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Conference Insights

## *Online Marketing and eDetailing*



*in-depth report from an eyeforpharma conference*

held in Berlin, 8–9 May 2006

By Dr Andrée Bates



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First published July 2006 by NetworkPharma Ltd

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A CIP catalogue record for this title is available from the British Library.

ISBN-10: 1-905676-10-7

ISBN-13: 978-1-905676-10-1

Managing Director: Peter Llewellyn; Editor: Chris Ross; Production/editorial: Gill Gummer; Typesetting and artwork: Blenheim Colour

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# Online Marketing and eDetailing:

*in-depth report from an eyeforpharma conference*

By Dr Andrée Bates

## Executive summary

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The question of whether physicians are using online technology can finally be laid to rest. Studies show that between 70% and 90% of European physicians use the internet on a daily basis. In response, the pharmaceutical industry is deploying e-detailing, customer relationship management (CRM), healthcare provider (HCP) portals and consumer compliance applications to develop e-marketing strategies that, at last, demonstrate clear business objectives and measurable return on investment.

The eyeforpharma conference, Online Marketing and eDetailing, held in Berlin on 8–9 May 2006, focused on a new 'era of enlightenment', with internet technology at the forefront of communication with European physicians. It examined how customer segmentation through sophisticated CRM tools can add value to the pharmaceutical industry/physician interaction, and looked at how HCP portals can deliver significant business value as the online needs and preferences of doctors are better understood.

e-Detailing still faces some barriers, yet it is emerging as a viable complement to the traditional sales force. Moreover, the deployment of digitally enabled representatives enhancing customer visits with e-detailing technologies is steadily becoming an industry trend.

This *Conference Insights* report looks at how the pharmaceutical industry is using the e-channel and, in turn, how European physicians are responding to technological advancement. In response to physicians' growing familiarity with the internet, the report uses best-practice case studies to look at the critical success factors in developing e-detail programmes, and outlines key selection criteria for choosing e-detail vendors.

The integration of e-activity into the full marketing mix remains a major challenge for the industry. The report concludes that the future of e-marketing within pharmaceutical marketing will not be so much about 'e', but 'e' will be an integral part of everything the industry does.

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# Online Marketing and eDetailing – Programme

Organised by eyeforpharma, Berlin, 8–9 May 2006

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## Chairperson:

Len Starnes, *Head of European e-business, Schering AG*

## Day one

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### THE BUSINESS CASE FOR EMARKETING IN 2006 AND BEYOND – AND THE STRATEGIES YOU NEED TO ADOPT

**Keynote Presentation: A decade of European pharma e-business: less hype, more realism, but good reasons for your business to be optimistic**

Len Starnes, *Head of European e-business, Schering AG*

#### Search; innovative targeted marketing

Henry Elkington, *Director of Corporate Development, United Business Media*

**eMarketing in a changing environment: how and why you must expand your traditional promotional mix through online channels**

Theresa Broemse, *Product Manager, Bayer Healthcare*

**Doctor Panel Session: Find out exactly what physicians think of your online marketing strategies and how they use them**

**Moderators:** Pascal Vancoppenolle, *CEO and co-founder, MediQuality*

Peter Ward, *Business Development Director, medeconnect, a division of doctors.net.uk*

**Panellists:** Professor Narula (*UK Consultant*)

Professor Dhillon (*UK Consultant*)

Dr Bejjani (*Belgian Consultant*)

**Is the devil in the e-detail? Or is there heavenly hope for e-detailing?**

Austin Wilson, *Group Account Director, Framfab*

**Panel Session: How can the industry expand 'traditional' e-detailing beyond its current limitations?**

**Moderator:** Colin Williams, *eMarketing Director, PharmiWeb Solutions*

**Panellists:** Thomas Thestrup, *International Project Mgr Marketing Projects, Novo Nordisk*

Theresa Broemse, *Product Manager, Bayer Healthcare*

Mark Bard, *President, Manhattan Research*

Dr Inga Stehlow, *BSMO Media Services*

### PLANNING, DESIGN AND EXECUTION

**Different models for different brand strategies**

Tomas Vetrovsky, *Head of Division, Pears Health Cyber*

Vladimir Finsterle, *CEO, Pears Health Cyber*

**eDetailing from a customer, vendor and pharma perspective**

Ewa Rockmyr, *eMarketing Manager Nexium, AstraZeneca*

**Increase your sales force effectiveness with eDetailing solutions: case study examples from Pfizer, Boehringer-Ingelheim and Novartis**

Morten Hjelmsø, *Founder and Managing Director, Agnitio*

**It's all in the mix! Select and manage the right evolutionary eMarketing mix**

Luc Gasthuys, *Brand Manager Vaccines, GSK Belgium*

## Day two

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**Choose the right type of eDetailing programme for your product and target audience**

Dave Clarke, *eBusiness Manager, Europe, 3M Pharmaceuticals*

### ORGANISATIONAL PROCESSES ESSENTIAL FOR SUCCESS

**Determine the team and individual characteristics needed during re-organisation of your internal structure to ensure programme success**

Mariusz Borkowski, *Product Manager and Lantus Team Leader, Sanofi-Aventis*

**Integrate to innovate!**

Pascal Vancoppenolle, *CEO and co-founder, MediQuality*

### ROI AND MEASURING YOUR SUCCESS

**ROI and measurement: Sanofi-Aventis' pioneering eDetailing project and the important lessons from their success**

Francesco Convertini, *Web Project Manager, Sanofi-Aventis*

**Panel Session: How should you select the right KPIs and how can these metrics be used to analyse your online programmes?**

**Moderator:** Len Starnes, *Head of European eBusiness, Schering AG*

**Panellists:** Kay Wesley, *Global Director eMarketing, AstraZeneca*

Di Stafford, *Director, The Patient Practice (former Head of Patient Relationship Marketing, Pfizer, UK)*

Carl Engelmars, *Managing Director, Elsevier Interactive Solutions*

### FINE-TUNING YOUR STRATEGIES

**Quality counts – how to ensure your eDetailing programme maximises its potential**

Irina Osovskaya, *eBusiness Manager, Janssen-Cilag*

**Refining the strategy: how to effectively target your eMarketing initiative**

Aleks Aisa, *Head of eMarketing, Novartis*

**Round-up discussion: Who wants to be a dot com millionaire?**

**Moderator:** Kay Wesley, *Global Director eMarketing, AstraZeneca*

## About eyeforpharma

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# Introduction

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After a decade of e-marketing and e-detailing, which included much hype and expectation, the dust is beginning to settle on a phase of more realistic expectations and approaches.

This conference, Online Marketing and eDetailing, organised by eyeforpharma, showed significant evidence that physicians are at last embracing online technology on a regular basis. The question of whether doctors are using the internet can finally be laid to rest: studies show that between 70% and 97% of European Union (EU) physicians use the internet on a daily basis for accessing clinical information.

So how are pharmaceutical companies responding, and what is e-marketing now being used for? This conference showed that the main key areas in which e-marketing is currently being deployed by pharmaceutical companies are e-detailing, customer relationship management (CRM), healthcare provider (HCP) portals and consumer compliance applications.

It was widely stressed that the days of simply doing 'e' are over; business principles must be applied to any 'e' project. Any e-marketing or e-detailing project must start with clear business objectives and determine which key performance indicators (KPIs) should be measured to determine whether the business objective was met and what financial marketing return, or return on investment (ROI), was achieved.

In terms of execution, 'mundane things matter', and quality of content and execution are, as ever, crucial. So, too, is involving all key stakeholders from the beginning and getting their buy-in and involvement.

The needs of the customer were a frequent topic in several presentations, and the concept of being customer-centric rather than product-centric was highlighted. Another topic of increasing importance was the integration of any e-marketing/e-detailing programme into some kind of CRM system and feedback loop. In fact, this concept fed into another key topic – the integration of e-marketing with the overall marketing mix. The theory of dropping the 'e' and ensuring all marketing is digitally enabled was highlighted in several presentations.

**Dr Andrée K Bates**

July 2006

## About the author

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Dr Andrée Bates is the Managing Director of Campbell Belman, a company that applies sophisticated analytical processes to quantify the sales impact of specific marketing programmes for pharmaceutical brands. These analyses determine the financial return for individual sales and marketing activities, as well as the optimal synergistic combination of activities (and budgets) to have maximum market share growth. Campbell Belman offers brands and their agencies the bottom-line facts: what messages, what activities (and what budgets) – in what combination – will provide what market share for your brand.

Andrée's career has encompassed academic, clinical and pharmaceutical positions internationally. She has gained wide recognition within the healthcare industry internationally for ROI and marketing effectiveness measures in pharmaceutical marketing. She is the author of many publications on this topic in peer-reviewed journals. In addition, Andrée has been invited to lecture on e-detailing ROI in the Pharmaceutical MBA programme at INSEAD Business School and on marketing ROI at the Center for Pharmaceutical Marketing Studies, Erivan K. Haub School of Business, St. Joseph's University, Philadelphia.

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# Online Marketing and eDetailing:

*in-depth report from an eyeforpharma conference*

## The business case for e-marketing

### A decade of e-marketing: what's it been all about?

#### Expectations and outcome

'Less hype, more realism' was the underlying message in the opening keynote address by Chairman, Len Starnes (Schering AG). To mark the 10th anniversary of e-business in Europe, Starnes took the audience through the e-business hype cycle from 1996 to 2006 (Fig. 1). In 1996, early adopters took on initiatives such as websites and early e-detailing models. Two things stood out at that time. First, the notion of the 24/7 representative and, second, the importance of the health information seeker. "Ten years ago we had great expectations," said Starnes. "Some people made a lot of wild predictions such as 'we can forget the rep because now, with the internet, we have reps 24/7.' Some of the hype went too far, but others did not go far enough."

The way users consumed and interacted changed dramatically with the digital era, enabling conversations that were not previously possible in the mass communication era. These networked conversations enabled new forms of social organisation and knowledge exchange to emerge.

#### The organisational roller coaster

The hype surrounding e-business led pharmaceutical companies to address the area and thus began the organisational roller coaster, which varied from company to company. Large centralised e-business departments were set up for most companies and e-initiatives began. Then, when the hyped expectations were not met, disillusionment set in, and the industry went through an e-business trough of despair. The centralised departments were largely disbanded and, instead, smaller e-business intelligence groups who worked with or within local business units and brand teams were created.

#### Success issues

Success in e-business comes down to how well it is executed. Starnes pointed out that 'mundane things matter'. High-quality content, simple intuitive design, credibility, trust, privacy and search engine marketing are

all important. To be successful, e-business must execute the mundane things properly, as well as be closely aligned with integrated relationship marketing teams.

KPIs have to be tracked and matched with objectives and expected outcomes. The main KPIs tracked in e-business were HCP relationship building, consumer/patient relationship building, disease and treatment awareness, conversion to brand and retention on brand (compliance). Whereas in today's market one might expect that increases in prescribing and compliance would be the main KPIs tracked, interestingly, even in Europe, it was shown that the majority of all e-business (40%) is aimed at disease and treatment awareness. The next most popular area is patient/HCP relationship building (23%).

#### Where are we now?

Today is the dawn of a new era – the era of enlightenment (Fig. 1) – marked by realistic expectations and productivity. So what does this era look like? According to Starnes, e-business must link integrated relationship marketing, closed loop marketing, patient relationship marketing and CRM/sales force effectiveness (SFE). So what does all this mean for the future? Starnes used several areas as examples to explain where he thinks the current trends will continue on into the future.

Analysis began with CRM. By examining each customer segment in terms of customer value, a logical strategy emerges. For high-value customers, a company may give one service bundle with relatively high costs, for mid-value customers, a company may give a different bundle at a lower cost, and for low-value customers, a

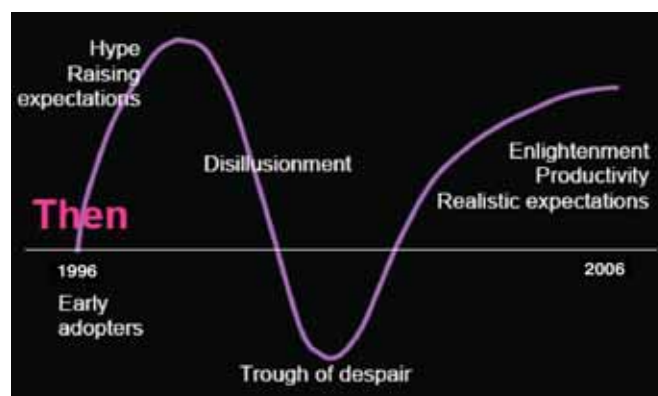


Fig. 1. The pharmaceutical e-business hype cycle. Reproduced with permission from Starnes (Schering AG).

company may give another bundle at minimal cost. The internet is one channel that is able to provide the right service, to the right customer, at the right cost. This will not change moving forward.

*The internet is one channel that is able to provide the right service, to the right customer, at the right cost*

HCP portals are another area expected to deliver significant business value in the future. If one examines HCP portals within the CRM context, they are integral to the CRM/SFE strategy and crucial for delivering customised service bundles as the online needs and preferences of the doctor are better understood.

Given the high cost and decreasing impact of the traditional sales force model, e-detailing is expected to become a viable alternative to the sales force arms race. This view was strongly shared in an eyeforpharma survey of pharmaceutical industry executives conducted in 2005.

However, e-detailing still faces some barriers: a lack of understanding among senior managers who discuss it out of CRM/SFE context has led to concerns over the high costs, uncertainty about how to scale up (brand, business unit, regional or global) and confusion about different vendor models. Starnes pointed out that this has bred uncertainty about its ROI. Enter the digitally enabled representative. The idea is that each representative would have a tablet PC, all details would be housed electronically, the representatives would carry out doctor details (either live or via telephone or online) and all data around them would be tracked and fed back into the CRM system in a closed-loop application. Feedback would also be available for the representative the next time they see that doctor. Serono and Janssen are already doing this with impressive results.

According to Starnes, online patient support programmes will also emerge in the future environment, to plug the 'leaky bucket syndrome'. The marketing efforts around this will switch from acquisition to retention, as the e-channel is one of the best media for most compliance approaches. Regulations will be revised to enable this. "We are seeing quite a change in what regulators will allow us to do year-to-year as new concepts are explored," he said. "For example, compliance programmes for patients are not addressed at all in EU Directives, and if we actually have the chance to talk to regulators, in some markets, they often will change their views and allow us to do things we couldn't do before."

Starnes cautioned the audience to keep in mind that direct-to-patient (DTP) is not the same as direct-to-consumer (DTC). DTP encompasses the restricted provision of information and support services to a patient already on a drug. This will not result in new

prescriptions, but repeat prescriptions. DTC, on the other hand, is an offence, and pharmaceutical companies in the EU are not allowed to issue an advertisement that is likely to lead to a new prescription. He showed that next-generation compliance had moved on – it was now combined with segmental patient data and behavioural modelling techniques. Starnes stated that more two-way dialogue and more community building will significantly increase the value of consumer- and patient-directed initiatives – and help engender trust in the pharmaceutical industry.

### Key lessons of the decade

Key actions and lessons of the past decade have been that the online relationships must be managed professionally with the right tools and skill sets. In addition, we must listen to, learn from and participate with consumers/patients. Ways in which this is being achieved include GlaxoSmithKine France's corporate blog and Abbott's global customer service inquiry response system that responds to any enquiry globally within 2 working days. Starnes concluded by saying that it is now the end of business as usual, as the boundaries between e-business and marketing and sales are disappearing. We must now think 'integrated relationship marketing' rather than e-marketing per se.

*We must now think 'integrated relationship marketing' rather than e-marketing per se*

### Healthcare practitioner perspective on 'e'

Several presentations focused on examining the case for using the e-channel from the customer/physician viewpoint.

To examine these issues, a panel of doctors from the UK and Belgium, including Professor Narula (UK Consultant), Professor Dhillon (UK Consultant) and Dr Bejjani (Belgian Consultant), provided further insights. The session was moderated by Peter Ward (doctors.net.uk) and Pascal Vancoppenolle (MediQuality). The moderators outlined research results from a study conducted jointly by doctors.net.uk and MediQuality, and sought feedback on the results from the panel. The research was conducted by interviewing 1032 UK and 200 Belgian physicians from primary and secondary care. The research focused on the following topics:

- How often is the internet used?
  - 85% of UK doctors and 83% of Belgian doctors used the internet *several times a day*.
- What is the internet used for?
  - Education (82%)



- Searching for clinical information (65%)
- New product information (57%).
- What channels are preferred for accessing information?
  - Independent medical websites (26%)
  - Online medical journal websites (e.g. BMJ.com, Lancet.com) (19%)
  - Medical representative websites (18%)
  - Congresses and symposia websites (11%)
  - Medical newspapers and magazine websites (11%)
  - Other websites, direct mail and emails (<5%).
- Feedback on optimal use of e-detailing and e-marketing from pharmaceutical companies
  - Gain my permission – use of email address
  - Target appropriately – speciality and expertise
  - Be relevant and topical – new data, guidelines
  - Be interactive – poll questions, feedback opportunities
  - Be dynamic – use of multimedia and audio
  - Provide evidence – linked to references at all times
  - Provide clinical trial data – recognised publications
  - Be clear and concise – between 3 and 10 minutes
  - Link to additional resources – patient information, samples, relevant websites
  - Offer support – provide accredited medical education
  - Get endorsement – key opinion leader (KOL)
  - Don't sell to us.
- The future
  - 56% of the doctors said they expected web-based medical education would increase greatly
  - 52% expected online forums would increase
  - 48% thought web-based patient support would increase
  - 39% tipped online doctor support to increase.

*85% of UK doctors and 83% of Belgian doctors use the internet several times a day*

The panel agreed that this usage of the internet mirrored their current usage, and also mentioned that whereas the bulk of their usage was in the early morning and evening, they also logged on several times during the day.

Dr Bejjani revealed how, in his hospital, online forums have been developed for physicians to use to discuss topics pertinent to their specialist areas and specific patient concerns. He said that online is the easiest way for the physicians to stay in contact, adding that the forums had been very successful and achieved many postings each day.

Henry Elkington (United Business Media [UBM]) also focused on the HCP viewpoint. Elkington reported on research conducted jointly in collaboration between UBM and IMS, focusing on how UK GPs use the internet.

The study found that 97% of UK GPs use the internet to find work-related information daily or almost daily, and 82% of UK GPs use it at work, daily or almost daily. Interestingly, it found that over half of GPs (63%) access the internet during patient consultations.

The survey reported that GPs had the highest level of trust for peer content – especially from independent medical community publishers, but had limited use for pharmaceutical company websites. Ninety per cent use Google regularly to find what they need, which in the main constitutes clinical information. However, although GPs use Google extensively, the research showed that many doctors feel there are too many links with disappointing relevance, and too many advertisements. Elkington suggested that, since physicians clearly turn to the web for information, this points to the potential need for a medical search engine, created by an independent medical community, that only showed relevant results. This type of search engine would, he said, need to:

- understand the taxonomy of diseases and therapies
- anticipate the real search goals of the user
- search the deep web
- personalise the experience
- allow the user to select where they searched (i.e. web, government, etc.).

*Pulse* (the online GP magazine) is, in fact, currently developing this kind of medical search engine for physicians.

*There is potential need for a medical search engine, created by an independent medical community*

### **Pharmaceutical marketing applications of the findings**

So, in the light of this research, what do pharmaceutical marketers need to consider? Elkington compared traditional representatives, trade press, continuing medical education events and the web in terms of reach and frequency, richness and ROI (Table 1). From this comparison, it was concluded that the web was a highly viable platform for communicating with physicians. Doctors don't want adverts but they do want practical help with the following:

- e-details
- e-samples
- diagnostic tools

	Field representatives	Trade press	Continuing Medical Education events	Web
Reach and frequency	Restricted access Low frequency	High Weekly	Limited unless compulsory	Frequency high Google reach Other sites very fragmented
Richness	90 seconds? Interactive Opportunity to distribute (e.g. literature, tools, samples)	Good format for practical advice on new clinical practice One-way	High – Q&A, peer discussions Multimedia extensions	Interactive Two-way At point of decision
ROI	Expensive but demonstrable ROI	Cheap ROI difficult to measure	Varies by TA and drug class ROI difficult to measure	Potentially very high

Table 1. Comparison of different marketing activities in terms of reach and frequency, richness and ROI. Reproduced with permission from Elkington (United Business Media).

- education
- patient education
- compliance tools.

It is clear that pharmaceutical companies need to address physicians' needs and offer them a better experience by providing what they want, while earning their trust.

## e-Detailing focus: why and who?

### Why e-detailing?

Theresa Broemse (Bayer Healthcare) began by saying that e-detailing, when properly planned and executed, can help brand teams to be more relevant to the physician. Broemse focused on traditional sales efficiency, or rather, inefficiency. She provided a summary of various studies on representative interactions with physicians showing that access to physicians is decreasing (with a doubling of 'no see' physicians in the past decade) and that the amount of time spent interacting with doctors is also falling. A study by McKinsey Consulting showed that of 100 representative doctor visits, in only 8 will the representative actually speak with a physician.<sup>1</sup> Worryingly, HyGro Consulting Group found that only 7% of representative calls last more than 2 minutes.<sup>2</sup>

*Only 7% of representative calls last more than 2 minutes*

### e-Detailing interactions data

A summary of research into physicians' experiences with e-detailing was examined. According to a Datamonitor study, only 39% of US physicians had ever participated in an e-detail, followed by 20% of UK physicians and

14% of French physicians.<sup>3</sup> However, a sizable proportion of physicians in all countries (between 45% and 80%, depending on the country) said that they would like to replace traditional details with e-details, or have e-details as an option to supplement traditional details.

The benefits of e-detailing for physicians are indeed numerous: they are more flexible with regard to time, location and length than traditional details; access levels increase; and interactions are more efficient and convenient. Likewise, for pharmaceutical companies, e-detailing allows rapid message distribution, brings an increase in reach and consistency of messages and, crucially, is cost-effective.

There are, of course, potential threats to the use of e-detailing. These include:

- lack of awareness and slow adoption
- work and information overload
- conservatism; perceived value across the senior manager level
- the heterogeneous healthcare environment.

### Bayer's experience

Bayer uses e-detailing for nine of their brands, in 16 countries, and has 31 modules. Broemse provided e-detailing case studies of Cipro XR in the USA, Levitra in Germany and Levitra in the UK. For all the e-detailing case studies shown, success metrics were measured and significant improvements were found in the e-detailed group compared with control groups. They found e-detailing to be successful in driving awareness and that it had a significant impact on message recall. It also helped differentiate brands, driving increased usage: brand prescribing for doctors who had participated in the e-detail more than doubled. e-Detailing also had a significant impact on physicians' stated intent to use a brand, with figures almost doubling in this area. Critically, the e-details were well received and over 80% of physicians said they would like to be asked to participate in further modules.

In summary, Broemse identified the 10 critical success factors in e-detailing:

1. Identification of campaign goals and success parameters
2. Determination of ROI – metrics
3. Selection of the right agency
4. Determination of a pricing structure
5. Development of an effective e-detailing campaign
6. Identification of key market segments and personalised/targeted e-detailing campaigns
7. Managing regulatory and confidentiality issues
8. Tailored and effective brand messages
9. Keeping track of post-campaign data
10. Cycles of campaigns => leveraging campaign results.

*e-detailing was successful in driving awareness and it had a significant impact on message recall*

## e-Detailing perspectives

e-Detailing customers are not confined to physicians, but also comprise nurses, pharmacists, payers and consumers. Ewa Rockmyr (AstraZeneca) presented data on e-detailing from various different viewpoints.

### Physician e-detailing preferences

In 2005, Manhattan Research<sup>4</sup> conducted a study of physicians which showed that only 12–13% had participated in e-detailing in the previous 12 months, whereas a significant 41–42% said they were not familiar with e-detailing. In contrast, according to Datamonitor in the same year, physicians reported preferring a mix of technology-based detailing and live detailing, with 53% preferring individual self-directed e-detailing (i.e. from a website), 27% preferring sessions with a sales representative remotely (i.e. tele-/videoconferencing) and only 9% preferring e-detailing services during the course of a live detail (i.e. on a handheld device or laptop).

*Physicians prefer a mix of technology-based detailing and live detailing*

Forrester Research examined how to incentivise physicians and published the results of a study carried out in 2003, in which 40% of physicians stated that the main reason that they take an e-detail is the honorarium. Over half the sample reported that such a bonus would

influence their decision. Rockmyr said that her own experience suggested that providing something as an incentive did increase response rate. She had conducted two different e-detailing programmes, one offering a valuable item and one without anything to offer. The e-detail with the 'give-away' had a response rate of about 15%; in the e-detail which offered no gift, the response rate was below 5%. Some of the incentives offered to physicians in Europe include cash, promotional items, tools for the physician's practice, medically relevant textbooks, product samples and patient education resources.

### Consumer e-detailing considerations

A recent change to the Association of British Pharmaceutical Industry code of practice (Clause 20.2 supplementary information)<sup>5</sup> about providing factual information for patients states that: "Reference information is intended to provide a comprehensive up-to-date resource that companies should make available on their websites or by way of links from their website or by some other means." Evidently, providing disease awareness to patients, in conjunction with e-detailing the physicians, is a potentially powerful option.

### Nurse e-detailing experiences

Rockmyr moved on to nurses as an e-detailing target group and discussed her experiences with a campaign containing educational content aimed at gastrointestinal specialist nurses. The e-detailing had impressive results despite the fact that no incentives were offered and, in fact, the return rate was actually higher than for an average physician campaign.

### Pharmacist e-detailing importance

With the push towards generics and replacing branded drugs, pharmacists play an important role in informing patients. As such, the relationship between the pharmacist and the pharmaceutical company is becoming increasingly important. By providing educational information with frequent updates, a relationship with a pharmacist can be established. Pharmacists are another group that must not be ignored when choosing e-detailing targets.

### Payer e-detailing importance

A critical player in drug funding and reimbursement is the payer. In most markets there are a few key customers spread across a large geographical area, meaning that appointments are difficult to make. And yet the timelines are critical as they must be impacted before key decisions are taken. This group is a prime target for e-detailing.

### What makes a good vendor?

The conference was attended by a significant number of e-detailing vendors. Key criteria looked for by pharmaceutical companies when selecting a vendor include:

- customer understanding

- experience from both online and offline marketing
- good cultural awareness
- global and/or local capabilities
- case studies and hands-on experience
- flexible mindset
- cost
- quality
- content
- project management
- innovation
- fulfilment services
- advice on KPI and measure of success
- recruitment strategies
- collaboration with other vendors.

### What makes a good pharmaceutical client?

Rockmyr also discussed what would make a good pharmaceutical client for a vendor and suggested a few key areas where, perhaps, companies could improve. These included:

- a willingness to learn by running a programme
- evaluating, sharing and adjusting the process
- having content aligned to strategy rather than just getting an agency to put their detail online
- integrating with the sales force
- management buy-in.

## e-Detailing focus: implementation issues and case studies

### Choosing the right e-detailing approach

Two presentations provided case studies that illustrated how alternative e-detailing approaches can make the difference between success and failure.

#### 3M Pharmaceuticals' experience

The first of these was a presentation by Dave Clarke (3M Pharmaceuticals) who outlined two case studies of different forms of e-details that his company had undertaken.

**Case study 1** – The first case study involved a telephonic co-browsing model, targeting 2500 primary-care physicians in the UK and Netherlands. Recruitment was via direct mail and representative invitation. Only 12% of the group offered the e-detail

took up the invitation. Deployment was via a call centre manned by three members of the sales force, and the study was conducted for 6 months in one wave. The study resulted in an extra three new patients on brand per doctor detailed, with an ROI of 1.5 (Table 2).

Although e-detailing did increase prescribing somewhat, the results were less than optimal. Reasons suggested for this were that the e-detailing was not integrated into the marketing mix, despite the fact that representatives were included in the process. The e-detail was perceived as being commercially biased because the recruitment came directly from 3M, which hampered enrolment. In addition, one wave was thought not to be enough to have a sufficient impact on prescribing.

**Case study 2** – The second case study involved a self-guided internet-only model. The target audience was both primary- and secondary-care physicians in the UK. Recruitment and deployment were via a direct monthly email from an independent doctors' portal. The study was conducted over 12 months with repeat waves. This case study leveraged the success of the first case study by improving targeting and conversion and also by refining segmentation and messages. The results were 11 new patients on brand per doctor detailed, and the ROI was 4.5 (Table 2).

Clearly, the use of an independent portal for recruitment purposes led to an increase in response rate compared with that in case study 1 (Table 2), as the e-detail was perceived to be less commercial. Multiple waves with clear messages also enhanced the results. These results are consistent with several e-detailing studies.

**Lessons learned** – The key findings of both projects were the need for:

- target audience segmentation to be refined to meet objectives

	e-Detail case study 1	e-Detail case study 2
Total number of physicians offered access	2500	2900
Recruited physicians	12%	37%
Average number of new patients on brand per physician post e-detail	3	11
No. of waves	1	Multiple
Cost per e-detail	€80 (€40)	< €40
Average duration	12 min	< 3 min
Set-up costs	< 50–100 K	–
ROI	1.5	4.5

Table 2. Comparison of outcomes and ROI between two e-detailing case studies. Reproduced with permission from Clarke (3M Pharmaceuticals).



- key messages to be customised
- repeat e-details to reinforce the effectiveness.

Clarke said that the product being detailed should optimally be either a new product, a late life-cycle product, or have either a new treatment indication or new scientific interest.

### Pears Health Cyber's experience

Vladimir Finsterle and Tomas Vetrovsky (Pears Health Cyber) also examined the question of how to choose the right e-detailing approach. How to change prescribing behaviour became a major focus. Behavioural change follows the path of interaction, followed by self-generated thoughts, leading to a change in behaviour. Interaction requires four main components – information, incentive, emotion and a social driver – to move it towards behavioural change. Depending on the situation, and objective, varying degrees of these four should be used.

*Interaction requires four main components – information, incentive, emotion and a social driver – to move it towards behavioural change*

Finsterle and Vetrovsky used case studies involving drugs at different stages of the product life cycle – from new product launch to antigeneric strategy – to articulate their findings. Two of these drugs, one at the 'change of treatment paradigm' stage of the life cycle, and another in an antigeneric strategy, illustrated how these different stages of the product life cycle affected the implementation of e-detailing.

**Case study 1: new treatment paradigm for Risperdal** – This study targeted UK psychiatrists, and aimed to increase Risperdal's share of voice, differentiate against a competitor and spread information about the new indication for Risperdal. To recruit, two types of direct email were deployed, one using Risperdal branding, the other Janssen branding. The Risperdal-branded email received twice as many responses. The project used a distant e-detailing mechanism – a standalone iCampaign involving no representatives. An action centre was provided at the end of the e-detail, and 48.9% of doctors clicked on this for further information and to request a representative visit. As a consequence of the programme, representative access increased significantly. The study showed the value of pre-testing recruitment methodology and of including a request for further interaction at the end of the e-detail.

**Case study 2: antigeneric strategy for Omnic Ocas** – The second case study targeted urologists in the Czech Republic, the aim being to launch a line extension that would defend against a competitor launching a cheap generic version of the same molecule.

A second objective was to increase the drug's share of voice. Recruitment was conducted in four waves via e-mail or an invitation from a representative to a become member of the Tocasman Urology Group. Despite showing no new information, compelling web content integrated with one-to-one interaction with the sales force resulted in a 95.15% conversion rate over four waves. e-Details had viewing peaks at midday and late in the evening. There was also a significant increase in representative access, and an increase in IMS market share for Omnic Ocas (Fig. 2).

Clearly, the approach taken with an e-detail must be chosen according to the needs of the product, and by keeping in mind the four components of interaction: information, incentive, emotion and a social driver.

*The approach taken with an e-detail must be chosen according to the needs of the product*

### Is the devil in the e-detail?

Austin Wilson (Framfab) focused on the finer points of a successful e-detail implementation. Traditional detailing is, of course, still going strong in the pharmaceutical industry, but Wilson cited a cause for optimism for e-detailing. However, e-detailing is not, he said, a silver bullet, and the details of implementation must be carefully considered to ensure success. Recruitment is a crucial area, with multiple recruitment channels being the most effective, and also mitigating the risk. Nonetheless, 'no see' or 'difficult to see' doctors do not automatically agree to e-detailing and often remain difficult to access via this channel. In fact, although such doctors can still be targeted, the cost per detail will be more expensive if they are the only target segment.

### ROI issues

In terms of ROI, one problem we have when comparing e-detailing with traditional detailing is the fact that with e-detailing the numbers need to be scaled up in order to get the costs lower than those for the traditional field option. However, if this is done in combination with good execution, it should provide a cost-effective channel. Many e-detailing pilots have shown hard ROI and an impact on sales, but this depends on strategy and implementation. On some occasions ROI has been less than 1, whereas in others it has been up to 4.5. One issue with return that has hampered some e-detailing pilots has been a critical mass issue in terms of the size of the programme, making it difficult to separate increases in prescriptions from noise in sales data. However, many companies measure soft metrics from eDFU (e-detail follow-up) and these have often found an improved recall of brand messages with e-detail compared with traditional detailing, a high credibility of



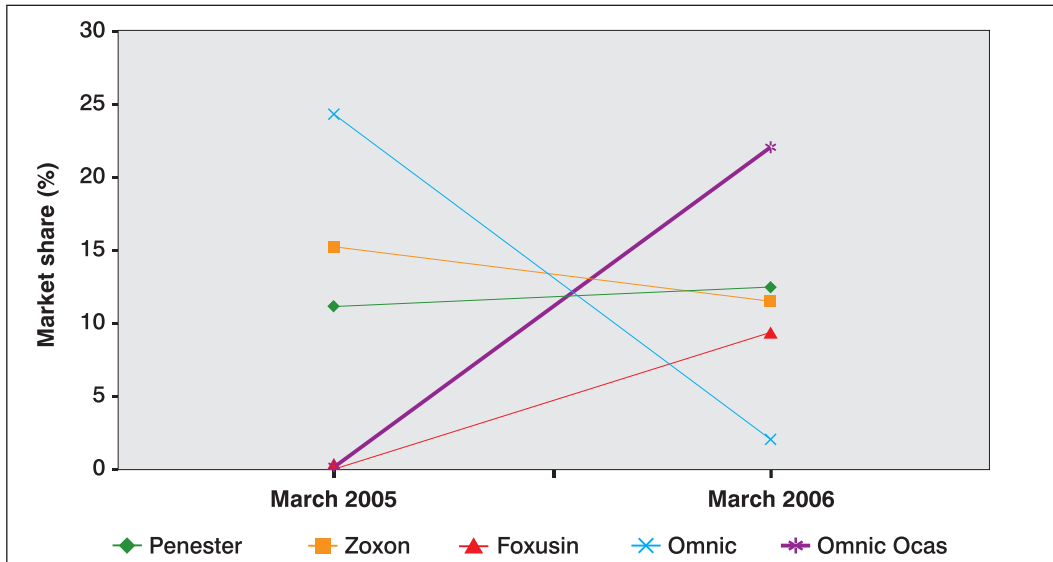


Fig. 2. Comparison of IMS market share for all brands within the category. The market share for the e-detailed product, Omnic Ocas, can be seen as the purple line that rises sharply between March 2005 and March 2006. Data from IMS. Reproduced with permission from Finsterle and Vetrovsky (Pears Health Cyber).

messages delivered and that the intent to prescribe is similar to that seen with the traditional approach.

The ROI metrics of e-detailing over the past decade have shifted focus along the way. In the early days, the main considerations were physician connectivity, access and usability. Then, around 2000, the industry started focusing on cost per e-detail, minutes per e-detail and response rates. By 2004, the focus had shifted to campaign ROI, eDFU attitude surveys, and prescription and share increase. From the beginning of 2006, the focus has shifted again, and now the key focus in metrics are physician segment ROI, SFE, call optimisation and promotional mix optimisation.

### Adding value to e-detailing

Looking at the e-detail value chain, it has been shown that challenges exist all along the chain, but gaining the benefits of e-detailing involves shifting to a more customer-centric approach of marketing, rather than product promotion. To do this, a company needs to build synergies between the promotional channels and optimise traditional SFE with e-detailing.

Another component that assists in this is capturing customer-specific information and, more pertinently, using it. With e-detailing everything can be tracked, so it is important to ensure that the e-detail is not 'one size fits all' and to segment physicians in order to deliver differentiated services relative to their needs. Different segments will respond differently to e-detailing promotions, so messages must fit physicians' needs. Providing feedback to the front-line sales teams is also an important element not to be overlooked. Doing this can be as easy as sending automated emails or as complex as full CRM implementation. An example of how this would look is shown in Figs 3 and 4.

### Research results

Wilson then gave results of a small 'test the temperature' survey conducted jointly between eyeforpharma and Framfab.<sup>6</sup> In general, this survey found that primary-care-focused e-details were mainly used to drive launch impact, maintain frequency and be a cost-effective promotion for non-sales-force-promoted products. In secondary care, the focus of e-detailing was found to be

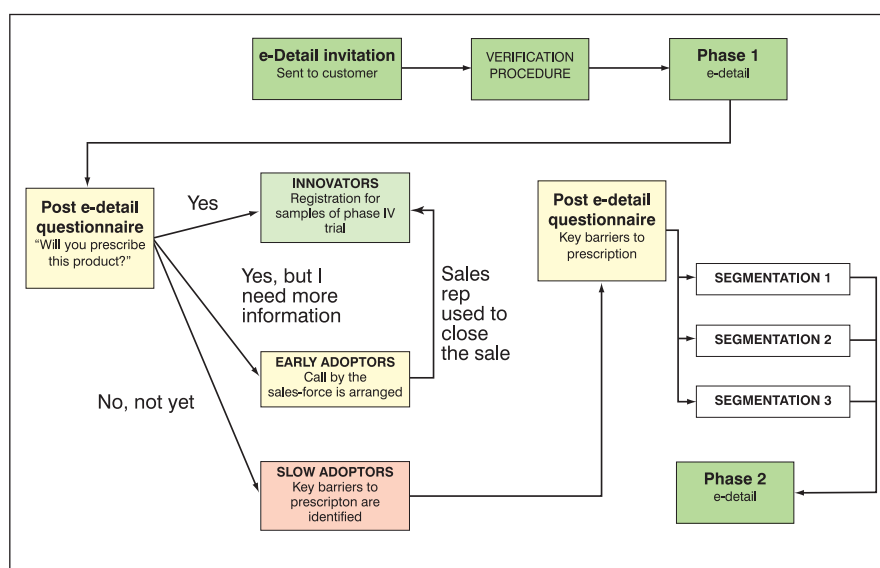


Fig. 3. Segmenting early adopters and innovators. Slower adopters get differential sales messages. Reproduced with permission from Wilson (Framfab).

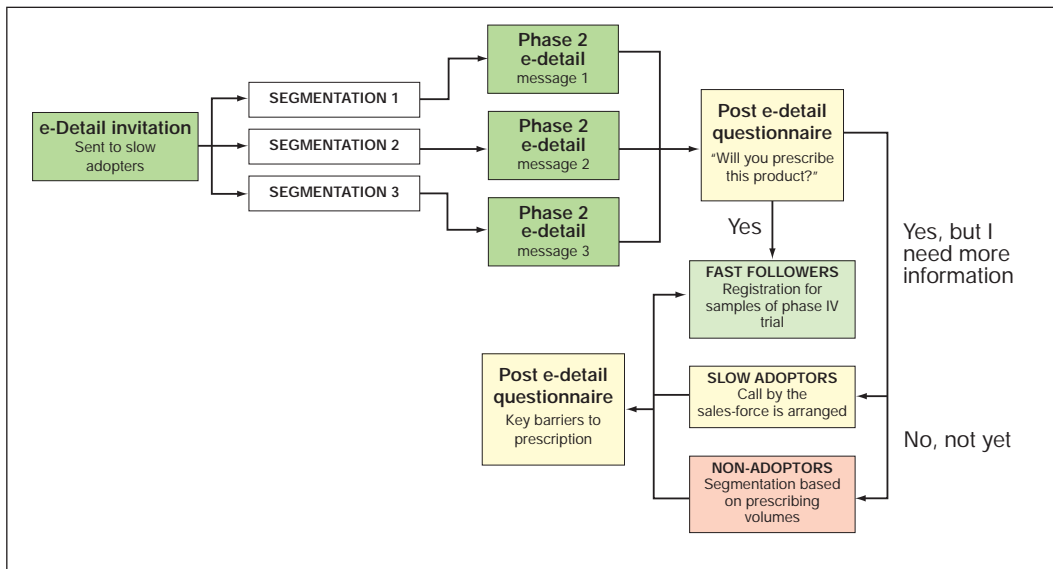


Fig. 4. Phase 2 differential e-detail further drives brand adoption. Reproduced with permission from Wilson (Framfab).

mainly to supplement representative contact and provide value-added services.

### How to create cost-effective e-details

So, how can you create more cost-effective and value-driven e-detailing? One option, said Wilson, would be to use enterprise CMS technology to drive down the localisation of e-detailing. By using this, it is possible to create a flexible series of templates for a global e-detail and to localise the templates using a local branch of the template in the markets. Irina Osovskaya (Janssen-Cilag) showed how this approach had been implemented by Janssen. When creating a global e-detail template, it should be flexibly built to accommodate adaptable functionality and technology, and then localised cost efficiently by the markets. More value could be obtained by splitting funding between local and central markets. In doing so, central costs should cover programme components that can be leveraged in multiple markets, whereas local markets should drive and fund the local components. An illustration of how this could work is outlined in Fig. 5.

### Crucial aspects for success

The crucial aspects for success are understanding where your customers are in the sales process, and providing multiple paths through the e-detail to personalise for individual physician segmentation and differentiation. Secondly, it is important to recognise that e-detailing is a numbers game and that, as such, multiple recruitment strategies using multiple channels are key. Finally, content is still king. An e-detail should not simply be an online version of a detail but should be able to adapt to the user's needs and differentiate according to those needs. In addition, organisational readiness and the empowering of the sales force must also be considered. A combination of management buy-in, sales and marketing team buy-in, sales force buy-in and medical/regulatory buy-in is essential.

*A combination of management buy-in, sales and marketing team buy-in, sales force buy-in and medical/regulatory buy-in is essential*

Wilson stated that, with more companies adopting e-detailing methodology, the landscape will become more cluttered and it will be increasingly difficult to recruit and retain physicians. Therefore, he recommended that pharmaceutical companies must:

- build innovative online images to attract usage
- understand what works and what does not
- understand customers' online needs
- develop online capabilities through enterprise software and via email databases of customer opt-in permissions to use the e-channel.

If companies get this right, they can control the solution, and make the best use of the customer data and insight gained.

## e-Detailing focus: how to create a practical action plan

### Best practices action plan to maximise e-detail potential

Osovskaya discussed how to develop a best-practice action plan. She explained that until Janssen changed its old approach, its e-detailing results had been mixed. However, since they created a central group, the responsibility of which is to sponsor the initial fixed project costs so as to decrease the entrance barrier for

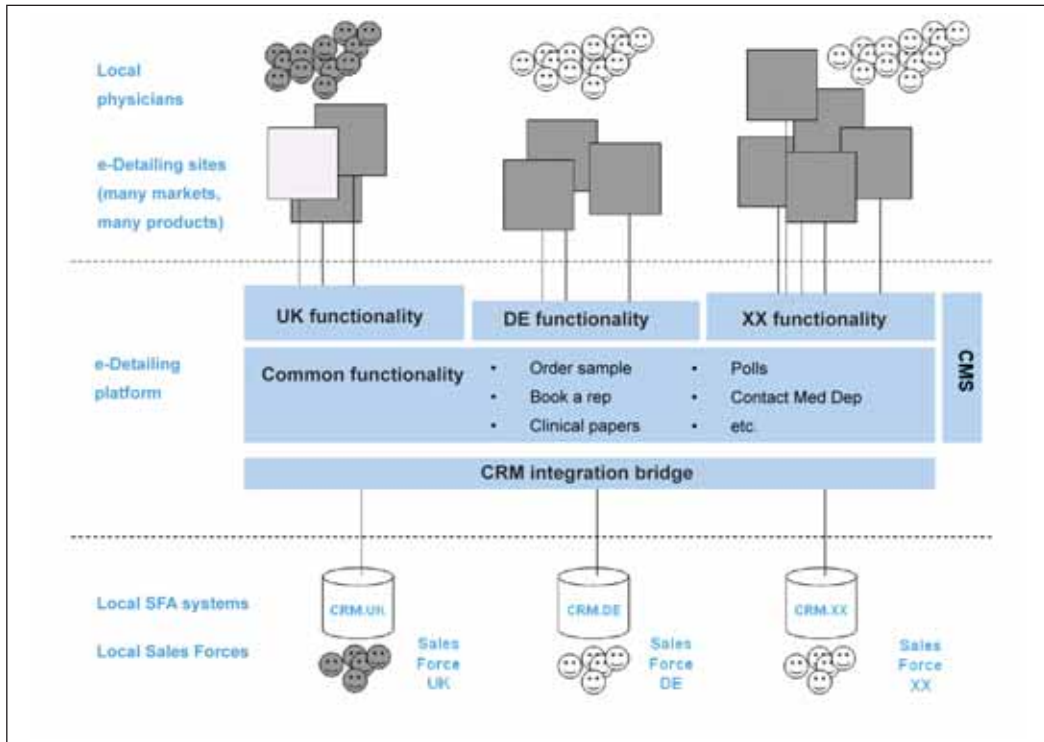


Fig. 5. Model showing how to apply a central model with localised components. Reproduced with permission from Wilson (Framfab).

local affiliates, results have been strong. This central group also supports leveraging best practice and inspires local brand teams.

During the development of this central team, it is crucial to ensure that the e-detail is 'owned' by the brand managers. The key stakeholders, said Osovskaya, must be involved from the beginning (these would usually be EMEA [European Agency for the Evaluation of Medicinal Products]-level marketers, the local marketing team, e-business managers and sales representatives). Regular communication with these stakeholders, via methods such as email newsletters and workshops, is paramount. The aim is to ensure they feel ownership and make the localisation process as simple as possible.

At this early stage, clearly defined objectives for e-detailing must be set. One approach is for the central team to hold an initial workshop with the local stakeholders in which they clearly define objectives and key messages, and reach a consensus.

Once the central team is in place, an appropriate vendor is required. Janssen wanted one that worked solely in pharmaceutical marketing, with particular experience with large pharmaceutical companies, and had a track record for successful e-detailing projects through turnkey solutions.

Once a vendor has been selected, the development of an integrated platform to handle campaigns is needed. Osovskaya suggested that an open solution platform such as JAVA or XML works well, as it needs to be flexible, scalable and able to be integrated into the CRM system with monitoring dashboards. The platform should enable the development of several templates that can then be localised for the local campaigns.

Osovskaya gave examples of how e-detailing had been successfully conducted, utilising a central template with localisation by affiliates, for brands such as Durogesic D-TRANS, Risperdal, Topamax and Risperdal CONSTA.

### Six-step action plan

Her six-step action plan, after gaining internal buy-in, setting objectives and choosing key messages, is as follows:

1. **Profile** – target non-called, hard to see, vacant territories; segmentation and targeting
2. **Recruit doctor** – through telemarketing, field promotion, e-mail, mail, etc. A multichannel approach using postcards, mails, emails, outbound calls and CD ROMs has been used within Janssen, along with incentives for signing up. Osovskaya's recruitment channel of choice is e-mail.
3. **Deliver details** – customise detail according to doctors' needs; usually three 'waves' or iterations of detail
4. **Prompt further action** – participate in survey, accept representative visits, order samples, attend CME, etc.
5. **Integrate information** – use CRM to supply data and learning back to field and marketing
6. **Measure impact** – learn from experience and share best practices.

Osovskaya concluded that companies need to put their audience first and that matching their content needs is king. An e-detail should form part of a campaign, with follow-up activities and CRM integration. To maximise response, as many different channels as possible should be used, collecting as many opt-in email addresses as

	Advantages	Disadvantages
Medical representatives	Personal contact, interactivity, samples, concise/speed, first to be informed	Intrusive, aggressive/impolite, biased/unethical, too frequent, not rigorous/scientific, loss of time, too many
Web	Ease of use, availability 24/24, 7/7, exhaustive, speed, flexibility, permanent, privacy	Too much/not targeted, impersonal, credibility
e-Mails	Speed, concise, simple/ease of use, manageability, ecological, no time constraints, first to be informed, fast/time-saving, right to the point	Spam/junk, too many
Paper publications	Ease of use, global/variety, skimming, 'automatic'/regular, depth of analysis	Too many, not focused/redundant/time-consuming, too many ads, too much paper
Congresses	Social interaction, exhaustive, independence, rigorous/scientific/objective/evidence-based medicine, targeted, interactivity, accreditation	Cost, time-consuming/travel, repetitive
Mailings	Very few advantages mentioned. . . Fast and right to the point, legal announcements, filing 'None' mentioned very often	No relevant info, ads, way too many/intrusive, waste of paper
Scientific publications	Serious/objective/trustful/scientific/rigorous/independence	Not local/language, cost, complexity/time-consuming/length/ROI

Table 3. Advantages and disadvantages of various forms of promotion. Reproduced with permission from Vancoppenolle (MediQuality).

possible along the way. Osovskaya advised teams to send out reminders, as these can increase response rate from 20% to 50%, offer incentives and, crucially, make it easy. A final reminder was to remember to involve the regulatory teams as early as possible.

*Companies need to put their audience first and matching their content needs is king*

## e-Detailing and marketing mix integration

Vancoppenolle (MediQuality) discussed the integration of e-detailing with the sales force. He said that both the sales force and internet have a similar mission and, when used in combination, become a very powerful way to increase reach and frequency. He outlined the advantages and disadvantages of several media used in pharmaceutical marketing (Table 3).

Vancoppenolle cited survey data from an online physician study in which he asked physicians to what extent they felt the internet should replace, complement or decrease sales force activities. The survey showed that 25% of physicians would like to see no representatives and have only e-detailing, though for existing brands, over three times that percentage thought e-detailing should complement traditional approaches. Vancoppenolle stated that many companies want to know how to free up representative time on mature products, and focus sales force activity on new products. These findings may provide an answer.

According to Vancoppenolle, the top four things physicians consider very valuable on the internet are:

- clinical information about a specific therapeutic area (57%)
- drug information (49.5%)
- literature reviews about specific areas (26.5%)
- systems enabling the posting of questions to an expert (24.5%).

### Key points for integration

Vancoppenolle said that it was important to keep several points in mind when integrating: make it interactive, manageable, customised, adaptable and trackable, and offer user support. There are, of course, barriers to integration: it requires several departments to work together, which can be difficult to organise; a decent budget is required; internet expertise is essential; and managing change can be a challenge. Vancoppenolle suggested that to ease the process for pharmaceutical companies, working with a supplier can reduce the risk and opportunity costs, as well as reduce the stress on an organisation.

## Moving e-detailing beyond current limitations

A panel comprising Thomas Thestrup (Novo Nordisk), Broemse (Bayer Healthcare), Mark Bard (Manhattan Research) and Dr Inga Stehlow (BSMO Media Services), moderated by Colin Williams (PharmiWeb Solutions), focused on how to move the e-detail beyond current limitations.

The panel decided that a combination of infrastructure and learning with the aim of improving e-detailing results

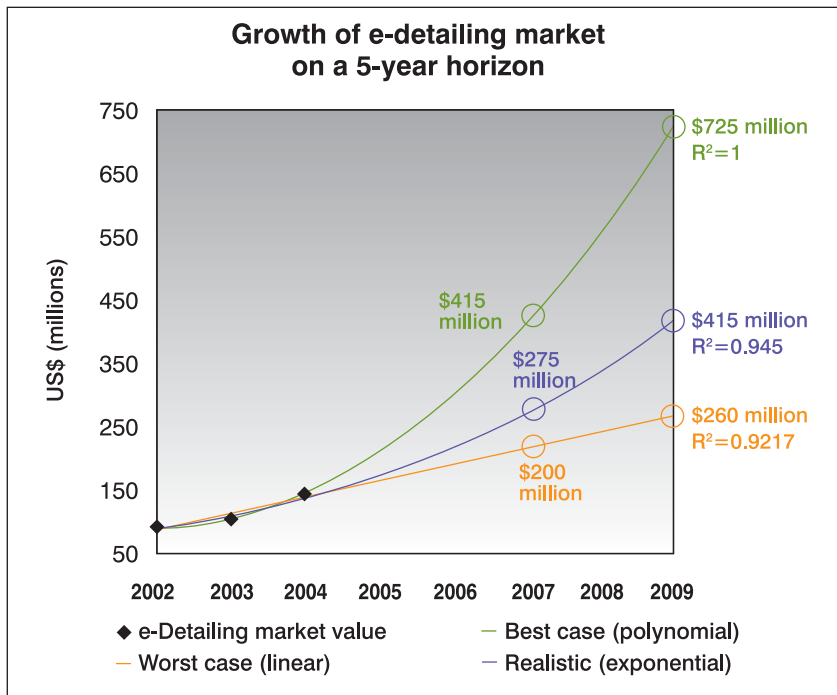


Fig. 6. Projected value of e-detailing market. Data from University of the Sciences in Philadelphia, Dec 2005. Reproduced with permission from Williams (PharmiWeb Solutions).

was driving growth in the area. An increase in high-speed internet access means that more doctors can access heavier content. Other drivers are down to the e-detail itself. These include things such as well-designed and relevant activities with consistent messages, sufficient sampling and a proven ROI for the pharmaceutical industry.

Data from the University of the Sciences in Philadelphia show the potential market growth for e-detailing in the next 3–5 years (Fig. 6). The panel then linked this growth with the e-business hype cycle (see Fig. 1) and agreed with Starnes' earlier suggestion that we are now in the phase of enlightenment, characterised by focused experimentation and solid hard work by a diverse range of organisations leading to a true understanding of the technology's applicability, risks and benefits. In this phase, commercial off-the-shelf methodologies and tools become available to ease the development process.

So, can e-detailing become an integral part of the 'traditional' sales and marketing mix? The panel suggested that ideally we should remove the 'e' and have a digitally equipped representative force. This doesn't mean just putting the details on a laptop, but rather providing physicians with a digital system that suits both representatives and physicians, and utilises the power of e-details by integrating all the elements that make them successful. In some cases it would complement the sales force, and in others it may replace the sales force. Research has shown that whereas some doctors prefer e-detailing to traditional detailing, others prefer traditional approaches to e-detailing; many prefer a combination. The industry must, therefore, focus on providing information to its customers in the format they personally want.

One panellist suggested that the pharmaceutical industry is relatively back-to-front compared with other industries,

as it is very sales-force driven, with marketing seen as support. In contrast, other industries are marketing-led with the sales force used for support. Potentially, e-detailing could redress this balance.

*The industry must focus on providing information to its customers in the format they personally want*

Another discussion point centred around the 'pull marketing' approach, asking: can you transform customer relationships and increase market share with a valuable information/educational resource, not just a product sell via e-detailing? The consensus was that companies should utilise the benefits of the medium to create something that pulls customers in rather than pushing out to them. If you know what your individual physician customers want, you can utilise the pull technique to meet their needs more, which can only be of benefit.

The panel concluded that e-detailing was here to stay but will eventually grow out of 'e' and become integrated within the marketing mix. The balance of tactics and strategies will change, with more resources being devoted to evaluation of the approach.

## Organisational issues

### Organisational processes

Mariusz Borkowski (Sanofi-Aventis) outlined his experiences with a pilot programme conducted in Poland that provided lessons to help organisational processes



maximise success. The programme involved loaning internet-connected palmheld devices to physicians. The devices were loaded with clinical decision support information, drug indexes and abstracts of clinical studies. They also contained postgraduate education, educational films, congress reports, KOL opinions, educational points and advertising materials.

The valuable content was only part of the project. The doctors had to agree that in exchange for the loan, they would participate in a simple clinical trial of a Sanofi-Aventis drug and would input anonymised patient data into the device for an agreed number of patients taking the product. This would help with the development, improvement and evaluation of a clinical decision support system. The device allowed easy, two-way information exchange with the participating physicians.

Sanofi-Aventis' objectives were to improve their company image while building relations with these physicians. In the process, they would use the device as an advertising medium, as well as a way of providing feedback from physicians. An added bonus was that prescribing of their diabetes products also increased among these physicians.

### **Lessons for organisation**

The experience raised some issues over organisational activities within pharmaceutical companies. First, prior to the project, Borkowski found that different brand teams often do not have a clear vision of how to use the internet to realise business goals, and have varying levels of internet knowledge. Within the company there was a lack of coordination between internet activities, and employees saw the internet as an additional activity, which led to internal resistance to its use.

Borkowski built systems to overcome these organisational issues. A crucial early step was to ensure that management of e-projects included all parties involved in client relationships (e.g. product managers, medical representatives and scientific affairs). Integrating these parties and getting internal buy-in was critical to the success of the project. Moreover, it ensured that the project was not delayed while waiting for approval from one or more parties. Borkowski added that a good way to approach this was to start with a global template for a project and then allow it to be customised locally, thus decreasing local team resistance.

### **Refining the strategy: targeting is key**

Aleks Aisa (Novartis) focused on how to refine strategy to target e-marketing initiatives effectively. He started by explaining that he thought that tracking traditional metrics was not a good idea with respect to e-channels. He said that by focusing on ROI one may as well turn to a clairvoyant for answers as there are too many assumptions made within each step of an ROI equation. According to Aisa, measuring return on traditional metrics was not unlike being lost in a cloud, whereas when measuring return on e-business, the cloud shrinks

slightly and, although there is some fog, you can see a lot more clearly. He said we should start to look at strategy from a new point of view: the knowledge of our customers that allows greater segmentation and targeting than any other medium. He said that much marketing was simply 'let's be' and a web presence was created simply to be there. Now we can utilise this medium for highly segmented and targeted campaigns, rather than just sitting and waiting and 'being'. By integrating everything within a CRM system we can capture all interactions from each customer and measure the impact from a wide range of interactions with that customer rather than one e-channel activity. In so doing, we can create predictive-adaptive marketing strategies tailored to each customer, thus shrinking the gap between results and predictions.

## **ROI and success measurement**

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### **e-Detailing case studies and ROI**

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The concept of ROI appears to be a confusing one for the pharmaceutical industry. Table 4 shows research from ANA/Forrester Research on how respondents defined ROI. In fact, the real definition of ROI – incremental profit generated – is not even mentioned.

Francesco Convertini (Sanofi-Aventis) described how Sanofi-Aventis uses sales representatives to detail over-the-counter (OTC) drugs to doctors. It decided to implement an e-detailing project to understand whether it would be possible to provide ROI in their detailing. Convertini and his team felt that while they could forecast a macro picture of ROI for a brand, they were not certain how they could calculate the ROI on each and every activity. They decided that the project should be measurable according to clear, specific objectives around the effectiveness of the e-detail and the business gains. These were divided into qualitative objectives (test e-detailing, understand approach towards the product) and quantitative measures (brand awareness, click through rate [CTR] redemption).

### **Product background**

The product chosen was Enterogermina, an oral suspension of bacteria spores offered in single doses that restores the intestinal bacterial balance in the case of an intestinal disorder. Enterogermina was launched in Italy in 1958 and became an OTC product in 1999. It is a market leader in the Italian market with a market share of 40.1% volume and 37.4% value.

The project's aim was to deploy an e-detailing programme to support a product that has a long history in the marketplace and to determine whether e-detailing worked in this situation. However, determining the effectiveness of an e-detailing programme is a challenge due to multiple marketing. In Italy, physicians are important OTC product influencers.

Pharmaceutical executives	Definition of ROI
66%	Incremental sales revenue generated by marketing activities
57%	Changes in brand awareness
55%	Total sales revenue generated by marketing activities
55%	Changes in purchase intention
51%	Changes in attitudes towards the brand
49%	Changes in market share
40%	Number of leads generated
34%	Ratio of advertising costs to sales revenue
34%	Cost per lead generated
30%	Reach/frequency achieved
25%	Gross rating points delivered
23%	Cost per sale generated
21%	Post-buy analysis comparing media plan to actual media delivery
19%	Changes in the financial value of brand equity
17%	Increase in customer lifetime value
6%	Other/none of the above

Table 4. Percentage of pharmaceutical executives who defined ROI in different ways. Shown as an example of the severe confusion within the industry around the term. Data from ANA/ForresterResearch. Reproduced with permission from Convertini (Sanofi-Aventis).

## Targeting and recruitment

The programme targeted 12,000 GPs, with Sanofi-Aventis recruiting its physicians via e-mail using a provider that could reach 80% of Italian GPs. They divided Italy into two areas. In one area, all 10,000 physicians were e-detailed. The other area was divided into two groups: one received e-detailing, the other did not. Physician interviews prior to the e-detailing were conducted via a call centre in order to determine brand awareness and share of voice. The e-detailing lasted for 6 months, after which follow-up interviews were conducted.

The approach comprised a self-directed website. Once on the general website, 60% of physicians clicked through to the formal e-detail. Tracking was done both pre- and post-detail on the representative panel to monitor brand awareness, brand equity, attitude towards prescription and e-detailing recall. In addition, GP online behaviour was tracked with respect to a number of factors, including CTR, average time of visit and loyalty. Tracking was carried out to monitor trends between pre-launch of the e-detail and waves 1 and 2, as well as against groups in which no e-detailing had taken place.

The key ROI drivers appeared to be list quality, the ROI triangle (opens/clicks/conversion, corresponding to awareness, interest and conversion which are tracked as leads, prescription sales and downloads), timing (they found one must always send multiple reminder emails and allow at least 6 months if not a year to measure results) and editorial planning.

## Results

CTR was 39%. e-Detailing moved the brand from 97% to 100% awareness, and brand favourability increased by over 50%. "e-Detailing gives us much more information about what the physicians need," said Convertini. "And we get this feedback much more quickly than we can get from a sales rep."

## How to select the right KPIs

A panel session on how to select the right KPIs was moderated by Starnes (Schering AG). The panel (Kay Wesley [AstraZeneca], Di Stafford [The Patient Practice] and Carl Engelmarc [Elsevier Interactive Solutions]) discussed the tyranny of the ROI metric and why senior managers do not demand the same rigour with other channels. One panel member suggested that more help on this topic was needed from the business intelligence teams, so that they could look at objectives and help decide which metrics are most appropriate to measure in determining whether objectives were met. According to Wesley, this channel has been subjected to more rigour than any other media channel, and we now have proof that it works. The whole ROI argument should, she said, be put to bed and we should get on with it as we do other channels. Discussion then centred around the different KPIs and how they fared (Table 5)

## That pesky ROI (roundtable discussion)

Interspersed with the presentations on day two was a roundtable discussion on the measurement and ROI of e-marketing programmes, led by Dr Andrée Bates (Campbell Belman). The group initially discussed the challenges they were facing in getting these marketing returns measured. These included things such as:

- establishing a valid and measurable control group
- getting access to accurate data to measure prescribing increases
- standardising measurement processes across activities and brands
- matching results back to the appropriate marketing initiative in multichannel marketing environments
- generating reliable future value projections
- allocating optimal marketing mix budgets for future profit.

The concept of ROI was discussed in light of the presentation by Convertini, who had highlighted the

KPI category	Target audience	Engagement	Outcomes proxies	Customer satisfaction	Cost	ROI
KPIs	% total acquired % total online acquired	Most accessed Most accessed by segment Frequency Duration Attrition/churn	Email requests Hotline enquiries Referrals Print-offs Find a doctor	Satisfaction surveys Email feedback	Cost/customer Cost/visit Cost/min visit	R-C/C
HCP relationship building	Yes	Yes	Yes	Yes	Yes	No
Consumer/patient relationship building	Yes	Most	Yes	Yes	Yes	No
Disease awareness and treatment awareness	Yes	Most	Yes	Yes	Yes	No
Conversion to brand	Yes	Most	Yes	Yes	Yes	Yes, but difficult
Retention on brand (compliance)	Yes	Yes	Yes	Yes	Yes	Yes, but difficult

Table 5. Comparison of KPI categories and how they fare in various areas. Reproduced with permission from Starnes (Schering AG).

industry's confusion about what the terminology actually meant. Clearly, ROI can mean different things depending on your objectives. Pharmaceutical company executives at the table all said that their main objective when measuring ROI was increasing prescribing revenue. The agencies said their objective was to prove the financial return for their clients of investing in their individual programmes. What marketing return and ROI actually are was discussed (Fig. 7).

The 'R' in ROI stands for return (i.e. profit), not revenue, which is a common mistake made in many pharmaceutical company ROI calculations. This mistake could mean that a positive ROI is actually leading to a loss in profit! To convert this marketing return to ROI, it is often expressed as a percentage of the original investment. The group said that it was under pressure to look at ROI rather than marketing return.

ROI is represented, as shown in Fig. 8, so that when the gross margin is equal to the marketing investment, the ROI is 0% and the investment is considered to break even. However, most companies set an ROI hurdle rate of 25% or above before funding a project. Theoretically,

$$ROI = \frac{\text{Marketing return (i.e. gross margin - marketing investment)}}{\text{Marketing investment}}$$

Fig. 8. The ROI equation.

the hurdle rate should be equal to the discount rate, both of which should represent the company's cost of securing capital. This is often not a practical expectation since the ROI threshold may need to be adjusted higher to account for margins of error in calculations, protecting against potential overlap and recovering general marketing expenses. Sometimes companies base this rate on the level of risk anticipated for the marketing investment.

Where this formula goes wrong was also discussed. The most common errors the group found were as follows:

- Using 'revenue' in place of 'return' (i.e. gross margin MINUS the original investment) – in which case you can get a positive ROI but negative profit.
- ROI is applied to marketing as a whole rather than individual discrete marketing investments.

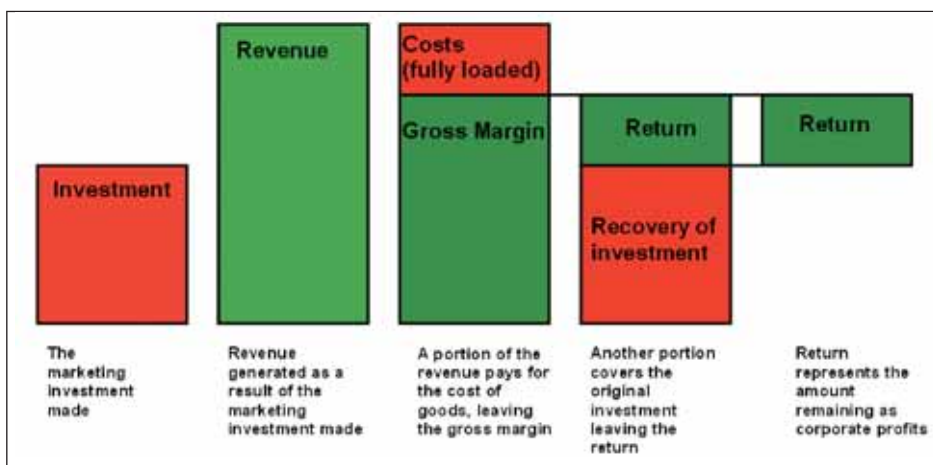


Fig. 7. Graphical example of how to calculate marketing return, prior to inserting into ROI equation. Reproduced with permission from Bates (Campbell Belman).

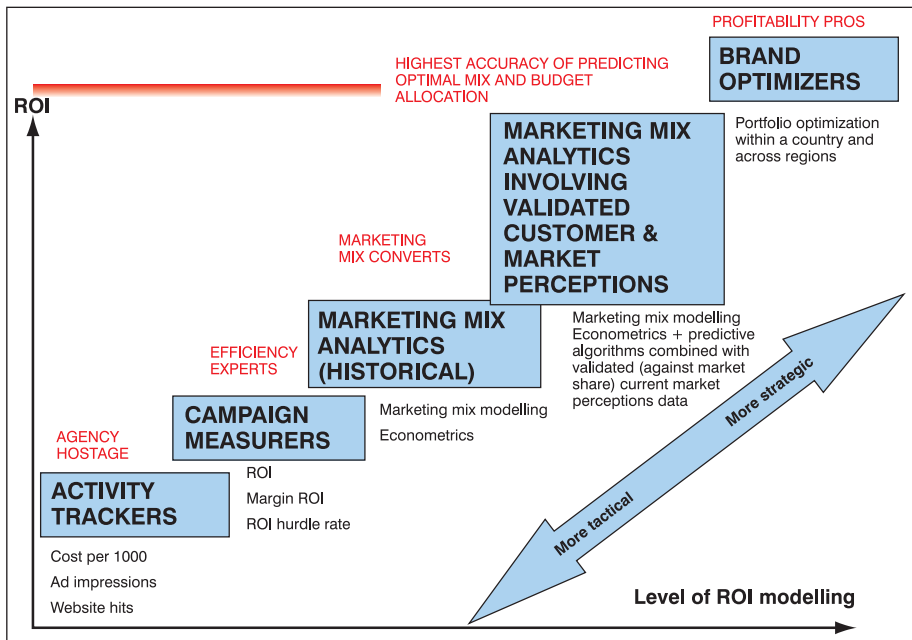


Fig. 9. The ROI continuum and various approaches ranging from tactical to more strategic. Reproduced with permission from Bates (Campbell Belman).

- Only immediate profit is counted, with future value and net present value not being taken into account in the revenue part of the marketing return calculation.
- The total customer life-time value is counted in place of incremental profits.
- ROI is applied without keeping the 'I' constant. If 'I' is held constant then  $R - I$  peaks at the same point as  $R/I$  does. If 'I' is not constant the ratio can be misleading because the immediate reaction to a high ratio is the supposition that more investment would produce the same ratio again – which is clearly fundamentally arithmetically flawed.
- Positive ROI is used as the funding threshold rather than an ROI hurdle rate.
- The ROI analysis is not aligned with the marketing decision to be made.
- Past ROI has been a poor predictor of future returns for most of the team. ROI relies on historical data (the programme being measured) but relying on history to 'prove' the return on a marketing programme moving forward doesn't guarantee it will pay off in a similar way in the future.

The team discussed how 10 years ago the only thing they were doing was activity tracking (Fig. 9). Now they were expected to do ROI and be campaign measurers, but even when they figured out the ROI, many assumptions had to be made in their calculations. When they put these same assumptions into their planning, they got significantly different ROI from when they did the same activity the next time.

To combat this, the ideal scenario would use:

1. Activity tracking to track all performance.
2. Marketing mix analytics, using current validated market perceptions data, to identify the components of the mix currently driving market performance and

to understand the influence of competitor activity and environmental factors on current results. This should be tied in mathematically with financial metrics, such as sales or market share and promotional spend, to calculate optimal promotional mix and budget allocation moving forward.

3. ROI analysis to test results of past programmes, but not as an indicator moving forward.

The roundtable discussion concluded that ROI is a necessary evil but the results should be used only to track past performance rather than being an absolute in terms of future planning; marketing analytics is more suited to that need.

## The future of e-detailing: conclusions

Wesley (AstraZeneca) rounded off the conference with an interactive round-up summarizing the key points of the conference. She held a 'Who wants to be a dotcom millionaire?' game show, which highlighted the following points:

- We have piloted and proven ROI – now we must implement it.
- It's all about CRM.
- Impact is vital, so let's embed best practice.
- Good e-detailing is good drug education for doctors.
- Google is the first stop on the web for most physicians.
- Our business models must evolve to put the customer at the centre of everything we do.
- The future will not be about 'e' but 'e' will be an integral part of all we do.



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### Can Strategic Marketing be Measured?

A KeywordPharma **Expert Review** by **Mike Rea**

Published March 2006

ThePharmYard product code kwp006

ISBN-13 9781905676057

This review examines why strategic marketing is of pivotal consequence to the success or failure of a pharmaceutical brand, putting the case for earlier implementation of rigorous, externally triangulated assessment of strategic marketing plans.

### Executive Summary

In an industry where analyses suggest that only one launched drug in four repays its investment, there is a significant need to measure marketing effectiveness. The past decade has seen an increasing realisation that 'commercialisation' and 'development' are one and the same. Yet the overwhelming majority of proprietary measurement tools focus their attention on elements within the tactical marketing mix, but are unable to examine the effectiveness of strategic marketing.

This *Expert Review* argues that marketing has a role to play in identifying, redirecting and appropriately commercialising the three drugs in four that currently stay below the cumulative break-even line, and that ensuring the quality of strategic marketing is of pivotal consequence to the success or failure of a brand. Furthermore, leaving assessment of the strength of strategic planning to beyond the implementation of promotional campaigns, and ultimately to a point beyond product launch, is far from optimal in ensuring an appropriate return on overall investment.

This review also puts the case for earlier implementation of rigorous, externally triangulated assessment of strategic marketing plans, to ensure that brand trajectory is fully optimised.

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