Our starting point is the need to recognise that the world in which we now do business has markedly changed since 2008 and that this has helped to increase the push towards the ‘digitisation’ of marketing communications’ channels. Salesforces, though remaining present in some form for years to come, are in accelerated decline and marketing budgets have seen significant cuts. There is increasing pressure to demonstrate return on investment (ROI) at every level, caused partly by the growing popular belief that digital marketing, including social media, is indeed more measurable. Within this world, HCPs (healthcare professionals) and patients are becoming rightly recognised as being increasingly social and digital, not just at a personal level but also in a professional capacity.

Dan Brilot explores the merits of effective social media listening but cautions that not all conversations are equal.
One major shift that is already happening in online behaviour, at least among general consumers, is that social media, as opposed to search engines, is becoming the primary digital starting point for information on many online journeys. This change is already coming to pharma with Facebook being the fourth biggest source of upstream traffic for Web MD, the world’s largest health site. No wonder then that over 41% of pharma marketing departments want to use social media for marketing and indeed for business intelligence purposes. (This is based on a sample of around 50 attendees who voted in a straw poll at this year’s Digital Pharma ‘Advances’ Marketing conference in London).

So yes, social media can be an effective means of generating genuinely useful data. And the sheer volume of data it is capable of generating is staggering. With all this data available, the effective pharma marketer needs to ask, and accurately answer, a number of critical questions beginning with perhaps the most pertinent, is all data equally useful? In other words, does the value of the data depend on where within the social media spectrum it is gathered from? How does the data and resulting insights compare with that generated by more traditional approaches? Where, ultimately, do the genuine opportunities lie and how do you find them?

Not all equal

Developing an effective social media listening (SML) programme therefore begins with an understanding of (i) who to listen to and when, (ii) what to listen for, and (iii) where to listen. At the 2015 Digital Pharma conference, 67% of attendees said they had already conducted SML, so clearly this is something that is becoming widespread. These figures are in line with the 2014 GRIT report (http://www.greenbook.org/grit), which states that 77% of market researchers (client-side, within the study sample) are already doing or have considered SML.

However, all conversations are by no means equal and the first thing to recognise is that certain topics are going to be much more talked about, in more places, and with a greater representation of views and opinions. For example, diabetes, asthma, fertility etc... will all generate far more conversations among a greater number of people than rare or orphan diseases that affect very few people and which have even fewer HCP channels used were aimed very much at patients and parents. In China however, the messages and conversations but also the quality of the data are very different. In the case of China, the internet is used to do background research and for discussion purposes among fellow patients or parents. In Russia and China however, the emphasis was on consumers giving details about their symptoms and wanting advice from online HCPs.

The next thing to understand is that the context of pharma, legally and ethically, not all conversations are accessible because they happen on private, password-protected sites. This is often the case when it comes to specialist HCP conversations so any starting point has to be an honest assessment of the extent to which the desired data is actually accessible. The value of any data that is accessible then needs to be assessed in the context of areas of information that may be missing. A good starting point is to think first and consult with HCPs in real-life to understand where the conversations are happening online, or consider replicating these online discussions within a controlled environment, for example a bespoke online community.

It is also important to recognise the value of influence relating to any conversation being listened to, because in the cut-throat world of social media, it’s not about ‘what you know’ but ‘who you know’. A hugely profound blog written on the latest biosimilar developments and the impact this will have on a specific tumour type that is read by no-one has limited value compared to a more simplistic blog on a different subject that is read by millions.

A caveat, however, is to understand the scale of any impact or influence not just in terms of the quantity of conversations but also the quality of the people having them. It is essential to factor in the wider influences, online and offline, to establish the level of influence that online conversations hold.

What does this social media listening look like in practice? Recently Cello Health Insight conducted research for an over-the-counter brand into the reasons for online searches in the US, Russia and China. This revealed that in the US, the internet is used to do background research and for discussion purposes among fellow patients or parents. In Russia and China however, the emphasis was on consumers giving details about their symptoms and wanting advice from online HCPs. This then informed the type of social media marketing campaign required for each.

In the US, it took the form of creating messages/viral content for consumers to be spread by other consumers. In China and Russia however, the messages and channels used were aimed very much at HCP level and needed to be seen to be coming from authority figures.

When used effectively, SML can be a very effective tool for looking at general online brand sentiment, as well as understanding language online used by a target group around a therapy area. It is also useful for establishing or identifying ‘influencers’ in a therapy area, for example, patient opinion leaders, as well as tracking the effectiveness of a social media campaign online. Lastly, it can be very helpful for discovering where conversations are happening online to help guide future social media marketing.