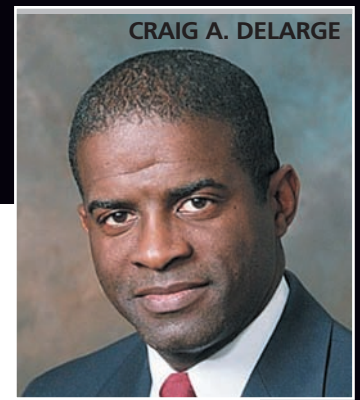


Contributed by Craig A. DeLarge



CRAIG A. DELARGE

WEB 2.0 OPPORTUNITIES AND DRAWBACKS

In the last month, I have been intensely researching the Web 2.0 phenomenon with respect to its healthcare manifestations. This research has involved surveying members of the pharma e-marketing community on linkedin.com, reading articles and reports on this topic, attending several conferences focused on this area, and looking at, and participating, in a significant number of healthcare-related Web 2.0 sites and communities. This research brought me to different conclusions and understandings of this phenomenon from the ones I started with. It revealed a set of opportunities and threats whose successful navigation will require a different way of thinking and operating on our part as pharma marketers. As marketers, if we navigate well, this phenomenon holds the potential for enhancing customer relationships, collaborations, and trust building as well as leading to a product and service co-creation environment that we have not witnessed in the history of this industry. If we fail to navigate well, there is the potential to do more damage to our image as an industry.

WHAT IS WEB 2.0?

Wikipedia provides us with a working definition of Web 2.0: second-generation Web-based communities and hosted services — such as social-networking sites and folksonomies — that aim to facilitate collaboration and sharing between users. Rather than an update to technology, Web 2.0 more precisely refers to a change in the way the Internet is used.

At a recent industry Pharma Web 2.0 conference, I was amazed at how attendees, by the last day of the conference, noted their weariness with the term. For anyone suffering from this same state of weariness, let me suggest the synonym, “collaborative Web.” This term fits since Web 2.0 is principally distinguished from Web 1.0 by the fact that it is less about a few communicating to the many, and more about the many communicating, collaborating, and co-creating with one another.

Web 1.0 is a space where a company can control the communication, be credible as “the” authoritative figure, avoid a conversation with its audience, and where commerce is as viable an approach as content and community. Web 2.0, alternatively, is a space where a company can initiate a communication, but ultimately not control it; where credibility is based on being a member of the community; where open and honest conversation is de rigueur; and where community and content are viable and commerce is, at least presently, offensive.

If you, as a marketer, are not interested in these rules, stay away. That said, it is riskier to stay away than to begin to learn these rules and to enjoy the opportunities this space holds.

RULES FOR WEB 2.0 SUCCESS

Approaching Web 2.0 will require observation of at least four rules.

RULE NO. 1. Share control of the communication. Procter & Gamble Chairman and CEO A.G. Lafley is famous for recommending to mar-

eters that we “let go,” ceding a certain level of control to our customers and focusing more on being in touch with their needs and wants. I think this admonishment nicely sums up the spirit of what I mean by sharing control of communication.

Research for this piece made it clear to me that “communication control” already is being shared. Our customers are in touch with one another in online communities and co-creating their own messages about our companies and our brands.

As pharma marketers we are used to tightly controlling the message and I agree that we have a very important responsibility to do this. Maintaining a responsible stance, though, is going to require us to increasingly communicate and collaborate with customers in ways that result in balanced and productive views of diseases and their treatments. It will also require us to listen to customers in ways that allow us to co-create more elegant and productive solutions than we have up to this point.

This is the essence of Web 2.0, the collaborative Web. By the way, I highly recommend the book, “Wikinomics: How Mass Collaboration Changes Everything” by Don Tapscott and Anthony D. Williams, for more on this topic of co-creation and peer production.

RULE NO. 2. Earn your community-cred. Many traditional “authorities” and “thought leaders” are discredited and debunked in the collaborative Web because they are viewed as Big Brothers and manipulators. This happens when one approaches the community as an outsider looking to dictate his or her point of view, rather than as “one of us” looking to understand, collaborate, and contribute to the wisdom of the community. This requires taking time to learn the intentions and norms of the community and to then engage with an authentic, transparent, noncommercial, nonofficial intention and voice. When this is done right, trust is built and the best members in the community reciprocate in kind. There will always be those who are suspicious and malcontented and this, too, is the nature of community. The point is that we need to develop a comfort with community engagement as a human, versus corporate, contributor and benefactor.

RULE NO. 3. Don’t just communicate, “converse.” To take advantage of the collaborative Web, we have to sharpen our competence in customer conversation. I say sharpen because presently we do this face to face and by phone via our salesforces, medical information functions, and call centers. We have an opportunity to move from these traditional conversation spaces to the new conversation spaces of blogs, rich media, and social networking sites where our customers are conversing with one another and often without the benefit of our knowledge and experience.

Our engagement in these conversations would be a force to balance and enrich these conversations, benefiting the community. This suggestion on my part does not mean that we look to participate in every available blog or talk outside of regulatory and legal boundaries but that we innovate to find ways to extend our service outside our traditional channels to these new spaces where our input is needed. A few good examples of these are GlaxoSmithKline’s allconnect.com and

Johnson & Johnson's jnjbw.com. (See box at bottom of the page for more information.)

RULE NO. 4. Seek relationships first, sales will follow. As pragmatic, hard-nose business people trained in the priorities of sales and profits, we run the risk of doing damage to ourselves in the collaborative Web when we forget that sales follow relationships, not vice-versa. Once customers trust you, they will buy your product, and better yet, recommend it to others. Even better, they will tell you, though not always nicely, how your product and its services can be improved, which can lead to new products and services, and guess what, sales.

This is where we have to understand that investment in Web 2.0 is primarily about relationship building with the "influentials" who drive market opinion, and co-creating improved customer experiences, a messy, long-term business, is like marriage.

Speaking of marriage, when talking about this issue with my stakeholders, I often relate the fact that my wife would not have married me

if, on dates, I talked largely about myself. I am sure that we, as pharma brand marketers, can improve in this area.

RESEARCH AND REFLECTION

I am certain that if we can execute these four rules well, the collaborative Web holds transformative opportunities for us in terms of improved customer relationship, improved product and service development pipelines, improved compliance and outcomes, improved industry image, and yes, improved sales.

Craig A. DeLarge is Associate Director, eMarketing, at Novo Nordisk Inc., Princeton, N.J., which is a leader in diabetes care. For more information, visit novonordisk-us.com.

PharmaVOICE welcomes comments about this article.

E-mail us at feedback@pharmavoices.com.

EXAMPLES OF HEALTHCARE AND PHARMA WEB 2.0

CRAIG A. DELARGE, ASSOCIATE DIRECTOR, EMARKETING, AT NOVO NORDISK INC., FOUND A NUMBER OF COLLABORATIVE WEB AREAS. HE HAS PROVIDED A LIST OF SOME OF THE MOST IMPRESSIVE SITES. IF YOU E-MAIL HIM AT CDRG@NOVONORDISK.COM WITH YOUR OWN CONTRIBUTION TO THIS LIST, HE WILL GLADLY SHARE THE ENTIRE LIST WITH YOU. MR. DELARGE THANKS THE PHARMA E-MARKETING COMMUNITY ON LINKEDIN.COM WHO REPLIED TO HIS QUESTION IN THE SITE'S ANSWER MARKET.

PATIENT/PROFESSIONAL COMMUNITIES

CarePages (carepages.com), a part of Revolution Health, is a social network of more than 2.6 million members committed to supporting one another in "healing through emotional support." This community is segmented into a number of disease states and is offered in Spanish. **DailyStrength** (dailystrength.org) and **Organized Wisdom** (organizedwisdom.com) are other community sites similarly organized.

Flickr Diabetes Made Visible Pool (flickr.com/groups/diabetes-visible/pool/) is a collection of photos within this "visual networking" environment where people share images related to their diabetes. This is a good example of how Web 2.0 allows collaboration beyond the verbal.

Sermo (sermo.com) is the much touted physician-only online community where physicians offer their experiences about a broad range of clinical and healthcare issues as a way of creating a collective consciousness in the community. Physicians, companies, and analysts who witness these conversations gather insights into the crowd's wisdom about aspects of healthcare.

The Website **patientslikeme.com** is a community for more than 4,000 patients with ALS, Parkinson's disease, or multiple sclerosis. This community offers a framework for interactions around symptoms, treatments, and general support. It also has an innovative set of visual tools that allow patients to track their symptoms, treatments, and outcomes over time. **WeGo Health** (wegohealth.com) is a similar



In keeping with the spirit of Web 2.0, Mr. DeLarge provided us with his avatar.

community focused on migraine, allergy and asthma, depression, and dieting.

BRANDED COLLABORATION SPACES

AlliConnect (alliconnect.com) is a blog, written by GlaxoSmithKline's consumer employees, which focuses on weight loss, the latest science related to the topic, its importance to general health, and information about how Alli can best contribute to weight loss.

Arimidex CelebrationChain (celebrationchain.com) is an AstraZeneca produced space where breast cancer survivors and their loved ones can celebrate their survivorship using avatar-like dolls and celebrations.

FluFLix (youtube.com/contest/FluFlix) is a YouTube-housed video sponsored by Novartis Vaccines where people are invited to submit videos related to their experiences with the flu.

NONBRANDED COMPANY-SPONSORED SITES

Johnson & Johnson's **ByTheWay** blog (jnjbw.com) is an innovative foray into blogging with the intention of expressing an informal voice that talks about the company to its various stakeholders.

Novo Nordisk's **Changing Life With Diabetes Voices of Diabetes** (changingdiabetes-us.com/voices) is an unbranded blog space that facilitates sharing among patients with diabetes about productive coping strategies.

Amgen GroupLoop (grouploop.org) is an Amgen-sponsored site that provides teenage cancer patients and their parents with education and support.