

# PRimeCut

a chandler chicco publication

## ISSUE 15 SPRING 2010

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## About Chandler Chicco Companies:

- **Chandler Chicco Agency** is a global pure-play healthcare public relations agency with a longstanding reputation for doing some of the best work in the communications industry
- **Allidura Consumer** is a public relations agency that combines pure-play healthcare and lifestyle expertise to deliver fresh thinking for consumer healthcare, wellness and beauty clients
- **Biosector 2** is a global healthcare public relations agency that partners with visionary clients to deliver groundbreaking programs that improve people's lives
- **Brandtectonics ID** collaborates with clients to become agents of brand change within their organizations, providing the tools, ideation, and creative execution to support any branding directive
- **Brandtectonics Access** is a specialist market access agency that designs, facilitates and delivers tailored solutions to optimize patient access to our clients' brands
- **Chandler Chicco Productions** creates experiential initiatives on behalf of clients and sponsors that raise awareness of issues, explore problems and motivate people to make behavioral changes in their lives
- **Determinus** is a strategic research company focused on using research at every level of the communications process from insights, to program development to evaluation
- **Ingenda Communications** is a healthcare communications agency that specializes in dimensionalizing target audiences and developing gender specific communication programs within the healthcare environment
- **Litmus** is a medical marketing and education agency that offers innovative approaches to opinion-leader development and mobilization, health economic modeling and communications, educational events and publications
- **'nition** is a full-service design company with deep expertise in healthcare creative, advertising, interactive and production services
- **VerStone Digital** is dedicated to establishing community-based digital and social health innovations that will influence and, ultimately, change the way individuals, organizations, and governments approach and interact with healthcare



2010 is off to a rapid start, stepping in where 2009 left off. The industry in 2009 was – is – constantly evolving, with policy changes on both sides of the Atlantic, mergers and acquisitions, and a renewed FDA presence in the United States, especially on social media guidance.

This issue of PRimeCut takes a look at some of the topics and trends we think will rise to the top over the next 12 months. As you'll see, there's a lot for the industry to tackle in the coming months, which means there is plenty for communications specialists to tackle as well. Helping industry through the year ahead will require foresight, expertise and insider knowledge of a complex, dynamic and evolving landscape.

Though this issue is about looking ahead, we can't help but reflect on the past month here at Chandler Chicco Companies: a month in which we were named *The Holmes Report's* Healthcare Agency of the Decade and *The Holmes Report's* EU Healthcare Agency of the Year. One *Holmes* write-up noted that our "industry knowledge, strategic insight, and breadth of services puts CCC in a position to help clients navigate [the] challenging landscape." And, just in the past few weeks, Chandler Chicco Companies was named one of *The Sunday Times* Top 100 Best Small Companies to Work for in the UK.

We are so very proud of and humbled by these honors and after 15 years, we do not take anything for granted. It is clients and partners like you who make what we do so rewarding.

We look forward to having you with us as we forge ahead in 2010.

Best,  
Bob Chandler

## WHAT IS PRimeCut?

*PRimeCut* is a Chandler Chicco Companies publication designed to share our perspectives on trends affecting the industry, our thoughts on best practices, and new developments at CCC. We've called the publication *PRimeCut* because we think it represents cutting-edge PR theory and application, and also one of the neighborhoods where we work and live: New York's dynamic meatpacking district.

We hope you enjoy it.

Comments? Suggestions? Ideas? E-mail us at [primecut@chandlerchicco.com](mailto:primecut@chandlerchicco.com).

### NEW YORK

450 West 15th St  
6th & 7th Floors  
New York, NY 10011  
212.229.8400

### LONDON

151 Shaftesbury Ave  
London, WC2H BAL England  
44.0.207.632.1800

### WASHINGTON

500 New Jersey Ave NW  
Suite 850  
Washington, DC 20001  
202.609.6000

### LOS ANGELES

1315 Lincoln Blvd. Suite 270  
Santa Monica, CA 90401  
310.309.1000

### PARIS

17, Square Edouard VII  
75009 Paris, France  
33.1.53.43.91.53

# >> Five Lessons from Health Reform... So Far

*By Al Jackson, CCC-DC*



Predicting the future is a tricky business at best, but never more so than when trying to predict what will happen in Washington, DC. But we have watched the health reform debate for nearly a year—more if one counts healthcare reform discussions during the 2008 presidential campaign—and during this seemingly endless debate we have learned a great deal. While we may not be able to predict outcomes, we've certainly gained useful insights through this process about the politics of health policy, about effective—and ineffective—communications strategies, about the efficacy of interest groups in shaping health policy and, ultimately, about Americans' underlying skepticism of all things government.

Because we're writing about a process that is not yet complete, we begin with some assumptions. As of this writing, Democratic leaders are meeting with President Obama and each other to develop a path forward. The stunning results of the Massachusetts Special Election—where Republican Scott Brown was chosen to complete the term of the late Senator Edward Kennedy—changed everything. President Obama and Democratic leaders continue to insist that they will pass health reform. They are probably right. But it is not at all clear what that "reform" will encompass.

**So what can we learn from the debate?**

**What lessons are there about the role of communications, the evolution of American health policy and the direction that policy may take in the coming years?**

## 1. Don't Say "No"... Say "Yes, but ..."

At the beginning of 2009, following his inauguration, President Obama was at the height of his political power. While facing multiple inherited challenges—most notably a global economic crisis and wars in both Iraq and Afghanistan—the President, nonetheless, set ambitious health reform in motion. In those heady days, the White House and congressional leaders were suggesting health reform would be done and signed into law by mid-summer and the message sent by the White House to interest groups across the nation was “get on board or get run over.” More than a year later, it appears that those who found a way to help, usually setting conditions for their support, fared better than those who just said “no.”

Hospitals, big pharma and doctors met with Senate leadership and the White House and quickly made deals. The Obama Administration wanted the support of these groups in order to help ensure the success of reform. But, health reform would have to be paid for, in part, by cuts in Medicare payments to hospitals and drug companies. Rather than oppose reform outright, hospital leaders and PhRMA decided to set conditions on their support. Most observers agree that hospitals and drug companies made a good bargain, and their support for reform prevented much larger cuts from being imposed.

Similarly, doctors set the conditions for their support. In exchange for the elimination of the scheduled 21% reduction in physician pay set for this year, along with other policy changes, doctors switched from opposing the reform effort to supporting it.

Insurers pursued a different strategy, choosing not to make a deal. They continue to work against reform, both directly through their own efforts and by supporting campaigns led by the U.S. Chamber of Commerce and others. While it is not clear that a deal could have been made with America's Health Insurance Plans (AHIP), the industry's lobbying arm in Washington, the White House continues to portray insurers as the root of all evil in healthcare.

Perhaps the insurers tried to make a deal. Or perhaps the White House believed they needed an enemy and insurers were their best target. Regardless, those groups that found a path to supporting some kind of reform are better positioned for the months ahead.

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**It appears that those who found a way to help, usually setting conditions for their support, fared better than those who just said “no.”**

## 2. Message Discipline Matters

Among the reasons for the success of the Obama campaign was that they stuck to their message. The campaign was about “CHANGE.” Everything they said went through that lens. It was simple, understandable and enormously effective.

The same clarity and consistency of message has not been true of the Obama White House in their handling of health reform. Since the outset, the White House has said health reform has been about:

- **Making sure all Americans have health insurance...** and the bills will probably do a pretty good job of making that happen. But polling has shown that while everyone thinks this is a good idea, those who have insurance do not want to pay more or get less to cover everyone else. Rather than sell Americans on why everyone would benefit from covering everyone, they shifted messaging to...

- **Reducing the costs of healthcare...** however, the bills do very little to actually reduce overall costs of care and could, according to some economists, accelerate the rate of healthcare inflation once everyone is covered. So, the message became...

- **Stopping insurers from hurting us while making so much money...** and the bills do some of this. But it is not clear that Americans trust government any more than they trust insurance companies and, in fact, most Americans who have insurance are pretty happy with their plans.

With constantly shifting messages, health reform supporters had trouble staying “on message,” delivering the same talking points and arguments to persuade the American public over time. And that has made it much easier for reform opponents—whose message is simply “no”—to succeed.

Part of the difficulty in achieving clarity of messages was the inability of the Democrats and the Obama Administration to settle on what they hoped to accomplish with health reform. This absence of agreement led to the infamous town-hall eruptions during the August congressional recess. At that time, there were three bills in the House and two in the Senate. All were very different. Most point to that four-week period as the moment the public began to turn against reform. Those opposed to health reform were passionate and their message was clear. Those in favor of reform could not explain what Congress was doing or why they were in favor of the complex changes Congress was

making. How would the bills work? What would the proposals mean for those who already have insurance? What will it cost me?

The key takeaway from last summer? Politics abhors a vacuum, and if you cannot define the policy change you seek, your opponents will.

### 3. In a close vote, everyone has leverage—but don't be the last one in the tent

We've seen the lengths to which Senate leaders have gone (or sunk) to secure each of the 60 votes needed to move health reform to the next stage. Much has been written about these deals. We've seen the "Louisiana Purchase" to secure the support of Sen. Mary Landreiu (D-LA); a perhaps not entirely legal subsidy for Nebraska's Medicaid program—the "cornhusker kickback"—in order to secure Sen. Ben Nelson's (D-NE) vote; and the death of the public plan to get Sen. Joe Lieberman (D-CT) on board. And there have been many more.

In the House, it takes relatively few Democrats to change policy, as Rep. Bart Stupak (D-MI) and the Catholic Church demonstrated when they led the campaign to include strict anti-abortion language in the House-passed bill.

While everyone has leverage, not everyone knows when to use it. On the one hand, biding your time and holding out until late in the process increases leverage to give you maximum advantage. On the other hand, being last can draw unwanted attention. The last Senator to commit, Ben Nelson, and his wife were shouted out of a restaurant recently by angry constituents upset that he provided the margin of victory for passage of health reform. He still has not committed to voting for final passage and may wish to make up his mind soon if he wants to enjoy his pizza in peace.

### 4. Politics drives policy

At the beginning, the objectives for health reform were clear: ensure access to health insurance for all Americans, reduce costs and end the so-called "onerous" practices of the insurance industry. Then some other objectives were added. Do it for less than \$900 billion over ten years. And don't add a penny to the deficit. And try to keep your core supporters happy. And make it possible for moderate Democrats to support the bill and get re-elected. And, oh yes, don't raise taxes on the middle class.

The result, of course, is a hash of compromises and deals cut to achieve the ultimate objective—passage of health reform—while meeting all of the other objectives that have emerged during the debate. These were not policy decisions, they were political choices. And there will be more politics to come. For example, we would expect to see a series of smaller "reforms" move forward, even if the big bill does not. Health insurers remain in Democrats'

sights; and state governors, many whom must face the voters in 2010, are seeking help from the Administration to close Medicaid funding gaps, as Medicaid spending increased significantly during the recession.

### 5. Americans do not trust government but they're going to get more of it—at least in healthcare

The mistrust is pretty clear. We won't attempt to explain the origins of it or why it continues, but our collective mistrust of government is growing, not shrinking. That much hasn't changed. Democrats in Congress will be working feverishly to rebuild some level of trust in government over the next several months, as there is a direct relationship between faith in government and voters' views toward the incumbent, governing party.

Despite the mistrust, the U.S. government is moving inexorably toward a growing and larger role in delivering American healthcare.

- Medicare and Medicaid policies are driving more—not fewer—of the decisions by private payers;
- FDA approval and enforcement are growing more rigorous, with fewer new drug approvals, increasing requirements of post-approval trials, increasing use of REMS programs and a growing FDA and FTC mistrust of direct-to-consumer communications, including extreme wariness about social media;
- The implications of comparative effectiveness are far-reaching and likely to drive coverage and, ultimately, business decisions by drug companies, hospitals, physicians, and, perhaps most importantly, public and private payers.
- And while there will be no "public plan" this time in the reforms, the public plan is still on the table and remains a priority for many Democrats.

There is every reason to believe that single-payer advocates will be back, pointing to the inefficiencies and complications that will inevitably arise from the health reform morass that Congress is about to pass. It is a good time to review the lessons we've learned over the last 18 months. Chances are, we'll be applying what we've learned in the months ahead. ■

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*For information on Chandler Chicco Companies' public affairs and policy capabilities, contact Al Jackson at [ajackson@chandlerchicco.com](mailto:ajackson@chandlerchicco.com).*



# what's your GQ?

GENDER INTELLIGENCE IN HEALTHCARE MARKETING

By Kelly Teasdale, CCC—UK

Gender intelligence, the ability to accurately understand the impact that gender has on an individual's behaviour, is becoming increasingly important for healthcare marketing professionals.

Once a neglected subject area, gender is now at the forefront of strategic thinking in marketing, with a significant number of experts encouraging professionals across all disciplines to improve their gender quotient (GQ). The goal is to communicate more effectively, build brand loyalty and increase sales.

In their book, *Don't Think Pink*, Lisa Johnson and Andrea Learned argue for gender intelligent marketing by demonstrating a critical need to breakdown old-fashioned stereotypes, assumptions and a one-size-fits-all approach to marketing to women that has been prevalent and yet ineffective over recent decades. They refer to this as the 'Pink Thinking Corporate Recipe', an approach to gender that relies on dated information, a resistance to new ideas and a deep rooted fear of turning men off consumer brands.

Chrysler's Dodge La Femme vehicle is a case in point. Despite a huge investment made in manufacturing a 'feminine' car with 'Heather Rose' exterior, upholstery and trim, complete with matching raincoat, umbrella, purse, lipstick and compact, the model failed to make a significant impact on the 20 million modern American women with a driver's license in the 1950s, and was pulled off the market just as quickly as it had appeared.

And, if those traditional ideals of femininity were failing to reach target audience in the 1950s, it is difficult to imagine how they might resonate with women today. Over recent years, the societal and economic roles of both women and men have changed dramatically. Women have outpaced men in both education and earnings growth and according to a report recently published by the Pew Research Center, American men now stand to gain a substantial amount

more from marriage—economically speaking—than women, a complete gender role reversal from 40 years ago.

In addition to these remarkable changes in marriage economics over the last 40 years, we have also seen marriage rates fall, divorce rates rise, the significant growth of the single parent household and the emergence of a whole new familial figure—the 'Stay At Home Dad'. Women now influence up to 80 percent of all purchasing decisions for households. They are also said to be the main caregivers for the family, the main influencers of who will go to the doctor and when they will go, and the main drivers of compliance to medications amongst both family and friends.

As healthcare professionals, the influence of women is also significantly increasing. Almost all physician assistants and nurse practitioners, with their growing prescribing and primary care responsibilities, are now female and by 2025, it is said that women will represent almost half of all physicians.

In order to effectively navigate these changing gender dynamics, improve their GQ and develop marketing programmes that reflect the needs of target audiences, healthcare marketing professionals need to embrace the substantial body of research completed by psychologists, neurologists, sociologists and market researchers on gender.

Women hear things differently from men; they also relate to others and make decisions in an entirely different way. The only way to truly understand how marketing messages will be received by both women and men is by attaining an in-depth knowledge of their values, instincts, societal and familial roles. ■

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*Ingenda Communications is a healthcare marketing agency within the Chandler Chicco Companies network that specialises in gender-based communications. Our team invests the time and energy needed to get to the heart of what makes our clients target audiences tick, both female and male, with the support of researchers, planners, strategists, gender theorists, proprietary tools and an integrated approach to communication disciplines. To discuss your GQ, contact Kelly Teasdale at [KTeasdale@chandlerchicco.com](mailto:KTeasdale@chandlerchicco.com).*

# Key Trends for 2010

## & What They Mean to Healthcare Marketers

By Sydney Rubin, CCC-US

Like every other sector, the healthcare industry found that the global recession of 2009 exacted a toll. But companies emerging from the difficult financial environment of last year may be better prepared in many ways to adapt to the new economic realities that lie ahead. The main challenges in 2010—and some of the trends we'll be watching—include evolving business models, comparative effectiveness, biogenerics/biosimilars, follow-on biologics, global pricing pressures and, perhaps, healthcare reform. Each of these has specific implications for those in charge of corporate and marketing communications. Considered together, it is clear that the role of communications has never been more important nor required such breadth of knowledge and skill.

In the second half of 2009, we saw investor confidence return full-force, helping generate a 50 percent increase in major stock market indices from their lows at the end of March 2009. Many analysts are predicting that U.S. and global capital markets will continue to strengthen in the months ahead, albeit not without fits and starts, since a great deal of the recovery has been driven by stimulus funding and

low interest rates set by the Federal Reserve and finance ministers. Real, sustainable economic growth in the coming year remains uncertain. While it promises to be another challenging year—although less volatile than the last—we're all better positioned to face it. Here's what we see for the year ahead and the implications for communications in 2010.

Pharmaceutical companies will continue to seek revenue growth to replace blockbusters going off patent. Smaller biotech companies will continue to seek partnerships and M&A's to secure the financing they can't find in tight capital markets. In 2010, both large pharmaceutical and large biotechnology companies will continue to compete for companies with advanced product pipelines as well as for companies with key technologies. This year, however, major medical device makers, healthcare IT companies and even generics companies will enter the competition to acquire technology. **Companies that enjoy well-known, respected brands and excellent reputations will have an edge in the M&A race.**

The once clear lines separating pharma, biotech, devices, diagnostics, health IT, services, and generics/biosimilars



## “A variety of new regulatory issues will emerge as the pharmaceutical industry continues to evolve to a model that is somewhat closer to that of innovative biotech.”

already have blurred and the convergence should accelerate this year as companies respond to new market opportunities that present themselves. Fueling the trend will be America’s shifting focus from sickness to wellness and from treatment to prevention. **Companies that once needed only deep expertise in pharmaceutical marketing must now cultivate equally strong capabilities in biotech, diagnostic, device, technology and consumer products marketing.**

The global recession highlighted the new economic reality—emerging markets, particularly in China, India and Brazil, are growing faster than the United States and Europe and will continue to do so. The United States will be defending its dominance in biotech as some other countries and regions position themselves for leadership in some technologies and business sectors. Reforms underway in China, for example, promise to boost the homegrown generics and biotech industries there. In these big three economies, as well as in other emerging markets—particularly those of Latin America—increasing affluence, a growing middle class, and government policies will make healthcare big business. **Cross-border integration, multi-cultural expertise, basic language skills, on-the-ground experience with legal and regulatory and global reach are all table stakes for communications teams wishing to compete in the years ahead.**

The next 12 months are sure to see additional industry consolidation and an operational shift within pharmaceutical companies from a vertically integrated model to something closer to virtual integration. Particularly in biotech, this year may prove that geography becomes less and less important as companies continue to develop more virtual (and cost-effective) business models and operate in orbits around diseases, markets or shared research. **Communications teams, in some cases, already operating as virtual teams, could help facilitate this evolution and provide corporate counsel on operational effectiveness in a virtual environment.**

Regardless of what happens with healthcare reform in 2010 (see pages 4-6), the legacy of last year’s efforts will be a continuing shift from cost to value within the U.S. healthcare system. Employers, providers and governments will look to reduce costs by increasing efficiency and delivery,

while rewarding behaviors that promote healthy lifestyles. Medicare and Medicaid will expand their role in delivery and reimbursement and the likelihood of expanded negotiations will put increased pressure on pricing. The landscape in 2010 could look increasingly familiar to companies that have been negotiating prices in Europe for the last few years. All of this will be amplified by the severe budgetary shortfalls at the state level, and with the proposed freeze in federal spending announced by President Obama in his State of the Union Speech in January, there won’t be any federal financial cavalry coming to the rescue of struggling states. **All of this lends increased urgency to communications around disease states and products as companies must clearly define the benefits and importance of treatments—all viewed through the new lens of value.**

Beyond sweeping reform and pricing, the regulatory environment in Washington DC also promises to be far more complex in 2010. Comparative effectiveness research has entered the equation and policymakers will look at cost/value + utilization/efficacy in setting policies and applying them. The comparatively high price of biologics and their increasing use will put pressure on Congress to open the door to allowing the FDA to approve generic versions of biosimilars. A variety of new regulatory issues will emerge as the pharmaceutical industry continues to evolve to a model that is somewhat closer to that of innovative biotech. Evolving intellectual property issues, regulation around stem cells used in development and questions posed by the scientific innovation driving advances in personalized medicine, all may raise challenging new regulatory and policy questions in the year ahead. **Communications teams must stay on top of the issues and the ongoing debate, and work more closely than ever as partners with legal and regulatory to assure the company voice is heard, reputation is protected and brand is advanced.**

As the old Washington adage goes, “If you’re not at the table, you’re on it.” The year ahead, if nothing else, is sure to provide communications professionals with a full plate. ■

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*To learn how Chandler Chicco Companies can provide strategic healthcare communications counsel for you in 2010 and beyond, email [contact@chandlerchicco.com](mailto:contact@chandlerchicco.com).*



# 2010 THE YEAR OF THE PATIENT

By Ritesh Patel, VerStone Digital

At no time in history have patients had more access to information about their health. Today patients live in a “sociodigital” world, where digital platforms intersect with online social communities. They can search for information, engage with fellow patients, contact disease state experts, consult third-party organizations, solicit health advocates, influence policy makers, as well as chat with friends and family. 2010 promises to be the year of the patient.

The growth in user-generated content is extraordinary. According to Neilson, social media sites are the most popular destinations globally. In 2009, we ended with some impressive numbers:

- 1.72 billion Internet users
- 126 million blogs
- 1 billion videos on YouTube
- 4 billion photos shared on Flickr
- 400 million Facebook users

Patients are redefining the sociodigital environment from search to consumption of health information. Juxtaposed against the shrinking healthcare media landscape is an explosive increase in information to be found in blogs, chat rooms, message boards, social networks and health communities.

Patients are now leveraging sociodigital tools for health information just as the “well-informed consumer” did five years ago when researching big ticket purchases or travel arrangements. In fact, according to the “Cybercitizen Study” by Manhattan Research, the e-Health consumer market has grown significantly in the past five years, from 90 million online consumers looking for health information in 2004 to nearly 160 million in 2009.

And perhaps because health is such an intensely personal topic, patients are connecting deeply in online forums to band together with like-minded people living with a disease, become spokespeople via blogs, start smart Twitter streams, produce advocacy videos for disease states and much more.

The patient is firmly in charge, becoming informed and using sociodigital tools to understand their health and manage their life. This growth has also led to a lot of dubious online content. There is a need for healthcare and pharmaceutical industry leaders

to become the arbiters of accurate and reliable information for patients. But the regulatory environment is murky and there has been no clear direction from the FDA. However, industry is slowly adopting sociodigital strategies.

Our recommendation is that the sociodigital medium is viewed as a channel to support overall corporate or brand communications strategies. There are three areas emerging where industry can help patients become better informed about their health:

**1. SEARCH** – Google and other search engines are the first place people look for information. Search engine optimization is critical in making credible and scientific content “findable” on the web.

**2. BLOGS** – Not only are many former healthcare journalists blogging and flourishing in this forum but so are a lot of patients—and surprise!—they are gaining thousands of readers, as they talk about living with a condition or caring for someone who is. These bloggers are excellent potential ambassadors (see sidebar).

**3. SOCIAL MEDIA** – There is no such thing as a “Facebook strategy” or a “Twitter strategy.” To engage in relevant social media, it needs to be part of an overall comprehensive communications strategy and not a standalone program. Sociodigital forums include but are not limited to:

• **FACEBOOK** – similar to TV, but with 400 million people

• **TWITTER** – akin to radio, great for outreach and short bursts of information to help guide patients to relevant content

• **YOUTUBE** – this video portal is a great medium to educate visually

Ultimately, patients will continue to go online, seek, participate, and share health information within the sociodigital ecosystem. Industry will need to be there to join the conversation and be part of their sphere of influence.

After all, in 2010, patients rule. ■

102.3 million U.S. patients now go online to research prescription drugs and to learn how to manage their conditions.

About one in five consumers is now using online content and tools to compare prices of health or medical products.

More than 80 million U.S. adults use social media for health-related issues, creating or using content on health blogs, message boards, chat rooms, and health social networks, as well as from health communities, and patient testimonials.

Cybercitizen Health® by Manhattan Research

To find out how Chandler Chicco Companies can help you make the most of social and digital strategies, contact Ritesh Patel at [rpatel@chandlerchicco.com](mailto:rpatel@chandlerchicco.com).

# Patient Blogger Engagement

By Trine Hindklev, CCC-US

In today's digital era, patient bloggers are citizen journalists with eyes and ears on the ground—everywhere. Meanwhile, the pool of pharmaceutical and healthcare journalists continues to shrink, providing entrée for patient bloggers to fill the information gap left behind.

It only makes sense as healthcare marketers to engage influential patient bloggers and benefit from their sphere of influence. However, while many are savvy with a deep understanding of their particular health topic, others, well... let's just say that they may not always get the facts straight or understand the nuances of fair balances or labeling.

In addition, patient bloggers are not bound by a code of ethics. The vast majority of journalists subscribe to an ethical code which states "The duty of the journalist is to seek truth and provide a fair and comprehensive account of events and issues. Conscientious journalists from all media and specialties strive to serve the public with thoroughness and honesty."

In our heavily regulated industry, it's critically important that we carefully engage patient bloggers and help them to "report" with a journalist's thoroughness and honesty. To do that, we have come up with the following seven points to guide you through patient blogger engagement.

## Read, read, read.

It's imperative to continuously monitor targeted bloggers. Unlike journalists, bloggers' "reports" are biased by on their own experiences versus the more balanced approach by journalists. Their POV can change rapidly and very publicly.

## R-E-S-P-E-C-T.

It's important to respect a patient blogger's rights to report his or her opinion and to make honest statements regarding products. By all means, point out inaccurate comments and share correct information with the patient blogger for future reference, but aggressively challenging posts in an on-line forum and/or making demands for a "retraction" often backfires.

## Stay away from "pay for play."

Paying bloggers to post about your product or service may seem like a good idea, but in the heavily regulated health and pharmaceutical industry, it's important to be unbiased. However, clearly defined advertising on blogs or engagement in other forms of transparent commercial interaction is acceptable.

## Know thy bloggers.

Just as when reaching out to a journalist, it is equally important to have a good handle on common themes, writing style, hot buttons, experience and tone.

## SWAG transparency.

If you are sending samples to bloggers, it's in your best interest to ask that it is disclosed in the blogger's post.

## Educate.

Serious patient bloggers will appreciate gentle guidance on how the FDA regulates pharmaceutical companies' communications with consumers. Once you have established a relationship, offer educational information about reporting "on-label," including the significance of fair balance when discussing a treatment on their blog.

## Do not call list.

Believe it or not, just like journalists, there are bloggers who just do not want to hear from us. Keep a list and honor it. They may come around at a later date. Real relationships are based on mutual value and respect.



# Spotlight on Germany: A Leader in the Global Healthcare Market

By Dr. Irene Haas, Managing Director and Co-Founder, Haas and Health Partner

Medical discoveries and breakthrough inventions “made in Germany,” from the synthesis of acetylsalicylic acid in 1897 to the identification of the human papilloma virus as a main cause of cervical cancer by Nobel Prize winner Professor Harald zu Hausen, have and will contribute strongly to the global effort of improving healthcare.

German pharmaceutical companies such as Bayer Schering Pharma, Boehringer Ingelheim and Merck Serono, all rooted in a strong research tradition, are standing at the forefront of medical progress. Germany’s healthcare market is a key driver not only in research but also in terms of business: it is the third largest healthcare market worldwide and only second to the United States in global biopharmaceutical production.

As in other pharmaceutical markets around the world, the changes Germany has seen lately are radical. The call for cost cutting is transforming a traditionally doctor-oriented, sales force-dominated marketplace with rigid but predictable structures, into one that is becoming increasingly fractionated by contracts between companies and payers, and payers and physicians, with the patients potentially losing quality care (innovations) and free choice of doctor.

In terms of marketing communications, these changes need in-depth understanding, anticipation and innovative approaches. Haas & Health Partner, as well as SanCom Communication Solutions, both members of Chandler Chicco Companies and among the top five healthcare communications agencies in Germany, pride themselves on proven track records of successfully helping their clients to achieve their goals – among them, unparalleled product launches such as Yentreve, Concerta, Xigris, Efient, Vistabel, and Pradaxa.

In connection with Chandler Chicco Companies, Haas & Health Partner has launched a new business unit, Brandtectonics Access Germany, that designs, facilitates and delivers tailored solutions to optimise patient access to clients’ brands. We are already successfully cooperating with the London operations of Brandtectonics Access on a project for GSK. With our shared experience and perspective, we will continue to strengthen and expand CCC’s unique offering and capabilities for clients in Europe’s largest healthcare market. ■

To find out more about Haas & Health Partner, contact Dr. Irene Haas at [haas@haas-health.de](mailto:haas@haas-health.de).

To find out more about Chandler Chicco Companies’ Global Healthcare Network, please contact Fiona Hall at [fhall@chandlerchiccocompanies.com](mailto:fhall@chandlerchiccocompanies.com).

## Daiichi Sankyo & Lilly: Launching the New Oral Anti-platelet Agent Efient® in Germany



In 2008, Daiichi Sankyo Germany and Lilly Germany chose Haas & Health Partner as their PR partner to support pre-launch, launch and post-launch communication for their new oral anti-platelet agent prasugrel [Efient® in

the EU, Effient® in the US] in the German market.

The main goal was to create awareness for prasugrel/ Efient® as the new treatment option to prevent atherothrombotic events in ACS patients undergoing PCI by ensuring continuous, robust and positive media coverage. Focusing on data and product milestones, the PR team highlighted the unmet medical need and consequences of uncontrolled ACS. Subsequently, prasugrel was established as an alternative to current oral anti-platelet therapies in medical trade media.

To build and win the desired media share of voice in the area of ACS treatment and cardiology, it was crucial to leverage the launch of Efient® to maintain

awareness/media coverage throughout the year, which required a unique event to spark attention.

“The Major Cardiac [PR] Event” took place at the MACE restaurant in Munich’s city center in May 2009. The multi-sensory ‘Efient® Media Launch Experience’ created the atmosphere of a medical congress with poster presentations, data review sessions, panel discussions and hands-on training for the attending journalists, allowing them to perform a stent implantation on their own.

### RESULTS:

- >> **Media attendance:** 17 journalists from all key trade media outlets, including all lead titles in cardiology and general medicine
- >> **Media coverage by the end of 2009:** 18 trade media clips [~1.1 million media impressions]
- >> The launch was covered throughout the year, with journalists continuing to talk about their personal PCI experience