

UP A GSW INSIGHT MAGAZINE ROOT

2011 AGENCY TREND REPORT ISSUE

The Client-Agency Relationship

A radical new agency approach that delivers results

Composite Decision Making

The facts of how women approach healthcare decisions

Five Metrics That Matter Now

Measuring your return on investment in digital and social

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We hope you'll take a read about our perspectives on the trends that are changing healthcare marketing and gain valuable insight and knowledge about how we can better engage with brands and customers.

The content in this magazine was written by some of our most talented strategists, creative directors, planners, project managers, digital, and social media experts. Oh, and two of our agency execs. How's that for a diverse set of thought leaders?

If you want to read more about our POVs, visit us here:

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**THE
RISE
OF THE
NURSE
INFLUENCER**



**CHANGING THE CONVERSATION
IN THE EXAM ROOM & ONLINE**

It's rather puzzling how the title "nurse" is becoming more and more genericized as the profession itself is evolving into one of increasing influence in the healthcare world.

The title of “nurse” can lead to confusion when it comes to understanding not only the professional’s role, but also the impact that the healthcare professional has on a patient’s treatment experience. When examining this role for marketing purposes, we’re finding that the nurse’s influence can be of pivotal importance.

A nurse can be a licensed practical nurse (LPN), licensed vocational nurse (LVN), or a registered nurse (RN) who works in a healthcare organization or a physician’s office. The title “nurse” can also be applied to an advanced practice registered nurse (APRN) who can work independently and prescribe. As we consider the role of the nurse influencer and how he/she is changing the conversation, we must first understand the different types of nurses.

Most often, the LPN is the nurse in the doctor’s office. However, medical assistants (MAs) are the most common type of healthcare professional in a doctor’s office—especially in primary care—and they sometimes handle some of the nurse’s basic responsibilities. Many people mistakenly refer to them as nurses, but it is important to note that many state laws prohibit this generalized titling; legally speaking, the term “nurse” can be used only to describe LPNs, LVNs, RNs, or APRNs. As we explore the role of the nurse influencer, we will first consider the LPNs, LVNs, and RNs found in a primary care setting. Then we will discuss the role of the APRN, who can be found in either a doctor’s office or in solo practice.

The role of the nurse is evolving. Our current healthcare system has required physicians to spend less time with each patient, which has, in turn, expanded the role of the nurse in the primary care setting. In many offices, the nurse is the person who gathers the

patient’s history and primary complaint. While this seems very standard, it is the manner in which the nurse procures this information and what he or she does with it that is becoming of particular interest. This is where the conversation is changing.

issues. This is where the nurse becomes an influencer.

When the nurse asks about the primary complaint, he or she can change the course of the patient’s experience. Many times, patients come to the office with a list of questions

The role of the nurse is evolving. Our current healthcare system has required physicians to spend less time with each patient, which has, in turn, expanded the role of the nurse in the primary care setting.

In offices where electronic medical records (EMRs) are being used, a pre-populated screen suggests questions for the nurse to ask the patient and provides guidance for taking the patient’s history and primary complaint. The EMR will also display a list of the patient’s medications for review. The nurse can say “I see here that you are taking this, this, and this,” and allow the patient to respond with any issues. Or the nurse could engage the patient by saying, “I see here that you are prescribed this—are you taking it as prescribed? How is it agreeing with you? Are you having any difficulty?” Based on the nurse’s approach, the outcome of the conversation could be very different. The conversation can change by probing more than what is required for the EMR. At this point, the nurse is determining adherence to therapy and can suggest talking to the doctor about alternatives or compliance

and, typically, the last one on the list is the most important one. Knowing this, the nurse can guide the patient in presenting the information to the physician in the most effective way. Again, this is a way that the nurse influences the overall outcome of the physician-patient encounter.

Upon completion of the patient’s exam, the nurse is often asked to provide patient education about a therapy: how treatment is administered, what to expect, and how to manage side effects. This role of the nurse is very important because patients who are given more realistic expectations have fewer questions after they leave the office and can be more compliant with therapy. Effective instruction elevates the nurse’s role, as well as her sphere of influence.

Recent insight mining with nurses who work in primary care offices has shown that nurses often go online for patient information. They will go

to branded Web sites for product-specific information, to well-respected educational sites like WebMD, or to advocacy group sites (as needed) for information on a particular condition. The nurses will then print patient education pieces from these sites rather than storing copies in their office. With the emergence of EMR and access to a computer in every exam room, this type of activity has increased. This behavior demonstrates the importance of the nurse in forging patient relationships, which can lead to further influence over the patient's experience.

The nurse's influence does not stop when the patient leaves. Patients call back with questions, pharmacies may call back to challenge prescribing decisions, and insurance companies might question a course of therapy and whether the patient is qualified. During this aspect of patient care, the nurse is able to influence the patient's outcome by responding to these external encounters.

Thanks to the Internet, a nurse's influence can reach even farther. Because the LPNs, LVNs, and RNs in doctors' offices are often isolated from other nurses, they turn to Web sites and blogs that have been developed specifically for nurses to exchange ideas and share experiences with each other. In this way, they can

anonymously learn from one another in a nonthreatening way.

Lists of online resources can be found on Cybernurse.com and RNCentral.com.

Now, let's examine the rapidly increasing influence of the APRN. APRNs have prescribing privileges and can be a clinical nurse specialist (CNS), certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), or a nurse practitioner (NP).

With the advent of minute clinics and independent practices in some states, APRNs aren't simply influencing; they are actually making decisions. They are performing assessments and making treatment decisions based on those assessments. Some are making decisions based on a particular protocol, but, as protocols are being established, they have an opportunity to influence their parameters and do.

Understanding the differences in subspecialties must be understood in order to effectively communicate with the APRN. NPs are the most common type of APRN found in a primary care office. There are more than 120,000 NPs in the United States, and 44% of primary care physicians report having at least one NP in their office. NPs have prescribing privileges in every state, but

the laws governing their prescribing vary from state to state.

APRNs have a lot to offer a marketing plan. They are afforded more time with the patient for patient education, psychosocial assessments, and total patient care. If they are passionate about a health condition or a particular therapy, they can be the most vocal influencer in a practice. They are motivated by making a difference for a particular health cause and are typically more likely to support a cause than a physician. Leveraging this insight can be very effective when soliciting an APRN's support of a product or procedure.

APRNs can make a big difference in total patient care. Patients report a more satisfying healthcare experience with NPs. A recent article published in the *Journal for Nurse Practitioners* reported on an APRN-managed diabetes clinic for veterans. After just six weeks, patients reported increased knowledge about insulin, increased ability for self-care (which has shown to lower HgbA1c), and more empowerment in taking control of their disease. These are the type of outcomes that are reported with the care patients receive from APRN intervention.

APRNs are also very active online. They participate in Webinars, they blog about their experiences, and they gain information from sites like

120,000

THE NUMBER OF NPs IN THE US

44%

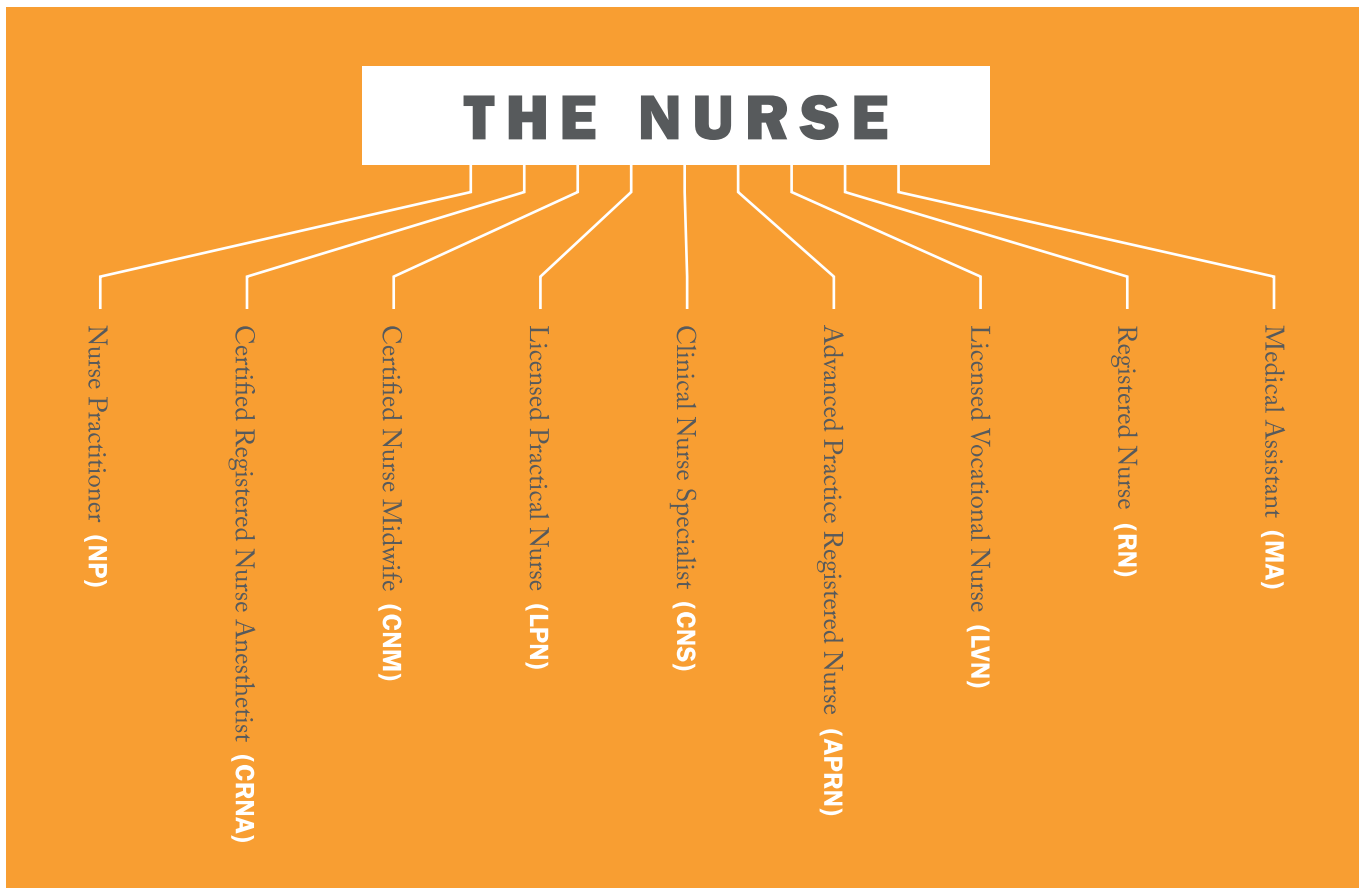
OF PRIMARY CARE PHYSICIANS
REPORT HAVING AT LEAST ONE NP
IN THEIR OFFICE

Clinician1.com and Advance.com. There are several nursing organizations that are specific to NPs, which provide them with up-to-date information and practice parameters. Most NPs associate with an organization that is specific to their area of specialization, like Nurse Practitioners in Women’s Health (NPWH) and the National Association of Pediatric Nurse Practitioners (NAPNAP). Many NPs are politically involved in establishing reimbursement or watching legislation that affects their practice. With the changes in the Health Care Reform Act, the influence of the NP is changing drastically. The NP is being supported and encouraged, and funding is being earmarked for this profession.

If APRNs are the target of your marketing efforts, how will you determine effectiveness? Oftentimes, effectiveness of pharmaceutical reps is evaluated by keeping track of the prescribing behaviors of their called-on customers. But unlike physicians, APRNs do not have their own medical number to associate with prescriptions they write. At this time there is not a system in place for keeping track of their prescribing behaviors. Most often the APRN’s prescriptions are attributed to their collaborating physician, which gives the perception that the rep’s efforts with the APRN are ineffective because there is no indication that prescriptions have increased. In order to track the effectiveness of efforts with the

APRN, the rep should keep track of the collaborating physician’s prescriptions.

So when your interest in gaining new insights into today’s patient care from a credible and increasingly important source—one that has the power to shape patient outcomes and strengthen patient bonds—those in the nursing field are excellent candidates. But before you begin planning, it is important to know what type of nurse you are targeting, and give him or her the respect of someone whose influence on the health of our nation will be far-reaching.



HEALTH CARE

TO SELF- CARE

As healthcare becomes more expensive or overwhelming in terms of treatment regimen, a growing trend is for some consumers to migrate toward self-care. Essentially, these consumers seek out nontraditional treatment options they can manage on their own as a replacement to the traditional care delivered through the healthcare system. It is not only cost driven but also rooted in the desire for consumers to garner more control over their healthcare and ultimately their lives.

Self-care options run the gamut—from diet and exercise plans, to homeopathic treatments, to fortified foods and nutraceuticals, to self-guided or group activities. It is a personal reaction to a system that has become more complex, more expensive, and more complicated. The proliferation of information and products over the Web has sped the migration away from traditional care options. From diabetes to high cholesterol to cosmetic anti-aging efforts, consumers are presented with a myriad of options that promise to empower patients in the treatment of their own health-related condition.



Foods such as pomegranate juice claim various health benefits from high level of antioxidants and vitamins.



“Prescription Quality” cinnamon extract is used by patients as a homeopathic alternative to prescriptions to attain glycemic control.



OTC anti-aging products results are similar to those of in-office or prescription treatments for a fraction of the cost.

They will influence how we market healthcare brands and products by changing how patients evaluate product claims amidst an ever-growing set of options. As patients become more empowered in their decision making and transition to self-care treatment regimens, it will force healthcare companies to refine their efforts to present consumers with a compelling value proposition—from product availability, pricing, ease of use, and ultimately therapeutic benefit.

THE NEW ERA

of

CLIENT-AGENCY

RELATIONSHIPS



*Agencies need radically new approaches
to deliver results that break through the
new landscape and cost less.*

The strain put on pharma companies by external dynamics has never been greater. Like many, pharma companies are looking to get the most out of marketing for the least amount of investment. They are relying on their agencies and strategic partners to cut expenses and look for smarter ways to help grow brands in an increasingly competitive marketplace. These factors and others point to a changing “model” of the client-agency relationship that addresses current challenges in light of our new environment. As marketers in this new era, we know there is no shortage of dialogue about the considerable challenges facing our industry today: more consolidation of manufacturers and agencies, increased competition, drastically reduced sales forces, fewer blockbuster products, less time and money. Add to the mix new technology channels and the social media phenomenon that has mobilized our industry and continues to grow at an explosive rate. The “old” environment marketers were accustomed to has a new face. The next phase of the pharmaceutical sector’s life cycle is here, and the industry’s expectation of what lies around the corner is not completely clear. The new client-agency model should be one that is prepared to look ahead at the overarching, perhaps not-yet-seen challenges and opportunities that could impact the client’s business and plan to work collaboratively to address not only what’s around the corner but what’s around the next two or three. The truth of our present environment is there is no room for error, or waste. One way pharmaceutical companies are looking to be more efficient and effective is to look to their agency partners to continually seek new ideas and innovative solutions that can help move their brands forward

while creating ways to reduce cost and minimize waste. The inner workings of the new client-agency relationship consists of a model that tackles industry challenges through collaboration and partnership to ensure that the benefits



**THE UNPREDICTABLE COURSE THAT LIES
AHEAD FOR THE FUTURE OF HEALTHCARE
IN AMERICA AND THE INFLUX STATE OF THE
ECONOMY HAS FORCED PHARMACEUTICAL
COMPANIES TO IDENTIFY THE MOST EFFICIENT
WAYS TO MANAGE THEIR BUSINESS.**



in cost savings are not counterbalanced by a reduction in quality, and together a brand is made stronger, and smart solutions start to unfold.

In 1984, the average client-agency relationship tenure was 7.2 years. By 1997 (13 years later), that number declined 25% to 5.3 years. If the trend continues, by 2010, clients will search for a new agency every 4 years.* Suffice it to say that client-agency relationships are one of the most complex in the business environment, requiring a substantial level of collaboration to be effective.

Five years ago, as financial and regulatory pressures began to intensify in the industry, many pharmaceutical companies were looking to cut their

costs by managing their agencies like commodities. The challenge for agencies was, and still is, to help clients see the agency as a partner rather than a vendor or supplier. To help bridge that gap, agency services have had to expand and broaden their scope—not only as agencies as a whole but also within the capabilities of client services. This includes having a deeper understanding of client’s customers, brand benefits/features, competitive and category landscape, and all available communication vehicles. Client services must have the competency to pull all of these together to help drive clients and their brands forward.

Traditionally, brand teams are aligned functionally by communication channel, by business segment, or whatever the need may be at the time. Many pharma companies already have functional experts whether it’s public relations, medical education, e-marketing, or the like. Some have strategic marketing separated from tactical marketing (marketing communications functions), but at the end of the day, there are subsets, some small, some large, but frequently not on the same brand page. Although the client-agency teams have evolved, they still tend to manage decisions in silos, which have sometimes hindered the productivity or outcome of the team’s goals.

Today, agency client services are playing a singular point of contact across multiple functional areas within a client’s organization—marketing, sales training, research, in-house production teams, event planners, regulatory, medical, and technology. This requires client service teams to be brand experts, culturally in-tune, organized, and

excellent communicators, becoming the “new brand team.” The team must recognize they are entering a new phase of the pharmaceutical lifestyle where collaboration is a core capability for success.

The obvious impact of technology has created a digital world that has evolved to new heights, enabling brands to reach customers in a much more targeted, personal, conversational, relevant and cost effective manner. Therefore, it’s not news to marketers that technology has drastically altered market dynamics, forcing clients and agencies to be more educated, informed, and engaged about the power and impact of digital. Most agencies have transfused digital capabilities into who they are, and they pass that value onto clients and brands every day. For instance, the rise in the development of innovative Web-based job tracking tools is making its way to the forefront of the client-agency efficiency model. These new tools are designed to function as a Web-based job jacket/project management tool that organizes daily deliverables, tracks the history on every project, incorporates e-routing, functions as a repository for all documents, and allows immediate access to branding guidelines. This capability can positively change the way agencies internal processes are managed and therefore bring potential cost savings back to the client.

With the introduction of online search tools, online communities, and social media marketing techniques, marketers are discovering new opportunities to reach niches of customers at lower cost and with significantly less effort.

Looking at the impact of technology from a broader scale, the

massive migration of consumers from traditional media channels to new Internet-based delivery of media, news, and information, as well as the rise in the use of social media tools like blogs, wikis, podcasts, and online communities, has most marketing professionals believing they’ve reached a tipping point. Marketers are asking the question, “Have we reached the peak in what can be accomplished with mass marketing?” and if so, this could lead to the beginning decline of it as a primary marketing technique for companies. This factor alone opens the door for new ways in which clients can look to their agencies for innovation and new ideas as it relates to the booming age of digital.

As marketers prepare for what the future holds and strategize about how to help clients remain ahead of the curve, there is no question technology will be a crucial factor for measuring their success.

To move both parties (client/agency) from good to great, there are smart ways to economize on advertising and marketing practices. In today’s market, more reliance is being placed on the value proposition more than ever before. Clients are looking to their agency partners to be equipped and ready to fulfill needs that are just now surfacing and coming to the forefront. In turn, pharma companies have become generally self-aware of what their core competencies are within their organization and what they want to be good at in the future. In fact, some are beginning to share the belief that external collaboration is an intimate ingredient to the success of the future.

* Survey of Client-Agency Relationship Tenure, 1997: American Association of Advertising Agencies.

For pharma companies, some of the benefits of collaborating with agencies as partners include efficiencies that result from an evolved process; having dedicated, seasoned teams and relationships based on deeper knowledge, resulting in less turnover of personnel; discipline and trust; and resources that provide fully integrated communications plans.

3 SUGGESTIONS TO HELP PHARMA COMPANIES GET THE MOST VALUE FROM THEIR AGENCY TEAM:

1. Leverage the agency's capabilities more strategically to reduce or minimize waste. Build from a different client-agency team blueprint. This starts with creating a shared approach that puts the brand at the center, erases the old agency-client boundaries, focuses on talent to task, eliminates duplicative roles, and shortens the lines of communication and decision making. The processes that define brand planning, investment decisions, and production should be re-imagined. Client-agency teams need to reflect on what core competencies they should own and which competencies they should entrust with more informed/expert hands. With this ownership redefined, teams have the fortitude to eliminate duplication that adds little value beyond a check and balance. If done correctly, the net result will be smaller, more nimble, more efficient, and more effective brand teams. The value proposition is a significant reduction in cycle time and hours while ensuring brand continuity, and that savings can be passed on to clients.

2. Focus on the development of client-agency service teams. Not only are they the future leaders for our industry, but they spend a significant amount of time with clients addressing their needs. With the downsizing of mid to large pharma companies, the current infrastructures in place are populated with varying levels of experience—oversight of external suppliers have much greater knowledge and value to bring to bear rather than running through a toll gate of inexperience that lessens the impact and value of what's being offered. Pharma companies are relying on inexperience to filter, process, and make decisions about what goes forward and what gets invested in. Plus, there's often duplication in roles that can be avoided or better managed.

3. Comprehensive channel planning. Getting the most out of every dollar spent is more important than ever before. Clients can extend the accountability of developing fully integrated tactical plans to their agency partner. By being embedded in the brand strategy the agency is well-positioned to ensure that all programs and tactics work together synergistically to drive the brand performance. This includes managing all internal agency departments to work together as well as coordinate the activities of other suppliers to make sure that everything the brand produces with respect to marketing respects the brand promise. This ensures that there are no programs or tactics that are "one off" or that don't work with the others to produce brand synergy. This can be achieved by the agency playing the role of program aggregator through regular planning meetings with members of the extended team. Finally, this will produce a well integrated, effective, and efficient brand plan. The client brand team can thus focus on interacting and gaining better insight with their customers.



Experienced brand teams know that waste is created by not leveraging a single brand experience, through fewer tactics, synergistically-connected, and strategically-driven through channels most likely to reach the target audience. This is created by needless investment in disconnected tactical ideas, redundancy of functions/people, large inventories of unfinished materials, and/or excessive cycle time.

Successful client-agency teams must work together to fill in that middle ground.

As the new era of pharma marketing evolves, it has become crucial for the new client-agency model to take on a forward thinking approach that includes understanding the impact of factors such as adherence, patient education, and commercialization and help identify obstacles and opportunities for growth as part of the marketing mix. While we know front end marketing tactics are key to the success of a product launch and campaign development, it is important (although sometimes more challenging) to successfully connect the front end tactics (strategic plans and market research) with back end programs (adherence and outcomes) to ensure success from beginning to end of a product's life cycle.

To gain an advantage in this market, client-agency teams must work together to connect the dots of the product's life cycle to solve the front end/back end conundrum. It takes time, commitment, and a diverse background of expertise and insight to achieve success. To achieve this under the new model, the work should be shared by a broader group of professionals across multiple disciplines. With client needs and input to guide the path, a solution may be to develop a client-agency team to align relevant expertise with brand team stakeholders for a comprehensive experience marketing workshop. This will ensure broad input is gained through the representation of multiple disciplines, talents, and perspectives. The output includes consensus regarding the optimal experience for a product/brand and a robust exploration of ways to maximize success.

To be effective in this environment and find success through collaboration, a shared commitment based on trust and discipline is needed to find new pathways

to being more efficient. Through integrated agency services and expertise and aligning team members across capabilities, the following objectives can be achieved: One point of contact to lead and/or facilitate development and implementation of brand and communication strategy as well as process integration; brand excellence through innovation, quality of work, and brand performance including brand consistency; Streamlined process/no duplication of functions or activities/build in synergies; financial efficiencies and system integration (ie, integrated scope of work, favorable pricing).

CREATING A NEW PATHWAY FOR "HYPER-COLLABORATION"

Achieving a level of comfort after making a profound change like this is predicated on good measurement to ensure that the client-agency teams have the tools to inspire course changes and achievement of objectives. This can be accomplished by developing a score card of data monitored on a quarterly basis that is composed of three relevant components: brand performance, team performance, and personal satisfaction.

Under the brand performance category should include the expected metrics: volume, market share, and new patients. Every brand wants to achieve a position in their customer's mind. If done properly, this position should be a leading indicator of the brand success. By monitoring brand equity with effective positioning, you can really get a better understanding of whether the brand is on track with the plan.

The team performance can be monitored through the measurement of things like project cycle time, overall number of projects opened (should be lower because of synergy

achieved with integrated approach), on budget performance, and overall time reduction. With a better sharing of the executional or operational duties with the agency, clients should also be able to increase client team strategic time or time with customers.

Finally, it's important not to lose the opportunity to monitor personal satisfaction through anonymous surveys. This approach should increase the accountability and job satisfaction of both the client and agency teams. The survey can also play an important role in getting at the team temperature to ensure the team is working on all cylinders.

As client-agency teams continue to navigate through the uncharted waters of the pharma marketing maze, it is important to note that a single brand team should be built with people and processes that logically enable one another and make the whole greater than the sum of its parts. Although the client-agency teams have evolved over time, the partnership hasn't developed as much as it needs to be for the future. Smaller, senior client teams who are entrusted with tactical implementation and can lead project management need to be developed and become the drivers of the relationship.

The successful client-agency team of the future is built with only essential parts. By instilling a spirit of partnership and collaboration in the relationship, it will void the atmosphere of mistrust, lack of respect, and an undercurrent of intimidation that can sometimes be present, and some would argue can also weaken the client-agency relationship. These tactics have no place in a partnership. It only undermines trust and productivity for both parties.



Five Ways Feminization of Medicine Is Changing and What It Means to Marketers

Over the past century, women have gone from exclusion from medical schools to a projected 50% of all physicians by 2025. Today, the tipping point has been reached in primary care, where female residents are now the majority. Should this matter to us as marketers?

After all, physicians are physicians—they care about data, method of action, and the science story. Right?

WITHOUT A DOUBT, THE CHANGE IN HOW PHYSICIANS VIEW THEIR PROFESSION WILL IMPACT THE WAY THEY IDENTIFY WITH HEALTHCARE BRANDS.

HERE ARE A FEW OF THE WAYS FEMALE AND YOUNGER PHYSICIANS ARE CHANGING THE FUTURE OF MEDICINE AND THE OPPORTUNITIES THIS PRESENTS FOR FORWARD-THINKING MARKETERS.

.01

THEY WORK FEWER HOURS.

According to the American Medical Association, women doctors work 49 hours per week on average vs 57 for male counterparts. MomMd says women are more likely to put in extra effort to balance the personal and professional aspects of their lives. Parental leave, flextime, and job sharing are examples of some of the solutions women have found to help with this balancing act. Studies show younger physicians also work fewer hours than older doctors. The result: work will no longer happen exclusively at work. According to Manhattan Research, 78% of physicians are already doing online research for work before and after hours; 75% are doing the same on weekends.

OPPORTUNITY:

THE ON-CALL BRAND.

Physicians are looking for new kinds of programs that let them access sales reps and resources on their own time. That means answers like on-demand detailing, one-click scheduling of after-hour appointments, and 24-hour call centers staffed by medical experts. These doctors value tools that enable them to consume information on their terms and extend caregiving beyond the office.

.02

THEY SEE FEWER PATIENTS PER HOUR AND SPEND MORE TIME WITH EACH.

Seeing more patients more frequently may not increase the life expectancy of those patients, but spending more time with each patient may well result in more effective clinical encounters and better outcomes. Primary care practices are moving from quantity to quality, with female and younger practitioners seeing up to 14% fewer patients per day.

Female physicians are also seeking personal balance and quality of life. Compared to their male colleagues, they are less advanced in their specialty qualification, are less prone to choosing prestigious surgical fields, have a mentor less often, more often work at small hospitals or in private practice, aspire less often to senior-level hospital or academic positions, and consider part-time work more often. They aren't as willing to accept the trade-offs required to meet typical definitions of success.

OPPORTUNITY:

THE BRAND WITH PURPOSE.

In addition to clinical stories, these physicians will be more likely to identify with brands that have a higher ethical mission and will pay attention to brand integrity, its authenticity, and its actions. A brand will be judged not just on how it performs but how much it cares—through its message, its service, and its actions on behalf of patients and the healthcare community.

.03

THEY HAVE BETTER COMMUNICATION SKILLS.

Characteristics identified in studies of female physicians show that they are better not only at listening but also at hearing their patients, paying closer attention and interrupting less often than men. Patients who feel heard are happier with their health providers. Edward Salzberg, director of the Center for Workforce Studies at SUNY at Buffalo even hypothesizes, “This could be one reason why patients sue women physicians less.” The female traits indicated as desirable in Pink Tank’s She Says Survey add up to interactions that feel less like consultations, more like conversations.

OPPORTUNITY:

THE CONNECTING BRAND.

Help in facilitating physician/patient conversations will be a welcome brand benefit, especially with non-life threatening, more QOL issues where the answer is less clear-cut. That means bringing more patient voice to the brand as well as creating brand conversation tools, the kind that help patients speak up and help physicians hear them more accurately and empathetically. Physicians and patients share a desire to agree. The brand can facilitate agreement even before the conversation takes place by creating common language and helping them understand one another.

.04

THEY ARE OPEN TO MORE HOLISTIC AND PREVENTIVE APPROACHES.

A survey of general practitioners’ views demonstrated that female general practitioners are more likely than their male counterparts to view complementary healthcare practices as useful. Separate studies have shown that younger physicians are also more likely to exhibit positive attitudes toward complementary and alternative medicine. Female physicians also value the opinions of peers and are more likely to channel the questions and ideas of a like-minded group.

OPPORTUNITY:

THE COOPERATIVE BRAND.

Brands that connect will not present themselves as complete solutions but will be inclusive, bringing programs and support therapy partners together with a focus on holistic patient outcomes. They will facilitate communities of like-minded professionals, invite them to participate in conversations, and focus on opening new possibilities versus closing a sale.

.05

THEY HAVE MORE REALISTIC EXPECTATIONS.

Female and younger physicians are less black-and-white when it comes to applying science and more able to personalize it for patients. For example, from Medscape, April 2010: “Presented here at the Society of Behavioral Medicine 31st Annual Meeting and Scientific Sessions, a new study shows female physicians set more realistic ideal and successful goals for both male and female patients ($P < 0.03$). For the acceptable goal, physicians set an average 13% to 14% weight reduction for male and female patients, exceeding the 5% to 10% losses that are currently recommended.”

OPPORTUNITY:

THE REAL-WORLD BRAND.

For these physicians, data need to be presented in a more real-world context, less limited to clinical challenges and results, more inclusive of related nonclinical issues. For example, patient profiles that go beyond statistics to give more consideration to lifestyle factors and realistic cultural and social challenges.

Simply put, the humanization of medicine will require brands to be more, well, human—always on call to help counsel better conversations and to collaborate as a peer around the higher purpose of medicine: to help patients and physicians navigate the real world.

COMPOSITE

We spent \$315 billion dollars on pharmaceuticals in the United States in 2007, and healthcare marketers spent just shy of \$5 billion dollars in direct-to-consumer communications on behalf of their brands.

DECISION

Whether you're spending hundreds of millions or several million, sometimes ROI is realized, but other times these investments fall short of potential. What's the difference?

MAKING

When it comes to women and health, the answer is not always obvious. Pink Tank recently surveyed 1300 women on why they are saying yes to some brands and no to others and uncovered some interesting changes.

Faced with an explosion of conditions, choices, and health communications, women are consuming more—40% of women age 45 and older are taking three or more scripts, up from 20% 10 years ago—but also questioning more. They are more closely scrutinizing those decisions and questioning the trustworthiness of brand communications and the focus on illness over wellness. Along the way, they

their health questions answered. While women still report a great deal of trust in their doctors, half of women feel increasingly empowered to rely on themselves rather than on doctors. So how are these women making decisions and where are they turning instead?

“Composite Decision Making” is filling the gap as doctor and brand authority decline.

Very few women want to do it alone, relying only on themselves.

In the same way that moms create a network of shared parenting information, Ka-Boomer women are creating similar and powerful networks of healthcare information with a few close friends that are challenging the role of traditional media and are different from wide ranging social networks.

44%

of women will investigate before filling a prescription.

are blowing up the traditional role of the doctor as the initiator and as the final say in decisions on health brands and challenging brand authority. The “point of sale,” long considered to start and end with the doctor appointment, is now more fluid, extending before and after the appointment. In the Will She Say Yes study, 40% of women continued their evaluation before deciding if they would fill a new prescription after leaving their doctor's office, giving a new significance to the post-script conversation.

Women are determined to get their health questions answered. Of five personality types, women felt most like the Bionic Woman (“I never stop until I get all the answers I need”) and Judge Judy (“I’m a cynic until I get all the facts”) when it comes to getting

Women are taking advantage of growing sources of information. In addition to her doctor and pharma Web sites, women are turning to multiple and varied sources. They are more savvy in their article choices, preferring articles from known and trusted sources. They are also listening to other women—what her friends say, blogs, and Websites. But it's what they are doing with this that's interesting—they are composite decision makers who compare and assemble information to see a complete picture before making a long-term commitment to a brand. Increasingly, these are sources of information when brands have less direct control over the dialogue, and this has big implications for brand marketers.

Nearly three-quarters of all women forward health information or articles on to others; 3 in 10 do so on a monthly or more frequent basis. Half share through discussions, and a third share via e-mail. Nearly 60% of women are influenced by online reviews from other women/patients.

Women have a high standard for information and claims for prescriptions, as well as a high level of cynicism. Forty-three percent feel pharma advertising is necessary, but 56% feel it does more harm than good. Accordingly, the information they need and want to make decisions is changing in ways that have important implications for marketers on messages, branded and unbranded approaches, and creative.

4 TENETS

**AUDIT HER COMPOSITE
DECISION MAKING PROCESS
AND FIX ANY HOLES.**

**INCLUDE SHAREWORTHY
INFORMATION IN YOUR
CAMPAIGN.**

**DESIGN YOUR CAMPAIGNS
ALL THE WAY THROUGH THE
POST-SCRIPT DECISION.**

**FOCUS LESS ON SELLING
AND MORE ON SERVING.**

WHAT BRANDS CAN DO

Step into the customer's shoes, sit down at the computer, and see what a quick, 10-minute post-script tour would tell her about the prescription she's holding in her hand. What does WebMD say? Is it only sponsored content, or is there editorial? What are the forums saying about the brand? Next step, Google for an article search. Anything from Cleveland Clinic or other recognizable names? Next stop, search the top patient forums and blogs—do you know what your advocates say and your adversaries? Based on all of this, if you were searching for your mother, what would you tell her about filling that script?

Shareworthy information is the key to getting passed along. It's a key piece of information that she can really relate to that she feels her friends should know. In osteoporosis, women found it shareworthy to know that your bones actually peak at 30 and that if your body doesn't get the calcium it needs, it takes it from your bones. Do you know your shareworthy information?

Composite decision making still takes considerable effort. Brands that make it easier for women to make post-script decisions—by understanding her objectives and meeting those needs—will see the reward.

Women are composite decision makers because they want to feel confident they are making good decisions. Make sure your brand actions support a feeling that "it's patient before pocketbook."

A FEW SUGGESTIONS FROM WOMEN SURVEYED

Emphasize how a drug works in my body, including video or visuals

Focus on education about women's health conditions

Include stories from real patients

Give back to the community by donating or helping a cause

Show more women like me

COMPLEMENTARY

ALTERNATIVE

MEDICINE & HOW TO

IMPROVE THE

PATIENT & PHYSICIAN

EDUCATION

As marketers of products designed to help patients with a wide range of conditions, we have significant responsibility.

Not only are we required to follow stringent guidelines around what we can and cannot say as it relates to specific products, but we also have important information to share. We take it upon ourselves to develop creative ways to cut through the clutter of the vast amount of information available to physicians and patients so that our intended audience can receive and understand our messages.

THE QUESTION IS HOW DO YOU FIND INFORMATION THAT IS BOTH RELIABLE AND RELEVANT?

ONE WAY IS FOR PATIENTS TO GET THIS INFORMATION FROM THEIR OWN PHYSICIANS.

But what about information pertaining to alternative therapies? There is an inordinate amount of information available, as anyone can see after a simple Internet search. The question is how do you find information that is both reliable and relevant? One way is for patients to get this information from their own physicians. But because complementary alternative medicine (CAM) is still unproven, physicians may be hesitant to discuss these types of therapies with their patients.

This leaves a void, for both the physician and the patient. The patient may have a desire to know about these alternatives. Or in other cases, the patient may have taken it upon him/herself to seek this information and not be inclined to share it with him/her physician.

Here's where marketers can help. We need to understand the entire landscape in which a drug is offered. Not just mainstream products but also those that a patient may seek that are considered CAM. We already go to great lengths to fully understand competing mainstream therapies, but we need to make similar efforts to understand CAM therapies and how they fit in with traditional approaches by physicians.

Before we're able to do that, we have to understand all the terms that are out there and how they differ.

First, the most often confused is the term holistic. Often, patients may confuse holistic medicine with CAM. Holistic medicine is the whole person approach to medicine. Holistic is not equal to CAM.

CAM is a group of diverse medical and healthcare systems, practices, and products that are not generally considered part of therapies conventional medicine.* Some of the therapies that are considered CAM are nutrition and supplements, massage, yoga, meditation, and acupuncture, just to name a few. Since these therapies continually evolve and undergo testing for efficacy, the list of what is considered CAM changes too. As therapies are tested and shown to be efficacious, they typically move to conventional medicine.

The number of people who turn to CAM in the United States has not grown significantly in the last several years, up just 2% from 2002 to 2007 according to the National Institutes of Health. As of 2007, 38% of adults use CAM, while 12% of children employ these therapies. Women tend to use CAM more often and usually those women with higher levels of both education and income.

What has changed in the past five years is the types of therapies that people seek.†

Conditions that most result in patients seeking CAM therapies, as of 2007, were back pain, neck pain, joint pain, and arthritis. Other conditions were anxiety or depression, severe headache or migraine, and insomnia. Many symptoms that patients sought to improve were a result of other diseases, such as cancer.

CAM therapies that showed the greatest increase in use in the last few years were deep breathing, meditation, massage, and yoga. In addition, the natural products that were most

often used included fish oil, omega 3, glucosamine, echinacea, and flaxseed.

According to recent articles, CAM therapies are going mainstream. This is alarming to some due to evidence that some of these natural pills and therapies lack value and are not regulated by the FDA in the same way as the pharmaceutical industry.

Regardless of the patient issue or the treatment used, one concern of physicians is how these CAM therapies interact with traditional medications the patient takes for their condition. What is more disturbing is that a physician could be unaware of CAM a patient uses.

A chief concern for patients is getting the right information for the right condition. You can conduct an internet search on any condition and get a wide range of entries, some that appear to be completely nonsensical, some that are reputable. But, how is a patient to know?

What's worse is that sometimes the most vulnerable patients, those with life-threatening conditions, are the most desperate to find alternatives to mainstream treatments to either supplement or replace traditional medicine. In these cases, it's critical for patients and physicians to be on the same page. Especially when a patient could make the wrong choice and possibly miss out on life-saving treatment, as could be the case should a patient choose an unproven therapy and delay a more proven one.

Oftentimes, patients are not sharing with physicians their use of these other therapies, which can sometimes have an adverse impact on the treatment course chosen by their physician.

When both a patient and physician are not aware, it could be that the physician isn't asking enough questions or just that the patient doesn't think the use of certain herbal remedies, for example, have anything to do with the physician since the physician didn't prescribe them.

It seems that those seeking alternatives to traditional medicine increase in proportion to the disease being faced by the patient. For example, if a patient has a common condition that translates into a common treatment, enough said. However, in longer-term conditions with no hard and fast rules, patients often seek other answers.

To help patients evaluate CAM, they should ask themselves as they evaluate therapies[‡]:

What is known about the benefits and risks of this CAM product or therapy?

Do the benefits outweigh the risks?

What are the potential side effects?

Will the CAM product or therapy interfere with conventional treatment?

Can you refer a CAM practitioner?
It's critical that patients are educated about alternatives, especially from a trusted source, such as the healthcare

provider. Patients are routinely scammed when they are desperately seeking help. This is especially the case in life-threatening situations, such as cancer, when a patient is desperate to find the right treatment that will cure what ails him/her.

Additionally, when the patient learns of these alternatives from a trusted source, it builds more trust in that relationship. When patients find out about alternatives from other sources, they can grow skeptical of their own doctor's motives in selecting a treatment option.

As we develop educational materials, for patient or physician use, for specific drugs, we must look for opportunities to include information about appropriate alternatives. Not that we discuss them by name or recommend them, of course not. There are many other ways we can help. This is especially important for those conditions and patients who are most likely to seek CAM, such as in chronic pain.

Providing opportunities for physician-patient dialogue is key. We shouldn't miss any chance to aid in discussions between physicians and patients. Patients will be more likely to understand the importance of all the therapies available. And for physicians, we might contribute to their ability to better understand where a patient is in his or her treatment and where they want to be.

* www.nccam.nih.gov. Accessed 10/12/2010.

† www.nccam.nih.gov/news/comstats/2007/camsurvey_fs1.htm. Accessed 10/12/2010.

‡ www.cam-cancer.org. Accessed 10/12/2010.

COULD GAMING CHANGE HEALTH CARE?

Gaming is a big part of American life. Last year, 50% of households gamed often. Most chose gaming time over some other media or entertainment. Those immersive, entertaining, often all-encompassing games change people's expectations for what experiences could and should be like. The same mechanics that keep gamers glued to screens of all sizes can be translated to compelling tools for prevention, treatment management, and more holistic care.

Think about it—most of the ways we interact with healthcare are uninspiring. As Ben Sawyer, founder of Games for Health, says, “The interface of healthcare is broken. We're not engaging people. We give them seven minutes in the exam room; confront them with complicated, paper-based adherence tools, and set a lot of requirements, but give few rewards.”

If we take a look at who's gaming,
we see great potential:

68%

of American households
play video games

40%

of Americans over the
age of 50 play video games

26%

of gamers are women

42%

of heads of households
play games on a wireless device

How could translating that interface to medicine promote healthier choices and outcomes? Games lead to healthier behavior and outcomes. To quote Debra Lieberman of the Institute for Social, Behavioral, and Economic Research (ISBER), “The beauty of a game is that it gives you a goal.” People work longer and harder if you give them a goal.

Games make people “better patients.” According to study done in the *Journal of Pediatrics*, patients who use games for health are more engaged in their treatment, show improvement in adherence (16% in this example), and are more knowledgeable about their care plan.

Gaming may be the key to getting us to commit to wellness. Humana has now dedicated part of its innovation department to gaming. Major consumer packaged goods companies are building their offers with wellness gaming. Johnson and Johnson, Unilever, Kraft, Apple, Nike, and Disney are developing new products related to health gaming.

Early adopters are already using gaming mechanics for the ultimate healthy win: sustained behavioral change. For brands who want to incorporate gaming into their health-care strategy, marketers must start by asking “What do you want to accomplish?” Turning that approach into real strategy requires thinking about

three connected components: creating an entertaining experience that people will want to spend time with; giving them a goal to reach or code to crack that will challenge them; and setting a reward strategy to incent the kind of behavior we want to see.

HEALTHY BRANDS CAN USE GAMING IN FOUR BASIC WAYS:

Streamline care.

Replace reminding and monitoring with involvement and self-tracking.

Educate through experience.

Use entertainment and experience to create learning people can actually participate in.

Fit into real life.

Make tools fun and entertaining so that using them is a want to do, not a have to do.

Reward right behavior.

Use positive reinforcement and immediate rewards to sustain behavior change.

3 COMMON MISTAKES AND HOW TO MAKE THEM RIGHT:

Instead of building the game on your Web site, make it free standing and mobile.

Instead of asking players to create a new login, let them use an existing login (like Facebook).

Instead of putting a “game face” on an existing experience tool, create an experience that starts from the game.

FIVE
MEASURING YOUR
METRICS
RETURN ON INVESTMENT
THAT
IN DIGITAL
MATTER
AND SOCIAL
NOW.

EVERY CONVERSATION ABOUT DIGITAL AND SOCIAL
MARKETING SHOULD START WITH THIS QUESTION:

WHAT DO YOU WANT TO ACCOMPLISH?

More often, those conversations start with: We need a Web site and an email blast. They're tactics to check off a list. Digital must have that support other campaigns rather than build new kinds of engagement and relationships online.

One reason is that, as healthcare marketers, we need metrics. We've got seven, maybe as many as 12, years to build an entire product life cycle, often introducing not only a new treatment but an entirely new category of treatment. Every marketing dollar needs to show results.

How to choose the right metrics for digital and social hasn't always been clear. We've seen push and pull along a continuum of TV-style impressions (it's enough that they saw it) to command and control expectations (if I say click, most of you better click).

The result? Frequently, campaigns underperform when people didn't behave exactly the way the brand wants them to. And, almost always, we are left with a long list of campaign indicators that don't connect to real business goals.

Better metrics look for signs that your investment is providing real value to the people who are using it. That kind of return reaps real benefit for the brand. Here are five of the best metrics to measure that impact:

1. COMMUNITY CONTEXT:

The way people make healthcare decisions today includes both expert content and peer context. For both professionals and consumers, our key opinion leaders are a complex combination of known experts and online advocates—from physician

bloggers to leaders in patient forums. Is your investment in digital inspiring echoes in peer-generated content? Measure upticks in brand mentions. Look for comparative posts that put your product in context. Track the number of professionals and patients mentioning brand names for the first time.

2. RETURN ON REPUTATION:

Last year, Sally Susman, SVP and chief communications officer for Pfizer, made big news by talking about the metric that matters to her: "Return on reputation." She believes that ads can't change people's minds, only actions can. Here here! If reputation is too long term of a measure, another way to look at this metric is sentiment, a score of the positive/negative tone in the conversation about your brand that is easily measured by many social listening tools.

3. ENGAGEMENT:

In its simplest form, engagement means that people chose to spend time with your brand. Look for longer visits to the Web site or more pages viewed. Check your YouTube statistics for length of video watched and numbers of videos per session. If engagement isn't enough, consider taking another step forward toward interaction. Those are the raised hands. Ask people for their opinion; answer their questions directly; listen and respond. Once people interact with your brand, they're more likely to feel ownership in it.

4. INFLUENCE:

If engagement means people spent time with your brand, influence means it made a difference. Sometimes the right metric to track can't be tracked online. Digital and social investments

have an amazing ability to move the needle on persistent offline challenges, for example, filling more first-time prescriptions. Depending on the study you read, 8% to 22% of prescriptions are never filled. One reason is the decision isn't actually made in the exam room.

In *Will She Say Yes*, a recent study about how women make healthcare decisions, Pink Tank and Meredith Research Solutions found that 44% of women will continue to evaluate a new prescription before deciding if they will fill it after leaving the doctor's office. Where do they go to do that? Online. What can you create there that will move those offline numbers?

5. ATTENTION:

People turn to Dr. Google for one thing: answers. If your digital and social investment could answer just one question, what would it be? How much search traffic and community context are you getting around that answer right now? Attention means you're the go-to source for the questions you most want to answer. It means the people you interact with online are actually incredibly qualified leads because they're not there by chance, they're there to see your very best content. Track amount of search volume and key terms. Sort how much of your traffic is coming for your "best at" content and how much for incidental terms or expertise.

Metrics are incredibly addictive. But remember, they require investment. Every successful digital and social plan has three complementary parts: The strategy (what you'll create), the marketing plan (how you'll tell people), and the optimization commitment (how you'll keep improving it over time).

GSWWORLDWIDE

We have different backgrounds, different passions, and different experiences, from big-brand consumer advertisers, to ER nurses, to journalists, to small-business owners. We're an ever-growing tribe of Brand Liberators setting fire to everything "predictable" and "expected."

Put us together and you get the most award-winning healthcare agency, with more than 200 health and well-being brands, and 26 offices in 18 countries with a coverage area of more than 50 countries worldwide.

As one of the largest healthcare advertising agencies in the world, we maintain a diverse client base spanning pharmaceuticals —prescription and over-the-counter drugs, biotech, medical devices and diagnostics, as well as health and wellness.

Our comprehensive range of services include advertising to professionals and consumers, strategic planning, media, market research and development, direct marketing, digital close loop marketing, interactive marketing, and medical communications. Beyond the traditional agency services, we are able to tap into an even broader range of clinical, commercial and consulting services through our parent company, inVentiv Health.

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