

Ogilvy Healthworld

Our People Make the Difference

Talking with
Denis Piquette,
President, Ogilvy
Healthworld
Montreal



Please discuss your background in the health-care field, up to and including your current position as President of Ogilvy Healthworld Montreal.

I can't believe it's already been 25 years since I started my career at Dow Pharmaceuticals as a detail man for the Northern Alberta region. I also can't believe quite a number of my colleagues from those early days have survived at least six mergers to end up at Sanofi-Aventis. After several years as a medical sales rep and key account manager, I moved into product management at Dow/MMD, where I specialized in the marketing of OTC drugs including Seldane®, Novahistex® and Cepacol®.

During the development of a new Seldane campaign in 1990, I fell in love with the ad agency business and realized I had found my calling. I joined Ogilvy & Mather (O&M) as an account guy and ran the SmithKline Beecham portfolio, plus a number of Glaxo brands, including the DTC campaign for Imitrex® and Ceftin®. During my tenure at O&M I also had the pleasure of being able to work on consumer brands, such as Duracell and Robin Hood, as well as several blue-chip B2B accounts, including IBM, AT&T and Unitel.

I left O&M in 1995 to form a partnership with Rubel and Schwab, one of the agencies we had hired when I was a client at MMD. After Phil Rubel moved to Japan, Gord Schwab and I formed Schwab & Piquette Communications in 1996. We were responsible for the launch and re-launch of over 20 well-known Canadian brands, such as Pantoloc®, Avandia®, Aranesp®, Xeloda®, AndroGel®, Zestril®, Emla®, Ditropan XL®, Depo-Provera® and Twinrix®. For nine years our collaboration resulted in many successful and memorable pharmaceutical campaigns.

A few years ago, we sold Schwab & Piquette to Bates Advertising and renamed it Bates Healthworld. I was then asked to head up Bates Canada, including all of our prescription, over-the-counter (Reactine™, Benylin®, Visine®) and consumer accounts. Just when I was getting comfortable in my new position, the entire Bates network was purchased in late 2003 by WPP, a huge communications empire that also owns Ogilvy. This opened the door to my new appointment in Montreal.

Please discuss what led to the creation of Ogilvy Healthworld?

As mentioned earlier, WPP obtained Healthworld when it purchased the Bates Advertising empire in late 2003. Healthworld was the brainchild of Steve Girgenti (U.S.) and Les Milton (U.K.), two well-established pharmaceutical agency owners who wanted to compete with the multinational agencies.

Healthworld originated as a team of successful, independent health-care agency owners who could team up whenever global capabilities were required. Bates purchased these independent agencies a few years ago, including Schwab & Piquette, because it wanted a strong presence in the pharmaceutical industry. At the same time, Ogilvy Healthcare was also establishing its presence in many countries, including Canada. Several months after WPP purchased Bates, it was believed a combined Ogilvy & Healthworld offering made the most sense from an internal and external perspective.

I was very excited to be part of this because Steve Girgenti, the founder of Healthworld, was chosen as CEO of our new global team. I have known and



From L'Academie-Ogilvy Healthcare to Ogilvy Healthworld Montreal.

worked with Steve since early 1996 and feel he is one of the few international agency executives who actually understands what we do and still enjoys the world of "pharma."

What is WPP and how has it benefited from the establishment of Ogilvy Healthworld?

WPP is one of the largest communications empires in the world, led by Sir Martin Sorrell. It owns many of the agencies and suppliers that you work with, including Ogilvy Group, Young & Rubicam, J Walter Thompson, Hill & Knowlton and Cohn & Wolfe. I could go on and on! Based on what I've seen at our management meetings, the formation of Ogilvy Healthworld has enabled WPP to create the largest pharmaceutical agency network in the world. We now have over 30 offices in the most important pharmaceutical markets around the globe. I feel WPP also benefits from the entrepreneurial heritage we bring to the organization, as many of our offices are led by individuals who previously owned successful agencies.

Over the past few months we have witnessed a noticeable increase in the number of global pitches we have been invited to participate in. I'm very confident this will eventually mean more local and global opportunities for those of us in Canada. I've had the pleasure to participate in a multi-country, multi-office pitch for a large European client and must confess, it's really exciting to play at the global level!

What types of challenges does your agency face in today's market?

I feel our challenges are shared by all Canadian pharmaceutical agencies. First, there is a lack of new products. A decade ago there were 35 to 40 new chemical entities launched per year. Now it's less than 15. There are over 30 bona fide pharmaceutical agencies between Toronto and Montreal, thus we're faced with an average of less than one new molecule for every two agencies!

We are also faced with fewer promoted brands than before. Whenever two pharmaceutical giants merge, the net result is a shortened roster of promoted brands. So again we are chasing a smaller universe of promoted brands that have allocated sufficient budgets to warrant hiring an agency.

The one key challenge I feel is the most important is the agency's and the industry's ability to produce outstanding work we can all be proud of. This industry is faced with growing regulatory and global branding constraints, so it becomes more difficult to sell and produce unique, "grab-them-by-the-eyeballs" campaigns. How many of the ads in medical journals look like detail aids? How many American "slice-of-life," DTC ads can you watch before the gag reflex takes over? If we don't collectively improve in this aspect, why would a client even want to hire an agency?

What differentiates Ogilvy Healthworld from other pharma agencies?

As much as I feel we have outstanding creative product and strategic solutions, I believe the quality and depth of our senior staff sets us apart from our competitors.

Between our two offices in Montreal and Toronto, we have a tremendous talent pool of strategic and creative leaders. Clients in Toronto have access to Gord Schwab and Gordon Marshall, one of the best creative teams in the country—not to mention that they have been asked to work on several global Ogilvy Healthworld campaigns. They also have access to Terry Cully, a very well-known and well-liked strategist who has also spent many years in both agency and client-side roles. As well, there are three very experienced account directors, Kristina Sauter, Peter Ziedins and Tammy Fox, each of whom have worked on large, blockbuster brands.

Two of my senior account people in Montreal are equally well-known and respected. Peter Wolter was one of the principals at HMR (and used to be one of my competitors!). Lynne Johnston was a director of marketing at Novartis before joining us. I have several dedicated creative team members, including Danny Bloomfield, Marie-Josée Trudel, Barbara Raider and Benoit St. Laurent, each with many years experience and numerous industry awards under their belt.

The keys to successful client relationships according to Denis Piquette:

Key #1:

Having a highly-respected and experienced agency team servicing the account.

Key #2:

Having a team that can share the same brand vision and brand essence.

Key #3:

The agency's ability to create and execute work (ads, sales aids, etc.) that gets clients excited.

Key #4:

The clients' ability and desire to involve the agency as an integral part of their brand and brand team. Most of my colleagues would agree that feeling connected is a critical agency/client team success factor.

What is your opinion of global branding and assigning global brands to a single global ad agency (communications company)?

My opinion on global branding/agency assignment is positive if:

- the motive is to create outstanding, internationally recognizable branding,
- the product can be sold with the same image and benefit cluster in all markets,
- there is value to the brand by marketing it as a global brand,
- the product has a uniform life cycle around the world and if
- the selected brand icon and campaign is something we believe we can work with.

I am concerned other factors are influencing the push to global branding, such as:

- cost-cutting and reduction of local market budgets,
- the need for control and centralization and
- finding a role/justification for global marketing teams.

Regardless of the pros and cons, the greater the movement to global campaigns and solutions, the less important our roles in Canada will be. A prediction maybe, but how many times have we seen a Canadian solution leading the world? How often have our American counterparts adopted a Canadian program? This isn't only an agency concern, it should be one concerning anyone in the Canadian pharmaceutical industry.



New global ad campaign will launch this spring.

What changes, if any, do you anticipate over the next two to five years with respect to the way pharma companies communicate with physicians?

When I started as a rep 25 years ago I drove a company car, waited in doctors' offices until my turn was up, promoted my story with a detail aid, offered samples and leave-behinds and then filled in my call report and weekly reports. I also organized local in-service programs, teleconferences and hospital rounds, plus a few CHE events. Although the electronic tools have gotten more sophisticated, I haven't seen any fundamental changes over the past 25 years in the way the industry communicates with physicians.

I think changes in the messages communicated will be necessary. Social responsibility is a topic discussed in all industries. Long-term safety and outcomes data are top-of-mind, as is full disclosure. I'm not sure who will make the first move (MD or company) but there seems to be a growing level of distrust and skepticism at the physician level. So pharma companies will need a more rounded and well-balanced approach to communication if they hope doctors will continue to listen. [CPM](#)

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