

Contributed by David Levin

OUT, DAMNED SPOT! DIRECT-TO-CONSUMER ADS AREN'T LIMITED TO TV



Listen to the debates on Capitol Hill about DTC advertising and what's the focus? TV spots. Look at the FDA's proposal to study how DTC ads convey risk information and what's the focus? TV spots. Ask a good number of marketers what DTC is and you'll probably hear it again: TV spots.

It's true that TV advertising has been and will continue to be the most visible approach to DTC. The 1997 decision by the FDA allowing pharmaceuticals to be advertised to consumers by brand and indication dramatically shifted the DTC universe from a world of discreet and sometimes cryptic print ads to a galaxy dominated by increasingly bolder and more imaginative TV commercials. Today, however, another seismic shift is taking place, marked by society's seemingly inexorable move from traditional mass media to an Internet-based personalized format, allowing consumers to control both the content and timing of information they receive.

REEVALUATING THE NEED FOR DTC

So why do so many agencies continue to fixate on TV? Perhaps creative self-indulgence plays a large role; TV is a wonderfully dynamic medium to work in. Bold, innovative ads are fun to produce, win awards, generate buzz, and attract new clients. Additionally, before the advent of pharma DTC, who got to develop a 60-second spot? Yet what we all must keep in mind is that great, effective consumer campaigns are never just about a TV spot. They're still about understanding the target audience, developing an idea that can effectively communicate the messages and leverage a brand's differentiating benefits, selecting the communications channels that best reach targets at the right touch points, and tying it all together with strategic integration and flawless execution.

There's also the human factor to consider. Armed with unprecedented access to information and the ability to instantly communicate anywhere in the world with people who share their interests, most consumers reject the old authority-dispensing-wisdom model of earlier DTC advertising. They want dialogue, engagement, and proof that their needs are understood. The one-way nature of mass advertising can't deliver on this model — at least not today.

THE NEXT GENERATION OF DTC

Agencies that do DTC well and define it as a broad, integrated offering are undergoing a challenging and exciting period of change. Exploding technology and an ever-expanding range of communications channels serve as a siren call for creative minds, just as a diversifying public with wide-ranging interests and attitudes poses a tantalizing challenge for those charged with developing meaningful

insights into the “consumers” we seek to reach. The trick is to harness all of the possibilities intelligently and create campaigns that above all make good business sense. Sometimes, that means advising a client not to do TV advertising. The DTC graveyard is littered with brands that overspent on mass media without realizing a positive return on investment.

Successful DTC programs link disease education to behavior change and, ideally, to a particular brand. Television campaigns have been very effective for chronic, nonlife-threatening conditions that have a large potential patient base and allow sufferers to easily self-identify (e.g., erectile dysfunction, allergies, and toenail fungus). Television campaigns also have been effective for more serious conditions that affect large numbers of people and often go untreated (such as depression and hypertension), owing to their ability to educate current sufferers, create self-identification, and spur action among those who have symptoms of the disease but haven't yet sought medical attention.

For conditions where the number of patients is smaller, however, and individuals are more knowledgeable and active in managing their treatments, an integrated mix of direct-to-patient (DTP) approaches may be more suitable. Such approaches, which include relationship-marketing and point-of-care initiatives, allow marketers to engage patients with an unprecedented level of targeting and personalization.

Since DTP advertising relies heavily on opt-in offerings, such as e-newsletters and online forums, it allows marketers to maintain regular contact with patients and engage in two-way interactions. This permits them to segment their audiences with greater precision; identify unaddressed concerns; and deliver customized, needs-focused messages. This level of engagement can foster an important payoff: improved compliance and persistence.

Sometimes a TV spot can be the centerpiece for a masterfully integrated consumer campaign aligned with DTP relationship marketing. On the other hand, sometimes a TV spot doesn't make sense, even though other forms of DTC do. Agencies must redefine DTC more broadly and must determine, on a case-by-case basis, which mix of services will give the client the best results and the best return on investment.

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