



## The Future of Pharma Digital Marketing



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A couple of weeks ago, someone asked me a simple question: "where is pharma digital marketing going to be in five years?" The unspoken part of that was "are we ever going to be able to do some of the things we're struggling with now?" That meant social media...I think, but there's a lot more that's likely to change as well. Naturally, I have a view on where pharma marketing will be in five years (2014) and it turns out that it's not all social media and things are very different. So, using my trusty time machine, here's my review of pharma digital marketing in 2014.

### Pharma Digital Marketing, 2014: A Year in Review

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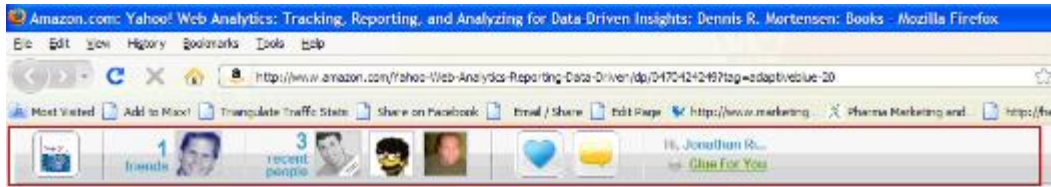
It's been quite a year for the pharma marketing community. After years of blockbuster patent expirations that caused massive reorganizations in many companies, the industry was finally able to get back to what it does well: producing and marketing drugs. This year pharma marketing really came into its own taking a few bold steps and solving some problems that had been an issue for many years.

To write this article, I thought it would be interesting to see what pharma marketers were talking about five years ago (2009) and see how far we've come. From what I could find in the archives of this blog and many others, it seems like social media was the hot topic. Several industry watchers were demanding the FDA create guidelines on the proper and compliant use of social media by pharma companies. Some went so far as to demand a [public hearing on the issue](#). Twitter was just starting to grow in popularity and [Ashton Kutcher](#) became the first person to reach one million followers (he's got 30 million now). Back then, Twitter was on its own with no apparent way to make money. Of course, Google changed all that in late 2009 when it purchased the company and introduced "Real Time Search." Some [pharma companies actually experimented with social media](#) with mixed success. Back then, just doing something was revolutionary whether it worked or not.

For a number of reasons, Twitter never really became a platform for brand communication, but for many it's supplanted text messaging and continues to grow in popularity. Most pharma companies abandoned it in 2010 when they (along with other corporate users) were required to register with Twitter/Google and pay additional fees.

As for the public hearing with the FDA on social media, that too never happened. Moreover, the FDA still has not created formal guidelines for social media. They have maintained their position that it's the message, not the medium. In other words, the same rules apply whether it's social media or a print piece. Every company seems to have accepted this position and moved on. What's important is that several companies have stepped forward each year since 2009 and pushed the boundaries of what everyone thought would be allowed. A couple got warning letters, but most didn't. All of these cases helped set the precedents that now empower more companies to experiment with social media.

Of course, much of this is meaningless. Patients never really got comfortable with a pharma company running their social network. And those brands that never embraced social media as an important channel and something patients demanded were left behind. Whether a company chose to engage in social media or not suddenly didn't matter as more tools like [Glue](#) (see red highlighted area in image below) were introduced (if you're not using them, where have you been?). Suddenly, patients could take their social networks with them and every site became a social media site.



So, now it doesn't matter if you want your brand to be involved in social media or not...it already is. This has always been true to some extent, as you've never been able to control what people say about your brand. But with these tools your site becomes a social media site where people can share their comments about your products and discuss them with others all without your involvement. This has forced some brands to try to engage with patients more in an attempt to control the debate, but for many brands it's too late.

[OpenID](#) passed an important milestone this year as it became available on one billion websites for the first time. This has proven a challenge for many pharma companies who still required patients to register to receive "premium" content or to subscribe to an electronic newsletter. Patients now have more power to refuse to supply this information since they don't on most other non-pharma sites. Pharma companies have been slow to adopt these digital identity systems and risk losing patients to other sources.

Speaking of electronic newsletters, one pharma company took a leap this year and completely eliminated its website and instead syndicated all of its content to a handful of the big players in the personalized newsletter aggregation space. If you haven't used these services yet, you will. By supplying some information about your likes and dislikes and other sites where you maintain profiles, these systems are able to create highly relevant newsletters customized to your exact needs. In healthcare, this could change the way people get information about their diseases. Instead of searching for hours, they can supply a few quick points about their condition and know that they'll get back relevant, credible, and easy-to-read information immediately. Moreover, they'll get updates as often as they want. The granddaddy of this service, [Idiomag](#), started doing this for music in 2009 in a big way. Who knew this would affect pharma five years later?

Reading some industry news, it seems that the big issue with social media was "adverse event reporting." Despite many industry observers, myself included, claiming this wasn't an issue at all, this persisted as the main obstacle to social media for many companies for quite some time. It wasn't until one company created a simple system that automated much of the chores of adverse event reporting. This finally freed companies from this obstacle. These systems seem like second nature now, but they weren't always. Using technology that (ironically) was available in 2009 (actually probably 2001), these systems automatically moderate all comments and discussions in real-time. Using basic logic rules, posts that the system suspects might have an adverse event or other issue (off-label discussion) are flagged for review. Those that include an adverse event report but lack the four necessary components are automatically followed up on by the system including attempts to contact the reporter via email. Reports with all four components are sent to a database that is regularly reviewed for routine reports to the FDA. Comments with no issues, of course, are immediately posted. Inappropriate comments are simply disregarded, while off-label comments are sent to an "unbranded" disease-specific website for follow-up and further discussion. It seems so simple now, but no one could crack the code back then.

Patients began to seek out others like them to help manage their disease. The widespread adoption of electronic medical records (EMR) and personal health records (PHR) became a reality thanks to money supplied by the government economic stimulus packages in 2009. In 2014, several companies emerged that changed the way patients interact with one another. Many patients chose to make public pieces of their medical records to facilitate themselves being matched with someone in a similar medical situation. It's like the "Dating Game" with a medical twist. Now instead of searching forum after forum on multiple websites, patients can supply some medical information and automatically be matched with a group of patients just like them. The number of matching parameters continues to



astound me, as patients can be matched not just on demographic data like age, weight, and disease type, but also on specific disease-related parameters like past medications and side effects experienced. Further, they can also be matched based on their treatment goals and prognosis.

It's believed programs like these have been responsible for the dramatic increase in drug compliance rates in the past year. Several companies introduced tools that, with a very high degree of precision, find those patients starting a therapy that are likely to not adhere to their treatment. These patients have customized programs created for them based on a number of psychographic data points. No longer does every patient get the same program (like automated text reminders). Instead, each patient gets their own individualized program created from a number of different adherence-driving tactics. Again, these technologies have been around for years, but companies are just now leveraging the power of fine-tuned segmentation and highly customized programs. In addition, some of the best programs have integrated both the patient's physician and caregiver network to create something called "Social Compliance." With "Social Compliance," patients receive real-time medical advice and support from those people that are most likely to influence their decision to continue with treatment. That might be the best use of social media in healthcare to come about in the past five years.

This has all been about patients thus far, but what about doctors? They've changed their habits a great deal in the past five years as well. A Manhattan Research report showed for the first time that the majority of physicians now have a "no access" policy for pharma sales representatives. That means that most doctors won't ever see pharma sales reps in their offices. However, many companies have discovered that physicians still willingly engage online and that access to and time spent with physicians rivals the days before the pharma sales rep "arms race." A new technology introduced this year by several companies aggregates data and promotions supplied by multiple pharma companies into one place. Physicians can now go online and see every new piece of clinical data related to their area of interest and also see which companies have programs related to these new data, sales reps available to discuss the information, or "e-detail" programs. The largest of these aggregation companies now reports more than 150,000 physicians use this service every day. The days of pharma companies sending communications to individual physicians seem to be over since there's an alternative to get it all, from every company, in one place.

Social networking for physicians became standard practice in 2014. Surveys now indicate 75% of physicians belong to at least one professional social network. The single biggest driving force behind this was when the nation's largest insurance carrier agreed to pay physicians for their participation in these networks. For each opinion they supply for a real-world patient case, the carrier has offered a small, but meaningful, consultation fee. A brand new revenue stream was created for physicians and early results from an internal company study show that medical errors were reduced and quality of care has improved when recommendations from these sites were used to treat patients. It's "crowdsourcing" finally improving medical care, something the industry has tried to create for years.

It's been an exciting year for pharma marketing in 2014 with many more advances to come in the near future. Looking back on where we were five years ago in 2009, it's great to see how far we've come. We now take for granted most of the technologies and programs included in this post and I still ask myself "how come I didn't think of that?" when I picture myself five years ago. If only someone from the future would write an article and tell me what I'll be doing in five years. Think of the advantage you'd have with that.

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