exacerbate the situation. My rule is to only respond

in those situations if I can actually help. Whatever direction you pursue, set the expectations clearly in your community guidelines and stick to them."

Iafolla takes a similar approach. "You have to dissect what's coming toward you," he says. "Can you get them the help that they need? Is it a person who is willing to engage in a discussion? Oftentimes it's not—and in that case you're better off not engaging directly."

Iafolla also senses that companies are experiencing anxiety about the "pricing" debate. "Everybody's talking about pricing and it's being driven by the political candidates," he says. "This type of open commenting platform makes companies a little nervous. They might be exposed to a conversation that they're not ready to have."

Clearly, with comments, it is important to be cognizant of legal boundaries. "We have our guardrails," says Iafolla. "We know that as long as we're within them, we can respond. When we go outside of them we need to engage med-legal."

So what does good look like and how do you measure it? Well, if you're looking to build awareness, then likes, shares and comments all matter because they drive your reach. UCB's focus is building relationships and providing resources, so content relevance and engagement are two KPIs. "Anyone can get likes by advertising," says Nettleship. "But I'd prefer a smaller community of the right patients and caregivers to a large community of uninterested, unengaged members. Active conversations—and the insights we can pull from them—are what success looks like to us."

Iafolla says it's important to be up front with clients that a Facebook page isn't necessarily going to generate X number of prescriptions. "That's not how it works," he says. "There are a lot of data points, but we've learned that you need to set those up clearly at the beginning. Otherwise, you'll find yourself in a world where you're counting likes, and that's just one small piece of the puzzle."

At the end of the day, doing Facebook well requires a commitment of budget and resource. The days of build it and they will come are long gone, according to Nettleship.

"You must start with a clear understanding of the need you are fulfilling and how that aligns to your business objectives," she says. "It must have a clear strategic fit to survive the long-term scrutiny that will surely come. Defining a content strategy requires resources, and the ongoing care and feeding of the community are almost always underestimated, even by veteran community managers. You have to be in it for long haul." ■

"When you start a relationship with a new friend and you visit their house, you don't just kick the door in and announce yourself."

—Chris Iafolla, inVentiv Health PR