

# Keyword Pharma

---

## Expert Reviews

### *Surviving in the Social World:*

the changing mindset  
of pharmaceutical sales  
and marketing

By Karen Winterhalter

## Other related KeywordPharma titles available



### Update on Guidelines for Medical Writers and Publication Planners

A KeywordPharma **Expert Review** by **Elizabeth Wager**

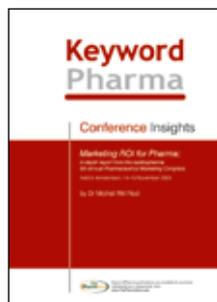
Published April 2011

ISBN 978-1905676-34-7

This Expert Review charts the evolution of publication practice, highlighting the latest changes to guidelines and summarising their recommendations on major issues.

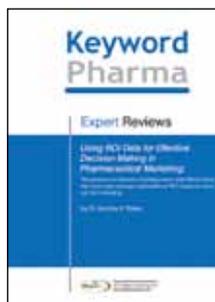
## KeywordPharma – inspiring best industry practice

Written by pharmaceutical industry specialists, KeywordPharma publications are designed to be authoritative, relevant, succinct and helpful to pharmaceutical industry executives in their day-to-day work and in their longer-term career development. Available to purchase individually as e-documents, they build into a specialist knowledge library for everyone working in and around the global pharmaceutical industry. For more information visit [www.KeywordPharma.com](http://www.KeywordPharma.com)



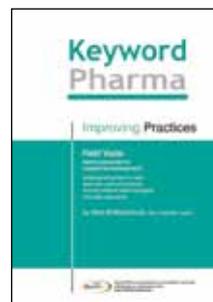
### Conference Insights

Reports written by specialists about key themes and topics as presented at leading pharmaceutical industry events.



### Expert Reviews

Niche topics made accessible by pharmaceutical industry specialists, with comprehensive references for further in-depth study.



### Improving Practices

Valuable practical guides that support personal development and management excellence within the pharmaceutical industry.

#### *Surviving in the Social World*

First published June 2011 by NetworkPharma Ltd  
Magdalen Centre, Oxford Science Park, Oxford, OX4 4GA, UK  
Tel: +44 (0) 1865 784390  
Web: [www.networkpharma.com](http://www.networkpharma.com) email: [support@networkpharma.com](mailto:support@networkpharma.com)

© 2011 NetworkPharma Ltd

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

ISBN-13 978-1-905676-35-4

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

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronically, mechanically, recorded or otherwise, without written permission from the publisher. The publisher and author have made every effort to ensure the accuracy of this publication but cannot accept responsibility for any errors or omissions. Registered names, trademarks etc. used in this publication, even when not marked as such, are not to be considered unprotected by law.

## Bulk print sales and multi-user electronic licenses

All KeywordPharma publications are available for reprinting in bulk quantities on demand. We will be pleased to discuss any branding requirements you have – for example you may wish to include company logos and advertorial. Likewise, individual e-documents can be licensed for multiple-user access, either on web sites or on company intranets and, if appropriate, adapted to your own requirements. All enquiries should be directed to the Managing Director, Peter Llewellyn, at NetworkPharma [peter@networkpharma.com](mailto:peter@networkpharma.com)

# Surviving in the Social World: *the changing mindset of pharmaceutical sales and marketing*

By Karen Winterhalter

## Executive summary

---

The rapidly evolving world of social media is bringing about another stage in the metamorphosis of the pharmaceutical industry. In the social world, driven by supportive thinking and open and random behaviour, the traditional focus of pharmaceutical sales and marketing has no place. The industry must ditch old habits and move towards a new marketing model. But it must do so within the constraints of apparently restrictive regulation.

The old key opinion leader influencer model of marketing is no longer fit for purpose. A new generation of healthcare decision makers has emerged and is already collaborating online, seeking, sharing and being influenced by the opinions of networks. Pharmaceutical companies are waking up to the fact that they need to develop their own voice in these discussions, and to build a transparent and trusted online reputation with their followers. Many are developing social media policies that allow them to lead their own conversations, and build their social capital.

In recent years there has been an increased interest in how pharma can use social media to engage with its customers while remaining compliant with existing regulations; but there has been too much of a focus on what cannot be done, rather than what is possible. In the UK, the Association of the British Pharmaceutical Industry Code of Practice provides huge scope for companies to market themselves effectively online, but to exploit this, the industry must adopt a different mindset.

This Expert Review, *Surviving in the Social World: the changing mindset of pharmaceutical sales and marketing*, looks at the pharmaceutical industry's progress in the world of social media. It provides examples of pharma's first tentative footsteps into a new world, explores what can be done within the current regulations and, more importantly, why the industry must develop a new 'social strategy' – before it's too late.

## Contents

---

About the author	4	Shifting mindsets	9
Introduction	5	Know me, like me, follow me	10
The changing influencer model	5	Measuring your influence	11
Understanding Generation Y – the doctors of today and tomorrow	5	Time to rethink	12
Finding a voice	6	Conclusion	13
Building social capital	6	References	13
Laying down the rules of engagement	8		
Ethical behaviour	8		

## About the author

---



Driven by an innate passion and desire to deliver communications programmes that really make a difference to healthcare, Karen founded Onyx Health in 2003, a company that has been at the forefront of developing digital marketing programmes within health communications. In 2010, Karen completed her training to become the first ecademy digital coach specialising in the healthcare and pharmaceutical communications sectors, as she realised that the industry needed to develop a greater understanding of how best to use the new channel of communication.

Karen has over 25 years' experience within the global pharmaceutical industry and healthcare communications field and has developed programmes which have brought about real change and improvements in healthcare. Her experience covers a diverse range of areas, including opinion leader contact at the highest level, market access, advocacy development, social marketing, health policy, issues and crisis management, media relations and strategic management of communications programmes.

She has held several senior positions within global communications companies. These include Chair of EMEA Healthcare at Burson Marsteller and European Director of Healthcare at Weber Shandwick. Within both roles she was responsible for the strategic growth and development of the business and worked directly with clients, helping them address the ever-changing, and ever more complex, communications environment within the healthcare sector.

Karen can be contacted at [kwinterhalter@onyxhealth.com](mailto:kwinterhalter@onyxhealth.com) and [@OnyxHealth](https://twitter.com/OnyxHealth)

# Surviving in the Social World:

## *the changing mindset of pharmaceutical sales and marketing*

### Introduction

---

We are experiencing a massive shift towards a social world that is connected, supportive and full of meaningful conversations (Table 1). In this world, the traditional transactional focus of pharmaceutical sales and marketing has no place. Without meaningful dialogue, broadcasting sales and marketing messages are going to fall on deaf ears. The social world is bringing about another stage in the metamorphosis of the pharmaceutical industry, one that requires us to move towards supportive thinking, and open and random behaviour. The challenge for the industry is to make that change amid a sea of old habits and apparently stymieing regulation.

The Awareness, Interest, Desire, Action (AIDA) model that has been used within pharmaceutical marketing to build traditional marketing plans for many years is out-dated in today's 'social' world. There is still a need to make patients and healthcare professionals (HCPs) aware of a product, but this is underpinned by a greater desire for interaction and dialogue with companies and their peers about a particular drug or treatment approach. The growth of the Internet has meant that consumers review and research products and services a lot more than they ever did – and the same goes for doctors. They will seek out data and prescribing recommendations, ask their peers for comments and liaise with their networks before deciding on a course of action. Everyday this is happening on [Doctors.net.uk](http://Doctors.net.uk), the largest and most active social network of UK doctors. With around 50,000 threads posted in a month, the forum is one of the busier areas on the website. Around 65% of discussions in the forum are clinical or professional in nature. Doctors will ask specialist colleagues for clinical advice about an unusual patient presentation and receive helpful responses within minutes.

- Transactional thinking becomes supportive thinking
- Business becomes social
- Engagement and conversations replace broadcasting
- Viral marketing is in the hands of the audience
- Customers become followers

Table 1. The changing face of the social world.

### The changing influencer model

---

The social world also means that the key opinion leader (KOL) influencer model is similarly outdated. Historically, marketing communications have used the KOL model as a way to disseminate data and influence other HCPs to prescribe a medication. This traditional top-down approach has been dented along the way by the influence of bodies such as the UK National Institute for Health and Clinical Excellence (NICE) and by patient empowerment, but it is actually a new generation of doctors who are bringing about the biggest change to the influencer model. No longer happy to accept the hierarchical model of influence, or the old school tie brigade, younger doctors are sharing and collaborating with each other online, seeking help and advice from their networks. These doctors are influenced by the thoughts and opinions of their networks. These doctors come from the 'Y Generation'.

### Understanding Generation Y – the doctors of today and tomorrow

---

Born in, or after, the mid-1980s, Generation Y have a new and differing approach to work and life. They are:

- tech-savvy – they grew up with technology and rely on it to perform their jobs better; they're plugged in 24 hours a day, 7 days a week, and prefer to communicate through e-mail, texting, twittering and their social networks, rather than face-to-face; they also prefer webinars and online technology learning to traditional lecture-based presentations
- dismissive of hierarchical models – they respect and are influenced by the thoughts and opinions of their networks rather than by hierarchy or command and control models; they are open to and supportive of their networks and see the KOL influencer model as old-fashioned and biased
- team orientated – the value of teamwork is important to them; hence, they put great value on their network, seeking out the input and affirmation of others
- achievement-orientated – nurtured, often by pampered parents, they are confident, ambitious and achievement-orientated; they have high expectations of their employees, seek out new challenges and are not afraid to question authority; they want meaningful

work and a solid learning curve; they know their own worth

- nomads – they can easily move around the world and are uninterested in property as they are able to carry all their important stuff with them – it's all on their iPhones and/or iPads; they are not interested in pensions; they want to work more flexible hours and to have a better work/life balance
- 'now, not later' people – having being used to getting what they want, they want things now, not later; they seek out information and feedback 24/7 and do not understand time constraints; if the information is not available to them they will look elsewhere.

## Finding a voice

Another outdated model that needs to be kicked into touch in this social world is the way in which pharma relies so much on others to pass on information, whether that be through KOLs, patient organisations or the media, with no transparent link back to the company. Whilst social media relies on content being aggregated or shared by others, the original source of the information needs to be trusted by its followers. Pharmaceutical companies are waking up to the fact that they need to have their own voice in order to build a transparent and trustworthy online reputation with their followers. Much has been said about the lack of trust of pharmaceutical companies, but if you asked the average man on the street, most would probably fail to name a pharmaceutical company let alone know whether they trusted them. The lack of trust issue seems to stem from the USA, where companies regularly promote their products to consumers, who then find out that their health insurance does not cover them, or from several high-profile litigation cases against the pharmaceutical industry. Companies such as Roche,<sup>1</sup> Janssen, Pfizer, Bayer and Boehringer Ingelheim have all taken steps forward to develop social media policies that enable them to lead their own conversations, and many other pharmaceutical companies are following suit. What these companies have recognised is the importance of building their own social capital and allowing their staff to do the same.

*Pharmaceutical companies are waking up to the fact that they need to have their own voice in order to build a transparent and trustworthy online reputation with their followers*

## Building social capital

We are already in an era where social capital (Table 2) is equally as important as a university degree or a great

CV, but only the early adopters understand and see the value of this. For example, in the UK, Alex Butler from Janssen has built the company's social capital in disease areas such as psoriasis and psychiatry via the Twitter account [@JanssenUK](#), whilst also building his own: [@alex\\_butler](#). Many others such as [@dawidge](#), [@fision](#), [@farmerfunster](#) and [@DanBax76](#) are doing the same. These individuals clearly differentiate their own thoughts from those of their companies, and are highly respected and followed individuals.

- The networks you belong to and the size of those networks
- The thoughts you are leading
- How active you are online
- The reputation you hold amongst your followers
- How often your thoughts are shared by others

**Table 2. Social capital can include many different aspects of your online activity.**

In today's social world, individuals, corporates and brands all need to start thinking about building their social capital.

*In today's social world, individuals, corporates and brands all need to start thinking about building their social capital*

To build our social capital, we need to spend time identifying what thoughts we are leading, which networks we belong to, whose thoughts we are following and whose opinions we are influenced by. This is no different from traditional leadership models, but simply doing it online – rather than doing it painstakingly through a cascade effect – is much more beneficial. This same thought leadership can be applied to any pharmaceutical product, but we need to think beyond simply promoting product messages and look at wider support and information, and what is important to the people we want to connect to.

Anyone who works in pharma sales and marketing, whether in-house or in agency, can greatly benefit from going into patient chat rooms and forums, or following patient advocates on Twitter to gain a greater understanding of patients' and carers' needs – these stretch way beyond knowing about a drug. Knowing about a drug itself is often secondary to patients' needs, instead they want to know how to seek help, get a referral or diagnosis, or manage the symptoms associated with their condition – all of which pharmaceutical companies can provide information about in a social media context.

Much has been said about putting the needs of the patient at the core of a marketing strategy, but how often does this really happen? Instead it is often the

product that is at the centre and from which all other strategies flow. Sites such as [patientslikeme.com](http://patientslikeme.com) and [dailystrength.org](http://dailystrength.org) provide insight into patients' needs. To communicate effectively in a social world, transactional thinking has to move towards supportive network thinking, with business being driven by patients' needs rather than by product sales. Supportive thinking is very much about patient-centric communications. It is about identifying what is of value to your network, helping patients through the maze of dealing with their disease or understanding the care that is being offered to them. It may involve connecting them with others or simply pointing them in the right direction.

*Supportive thinking is very much about patient-centric communications*

This type of supportive thinking is nothing new. There are many examples of where a pharmaceutical company has developed patient-centric, supportive thinking with regard to its marketing (see Panel).

Another example of supportive thinking is Janssen UK's Twitter feed, which has nearly 2500 followers. The company regularly tweets and shares information and research about each of the disease areas in which it is involved. Nothing is promotional, but if you follow the company on Twitter you get a good understanding of what is happening with a disease in its totality. Janssen has also been the pioneer of the online support programme Psoriasis 360, which uses several online platforms, such as a website, Facebook, Twitter and mobile apps, to enable people living with the disease to learn more about their condition and treatment, and to connect with others in a similar position.

In 2007, Pfizer first broke into social media by doing a deal with Sermo ([sermo.com](http://sermo.com)), the US social media site for doctors. The alliance enabled Pfizer's medics to engage with doctors in the Sermo community. The first thing Pfizer asked was: "What is it you want from us?" The resounding response was "Please listen to what we say and what we ask for, and do not just give us

stuff that you want us to know about." The Pfizer/Sermo partnership represented a major shift in how companies interact with HCPs. The medics took the leading role in the relationship, enabling a more open and honest dialogue.

In social media, medics have a far greater role than they probably anticipate. Doctors appreciate peer-to-peer discussions with their pharmaceutical colleagues; therefore, the information pharmaceutical company medics share in a social media environment is likely to be highly valued. In the UK and Europe, many companies have stayed away from participating in medical social networks. This seems to stem from a reluctance to get involved in on-line conversations, but it also could be driven by the fact that, in the UK and Europe, pharmaceutical companies are only just finding their feet in terms of social media and, at the moment, this interest sits within communication and marketing rather than in the areas of medical and clinical research.

Conversations among HCPs and patients about companies and products have always taken place whether pharma is involved or not, but now they are much more visible and companies can see these conversations and decide whether or not they want to participate. Everyone has to learn to give up a bit of control, moving towards strategies that will allow dynamic dialogue with HCPs and consumers in order to maintain a certain level of influence.

The hardest challenge is that we all need to learn to become much more dynamic in what we say and do. Taking three months – or even three weeks – to produce and approve material can no longer be sustained in a social world where people expect a response in three minutes. But, of course, this is a huge shift for any company or agency, when we are all so used to working in a regulated, process-driven environment. The answer is to adopt policies that remain within the Association of the British Pharmaceutical Industry (ABPI) Code of Practice<sup>2</sup> but enable certain content to be made freely available – and allow the dissemination of that content to be the responsibility of a few highly trained and informed individuals. Companies must also adopt a fast-track

**Panel: How patient needs can change medical practice**

*Participation in Life* was an initiative launched by the European Parkinson's Disease Society over a decade ago. Through a survey of over 10,000 people living with Parkinson's disease (PD), it identified that sufferers wanted much more from their medical treatment than simply having their movement controlled. Many were even willing to give up some of that control to enable them to stay free of the side effects that are often associated with L-dopa, a common therapy for PD. What was important to people with PD was how to manage their non-motor systems, such as getting a good night's sleep, managing bladder and bowel function, preventing dribbling or easing the pain of swallowing. From this initial survey and a subsequent international medical meeting, a whole new approach to managing PD was adopted. The pharmaceutical company that supported this initiative gained a phenomenal following from KOLs, and their product, which had been fourth in its class in the market, became the No. 1 product prescribed, simply because the company focused on the needs of the patient and hence helped doctors provide the care needed. The implementation of the programme was undertaken in a very traditional way, but was driven by supportive thinking rather than by transactional thinking.

approval system for content for which further clarification is needed or which may be deemed as promotional. Another option is to have a series of pre-approved tweets, but of course this does mean that engaging in a meaningful dialogue with followers is somewhat prohibited. Janssen, Roche, Boehringer Ingelheim and many other companies are showing that having a level of dialogue is achievable because they have adopted a supportive thinking approach to how they market their products.

For years we have always worked on the principle of pushing information to HCPs. In some ways we have lived with a false sense of reality, believing that doctors do not discuss and debate the merits of our data once a presentation is over or a paper is published. The difference between how we communicate and share information now and how we did it five years ago is that today comments and feedback can be given in seconds and shared with millions of others around the world.

Regulations have created a closed, controlled and selective mindset within pharmaceutical companies that no longer exists in many other highly regulated environments because they have learnt to develop effective dialogue within their regulatory framework. In some ways, regulations are used as an excuse to do nothing and maintain the status quo. But this institutionalised thinking is outdated, and companies working under this pretext will soon see their sales and marketing strategies hitting the buffers. A greater need to be transparent has led to many companies publishing their clinical trial data online, but this is still a long way away from adopting the open, random and supportive mindset that is required to effectively engage online with customers. In the past year, there has been a heightened interest in how the pharmaceutical industry can effectively use social media. Automatically, many have focused on what cannot rather than what can be done. The ABPI Code of Practice, which is administered by the Prescription Medicines Code of Practice Authority (PMCPA), provides huge scope for pharmaceutical companies to effectively market their products to potential prescribers and patients but they need to adopt a different mindset and look towards supporting the needs of their customers rather than focusing solely on product-driven sales messages.

*Regulations have created a closed, controlled and selective mindset within pharmaceutical companies, but an open, random and supportive mindset is required to effectively engage online with customers*

Since the launch of its recent Digital Communications Guidance,<sup>3</sup> the PMCPA has been at pains to stress that the UK is quite liberal with regards to how much information about products it does allow to be

made available to consumers, claiming that it is the pharmaceutical companies themselves that are not taking advantage of this. Product information that can be made freely available on the web includes:

- Summary of Product Characteristics (SPC)
- patient information leaflets (PILs)
- public assessment reports
- registration and other studies
- disease information
- medicine guides – such as information on NHS Choices
- specific medicine information – material developed by the company but approved in line with clause 22
- material supplied for health technology assessments.

Much of the Digital Communications Guidance document reiterates certain aspects of the existing Code of Practice. This was done because the PMPCA felt that with the advent of digital communications there were many people who were not familiar with the ABPI Code as it already stands and so they needed to reiterate certain clauses. Other aspects of the guidance cover questions that the PMPCA has been asked about on numerous occasions (Table 3).

## Laying down the rules of engagement

---

A further challenge for the pharmaceutical industry is that whilst it may be possible to host a conversation with a doctor or a forum with a group of doctors, what happens when the discussion goes outside the product licence? In the UK, we are largely conformists – we form orderly queues and follow the rules – so if running a forum means laying down a few ground rules with regards to what can and cannot be said with regards to talking about a product outside of its licensed indication then what is the problem with that?

Despite being seen as a huge leap of faith by risk-averse pharmaceutical companies, Janssen's Facebook forum has had to remove only four comments during the past year. Pfizer has had very few adverse comments reported through its social media activities. So are we making a mountain out of a molehill or just simply putting up unsubstantiated objections to keep the status quo?

## Ethical behaviour

---

In all walks of life there are people who break the rules and bullies who also have their followers. Stephen Andreassen was recently jailed for stalking his ex-girlfriend by blog. He was not only using his blog to attack his ex-girlfriend but had also registered on a number of other social media sites to post derogatory comments about other people. What was not exposed

Can pharmaceutical companies use social media to provide information to the public?	Yes – providing it complies with clause 22 of the ABPI Code
Can pharmaceutical companies provide information to patients already taking their medication?	Yes – providing the material complies with the Code and the patient has agreed to receive the material
Can companies run discussion forums?	Yes – providing the company is able to effectively moderate the site such that the only content to appear complies with the Code and the intended audience is able to identify themselves so as to differentiate between HCP and consumers
Can a pharmaceutical company sponsor a social media site developed by a third party?	Yes – providing an ‘arms length’ agreement is in place and the company has no involvement in the development of the content  The company may not promote the social media site unless it complies with the Code
Can companies amend Wikipedia?	Cross-referencing to documents such as SPCs and PILs is acceptable. It is also possible to cross-reference to reference material that may be available on the company’s own website
Can companies use search optimisation?	It is perceived not unreasonable for a company to use search optimisation to ensure their websites are highly ranked. But using more general search terms in the metadata may be classed as promotional and not accepted as part of the Code
Use of blogs	A company may use a blog providing it complies with the Code. However, sponsorship of a blog written by other parties is not recommended, as it would be difficult to ensure the contributors complied with the Code

**Table 3. Key aspects of the guidance relating to digital communications and social media.**

was the fact that he was also allegedly trying to destroy another social network by constantly bullying the owners, who ended up in serious financial difficulties due to the legal costs they were having to fund to protect their business from this sabotage.

If negative comments appear, then others will simply play follow-the-leader without understanding the implications of their comments – a lot of which are just mindless banter. It is very easy to jump on a bandwagon or quickly state an opinion on Twitter, but you need to be prepared to back it up, as others will question you about your motives.

Being proactive in social media will mean that you also expose yourself or your brand to being both publically complimented and criticised. You need to be prepared for this, as not everyone will agree with what you are saying, so make sure your opinions are carefully researched and that you have a good understanding of the topic you are commenting on. If someone is being critical, look at the reasons why; is it justified? Remember, not everyone is the same, and what lights one person’s fire will put out someone else’s. It is impossible for pharmaceutical companies to be involved in every online conversation about their company or their brands. There are numerous companies offering social media monitoring, but the information is only valuable to a company if there is some form of analysis that can be

evaluated quickly and effectively or if only certain topics are monitored.

## Shifting mindsets

Changing from a closed, controlled and selective mindset to an open, random and supportive mindset is no easy task. It has taken many other corporate organisations who are now working very effectively in social media as long as 10 years to bring about this change. The use of social media in pharma has only really raised its head in the UK in the past couple of years. We are only at the tip of the iceberg in terms of our thinking and the implementation of social media campaigns, with relatively few case study examples available in comparison to the number of drugs marketed.

To be successful in the social world, any organisation needs to try to move away from institutional thinking to network thinking (Table 4).

Most pharmaceutical companies and agencies will have to go through a wholesale cultural change to move towards network thinking. The challenge pharma is facing with social media at the moment is that the industry is focused on product promotion and wants to broadcast its product messages through a social media environment. Of course this approach flies directly in the

Institutional thinking
<b>Closed</b> – in what you do
<b>Controlling</b> – in what you say
<b>Selective</b> – in who you talk to
Network thinking
<b>Open</b> – to new people, new thoughts and with your knowledge
<b>Random</b> – in the way you are willing to expand your network and who you are willing to learn from
<b>Supportive</b> – toward others, helping and sharing knowledge where you can

**Table 4. Definitions of institutional and network thinking.**

face of the ABPI Code of Practice, as most social media environments are open to the public. But, if the industry can shift its thinking away from its desire to broadcast product messages and instead become patient-centric by embracing the concept of social media and sharing the information that HCPs, patients, carers and the many other stakeholders involved in healthcare want to hear – rather than what pharma thinks they want to hear – it can move into a different era. This is a huge mindset shift as the conversation should be around everything else the patient or doctor needs to know about their condition and how to manage it, or live with it, rather than what your product does.

To become an effective network thinker, taking a patient-centric approach is essential. Companies or brand teams should first identify their online intention, which links into their marketing strategy. If they are not clear about their intention then they cannot send out messages that are meaningful and that resonate with their intended audience. Knowing their intention will help create a sense of purpose and enable them to be clear about their online contribution, their relevance and why others will want to follow them. Examples of good network thinking social media campaigns are given in Table 5.

<ul style="list-style-type: none"> <li>• Janssen attention deficit hyperactivity disorder (ADHD) – <a href="http://livingwithadhd.co.uk">livingwithadhd.co.uk</a></li> <li>• Janssen Psoriasis 360 – <a href="http://psoriasis360.com">psoriasis360.com</a></li> <li>• Pfizer Can You Feel My Pain? – <a href="http://flickr.com/groups/can-you-feel-my-pain">flickr.com/groups/can-you-feel-my-pain</a></li> <li>• Pfizer ManMOT – <a href="http://manmot.co.uk">manmot.co.uk</a></li> </ul>
---

**Table 5. Examples of good network thinking social media campaigns.**

But of course, once campaigns such as these have been developed the information needs to be easily found online. Search engine optimisation (SEO) may instantly spring to mind here. If you have the answer to a customer's needs, then why not direct them to a website by optimising it so it appears on the first page of Google

or a similar search engine? However, the recent Digital Communications Guidance<sup>3</sup> from the PMCPA states that SEO is perceived as promotional if a disease site is linked to a product site or if disease information is used in search meta tags. The key to solving this problem is using social media. In Google searches, dynamic content from social media sites now ranks much higher than that from corporate websites, so unless your company or brand is contributing to the online conversation in some shape or form it will not be found.

*The more visibility you have in the social world, the more opportunities will come your way and you will be found. If you have a small network of people you know only on LinkedIn and rarely contribute to any on-line discussions, you may as well be invisible*

Penny Power, the founder of the small business network Ecademy, developed the philosophy of “know me, like me, follow me” (Figure 1). Being ‘followed’ is the gold at the end of the rainbow, but to be followed you need to be ‘known and liked’. To be ‘known’ (i.e. visible) takes a great deal of work in traditional and online media. To be ‘liked’ requires you to be engaging and interested in striking up conversations within networks and with strangers so that you can demonstrate your knowledge and value to your network. Only then will you be followed.

## Know me, like me, follow me

### Know me

Why do people want to know you, your brand or your company? What thoughts are you leading, what is your expertise, how visible are you? Using traditional marketing activities such as advertising and direct mail to become known is fine providing they are integrated with a social media platform that will allow people to connect with you or engage in a conversation. Other ways you can become known are by writing or commenting on a blog, regular tweeting, or putting up YouTube videos or photographs on Flickr. People will want to know what thoughts you are leading, the thoughts you are sharing and how you intend to support them and those in your network.

### Like me

Why will people like you? What are your sentiments? To be liked you need to engage with your network and with strangers, so people get a sense of who you are. As well

as sharing knowledge, sharing contacts can be equally as important.

## Follow me

Why will people follow you or get LinkedIn with you? If you are doing a great job sharing and collaborating online you will soon become known as an expert in your field and others will want to follow you and share what you are saying with their network. Soon you will see your followers are total strangers from all over the world.

## Content is king

The key to gaining a following is to deliver content that resonates with your audience, at a time when they need it. If they find it valuable they will share it with their networks and your messages will be spread virally – which is much more effective than traditional sales and marketing approaches.

Your content needs to be of high quality and available for downloading in multiple formats (e.g. video, apps for smartphones, BlackBerries, iPads). It is important to start thinking laterally and creatively. People are moving into an era where they only have time to read small snippets; they assimilate information differently. Nowadays, how children learn and are taught in schools relies heavily on the use of digital technology and networked groups. Technology is already delivering healthcare information to doctors and patients in many different ways; the trick is to focus on your strategy rather than trying to become an expert in technology – that’s when you call in the experts. There are, however, a number of tools that you should familiarise yourself with if you are planning to develop any type of social media campaign (Table 6).

Traditional medical education programmes will continue, but they need to have an added dimension, including dynamic and downloadable content, which can be shared and will enable dialogue. Already doctors’ participation

in medical meetings has declined and will continue to do so due to financial and time constraints. Electronic Continuing Medical Education (eCME) has become the norm in terms of learning, but doctors still value interaction with their peers and are turning to their social networks for this. [Doctors.net.uk](http://Doctors.net.uk) is the UK’s leading medical social network, with the *BMJ*’s doc2doc ([doc2doc.bmj.com](http://doc2doc.bmj.com)) gaining momentum. In Germany, Coliquio ([coliquio.de](http://coliquio.de)) is an extremely active medical social network, while Sermo is a favourite with US doctors.

## Measuring your influence

Two tools regularly used to measure online influence and how well you are building your social capital are Klout and PeerIndex. Neither are absolutely perfect in what they do but they do provide a good baseline by which to measure online influence. Klout uses over 35 variables on Facebook and Twitter to measure true reach, amplification probability and network score, scoring you from 1 to 100. True reach is the size of your engaged audience, and is based on those of your followers and friends who actively listen and react to your messages. Amplification score is the likelihood that your messages will generate actions (retweets, @messages, likes and comments). Network score indicates how influential your engaged audience is. Your Klout score is highly correlated with clicks, comments and retweets.

PeerIndex rates your online authority against that of your peers. This score is based on more than merely being more popular. Instead, it builds up a picture of your authority footprint on a category-by-category level using various benchmark topics:

- authority – a measure of trust; how much can others rely on your recommendations and opinion on a given topic
- resonance – how your actions and information resonate with your community

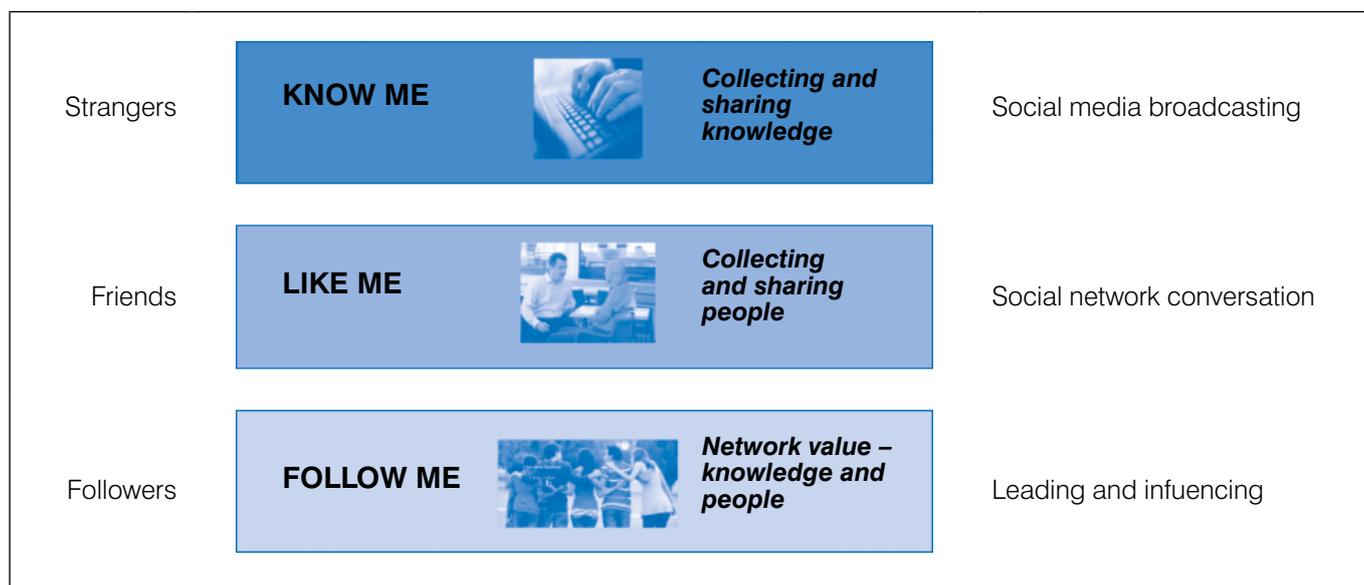


Fig. 1. Know me, like me, follow me.

Medical social networks	Blogs	Social networks
Sermo doc2doc Coliquio Doctors.net.uk	WordPress TypePad Blogger	Facebook Google Buzz Myspace Bebo
Business social networks	Microblogging	Document sharing
LinkedIn Ecademy XING	Twitter Tumblr	Slide Share
Photo sharing	Content aggregator	Bookmarking
Flickr Plcasa	Google Reader Yahoo Pipes	Delicious StumbleUpon Digg
Monitoring	Video sharing	Influence rating
Flipboard	YouTube	Klout PeerIndex

Table 6. Useful tools for planning to develop any type of social media campaign.

- audience – an indication of your reach; it is not simply determined by the number of people who follow you, but instead is generated from the number of people who listen and are receptive to what you are saying
- activity – measures how much you do online: being too active runs the risk of people stopping listening to you; being too inactive means people will never know when to listen to you
- realness – indicates the likelihood that the profile is of a real person, rather than a spambot or Twitter feed: a score above 50 means the account belongs to a real person; a score below 50 means it is less likely to belong to a real person.

## Time to rethink

In today's society in which consumers are easily able to access information there is always a perplexed look on people's faces when they find out that the pharmaceutical industry is not allowed to promote their products to them or provide them with information that would lead them to ask their doctor for that product. Yet they read about these same products in the *Daily Mail* or by going online, often taking the said articles with them to discuss with their doctor.

In his autobiography, Tony Blair describes the conflicts in Northern Ireland as "ridiculously old fashioned and out of touch with today's modern world." The same could be said of how pharmaceutical companies are allowed to interact with the patients that their products are treating, whilst at the same time any crackpot can make a claim about a pseudo medication. All corporate organisations have changed beyond recognition in the past 30 years. The days of corporate hospitality and excess are long gone for everyone, yet there still seems to be some

sort of mistrust with regards to how the pharmaceutical industry will carry out its business activities if it is allowed to talk direct to consumers.

In Europe, the industry has never supported US-style direct-to-consumer advertising of pharmaceuticals but does want to be allowed to provide easily accessible information about its products to patients. In the social world, pharmaceutical companies also need to be able to have transparent, open conversations and engage in network dialogues, whether they be with HCPs, patients or carers.

Consumers do not necessarily differentiate between information provided by a pharmaceutical company and that provided by another source, nor do they differentiate between UK and US information. They simply rely on Google to throw up the most appropriate information to meet their search criteria. Many patients suffering from long-term medical conditions are very savvy with regards to searching out clinical data, learning about new treatments coming to the market and sharing what they have found with their networks. These patients log-on to open-access clinical journal sites and read what clinicians are publishing and discussing.

*A change in European law would need to be brought about to allow pharma to communicate directly with patients*

Some believe that the PMCPA is wholly responsible for this stance and should change the ABPI Code of Practice to allow pharma to communicate directly with patients. However, this is way beyond the remit of the PMCPA – a change in European law would need to be brought about to allow this to happen. In 2010, the European Commission did agree to review how the pharmaceutical

industry is able to provide direct-to-consumer information within the pharmaceutical package review.<sup>4</sup> The current draft, which is in the process of being reviewed by the member states, recommends that it should be compulsory for pharmaceutical companies to provide on-line information about their drugs and relevant disease information. Over the years there have been numerous attempts to bring about a change in the EU with regards to enabling pharmaceutical companies to communicate directly with consumers, most of which have been blocked by many of the member states. Whilst countries such as the UK and Sweden are quite liberal in terms of what information they already allow pharmaceutical companies to share with consumers, other countries see any form of communication from a pharmaceutical company as promotion. Whether the current review will provide a catalyst for some relaxation in the regulations remains to be seen. Certainly many EU countries outside the UK are reluctant to see any information about prescription medicines being made available to patients. It is an emotive topic that is stimulating much debate – so far there have been over 500 comments on the latest review, with more expected in the coming months. It will be worth watching to see how it plays out.

## Conclusion

If the above recommendation ever does become law it will go some way towards allowing companies to provide better information to patients, but it is still a long way away from allowing them to participate in the online conversation. With the likes of Facebook removing the ability to disable comments on a page, this is yet another barrier that will need to be addressed.<sup>5</sup>

As the use of social media by the pharmaceutical industry in the UK and Europe is still at an early stage in its development, there are very few examples of best practice. At the moment, everyone is learning from each other with regards to pharmaceutical and healthcare social media. There are only a few reports published on the subject to refer to,<sup>6-8</sup> which do, however, help to build a picture of what is happening. Many involved in this area are also collaborating online to share best practice. There are a few like-minded individuals who regularly meet on Twitter for a chat or debate, and whose views are worth following to help increase your knowledge and understanding of social media (Table 7).

There is no doubt that the social world is bringing about a real change in how we communicate and influence each other's opinions. This brings with it another metamorphosis in how the pharmaceutical industry markets its products and services, and how agencies service these needs. Digital communications are now seen as a key component of any marketing strategy. The legal and regulatory challenges may be overcome but there will always be another barrier in the way. As pharmaceutical marketers and communication agencies we all need to have a greater understanding of digital and the impact of social media and the social world.

Industry perspective	Patient perspective
<a href="#">@alex_butler</a> <a href="#">@AndrewSpong</a> <a href="#">@DanBax76</a> <a href="#">@darrenfergus</a> <a href="#">@dawidge</a> <a href="#">@digipharmadoc</a> <a href="#">@duncancantor</a> <a href="#">@farmerfunster</a> <a href="#">@fision</a> <a href="#">@len-starnes</a> <a href="#">@networkpharma</a> <a href="#">@OnyxHealth</a> <a href="#">@pauldixey</a> <a href="#">@pharmaguy</a> <a href="#">@sammielw</a> <a href="#">@sandysakharkar</a>	<a href="#">@anydbmine</a> <a href="#">@askmanny</a> <a href="#">@astales</a> <a href="#">@ePatientDave</a> <a href="#">@jodyms</a> <a href="#">@kgapo</a> <a href="#">@lisaemrich</a> <a href="#">@rawarrior</a> <a href="#">@reginaholiday</a>
<b>Where to participate in the debate</b>	<a href="#">#advocate</a> <a href="#">#patient</a> <a href="#">#hcsmeu</a> – weekly chat at 12.30 (UK time) every Friday <a href="#">#hcsruk</a> – monthly chat at 12.00 (UK time) every third Wednesday of the month

Table 7. Who to follow on Twitter.

So jump in with both feet and learn to adapt to become more open, random and supportive, otherwise you will become invisible in the social world.

## References

1. Roche Social Media Guidelines. Available at [roche.com/social\\_media\\_guidelines.pdf](http://roche.com/social_media_guidelines.pdf)
2. ABPI Code of Practice for the Pharmaceutical Industry 2011. Available at [pmcpa.org.uk/files/sitecontent/ABPI\\_Code\\_2011.pdf](http://pmcpa.org.uk/files/sitecontent/ABPI_Code_2011.pdf)
3. The PMCPA Digital Communications Guidance. Available at [pmcpa.org.uk/files/Digital%20Communications.pdf](http://pmcpa.org.uk/files/Digital%20Communications.pdf)
4. The Pharmaceutical Package. Available at [ec.europa.eu/health/human-use/package\\_en.htm](http://ec.europa.eu/health/human-use/package_en.htm)
5. Facebook Force Pharma to Enable Comments. Available at [www.combinedmedia.ie/health/blog/facebook-force-pharma-to-enable-comments](http://www.combinedmedia.ie/health/blog/facebook-force-pharma-to-enable-comments)
6. Keys for Pharma Success: Integrating Social. NEXUS Report May 2011. Available at [nexusr.com/keys\\_to\\_pharma\\_success\\_integrating\\_social.do](http://nexusr.com/keys_to_pharma_success_integrating_social.do)
7. Across Health EMEA Digital Survey 2011. Available at [www.slideshare.net/mdevuyst/across-health-digital-survey-7867399](http://www.slideshare.net/mdevuyst/across-health-digital-survey-7867399)
8. The Social Media Academy. Available at [www.thesocialmediaacademy.co.uk/research](http://www.thesocialmediaacademy.co.uk/research)

# Keyword Pharma

---

*Surviving in the Social World:  
the changing mindset  
of pharmaceutical sales  
and marketing*

a KeywordPharma **Expert Review**

First published June 2011 by NetworkPharma Ltd  
Magdalen Centre, Oxford Science Park, Oxford, OX4 4GA, UK  
Tel: +44 (0) 1865 784390  
Web: [www.networkpharma.com](http://www.networkpharma.com)  
email: [support@networkpharma.com](mailto:support@networkpharma.com)  
© 2011 NetworkPharma Ltd