

# STAGE FRIGHT

Why is pharma still hesitant to play a part in social media and engage in two-way dialogue centre stage?

**H**ow ironic. When it comes to exploring a medium that promises dialogue and interaction, the pharmaceutical industry's voice seems almost entirely absent from the conversation. Welcome to the digital marketing revolution, pharma-style. A case of Web 2.0, or not to be. What next? That's the question.

## Defining Web 2.0

Web 2.0 is the technological DNA behind social media such as Facebook and Twitter, and it has transformed the global communications model - everywhere, it seems, but pharma. Put simply, Web 2.0 is a platform that has enabled the globalisation of conversation. Propelled by user-generated content through a variety of media - video, blogs, photos, podcasts - Web 2.0 has turned the publishing model on its head,

allowing the user to assume editorial control. For businesses, it has enabled a two-way dialogue between brands and consumers. "In acting terms," says Aaron Pond, senior account manager, Aurora, "It's like putting the audience on the stage."

So this is theatre - and everyone's a critic. Some fear the pharma industry is in danger of fluffing its lines. For others, it's not even reading from the right script. "Pharma has been left behind," says Danny Meadows-Klue, CEO, Digital Strategy Consulting. "Companies must innovate. They need to ditch the '90s model of marketing strategy that most brands cling to, and build a new media mix before their competitors do."

## The engaged patient

The internet has dramatically changed the way consumers access healthcare information. According to Manhattan

Research, over 150 million European adults researched health information in 2008, with 90 per cent of online adults in Europe relying on the web to help manage their health and wellness. "Health blogs, social networks, wikis and video have become centres of information and influence," says Bunny Ellerin, Interbrand Health. "The days of patients passively accepting what physicians recommend are over. Pharmaceutical companies must recognise that they can no longer rely solely on traditional marketing methods to communicate and educate. While many believe it is too risky to engage in these newer technologies, the truth is that it's too risky not to."

The informed patient agenda is certainly driving progress. "Patients are much more active," says Larry Friedman, chief research officer, TNS Healthcare, a Kantar Health company. "They are not just receiving information from companies, but they are talking back and talking amongst themselves. There is now an incredibly dense network of conversations taking place between consumers, and there is much that pharma could learn around what people are talking about. Tapping into that is the first step. But pharma has restrictions that other industries do not have - there are issues with almost every form of communication. The challenge is to figure out how to engage with consumers, both patients and healthcare professionals, in ways that don't trip them up."

### Regulation, aye there's the rub

Meadows-Klue takes the provocative view that there are few regulatory challenges preventing pharma from making real progress online. "The barriers are inside the minds and management structures of pharmaceutical brands," he says.

It's an interesting critique, and one that is at odds with consensus across the industry. If little progress is being made to build on the opportunity the digital channel provides, supporters are united in the reason why: regulation.

"At the moment, our hands are somewhat tied by the regulations," says Aaron Pond. "As an industry, we need to clarify where the line between promotion and the provision of information lies and how this relates to engaging with online audiences. The key is to understand the ethos of Web 2.0, which is to share information, engage in dialogue and allow people to form their own opinions. The very essence of healthcare communications is to deliver fair, balanced, accurate and transparent information. As such, healthcare communicators do not need a sea change to function in an acceptable way online."

Felix Jackson, medical director, medCrowd, believes the UK industry has tied itself up in knots with the ABPI Code and has reached a point of virtual paralysis. "We need clear guidelines on what we can do online, but the

slow and retrospective way in which the Code is updated does not support this," he says. "The digital environment moves very quickly, but with written updates to the Code every two years and case law updates taking around six months, the industry is being paralysed."

Cue those who administer the Code. "It must be remembered that the industry is strictly regulated by the Code, which reflects and goes beyond extensive UK law. Pharmaceutical companies could do quite a lot digitally under the current Code," says Heather Simmonds, director, Prescription Medicines Code of Practice Authority (PMCPA). "It's all about becoming a trusted source of information. Companies can put information on their websites about specific medicines as a library resource for the public and patients."

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But isn't 'flat' publication of information the old model? While 'Web 1.0' still has its place, what chance interaction, dialogue and engagement? Is pharma ready for Facebook? Not quite, but perhaps there are some baby steps to be made.

### Constraints of the Code

"The industry is committed to complying with the Code and cautious of its reputation. It may be more willing to be involved in proactive digital communication with health professionals, rather than with individual patients," says Heather Simmonds. "There may well be networks for health professionals that companies can use to promote medicines, providing they comply with the Code, including the need to supply prescribing information. But if companies want, for example, to use Twitter, they need to be careful. It is more difficult for the industry to use such media when communicating with the public given the prohibition in the Code, UK law and European law that prescription-only medicines cannot be promoted to the public."

But there are hecklers in the crowd. They claim the Code cannot offer one-size-fits-all legislation to suit a variety of media, and that the digital channel deserves dedicated guidelines. "The Code treats any information as if it is either print or the spoken word, but the internet is a different medium. It is both print and spoken word," says Felix Jackson. "We need clear rules of engagement for this channel. Should content be signed off in the same way? Where does responsibility begin and end?"

Simmonds points out that the content of the Code is a matter for the ABPI. Moreover, it is a question of deciding, bearing in mind

→ legal requirements, what is appropriate. In a built-up area, drivers are within their legal rights to move at 30mph - but it isn't always appropriate. "The key question is: what is it that the pharmaceutical industry wants to do that it thinks it can't do? When you turn the question around that way, people don't come up with an awful lot of examples. There is often a way something similar can be achieved."

Engagement with social media is far more advanced in America. "In the US, they have Sermo - Facebook for doctors," says Becky Wills, account director at VCCP, whose 'Compare the Meerkat' campaign showed how social media can be deployed even when linked to a highly-regulated environment (financial services). "Sermo was set up to share information among physicians. In 2007, Pfizer signed a deal to have restricted, transparent access to the site. It has given them access to information that customers are talking about, at the point of demand. And that's the strength of Web 2.0 - it's about delivering appropriate information at the time that it is needed. The challenge is not only in how we use the online channel, but also how we integrate it into the marketing mix. It's not about doing something digital for the sake of it, but rather making sure everything works together as a campaign."

UK companies can certainly learn lessons from current practice in the US, but need to be more than mere spectators. "At the moment, there is a fear of engagement that is holding companies back," says Jonathan Kay, head of brand management, TNS Healthcare. "What has to be considered is how to balance that fear with the opportunity that is lost by not engaging. There's only so much potential that can be achieved by observing."

And so, as caution persists, an uncomfortable solution becomes clear: someone needs to take a risk. As Felix Jackson says, the industry needs to adopt an approach of "low risk, not no risk". But is anyone actually prepared to wander centre stage and take the audition?

The critics' reviews are damning. "The sector's failure to innovate means vast

"It's about delivering appropriate information, at the time that it is needed"

sales and marketing budgets are being burned on channels that no longer work," says Danny Meadows-Klue. "There is a fundamental difference between being risk-averse and incentivising stagnation. The door to cutting marketing costs without cutting impact is wide open: most pharma marketers are yet to walk through it."

So, in true dramatic fashion, enter the marketer, stage left. "Social media is an intriguing challenge for pharma, and not just due to the Code, but because marketers often see this as an opportunity to promote their brands," says Kai Gait, digital commerce marketing manager, GlaxoSmithKline. "Rather than trying to engage customers in this space for the sake of it, marketers need to understand what social media is, what it can and can't do and then check that it really is the right channel to engage. They must then work out where their customers are and how to talk to them within the Code. It's not an easy task, but surely one of the safer approaches our industry can take."

Revealingly, the PMCPA, which offers an open door for informal advice, has not, to date, received many detailed enquiries from pharmaceutical companies. Heather Simmonds encourages those with plans to ask the PMCPA for help. "Suggestions for changing the Code are welcomed and, of course, any changes are subject to a detailed consultation process," she says.

So we end where we started - with the unfulfilled promise of dialogue. Social media is built upon a bedrock of conversation and interaction, but the industry has yet to find its voice. In fact, it has barely cleared its throat. Progress requires discussion. In a drama with many participants, marketers have a major role to play in ensuring the show goes on. Facebook for patients may arrive much later in the plot, but the prologue must begin now.

To 'tweet'? Perchance to dream. But if Act I doesn't start soon, as the Great Dane once said, "The rest is silence".

## The Author

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## Top tips for implementation

**B**efore you dive into social media ask yourself the following questions:

Why am I using social media, what are my objectives and who am I trying to reach? How will I reach them? How will I get them to engage with my brand?, How does social media fit into the overall brand strategy? Do we have the skills and knowledge to deliver this?

It is all well and good to know that, in isolation, social media is capable of brand building, creating goodwill, relationship management and delivering increased market share, but remember, your social media strategy should be part of your overall brand strategy. As such, it should be created and measured in the same mindset.

Analysis of your target market's internet profile, along with the platform and tools to reach that audience, should shape the online message development and social media content strategy, while taking into account the brand positioning. Put yourself in the user's mindset; remember the environment needs to match that mindset and be relevant. Any social media is going to be evaluated and subsequently its success hinges on its authenticity, source, credibility and usefulness.

Social media can be a minefield but, properly used, it has the potential to be the most potent communication weapon in your armoury.

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