# The Pharmaguy Social Media Timeline™

## *A Record of Social Media Events Impacting the Pharmaceutical Industry*


The pharmaceutical industry is at a turning point in its adoption of new social media tools and applications for communication with healthcare professionals, consumers, patients, policymakers, and payers. Practically every pharmaceutical company has launched a social media project or application of one sort or another (see the "Pharma and Healthcare Social Media Wiki" for an up-to-date list). To be sure, not all these efforts take full advantage of social media tools, most notably the ability to have two-way conversations. For that to happen, says the industry, FDA guidance is needed.

Yet, the long-awaited social media guidance from the FDA -- whenever it arrives -- may turn out to be nothing more than a stamp of approval on activities in which the industry is currently engaged. Practically every issue that FDA guidance is expected to address has already been handled independently by a few pioneering pharmaceutical companies. Rather than waiting for FDA's anti climatic guidelines, Pharmaguy decided to publish **The Pharmaguy Social Media Timeline**™ now, at a time when the industry already has set precedents in every social media application.

Entries in The Pharmaguy Social Media Timeline were chosen by Pharmaguy (@pharmaguy on Twitter, aka John Mack, Publisher of Pharma Marketing News and author of this article) to represent what he considers to be important or memorable events that had an impact on the use of social media by the global pharmaceutical industry. The focus is mainly on uses of social media for commercial purposes, ie, sales and marketing and on "first" or precedent-setting events.

Entries include a date, an event category, an event title, a brief description of the event, comments from Pharmaguy and other experts, and links to more information on Pharma Marketing Blog and elsewhere. Of course, no timeline would be complete without images and Pharmaguy included several of the best in his Timeline.

Topic headings include:

- Social Media Defined
- A Little History of Social Media
- What's Included in the Timeline
- The Pharmaguy Social Media Timeline

*Also included...*

- Where to find latest version of the Timeline
- Where to submit corrections, additions or comments to the Timeline

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Publication date: 8 June 2011
Word Count: OVER 8000

## The Early Years of Pharma Social Media Marketing

### *Damned If You Do, Damned If You Don't?*


It is generally agreed that the return on investments (ROI) for traditional media like print and TV is declining. A new approach to the way forward in pharma marketing is needed and is actively being pursued by pharmaceutical marketers and their ad agencies.

Is it time for the pharmaceutical industry to take the advice of some of its critics and use the new "social media" tools available to it and extricate itself from its moribund situation of declining ROI?

These new tools -- lumped under the heading "social networking" or "Web 2.0 -- are big topics of discussion at many pharmaceutical marketing conferences. The question is, will pharma marketers embrace them, learn how to use them, and will they see benefits?

This collection -- published in 2008 -- includes *Pharma Marketing News* articles, podcast summaries, and survey dats:

- Pharma Marketing Stuck in Web 1.5
- Does Regulation Cause e-Inertia?
- Social Network Marketing: The Wisdom of the Crowd
- Blogs and the Pharmaceutical Industry
- Rate Your Social Media Marketing Readiness
- A Primer on Pharma Employee Blogging: It Can Be Done
- Wikis and Social Networks for Marketing & Sales Collaboration
- Buzz 'n Blog Marketing
- Buzz 'n Blog Pharma Marketing Survey Results
- YouPharma: Rules for Pharma Social Media Marketing
- Web 2.0 Pharma Marketing Tricks for Dummies
- Rules of Engagement
- Influencing the Dialogue: A Few Simple Rules
- New Social Media Regulatory Framework
- Collaborating with Online Physician Communities: Sermo Case Study
- Chantix: An Opportunity for Social Marketing
- Social Network Analysis: Use in Obesity Drug Marketing
- Blogs vs. DTC: What's Best for Consumers?

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# Customer Generated Content and Buzz Marketing

## *Survey Results*

(N=23 respondents as of 14-Nov-2011)


"Consumer Generated Content" (CGC, also known as "Customer Generated Content" or "User Generated Content," UGC) is a current "hot" topic within pharmaceutical eMarketing circles. Many doctors and patients are bloggers and write about drugs and the conditions they treat. Many more people read these blogs every day. Therefore, it makes sense, from an online drug marketer's point of view, to advertise on these blogs. It starts to get controversial, however, when marketers try to gain a share of voice within these venues in a more pro-active manner.

This survey asked readers' opinions on specific marketing tactics involving CGC and buzz, specifically from a pharmaceutical marketing point of view.

**What's your view? Take the survey and tell us. You can view up-to-date survey results plus comments after taking the survey here.**

Buzz 'n Blogs are attractive targets for advertisers not only because of the volume of participants (ie, reach; Millions of US adults read user-generated blogs, paricipate in online message boards, or listen to podcasts) but also because they think they can enlist consumers to spread their messages to other consumers. After all, poll after poll shows that consumers trust other consumers. A Neilson Buzzmetrics poll claims that consumers trust consumer opinions posted online more than they trust advertising in newspapers, magazines, TV, or radio.

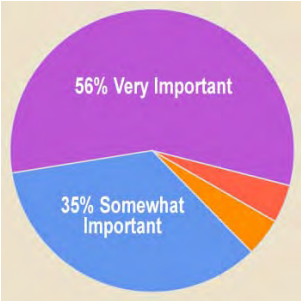
Should bloggers accept advertising from companies that they may criticize in their blogs? Will that influence their opinions and change the "voice" of the blogger? It's what I call the advertising principle of uncertainty. Bloggers are popular because of their independence from "the man" - a perceived lack of independence caused by advertising makes the blogger less independent and hence less popular. Pretty soon, advertisers will not be interested in running ads on that site.

Marketers and PR people also are tracking what consumers, physicians, pundits and critics are saying about their products and companies on blogs as well as on other CGC forums. This is called Buzz Market Research, the main staple of buzz marketing firms. Pharmaceutical marketers tread the buzz waters carefully because they are obliged to report to the FDA any adverse reactions they become aware of. Nevertheless, this kind of research often is done through a third party, which puts firewalls between the pharmaceutical client and specific comments from patients and physician bloggers.

Monitoring buzz is one thing, creating it is another. It starts to get worrisome, for example, when marketers try to infiltrate the blogoshere and create content disguised as CGC or, worse, pay legitimate bloggers to create favorable content. This was a topic touched upon at a recent industry conference. It was expressed thusly: "Readers of CGC are 'hyper-engaged' and therefore advertisers should embrace CGC to engage their targets in new, open dialogue." That is, jump into the conversation and "influence the influencers!"

*Continues...*

## Customer Generated Content and Buzz Marketing

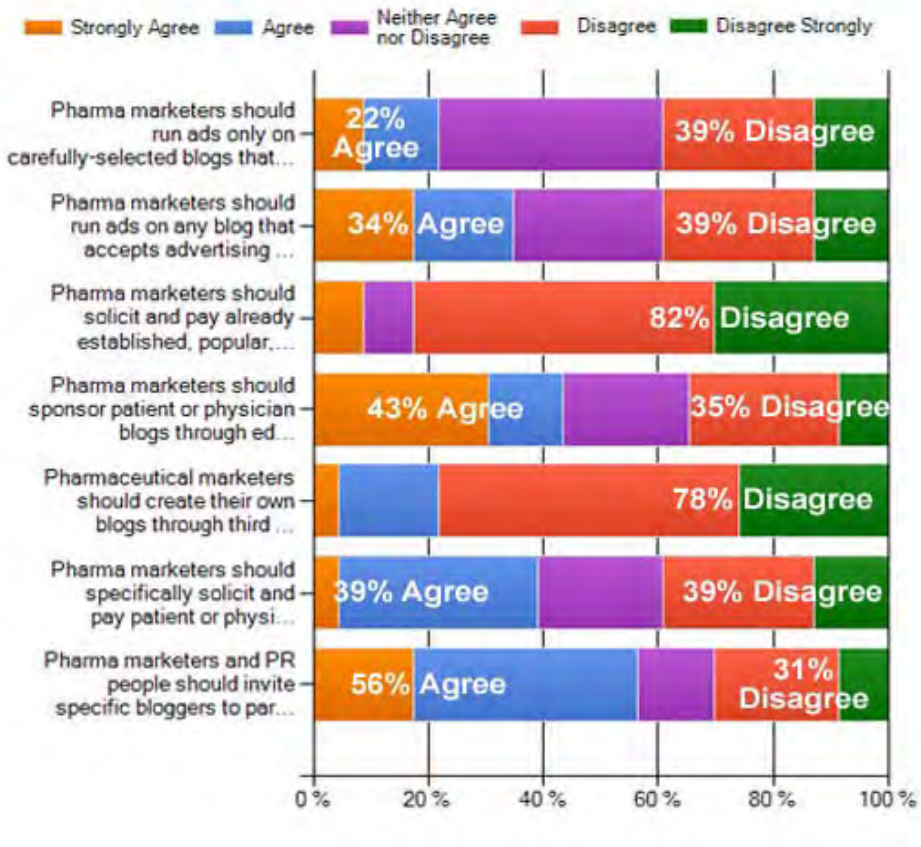



The overall results are summarized here.

Respondents were asked "In your opinion, how important is it for pharmaceutical marketers to monitor in a systematic manner what their customers (patients and physicians) are saying about their products on blogs and other User Generated Content Internet sites?" Possible responses were: Not Important at all, Somewhat Important, Very Important, No Opinion.

Respondents were asked to "indicate their level of agreement or disagreement with the following statements." (Response ranges: Strongly Agree, Agree, Neither Agree Nor Disagree, Disagree, Disagree Strongly).

1. Pharma marketers should run ads only on carefully-selected blogs that accept advertising (eg, blogs chosen because of their favorable industry views)
2. Pharma marketers should run ads on any blog that accepts advertising regardless of blog content (ie., in the same manner that drug companies run ads in other media)
3. Pharma marketers should solicit and pay already established, popular, and willing patient or physician bloggers to create favorable content (eg, product placements)
4. Pharma marketers should sponsor patient or physician blogs through educational grants only (ie, no strings attached)
5. Pharmaceutical marketers should create their own blogs through third parties (eg, PR or ad agencies) that pay patients or physicians to write approved content
6. Pharma marketers should specifically solicit and pay patient or physician bloggers to participate in focus groups
7. Pharma marketers and PR people should invite specific bloggers to participate in press conferences and other events to which established press are routinely invited



## Socially Challenged Pharma

### *How Ready is Pharma to Engage In Social Media?*

Digital Pharma Europe was ExL Pharma's first entry into the 'Old World' hosting an event already well established in the States. It seems they have found the time right to see whether the Europeans are like-minded in the exciting area of new/social/digital media in pharma.

In this article Erik van der Zijden -- entrepeneur, marketing professional, new media evangelist and self-styled "autodidactic techno-nerd" -- presents highlights of this conference and his personal point of view..

Topic headings include:

- More Focus on Social Media at Conferences
- Old School Digital?
- Pharma Going Social, Slowly
- Best Practices
- Online Physician Communities Will Radically Change Pharma Marketing
- When It Comes to Social Media, Pharma Marketers Inside Pharma are Not Keeping Up with Their Agency Colleagues (Survey Results)
- Enterprise 2.0 and Pharma
- YouTube Genius
- The Future of Digital Pharma
- Will doctors' social networks radically change pharma marketing & sales? (poll results)

**Download full article** (PDF)

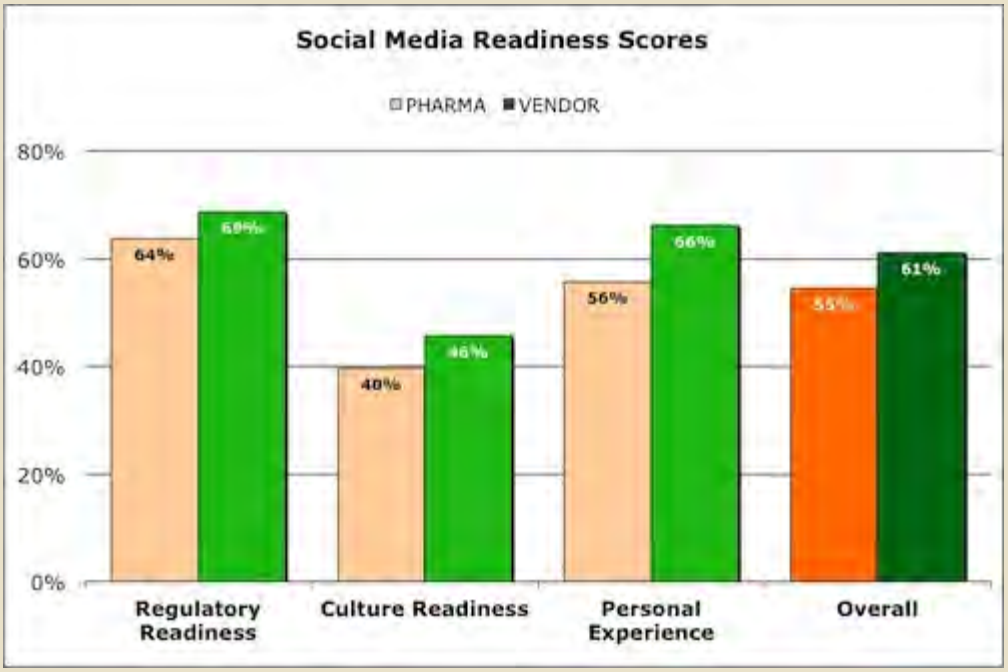
PMN84-03
Issue: Vol. 8, No. 4: April 2009
Word Count: 3783

# Pharma's Social Media Marketing Readiness Score

## *Benchmarks You Can Use*

Each pharmaceutical company has its own unique regulatory environment, corporate culture, and knowledge that will determine if it is ready to embark on social media marketing. In order to determine how ready pharmaceutical companies, their vendor partners, and other companies are for engaging in social media marketing, *Pharma Marketing News* is hosting an online "Rate Your Social Media Marketing Readiness" survey or tool.

As of the date of publication of this article, about 108 people filled out the survey and received their personal Social Media Marketing Readiness Score. The rating survey is still running (find it here). As of January, 2012, over 1,180 people have completed the survey.




This article summarizes the aggregate findings and presents the average scores against which you can compare your own score.

Topics and issues covered include:

- Are Your Ready?
- Survey Questions
- Breakdown by Respondent Type
- Regulatory Environment Benchmarks
- Corporate Culture Benchmarks
- Knowledge of Social Media Benchmarks

**Download full article** (PDF)

PMN73-05
Issue: Vol. 7, No. 3: March 2008
Word Count: 2065

## Pharma's Social Media Working Group

### *Who It Consists of, How It Formed, and Its Role in Driving FDA Guidance*


While a few individuals and agencies have submitted comments to the FDA regarding regulation of pharma marketing on the Internet, to date only one adhoc group of pharmaceutical industry representatives have submitted comments. That group is the the Social Media Working Group (SMWG), which has come together to "facilitate discussions with the Division of Drug Marketing, Advertising and Communications, industry associations, and other pharmaceutical manufacturers on social media issues. The SMWG includes representatives from the following companies: Amgen, Inc.; AstraZeneca LP; Bristol-Myers Squibb; Millennium Pharmaceuticals, Inc.; and sanofi-aventis U.S."

This article reviews the Who, What, and Why of this group based on a conversation with Mark Gaydos, Senior Director, U.S. Regulatory Affairs Marketed Products at sanofi-aventis, and Cynthia Phillips, Sr Dir Labeling and Promotional Compliance at Millennium Pharmaceuticals. Also covered is an analysis of comments the SMWG submitted to the FDA on how pharmaceutical companies should handle off-label and adverse event posts made on social media sites owned or sponsored by them.

**Download full article** (PDF)

PMN92-03
Issue: Vol. 9, No. 2: February 2010
Word Count: 2124

## Industry & Consumer Advocates Square Off on Social Media

### *An Analysis of Who Submitted Comments to FDA*

This article presents an overview of the types of organizations that submitted comments versus those that made presentations at the November 2009 public hearing. It also includes general comments from the pharma industry regarding the process by which the FDA should regulate the Internet and social media. Also presented in this article are the comments submitted by consumer advocates and individuals who generally supported more strict regulation across the board.


- Who Submitted Comments?
- Presenters Vs. Commentators
- Pfizer Asks for New FDA Regulations
- First Amendment Concerns
- AstraZeneca Proposes Social Media Principles
- Merck Encourages Ongoing Dialogue
- Most Consumer Advocates Are Anti-Pharma Marketing

**Download full article** (PDF)

PMN93-01
Issue: Vol. 9, No. 3: March 2010
Word Count: 2804

## A Few Things I Learned at FDA's Social Media Hearing

### *What's Next is What Counts*


Unless you have been living under a rock -- and not reading this newsletter -- you probably know that the FDA convened a public hearing on November 12 and 13, 2009, to hear comments from 60 or so speakers about FDA regulation of social media and the Internet.

You can access a boatload of presentations, summary articles, podcasts, tweets, and practically everything you will ever want to know relating to this hearing at www.fdasm.com, a Website set up by Ignite Health. Currently, there are more than 160 articles related to the public hearing now available here: www.fdasm.com

This article presents key takeaways from the FDA hearing, a synopsis of the presentations made by John Mack, Publisher, *Pharma Marketing News*, at the hearing, a review of Ignite Health's study regarding effectiveness of sponsored links, and the next steps in the process.

Topic headings include:

- Some Key Takeaways
- PMN Survey Results Presented
- How People Find Brand.com Websites
- What's Next?
- One Small Step for FDA, One Giant Leap for Pharma

**Download Full Article** (PDF)

PMN810-03
Issue: Vol. 8, No. 10: Nov/Dec 2009
Word Count: 3319

## FDA's Regulation of Drug & Device Promotion via the Internet & Social Media

*Special Report: Summary of Reader Survey*


On September 21, 2009, the FDA issued a notice of public hearing and requested for comments on the Promotion of Food and Drug Administration-Regulated Medical Products Using the Internet and Social Media Tools. Public Docket No. FDA-2009-N-0441, CDER 200994, was opened and accepted comments through February 28, 2010.

The FDA asked for comments relating to the following 5 issues:

- Issue 1: Accountability
- Issue 2: Fulfilling Regulatory Requirements
- Issue 3: Posting Corrective Information
- Issue 4: Links
- Issue 5: Adverse Event Reporting

Under each issue, the FDA included several specific questions for which it was seeking answers. Beginning on September 21, 2009, *Pharma Marketing News* hosted an online survey/questionnaire that included all 19 of these specific questions. For most questions, the survey included specific choices that respondents could select as part of their answer. Each question also allowed respondents to enter comments. The goal of was to obtain both quantitative and qualitative answers to the questions posed by the FDA.

The survey was closed on February 26, 2010 after collecting responses from 274 people. A summary of the results--including 731 comments--is presented in this report.

**Download full article** (PDF)

FDASM-SURVEY
Published February 2010

## A Pharma Social Media Conspiracy Theory

### *Were Guidelines Held Hostage as Part if FDA's and DOJ's Criminal Investigation of Google?*

By John Mack

**FDA's Infamous 14 Warning Letters were a Ploy to Force Google into a $500M DOJ Settlement Regarding Illegal Online Pharmacy Ads**


All the 14 were "issued about a single topic -- online advertisements," noted Mark Senak on EyeOnFDA Blog (here). "Each of the advertisements were sponsored links that appeared on search engine results pages. A sponsored link is a short ad with a web link to a product. What does the issuance of an entitled letter by DDMAC based on sponsored link ads mean for pharma and the use of the Internet for marketing?"

After looking more deeply into what's really behind the news about Google's advertising policies, online pharmacies, and FDA's 2009 warning letters to major pharmaceutical companies, I'm thinking that drug industry search engine ads (ie, Google Adwords) were "collateral damage" in a war between Google and the FDA/Department of Justice.

On May 12, 2011, the *Wall Street Journal* reported that Google is "close to settling a U.S. criminal investigation into allegations it made hundreds of millions of dollars by accepting ads from online pharmacies that break U.S. laws" (see "Google Accepted Ads from Illegal Online Drug Stores").

Not so coincidentally, a few days before, Google disclosed that it was setting aside $500 million to potentially resolve a case with the Justice Department (DOJ) that involved "the use of Google advertising by certain advertisers."

"The investigation has examined whether Google knowingly accepted ads from online pharmacies, based in Canada and elsewhere, that violated U.S. laws," said the WSJ article.

The FDA has long struggled to rein in American's penchant for buying drugs from online Canadian pharmacies and this investigation of Google by DOJ is likely part of that effort. In fact, FDA agents participated a sting operation against Google (see "FDA, DOJ, & Google: Conspiracy Theory, Part 2", below). Caught up in the case may have been legitimate major pharmaceutical companies as well.

Consider FDA's infamous 14 warning letters that the agency mysteriously sent in a single day in March, 2009, to major pharmaceutical companies about Google Rx Adwords, saying the ads were misleading because they didn't include risk information (see "FDA Warns Drug Firms Over Internet Ads").

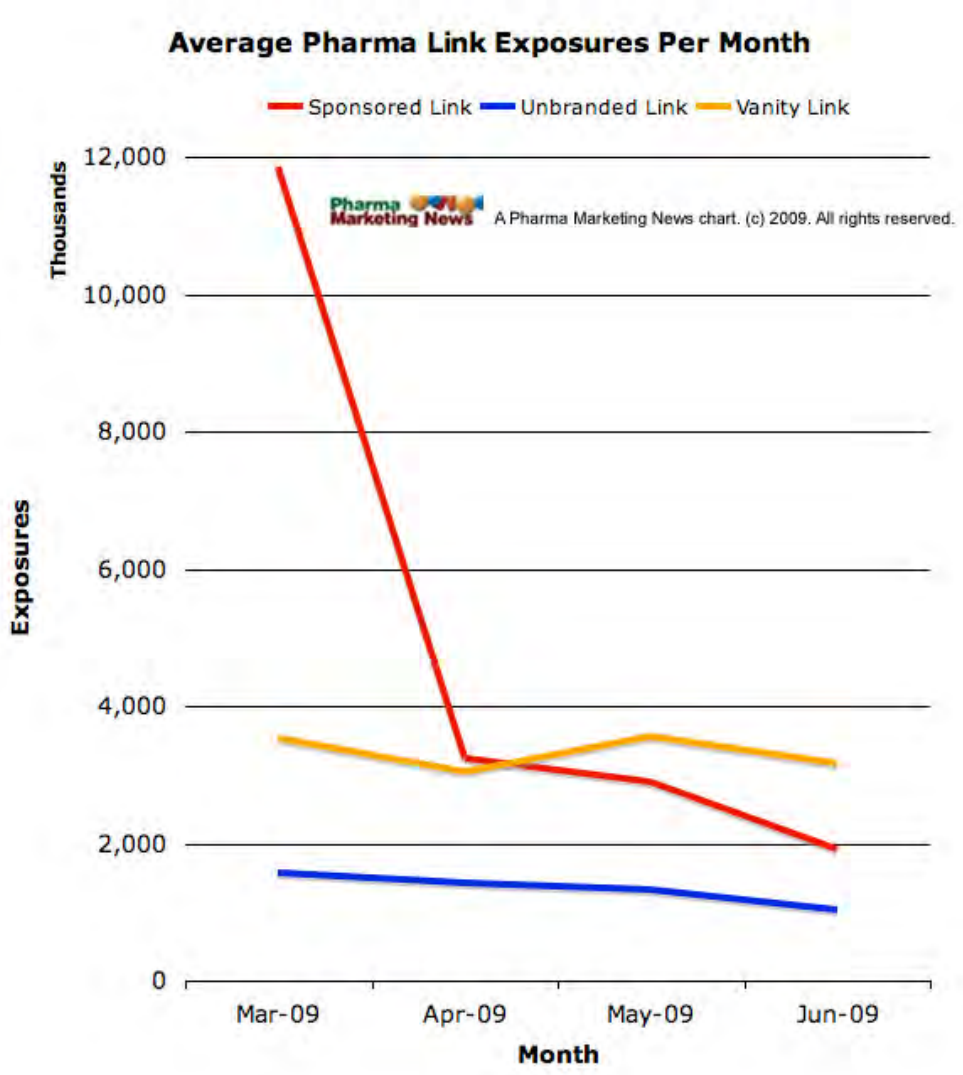
Could that have been a "ploy" to bring Google to its knees and cave in regarding online pharmacy ads? In other words, the FDA's warning letters may have been a "shot across Google's bow," intended to force Google to halt its acceptance of ads from "illegal" online pharmacies. FDA could have been saying, "What's more important to you? Ads from online pharmacies or ads from major pharmaceutical companies?"

*Continues...*

## A Pharma Social Media Conspiracy Theory

In addition, FDA could have been holding back issuing pharma social media guidelines -- which would include guidelines for displaying compliant information in space-limited applications such as Twitter AND Google Adwords -- until Google settled its case with the DOJ regarding illegal online pharmacy ads. Most likely, it's just ONE of many reasons why we haven't seen the guidelines in a timely fashion.

FDA's actions were a strong incentive because "sponsored link exposures to U.S. Internet users declined more than 50 percent immediately after ... FDA warning letters were issued to pharmaceutical manufacturers," according to a comScore study (see chart and "read this").




It's likely that this case goes way back because in September 2010, Google disclosed that it had filed a lawsuit against "advertisers we believe have deliberately broken our rules." Google in particular cited "rogue online pharmacies" that "illegally sell drugs on the Web" (see "Google's $500M Charge Related To Pharma Advertising Probe").

*Continues...*

## A Pharma Social Media Conspiracy Theory

In June 2010, it was reported that Google launched a NEW Rx drug ad format that includes everything FDA requires that a drug company include in its direct-to-consumer advertising: fair balance, and direct links to side effects, precautions, dietary information, etc. (see "Finally, A Google Drug Search Ad Format That Has All FDA Could Want... But Pharma Can't Use It!"). The "ads" are really more like public service announcements. They come from the National Institutes of Health (NIH) and compete with paid ads from pharmaceutical companies who cannot use the new format (see "Google's New OneBox Rx 'Ads' Steal Clicks from Organic Branded Rx Search Results").

To compensate for that deficiency, Google also has come up with a new ad format for the industry (see "Is Google the New FDA?").

All of these actions by Google could be designed to appease FDA and DOJ and regain the drug industry's ad revenue lost as a result of FDA's warning letters way back in 2009.

**FDA, DOJ, & Google: Conspiracy Theory, Part 2**

I suggested above that the FDA's infamous 14 warning letters sent to major pharma companies regarding violative search engine ads may have been a "shot across Googles bow," intended to force Google to halt its acceptance of ads from "illegal" online pharmacies.

Many people did not take my "conspiracy theory" seriously. Some pooh-poohed my suggestion that the FDA was involved. One commenter to Pharma Marketing Blog said "OMG... what a stretch...I'm sure they are laughing at you at FDA."

It turns out that the FDA WAS INVOLVED in the criminal investigation of Google by the Department of Justice (DOJ).

On May 21, 2011, the *Wall Street Journal* reported that "as part of the criminal investigation, **undercover agents for the Food and Drug Administration** contacted Google posing as representatives from rogue Internet pharmacies" (my emphasis; see "Google Was Warned Repeatedly About Illegal Drug Ads").

Even if though the FDA was involved in the sting operation, my "conspiracy theory" would not hold water UNLESS the investigation of Google *preceded* the issuance of FDA's warning letters at the end of March, 2009. The WSJ article confirms this to be true.

The period 2008-2009 saw a lot of activity related to this investigation, according to documents reviewed by the WSJ. Here are some key actions during that period reported by the WSJ:

> "In July 2008, the National Center on Addiction and Substance Abuse at Columbia University (CASA) wrote to Eric Schmidt, then Google's chief executive, saying it found 'prominent displays of ads for rogue Internet pharmacies' in a Google search for controlled drugs."
>
> In December, 2008, the National Association of Boards of Pharmacy, or NABP, a group representing state regulators in the U.S. and Canada, wrote letters to Google "warning about advertising from online drug outlets that weren't verified by a NABP screening program. The organization was 'deeply concerned that these rogue Internet sites could be a front for criminals seeking to introduce adulterated medications, counterfeit drugs, or worse, to the American market,' wrote Mary Dickson, the NABP's associate executive director. The NABP says Google didn't respond."
>
> *Continues...*

## A Pharma Social Media Conspiracy Theory

> Google DIDN'T RESPOND?! *That suggests Google needed convincing*. What better way to get Google to respond than by sending out 14 warning letters to its **BEST** clients, effectively shutting down Google's legitimate drug ad revenue?
>
> "'On the basis of our analysis, I think they were turning a blind-eye,' said Bryan Liang, a California Western School of Law professor who published a 2009 report that found Google and others were profiting from online ads paid for by illegal drug sellers. 'They were making a lot of money on this.'"
>
> "In 2009, LegitScript LLC, which monitors online drug sellers, published reports alleging that 80% and 90% of Yahoo and Microsoft's respective online drug advertisers were breaking the law."
>
> "John Horton, who runs LegitScript, said his company also conducted in 2009 an unpublished review of Google's ads and found the same level of problems. LegitScript is now employed by Google to help identify problem sites, he said."
>
> "PharmacyChecker [the third-party company that Google hired to verify that online pharmacy advertisers were legal] said it received a subpoena from the FDA in 2009 to produce all its communications with Google regarding pharmacy verification policies."

It is clear that the FDA and DOJ were investigating Google *long before* the FDA sent those March, 2009, letters.

Some of the reports and activities described above happened AFTER FDA sent the letters (eg, the LegitScript report was published in August, 2009; see here). No doubt these reports were published due to the light the FDA letters shone on Google's drug ad policies. IMHO, the letters not only impacted Google's revenue, they also elicited further data from third-parties to bolster the DOJ's case against Google.

# FDA Social Media Guidelines May Be Moot

*If This Court Decision Holds Up*

Drugmakers dissatisfied with the FDA's use of guidances as a form of policymaking -- including long-awaited guidance for use of social media by the pharmaceutical industry -- could find legal ammunition against the practice in the case "United States of America v. Franck's Lab," which is pending appeal in the U.S. Court of Appeals for the Eleventh Circuit.

I noted before that the drug industry may be arraying its legal forces to derail the issuance of social media guideline (see "Pfizer Asks for New FDA Regulations, Not Guidance, for Social Media" and "Pharma Turns Up the Heat on Off-Label 'Free Speech' Chilled by FDA - Implications for Social Media Marketing").

The ruling being appealed is that FDA does not have authority to enjoin the "long-standing, widespread, state-regulated practice of pharmacists filling a veterinarian's prescription for a non-food producing animal by compounding from bulk substances." What can this possibly have to do with social media guidances?

According to a recent Washington Legal Foundation (WLF) "Backgrounder" (see "Court Ruling - If Upheld - Casts Doubt on FDA's Use of Guidance Documents"), "While Franck's case involved pharmacy compounding of bulk pharmaceuticals in non-food producing animals, its implications extend broadly to other areas of FDA law, particularly as it relates to FDA's increasing use of guidance documents to expand regulatory requirements. In the past year, FDA has issued dozens of important draft guidance documents and final guidance documents, while releasing very few significant regulations. Given FDA's penchant for issuing guidance documents instead of proceeding through notice and comment rulemaking, the court's decision may have broad applicability concerning FDA's ability to regulate or enforce its laws through guidance instead of rules. Indeed, FDA often applies draft guidance documents as if they represented binding obligations. It sometimes even references the contents of the document in communications with industry before the document is finalized."

WLF points out another reason the drug industry prefers rulemaking over guidance: "When FDA issues guidance documents," says WLF, "it tends not to acknowledge the negative comments. The agency typically offers no explanation for why it has opted to stick with its proposed language, rather than making changes to address adverse comments. **This failure to respond to comments is not permitted for agencies when they engage in rulemaking** [emphasis added]."

This lack of response to comments is a significant factor for social media guidance. The FDA held a public hearing and requested comments on the social media regulatory issues it proposed to write guidance for. Many, many comments were submitted (see "Answers to FDA's Questions Regarding Pharma's Use of Social Media") and so far the FDA has remained mum regarding these comments and may even do so when -- and if -- it publishes more social media guidelines. The recent off-label guidance (see "FDA Guidance on Responding to Unsolicited Requests for Off-Label Information") also did not refer to any comments the agency may have received.

"If the district court's ruling is upheld," says WLF, "its analysis on FDA's use of guidance documents is likely to be cited in other FDA proceedings and legal challenges testing the agency's right to enforce through guidance in lieu of regulations."

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# How Should Pharma Engage in Social Networks?

## *Thoughts on Best Practices*

The pharmaceutical industry is currently experimenting with social media as a channel for promoting products and/or enhancing disease awareness. Some of these efforts have been less than stellar, while others have been exemplary (see "Pharma Marketers Dive Deeper Into Social Media").

Each pharmaceutical company should have its own guidelines for best practices in the social media space.

Pharma companies can either develop best social media practices by learning from mistakes and public criticism (eg, see "Novo Nordisk's Branded (Levemir) Tweet is Sleazy Twitter Spam!"; http://tinyurl.com/m8ftr5) or through discussion and analysis of specific issues. To assist in that discussion, Pharma Marketing News provided two forums:

1. An ePharma Pioneer Club members-only discussion of the first-ever pharma branded Tweet (see "Pharma Twitter Best Practices"), and
2. The "How Should Pharma Engage in Patient/Physician Social Networks?" survey, which explores issues relating to pharma advertising and engagement in social networks.

This article focuses on presenting a summary of the above-mentioned survey, including comments from respondents. The results are not meant to offer a scientifically significant analysis, but to suggest ideas that may be helpful to pharmaceutical marketers who are currently working on developing their own guidelines.

Topics, survey results, charts include:

- Need for Internal Guidelines
- Branded Ad Best Practice
- FDA Guidance Needed
- Rules for Engaging in Social Networks
- A Question of Transparency
- Clearance by Legal/Regulatory a Barrier
- Protected Peer-to-Peer Conversations
- Public Guidelines/Policies

**Download full article** (PDF)

PMN86-02
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## FDA Guidance on Responding to Unsolicited Requests for Off-Label Information

### *The Social Media Guidelines Nobody Expected!*


Two days after Christmas, on December 27, 2011, while most of us were still on vacation, the FDA quietly issued "Guidance for Industry Responding to Unsolicited Requests for Off-Label Information About Prescription Drugs and Medical Devices." Section VI. of this guidance addresses responding to unsolicited requests on public forums such as the Internet.

While this may not be the "social media" guidance many people were expecting, it does include guidelines for responding to unsolicited requests for off-label information encountered through "emerging electronic media."

This article takes a closer look at how the off-label guidelines apply to social media such as Youtube, Blogs, and Twitter.

Topics include:

- A Bit of History
- Defining "Off-label"
- What We Expected Was This
- In Best Interest of Public Health
- Public vs. Private, Solicited vs. Unsolicited
- Youtube and Solicited Requests
- Blogger Example of "Solicited Request"
- Proving Solicitation is Difficult
- Twitter Example of "Solicited Request"
- Private Responses and Serving the Public Interest
- Sales and Marketing May be Seen, but Should NOT Be Heard From!
- The Burden of Responding
- Docket Open for Comments
- Legal Challenges

- Chart: FDA Guidance Translator

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## Moderation Best Practices for Pharma Social Networks

*Pre, Post, or No Moderation... Whatever. You Must Have a Plan!*

As pharmaceutical companies attempt to interact with consumers and patients on social media networks they host, they are wary of overstepping undefined regulatory boundaries. One issue that requires clarification concerns accountability for user-generated content posted on these pharma owned and controlled social networks such as comments submitted to Facebook pages and YouTube channels.

While the FDA mulls over new guidelines that define those boundaries, pharma companies are launching new social media sites with increasing frequency. Although these sites may not be branded and may have terms of use specifying what is acceptable and unacceptable user-generated content, the question remains how to enforce those rules through moderation, especially with regard to handling of off-label information. Although this is a moot point at the moment - almost all such sites have comments turned off - it is important to have a moderation strategy designed to meet your specific goals when and if you build a truly interactive social network.

This article presents a summary of results from a recent survey of readers and other experts regarding pharma social media moderation best practices.

Topics include:

- What's Your Social Media Implementation Plan?
- Unmoderated Discussions
- Does Pre-Screening Inhibit Discussion?
- Post-Moderation Best Practices
- Who Should Moderate?

**Download full article** (PDF)

PMN94-03
Issue: Vol. 9, No. 4: April 2010
Word Count: 3064

## How to Manage the Online Conversation

### *Community Management Best Practices & Other Tips from LiveWorld*

As more and more pharmaceutical companies launch social networking platforms associated with their brands, some will allow users (consumers, patients, and physicians) to post comments as part of ongoing discussions about their drugs and/or the conditions these drugs treat. Recent pharma experience with social media discussions demonstrates how important it is to properly manage online communities.

In public comments made to the FDA, LiveWorld, Inc. -- a leading global social network marketing agency that develops, operates and moderates private label social network sites - said "Moderation of user content related to healthcare subjects in social networks is central to the current discussion." Pharma Marketing News had an opportunity to interview Jenna Woodul, LiveWorld's EVP and Chief Community Officer, about how pharma companies can manage their social media interactions using technology and "credentialed participants" for moderating and managing online discussions.

This article presents a summary of that conversation plus some results of a recent survey of readers regarding moderation best practices.

Topics include:

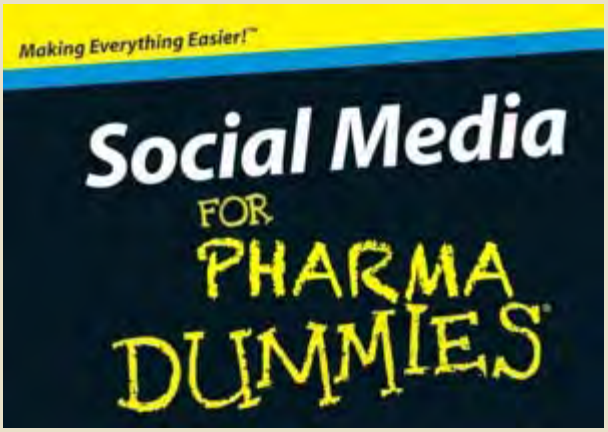
- What Sanofi-Aventis Learned from Its FaceBook Experience
- The Value of Discussion
- To Moderate or Not to Moderate?
- Survey Results
- A Strategy for Community Growth

**Download Full Article** (PDF)

PMN94-02
Issue: Vol. 9, No. 4: April 2010
Word Count: 2067

## Pharma C-Suite Social Media Dummies

*Senior Execs Must Start "Carrying the [Digital] Bag"*




Ask any pharma digital expert to name the key factors to successful social media communications and the number one item on the list will be "senior management support." But what do pharmaceutical senior managers and C-suite executives know about social media? Do they use social media?

Do pharma C-level executives really need to use social media directly or is it adequate that they see the value of social media within their organizations and ensure that others have the experience necessary to manage social media?

This article attempts to answer that question with the help of Alexandra Fulford, an independent pharmaceutical industry strategy consultant who has worked with several pharmaceutical companies developing and running digital and social media training programs and workshops.

Topics include:

- Senior Manager Social Media Survey
- Pharma SM Readiness Self-Assessment
- Carrying the Digital Bag
- Social Media Dummies No More
- Fifty Ways to Do the Digital
- Execs Should Embrace Twitter
- Why Pharma Execs Fear to Follow on Twitter
- The Value of Social Media
- Get On Board the Social Media Gravy Train!

**Download full article** (PDF)

PMN1205-01
Issue: Vol. 12, No. 5: 20 May 2013

## Pharma Marketers Dive Deeper Into Social Media

### *The Good, the Bad, & the Ugly Case Studies*

There are literally dozens of pharma companies with their toes in the waters of social media, which include blogs, YouTube videos, Facebook pages, Twitter accounts, etc. Only a few intrepid pharmaceutical companies, however, have dived deeper.

This article focuses in some detail on three interesting pharma social media initiatives: (1) Procter & Gamble's Asacol Community for Ulcerative Colitis Patients; (2) Novo Nordisk's Levemir-branded Race With Insulin Twitter account; and (3) UCB's sponsored epilepsy community on the PatientsLikeMe website. One of these is a good example of how pharma marketers can leverage social media, one is bad, and the other is just plain ugly! In baseball, one hit out of three at-bats isn't bad, but for marriages and social pharmaceutical marketing it's not that good.

Topic headings include:

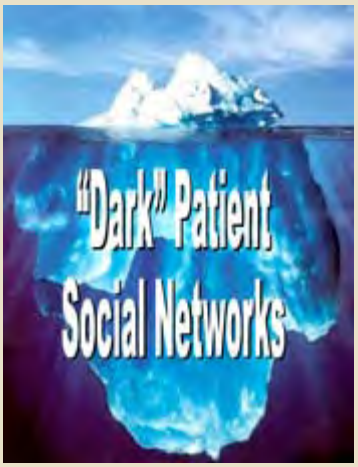
- A Faux, Dysfunctional Community
- More Serious Problems
- What a REAL UC Community Looks Like
- UCB's Sponsorship Partnership with PatientsLikeMe
- Pharmacovigilance is Key
- "Race with Insulin" Branded Twitter Account
- The Three Big Pharma Companies & Social Media
- FDA Safe, But...
- A Reminder Tweet
- Is It Spam?
- Missed Opportunity to Educate

**Download full article** (PDF)

PMN86-01
Issue: Vol. 8, No. 6: June/July 2009
Word Count: 5785

## Data Mining in the Deep, Dark Social Networks of Patients

*Advice for Pharma: Caveat Emptor*




Many pharmaceutical companies are actively monitoring discussions on patient social networks to find negative comments about their products and/or research the issues of importance to patients who suffer from the medical conditions their medicines are designed to treat.

Many of the most important patient communities such as PatientsLikeUs (PLM), however, are "closed," members-only communities that have rules restricting data mining by third parties. These communities are "dark," meaning that search engine spiders are also not allowed to index the content.

If pharma marketers wish to tap into this rich source of information, they need to pay careful attention to the rules lest they suffer the consequences to their reputations.

This article takes a look at the issues involved in data mining the deep, dark and closed patient communities on the internet.

Topics include:

- The Dark Depths of "Closed" Patient Communities
- Patient Information for Sale
- Pharma Trolls Social Media
- Transparency, Openness and Privacy
- Beware of Stolen "Copper"
- The ePatient Perspective
- What Are Your Social Media Principles?
- Aligning Your Message with Patient Needs

**Download full article** (PDF)

PMN95-03
Issue: Vol. 9, No. 5: May 2010
Word Count: 3548

## Accountability for Pharma Content on Social Media Sites

### *Who Owns and Controls the Content?*


The FDA asked for public comments regarding how pharmaceutical companies should be held accountable for a communication about its product(s) and how much control they exert over activities on the Internet, regardless of whether the promotional activity occurs on company-sponsored venues or on third-party venues. Related to this, FDA also asked whether or not pharmaceutical companies should correct misconceptions or misinformation about their products, including unapproved uses of their products that are being conveyed on a Web site outside their control, such as on a blog, social networking site, or a wiki Web site (i.e., Wikipedia).

A substantial portion of the comments submitted to the FDA by the drug industry in response to the FDA was devoted to the accountability issue and the related issue of correcting misinformation on social media sites.

Topic headings include:

- Who Controls the Content?
- Some Communications Are of No Concern to FDA
- Owned, Earned, Shared Media
- Alternative Schemas
- Accountability
- Conversation Is Not Advertising Says Lilly
- Content Syndication
- User-Generated Content
- Patient Advocacy Special Case
- Safe Harbor for Corrections to Misinformation

**Download full article** (PDF)

PMN93-03
Issue: Vol. 9, No. 3: March 2010
Word Count: 2731

# Here Come the Pharma Wikipedians

## *The Pros and Cons of Pharma Employees Editing Wikipedia Articles*

By John Mack


Should pharmaceutical companies appoint employees as Wikipedia "spokespeople" to perform all edits to Wikipedia articles on behalf of the company?

That is the opinion of Bertalan Meskó, MD, founder and managing director of Webicina.com, who, in a June 13, 2012, open letter to pharmaceutical companies, invited them to "employ a Wikipedia editor if you want to make sure only evidence-based information is included in entries about your own products."

**Open Letter to Pharma**

> *Dear Pharma Companies,*
>
> *The place of Wikipedia in the dissemination of medical information online is indisputable now. If you want your customers to access information about your products from the quality perspective and in the simplest way, you have to deal with using Wikipedia.*
>
> *Based on the pretty negative past encounters between pharma employees and Wikipedia editors (pharma employees trying to edit entries about their own products in a quite non-neutral way), we advise you to employ a Wikipedia editor if you want to make sure only evidence-based information is included in entries about your own products. Appointing someone from within your company as a "spokesperson" in Wikipedia who would perform all edits on behalf of the company is an excellent way to update those entries.*
>
> *For more details, please see our open access social media guide [see Webicina's "Open Access" Social Media Guidelines for Pharma].*
>
> *But basically, we, Wikipedians, are more than open to starting a discussion about this with you.*
>
> *I'm looking forward to working together.*

Boehringer Ingelheim responded to Berci via Twitter: "We look for patient safety issues & react. Its important to stick to Wikipedia policies too, so all transparent." But when asked by Berci if BI had posted anything online about this, BI responded "No at this point in time we have not....yet," seemingly leaving the door open.

Recall that PhRMA -- in comments submitted to the FDA (see "Accountability for Pharma Content on Social Media Sites") -- suggested that manufacturers would welcome correcting misinformation about their products posted to sites like Wikipedia if these corrections were not subject to FDA regulation.

"FDA," said PhRMA, "should confirm formally that, while it is not possible for manufacturers to monitor or correct all inaccurate information about their products on the Internet, such corrections by manufacturers in response to inaccurate postings will not be considered promotional labeling. FDA's adoption of such a policy would thereby allow manufacturers to correct inaccurate information about their medicines on the Internet or social media (e.g., Wikipedia, Sidewiki, blogs, or other websites) if they should become aware of such information."

*Continues...*

# Here Come the Pharma Wikipedians

*The Pros and Cons of Pharma Employees Editing Wikipedia Articles*

**Past Transgressions**
Pharma does not have a stellar record when it comes to editing Wikipedia articles. According to Patients Not Patents, a group that "challenges the validity of medical patents before the United States Patent and Trademark Office," Abbott Laboratories was a serial Wikipedia tamperer back in 2007. Here's the press release that provided the evidence:

> Newly available data show that employees of Abbott Laboratories have been altering entries to Wikipedia, the popular online encyclopedia, to eliminate information questioning the safety of its top-selling drugs.
>
> In July of 2007, a computer at Abbott Laboratories' Chicago office was used to delete a reference to a Mayo Clinic study that revealed that patients taking the arthritis drug Humira faced triple the risk of developing certain kinds of cancers and twice the risk of developing serious infections. The study was published in the Journal of the American Medical Association in 2006.
>
> The same computer was used to remove articles describing public interest groups' attempt to have Abbott's weight-loss drug Meridia banned after the drug was found to increase the risk of heart attack and stroke in some patients.
>
> The site's editors restored the deleted information, but Abbott's activities illustrate drug companies' eagerness to suppress safety concerns, said Jeffrey Light, Executive Director of the Washington, D.C.-based advocacy group Patients not Patents. "The argument that drug companies can be trusted to provide adequate safety information on their own products has been used by the pharmaceutical industry to fight against government regulation of consumer advertising. Clearly such trust is misplaced. As Abbott's actions have demonstrated, drug companies will attempt to hide unfavorable safety information when they think nobody is watching."
>
> The changes are part of over one thousand edits made from computers at Abbott's offices. The data was obtained from WikiScanner, an independent site that allows users to look up anonymous changes to Wikipedia articles.

**Selected Tweets from the 15-June-2012 #hcsmeu Chat**

| | | |
|---|---|---|
| MattHut |  | #hcsmeu Q1 from @berci via @pharmaguy: "Should Pharma hire Wikipedia editors? " Background here: http://t.co/Jivq4sS2 |
| pharmaguy |  | RT @paullikeme: I've been trying to get researchers more involved (http://t.co/Q3uhfrJy) and be transparent (http://t.co/yqfO8t5t) |
| MattHut |  | IMO, importance of Wikipedia is underestimated by pharma : everyone's first call for info on anything is Google (or alternative).... |
| MattHut |  | ...and if wikipedia has an entry for that search it is going to come up in search results |
| MattHut |  | therefore, if a pharmaco's drug/product has an entry, I believe it is within their interests to ensure the info is accurate |
| drpenzesjanos |  | Importance of Wiki for Pharma IMHO clear. Qs are rather about the how. (method, HR, budget, etc...) |

*Continues...*

# Here Come the Pharma Wikipedians

*The Pros and Cons of Pharma Employees Editing Wikipedia Articles*

**Selected Tweets from the 15-June-2012 #hcsmeu Chat** (continued)

| | | |
|---|---|---|
| pharmaguy |  | @matthut I think pharma et al recognize importance of wikipedia, but unsure how to live with it w/o being cited for "manipulation" |
| pharmaguy |  | When I say "live with" wikipedia, I mean use it to advantage, eg corr misinformation, write original articles, etc. |
| drpenzesjanos |  | I hope there will be good examples for the Pharma-Wiki issue soon, very necessary. Good starting point: http://t.co/f710VZ7D |
| MattHut |  | Wikipedia needs to form a part of an overall online / digital comms strategy, and as with any aspect of this... |
| MattHut |  | ...it needs to be managed according to individual priorities for the pharma co. |
| dimuthuj7 |  | @MattHut Completely agree. If content is king, and Wikipedia is the president of online content, we need to ensure it is accurate. |
| SpitzStrategy |  | Pharma ultimately needs to make sure the clinical data related to their solutions is accurate on Wikis |
| MattHut |  | @SpitzStrategy Agreed - but despite being crowdsourced, Wikipedia is the most used information resource available. |
| SpitzStrategy |  | Pharma needs to fact check data related to their treatment solutions -- not produce original content or guide article creation |
| drpenzesjanos |  | @SpitzStrategy Why say no for original content from Pharma? |
| SpitzStrategy |  | Inherent suspicion of bias: RT @drpenzesjanos: @SpitzStrategy Why say no for original content from Pharma? > |
| SpitzStrategy |  | @pharmaguy Agree, but Wikipedia is ultimately about peer contributions, shared editorial responsibilities and fact checking |
| pharmaguy |  | @spitzstrategy "correcting" "misinformation" is the most suspicious wikipedia activity of all! IMHO. |
| SpitzStrategy |  | @pharmaguy Disagree -- who else will police Rx data on Wikipedia if not the pharma companies themselves? |
| drpenzesjanos |  | Biased stuff can still be valuable. It is a certain POV. RT @SpitzStrategy: Inherent suspicion of bias |
| SpitzStrategy |  | @MattHut People generally swallow Wikipedia content whole, with little to know incredulity -- even docs! |

PMN116-02
Issue: Vol. 11, No. 6
June 29, 2012
Word Count: n/a

## Deconstructing Pitts' Guiding Principles for Pharma Social Media

### *Pharmaguy Takes a Closer Look*

Peter Pitts, author of DrugWonks Blog, has put together 11 "principles that must serve as the basic substrate of regulated social media participation" (see here). Pitts offered these principles because he is urging the pharma industry to participate in social media and to not wait for FDA guidelines "not because of its potency as a marketing vehicle -- but because it's the right thing to do."

Let's take a closer, critical look at "Pitts' Principles" and discuss how successful the pharma industry has been at following these principles to date.

**Principle 1. "We engage in social media to help improve the lives of patients and advance the public health of our nation."**

> "improve" is the key word here. We all have different definitions of what it means to "improve the lives of patients and advance the public health of our nation." I, for example, think it is very important to make sure all Americans have affordable healthcare insurance and support efforts to close the gap in Medicare Part D coverage (ie, the "doughnut hole"). The drug industry may not agree with me 100% on this. Lilly, for example, hosted a Twitter "chat" (#mmeds) that tried to convince people that Medicase isn't broken, so don't fix it. After the chat, I asked "Was Lilly's #mmeds Twitter Chat a Discussion or a Press Conference?" because there was little "engagement" with the audience to discuss pros and cons or answer pertinent questions (read this post). Also see "More Pharma Twitter Chats: Medicare is Topic."
>
> Even if we agree on how to improve patient lives, it has not been proven that social media actually can help in this effort. There are plenty of other ways that the drug industry can -- and does -- do things to help improve patient lives. Perhaps social media can help in those efforts (see, for example, "Boehringer Ingelheim and Ashoka Make More Health via Social Media."

**Principle 2. "We will thoughtfully engage in social media while remaining in compliance with both the letter and the spirit of FDA regulations."**

> The word "thoughtfully" requires definition, IMHO. There have been many occasions when pharma companies have seemed to put little thought into their social media activities (see, for example, "BI Masters the Art of WOM through Its 'Parrots,' er, Spokespersons").
>
> Seriously, however, "thoughtful" implies best intentions as in showing consideration for the needs and sensibilities of other people (eg, "how thoughtful of you!"). Pfizer lacked "thoughfulness" when it promoted on FaceBook a Chapstick ad that angered quite a few women (see "Pfizer's Facebook Fiasco: Chapstick Slapstick Ad Uses Woman's Ass as a Prop").

**Principle 3. "Our social media engagements will have both strong public health themes and appropriate marketing communications."**

> "appropriate marketing communications" is the big elephant in the room that cannot be dealt with UNTIL the FDA says what is and what is not "appropriate." This requires more than being compliant with the "spirit of FDA regulations" as noted in Principle 2. It requires being compliant with the "letter" of FDA regulations. Of course, without the "letter" being written by the FDA, there can be no compliance with it.

*Continues...*

## Deconstructing Pitts' Guiding Principles for Pharma Social Media

*Pharmaguy Takes a Closer Look*

**Principle 4. "All social media messages and partnerships must be accurate, appropriate and transparent."**

> Pitts said "One principle that runs as a red thread throughout all of these 11 principles is transparency. Real, honest transparency -- not the usual translucency that 'in compliance' often brings."
>
> I can't agree more. But this is where the drug industry has had and will continue to have problems. I can cite many instances of lack of "transparency" in pharma's social media activities that I have blogged about. For example, during a Lilly-hosted Twitter chat about Medicare, I suspect an employee or agent hired by Lilly posed as an ordinary citizen (@ellsbelles3) who posted "I keep hearing that Medicare Part D is working and not to change it. what does that mean?" This sounded suspiciously like a setup from a phony ordinary citizen similar to "Joe the Plumber" (see "Was Lilly's #mmeds Twitter Chat a Discussion or a Press Conference?"). Although I suspect that Lilly was not being transparent about this, I cannot prove it. That's the problem with transparency in social media -- nobody can prove you are not a "real patient" and it's very easy for unscrupulous players to manipulate the game (ie, conversation).

**Principle 5. "We believe that social media presents multiple opportunities to learn more about how our products impact the lives of patients."**

> Sounds good to me. I hope that pharma is actually listening and learning. It would be interesting to know exactly what the industry is learning about its products from monitoring social media. However, very few companies will even admit they are monitoring social media for fear that FDA will learn that they are not reporting adverse events they hear about (see Principle 7). See comments from Casey Ferrel at the end of this article for a counterpoint.

**Principle 6. "We believe that social media engagement allows us to correct errors and misperceptions about both our company and our products."**

> "correct errors and misperceptions" is really a slippery slope. Who defines what is "correct" and "not correct"? There are many scientific studies and clinical trials whose results are challenged by the drug industry but that are accepted as correct by other experts. All sides of a debate involving scientific evidence should be discussed with the (transparent) participation of the industry. But if the goal of the drug industry is to "correct" other points of view, then the industry will not be engaging in discussion but trying to manipulate it. Also, keep in mind that the industry itself has often been caught make false statements about its own products -- hence all the warning letters from FDA!
>
> A little pedantic aside: "misperceptions" is a curious word choice. Since Pitts is known to choose his words carefully, the distinction deserves some analysis in the present context of "misperceptions" of drug products by the general public.
>
> According to Grammarist: "To **perceive** is to become aware of something directly through the senses. To **conceive** is to form something in the mind or to develop an understanding. So to perceive is merely to see something, and to conceive is deeper. But perception often involves passive evaluation, and this is where the line between the verbs perceive and conceive becomes blurred. Think of perceptions as relatively shallow interpretations, and conceptions as more creative interpretations involving substantial thought or imagination. Think of a **misperception** as a mistaken impression... and a **misconception** is a mistake of imagination or interpretation." A simpler distinction: Misperception, means to not understand, misunderstand; Misconception means a mistaken thought.

*Continues...*

## Deconstructing Pitts' Guiding Principles for Pharma Social Media

### *Pharmaguy Takes a Closer Look*

It's possible that patients, for example, might believe that a muscle ache after being prescribed a statin for high cholesterol is a side effect of the drug. This could be a "misperception" (not a a true pain) or a "misconception" (a real pain but not caused by the drug). Another example: some patients may believe the risks of a drug outweigh the benefits and then decide not to adhere to the treatment regimen prescribed by their doctors. Is this a "misconception" or a "misperception?" Of course, it may be neither: the risks may actually outweigh the benefits!

Anyway, perhaps a better word to use in this context would be "misunderstandings."

**Principle 7. "We believe in using social media to discover adverse drug experiences, which will then be addressed off-line."**

I like this, but would like to see more real-world examples. I recall only one example of a pharma company that has publicly embraced discovering adverse events (AEs) via social medias: ie, UCB, which partnered with PatientsLikeMe to create an online, open epilepsy community that includes a pharmacovigilance program to monitor the site for adverse events and report directly to the FDA adverse events associated with UCB products (see "Finally, a Drug Company Embraces Social Media, AEs Included!"). I haven't heard much about this lately -- did UCB find many adverse events and what else did they learn?

I've seen several studies by agencies that work for the pharmaceutical industry that suggest very few reportable AEs are found on social media sites. PatientsLikeMe, however, reported that 7% of 500 randomly selected posts from the 364,000 posts contributed by patients within the PatientsLikeMe Forum during 2009 incorporated all four elements required for reporting an adverse event (see "PatientsLikeMe Reports High Rate of Adverse Event Reporting Among Its Members"). Also see:

- "Solving the Social Media Adverse Event Reporting Problem"
- "The British Pharmaceutical Industry Issues Social Media Guidance for Adverse Event Reporting."

**Principle 8. "We will strive to interact in a timely manner, appropriate to the general expectations of social media."**

I expect there's a difference in opinion of what is meant by "timely." As has been demonstrated many times, pharma can get into trouble when it does not respond in a timely fashion to social media crises as was the case with Sanofi's response to a disgruntled patient (see "Disgruntled Patient Shuts Down sanofi-aventis Facebook Page"). The ultimate decision of whether a response is "timely" or not is up to the customer (ie, patient, physician, or payor). Whether "striving" is adequate or if "succeeding" is better, remains to be seen.

**Principle 9. "We believe that social media must be regularly monitored and our programs measured in real time to gauge effectiveness."**

See my comments under Principle 5. The industry also is struggling with how to "measure" social media campaigns. There is also a question whether or not social media should even be campaign-oriented, which implies a beginning and an end. We've already seen pharma companies shut down Facebook pages and abandoning their social media audiences (see "Pharma Facebook Pages Being Phased Out: A Good Run While It Lasted! Did Facebook Kill the Beast?"). Companies are blaming new Facebook rules for the shut-downs, but I think "*campaignitis*" has hit -- new marketers come on board and want to run their own "campaigns" or the "campaigns" were not as successful as expected. Which leads me to ask, How do you measure social media success?

*Continues...*

## Deconstructing Pitts' Guiding Principles for Pharma Social Media

### *Pharmaguy Takes a Closer Look*

**Principle 10. "We respect but are not responsible for user-generated content that resides on sites we do not control."**

> This should not be a principle. It's just common sense. Duh! But wait! The word "control" needs to be defined. Comments to FDA by several drug companies addressed this (see "Accountability for Pharma Content on Social Media Sites").

**Principle 11. "We believe the path to engagement is through useful and thoughtful content and commentary."**

> I've already commented on "thoughtful" (see Principle 2). "engagement" is a key word here. What do pharma marketers really think of when they think of "engagement?" Is it the same as what you or I think of? If pharna social media programs are controlled by marketers or corporate communications people, it's difficult for me to think the goal is not just "engage" but also to "convince." That was my criticism of the Lilly chat regarding Medicare (see "Was Lilly's #mmeds Twitter Chat a Discussion or a Press Conference?"). Also see "Will Patients Find Value in Discussions with Pharma Marketers on Social Media Sites?"

**Comments**

Casey Ferrel (@Casey_CEI), Research Analyst at Cutting Edge Information said... I just conducted a benchmarking report on digital marketing in pharma, and in benchmarking social media activity I found that listening is actually one of the most pervasive forms of social media "activity" that companies are engaged in right now. More than half -- 56% of surveyed companies -- concede to using social media for market research and competitive intelligence. Whether this is to gain competitor insight, to profile consumers, to monitor brand and corporate sentiment, or some other form of listening, the fact of the matter is that it is occurring. I was pleasantly surprised by this data; in fact, much of the data I collected depicted an industry further along the social media path than many people perceive. As we have all heard a thousand times, listening is the first step in social media engagement, and it certainly would seem that pharma is on its way in this regard.

Similarly, companies I profiled through survey data and personal interviews with marketers and social media heads revealed a more robust AE response infrastructure than one might expect. At several companies, the task of monitoring for AEs is either farmed out or is tasked to infomatics/IT/marketing/corporate communications. The dragnet can't be comprehensive, of course, and the level of watchfulness varied in those interviews, but the idea that every company has stuck their head in the sand when it comes to social media AEs was not borne out in the research. So again, it appears companies are moving ahead on this front as well, albeit slowly.

As an aside, @ellsbelles3 is indeed a curious case. When you look this account up, only one tweet appears (and not the tweet you quoted!). A look at the account's followers (17) and following (153) reveals a decidedly political (Republican, to be precise) bent. I think it's a little much to insinuate that the account was positioned specifically as a puppet by Lilly to pose an industry-friendly tweet, but I do think that the legitimacy of the account is suspect at best. With Twitter's insistent allowance of pseudonymity, I fear this will remain a common feature of tweetchats involving controversial or politically sensitive topics. When it comes to transparent exchange on Twitter, it takes two to tango.

PMN1018-05
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Publication date: 1 December 2011

 

# Fair Social Media Practice Principles

*Rules for Third-Party Engagement in Patient/Physician Social Networks*

By John Mack

Recently, there's been some discussion on Twitter and certain blogs about Sermo, the online physician community based in the U.S. When Sermo representative Thomas Rines (@tomrines) tweeted that "Sermo is an online community for US physicians. We provide our clients the ability to engage with the community" in a recent #MedDevice chat, he caused a "What? Wait!" doubletake (see "The Twitter Chat that Killed Sermo").

It seems that many physicians -- including some who are Sermo members -- are not aware of Sermo's business model, which is "Sermo is free to practicing physicians. Revenue is generated as healthcare institutions, financial services firms and government agencies purchase Sermo products to access this elite group of practitioners."

Here were some responses to Rines' tweet:

> "Sounds like @SermoTeam is willing to host docs for free in order to gather info and push products for $"
>
> "Do docs really know their conversations are being mined?"
>
> "I doubt docs know exactly how Sermo mines their conversations."
>
> "Seems many topics of late come back to transparency & the motives for not being transparent."
>
> "May be a blog post to be had from this."

The last two comments are relevant to why I am writing this blog post.

Before I proceed, you should know that Sermo is an advertising client of Pharma Marketing Network, which recently helped promote its services to the subscribers of *Pharma Marketing News*, many of whom may be interested in accessing Sermo's elite group of practitioners (see the ad sent out to subscribers here: "Get $3,000 of Market Research, FREE"). Daniel Palestrant, Founder and CEO of Sermo, has alos been a guest on the Pharma Marketing Talk show where he described how pharmaceutical companies can interact with Sermo members (listen to the podcast: "Pharma, Physicians, and Sermo: A Social Media Win-Win-Win!").

I have also wondered how happy Sermo physicians are with its policy and whether or not a majority of them approve of it (see "Pfizer has a Gold Mine in Sermo!").

Given all the publicity and transparency about Sermo's business model, I am surprised to see comments like the ones above and this one by "SteveBMD," author of blog "Thought Broadcast," who said (see "Discussing social media with physicians on Sermo"):

> "Sermo is not a physician-only community," says SteveBMD.
>
> "Sermo generates revenue by selling access to its site to 'healthcare institutions, financial services firms and government agencies.' See this link on their site: http://sermo.com/client/research/overview

*Continues...*

## Fair Social Media Practice Principles

*Rules for Third-Party Engagement in Patient/Physician Social Networks*

> "Unfortunately, this is not made clear to doctors when they sign up or participate. Instead, doctors are led to believe that this is like an 'online doctors' lounge.' A better description would be a doctors lounge with insurance companies, pharma companies, market researchers, and government agencies peeking through the window."

I am not a physician, so I cannot join Sermo and look at exactly what Sermo leads doctors to believe when and after they join. But I do know that Sermo has a 4,278 word "Terms of Use" document that it links to right on the Sign Up page (see below; click for an enlarged view).


This is a typical legal agreement that most of us see on Web sites, but automatically FAIL to read! If you want to become a member, you MUST agree. But what exactly are Sermo members agreeing to?

The Sermo Terms of Use document gets to the point of this blog in ITEM #7, which explains "Hotspots", which are "visual indicators within the Site that enable Sermo and its clients to present opportunities ('Opportunities') for interaction with You." Further down in ITEM #16, Sermo explains that "any material, information or other communication You transmit or post to the Site or third party site will be considered non-confidential and non-proprietary" and "Sermo and its designees will be free to use for any purpose, copy, disclose, sell, distribute, perform, incorporate and otherwise use the Communications and all data, images, sounds, text, and other things embodied therein for any and all commercial or non-commercial purposes to the extent permitted by applicable law."

OK, so Sermo DOES explain its business plan in its Terms of Use. I question whether this is ENOUGH, considering that most everyone ignores these documents written in legalese -- a language that repulses many of us ordinary folk, including doctors!

*Continues...*

# Fair Social Media Practice Principles

*Rules for Third-Party Engagement in Patient/Physician Social Networks*

Instead, owners and operators of online discussion sites -- whether they be independent corporations such as Sermo, or hospitals, other healthcare organizations, and even pharmaceutical companies (someday) -- should publish SOCIAL MEDIA POLICIES that are separate and different from their Terms of Use agreements.

A Social Media Policy is not just an agreement that users must abide by. More importantly, it is a PROMISE to users from site owners/sponsors concerning how they will protect or attempt to protect user-generated content, personal conversations, interactions, and engagements with third-parties on the site. The policy should also explain how users should "behave" on the site (eg, "rules of engagement").

**Fair Social Media Practice Principles**
It used to be that privacy policies were written in legalese incorporated into terms of use agreements. Even when separate privacy policies were developed, they varied from site to site owned and run by the same organization. After government (ie, FTC) privacy policy guidelines and laws were enacted, privacy policies were required to comply with standard fair information practice principles that make certain promises about protecting a user's privacy (see, for example, "Pharmaceutical Compliance with Fair Information Practice Principles"). Privacy policies also have become much easier to read and understand.

The same should be true of the social media policies I am talking about. I hope, however, this is done on a voluntary basis by the industry rather than by new laws.

Therefore, in summary, I propose that owners and operators of online discussion sites -- whether they be independent corporations such as Sermo, or hospitals, other healthcare organizations, and even pharmaceutical companies (someday) -- publish SOCIAL MEDIA POLICIES that comply with as-yet-to-be-determined "fair social media practice principles."

But what are the essential elements of "**Fair Social Media Practice Principles**? Some ideas include:

- A comment moderation policy that explains how discussions are reviewed before or after publication
- Qualifications for discussion moderators, if there are moderators
- How site moderators are trained regarding policies
- Rules for participation in discussions by site owner employees
- Rules for participation by third-party sponsors, clients or their agents
- How "misinformation" is defined and what the policy is for correcting such information

**Further Thoughts**
**Comment from Reader**: I think there should be some sort of regulation mandating that social networking websites explain in plain English how and why their clients' information will be used.

**Response by JM**: SM sites definitely should have a privacy policies that cover that. Under FTC regulations, these policies are promises to customers and if sa ite owner violates the policy they can be prosecuted under FTC law.

But what I would like to see is a promise from SM site owners about other issues such as how they moderate discussions and correct misinformation or re-use content posted by users.

Health-related SM sites can be rife with misinformation and become dangerous. I'm not in favor of "correcting" misinformation by deleting it without permission from the poster. Who determines if the information is wrong. I'm in favor of a policy that says the site moderators can post "corrections" to misinformation just like anyone else can. But leave the original information on the site.

*Continues...*

 

## Fair Social Media Practice Principles

*Rules for Third-Party Engagement in Patient/Physician Social Networks*

Another variation of the policy could be to delete the "misinformation" with permission from the original poster with a note as to why the information was deleted and with whose permission.

There are all kinds of other situations that arise in online communities that require policies to deal with in a well-mannered way. The Sermo case is an example -- who can copy posts and mine the site? What rights do the original posters have regarding the "content" they create on the site? Do the site owners ask permission to use this content for any reason whatsoever or are there limitations? That should be part of the policy too.

In this way, SM site owners promise how they will maintain and use the content provided by users -- even content that is non-identifiable as to the poster. Privacy only becomes an issue on sites that require users to provide personal information when signing on but allow them to be anonymous on the site. Many sites operate this way. They are obliged to protect & keep private the personal information you provide but usually not the content you post in open forums.

You may think it is obvious that content you post in forums is NOT private, but I guarantee many people do not realize this. Or they do not realize how the site's tools allow the content to be shared over other networks. Shouldn't users be made more aware of that? I for one am a bit confused about how all these social networks are tied together -- I can log in to different sites and content I publish on Twitter can end up somewhere I don't expect.

PMN1011-02
Issue: Vol. 10, No. 11
Publication date: 21 June 2011
Word Count: n/a

## Overcoming Space Limitations in Social Media

### *Bring Out the Old ("One-Click Rule") and Ring in the New Ideas*

Photograph by Joe Munroe/Ohio Historical Society Collections

FDA's public notice regarding Promotion of Food and Drug Administration-Regulated Medical Products Using the Internet and Social Media Tools asked "Are there proposed solutions that may help address regulatory concerns when using social media tools associated with space limitations or tools that allow for real-time communications to present product information?"

FDA's "regulatory concerns" are primarily about how to ensure that consumers have access to a balanced presentation of both risks and benefits of medical products. Given that, the following question asked by the FDA is relevant to the discussion of space limitation solutions: "How should product information be presented using various social media tools to ensure that the user has access to a balanced presentation of both risks and benefits of medical products?"

This article presents a summary of comments from the drug industry regarding this issue.

Topic headings include:

- Research Supports Need for More Balance
- Pharma Prefers "1-Click Rule"
- Yahoo! Says Patients Are Ambivalent About Risk Information
- Merck's Data In Support of "One-Click Rule"
- BIO Says Consumers "Understand" the One-Click Rule
- Who Did NOT Support the "One-Click" Rule?
- Google Rescues the Product Claim Ad!
- Novartis Proposes FDA-Approved Hashtags
- PhRMA Proposes FDA-Approved Universal Safety Symbol
- Bayer Opposes Universal Safety Symbol
- TV's Adequate Provision Precedent
- The Whole and Nothing But the Whole Conversation
- Online Video Ads Special Case
- MicroBlogging about Newsworthy Events

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PMN93-02
Issue: Vol. 9, No. 3: March 2010
Word Count: 5189

## Social Media Adverse Event Reporting Safe Harbors

*It's Time for FDA to Open Up the Internet to Rx Advertising Like It Did with TV!*


Adverse event (AE) monitoring and reporting are the two primary hurdles that pharmaceutical marketers must overcome before they can feel comfortable using the full two-way conversational features of the new Internet (ie, Web 2.0, aka "social media").

This article presents ideas for regulatory "safe harbors" under which pharma companies would be relieved of the responsibility of monitoring social media for adverse events. Whether or not the FDA implements these or some other form of safe harbor is anybody's guess. But if the drug industry really wants a safe harbor -- and there is some question about that -- this could be a start.

As background, the article also includes a detailed summary of responses to the survey "FDA Regulation of Drug & Device Promotion via the Internet & Social Media" regarding social media adverse event monitoring, processing, challenges, and uncertainties.

Topic headings include:

- What Is an Adverse Event?
- FDA Clarifies Pharma's AE Reporting Responsibilities
- "AEs" Within SM Discussions
- The Adequate Provision Safe Harbor Precedent
- AEs, Internet, & the FDA
- Monitoring Adverse Events
- Processing AEs from Social Media Sources
- Challenges Handling Adverse Events Found on SM Sites
- Uncertainties Regarding Adverse Events Found on SM Sites
- Tit-for-Tat Tithe on Pharma Marketing
- The Adverse Event Reporting Widget Safe Harbor
- There's Value in Adversity

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PMN89-01
Issue: Vol. 8, No. 9: October 2009
Word Count: 6193

## Solving the Social Media Adverse Event Reporting Problem

### *Is It Just Too Much "Noise" to Sift Through?*

Pharmaceutical marketers claim to be prevented from engaging in online conversations with consumers because of FDA's AE reporting requirements. No drug company wants to be responsible for pro-actively monitoring the entire Internet for potential adverse events. Even so, are adverse events reported on social media sites just a lot of useless "noise" and not worth the effort to sift through?

Many presenters at FDA's November 2009 public hearing on the Promotion of Food and Drug Administration-Regulated Medical Products Using the Internet and Social Media Tools addressed this problem and offered solutions.

Comments submitted to the FDA after the meeting offer more details, which are reviewed in this article.

Topics include:

- AE Monitoring Policies
- Technology Can Help
- Identifying the Reporter
- Solicited vs. Spontaneous AERs
- Terms of Use
- Tools for Monitoring AEs
- What Sites Should be Monitored?
- Are J&J Agents Trolling for Adverse Events on the Internet?
- Patient Privacy Issues Cited
- Reporter "Noise"
- How Frequently Are AEs Mentioned in Social Media?
- Not All AERs Are Equal
- Lilly's Pilot Study Yields Nada

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PMN93-04
Issue: Vol. 9, No. 3: March 2010
Word Count: 4098

# ABPI Issues Social Media Guidance for Adverse Event Reporting

*Once Again the Brits Have Beaten the US!*


On June 13, 2011, the Association of the British Pharmaceutical Industry (ABPI) Pharmacovigilance Expert Network (PEN) published GUIDANCE NOTES ON THE MANAGEMENT OF ADVERSE EVENTS AND PRODUCT COMPLAINTS FROM PHARMACEUTICAL COMPANY SPONSORED WEBSITES (find the document here). The guidance addresses three different ways that pharmaceutical companies may learn of adverse events (AEs) through social media:

1. "**Listening in**" -- Monitoring social media sites allows a company to "listen to" or "see" what the public are discussing, saying or sharing about the company itself, diseases, conditions, and treatment options.
2. "**Giving out**" -- Many social media sites allow companies to initiate one-way communications to share important messages with the public, where interactive dialogue is not permitted or practical.
3. "**Engaging with**" -- Engaging, exchanging and participating in interactive communication with the public. This type of activity is performed in both company and non-company sponsored sites.

**Companies Should Declare Involvement and Responsibilities**
The guidelines state that "The company's involvement in the social media site must be transparent to the users." Even when just "listening in," the company "should declare its presence by registering on the site using the company name." The ABPI concedes that "this may not be practicable or possible for buzz-monitoring type activities" that are usually carried out by third parties. "In addition," says ABPI, "it is also recommended that the company disclose the length of time it intends to sponsor the site (if known) and how it intends to screen and use any user-generated content." ABPI also recommends that regulated companies "ensure that all staff involved in the social media channel are appropriately trained for performing pharmacovigilance related activities." That would include moderators and third-parties hired by the companies.

**Collecting AEs on Social Media Sites**
ABPI recommends that company owned sites "be designed to facilitate the pharmacovigilance process" through use of "free text fields" and access to "internal/external reporting based tools which allow users to report suspected adverse drug reactions." One such tool might be a Adverse Event Reporting Widget (see "Using Social Media in a Crisis: Distribute a Product Safety Widget Is One Idea"). ABPI says that details of ALL AEs "should be collected and document, regardless of:

- Seriousness of the event
- Whether there is an identifiable reporter
- Whether any adverse events are listed in the product's Summary of Product Characteristics
- Whether a definite causal relationship or link to the product has been stated
- Whether the stakeholder or patient has already reported the event to the competent authority or says they have reported it to the company"

That's quite different than what commenters from the US drug industry told the FDA (see "Social Media and the Future of Adverse Event Reporting"). The US industry said such a collection regime would be too onerous.

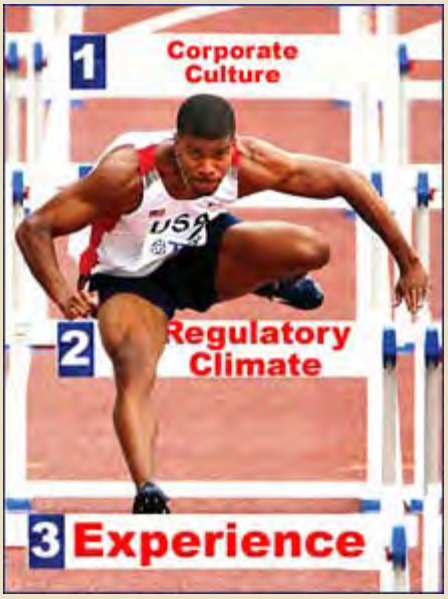
Regarding the identity of the reporter of an AE, ABPI says an e-mail address would be considered acceptable and even a screen name would be acceptable IF the screen name allowed for contact to be made. ABPI recommends companies implement "a formal site registration process" that can be utilised to obtain information enabling regulated companies to "identify and contact users in order to validate and follow-up on safety information." During registration, users should give consent for the company to follow-up with a user should they report AEs, says ABPI. "It should also be made clear that personal information may be processed on internal company databases and sent to regulators."

PMN1011-04
Issue: Vol. 10, No. 11
Publication date: 21 June 2011

## Pharma is Overcoming Social Media Hurdles

*Assessing the Three Biggest Obstacles to Success*




The pharmaceutical industry has been slow to adopt social media as part of its marketing strategy for a variety of reasons, including FDA regulations regarding fair balance, adverse event reporting, and off-label promotion.

Nevertheless, pharmaceutical marketers have come a long way in integrating social media into their overall marketing strategy. Not every pharma company, however, is at the same point in the adoption curve. Some are more willing to take "risks," some are more savvy about applicable FDA regulations, and some are more knowledgeable about social media in general.

In order to determine how ready pharmaceutical companies are for engaging in social media marketing, *Pharma Marketing News* began hosting the online "Rate Your Social Media Marketing Readiness" self-assessment tool in December, 2007, when social media first appeared on the pharma radar screen.

This article summarizes the results and compares results from two different time periods to determine if any progress has been made.

Topics include:

- Caution Abounds
- Social Media Obstacle Self Assessment
- Survey Questions and Scoring
- Is Pharma Ready for Social Media Now?
- Regulatory Obstacles
- The Cultural Hurdle
- The Knowledge & Usage Gap Persists
- Pharma Can Overcome the Hurdles

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PMN1203-02
Issue: Vol. 12, No. 3: 18 March 2013

## Pharma and Social Media - Comfy Bedfellows

*Boehringer, AstraZeneca, & Janssen Get It On!*

Have you noticed that pharmaceutical companies are routinely using social media for communicating and engaging with consumers, patients, physicians, and news media?

Pharma is getting very comfy with Facebook, YouTube, blogs, Twitter, and even Tumblr to reach its many and diverse audiences.

This article reviews social media breakthroughs by Boehringer, AstraZeneca, & Janssen.

Topics include:

- Bedfellows, Not Badfellas!
- TweetChats Galore!
- Rx Branded YouTube Channels
- BI Joins the "Over 50K Likes Club"
- Handling Comments on Facebook
- #COPDChat
- Is Your TweetChat "Regulation Safe?"
- AZ Posts DTC Ads on Blog: Ad vs. Editorial?
- AZPurpleZone
- Janssen Takes a Tumblr

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PMN1207-03
Issue: Vol. 12, No. 7: 10 September 2013

## Report from the Social Pharmer "Unconference"

### *Sowing Seeds of Social Media Change?*

One only has to recall the 7-Up "Uncola" campaigns to understand the limitations of defining something by the absence of certain qualities. But the Social Pharmer Unconference was more refreshing than a fizzy soda exactly because it lacked what causes so many industry conferences to fall flat: marginally relevant speakers, boring PowerPoint presentations and silent participants. In this article, Amber Benson, Group Strategy Director for IMC2's Health & Wellness practice, summarizes key presentations made at the April 21, 2009, Social Pharmer "unconference."

Topic headings include:

- Openness, Transparency and Authenticity
- Developing a Framework
- Final Social Pharmer Thoughts: Coming Back To Transparency
- FDA Regulation: Be Careful What You Wish For
- No Matter How Risk Adverse, You Can Do Something
- How to do it Without Getting Fired
- What Do Patients Want from Pharma Engagement?
- Next Steps

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PMN105-01
PMN84-04
Issue: Vol. 8, No. 4: April 2009
Word Count: 2999

# The Role of Social Media in Managing Chronic Diseases

## *Focus on Diabetes and Obesity*


In a blog post titled "Open letter to NPR about Diabetes Social Media piece," Kerri Morrone Sparling of Six Until Me, attempted to refute a claim made by Jason Bronner, a doctor at the University of California San Diego Medical Center, who said "There's no proof in diabetes that social networking is helpful."

Sparling says "initial evidence suggests that the benefits of social media to people living with chronic illness are real, even though large scale studies have not shown precisely who benefits and how much."

OK. What we have here is a failure to communicate. On the one hand, there's the physician who's looking for "evidence" that diabetes is being managed. That in-volves numbers such as HbA1c (a lab test that shows the average level of blood sugar over the previous three months; It shows how well patients are controlling their diabetes).

On the other hand is the patient argument that "emotional support" is also a key benefit.

One could argue that BOTH sides have merit.

Topics include:

- Benefits of Social Media for Patients
- Social Media and Support
- Social Media & Preventive Health Behaviors
- Social Media and Knowledge Skills
- Social Media as it was Way Back When

**Download full article** (PDF)

PMN1111-04
Issue: Vol. 11, No. 11: December 2012

# Social Communications in Healthcare

## *Summary of Roundtable Discussions*


At the Social Communications in Healthcare conference hosted by the Business Development Institute in NYC on July 23, 2009, there were so many people live Tweeting the case study presentations that it's hardly worth the effort to summarize these presentations after the fact. You can find a good summary--if only in dozens of 140-character packets--on Twitter.

An excellent gauge of the state of social communications in healthcare may be had from summaries of the round table discussions moderated by experts after the case study presentations. After a short introduction, this article provides several summaries written by the roundtable discussion leaders themselves.

Topic headings include:

- Pfizer and GSK Take Baby Steps
- Avoiding the Pitfalls of Social Media
- Bringing Legal into Health Care Social Media Strategic Planning
- Fueling Social Networking with Email Marketing
- Social Media and Pharma: Is there a "Right" way?
- Getting Clinician's Involved in Social Media and Networking Efforts
- Dr. iPhone
- How to Anticipate & Manage the Tough Conversations
- Building a Social Networking Site for BioProfessionals
- Powering Word-Of-Mouth With Social Communications

**Download full article** (PDF)

PMN87-02
Issue: Vol. 8, No. 7: August 2009
Word Count: 8285

# Get Social, #GetFit and Get Healthy

## *How GE Healthcare Uses Social Media & Gaming to Promote and Motivate Healthy Lifestyles*


A conversation with **Ángel González**, Founder & CEO, Ideagoras, and **Verónica Botet**, Global Manager, Digital and Social Media, GE Healthcare. The discussion focuses on the #GetFit initiative, a worldwide competition and social media campaign designed to raise public awareness about cancer prevention.

GE Healthcare launched #GetFit, a global competition, on multiple social media platforms - Twitter, Facebook and Sina Weibo - to raise public awareness about cancer prevention. Over a period of six weeks, the campaign encouraged people from all over the world to share their own health and fitness activities and what they are doing to help reduce their likelihood of developing cancer, a leading cause of death.

"Prevention and active participation in our own better health are the first steps in improving health outcomes," said John Dineen, President and CEO, GE Healthcare. "Leveraging the power of gaming and social networks to encourage lifestyles that can help prevent cancer isn't just a good idea -- it's part of our original healthymagination commitment to bring actionable health content to consumers and our employees."

By tracking progress against specific health challenges or by posting comments about healthier lifestyles (eg. cycling to work, eliminating smoking, eating a healthy meal), individuals and teams in countries throughout the world competed against one another while accumulating "healthy" points and badges. #GetFit ambassadors -- real, inspiring people who have committed to healthy living and/or individuals who have made strides in the fight against cancer -- cheered players on and shared their personal stories.

### Questions/Topics Discussed

- Why is GE Healthcare using gaming and social media for a cancer prevention awareness campaign? What is the goal?
- What are you measuring to determine if you have reached your goal?
- What products does GE Healthcare market that might benefit from a disease awareness campaign?
- Is there any evidence that SM and competition gets better results than more traditional campaigns?
- What are some of the challenges to launching a global online campaign -- Languages, regulations?
- How has GE Healthcare prepared internally to manage social media campaigns? Do you have guidelines or a "playbook?"
- Do you envision a day when GE Healthcare might use social media and gaming to promote branded products?

### Listen to Podcast

PMN1204-02
Issue: Vol. 12, No. 4.1: 17 April 2013

# Who Owns Your Social Media?

## *Health Is Social, But Privately Owned and Operated*

By John Mack

"Twitter just announced a complex, confusing, and developer-alienating system that restricts their once-open, always cherished but now apparently taken for granted API," complained Michael Spitz, SVP and Managing Director at Zemoga. "The new rules change the playing field for third party developers, establish caps on number of users, and shift guidelines to requirements across four categories of businesses that Danny Sullivan of Search Engine Land humorously characterized in Star Trek terms." Spitz characterized this as #TWITTERFAIL and he thinks the new rules "ruin the spirit of social media" and are "bad for healthcare":

> Central to the success and fondness for Twitter has been its "open API" structure, enabling an application programming interface that allows developers to freely access and repurpose in any way they see fit all the streaming and archived data within the Twitterverse. The relationship has been reciprocal; in exchange for that unhindered access Twitter got some of the best programming know-how and third-party apps out there.
>
> That symbiosis between Twitter, developers, and end-users has characterized one of the most successful communication experiments in human history. For the first time and on an unprecedented scale users themselves have created a digital channel's structure, syntax, and extensibility. Even conventions such as @reply and #hashtag originated with outsiders through this delightfully self-referential social media dance.
>
> Twitter just announced a complex, confusing, and developer-alienating system that restricts their once-open, always cherished but now apparently taken for granted API. The new rules change the playing field for third party developers, establish caps on number of users, and shift guidelines to requirements across four categories of businesses that Danny Sullivan of Search Engine Land humorously characterized in Star Trek terms.
>
> Irrespective of the details, the result is alienation of the developer community that helped build, grow, and support Twitter. As astute bloggers have already observed, these new API restrictions will curtail growth of these third-party apps, and discourage new developers and businesses from entering the space. What was once a dynamic, innovative, and diverse Twitter ecosystem will now be increasingly and likely entirely controlled by the Mothership.

Read entire post here: "#TWITTERFAIL: HOW NEW RULES RUIN THE SPIRIT OF SOCIAL MEDIA AND ARE BAD FOR HEALTHCARE".

Spitz's "rant" raises a couple of interesting issues that I discussed with him in a live Pharma Marketing Talk podcast. First, the premise that changes to Twitter's API can be "bad" for healthcare is based upon the notion that Twitter has been or could be "good" for healthcare. I'm not sure what Spitz includes in his "healthcare" category. Since he works for an agency with pharmaceutical company clients, I am sure he includes the drug industry as part of what he means by healthcare. Part of of the discussion focuses on how Twitter can be good (or bad) for the pharma industry's goals of selling more drugs.

*Continues...*

# Who Owns Your Social Media?

## *Health Is Social, But Privately Owned and Operated*

I have written several articles about how pharma can use Twitter to help support patients (see "Supporting Patients via Twitter and Beyond" and "Use of Twitter for Patient Support") and criticized pharma for using Twitter (and blogs) to promote their products (ie, "market"; see "Novo Nordisk's Branded (Levemir) Tweet is Sleazy Twitter Spam!" and "AstraZeneca's Timely CRESTOR Branded Blog Post: Did It Violate Its Own Policy?"). My view is that Twitter has been good for pharma mainly in the public relations realm, which may or may not translate into increased drug sales.

Most tweets from pharmaceutical companies are about what they are doing in this therapeutic area or that therapeutic area (e.g., support for COPD, atrial fibrillation, diabetes innovation, etc.). Pharma tweets a lot about clinical study results (mostly the positive results) and news from medical conferences where they are exhibiting ("come to our booth"). They also tweet about investor presentations and other news about their company that Wall Street finds of interest.

None of those tweets do healthcare any good -- e.g., improve outcomes of drug treatment. They do, however, provide benefit to pharma companies by getting them more attention by the media, which dutifully followup with articles based on these pharma "Tweet Releases."

Another issue related to the lament about the more and more restrictive Twitter API is the question "Who Owns your Social media?", which was brought to my attention by Phil Baumann of "Health is Social." Baumann is also a member of the Advisory Board at Mayo Clinic Center for Social Media, so he has a healthcare perspective beyond pharma. Listen here to the podcast interview.

I invited Baumann to be a guest on the podcast, but he was not available. He did, however, send me some thoughts, one of which is:

"Too much emphasis has been placed on social media in general - at the expense of focusing on the only thing Healthcare or Pharma can own on the web: their own domains. Social Media should not be seen as the center of a web presence - ever. It's a tempting thought, but the reality is the other way around. Healthcare and Pharma organizations should learn [from] these API changes that they don't own anything on these social media sites. Many experts have laughed off blogging and traditional websites, but I still maintain that if you can't build your own solid presence on your own domain, you won't do well on social media in the long-run."

You should also read "The Over-promising of Healthcare Social Media" written by Baumann.

Here are a few other thoughts from Baumann on the Twitter API issue:

- The first thing that Healthcare and Pharma need to realize is that social software is pliant and tenuous. With social software, the tiniest tweaks can produce huge ramifications throughout a digital ecosystem.
- If the industries are going to be involved in social media, they need people on staff who can keep up with the technical changes that happen - in fact, they need to anticipate them and have plans to turn to when those changes take place.
- The average person probably only cares about Twitter clients - I suspect that Twitter will eventually whittle clients down to a very few. It already owns TweetDeck, but hasn't developed this asset much.
- The larger Healthcare/Pharma Enterprise impacts of the API changes are likely to be more in the area of data-mining, monitoring, metrics, etc. For example, Twitter might rate-limit calls for certain kinds of data - let's say a Pharma company or its vendor monitors for mentions of a drug and or keywords related to possible Adverse Events. Depending on the API changes over time, there may be limits to the amount of data that can be captured in a timely manner.
- None of what Twitter is doing with its API is at all unexpected - at least it shouldn't be. Ultimately, this is Twitter's product - albeit one that increasingly is becoming a virtual public utility.

PMN118-04
Issue: Vol. 11, No. 8: September 2012

 

## New Social Media Regulatory Framework

### *A Critical Analysis*

At a conference Fard Johnmar (Founder, Envision Solutions), Jim Nail (CMO, TNS Media Intelligence/Cymfony), and John C. Serio, (partner, Seyfarth Shaw LLP) talked about regulatory issues relating to Web 2.0 and summarized a new social media monitoring and marketing framework for pharmaceutical companies.

This article takes a critical look at the "Framework" and offers further insights into the regulatory issues it raises. Topics and issues covered include:

- Fair Balance and the "One-Click Rule"
- Jim Nail's Comments on "One Click Rule"
- With Respect to Internet Guidelines, Where's DDMAC's Head At?
- Red Means Stop, Green Means Go
- Agents Need Monitoring
- What About Public Relations Risks?

**Download Full Article** (PDF)

PMN610-05
Issue: Vol. 6, No. 10: November/December 2007
Word Count: 2797

## Use of Social Media for Health Purposes in the EU

### *How Doctors, Patients, and Pharma Engage with Each Other*

EPG Health Media (part of the IMR International Group), recently published a market research report "Social Media and Healthcare." The report examines how European doctors, patients/consumers and pharma engage (and seek to engage) with each other. The information helps EU marketers understand the potential for future change in terms of the use of social media in relation to health.

This article is a summary of that report, which surveyed HCPs, pharmaceutical professionals and consumers/patients within the "top-5" EU countries; ie, United Kingdom, Germany, France, Spain and Italy.

Topics include:

- AE Monitoring Policies
- Marketing Budgets Shifting
- HCP Networks
- Key Survey Findings

**Download Full Article** (PDF)

PMN94-02
Issue: Vol. 9, No. 4: April 2010
Word Count: 2067

# PR & Interactive Agencies Vie for Pharma Social Media Campaign Crumbs

*Should a PR firm or an interactive marketing agency be in charge of pharma social media campaigns?*

By John Mack


Yesterday, I received a call from a friend who works in an interactive ad agency. He/she was eager to point out that hackers gained access to Pfizer's Facebook by discovering an administrative password based upon information that Paul Dyer, the "guy in charge of this [Pfizer's] Facebook" (according to the hackers) placed on his LinkedIn page (here).

Dyer is employed by WeissComm Partners (WCG), a PR agency that Pfizer employs to manage at least some if not all of its social media campaigns, including the corporate Facebook page. Dyer oversees the WCG social media team in North America.

My anonymous informant made some very disparaging remarks about WGC in general, and Dyer in particular. Dyer, said my informant, is a twenty-something with experience only in the packaged goods industry and has little knowledge of the pharma industry -- Dyer's previous clients (at another agency) included Coors Light, New Balance, Hansen's Natural Soda, and PURE Bar.

My informant dissed WGC, claiming they have no knowledge of the pharma industry and should not be employed by pharma to do social media.

It's not the first time that a PR agency was dissed by one of my friends who specialize in developing interactive communications and marketing programs for the pharmaceutical industry.

After I outed an AstraZeneca Facebook blunder by Edelman this past February (see "AstraZeneca Hosts 'Take on Depression' Facebook Discussion -- Seroquel Lurks Behind the Scenes"), my friend Rich Myer at World of DTC Marketing had this key lesson to share: "**Don't hire an agency to implement your social media strategy especially if that agency is Edelman**" (see "The key lesson in AZ's Facebook mess"). Then he REALLY laid into them:

> "Now I am not a big fan of Edelman. They are a 'legend in their own mind' and have made way too many mistakes for my money. What I do have a problem with is THE LARGEST INDEPENDENT PR FIRM IN THE WORLD just announced in the Chicago Tribune that the people who are supposed to be setting social media strategy in conjunction with communication strategy for their clients HAVE NO IDEA WHAT THEY'RE DOING!"

Myer cited this SpinSucks blog post: "Edelman Admits They Don't Know Social Media," which noted that Edelman has "what they call their 'Rotnem' program (which is mentor spelled backwards -- in case you missed that) where 95 percent of their senior executives are mentored by Gen Y."

It may have been no coincidence, therefore, that Edelman recently hired Shwen Gwee -- who may be Gen X, not Y -- as VP of Digital Health. Shwen was the former Lead for Digital Strategy and Social Media (Marketing) at Vertex Pharmaceuticals. He will have his work cut out for him at Edelman.

BTW, Myer also has criticized Gwee, giving him the honor of "Most overrated industry person" (see here), claiming he doesn't deserve all the social media accolades laid upon him despite never having developed a social media campaign for a marketed drug. But just before Shwen left Vertex, he did develop a disease awareness SM campaign (BetterToKnowC.com and the HepC.TV YouTube channel).

After my informant called, there was further outing of Dyer on the MM&M Blog: "Did a PR firm's lapse give hackers keys to Pfizer Facebook page?", which adds further fuel to the current fire consuming PR agencies and social media.

*Continues...*

 

## PR & Interactive Agencies Vie for Pharma Social Media Campaign Crumbs

*Should a PR firm or an interactive marketing agency be in charge of pharma social media campaigns?*

This morning, I asked this question during the #hcsmeu chat: "PR vs Interactive agencies -- who's best for developing HC social media campaigns?" and got some interesting responses, especially from current and former pharma people.

Gary Monk (@GaryMonk), UK Managing Director at Across (a management consultancy and marketing management group), said: "I generally find Pharma #PR agencies utter crap when it comes to socmed. Better trust it to a gorilla in a wetsuit," which I found interesting, coming from a former brand manager and e-Business exec at Johnson and Johnson (Janssen division).

Monk could be biased now that works for an outside marketing company that competes with PR agencies. But a current insider, @DanBax76, who works in sales at BMS, "massively" agreed that "PR agencies are indeed more in the promo sphere, Pharma should move from promo to support."

At Pfizer, it seems pretty certain that Corporate Communications (ie, PR) is in charge of all its social media campaigns. Pfizer's head of Corp Communs, Ray Kerins, has done a lot to build the company's massive social media presence, which is ALL geared toward PUSHING messages out like a good PR machine. It's no surprise, therefore, that they would hire a PR agency like WCG. But other pharma companies are also turning to PR agencies to handle their social media campaigns, even campaigns that are more marketing focused.

My informant tells me that this is changing. As more and more social media faux pas are exposed and it is discovered that incompetent PR agencies are at fault, I expect change will happen -- more brand managers inside pharma will engage interactive marketing agencies to get the social media crumbs.

If you are a YOUNG internal pharma marketing employee with good knowledge and experience in social media, but getting nowhere in your job (listen up Pfizer people), NOW is a great time to jump ship and join an outside agency. The BIG question is: Should you join a PR agency or an innovative marketing agency?

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# Four Useful Lessons Pharma Can Learn from the Pfizer Facebook Hack

*Pfizer's US corporate Facebook page was hacked by some "Kiddies."*


By now, you've probably heard that Pfizer's US corporate Facebook page was "hacked" by some "Kiddies" (see "Pfizer, If You Are So Smart, How Come You Were Hacked By 'Kiddies'?"). For several hours, the page was reconfigured to display messages and images from the hackers, including "**ATTENTION** Pfizer must be stopped. They're corrupt and the damage they create is senseless. Carelessness! Putting a scare on these blokes who deserve one...".

[The hackers may have targeted Pfizer because of its Nigerian litigation case. See "WikiLeaks: Pfizer Hired Investigators to Smear Nigerian Prosecutor in Press"]

Pfizer's FB page is now restored to its original state of corporate banality (see here). A message from Pfizer on the wall states:

> "As you might have noticed, our Page was compromised last night. We have been working with Facebook to understand what happened so we can guard against it in the future. Thank you for your patience while our page has been down, and we are pleased to be sharing our news with you once more."

Several interactive agency experts who no doubt have Pfizer as a client are trying to focus the blame on Facebook. Bruce Grant, senior VP, business strategy, at Digitas Health, is on the record, quoted in MedAd Blog (see "Lessons from Pfizer Facebook hack").

According to MedAd, Grant "points out that the The Script Kiddies [the hackers] did not have a reasoned grievance against Pfizer [huh? see above], but were just repeating things they had found in the media. Pfizer was a 'villain of opportunity,' he says, and the hack was not something that Pfizer could have prevented, since the security issues were all on Facebook's end."

Some biased observers (ie, consultants who currently work for Pfizer or may wish to work for Pfizer in the future) are reluctant to blame Pfizer and tend to shift the blame to Facebook. However, others believe Pfizer is to blame, not Facebook. As the hackers themselves said, it was easy for them to guess Pfizer's Facebook password.

What are the lessons should Pfizer and other pharma companies learn from this? Grant suggests that when using social media, pharma companies must "control the conversation." He said: "Our advice is you don't have a choice as to whether you have a page -- your choice is whether you want to maintain appropriate control over the conversation."

We're all in favor of having control over the conversation, but what exactly does that mean? It probably means different things to different pharma companies, which should have explicit policies in place defining what they mean by "appropriate" comments from users and what "controls" they have in place. To moderate or not to moderate, that is the question. For more on that, see "Moderation of Pharma Social Media Discussions" and links therein.

But, what are some **USEFUL** lessons Pfizer and other pharma companies should learn from this? There was an interesting discussion relating to this during a #socpharm Twitter chat session (find the transcript here).

> **LESSON #1**: Obviously, this first lesson is to IMPROVE your security measures. Contrary to the opinions expressed by observers such as Grant, Pfizer's security problems had nothing specifically to do with Facebook or social media. Pfizer used a WEAK password. The hackers said as much: "Hint for next time: protect the company with a LITTLE better security. One Google search and I'm in." I only hope that Pfizer uses robust passwords to gain access to its clinical trial data!

*Continues...*

 

## Four Useful Lessons Pharma Can Learn from the Pfizer Facebook Hack

*Pfizer's US corporate Facebook page was hacked by some "Kiddies."*

> **LESSON #2**: Don't have technically naive people, such as corporate communications people, in charge of your social media campaigns. Pfizer even claims it has no FTEs devoted to social media (see my interview with Pixels & Pills' Sarah McLellan, here). This is a BIG mistake. When Pfizer first started its @pfizer_news twitter account, it was so unprofessional that many people thought it was a fake account. Because no one was monitoring Twitter full time for them, the conversation on Twitter proceeded without them as Ray Kerins, Pfizer's head of corporate communications, was in court fighting a traffic ticket!

BTW, Pfizer employs WeissComm Partners (WG) to manage its social media campaigns, including its Facebook page. In fact, the hackers identify Paul Dyer, who oversees the WCG social media team in North America, as the "guy in charge of this Facebook." Word is the hackers found hints to Pfizer's FB password in Dyer's LinkedIn profile (here). There, you will find that Dyer is a "Soccer player for life." Perhaps the secret password was "soccer"? Dyer's previous clients (at another agency) included Coors Light, New Balance, Hansen's Natural Soda, and PURE Bar.

> **LESSON #3**: Don't outsource your social media projects to agencies that are even less technically savvy than you are. Take the case of Edelman creating a Facebook page for AstraZeneca (see "AstraZeneca Hosts 'Take on Depression' Facebook Discussion - Seroquel Lurks Behind the Scenes"). I was able to use Google Earth, WHOIS, etc. to discover personal information about the consultant hired by Edelman (hired by AZ) to program the discussion app on that page. If I were a hacker, the next step would have been to try and guess his password. Instead, I wrote about it and informed him of his security lapses. As a result, AstraZeneca was able to fix the problem before it became a problem.
>
> **LESSON #4**: Don't blame others for your mistakes. We all are witnessing Ruppert Murdock blame his "trusted" underlings for the phone-hacking scandal in England. Similarly, we are hearing industry consultants blame Facebook for Pfizer's hack. The blame is even being extended to social media in general. @SpitzStrategy (VP, Digital Strategy at Ignite Health), for example, said "#pharma has to get used to things "going wrong" wtih SM -- that's its nature -- controlled chaos like all human communication" during last night's #scopharm chat (see here). This sends a message to other pharma companies that "shit happens" when you get involved with social media and it's OUT OF YOUR CONTROL. To which some might say say BULLS**T! That is NOT the proper message to be sending to pharma. Own up to your mistakes and fix them. More importantly, don't tell us that you are working with Facebook to discover what happened and then share unspecific "lessons learned" with others.

To properly learn from these social media *faux pas*, pharma companies must first correctly assign blame. Let's see who Pfizer blames.

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# Pharma Facebook Pages Being Phased Out

*A Good Run While It Lasted!*

By John Mack

August is the cruelest month, especially for pharmaceutical company Facebook pages.

No doubt you've heard that as of August 15, 2011, Facebook will be opening up comments on ALL pharma pages with some exceptions (listen to these podcasts: "Implications of Facebook's Page Commenting Changes: Turning Off Comments May Be a Problem" and "Pharma Facebook Commenting Changes: The 'Final' Story"). That means that the pharmaceutical industry will no longer be able to shut off comments on their Facebook pages. This has lead to speculation that many pharma FB pages will be shut down come August 15.

A couple of pharmaceutical companies have already taken down their Facebook pages or announced they will do so. These include Janssen's ADHD Moms page, which was the first pharma Facebook page, launched in June, 2008, by McNeil Pediatrics (see The Pharmaguy Social Media Timeline™).


"A new Facebook policy, scheduled for Aug. 15, will specifically impact communities that are formed to help people learn more about disease conditions, such as ADHD Moms™, which we sponsor," says a note on the ADHD Moms page.

"This new policy will alter our ability to consider the appropriateness of comments before they are posted which is important to us as a company in a highly regulated industry."

*Continues...*

## Pharma Facebook Pages Being Phased Out

*A Good Run While It Lasted!*

> "As a result, our ADHD Moms%reg; community will not be available after Aug. 14. Additionally, as of Aug. 9, our Moments™ tab will no longer be available. We want you to know that we value the community formed on this page and this was a difficult decision, but necessary given the Facebook policy change. We apologize to anyone in our community who may be disappointed by this decision."

Sanofi-Aventis said it would discontinue its VOICES page, which became infamous when it was attacked by a "disgruntled" patient (see "Disgruntled Patient Shuts Down sanofi-aventis Facebook Page").


> "Please note that we will be discontinuing the sanofi-aventis VOICES page, effective August 9. We would like to continue this conversation with you, so we ask that you go to the Sanofi US Facebook page to do so."

This marks a turning point in pharma social media. Janssen effectively abandoned 23,725 (more or less) people (including 28 0f my Facebook friends) who "liked" ADHD Moms. It offered no alternative to these people other than third-party resources. Sanofi-Aventis, on the other hand, directed its 859 friends to its Sanofi US Facebook page, which currently is liked by 360 people.

On the Sanofi US Facebook page, the company states that "To comply with applicable Laws and regulations, we do not use the standard Facebook wall for discussion." It does, however, allow comments on a special "Discussions" page where it previews them before being posted. "Just a friendly reminder that all posts are being moderated to ensure they comply with our Terms of Use," said Sanofi.

I had problems finding the Terms of Use, so I posted a question asking where I could find them. I received a reply within 2.5 hours (see screen shot below). The time stamp is odd - I actually posted my question around 3 or 4 PM Eastern US, but the time stamp says 2:20 AM; I can't explain this discrepancy nor can I explain how Sanofi can still have comments shut off on its wall.

*Continues...*

 

## Pharma Facebook Pages Being Phased Out

*A Good Run While It Lasted!*


Did the new Facebook policy actually cause these companies to shut down their pages? Janssen seems to put all the blame on Facebook whereas Sanofi seems to blame "Laws and regulations," implying government interference. Of course, there are NO federal Laws or regulations specifically prohibiting Sanofi or any other pharma company from using the "standard" Facebook wall for discussions.

Blaming Facebook or "Laws and regulations" for this reminds me of the final scene of King Kong where the beast is lying dead at the foot of the Empire State Building:

> Police Lieutenant: Well, Denham, the airplanes got him.
> Carl Denham: Oh no, it wasn't the airplanes. It was beauty killed the beast.

I think there are other reasons why these pages are being shut down -- (1) one (ie, ADHD Moms) may have outlived its usefulness, and (2) one (VOICES) may have been ill-conceived in the first place, giving no benefit to the company and having a tainted history. In these cases, it's just best to shut them down and move on.

Unfortunately, Janssen doesn't seem to have an alternative FB page. It just "abandoned" its 23,725 FB friends. In the scheme of things, this is not a big number considering that Janssen claims ADHD "impacts five million children in the United States, while nearly eight million adults have been diagnosed with the condition" (see here). 23,725 represents only 0.47% of the children's ADHD market. In other words, ADHD Moms was a dismal failure in terms of reaching this market - maybe.

PMN1013-04
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## Use of Twitter for Patient Support

### *Should Pharma Fill the HCP-to-Patient Social Media Vacuum?*

Twitter has often been hyped as a great way to support customers. The customers of pharma are physicians and patients. But pharma Twitter accounts offer very little in terms of patient support. Most are designed for corporate communications and unbranded marketing.

A branded, patient-focused Twitter account can be used in many ways to support patients. This article summarizes a survey that asked respondents to evaluate several ways in which Twitter could be used to improve patient support. Specifically, the survey asked how effective Twitter can be in carrying out each of the following patient support activities/communications:

- Drug/device safety alerts (eg, drug recalls, medical device malfunctions, emerging safety issues)
- Prescription management, including pharmacy refill reminders
- Daily health tips from authoritative sources
- Publishing disease-specific tips
- Clinical trial awareness & recruitment
- Enhancing health-related support groups (e.g. buddy-systems for depression)
- Providing around-the-clock disease management
- Patient-sharing of health-related experiences
- Issuing dietary/lifestyle tips
- Delivering adherence and compliance messages

**Download Full Article** (PDF)

PMN92-01
Issue: Vol. 9, No. 2: February 2010
Word Count: 3232

# Supporting Patients via Twitter and Beyond

## *Boehringer Ingelheim Shows How It's Done*

By John Mack

One of the uses for pharma Twitter accounts that many ePatient advocates recommend is to directly support patients seeking help regarding their Rx products (see, for example, this *Pharma Marketing News* (PMN) article: "**Use of Twitter for Patient Support**."

Although nearly two-thirds of respondents to a 2009/2010 *Pharma Marketing News* survey thought that using Twitter for patient support activities would be somewhat or very effective, relatively few pharmaceutical companies are doing this on a regular basis. From time to time, however, it does happen.

Recently, Boehringer Ingelheim tweeters in Germany (@boehringer) responded to a tweet from a U.S. caregiver who was seeking help in purchasing Spiriva HandiHaler for her mother. First, this person complained to @BarackObama because of the high cost of the product:

> @BarackObama @Messina2012 cam some1 tell me y my moms ESSENTIAL medication is $135.00 a month? That's 2 MUCH 4 some1 on a fixed income :-(

She then followed up with a tweet sent to the attention of @Boehringer:

> @Boehringer hellol My mother needs 2 purchase Spiriva HandiHaler & her insurance wont cover it. Are there any coupons or assistance 4 this?

Although @Boehringer is the German-based Twitter account of BI, it did respond. Here's the conversation:


BI deserves credit and recognition for using its corporate Twitter account to carry on a conversation about a product rather than just providing @Shaundre an 800 number to call. Also, BI -- in Germany -- has taken the extra step in contacting the US office on @Shaundre's behalf.

*Continues...*

## Supporting Patients via Twitter and Beyond

*Boehringer Ingelheim Shows How It's Done*

**Avoid Interferring with the Doctor-Patient Relationship**
Note that BI first asks if @Shaundre spoke to her (or her mother's) doctor about the issue. Preserving the patient-doctor relationship is important when pharma deals directly with patients or caregivers. Some comments from respondents to the survey mentioned above included warnings such as "pharma does not like to be seen as a healthcare providers and these activities are part of that" and "I'm sure some doctors would take umbrage at that."

But most respondents did not dismiss the idea of Twitter patient support outright. About 57% of respondents to the survey mentioned above were of the opinion that use of Twitter by pharma for direct-to-patient support activities could be viewed by physicians as coming between them and their patients. Only 30% said these activities would not interfere with the patient-physician relationship.

**Be Non-Promotional**
Aside from side-stepping the patient-doctor relationship issue, BI was also careful not to mention any product names in the tweets it wrote. Thus, it cannot be accused of promoting a branded product to consumers, which is illegal in Europe. Of course, BI was having a conversation with someone in the U.S., which makes it even more complicated regulation-wise.

**Respond Quickly**
Within hours, @boehringerus, BI's U.S. Twitter account, posted this tweet:

> @Shaundrie: Thank you for your message. Send your contact info to usnews@boehringer-ingelheim.com and we will contact you directly.

From that point forward it became an off-line discussion, which is just what the FDA recommended with regard to pharma responding to off-label communications online (for more on that, see "FDA Guidance on Responding to Unsolicited Requests for Off-Label Information").

**Are Patient Support Specialists Needed?**
When @Astrazeneca -- the corporate Twitter account of AstraZeneca -- surveyed its Twitter followers, here's the list of subjects they wanted feedback on (specifically AZ asked followers if they wanted "more" or "less" or "same" amount of tweets about the following topics):

- News from AZ
- Views/opinion from AZ leaders
- Coverage of AZ in the media
- Retweets of things we find interesting
- Financial information from AZ
- Twitter events such as interviews and debates

Not included in the list is "answers to patients' questions," which after all has not traditionally been the job of corporate communications. Pharmaceutical companies should have a specific Twitter account for patient support. Actually, you can find a pharma "Patient Support" Twitter list when you search Google on "twitter patient support"; it's janssen-patient-support, a public list by Janssen UK, "designed to support you." It has 1 member: @Psoriasis360, which has sent out 142 tweets -- none of which provide answers to specific questions from patients. The tweets are mostly to promote psoraisis awareness.

**Benchmarking Social Media in the Pharma Industry**
In a benchmarking survey conducted by IBM in early 2011, eight hundred sales and marketing managers (including 88 from pharma companies) were surveyed, providing information about their organizations' key practices and performance indicators. Statistical analysis of the data revealed that pharma is lagging behind other industries in its use of social media. (see Figure, next page)

*Continues...*

 

# Supporting Patients via Twitter and Beyond

*Boehringer Ingelheim Shows How It's Done*

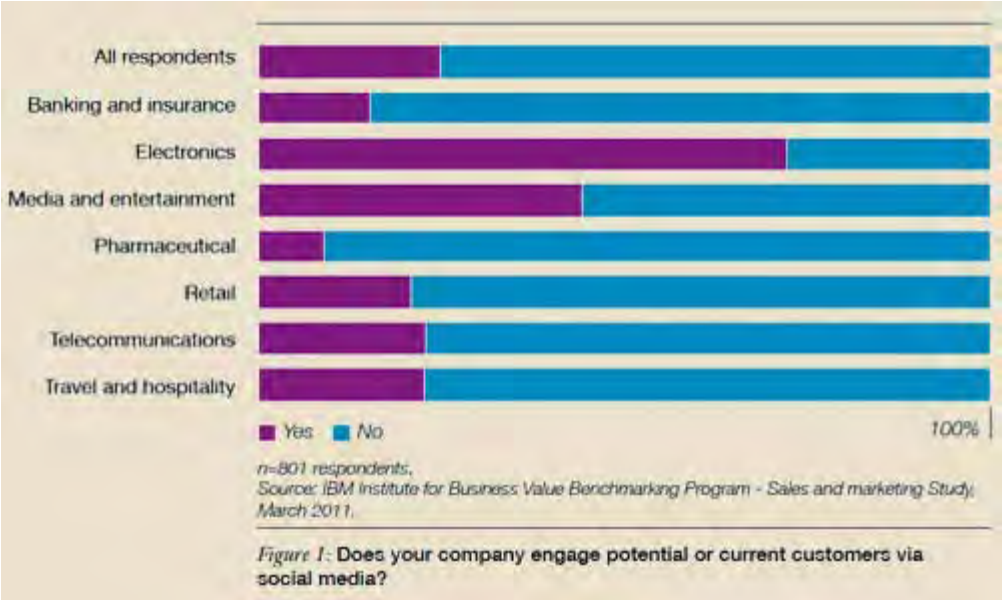


*Figure 1:* **Does your company engage potential or current customers via social media?**

**How to Get It Right**

But with governance in place, says IBM, the pharma industry can get it "right" and use social media to:

- Provide more information on drugs, medication and supporting services to a targeted audience -- right information and in the right context. For example, Janssen UK launched its psoriasis campaign on Facebook [subsequently terminated; see XXX].
- Provide information about research on new drugs to the general community.
- Educate the community about health issues/awareness and treatment. Eli Lilly & Company recently launched their "Lilly Health Channel" on YouTube featuring videos on health and wellness, employee, and more.
- Deepen the connection with groups of patients and healthcare professionals, often through unbranded sites as in the case of the CML earth site which facilitates patients and caregivers with Chronic Myeloid Leukemia to connect.
- Provide information on drug recalls more rapidly and to a wider audience than currently is the case.

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# AstraZeneca Hosts First-Ever Twitter Chat

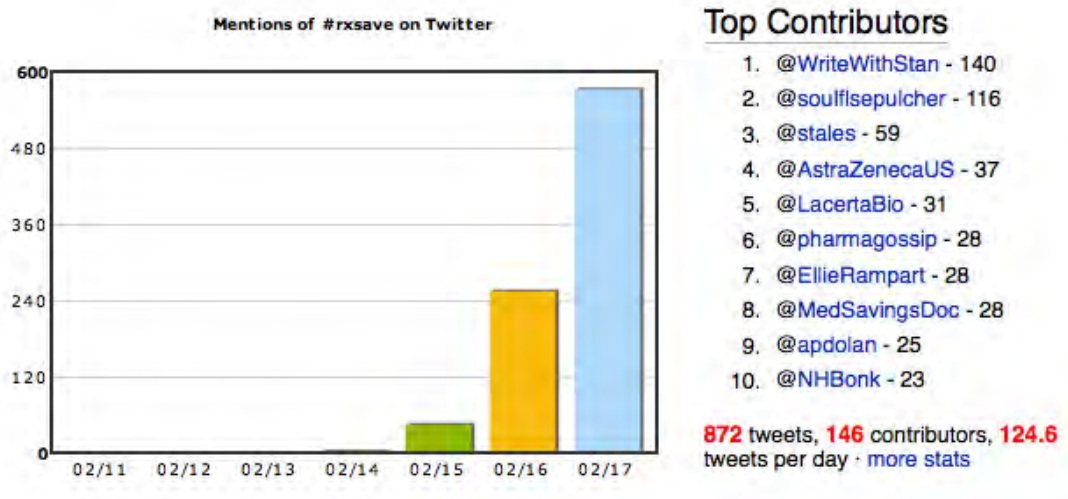
*World Does Not End!*

By John Mack

Despite dire predictions of "PR failure," the #rxsave Twitter chat (see "AstraZeneca to Host First-Ever Pharma-Sponsored Twitter Chat!") hosted by @AstraZenecaUS last night was, IMHO, a great success and proof that a pharmaceutical company can indeed host meaningful Twitter chats. Read the transcript of the entire chat here.

There were a few attempts by two or three "malcontents" to "hijack" the conversation as I warned about in a previous blog post (here). But despite their attempts to ask "the tough questions" about off-label promotion of drugs and Seroquel side effects, everyone completely ignored the hijackers and the conversation continued as if these people were not even there. [Perhaps there should be Twitter chats on these other topics. Pharma companies will not host these, but patient advocates can and should invite pharma people to listen at least.]

Unfortunately, the way influence is measured in social media such as Twitter, those people who make the most posts -- even if those posts are irrelevant to the discussion and ignored -- get the highest ratings. "What the Hashtag," for example, creates a list of "Top Contributors," which is a misnomer because the top two "contributors" (see figure below) are the "malcontents" who contributed nothing of value to the conversation.




What the Hashtag Chart: See here.

The data shows that there were 144 other contributors who actually contributed to the conversation. It's impossible to know how many "lurkers" were listening without contributing.

One thing is clear: AstraZenecaUS did not pick up very many new Twitter followers as a result of the chat. Before the chat it had 4,715 followers and afterward (this morning) it had 4,758 followers. There were signs, however, that AZ met some people and organizations in the chat that they will team up with in the future.

So, it's not all about the numbers when you measure the ROI of a Twitter chat!

*Continues...*

# PMCPA Issues Social Media Guidance for Pharma

## *Specifically Regarding Tweeting About Brands*

While the US FDA (PhRMA too!) twiddles and delays, the British PMCPA tweets and delivers!

The Prescription Medicines Code of Practice Authority (PMCPA), which oversees the self-regulatory code of the Association of the British Pharmaceutical Industry (ABPI), just published "informal guidance" providing the drug industry advice on how to use online communications. You can access the PMCPA "informal guidance" here.

Most of the advice, however, is merely to follow the existing ABPI Code of Practice, which "applies irrespective of the method of communication." NOTE: In contrast to the British industry code, US PhRMA's DTC Guidelines specifically excludes online communications. Regarding Twitter, PMCPA has this to say:

> "If a company wanted to promote a medicine via twitter it would have to ensure that if the medicine was prescription only, the audience was restricted to health professionals and that the message, in addition to any link to further information, complied with the Code. In addition companies would also have to ensure that recipients had agreed to receive the information. Given these restrictions and the character limit on twitter, it is highly unlikely that the use of this medium to promote prescription only medicines would meet the requirements of the Code.
>
> "Using twitter to alert health professionals about the publication of a study on a medicine is likely to be considered promotion of that medicine."

Tweets such as the following from Boehringer Ingelheim (BI) may not pass muster with the Brits:


Back in October, 2009, Pharmaguy criticized tweets like this, which he thought violated FDA regulations (see "Boehringer's Branded Tweet Violates FDA Regulations Just Like Those 14 Paid Search Ads Did"). So far, however, FDA has not issued any NOV letters to companies who post such tweets. Maybe BI is out of the FDA's jurisdiction because the tweet was meant for an EU audience and not a US audience? And since BI is not a British Pharmaceutical industry, it is not obligated to comply with the ABPI Code.

While many industry pundits fault the FDA for not issuing social media guidance in a timely fashion, no one has put any blame on PhRMA (the US industry equivalent of ABPI) for not issuing its own voluntary industry guidelines regarding Internet and social media pharmaceutical promotion. No one but me, of course (see, for example, "PhRMA Finalizes DTC Principles").

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# The Future of Pharma-Sponsored Twitter & Other Social Media Chats

## *A Review of the First Pharma-Sponsored Twitter Chat*

A conversation with **Tony Jewell**, Senior Director for External Communications at AstraZeneca and editor of AZ Health Connections blog, about the recent #rxsave Twitter chat and plans for future pharma-hosted chats.

Jennifer McGovern, who runs the AstraZeneca "AZ & Me" prescription drug savings program moderated the discussion. She said her team is already taking some of the ideas and feedback from the chat to find new ways to better reach patients who may benefit from the program.

Critics have said it nothing more than a "PR Stunt." Listen to this interview and read the posts listed in the resources to decide for yourself if this was just a stunt or what more pharma compoanies may do in the future to listen and learn from stakeholders.

Aired LIVE on: **Friday, February 18, 2011**

Visit this **Pharma Marketing Talk Segment Page** to listen to the audio podcast.

This show and ALL Pharma Marketing Talk shows are available as podcasts via **PMT on iTunes** (FREE!).

### Questions/Topics Discussed

- Why did you do a Twitter chat (#rxsave)? Where did you get the idea? What was the goal? Describe briefly AZ' PAP program.
- Who was the intended audience?
- How long did it take to get the go ahead? What were the legal/regulatory concerns?
- Did you achieve your goals?
- You said there may be more chats depending on FDA SM guidelines. Are you waiting for GLs before planning another chat? Do you expect FDA GLs to address this specifically? What other subjects would AZ like to host chats about?
- Do you envision AZ or other pharma companies providing grants to patient orgs or physician assns to host their own chats on specific subjects as a way to reach patients and physicians?

## AstraZeneca Hosts First-Ever Twitter Chat

*World Does Not End!*

AZ's goal -- I believe -- was to get answers to some specific questions such as the following:

> "What is best way to increase awareness of prescription savings programs?"
>
> "[Are there] Any pilot programs to drive adherence among uninsured?"
>
> "Are people aware of our healthcare facilities program?"
>
> "Top 3 suggestions for reaching eligible patients? Think outside the box..."
>
> "[Any] Ideas on reaching caregivers of seniors?"
>
> "With health care reform covering millions more, what will demand be for #rxsave"
>
> "How do you think #socialmedia channels like #Twitter could help with patient outreach?"
>
> "Anybody using text messages with patients?"

AZ received some good input and answers to those question, which you can find yourself by reading the transcript.

AZ also provide some nuggets of information, such as:

> "In 2010 AZ helped more than 545k patients save $947mil on 4.1mil prescrips through these programs"
>
> "AZ&Me Rx savings programs saw 7% increase in patients helped in 2010 over 2009. What are advocates seeing?"

More pharma-sponsored Twitter chats are on the way. Near the end of the one-hour chat #rxsave session, AZ asked "Was this chat of value to you and should pharma do more of them?" To which I answered: "Definitely, pharma shld do more Twitter chats. U proved that it can work despite hijack attempts!" My opinion was shared by several others who participated in the session. AZ had this to say about that:

> "re next tweet chats @soulflsepulcher will we host one? let's see how this goes - and how FDA guidance on social media turns out"

Maybe FDA was "lurking" and will issue some guidance by warning letter.

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Word Count: n/a

 

# Pharma Twitter Pioneers Recognized

## *Employees with Personal Twitter Accounts*

More and more pharmaceutical company employees are using Twitter. Many are using personal Twitter accounts and some also are responsible for corporate Twitter accounts. These employees can be influential ambassadors among the public and have an opportunity -- maybe even a responsibility -- to help improve the company's reputation.

Last year, @pharmaguy recognized pharma social media pioneers based on their efforts to implement social media marketing campaigns or to champion social media awareness and knowledge within their companies. This year, Pharmaguy is looking at pharma employees who have personal Twitter accounts, how they use these accounts, who follows them and whom they follow, and how influential they are.

This article is an introduction to the first round of members of this group.

Topics include:

- Can Twitter Improve Pharma's Reputation?
- Social Media Guidelines for Employees
- Who Is Tony Jewell?
- Table: List of Pharmaguy Twitter Pioneers
- How to Qualify to Be on the List
- Pioneer "Klout"
- Chart Showing the Number of Twitter Followers of Pharmaguy Twitter Pioneers (see interactive chart below)
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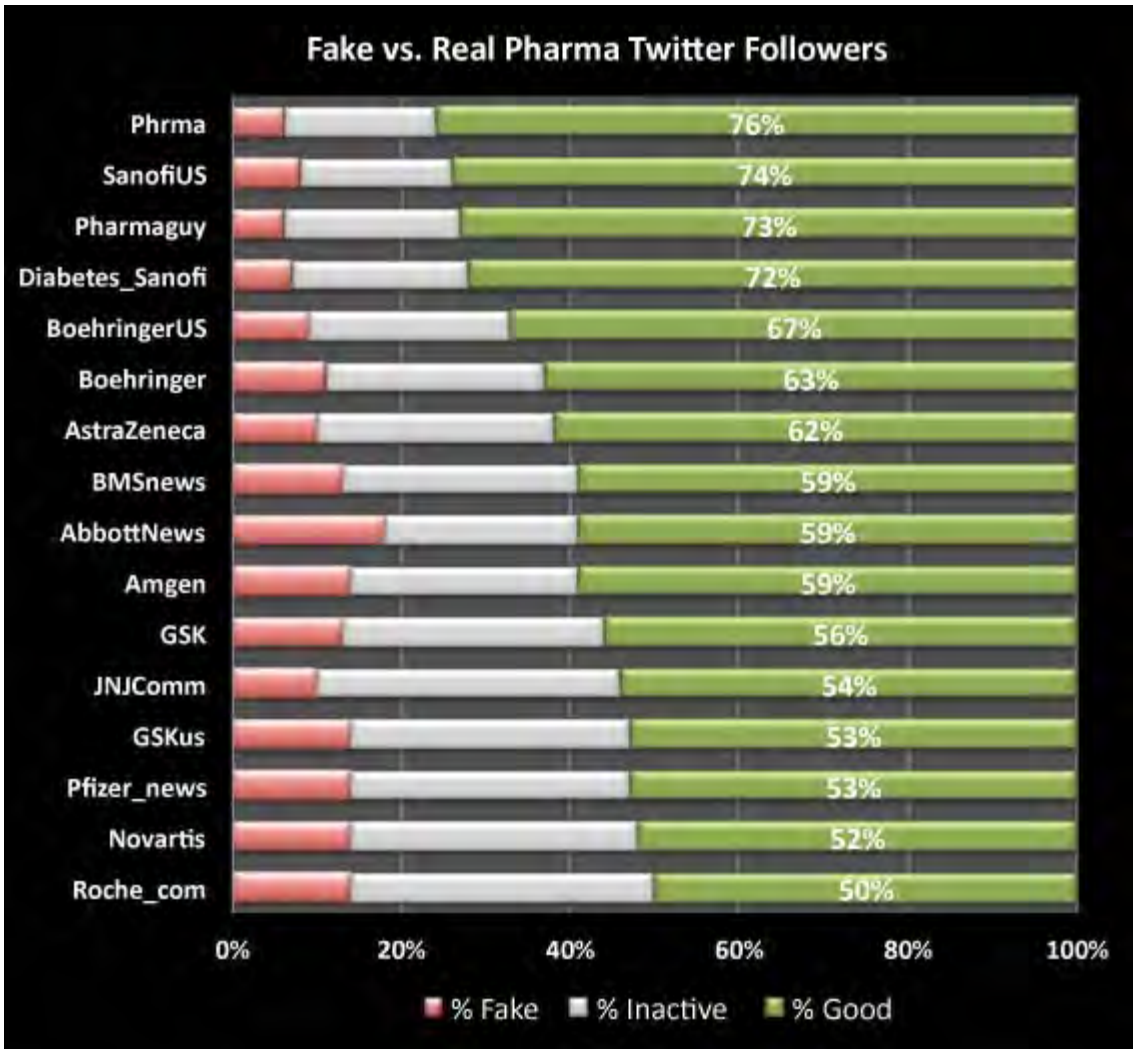
# Fake vs. Real Pharma Twitter Followers

*Another Social Media Metric*

By Pharmaguy

Piotr Wrzosinski (@pwrzosin), IPM Digital Marketing at Roche and a member of my Pharma Twitter Pioneer Group (see here), posted this to Twitter: "0% of my followers are fake. How many fake followers do you have..? http://sttsp.pl/ahaf @StatusPeople #FollowerSpam". Goodie! Another social media metric I can use to compare pharma Twitter accounts. I quickly followed the link to StatusPeople Web site where I was invited to "Find out how many fake followers your friends have."




@Abbottnews had the highest percent of "fake" followers: 18%. Fourteen percent (14%) of followers of Roche, Novartis, Pfizer GSK(U.S.) are "fakes" or suspected spam accounts.

Why is it important to know how many fake and inactive followers a Twitter account has? "There are two reasons," says StatusPeople. "First it's important for you to be sure when you communicate on Twitter that you are communicating with real and active followers. Because the more active your follower base the more likely they are to share your content.

The second reason is there are a growing number of Fakers out there. People who buy followers in a vain attempt to build legitimacy. "'Look at me I have 20,000 followers, I must know my...' They are essentially trying to game the system and it's important for you to be able to spot them, and steer clear of them. Because ultimately if you're willing to lie about how many friends you have you are not a very trustworthy individual."