

THE FORUM FOR THE INDUSTRY EXECUTIVE

Volume 3 · Number 3

PUBLISHER Lisa Banket

EDITOR Taren Grom

CREATIVE DIRECTOR Marah Walsh

DIRECTOR OF SALES

Darlene Kwiatkowski

MANAGING EDITOR

Denise Myshko

CONTRIBUTING EDITORS

Elisabeth Pena Kim Ribbink Alex Robinson Lynda Sears

Copyright 2003 by PharmaLinx LLC, Titusville, NJ Printed in the U.S.A. Volume Three, Number Three

PharmaVOICE is published 12 times per year by PharmaLinx LLC, P.O.Box 327, Titusville, NJ 08560.

Postmaster: Send address changes to PharmaVOICE, P.O. Box 327, Titusville, NJ 08560.

PharmaVOICECoverage and Distribution:

Domestic subscriptions are available at \$160 for one year (12 issues). Foreign subscriptions: 12 issues US\$330. Contact PharmaVOICE at P.O. Box 327, Titusville, NJ 08560. Call us at 609.730.0196 or FAX your order to 609.730.0197.

Contributions: PharmaVOICE is not responsible for unsolicited contributions of any type. Unless otherwise agreed in writing, PharmaVOICE retains all rights omaterial published in PharmaVOICE for a period of six months after publication and reprint rights after that period expires. E-mail: tgrom@pharmavoice.com.

Change of address: Please allow six weeks for a change of address. Send your new address along with your subscription label to PharmaVOICE, P.O. Box 327, Titusville, NJ 08560. Call us at 609.730.0196 or FAX your change to 609.730.0197. E-mail: mwalsh@pharmavoice.com.

IMPORTANT NOTICE: The post office will not forward copies of this magazine. PharmaVOICE is not responsible for replacing undelivered copies due to lack of or late notification of address change.

Advertising in PharmaVOICE: To advertise in Pharma-VOICEplease contact our Advertising Department at PO.Box 327, Titusville, NJ 08560, or telephone us at 609.730.0196. E-mail: lbanket@pharmavoice.com.

Letters

Send your letters to feedback@pharmavoice.com. Please include your name, title, company, and business phone number. Letters chosen for publication may be edited for length and clarity. All submissions become the property of PharmaLinx LLC. he rising cost of pr omotion coupled with diminishing returns require new and smarter strategies that deliver greater access to phy sicians and communications effectiveness.

According to InfoMedics, in 2000 alone, the U.S. pharmaceutical industry spent almost \$14 billion promoting its products to professionals and consumers. More than 70,000 representatives detailed physicians in excess of 60 million times. Yet the average length of the detail to high-prescribing physicians has declined to less than two minutes, and yields a message recall of only 16%. These dynamics are creating challenges for marketers to develop a common strategy that can be implemented through myriad marketing communications channels.

"Integrated marketing isn't about doing just one thing," says John Singer, principal of Blue Spoon Consulting Group. "There are many pieces, many layers, many interdependencies and feedbacks that come into play — information technology, public relations, medical education, positioning, all have to be a part — and all of these should be synchronized with the salesforce. Each of these components is its own system of behavior, with completely different ways of doing business, of seeing the world, of describing it, and of implementing solutions."

The concept of integrated communications is not new, however, this sophisticated marketing strategy is challenging clients and their communications partners to break down silos and make sure that all appropriate resources are being marshaled so that everyone is working in sequence to achieve the strategic imperatives for the brand.

"When the idea of integrated marketing first came to the forefront in our industry, ad agencies had silos of services," says Judy Capano, partner and chief operating officer at Wishbone Inc. "The thinking was if these resources were taken together and presented to a client as a way to solve their problem, that in and of itself represented integrated marketing. We all saw that wasn't really the case. We have to take the client's marketing problem and then strip away the silos and disciplines with-



Integrated marketing is a hot new area, fueled by many factors. There is an urgent need for better productivity from marketing, for more connectivity between marketing vendors and services, and an understanding of how to achieve these things.

in the agency environment and apply the thinking to the problem, based on the particular product and the situation in which the brand exists and from that develop a solution that incorporates many different types of communication. That's integrated marketing."

Advertising agencies and other communications suppliers are taking hold of this concept and clients are responding.

"In the past, integrated communications was defined in the context of a single voice to all audiences," says Scott Cotherman, president and CEO of The Corbett Healthcare Group. "This became a very difficult concept for many clients to implement. While they were interested in applying the idea of integrated communications, there wasn't the same level of commitment to the brand that we are seeing today. There wasn't a true understanding of how all channels of communications would need to be integrated to make that happen. Oftentimes brand managers worked in silos, and as a result, everyone pursued their own course of action. All of that has changed. Clients are beginning to understand the importance of communicating a single message platform for their brand. And as a result, they are challenging their agencies to apply integrated communications to their brands — whether that means implementing a consistent message with one voice to all audiences, or more importantly, a common strategy that is executed from a common brand platform and is relevant to each particular audience."

> Taren Grom Editor

www.pharmavoice.com PharmaVOICE March 2003 3