



Best Practice

Web Marketing for Pharma



Internet Marketing for Biotech/Pharma: Reasons & Recommendations

INTRODUCTION; WHO SHOULD READ

For roughly three decades now, one of the key drivers of the US economy has been the biotech/pharmaceutical industry (we'll call it "biopharma" in the remainder of this paper), by virtually any measure ...including jobs and market capitalization created, patents granted, therapies introduced or improved. And given that the segment continues to be one of the top two attractors of venture capital, there's no reason to expect a change in this scenario anytime soon; despite the dramatic progress already made, there are still numerous diseases to cure, or at least manage with improved quality of life.

In the outsider's view, biopharma marketers have an easy time of it: they simply announce that their new drug or device has gained FDA approval, and their captive channel of physicians and surgeons – who are of course always on the lookout for new therapies – immediately beats a path to their door. In this model, the ultimate consumer – i.e., the patient – was all but irrelevant to the process.

Real-world biopharma marketers, of course, know that this model no longer applies – if indeed it ever did – and that anyone operating in that fashion would end up literally leaving millions of potential revenue and profit dollars on the table, which inevitably translates to reduced funding for research and development of future therapies. They see their world as a multi-channel universe with a tremendous amount of clutter that must be cut through ...and it is to them that this paper is addressed.

INDUSTRY CONTEXT AND TRENDS

There are two major ways in which the marketing world of today differs from that of the 1970s. The first is the dramatically greater involvement of patients in their own care. If prior biopharma marketing may have treated patients as nearly irrelevant to the dialogue – because their actions were determined exclusively by wisdom received from their omniscient doctors – that would be a huge mistake today. Today's healthcare consumer acts much more like (s)he does in buying a car or any other high-ticket item: researching alternative treatments and potential suppliers, seeking reports from users of the therapy under consideration, and coming to the provider dialog armed with challenging questions.

The second major difference stems from the mid-1990s, when President Clinton's FDA dismantled the long-standing prohibition of direct-to-consumer (DTC) advertising. This gave marketers and their agencies the opportunity – soon to become a competitive mandate – to learn how to communicate with their ultimate buyers, despite those buyers' obvious lack of medical knowledge. The decision had the unintended consequence of reshaping the industry



by tilting the playing field in favor of the large pharmas who could afford massive television advertising budgets: now, venture-funded startups do most of the therapy-discovery work to the point of proof of efficacy, and are then acquired by established firms when it comes time to do the costly marketing.

Fortunately, late in this same period another trend was emerging that would interact strongly with both of the others: the maturing of the Internet and World Wide Web. The rise of powerful search engines and the appearance of health portals such as WebMD were exactly what the newly-assertive patients and caregivers needed to simplify their research tasks. And the ability of these same mechanisms to lead patients directly to vendor-generated content has begun to re-level the playing field substantially between the small drug or device maker and the large multi-brand houses. In essence, it enables the small provider to “go DTC” ...without incurring the huge TV advertising bill.

The remainder of this paper will discuss how vendors can best capitalize on the opportunities presented by this new world order; but first, we introduce a model that describes patient/physician/vendor relationships and behavior in the current environment.

MODELING THE PATIENT CONDITION/TREATMENT LIFECYCLE

- I. Awareness/interest. The patient – or concerned relative / caregiver – has recently become concerned about a particular set of symptoms, and is motivated to learn more about the likely cause(s) and treatment options
- II. Diagnosis / course of treatment. The patient goes to a physician to learn which of the possible causes is at work, and probably to initiate an agreed treatment.
- III. Purchase/treatment. The patient purchases the prescribed drug and begins treatment; or schedules and appears for the recommended surgery. Alternatively, the patient might become aware of new information causing him/her to go back to his physician or even back to Stage I for further research (and in the extreme case, to another physician).
- IV. Lifestyle/“Living-with”. In this stage, the patient is managing an ongoing condition, probably with the aid of maintenance medications, possibly with post-surgical lifestyle changes. (Note that each monthly drug refill presents a potential opportunity to go back to an earlier stage and revisit everything.)

THE CONDITION/TREATMENT LIFECYCLE AND THE INTERNET

In the past, patients’ independent sources of information were limited to family and friends, plus the relatively few published resources that did not require a prior medical education to comprehend ...and most of those were organized like textbooks, not really amenable to keying into by symptom. All that has changed with the Internet: there is now a vast



repository of non-specialist information available at the click of a mouse; and search engines have rendered the content-organization issue virtually irrelevant.

So nowadays, while a hypothetical patient with joint pain will see that Celebrex ad, (s)he is far too smart to march into the doctor's office and request Celebrex based on that one exposure. Instead, (s)he will learn via an online search and/or visit to one or more health-information portals that...

- joint pain may have any of several causes, one of which is arthritis ...which comes in at least two varieties;
- a class of drugs abbreviated NSAID (Non-Steroidal Anti-Inflammatory Drugs, both prescription and OTCs) can be effective in mitigating both the inflammation and consequent pain of osteoarthritis;
- Celebrex is one of a number of NSAIDs, each having a spectrum of side effects and interactions, some in common and some unique.

Our mythical patient may also browse through several blogs or forums to gain feedback from actual users of Celebrex, or whichever drug (s)he is leaning toward.

And all this is only in Stage I! Returning to our model, let's now overlay the online tools likely to be important in the various stages:

- I. Awareness/interest: Search engines (Google/Yahoo/Ask/MSN, etc.); healthcare portals; perhaps blogs, forums, social-network sites.
- II. Diagnosis / course of treatment: Primarily a offline process, but patients are likely to "assist" the physician by bringing documents they found in their Stage I search.
- III. Purchase/treatment: Search engines; healthcare portals; blogs, forums, social-network sites.
- IV. Lifestyle/"Living-with": Blogs, forums, social-network sites; email newsletters; perhaps search engines, healthcare portals.

The challenge for the biotech or pharma company now is to provide targeted information to the patient (/caregiver) at each stage of the condition/treatment lifecycle, via the vehicles they're most likely to be using at each stage. Our next section provides some guidance for doing just that.



MATCHING ONLINE MARKETING TO THE CONDITION/TREATMENT LIFECYCLE

It all starts, of course, with your website: the cornerstone of any online marketing effort. Most bio/pharma companies soon realize that their website needs to address multiple target audiences, such as:

- Physicians
- Patients
- Caregivers
- Investors
- Collaborators
- Clinical trials prospects

The site's architecture and navigation must make it easy for each of these groups to find content of relevance to them. For example: while this paper focuses primarily on the DTC problem/opportunity, clearly you still have to educate the physician about your drug or device. The website is fast becoming a last opportunity to educate that 20% of physicians who will no longer see reps for traditional detailing calls, with micro-sites and e-detailing in particular exploding in popularity.

In addition, your site needs to...

- engage your visitors – captivating their attention and minimizing their frustration as they look for relevant information
- be readily usable – containing certain elements that visitors have come to expect, and that help them find what they're looking for
- convey your company's top-level and supporting messages clearly and concisely, in a language each audience group understands
- convert the bona-fide prospects among your visitors, and move them seamlessly into your lead-nurturing program
- employ design that harmonizes well with your company's image/branding
- reflect the quality of your company – no "links to nowhere"; no misspellings, grammar errors or dubious usage; no outdated "news"
- provide analytics, so that visitor sources and paths through your site are readily trackable
- be updateable – your company doesn't stand still, so neither can your website



If your company has multiple brands, all needing visibility in the marketplace, you might want to consider developing a branded microsite for each (e.g.: www.celebrex.com) rather than attempting to burden your corporate site with all that content.

So assuming that at least one effective website is in place, it's now time to consider how best to leverage the related online vehicles that we know are used by patients.

Search engines.

It's by far the most commonly-used tool in the consumer's bag, especially in Stage I. Google alone counted 4.6 billion searches conducted by 111 million unique people using medical/health-related keywords in 2007. (In fact, search behavior is representative enough that the Centers for Disease Control is now looking to Google to help them identify areas of outbreak prior to their being reported by first-line healthcare workers!)

Two points are critically important for biopharmas leveraging patient search:

- Patients generally don't search by drug or device name, or even using medical terms; they search by condition ("arthritis") or even symptoms ("joint pain"). The moral of that, clearly, is that if you aren't using the condition/symptom terms associated with your treatment as keywords in both your optimization effort and pay per click ads, you risk being invisible to prospective users who are actually hoping to find precisely the type of treatment you offer.
- Research shows that for virtually any given symptom or condition search, the sites of treatment providers for that condition will often appear no higher than page 20 of the engine's results pages ...even for the top-50 pharmaceutical firms! This is no evil conspiracy, but a consequence of search engines' algorithms, which determine rankings by rewarding for content relevance, inbound link reputation, age of the domain and even the domain extension; these are all things that tend to be greater for certain .edu, .gov and .org sites (research-heavy universities, regulatory/oversight agencies, professional journals, healthcare portals, "prevention-of" foundations) than for any company's site. The remedy for this, of course, is to buy the visibility via paid search (PPC); you simply cannot let your business hang on being found on page 20+ of the organic listings. Just remember to buy condition/symptom keywords, since that's what your targets will be searching on. And try developing a "Bring this to your doctor" .pdf about your treatment or device as a landing-page offer; these have become quite popular with patients lately, and even 65% of physicians now see this as a beneficial practice.

Remember, too, that patients may engage in search at all stages of the treatment lifecycle. (Research shows, for example, that 25% of all health-related searches happen when a patient has terminated – or is thinking about terminating – a course of treatment.) The information they seek will differ across the stages, and so too will their search terms; and hence so must your keywords, landing pages and subsequent content.



Healthcare portals / information sites.

They're out there: storehouses of medical information aimed at the lay reader, sites such as cdc.gov/az, mayoclinic.com, medlineplus.gov, pdrhealth.com, pennstatehershey.org, webmd. And they get lots of patient/caregiver traffic; not as much as the major search engines, but substantial nonetheless.

It's a good bet that most of these sites will have some content dealing with the condition associated with your treatment; the question is, do they have valid content dealing with your treatment itself? If not, you have some work to do. Just as you can't risk being invisible by depending on organic search, you can't be invisible on the major health info sites, either. In addition to providing them with content, you might want to try running banner ads here as well (site policies permitting); after all, any patient who's exploring one of "your" conditions has pretty much self-selected him/herself as at least a potential user.

Blogs, forums, social networks.

These community-oriented vehicles come into greatest play once the patient has at least been diagnosed with a condition for which your firm provides a treatment; so now (s)he is essentially comparison-shopping, either before or during a course of treatment. They can be highly useful for patients and providers during the long-term "living-with" or lifestyle portion of the lifecycle.

A well-moderated blog can be a very effective means of dispensing information and news about a condition and your treatment for it, and responding to questions or common fallacies submitted as reader responses. However, many biopharma companies are wary of using one due to legal/regulatory concerns. Even if you don't launch a blog of your own, you'll probably want to keep a close watch on other relevant independent blogs "out there", so that you can contribute content as/when appropriate. Your PR firm should be able to assist you with this task.

A forum or "private-label" social network can provide a means for communities (e.g., users of Celebrex) to share experiences, gain insights, and have their concerns addressed before they turn into reasons for discontinuing treatment. There's no company agenda, as with a blog; these vehicles move in whatever direction users want them to. As a blend of provider and user content, they also share many of the risks of blogs; but if those can be neutralized, they bring many potential benefits.

The public social-network sites also need to be monitored for...

- mention of "your" condition with no mention of your treatment; and
- mention of your treatment in an adverse light.

This gives you the chance to contribute new knowledge in the first case, and to get out ahead of a possible serious problem in the second. Often adverse events that were not uncovered in clinical trials are discovered in large-scale usage, and the first place to identify them



nowadays is likely to be the social networks. Early warning can make the difference between a graceful suspension/reformulation and a debilitating legal action.

e-mail.

Another tool that's most useful during the "Lifestyle / Living With" stage, email is being underutilized even by the makers of the 100 best-selling drugs, according to a study conducted by WhittmanHart. Users receiving educational content on a consistent basis will actually anticipate emails, hoping to learn of the next positive development. Because of the unique mix of anxiety and hope experienced by patients, bio/pharmas actually have a stronger opportunity than most sectors to communicate effectively with users by e-mail, thereby "keeping them sold".

A final note here: each of the vehicles discussed above – search, healthcare info sites, blogs, forums, social networks, email – tends to work better when the others are used as well. An integrated, holistic approach – with consistent, reinforcing communications across all the media channels – will be vastly more effective than a stop/start or single-channel effort.

FOR PROFESSIONAL HELP...

There's no question that what we've outlined above represents a prodigious amount of work, perhaps more than many biopharma companies will want to staff up for. That, of course, is one of two major reasons to consider outsourcing. The other is that, although it's not medical science, Web marketing is in fact science-based and incorporates a large body of accumulated knowledge; which implies that, just as you wouldn't do your own brain surgery, you'll generally be better off engaging professional help for certain aspects of online marketing.

When that decision is made, we believe that your choice should be eMagine, for a number of reasons:

- Unlike many Web design/marketing firms whose focus is primarily on design and winning awards, eMagine understands that your concern is for business results ...so that is our focus, too.
- Our 10+ years of experience developing Internet solutions for more than 500 companies has resulted in countless references willing to testify to our expertise; and because our business grew up in one of America's leading biopharma regions, a disproportionate share of those clients are in your industry.
- eMagine follows research-based industry best practices in all online marketing domains, taking a holistic approach that integrates creative design, usability and technology.
- Our Search Engine Marketing Department is staffed by highly experienced industry professionals. Our PPC consultants honed their skills in the very demanding B2C world; plus we are one of only 41 Google Adwords Qualified companies in the US.



- Because everything in Web marketing touches everything else, you're always better off with a full-service Web consultancy – like eMagine – than with a niche SEO or PPC service.
- eMagine is profitable and backed by a \$200 million New England corporation.

Working together, we can ensure that your biopharma company misses out on none of the many powerful opportunities presented by online marketing.

However beautiful the strategy, you should occasionally look at the results

Winston Churchill

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