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SOCIAL LISTENING
FROM INTEL TO ACTION

Insights from a roundtable discussion with five pharma industry vets on the promise of leveraging social media to become more customer-centric

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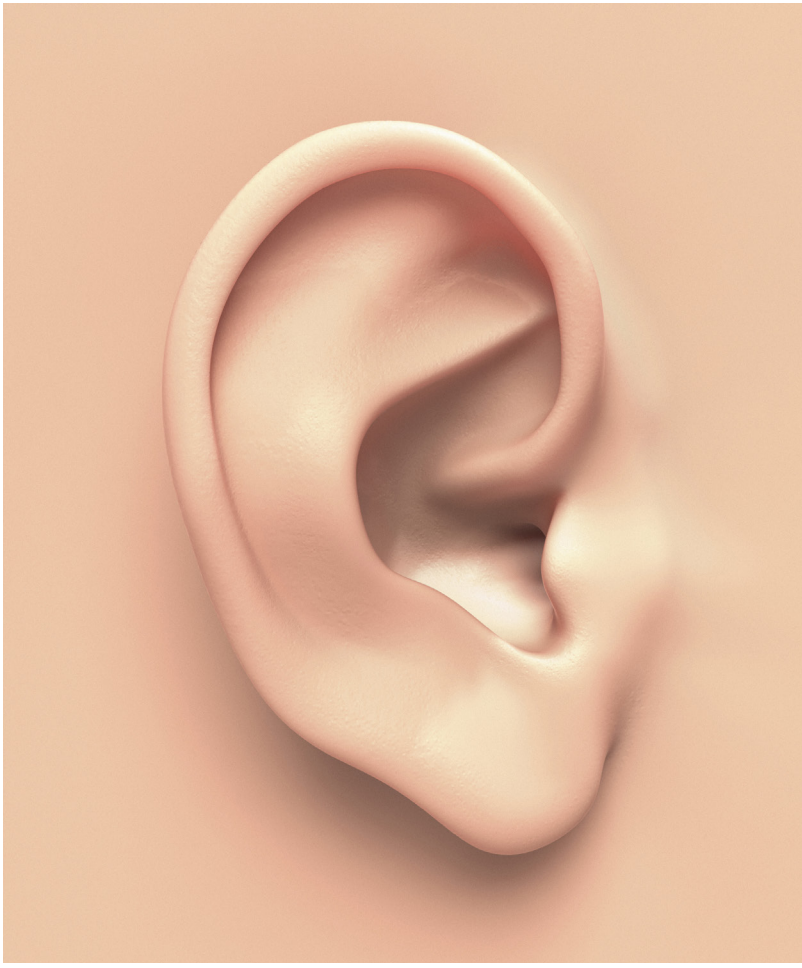

FDA MUST DEFINE SOCIAL PARAMETERS: PARTICIPANTS

Social listening can help all along the value chain — from research and discovery to developing marketing plans and strategy. *MM&M*'s **Marc Iskowitz** sat down with brand, market research, media and regulatory experts to find out why pharma isn't making full use of the channel

Compliance is not necessarily the barrier to social-media participation that it used to be for pharma companies, but there is still a need for more regulatory clarity.

That was among the key takeaways from a round-table *MM&M* assembled in Philadelphia last fall to discuss the opportunities and pitfalls in leveraging social to become more customer-centric.

"One of the issues companies run up against is they don't think they know what they're allowed to do, which I usually push back and say, 'We know the rules,'" said one of the participants, Greg Cohen, associate director, global strategic marketing [multichannel], UCB.

That knowledge shows in the specialty pharma company's social activities, which include its own communities on Facebook, monitoring what patients are saying outside of its proprietary communities as a way to inform marketing activities, and also engaging where appropriate.

UCB's comfort level stems in part from a sophisticated process for adverse event (AE) reporting, as well as from familiarity with existing guidelines.

"The FDA kind of put out 'here's some guidance,' and in lieu of no guidance, some guidance is better than nothing," Cohen added. (*Also see sidebar: Why UCB Isn't Afraid of Social Media.*)

The last time the FDA issued draft guidance for social media was its June 2014 proposals focused on presenting risk information on Web platforms with character limits, and another dealing with misinformation about products by third parties. Participants said more guidance is needed.

How to use social

Compliance difficulty "is what I've heard so far is the main barrier to expanded use of social media," added Wayne Pines, public affairs/regulatory, APCO.

"The understanding by the companies of what is permitted and what is not will continue to evolve," Pines said, "as it has with DTC advertising. Going back to the beginnings of DTC ads on TV in the early '80s, it wasn't until 20 years later that we had a clear understanding."

Until then, it's a misnomer to say all companies are in the same boat. Less than 10% of biopharma brand marketers, globally, are listening on social or using it to engage with patients, according to stats cited by Siva Nadarajah, general manager, big data and compliance, IMS Health.

Cohen continued, "My mantra is the original Google

"IF YOU'RE DOING THINGS FOR THE RIGHT REASONS, THAT'S IN LINE WITH WHAT THE FDA WANTS"

– Greg Cohen, UCB

mantra, which was 'do no harm.' We're not trying to deceive or sell you something you don't need. If you're doing things for the right reasons and ways that's in line with what the FDA wants. They want you to communicate the benefits and problems and to present something in a way that patients are actually consuming."

Are there areas where pharma would like more clarity?

Cohen also addressed this point: "My only issue with some of the more recent FDA guidance is around viewing these mediums in the older way as opposed to how patients and online consumers are actually using them. For instance, some of the restrictions on Twitter are really hard because with 140 characters you can't do anything. So people are experimenting now with using images that have the safety text, and there are a lot of workarounds, but that's also not the way that patients are using the medium. So it's not necessarily doing them a service."

That's where the real challenges and opportunities are, said Pines. "The question is, 'How do we apply it to limited space? How do we apply it to technology that is much different than existed during the 1960s?' The FDA has tried to set forth some of those rules. The fact is that companies don't feel they have the guidance they need. The FDA understands that and intends to con-

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The Panel

Tim Armand
Cofounder and president, Health Union

Michele Bennett
Senior director, data science and analysis, Thomson Reuters

Greg Cohen
Associate director, global strategic marketing [multichannel], UCB

Siva Nadarajah
General manager, big data and compliance, IMS Health

Wayne Pines
Public Affairs/ Regulatory, APCO

Marc Iskowitz
Editor in chief, *MM&M*

Why UCB Isn't Afraid of Social Media

Digital safety requirements are an oft-cited reason why pharma companies have steered clear of social media. As firms sift through patient chatter on blogs and forums, applicable laws for reporting medication side effects can seem like a pharmacovigilance nightmare.

"When I did this all by hand there were some days I was reporting upward of 80 to 90 adverse events in the course of my social-listening process," recalled Greg Cohen, associate director, global strategic marketing (multichannel), UCB.

To be sure, 80 or 90 in a single day was "abnormal," added Cohen, "but you're going to find things as you go through, and the intention we've taken is not to avoid adverse events but to embrace them as a point of getting insight from patients."

Social listening employs various algorithms and indexes to crawl news sites, Facebook, Twitter and more, Cohen explained during his keynote address at last fall's *MM&M* Leadership Exchange event in Philadelphia, titled "Social Listening in Pharma: From Intel to Action," sponsored by IMS Health.

UCB has been listening for several years. In addition to building its own communities—like the multifaceted Epilepsy Advocate program which started on Facebook and now has nearly 200,000 followers—UCB monitors what patients are saying outside of its proprietary communities as a way to inform activities in other spaces, and also engages where appropriate.

Sifting through the data, much of which is spam, to find what's helpful, and following applicable safety laws, are daunting tasks, but worth the effort, Cohen said. Listening, for instance, has grown more sophisticated since the days when search was done simply through keywords. Natural language processing can determine the context of a comment and assign a sentiment, positive or negative.

Social media has also become a visual medium, something which listening also takes into account. As use of images and video by patients becomes more common, one of the common "push-backs" is: how do I know a given group of images isn't the vocal minority?

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PHARMA BRANDS
By the numbers

8% Brand managers who are in patient engagement mode on social media

50% Brand managers who are at least listening

42% Brand managers not even listening

*All % are global
Source: IMS Health

Vox Pop

Tim Armand
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Greg Cohen
Associate director, global strategic marketing [multichannel], UCB

What's propelling pharma along the social-media adoption curve?

The rising tide of patients there. People are on social media, they're engaging, and there's a downside of not listening. There are too many people participating and talking about their health and specific conditions and treatments on social media.

Social listening has always been something that was done on the side. Now it's not something you can ignore. When we go to the brands and say, "This is being looked at by your [pharmacovigilance team]," they're fairly OK with it now.

What the FDA always wants is data. So how can we use social media as a vehicle for collecting appropriate data that can actually advance the science of understanding a particular drug or a particular disease? A number of companies have recognized that trend.

Social media is sometimes a predictor, sometimes it corroborates stories, sometimes it's lagging behind, but it's always part of every launch, product and disease state. It's now an embedded part of the health landscape.

There's so much opportunity for pharma to really make things simple to consume, whether it's through video, infographics or other online content. Having this opportunity to tell these stories around content is something companies should embrace.

What barriers stand in the way of expanded use?

The fear of the unknown. Also, that doing anything new is hard because you have to displace a great idea because of the zero-sum budgets. As well, there's the fear of the so-what factor—can I actually do anything with all this wonderful insight?

Brand managers who have data, but still are not listening. The others say they don't know what actions they could take with the data. Then there are others who know what to do with the data, but can't do it because they don't have the engagement channels.

Most companies are under corporate-integrity agreements that have brought a lot of pressure on to approach any new media. There's a view that the FDA hasn't set forth exactly how to comply and what the parameters are for social media.

There isn't consistent ownership, so it doesn't have its own budget. If it were institutionalized, it would have a budget. So it's going to struggle because then you're trying to steal budget from somebody else.

Social-listening outcomes are inherently unplanned. I could put in the budget to do social listening, but where does it go? The unplanned nature of what you might learn and what you might be able to do with it throws off the way most companies budget for activities.

What can firms do to listen, or become more action-oriented, on social?

Get people comfortable with it. We'd sit down with the market research people and say, "What are we going to start, stop, or do differently because of this research?" If the answer was, "We did it last year," then it was, "what is going to be the change?"

I ask clients, "What are you going to do with this data?" If they don't know, then I suggest they rethink it because we don't want to produce data and they sit on it. The ideal state is to know the endgame, have an action plan and engage.

When evaluating anything on the Internet, I revert to the FDA requirements and ask whether a particular program meets those standards. If it does, then we can move forward and if it clearly does not, then we can't.

We treated it like a research project… It's also faster and less expensive [than other forms of analysis]… It can confirm what you learned with 12 people over a larger population. They're complementary and different at the same time.

We've done a couple projects of, "I wonder if people are talking about this on social media?" Then as we dive deeper into that topic, you can see different topics. We can then say, "Here's the matrix of conversation that we're seeing."

tinue to issue new guidance, there's a lot of pressure on the agency to issue new guidance, but the fundamentals are going to stay the same."

In general, listening or responding on social media, using it for marketing research, or posting disease-specific information confers different obligations than using it for brand promotion. The latter would become the purview of the FDA's Office of Prescription Drug Promotion (OPDP).

"THE INTERNET WILL DOMINATE COMMUNICATIONS FOR THE FORESEEABLE FUTURE AND IT IS A POWERFUL TOOL"

– Wayne Pines, APCO

Duchesnay, the marketer of morning-sickness pill Diclegis, found that out the hard way when it received an OPDP warning letter in August 2015 after reality star Kim Kardashian-West posted the following to her 42 million Instagram followers, "If you have morning sickness, be safe and sure to ask your doctor about the pill with the pregnant woman on it."

The post, appearing with a photo of Kardashian-West holding up a bottle of Diclegis, failed to provide any risk information or limits on use. The FDA required Duchesnay to issue corrective messaging using the same media and reaching the same audience.

Lesson: brand marketers need to partner with their regulatory counterparts and, obviously, consult with them before posting anything that contains promotional aspects.

Experts say more social practices clarity is on the way.

"As we move forward, it's clear that there does need to be further clarity with regard to what companies will feel comfortable with from a regulatory standpoint, from a legal standpoint," said Pines.

"We're still in the evolutionary stage of [digital]," he concluded. "The Internet will dominate communications for the foreseeable future and it's a powerful tool. The industry will continue to try to take advantage of it within the legal and regulatory parameters, and now we have to define those with greater precision." □

Why UCB Isn't Afraid
continued

"My push-back is, 'Now, so what?' This is now overshadowing the work you've done online," said Cohen. "The vocal minority now becomes the published majority, and that becomes the experience that everyone attaches themselves to.... Putting your head in the sand and ignoring these people is the wrong way to think about how people are experiencing your brand or your content."

An audience member asked Cohen about another big fear: Lack of demonstrable ROI, at least by the classic definition.

"You're asking the wrong question," he parried. "People who want to see dollars and cents come out of an unbranded social media community, you won't see it.

"I'll be the first to tell you I can't prove we drive sales or derive revenue because that's not the purpose of those communities," Cohen said. "But, I can drive it back to really deep insights. I can drive it to really cool programs that we're going to be able to do in the short term, as well as some longer term."

Face the facts

Demographic and psychographic insights drawn from Facebook, for instance, allow the marketer to build a better profile of its audience and how they engage. Besides a high population of rural parents, "We have a lot of desktop engagement on Facebook and over-index on Android," he said.

In terms of programs, he cited the firm's Everyday RA campaign, which encouraged patients with the disease to share their story. For the first 220 responses with custom pictures and stories, UCB execs recorded a personalized thank-you video.

UCB has also started a response program through UCB Cares, its new customer service center which it organized based on a survey of how patients want to be dealt with by pharma companies.

"If people tweet that they have problems with a med, we are now responding to them and directing them to our UCB Cares associate," he said.

What data can do

Moreover, this data can help "all along the value chain, whether it's from a research and discovery standpoint, understanding patient demographics and who they are, as well as understanding geography, language—all these pieces that are helpful in developing marketing plans and strategic planning."

And social media isn't all fuzzy metrics. Cohen points out that in the six months since the launch of UCB Cares, the firm's customer satisfaction rating improved from 73.25% to 93.5%. Since then, it's seen three rolling quarters of near-100% satisfaction rates and conducted a more in-depth follow-up survey.

Are there limits to where pharma can and should listen in? Although technology allows companies to listen in on some private networks, this is where UCB draws the line.

"We don't engage on the private forums. We just listen," Cohen said. "To me it would feel pretty intrusive. Patients don't want to feel that pharma is showing up in those places."

That said, he believes notions of patient privacy are changing: "It's shifting more to a 'If I share this, maybe someone else will benefit, too.'.... That is a very generational shift. You'll start to see people are less concerned about privacy and more concerned about finding the right information."

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