

# Rules of Engagement

Patients and doctors are looking for orchestrated customer engagement and expect omnichannel excellence. Are healthcare marketers ready? **Sarah Mahoney** gauges the industry's culture of optimization

**A**lthough “omnichannel” has been a marketing buzzword for several years, it’s an ideal that keeps changing. As soon as one life-sciences company thinks it has cracked the code with the magic combination of email, social media strategy, and direct mail, another one-ups it with more sophisticated targeting or new layers of personalization. As soon as analytics reveal weaknesses in one platform, a new one emerges that requires a whole new set of metrics.

In other words, multichannel road maps are always — or should be, anyway — a work in progress. But as pharmaceutical companies, healthcare providers, patients, and consumers become more at ease with new technologies, best practices are starting to emerge. Here’s what you need to know.

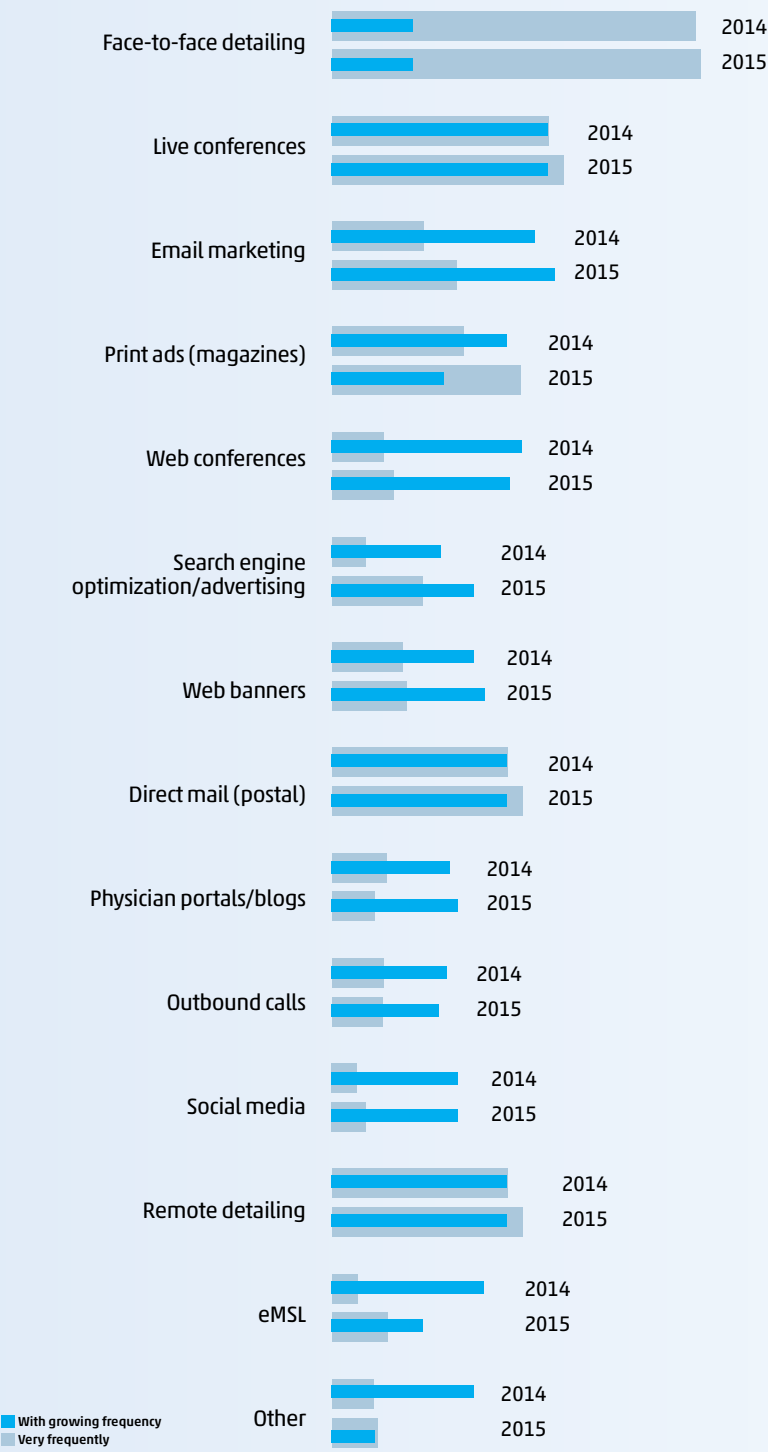
## Seizing the omnichannel moment

Marketing is an omnichannel world; we just live in it. Reaching out to customers has always been the goal of marketing, but in the past two decades of digitalization, there’s been a shift — enabling customers to either tune those messages out as never before or respond.

Healthcare companies are clear about what they want from this omnichannel universe: a two-way relationship with physicians, patients, and payers. They want close bonds that welcome customer insights, make them feel engaged, and give them more ways to respond to customers’ needs. The problem is that they’re mighty vague about how they’re going to get it. A recent survey from IMS Health reports that while 36% of life-sciences companies say they’ve got a multichannel strategy and have begun to implement it, an almost equal number (34%) are still working on it. And only 4% feel their strategy is fully implemented, which marks a decline from 8% in last year’s study, as they discover that implementing strategies is tricky.

“Many marketing plans include multiple channels, but upon closer inspection, it’s clear little thought has been given to how those channels actually work together,” says Graham Johnson, director, integrated operations and EVP, digital production, for FCB Health. “The same message delivered across multiple channels isn’t a multichannel strategy. It’s just checking a box.”

How frequently do you currently use the following channels as part of your multichannel initiatives?



Source: IMS Health, Multichannel Engagement Trends Report

“The life-sciences industry tends to be laggards,” notes Bill Drummy, founder and CEO of Heartbeat Ideas, “especially in social channels. If I had to, I’d give the over-all industry a C-minus.”

While consumers are used to personalized and responsive brands like Mint and Spotify, healthcare brands are far behind.

“There are so many companies out there that make it very easy for people,” he explains, from the international Uber to Maple.com, a clever way to order takeout in Manhattan that has currently caught his attention. He wonders how a healthcare company would look if a firm like Amazon were involved: “It would be asking such questions as, ‘How do I make people live longer? Healthier?’ Wouldn’t they also be into nutrition? Proper care for people’s trips and falls? Or diabetes? That’s why healthcare is very frustrating right now. No one is out there selling better healthcare or wellness as a large concept.”

And, like many experts, he is tired of healthcare marketers trotting out that “O brave new world” excuse.

“This isn’t a new world,” he says. “It’s been around for 20 years. Even mobile has been around for 10.”

Customer centricity: Easy to say, hard to do

Like Drummy, Hans Sjoquist, senior principal of multichannel marketing for IMS, thinks the industry is earning a barely passing grade.

“In many ways, multichannel marketing is really just marketing 101, adding things that seem basic, like personalized messaging,” he recalls. “Companies are looking for orchestrated customer engagement, and, in reality, it’s just a bunch of tactics in different channels. But in pharma, which has been so sales-focused, it seems strange.”

That sales focus, adds Peter Stark, IMS’s general manager of multichannel marketing services, has meant that even though consumers expect omnichannel excellence, pharma companies just aren’t ready.

“They’ve been organized as sales-heavy companies for so long,” he says, “and there just hasn’t been an integration of multichannel thinking yet. There needs to be a culture of optimization.”

Another barrier to omnichannel thinking, Sjoquist says, is that companies tend to be product-centric rather than people-centric.

“It comes back to how people are measured within a company,” he states. “Often, each brand in a therapeutic category doesn’t care about the company’s other brands.”

And even thinking primarily about brands is an omnichannel pitfall.

“Everyone talks about products and disease states,” he continues, “but that’s not how consumers think. People

aren’t only looking for information when they’re being diagnosed. The umbrella needs to be much bigger.”

An example of how stilted progress has been, Sjoquist adds, is the ongoing debate within companies about whether multichannel engagement should be a stand-alone discipline or embedded into individual brand teams.

“So a company builds up a group, and they don’t have the right capabilities with, let’s say, a certain platform,” he states. “So then they dissolve that group and put multichannel people back in brand teams. Then that doesn’t work, and they go back to specializing. It’s counterproductive to maturity. You will never develop a skill set that way.”

“We’re starting to see true multichannel expertise embedded with individual brand teams,” says FCB’s Johnson, “but more often than not, they are supplemented by individuals who bring expertise in a particular category, such as social or mobile, and work across brands. This structure is driven by budgets. Launch brands tend to have larger staffs and, as a result, have a larger pool of expertise. Mature brands likely have smaller staff and need to rely more heavily on cross-brand expertise.”

Regardless of how teams are organized, there needs to be a clear message about multichannel innovation from the top, says Stark.

“If brand teams aren’t empowered to do campaigns in a new and different way,” he adds, “it becomes, ‘Hey, we did this last year. Let’s do it again.’”

More companies are making a concerted effort to create that top-down imperative. Eli Lilly, for example, has worked with IMS to better use its capabilities, outline the need for new skill sets, and set guidelines and goals for both internal and external stakeholders.

But what that integrated approach looks like varies, and Stark says many clients are still wrestling with the question of whether they should leave digital work to a specialist within the agency network or work to integrate all teams — medical, user experience, digital, brand, and strategy.

“Agency networks are leaving it up to digital specialists but are still trying to have a one-stop shop,” Stark notes. “At the end of the day, it really does come down to collaboration between all parties. And success can be achieved no matter where digital capabilities sit in the network.”

The good news is that when it comes to consumer-facing efforts, life-sciences companies are doing better.

“There was a more obvious, logical need to develop patient-support programs, and they are fairly well integrated,” adds Sjoquist.

One program that he admires is Novo Nordisk’s Cornerstones4Care campaign, which provides personalized support for people with diabetes.



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— Hans Sjoquist, senior principal of multichannel marketing, IMS

“Other companies have tried this but haven’t been as successful,” Sjoquist says. “The industry needs to find a balance between the unbranded and more disease-oriented programs, rather than fold them under a specific brand. That way you can follow people from awareness to diagnosis, to treatment, and eventually adherence.”

Similarly, Stark admires Allergan’s Brilliant Distinctions program, “looking at customer groups in an integrated fashion, with clean messaging.”

As those efforts expand, Sjoquist says, companies are waking up to the need to communicate with the new stakeholders — including payers, accountable care organizations, and integrated delivery networks — to connect them to brands and, ultimately, healthcare consumers.

Shaking off its antisocial behavior

Experts say social media represents a big opportunity, led by the tsunami of patient communities.

While many industries are far along in the finer points of Snapchat or the value of Vevo, “we’re still in the early stages of leveraging social media,” adds Johnson. He says his agency “pioneered the promotion of prescription drugs using Facebook and Twitter, including one-to-one interaction. We now have a proven model that we set up for many clients, but it’s still not a mainstream tactic. That will change as the opportunities become harder to ignore.”

“We are almost to the point where companies are realizing they don’t have to be afraid of social or be the social media police anymore,” says Drummy. “Where you know there is an unmet need, rich with patient discussion, there is very little risk. And there are sensible procedures to protect yourself if someone says something inappropriate.”

Apps, however appealing, have been a bust, with Drummy estimating that 90% of healthcare apps don’t get used. He says that’s because healthcare companies are too timid and need to heed Google’s 10X strategy.

“You have to make something that is at least 10 times better,” he notes. “In healthcare, we take these small steps and they are not significant enough to make a dent. You have to do something that requires a boldness of thinking, and that’s just not common in this industry.”

But not everyone thinks swinging for the fences is a good idea: “You need to know what the organization is ready to do, and then piece it all out to enable that strategy,” he adds.

Without that kind of honest assessment, companies often wind up making expensive investments to automate the strategies they already have in place instead of developing a more cohesive plan.

“You really do need to crawl, walk, and then run,” Stark says. “Otherwise, you get this big bang and a lot of noise, but then not much happens.” ■