

# CHANNEL



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## LEADERSHIP EXCHANGE

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Choosing your channels and creating an effective integrated campaign is no easy task. Luckily, a panel of experts is here to help. **James Chase** directs the discussion

**James Chase (MM&M):** What does a multichannel program look like to each of you and what are some of the key considerations?

**Monique Levy (Manhattan Research):** It's a very perplexing topic. It's something everybody would like to say that they do well, but they will sort of dabble in one piece and another piece but not get close. They will typically say, "I really want to understand mobile. What should I do with my mobile strategy? And then I'll fit in all the pieces."

**Debra D'Arpa (Novo Nordisk):** The main goal is to make sure that all of the key stakeholders understand the value proposition that our portfolio brings. It's important to speak to each individual audience appropriately, make sure that they understand what advanced treatments are available and what they do for their patients.

**Karl Tiedemann (Rosetta):** We're really talking about all of the touch points and how we're going to communicate with our audience. To be really good, like you said, Debra, it has to have its own value proposition. We're all bombarded with

information daily. You sign up for a Gap card and suddenly you're getting Old Navy e-mails and all these other catalogs. For the healthcare providers, we really have to earn that right to continue communicating to them, so there has to be something in it for them. A good multichannel marketing program has to be very customer-centric. It has to be personalized to a point that they're not feeling like they're just getting the September e-mail or the September mailer that doesn't acknowledge where they already are in the continuum with your brand. You need a program that is learning-based, that acknowledges the way you've interacted with them previously and shapes future communication so you don't get drop-off over time.

**Debra:** In diabetes, outcomes are inadequate right now. So we need to continue to inform patients, inform physicians of treatments. Having each audience understand the value proposition of your brands from their own perspective is so important. But in healthcare, it's not so simple because you have so many different blockades along the way. From a patient or a physician wanting to prescribe a product to that script actually getting filled,

# SURFING

between the pharmacy, between the payer... You need to make sure that all of those channels are aligned or that they all understand what the patient will ultimately need to have a better outcome.

**Janie Rodriguez (Boehringer Ingelheim):** You should also look at the activists, because a lot of patients have become so active in different blogs or advocacy groups. There has to be a way to also get to those people because they really have an ability to disseminate a particular message. Diabetes patients are always looking for information. However, because the disease is so tied to lifestyle, many times they're looking more at what can I do from a diet and exercise standpoint than at the product attributes that you bring. They'll leave that to the doctor. "I've just got to get my act together in this other way." How do we navigate that journey that they're going through? We can go to where they are and talk to them in a way that's going to make sense. But diabetes is an asymptomatic disease so they may not even care about what's going on until they go to a doctor. Then all of a sudden, they start negotiating at that point. "Don't put me on insulin, please. I'll just...I'll take anything." They'll start searching for other orals. So, you need to break up the patient journey, then target the emotions depending on where those patients are in that particular journey.

**James:** What are some of the challenges of multichannel marketing? What difficulties are you seeing?

**Monique:** It's figuring out the technology ("the pipes") as well as the touch points. Both of those axes are challenges at the moment. You're getting more and more of each. We're seeing this year a lot more awareness about the universe of the patient journey, and what are the different touch points. So, very simply said, am I going to Target to get my script refilled? Then, am I speaking to a diabetes educator who's in the aisle or am I tuned to TV or do I have an iPhone—and am I using apps or search? Then am I still a heavy TV user or not, and what do I watch? We've had clients say to us, "We want to be on someone's shoulder and see what happens to them." You've got so many more options at every point now that it's exploded. It's so hard to figure out did they turn left or right? What's the tendency? And to segment people in a meaningful way. Are they über-seekers where they're always on the ball and they want to know? Or are they more passive and listen to what the doctor says? And then maybe your health insurance is going to say to you: "Too bad, this is what we're going to pay for. It's great that you did three hours of research, but we can't help you." So we're trying to figure it all out.



**"I'm spending a lot of time finding the right vendors to align with all the things that I want to do"**

— Janie Rodriguez, Boehringer Ingelheim

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**Debra:** That's exactly the point. The patient walks in and asks for something, the physician prescribes it, the pharmacist goes to fill it but then the payer basically says, "We're not covering that."



**Monique:** Exactly. What's determining the outcome? But then coming back to channels, I don't think it's about how many channels you can be on, it's which channels your audience likes. So for physicians, for instance, we're finding quirky things like certain segments want to text the rep or push click-to-call to be called. They may want live video but they really don't want the webinars and the e-mail marketing. You need to build your story and not every channel needs to have the same content. But just figuring out what's their style of wanting to communicate, even that is a challenge.



**Karl:** I think it's also about how deep you want to go, because that's when you get to micromarketing. So you start out with segmentation-based. You think you understand a group of customers and how they act and think. I think you have to have all the channels on and then you see how they engage and which they prefer. If you're not employing a channel in which your audience is seeking information, you're missing opportunities. Each of your customers is not going to have the same mix. There are physicians that like to go to speaker programs. They don't go to conferences. They go to your website often. They have limited access to reps. When you start out with segmentation about how a customer looks, multichannel marketing is also an ongoing process of validation. Is the segmentation right? Are they behaving in a way that we expect of them? And sometimes they will move segments. You had them classified one way, then you move them to a different segment.

**"If you're not employing a channel in which your audience is seeking information, you're missing opportunities"**

— Karl Tiedemann, Rosetta

**James:** So you're recalibrating and refining as you collect more and more data?

**Janie:** Yes, but sometimes that's very hard. When putting your plan together you may have all these grand ideas but you get all caught up in how to measure that. I mean, I can barely get through the data that I already get. Who's going to analyze this for me? How am I going to make decisions? If you don't have those resources at your disposal to measure what you should be measuring, sometimes that could keep you from venturing out. Tweaking is critical because you go out there with your best assumptions and if something doesn't work, you need to be able to tweak it right away.

**Debra:** You have set these goals out for a program and you put it into motion, but expected results may not come as fast as you anticipated. But do

you want to pull the trigger? Do you want to cut it? Do you want to change something right away? So, research is super important in understanding certain channels but not others, especially when you're innovative about it.

**Karl:** I've seen clients employ multichannel marketing without goals in mind. They just kind of turn it on and then, "Let's see how it goes. Let's see what they start digging in to." But then they might say, "Oh, e-mail didn't work." Well, what was your expected return or what was your expected engagement in click-through? There's such an importance to at least setting signposts and tripwires along the way so you can say, "Listen, at x-point if we don't get some sort of engagement, we turn off or we recalibrate it and we see if it was the message or if it's the channel." But oftentimes, people go out there gung-ho, excited, and then they fail because they didn't know what success looked like or what to expect of it. I've also seen programs killed before their time because the proper expectations hadn't been set, either with the brand team or with senior management.

**Debra:** That's huge. Because if you don't set goals for yourself then how do you know if it's been successful or not? You might be building awareness but you're not seeing prescription lift. But was your goal to build awareness? What mixes of volume were you playing with?

**Monique:** Are we assuming that multichannel is the gold standard? What about doing one or two things very well? Why assume that having more channels is more influential?

**Karl:** I think that employing multiple channels acknowledges that there are not only different values to our customers from a brand perspective but that people learn in different ways. I mean, we know more and more that physicians are active with mobile at point of care. They are engaging in websites before, during, after hours. Reps are limited. So I don't think it's that we're saying that you have to cover all channels to have a meaningful relationship with them but until we understand our audiences' preference of engagement, we're missing opportunities. If we all had the biggest budgets in the world we'd just plaster every avenue and see how it goes. But I think that if you employ multichannel marketing successfully, you start with a wider net and then you start focusing in for different patient types. You're able to turn off channels depending on preference. That gives them a customized, personalized experience. So, I'm no longer hitting them with e-mails if they haven't engaged in three or four months. I'm not inviting



them to speaker meetings if they've never gone to one. If they go to every conference, I'm going to focus on trying to engage that physician at that point. There's a lot of physicians that are no-see and don't want rep interaction; they want to learn on their own. We just need to help facilitate it.

**Debra:** First, you have to understand what your issues are and then appropriately segment your budget in order to deal with those specific issues. So, if you have a large managed care challenge and you're not covered on most plans, you may choose a different strategy than a brand that is covered. But once you choose those channels, it's very important to pilot programs. You can do it in a way that while other things are going on that you're doing traditionally, you maybe pilot something that may be a little nontraditional, to see how it works. Then if you start to see the benefits you can roll it out on a larger scale. In certain channels, you can tweak along the way, but with others you know it is going to be a three-month experience.

**Karl:** Calibration takes discipline. We report on metrics monthly to our clients... about iPad engagement, mobile engagement, website, e-mail, conference, everything. But we encourage our team and the client that we work with not to calibrate more than once a quarter because we want to see trends. You can get skewed by some strange engagements in a month. But one of the benefits—and challenges—as technology advances, is that we have more real-time access to these metrics. It can get you jittery, where you become impatient to wait for trends or to see things.

**James:** Debra, you spoke of a need to do more research. Are you finding you are investing more in research?

**Debra:** I think there is a lot of research already available that you could draw upon. It's about seeking it out, getting the right companies to work with or the right resources to gain that information and then filling in the gaps to really test your message with that audience. The ultimate goal basically is to get that connection between healthcare providers and patients, if you're doing patient campaigns. Even if you're doing strictly professional campaigns, it's about enabling those physicians to better connect with their patients in the little time that they have available together. So, it's giving them enough information, so that when they spend those few minutes together they can have an appropriate conversation and make an appropriate decision.

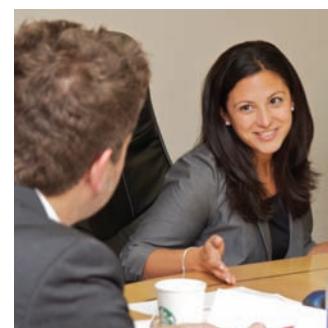
**James:** Because of the rate of technological

advancement in the past few years and the explosion of new channels like social media and mobile, has it almost been a case of going back to the drawing board, in terms of determining the mix?

**Janie:** I find that I'm spending a lot of time finding the right vendors to align with all the different things that I want to do. We all have an agency of record but our agency of record may not be the expert in all these different areas. So we use them to help us aggregate. But it doesn't always quite work so well. It would be a lot easier if we all worked for the same company and we could bring it together and build this multichannel plan. That's not to say that there aren't issues with brand team structure too, because we're also very much siloed. I have the same agency building the consumer website that builds the HCP website. Sometimes I don't know of an issue until someone from corporate brings it up. I'm like, "Wait a minute, that's why I have the same agency." So, there are internal and external issues that need to be aligned before we can do multimedia fully integrated.

**Karl:** I totally agree. From a manufacturer's side you often see brand teams that are structured. This person is in charge of personal promotions, this one is in charge of conferences, this one is in charge of whatever else. They're not often orchestrating events. It can be a case of, "I'm going to have the best conference plan that I can have and it doesn't matter how it fits into everything else." Oftentimes, we're policing clients, which is not a role that they're excited about sometimes. Aggregating the expertise (of both agencies and clients) and coordinating it well is not something that can be done in the world that we all live in, which amounts to: Run through the day, get as much done as you can, hopefully not work until all hours of the night, go home and have a good meal and then start over the next day. I think companies have to encourage strategic thinking time and coordination time, which I haven't seen with a lot of the clients I've worked with over the years. It's been very much a case of, "How do I get done what's in front of me? And how do I measure success on that? Boom! Good... maybe we'll do another one next quarter." I think if anyone had the right answer how to overcome that, we'd all be rich. But right now, still, no matter how much we try to embrace an aggregated approach, brand teams and many agencies are just not structured to execute it. ■

*For more of the panel's insights on social media strategy, regulatory compliance, niche markets, electronic health records, allocating budgets and building the ultimate campaign, please access the complete transcript at [mmm-online.com](http://mmm-online.com).*



**“You set goals for a program but the expected results may not come. Do you pull the trigger? Do you cut it straight away?”**

— Debra D'Apra,  
Novo Nordisk