PTM | OneSource

HCP Email Marketing Policy & Guidelines

Background

Canada's Anti-Spam Legislation (CASL) was introduced in 2014[1] and remains the strictest anti-spam legislation in the Western world.

CASL's policy on email marketing mandates that recipients have the ability to unsubscribe from:

- The product
- The company / client
- All communications

If they select **YOUR PRODUCT,** this is a major loss for your brand, as this channel is now closed for brand email communications.	If they select **YOUR COMPANY,** this is a greater loss, as this channel is now closed for email communications for all products and divisions within your company.	If they select **ALL COMMUNICATIONS,** this closes the email channel to this individual, for both PTM and its clients.

[1] Per Canada's Anti-Spam Legislation: www.fightspam.gc.ca

With the objective of reducing the number of unsubscribes for the emails that are deployed on behalf of its clients, PTM has implemented the Email Marketing Policy and Guidelines (EMPG).

The EMPG was created by PTM's Review Committee (RC) which consists of KOLs and marketers with collectively over 50 years of experience in email marketing. HCPs from multiple disciplines and outside legal counsel were also consulted in the development of the EMPG.

The EMPG is a collection of best practices and CASL rules that PTM's RC has observed over many years. The RC is continuously looking at healthcare marketing trends, and monitoring email performance and unsubscribes. PTM has seen a steady decline in unsubscribe rates since the implementation of the review process.

Email Policy

All emails deployed utilizing PTM's extensive HCP database must be submitted to PTM's RC.

We recommend emails be submitted during the development stage (post-concept / pre-execution) and prior to submission to PAAB. Where applicable, the RC will provide suggestions / direction to expedite the approval process.

Best Practices

1.   Subject Line

A subject line is expected to convey an informative / clinical / educational message. It is to focus on the value of the content within the email, while not triggering SPAM filters. The subject line is read at a glance and needs to be concise and informative. A good character length would be within the range of 35-65.

> ***Examples of <u>approvable / non-approvable</u> content:***
> - A subject line that reads 'Get your samples now' will not be approved, whereas the subject line 'Product Samples Available' will be approved.
> - Subject lines with SPAM words, e.g. 'Free,' 'Order Now' 'NOW', etc.
> - Subject lines that are too consumer-oriented / personal in tone, e.g. 'What do you think about x?', 'Have you heard of x?' or 'Doctor, are you aware of that?' Questions in subject lines are generally not approved for an HCP audience. However, when the questions are meaningful or appropriate, they will be approved.

2.   Display Name

We ask that clients provide an individual's name to display in the 'From' field. We have found that using an individual's name has the potential to decrease the unsubscribe rate. We recommend avoiding mention of 'Marketing' or 'Promotion', i.e. John Little, Director of Marketing.

3.   Preview Text

Preview text is a snippet of copy (40–90 characters) that appears in most email clients' viewing panes, immediately below the subject line. Consider this content as an extension of your subject line. It can be used to communicate additional information. This content will be reviewed based on the same criteria as the subject line.

4.   Audience Selection

Our experience has shown that careful crafting of the target audience is a critical success factor for email campaigns. Messages that are targeted broadly may result in HCPs receiving content that they consider irrelevant to their practice. Ensuring that the target audience is carefully defined reduces the number of unsubscribes.

Specialist selection

In most cases, a specialist audience will be relatively small in numbers, i.e. 200-500 physicians, and it becomes critical to ensure unsubscribes are minimal. The vast majority of specialists are affiliated with medical schools and are responsible for teaching undergraduates / residents. In particular, emails that try to engage them with a 'Did you know?' approach are not recommended. Reminder communications may be acceptable if the purpose is clear and the tone is appropriate.

Examples of non-approvable content:
- Content with language / visuals that are more suited to a consumer / personal environment

Tone which may not recognize the specialist's level of expertise, i.e. 'Think about…' or 'Are you aware?'

Rare diseases

Email communications regarding rare diseases pose unique challenges. Because of the small and specialized audience, many physicians, including specialists, may never encounter the condition referenced in the message, and therefore consider it irrelevant to their practice. Our experience has shown that rare disease messages can generate high unsubscribes and will therefore require additional review.

5. Engagement and Responsive Elements

Engagement (value-added) and responsive elements (call to action messaging and buttons) are recommended, i.e.:

- Patient support resources
- HCP support and resources
- Links to clinical information
- Invitations to webinars
- Sample / literature offers

These elements need to be made clear, prominent, and easily accessible within the email. Ideally, they should be visible in the viewing pane in order to give an HCP further reason to open / read the email. If the goal of the email communication is to have an HCP engage with the email, then it is recommended that the 'call to action' be highlighted in the messaging.

Special attention must be made to 'calls to action'. Wording such as 'order now' or 'register now' will not be accepted. Speaking to HCPs in the imperative, i.e. telling them to do something, may be considered to have an inappropriate tone for the email channel. Due to the personal aspect of an email, it is recommended that extra care is put on using a respectful tone.

6. CME Events and Clinical Studies

Emails announcing CME events and clinical studies need to maintain a clinical tone. These communications should avoid using product shots and brand / marketing communications that take away from the non-biased, clinical tone of the communication.

7. Graphics / Visuals

Graphics / visuals will be reviewed for the following:

- Placement
- Size & Proportion
- Nature

Visuals, graphs, and photographs as part of branding are welcome. However, they may need to be adapted to an email environment. Creative that is suitable for journal ads, websites, etc. may not be appropriate for an email. If text and visuals are to appear side by side, place the text on the left side, and the visual on the right, so that the recipient reads the messaging first. Consider that the message will be designed to be responsive for viewing on various sized devices.

Our experience has shown that adapting visuals to focus on clinical data and/or value-added content, reduces the number of unsubscribes. It also continues to communicate your message in a highly effective manner and avoids the perception of being promotional.

> ***Examples of non-approvable content:***
> **Placement**
> • A large visual appearing at the top of the email filling the viewing pane with little / no text
> **Size & Proportion**
> • Content of the email is significantly overshadowed by the visual
> • Visuals that take up a disproportionate amount of space in the email in relation to text
> **Nature**
> • A lifestyle image in a communication that downplays the clinical content
> **Maps**
> • A visual map outline of a province to highlight availability in a specific province would not be approved because the map visual provides no added value

GIFs

GIFs are accepted if the GIF provides value-added educational or clinical information to the HCP audience. Cartoon or meme GIFs are not appropriate and will not be approved.

Please note, when considering adding GIFs, email download times could be slower. Also, a number of email providers do not allow for GIFs to be viewed, which could limit your reach.

As an alternative to a GIF, consider displaying the information in a static infographic. Infographics are well received by email providers and recipients. Another suggestion would be to create a video that email recipients can click on to view.

Videos

Videos are accepted if the video provides value-added educational or clinical information to the HCP audience. The video can be displayed as a link or for a better user experience, can be displayed as an image in the email with a direct link to the video-hosted site. Providing an image with a 'play' button, instead of directly embedding a video in an email, prevents slow downloading times.

When considering adding motion or movement in an email, we recommend a static video image with a 'play button' and embedded hyperlink.

8. Links

It is important that the links published in the email point to domains that have proper DNS records and SSL certificates set up. This avoids the email blocking issues that happen when a email filter assesses the deployed email as a "risk" if DNS records and SSL certificates are not set up.

9. Call to Action Messaging

Use appropriate call to action messaging. It is important that the responsive communications speak to the desired action the recipient should take.

Order samples emails will only be appropriate if the recipient can order samples directly from the email without having to go through a rep.

10. Accessibility Guidelines

Please ensure that layouts employ current email accessibility features, including:
- using a minimum 14px size body copy text
- providing 'alt text' that displays in place of an image (visually impaired recipients may use a screen reader that provides audio of text content)
- maintaining sufficient colour contrast – minimum recommended 4.5:1 for body copy and 3:1 for bold or text larger than 23px
- indicate link for additional content via bold font and underline

11. Multi-Wave Campaigns

When preparing a multi-wave campaign, clients should consider each wave unique in terms of content and appearance. Using different content methods helps to further engage the HCP audience with each wave deployment.

The following are content examples: infographics, a sign-up form to a webinar or live event, video links, and links that point to clinical information and patient resource tools.

Subject Lines

Consider using a different subject line for each individual email in a multi-wave campaign. Often, a subject line alone will determine if a recipient opens an email or not. Testing multiple subject lines will improve deployment open rates over time.

PTM's clients have found it useful to submit multiple subject lines to PAAB at the same time, to streamline the content approval process.

When deploying a multi-wave campaign, allow 2-3 weeks between deployments.

Continuing education program campaigns – for online, live event, webinar, etc.:
The frequency of reminder emails will be based upon the following:
- Number of unsubscribes of the initial wave
- Program accreditation
- Provider of the course
- Date and time of the event
- Ease of registration

Enhanced engagement multi-wave campaigns:
Adding Enhanced Engagement creates an impact through email waves that are timed based on user behaviour. Special consideration is given to this feature when it comes to deployment frequency.

12. Email Body Headers / Banners

We encourage the use of descriptive headers / banners that communicate the primary messaging, i.e. 'Clinical Information', 'Product (Rx) Information', 'Clinical Study', etc.

13. Controversial Products

Occasionally, PTM receives submissions for messages promoting products that might be considered controversial. Unfortunately, the risk of unsubscribes remains very high for these products, and they may be rejected.

14. Promotion of Established / Legacy Brands

Caution should be exercised when planning email deployments related to legacy /established brands (i.e. mature products, post-exclusivity). Content should feature value-added offers, i.e. sample offers, counselling tools, patient programs, CME and webinars, etc.

Submission Considerations

Before Submitting an Email to PTM
- Consider whether the HCP receiving your email in their inbox will find the information of value or whether it will be a quick delete. Value is challenging to ascertain, however, areas to consider are whether it is educational, clinically relevant, informative and engaging. Content that is purely promotional is not acceptable. Benefits to the HCP audience is an important consideration.
- PAAB approved images and content may be inappropriate for PTM's email channel.
- Consider that some changes, such as a decrease in the size of an image, will only require a note to PAAB rather than a resubmission.
- When HCPs review clinical studies, they want to be confident that the data is unbiased. Therefore, clinical studies should be referenced and not include branded promotional messages or images. A sponsoring logo may be included in the footer.

Review Process Timing

- **Initial Review**
  PTM recommends submitting copy decks and draft layouts to PTM for initial review prior to client regulatory or PAAB submission. Feedback will be promptly provided.
- **Interim Review**
  If an interim review is required, we will make every effort to provide prompt feedback.
- **Final Review**
  Submitted material will be reviewed promptly. In instances where an expedited review is required, PTM will make every effort to accelerate the process to meet requested timelines.

PTM has seen a steady decline in unsubscribe rates since the implementation of the review process. We are committed to maintaining the integrity of the CASL compliant HCP email database, ensuring that you and your brand can continue to communicate with important members of your target audience for years to come.