

BY ROBIN ROBINSON

To Pharma TV

A DVD CREATED BY THE EUROPEAN FEDERATION OF PHARMACEUTICAL INDUSTRIES AND ASSOCIATIONS (EFPIA) IGNITED UNFOUNDED RUMORS

that the industry was preparing to challenge the current ban on DTC advertising in Europe.

ALTHOUGH UNTRUE, THE ALLEGATIONS SPARKED A ROBUST DISCUSSION AROUND INNOVATIVE INITIATIVES THAT CAN BE USED TO EDUCATE PATIENTS AND CONSUMERS.



On May 21, 2007, *The Guardian*, a British-based newspaper, reported that Johnson & Johnson, Pfizer, Novartis, and Procter & Gamble were proposing to launch television programming in Europe that would be featured on a dedicated interactive digital channel funded by the industry with health news and features and information about drugs. *The Guardian* reported it viewed a pilot DVD produced by J&J called the European Patient Information Channel. According to J&J sources and others, *The Guardian* misunderstood the intent of the presentation.

For several years the European Federation of Pharmaceutical Industries and Associations (EFPIA) and the European Union have been

charged with a mandate to explore ways the industry can improve its patient communications. According to Marc Monseau, J&J's director of corporate media relations, the task force created the DVD to illustrate an alternative method of educating patients in the future.

"The European Patient Information Channel is simply a name given to an interactive information tool," he says. "A TV channel does not exist, nor is one in development. The purpose of creating the DVD was to provide an example of how quality information might be provided to Europeans in the future. The drug companies have no wish to challenge the current ban on advertising prescription drugs directly to patients in Europe."

The DVD was shown in a session at the Fourth Annual Patient Compliance and Communication Conference in Geneva, Switzerland. Two industry leaders participated as speakers at the conference and were present when Scott Ratzan, J&J's VP of government affairs and chair of the EFPIA patient communication task force, showed the video.

One of those speakers, Di Stafford, director of The Patient Practice and former head of patient relationship marketing at Pfizer UK, says she was under the impression that the DVD was being demonstrated to update attendees on EFPIA's work to date and as a tool to stir dialogue among the conference attendees.

"It's very important for people to understand



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◀ I don't see broadcast TV ever being anything like the Internet. Even though there are 400 channels on satellite TV, that is peanuts compared with the bandwidth of the Internet. And DTC will never happen in Europe.

LEONARD STARNES
BAYER SCHERING PHARMA



◀ If I had to look into a crystal ball I wouldn't expect Centocor's video to be a trend. I'm not sure any other marketer would ever do something like this again.

DAVID LEVIN
ABELSONTAYLOR

▶ It's very important for people to understand that the DVD was presented just as an example of what a patient communications tool could look like.



DI STAFFORD
THE PATIENT PRACTICE

that the DVD was presented just as an example of what a patient communications tool could look like," Ms. Stafford says. "I think people welcomed the DVD as a great start to discussing the possibilities of this type of approach."

Ms. Stafford criticized the media for the previous misrepresentation and called the coverage rather unfair.

"The media wanted to make (the news of the DVD) a simple, cut-and-dried issue," she says. "It's back to big bad pharma wanting to sell drugs and the issue is much more complex than that. EFPIA's intent was actually good and honorable: to provide balanced information within their areas of expertise. This concept is too complex for the media to report in sound bites, so reporters took the uncomplicated route. 'Pharma wants to produce TV programs' is an easy sell, whereas explaining the distinction between advertising and information is harder and would cast the industry in a positive light."

The second speaker, Leonard Starnes, head of Bayer Schering Pharma's Primary Care European e-business, says he and his peers did talk among themselves about the project, and the general consensus was that it was a good idea but one that might find difficulty in fully coming to fruition.

"Just the sheer scale of this type of project is quite daunting," he says.

The pilot demo did open the door for robust discussions on the virtues and pitfalls of implementing TV programming and channels, movies, and on-demand videos for patient education. Experts say on-demand TV



◀ Video is better at portraying how a medication works. A picture is worth a thousand words and a video is worth a million words.

BILL ALLMAN
THE HEALTHCENTRAL NETWORK

and online videos can play a crucial role in patient education and pharma should be maximizing these tools in their education efforts.

The more unique approaches, such as J&J's 10-minute DVD and the 60-minute documentary InnerState produced by Centocor, a division of J&J, are not for marketers who are faint of heart, but certainly they have value in the patient education space. (Please turn to page 40 for more information about Centocor's InnerState movie.)

Medical TV Programming

THEN AND NOW

The concept of dedicated medical television channels is not new in the United States nor abroad. Mr. Starnes says the idea of a possible satellite TV for healthcare has been circulating in Europe for about 20 years.

"I was involved with some of the first proposals back in the early 1990s, and I have seen quite a few vendors who have claimed to have a new, wonderful idea: the European health satellite network," he says. "They were offering franchises for different categories, for example, a \$1 million investment could have secured a women's health franchise, but these networks never did quite materialize."

In the United States, one of the first medical channels was launched in June 1982 as Viacom's Cable Health Network, which aired 24 hours of programming on personal and family health and fitness, science, and medicine. The Lifetime Medical Network, which aired from 1983 to 1993, was formed when Hearst's Daytime network and Viacom's Cable Health Network merged. Daytime was a much larger priority for the network — it was the larger revenue generator — than Cable Health Network. To tap into the female-focused audience, the network increased its original programming and consolidated the health-related programming into Sunday-only blocks called Doctor's Sunday. By March 1986 this niche program block reached 100,000 doctors a month, and its pharmaceutical advertisers were providing 25% of Lifetime's annual ad revenue. In 1993, Lifetime canceled the Sunday medical program block.

Even as direct-to-consumer branded advertising in the United States continues to undergo scrutiny and faces a possible moratorium (see TNS Healthcare charts on page 38), medical programming is on the rebound in the United States. Many companies are producing content that is adaptable for both online and TV viewing. For example, The HealthCentral Network (THCN) produces health news stories for local



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TV stations and affiliates, and populates 25 different micro Websites with video and animated health information. THCN recently launched a quarterly television show called “Medical Breakthroughs” that is also viewable online.

General Manager and Chief Content/Creative Officer at THCN Bill Allman says the innovative measures by J&J should be a “wake up call to pharma” and that video is where it’s at in terms of patient education. Furthermore, companies that are already on board are just beginning to scratch the surface of this type of patient communication.

“The video channel is a medium that consumers are tuning into and pharma needs to provide the content they are looking for,” he says.

Mr. Allman’s experience with interactive content is extensive. He was the founding general manager for the *U.S. News & World Report* Websites in 1992.

“The consumers are there and the industry needs to be there with understandable content,” he says. “People have various levels of health literacy and sometimes health information is difficult to understand, so video is a terrific way to have consumers understand healthcare concepts. We believe video is the best way for patients to understand how the drugs that they take work, or how a stent works, or even how a surgical procedure is performed.”

A newer player to the health video arena, AnswersMedia, is launching an interactive HealthAnswersTV channel this fall. The channel will kick off with two programs: “The Answered Patient” and “The Health Reporters.” Additional programming in development includes condition-specific nutritional programs and a series of discussions among healthcare leaders about topics in the industry.

HealthAnswersTV programs will be available on all broadcast platforms, including cable, broadband, portals, news Websites, on demand, and even Podcasts.

CEO of HealthAnswersTV Jeff Bohnsen says the shows are designed to be “platform agnostic.” Mr. Bohnsen, one of the original program producers for Lifetime Medical Network, says today’s medical channels are dramatically different from those of 20 years ago.





“TV programming in this country is evolving into an interactive experience,” he says. “As the availability of video-on-demand increases, ultimately the consumer will be in control of the programming. The economics of mass-media TV demand that programming addresses as many people as possible in a linear format; the consumer has to make an appointment with the TV, as opposed to the TV making an appointment with the consumer.

“I believe that consumers are more astute than they have been given credit for,” Mr. Bohnsen continues. “They will watch program-

TNS study reveals **ATTITUDES TOWARD DTC**

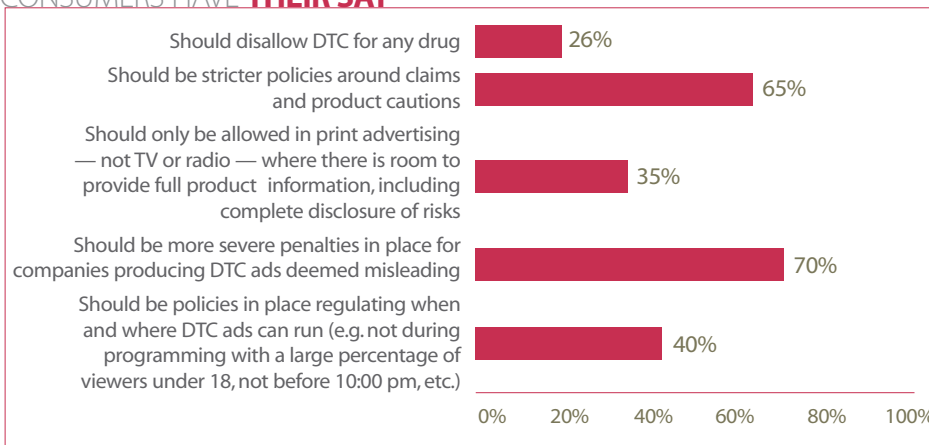
If the FDA Revitalization Act passes in the House with the DTC moratorium intact, it will threaten the industry’s right to advertise new drugs directly to consumers. The bill currently contains a three-year moratorium that would require pharma companies to wait before launching a DTC campaign for new products. If the act is passed with the moratorium intact, the industry will have to find new ways to educate patients about their new drugs. Patient education in the form of movies, DVDs, and videos could be a solution.

TOP LINE FINDINGS

-  **64%** of doctors and **44%** of the general public believe there should be some sort of moratorium on DTC advertising.
-  **44%** of doctors believe the moratorium should be at least two years. Another **27%** believe there should be no DTC advertising.
-  For the general public, **41%** believe the moratorium should be at least two years, and **32%** believe there should be no DTC advertising.
-  Lastly, only **24%** of doctors and **25%** of the general public believe the FDA is doing a good job policing DTC advertising.

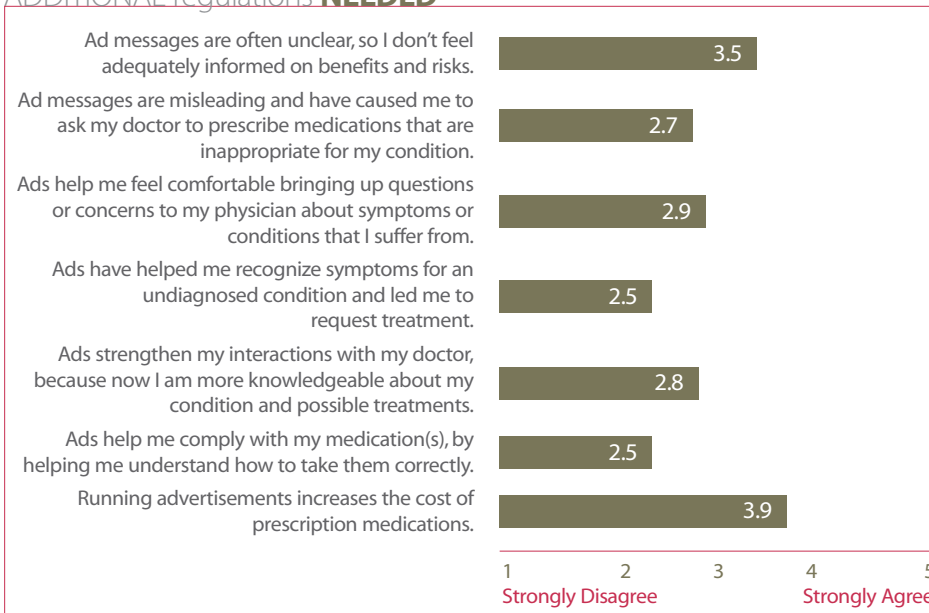
An Internet survey of 251 consumers conducted by TNS Healthcare for its *Physician and Consumer Findings: DTC Moratorium Research* study illustrates how consumers feel about what regulations should be put in place for DTC advertising of new drugs:

CONSUMERS HAVE **THEIR SAY**



As part of this same survey, TNS Healthcare asked how consumers feel about the viability of DTC ads:

ADDITIONAL regulations **NEEDED**



Source: Physician and Consumer Findings: DTC Moratorium Research, TNS Healthcare, New York. For more information, visit tns-global.com. To access an archived Weblinx WebSeminar on this topic — Surviving the Election Wars: Strategies to Build Trust and Defend Brands — sponsored by TNS Healthcare, visit pharmavoices.com/weblinx.

ming that has information that they are seeking. True interactivity will allow consumers to dive down and navigate as they see fit.”

Interactivity at this level allows pharmaceutical companies to engage consumers and provide the content, such as information about certain drug therapies they need to better manage their conditions.

Mr. Starnes, who would like to be able to reach consumers in Europe with educational resources that help with patient compliance, brings the generational question into the discussion of digital satellite TV. He has doubts that TV is the best forum for reaching consumers, especially the younger segment.

“One thing that concerns me about a health satellite channel is that younger people don’t watch TV,” he says. “They are all glued to the Internet and that is a big behavioral factor to be considered. The Internet allows individuals to select the things they are interested in and these are the behaviors we are all getting used to.”

Mr. Starnes doubts that the next generations of consumers will start viewing more TV even when TV and the Internet merge. In his mind, there are many other viable media for educating consumers so the focus needs to go beyond digital satellite TV.

“If the issue is better patient communications or better communications of healthcare issues there are other things we can do,” he says. “The industry could be tapping all sorts of channels, from simple print media, corporate efforts on the Internet, and multimedia approaches, such as Podcasts.” (Editor’s Note: See the October issue of PharmaVOICE for a more detailed discussion on Emerging Media.)

Mr. Starnes reasons that the focus on satellite TV in the United Kingdom holds weight because it is estimated that half of all European households will have interactive TV in the next couple of years and that there will be a 100% switch to digital within the next five years.

“My sense is that in Europe — and this is a broad generalization — we haven’t maximized the use of video and streaming video as much as in the United States,” Mr. Starnes says. “Certainly in the United Kingdom, a satellite TV channel might better serve some of the people who most need the information, and the interactivity provides for the opportunity to tailor the programming to their needs.”

Mr. Starnes believes that just because consumers have access to digital TV doesn’t mean they are going to watch it.

European programming, however, is inter-

active and Europeans have come to expect it and are more familiar with it than their American counterparts.

TV or not TV, IS THE VIDEO QUESTION

Mr. Allman describes video as a moving medium that allows patients to be educated while they also gain encouragement. Watching a video about other patients who are suffering from the same condition provides a level of support for the viewer.

“Video is the most emotive medium in this respect, because it is not just telling people how to do something; it’s showing them how others are dealing with a condition,” he says.

TV programming can do the same thing, he adds, but the drawback to TV is that unless it’s on demand, the presentation is linear.

“No one wants to sit in front of a TV for an hour and hope that something relevant comes on,” Mr. Allman says. “TV can be very inspirational and motivational, but when people want to hear the straight facts, they are going to go online and that’s where companies should have a much more targeted video presence.”

Even online, videos work best when they



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In a novel move, or in this case movie, Centocor, a biotech subsidiary of Johnson & Johnson, rattled the pharma marketing world and its critics in February with the launch of a 60-minute documentary featuring the lives of three patients suffering from immune-related inflammatory diseases. Centocor released and showed the first-of-its-kind film in mainstream movie theaters in 13 markets across the country. InnerState, which provides “inner states” of three diseases, received mixed reviews and reactions from those in and out of the industry.

“Certainly there were skeptics,” says Brian Kenney, director of corporate communications for Centocor. “When people learned that a pharmaceutical company was putting a documentary together, they didn’t understand the intent or how the film was going to play out. But when people viewed the film, the understanding of a vehicle that provided more real estate to expand the stories of patients who live with these diseases became evident.”

InnerState introduces three patients: Janie, who suffers from rheumatoid arthritis, Ray, who is living with Crohn’s disease, and Jason, who has plaque psoriasis. Along with increasing the awareness of biological therapies in general, such as Centocor’s Remicade, the film was designed to break down the walls of the traditional disease-awareness efforts by chronicling each patient’s struggle with living with his or her condition and to elevate the public’s understanding of the impact of these diseases.

“Importantly, we wanted to highlight the importance of working with physicians to receive the right treatments and to understand the benefits and potential risks, regardless of what biologic or treatment is used,” Mr. Kenney says.

The idea sprang from collaborative brainstorming between internal teams and an agency partner. (Creative Group Inc., New York, was the production house. Chris Valentino was director and producer of the documentary. Dorland Global Health helped with the execution of the market tour and logistics.) Centocor started developing the idea a couple years ago in an effort to do something different to educate patients and the public about these diseases.

“So many people still don’t understand the differences between rheumatoid arthritis, osteoarthritis, or normal wear and tear to the knees,” Mr. Kenney says. “We have an obligation as a company to educate the public about these complicated diseases.”

Another goal was to help audience members get connected and identify if they or someone they know might be an appropriate person for biologic therapy.

Mr. Kenney says the film allowed real patients to talk about what they were experiencing with one another and



CENTOCOR'S INNERSTATE MOVIE PROFILES THREE REAL PATIENTS AND THEIR CHALLENGES: **Janie**, a music student and performer with rheumatoid arthritis; **Ray**, an aspiring race car driver with Crohn's disease; and **Jason**, a restaurant manager with plaque psoriasis.

with the film’s subjects, who attended the premieres. Local physicians in each city also attended the events and discussed how these inflammatory diseases are related, treatment options, and the advancements of biologics, as well as what people need to know about such therapies. The film does not mention Remicade specifically, but at the end of the documentary, a commentary provides attendees with an overview of why Centocor decided to develop such a film and to communicate important information that people need to know and about the benefits and risks of biologics.

Local dermatologists, rheumatologists, and gastroenterologists who participated in the post-film discussions had positive reactions to the documentary.

Centocor screened the film with patient advocacy groups before its release to make sure it was accurate and representative of the diseases and the patients. Groups, such as the National Psoriasis Foundation, that supported and attended the premieres, have made DVDs available to their members who are interested. The DVD is available free of charge to anyone via the film’s Website at myinnerstate.com; it is also being made available to doctors who request a copy.

Blogging SUPPORT

There was one element the launch team did not anticipate: an immediate reaction from bloggers, Mr. Kenney says.

“We knew there would be interest from the media but the blog component caught us a little off guard and we’ve made tremendous strides in tapping into the blog community,” he says. “The people who originally blogged about the film were relatively skeptical so we followed up with them directly to set the record straight. After viewing the film those same

folks actually posted more positive follow-ups on their blogs.”

Mr. Kenney says he met one blogger who had been skeptical about the endeavor, but after the screening and after talking to the patients featured in the film in person, she was moved to post a review on her site.



As the first company to do a program like this, we don’t doubt that others are going to try something similar in nature.

Brian Kenney, Centocor

Part of the blog included: “These are real people with real diseases. Not once does any portion of the documentary try to ‘sell’ you Remicade. I guess I went into it expecting more of an advertisement ... instead I found an honest portrayal of people who are living with a chronic illness. It actually brought me to tears at times.”

Making sure the film complied with proper regulatory requirements was another challenge. Mr. Kenney says Centocor worked with former FDA consultants and internal regulatory and legal teams to ensure its accuracy in adhering to such requirements.

There are no plans in the works for a sequel, but Centocor is working on creating more interactive ways to provide consumer education information, such as augmenting the Website to make sure it functions as an informational landing page.

“There are millions of people who live with these conditions and we want to make sure they have a resource where they can get more information and hopefully connect with other patients,” he says.



◀ We've known for quite some time that patient education is programming for the audience of one. Even though the program is condition specific, the needs of each patient vary.

JEFF BOHSON
ANSWERSMEDIA

are short and to the point. Five two-minute videos that address the aspects of a disease are much more effective than one 10-minute linear video with all the same information.

One of the biggest challenges for pharma in this forum is creating material that is appropriate to accompany the online format.

Mr. Allman does not recommend using the traditional 60-second spot, as programming of this length can often seem longer than the informational video the consumer might have just viewed on the disease. Instead, he suggests a 15-second video that raises awareness for the drug, linked to in-depth segments that contain more detail about the drug's mechanism of action, benefits, and risks.

"Once we have raised a patient's awareness,

he or she is more willing to sit and absorb five two-minute videos about a drug and will learn more than if all of the information is provided in one longer segment," Mr. Allman says.

David Levin, director of DTC for Abelson-Taylor, agrees that patients can more easily understand and grasp how a drug or brand treats a condition by watching a video.

"I applaud J&J for taking a very innovative approach and a calculated risk to see if the pilot would resonate with patients and potentially draw successful results," he says. "We thought it was an innovative, unique tactic to address disease states and unbranded communications."

The effort legitimizes and simplifies the conditions in a way that can't be achieved in a

60-second commercial or on a Website, Mr. Levin adds.

"Personally, I thought the campaign was highly integrated," he says. "The Website look and feel was cool and high-tech — it didn't look like it was coming from a pharma company."

Creating nontraditional, unbranded disease-state content that can be used on TV or the Web is a great opportunity for the industry, Mr. Levin says.

"Initiatives, such as Centocor's InnerState, are especially effective when the audience and the topic are both highly targeted," he says. "When a pharma company is talking about disease states such as psoriasis and Crohn's disease, the audience is going to be very self-selecting. There is not going to be a lot of waste compared with a mass communications campaign where the audience is made up of many people who are not connected to the disease state or the company's drug." ♦

PharmaVOICE welcomes comments about this article. E-mail us at feedback@pharmavoices.com.

Experts on this topic

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