

Sensitive Disease State Media Targeting



Executive Summary

With the advancement of programmatic media in the pharmaceutical space, many types of targeting are available that can identify and serve pharma ads to the right audiences, both in direct-to-consumer (DTC) and healthcare provider (HCP) advertising. When putting together a media plan for a specific brand, it is important to consider the disease state sensitivity associated with the brand before aligning on targeting tactics.

Intouch Media attended the 2018 [Third Healthcare Ad-Tech and Programmatic Strategy Summit](#) along with the [Network Advertising Initiative](#) (NAI) and fellow industry thought leaders from [MedData Group](#), [PulsePoint](#), [eHealthcare Solutions](#) and many others. One of the panel discussions covered sensitive conditions, falling under the umbrella of privacy, which felt especially timely as privacy has been a much-talked-about topic recently, coming out of the GDPR news last year.



The NAI – “[a self-regulatory association](#) comprised exclusively of third-party advertising companies ... promotes the health of the online ecosystem by maintaining and enforcing high standards for data collection and use for advertising online and in mobile” – provides useful guidance on ensuring data privacy.

This POV focuses on the nuances of personalized advertising and considerations for sensitive disease states, inclusive of messaging intended for patient and HCP audiences in the digital space; governing bodies and codes of conduct for media targeting; determining whether a disease is sensitive or not;

and choosing the best, most compliant methods for targeting. Even if GDPR never affects the United States to the full capacity as it has in the EU, we need to ensure compliance with industry standards and maintain a non-invasive approach to messaging. After many conversations with industry leaders, research with demand-side platform partners, and careful study of the NAI language, Intouch Media recommends the following approach.

Background

UNDERSTANDING THE NATIONAL ADVERTISING INITIATIVE CODE OF CONDUCT

The [2018 NAI Code of Conduct](#) – which “[ensure](#)[s] that consumer choices are honored and data privacy is respected through a rigorous compliance and robust enforcement process” – is a valuable resource for brands and marketers. NAI [membership](#) is primarily comprised of tech companies, including the demand-side platforms that INSIGHT Media Marketplace, Intouch’s internal trading desk, accesses. The NAI is a self-regulatory body, and its members agree to adhere to the code in order to maintain membership status. It is also regarded as guidance for marketers who have not joined the NAI.

According to the NAI, [consequences](#) for members who choose to ignore the code include “suspension or revocation of membership and may refer the matter to the Federal Trade Commission. Further, the NAI may publicly name a company or the violation in the compliance report, and/or elsewhere as needed, when NAI determines that a member has engaged in a material violation of the 2015 Code of Conduct.” Non-members could still face potential reputational demise or negative PR to their brand.

Ultimately, regardless of the code, it is important to remove your marketing hat, and remember the person on the other side of the ad is someone you are trying to positively influence, not alienate.

Determining Disease State Sensitivity

The first step in media planning and deciding how to reach a brand's target audience is to determine whether the disease state associated with the brand is sensitive. The responsibility for making this determination lies with the brand and its legal counsel; the partner agency is available to help consult, as well.

It's important to remember that a patient's disease state sensitivity is subjective — two patients with the same disease state may each consider their disease differently. One patient may be more sensitive and private about their disease state when compared with another patient. In general, most OTC brands are associated with conditions that would be considered non-sensitive (although there could be outliers). A disease like diabetes falls in the middle; two brands might disagree about sensitivity and decide to conduct their digital advertising differently. Lastly, [according to the NAI](#), there are certain disease states that fall into the sensitive category every time, i.e., mental health, all cancer types, sexually transmitted diseases, pregnancy termination, and drug addiction.

The NAI does not provide a definitive list of sensitive disease states but suggests [in its definition](#) of sensitive data the consideration of certain attributes such as seriousness, narrowly defined, prevalence, private in nature, treated by OTC or prescription drugs, treated by lifestyle modifications or medical intervention, and so on. Demand-side platform partners have also taken a step back recently to reevaluate which targeting tactics are compliant and will deny an agency usage of certain tactics for certain brands, when advertising to patients. They have taken a more conservative approach, i.e., if a condition is not directly sensitive, but potentially leads to a sensitive disease state later or has a higher stigma. Other platform partners see themselves as merely the technology vessels and do not impose their own restrictions.

In the Case of Sensitive Disease States

If the disease state has been deemed sensitive, then it's time to evaluate the personalized media-targeting options on the table, starting the evaluation with targeting tactics that are compliant and respecting of device-identifiable information (DII; formerly referred to as non-personally identifiable information). Approaches for targeting consumers and healthcare providers are different and are described below.

CONSUMERS

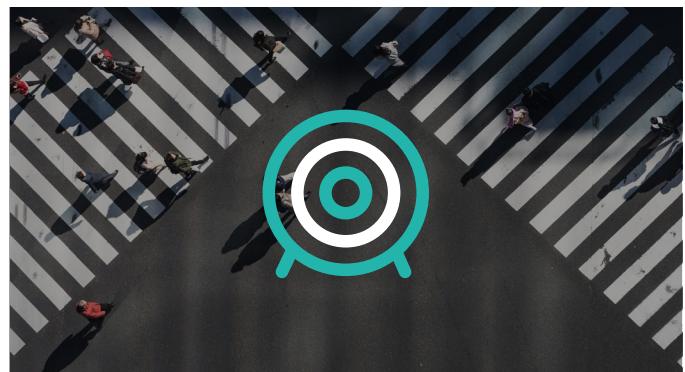
- **Contextual targeting:** *Compliant.* This tactic could include site category as well as keyword-contextual targeting.

- **Publisher or exchange run of network (RON):** *Compliant.*

However, an RON tactic without additional layers of targeting (i.e., demographic, geotargeting, or behavioral) is not recommended.

- **Non-sensitive, health-related behavioral segments:**

Compliant. Sample segmentation could be "women's health," "men's health," or "health conscious," which cast a broader net for interest in the health lifestyle vertical.



Targeting tactics like data segmentation, i.e., propensity or lookalike models, and retargeting are not listed by the NAI as definitively compliant or noncompliant, as they require an additional level of scrutiny.

- **Behavioral data:** *Not inherently compliant or recommended by the NAI.* There could be some grey area within the methodology used by a third-party data partner to collect and model the deterministic or probabilistic data and segment it. Therefore, evaluation of a data partner's methodology is highly recommended to understand their compliance with an opt-in approach to data collection and retention:

- » How is the segment created? Ask each third-party data partner being evaluated and talk to others about their interpretations of the collection of data for the disease state in question.
- » Is the data offline or online data (offline data is not governed by the NAI)?
- » Is medical or claims data utilized in actual segmentation? If the answer is yes to medical or claims data, the NAI requires opt-in consent for collection and use of this data.

- **Retargeting** is not compliant unless there is opt-in consent by the individual.

- » An opt-out-only website experience does not count as opt-in.

- » There has to be appropriate verbiage and the user must click a button to signify consent of data collection, with a retention period of X amount of time.

HEALTHCARE PROVIDERS

The rules for campaigns targeting HCPs are different from those targeting direct-to-consumer campaigns. HCP list-match targeting is still acceptable, as it is 1:1. Retargeting visitors of an HCP-specific website is up to the brand's discretion as it is 1:1 and not based on knowledge of, or inferred knowledge surrounding a specific disease state, but rather a profession. It can be argued that the intent is to retarget the HCP visitors, yet we also know patients make their way into HCP pages as well. In 2018, PulsePoint found that, on average, only 40% of HCP site visitors added to retargeting audiences were verified as HCPs.

When in doubt, we recommend applying the same opt-in consent to an HCP website that would be applied to a patient site, or overlaying physician audience data to only retarget the users who have been verified as HCPs.

Conclusion

The implications for not following the NAI Code of Conduct guidelines, or the Intouch Media-recommended approach to compliance, could result in a potentially negative impact on the brand and agency.

If the guidelines *are* followed, there is still a robust and promising opportunity for the brand to advertise in the digital space. A digital media plan for a cancer prescription drug, for example, could still be made up of keyword-contextual targeting, site-category targeting, compliant data approaches and opt-in retargeting (per correct website opt-in experience). It could also include direct or programmatic private marketplace deals to heavy-up on (i.e., boost) lifestyle or health content with premium publishers.

Intouch recommends planning ahead and leaning in on the privacy conversations happening in the industry – while being conservative, rather than risking potential mishaps. We recommend the diligent evaluation of a brand's website opt-in experience, data collection practices, data segmentation and the careful monitoring of its use. Although there are many grey areas, erring on the side of caution mitigates many concerns. This then allows the strategy and activation teams to focus on campaign optimization and performance, instead of worrying about potentially detrimental brand and PR issues.

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Author: This POV was developed by Intouch Media in collaboration with PulsePoint, both charter members of the Programmatic Health Council, an industry advocacy group comprised of programmatic and healthcare advertising experts committed to leading efforts to advance programmatic advertising among health brands, agencies, and publishers.



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