

Doctor networks: **The rules of engagement for pharma**

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“ *We know that doctors
do value input from the
pharma industry highly,
when the right information
is provided.* ”

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The rise of online doctor networks over the past ten years has been nothing less than sensational. When Doctors.net.uk was founded back in 1998, very few doctors were taking part in any form of online interaction.

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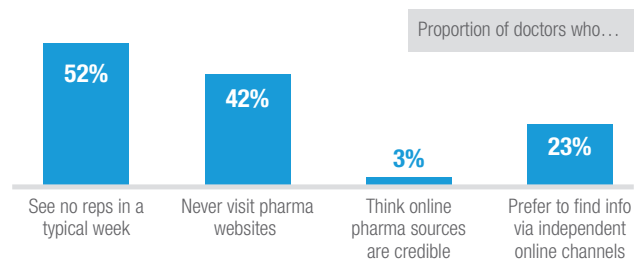
Today, our UK membership of just over 200,000 doctors represents one slice of a global medical community that now sees over 3.5 m prescribers online (around a third of all doctors) across more than 80 such networks in different regions of the world.¹ Critically, the level of engagement is akin to the most popular social networks – statistics from our own network show that around 25% of working doctors are logging on every single day.

What is really interesting about this phenomenal digital growth in medical networks is that it seems to have happened quite independently of doctors’ participation in social media services such as Facebook, LinkedIn and Twitter. Elsevier ran a study in 2012, which showed that within the major European markets of the UK, France, Italy and Spain, on average only 28% of doctors were using Twitter and only 38% were registered members of LinkedIn.² Even the ubiquitous Facebook was poorly represented by medics, with just over half of the doctors saying they used the world’s largest social networking site.

Whilst these figures represent responses from a broad age group, and we know that younger medics are more likely to be engaged with open social media, the use of doctor networks was significantly higher. Over two-thirds of those surveyed claimed to be a member of a doctor network, with the figure in excess of 80% for the UK and Italian markets.

So it is clear that these networks have become an important place for digital engagement with doctors, leading to increased pharma investment in this area, albeit still small compared to the traditional promotional channels, which themselves are facing access challenges (see figure 1).

Doctors are seeking more independent information...



...and embracing online doctor networks ahead of other digital business channels

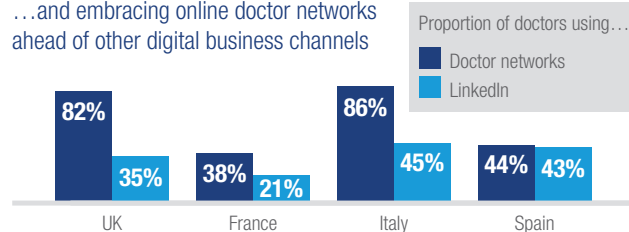


Figure 1: Doctors are turning away from direct pharma marketing and preferentially using online doctor networks over other digital channels.^{2,3}

However, like most novel technologies, doctor networks have been progressing on their own journey through the Gartner Hype Cycle and, in the 'gold rush' to get involved in the late 1990s, important lessons about effectively utilising them were forgotten, leading to some disillusionment. But these networks are now emerging into an age of enlightenment, where we truly understand what doctors want from their time spent online, what is important for them to continue to flourish and how it is appropriate for pharma to engage with prescribers through these channels.

If such interaction is to be the saviour of an industry promotional model that has found itself too heavily dependent on armies of expensive sales representatives, it is important that it is conducted in the right way to deliver both direct results and complement other online and offline engagement. After all, we know that doctors still value a mix of direct and online interaction with the pharma industry.

So in the same way that the traditional sales representative has to present in the right way when meeting a doctor in their surgery, the pharma industry must represent itself appropriately when meeting doctors online. Based on our experience, for meaningful interaction that generates a win-win for both the doctors in these networks and the pharmaceutical industry, there are some clear rules of engagement that cannot be ignored.

RULE #1: ENGAGE ON TRUSTED GROUND

When it comes to understanding digital engagement, a good place to start is to draw on your own experience. Most of us are online at some point during every day – you may even be reading this online right now – so we have a good sense of why we use certain forums, shopping websites, apps etc. and not others. Primarily this comes down to trust; the key element that separates popular online destinations from the others.

“For the pharma industry, engaging on trusted ground is vital.”

Doctors are just as careful about where they will share their opinions as you are with where you will share your credit card details. For the pharma industry, engaging on trusted ground is vital, as without this the engagement is likely to be small and transient, with minimal impact on awareness, change in knowledge or change in behaviour.

Whilst defining what makes a network trusted can be very personal to each doctor, we have identified some common factors:

- *High levels of use by peers:* This might sound a bit ‘chicken and egg’, because all good doctor networks have to start somewhere, but safety in numbers most definitely applies to online networks. If doctors see their peers and luminaries taking part in an online network, just as with any offline medical society, it imparts a feeling of confidence in the environment. It is also the reason why good doctor networks take such a long time to build and the early pioneers have seen such first-mover advantage.

- *A secure and safe environment:* The medical profession is built on pillars of discretion, demonstrating expertise and respecting patient confidentiality. This factor no doubt underpins the relatively weak use of ‘open’ social media channels by doctors, as they do not want to open up the prospect of sharing inappropriate information with the whole world. Ensuring doctor networks are secure, with verifiable medics taking part, is therefore a critical aspect of open dialogue, good engagement and trust.
- *Useful information:* Whilst an active network that meets the first two criteria will generate much of its own content through peer-to-peer dialogue, network growth and value is also driven by providing useful information from outside. For doctors, this comes back to medical evidence and data, whether that is peer-reviewed clinical summaries or real patient case studies, which are proving increasingly popular.

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- *Doctor-centred design:* Another fundamental of building trust within a network is starting from a perspective of what is useful for that network, not what you want out of it. Most online networks, aimed at doctors or otherwise, have a commercial model built around them, but focusing too much on this at the expense of meeting user needs is a pretty short story. It is also another reason why the best doctor networks take time to build, as there are no shortcuts to such commercial models without negatively impacting the users.
 - *Providing value, not seeking ownership:* As an extension of the above point, even the largest networks can disappear very quickly if the wrong decisions are made. Consider, for example, the story of MySpace versus Facebook. The reality is that organisations running doctor networks, and their commercial clients, never own the doctors within these networks. They must instead keep investing in a useful and trusted environment to provide value to the doctors and thereby retain and grow membership, activity and engagement.

With those factors in mind, a common question within our industry is whether pharma should build its own doctor networks for engagement or do so via independent third-parties. Whilst we clearly come from a biased perspective, it would be over simplistic to respond with a simple 'yes' or 'no'.

As an example of a successful, pharma-built doctor network, Merck's Univadis got it right on two key aspects – investing significantly over a long period and ensuring content was educational rather than promotional. But could Univadis be replicated from scratch now, in a market that is dominated by a number of large, independent, trusted networks and, arguably, a much more restrictive corporate compliance landscape? Any new 'Univadis' would now have to contend with an extremely competitive environment, address the current trust issues faced by the pharma industry head-on (notably, in a recent survey only 3% of doctors believed that online pharma resources were credible) and secure management support for investment and growth over at least a ten-year period without immediate commercial return.³

The reality is that good engagement with doctors in online networks resembles, in many ways, such engagement in the real world. Pharma companies are not trying to build physical centres of excellence for medics in particular disease areas, so why try to build new online networks that often end up being little more than short-term advisory boards?

Rule number one comes back to the old adage of 'fish where the fish are' – if you want to engage with doctors online it is best to do so where they currently spend time, and are comfortable, rather than trying to lure them somewhere else.

RULE #2: PROVIDE DOCTORS WITH THE INFORMATION THEY NEED

The essence of building strong commercial relationships is providing information, services or products that meet the needs of the recipient. However, in the midst of being so excited about your own company's new brands, it is often easy to forget that and focus on delivering a promotional message that ticks the strategic marketing boxes, but fails to give the doctor what they really want, or need.

“Like the rest of us, doctors struggle for time to get to all the relevant events.”

As doctor networks have grown and evolved, it has given us a really good understanding of exactly what types of information doctors are looking for, which tend to fall into four main areas:

- *Advice from peers:* A major driver of these networks is, of course, not ‘external’ information but obtaining support from peers within the medical community. In particular, we see doctors discussing tricky patient case studies, where they alone are not sure of the right solution. In essence, this is a way of ‘crowdsourcing’ medical advice, but doctors can also seek peer advice on all kinds of areas relating to their own careers. For example, the recent release of mortality data for UK surgeons was a major discussion topic online, as doctors sought to understand what it meant for them on a day to day basis.
- *Conference/congress information:* Keeping up to date with the latest clinical data and techniques in different disease areas is of major interest to doctors, who have to ensure they are able to offer patients the best options. Like the rest of us, doctors struggle for time to get to all the relevant events, so increasingly they are looking to online networks for information and advice from those who could attend.

- *Professional development/CME:* In a more formalised variant of the above, doctors are, of course, obliged to conduct continuous medical education (CME) as part of their ongoing medical training. As with most events, this can often be provided online to meet their needs in a time-efficient manner and is increasingly being delivered via online doctor networks.
- *Product information:* Contrary to popular belief, doctors do want to hear about new products on the market, or additional data that has become available for existing products (see figure 2). However, instead of a promotional and lengthy detail, they often want short snippets of information to bring them up to speed or make a comparison across a number of products. Online engagement can be an extremely efficient way of obtaining this, if it is provided in the right manner.

Proportion of doctors stating they use online networks to...



Figure 2: Doctors are primarily using online networks to digest or share information relating to specific disease areas and treatments.²

The reality is that these areas represent the types of interaction that have always been useful for doctors, whether online or not, but we now have the evidence to prove this from observing the behaviour of thousands of doctors every day. So instead of asking “*how do I ensure doctors look at my edetail to make them prescribe more of my product?*”, the marketer should be asking “*how can I engage with doctors online to understand more about them, so I can provide relevant information that improves how my product or service is used to get the best outcomes for patients?*”

For the pharma industry, this means that providing a digital version of the ‘sales aid’ is really not benefiting either side, and we are seeing an evolution of the industry to recognise that it can provide information that both meets the needs of doctors and communicates its core product messages. Done in the right way, we know that doctors do value input from the pharma industry highly, when the right information is provided.

One real example of this comes from a forward thinking pharmaceutical company in the oncology space, which has invested significant resources over a number of years in understanding the educational needs of oncologists and delivering against them.

Through developing an online oncology centre that provides information around cancer care pathways, new clinical data for a variety of products and regular updates from cancer congresses, all in a non-promotional way and at arm’s length, the company has developed a high level of trust and stronger relationships with the oncologists. This has led to unparalleled levels of access and a much more open dialogue around its new oncology brands.

Ultimately, doctors can see through marketing spin and, when it comes to new products, they simply want to know whether they are better, safer and/or cheaper than the current options.

So the essence of rule number two is that pharma has to start with a deep understanding of what information doctors really need and marry that against what it can provide that also meets its commercial objectives – directly or through relationship building – not the other way round.

Unfortunately, it is not enough to simply provide the right information to doctors – it needs to be provided in the right way. Medics, like the rest of us, are bombarded with new information every day – by email, from medical journals, the internet and via discussions with their peers. Combine that with the fact that they spend much of their time with patients and you end up with a group of people who do not have time to sit through a 30 minute webcast to find a few nuggets of information that might be relevant.

“Content may fall down if it is not accessible on a range of mobile devices.”

To ensure that the right information can be rapidly and easily consumed by doctors, it is important to factor in the following aspects:

- *Provide the same information in different formats:*

There is a lot of generalisation about which media format is most powerful. Audio and video media is seen as easier to consume, but requires a faster internet connection and somewhere quiet to engage with it. Therefore, it may not be suitable for a doctor on the move using their smartphone or in an open office. In addition, finding the few nuggets of useful information within a longer audio or video piece can take more time and, when asked, doctors still show a strong preference for text material.

- *Put the doctor in control:* Historically, we have been used to presenting content in a linear fashion, like reading the pages of a book. However, to make it quicker and easier for doctors to find exactly what they are looking for, well-structured content is more akin to a spider web (or well-planned website), where there are multiple routes of access and different ways to navigate through the information.

- *Make the content interactive:* Numerous studies on learning have shown that by interacting and engaging with content, rather than just consuming it, information is more readily absorbed. In simple terms, this can mean creative content involving interactive graphical interfaces or quizzes, which are proving popular (see figure 3). But it can also lead to implementation of more complex tools such as gamification to facilitate engagement.
- *Think mobile:* Doctors are increasingly using mobile devices and tablets, with a typical day starting by checking email on their smartphone, before using a mix of desktop and mobile at work as they see patients, and finally sitting on the sofa in the evening browsing their iPad. The most creative and compelling graphical content may fall down if it is not accessible on a range of mobile devices. In the UK, for example, over 50% of doctors access social media via a smartphone.²

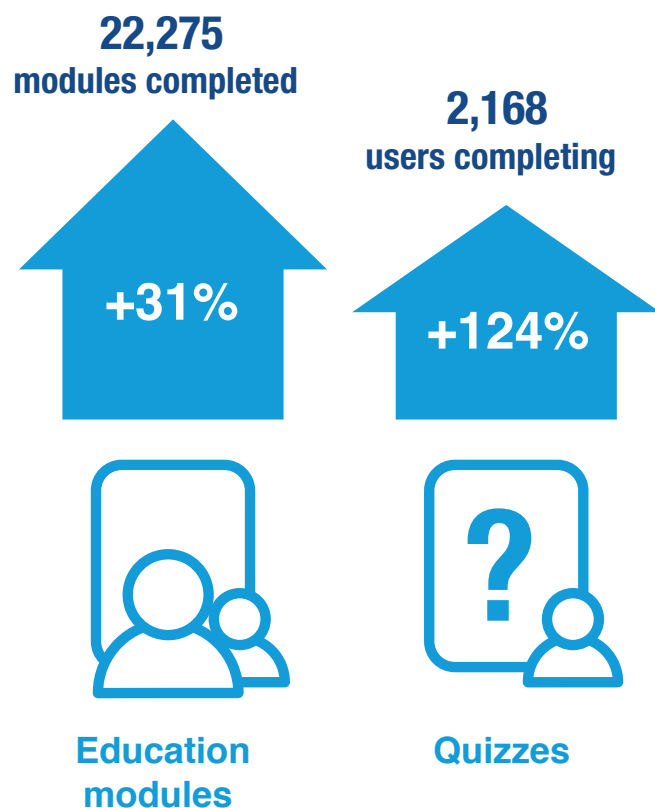


Figure 3: Doctors showed a significant increase in engagement with interactive content, such as education modules and quizzes, in Q3 2013 vs. 2012.⁴

If utilised correctly, the digital environment creates a significant opportunity to engage in an extremely interactive way – the ‘push and pull’ approach – at a cost that is simply not feasible with physical sales force activity. In addition, it enables doctors to provide more information about themselves, with the expected *quid pro quo* that the information shared with them is more targeted and relevant, both in terms of content and structure. This is increasingly creating compelling three-way collaborations between doctor networks, pharmaceutical companies and creative agencies, with each partner playing a key role in getting the right information to doctors in an engaging way. This approach is also being adopted by other healthcare stakeholders such as medical charities and hospital providers.

For example, Cancer Research UK engaged with primary care doctors online by developing a microsite to sit within the doctor network, which provided access to a range of resources from the latest research, clinical trials, statistics and even a cancer website designed for patients. The content was updated on a monthly basis and tied into topical activities such as the

Lung Cancer Awareness Month and Cancer Research UK’s *CancerInsight* newsletter. By focussing first and foremost on providing useful, interesting information via a range of different media types, in addition to personalising the experience based on each doctor’s preferences, the result was exposure to over 20,000 GPs over three months. There was also a 24% increase in the number of doctors visiting the Cancer Research UK website to keep up to speed with the latest cancer issues. Doctors who used the resources felt more confident about diagnosing and referring cancers, such as malignant melanoma, and many have reported that they have changed their clinical practice as a direct result of this online programme.

In summary, assuming the right information is provided; if you factor in multiple, rapid routes for consumption of media to account for individual preferences, then engagement levels will be high, with consequently positive results.

RULE #4: ENCOURAGE DOCTORS TO TALK TO EACH OTHER

The idea of customers, in any industry, talking to each other about a company's products via online forums can make even the most confident of marketers start to feel slightly nervous. Within the pharmaceutical industry, this has always been of particular concern given the tightly regulated nature of the sector and the need to control carefully constrained clinical messages.

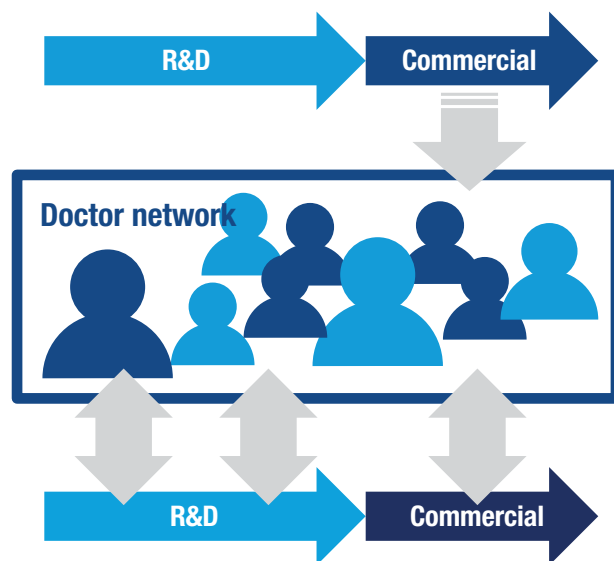
“Such feedback can be extremely powerful for adapting multi-channel campaign mixes and messaging.”

However, the reality is that whether or not you facilitate the process of peer-to-peer engagement, doctors have historically always discussed new treatments with each other, leading to enormous efforts spent in identifying the Key Opinion Leaders driving such debate. Within the digital world, not only is it much easier to encourage such discussion but it is also, whilst clearly respecting privacy concerns, much quicker to analyse and interpret it for useful feedback on product and corporate messaging.

Such dialogue should therefore be viewed as not only manageable for the pharmaceutical industry, but as absolutely vital for its success in the future. In the short-term, such feedback can be extremely powerful for adapting multi-channel campaign mixes and messaging, in addition to forming stronger relationships as doctors feel their feedback is being valued. In a sense, this is a way of ‘crowdsourcing’ opinion on a new product; a technique that is employed extensively beyond pharma.

Over the longer term, such discussion and feedback could start to play a much more pivotal role in how pharma undertakes product development. Currently, engagement with doctors via online networks is typically in the realm of sales and marketing, linked to communicating core messages around new or existing brands. As real-world evidence and outcomes become an increasingly important component of market access, we are seeing early signs that analysis of such dialogue can provide useful, on the ground information about the impact that new medicines in development will have when prescribed. This could even alter their development programme as far back as early clinical studies (see figure 4).

Commercial stage 'push' marketing



Full R&D/ commercial two-way engagement
for product design and 'pull' marketing

Figure 4: As engagement with doctor networks evolves, it will lead to more regular dialogue with pharma during both the commercial and product development stages.

But transparency and privacy are clearly important aspects of all of this. If doctors are providing information about themselves, or their commentary on particular issues, they need to be aware of who can see that information and how it will be used. This comes back to one of the critical aspects of trust in such networks.

Here, a balance needs to be struck between ensuring doctors feel comfortable about sharing their opinions openly without creating opportunities for misuse or abuse. In our experience, the balance point sits somewhere in the middle, whereby, on the whole, doctors are willing to identify themselves to their colleagues when discussing issues online provided their identity is not revealed to any third party. The main exception to this rule is when doctors feel they need to raise a concern about something that might lead to recrimination. The model that works for this is to allow moderators (who are doctors) to post issues on behalf of other members.

The final engagement rule for the pharma industry is therefore that it should encourage such interactive dialogue between members of the community and itself when engaging with doctor networks. The feedback obtained through such dialogue may end up being far more useful than the initial interaction itself.

Used in the right way, engagement with doctors via online networks can deliver a quality of interaction, breadth of reach, consistency of message and commercial benefit that is impossible to achieve for direct offline engagement at the same cost.

“The ‘build it and they will come’ approach is often optimistic and unnecessary.”

However, to unlock this potential we have shown that four key rules of engagement should be carefully considered:

1. *Engage on trusted ground:* The ‘build it and they will come’ approach is often optimistic and unnecessary when doctors are happy to engage with the pharma industry from within their existing, trusted networks.
2. *Provide doctors with the information they need:*
Ensure communication with doctors online blends a deep understanding of what information is useful to them with key product or corporate messages, in a personalised way, rather than being a didactic product detail.
3. *Make content easy to consume:* Think carefully about how doctors want to engage with media to get the information they need. The latest shiny audio-visual approach may win awards, but sometimes simple, accessible text is better and multiple media approaches will cater for different tastes.

4. *Encourage doctors to talk to each other:* The peer-to-peer conversation between medics is taking place anyway, so why not encourage it for better relationship building, product feedback and market insight for new product development?

If you step back and consider each in turn, they are second nature to most of us because they mirror exactly how we like to engage in the real world. But how often do we put them into practice when engaging with prescribers online?

Engagement via doctor networks is only going to increase in importance as these continue to grow and develop. For the pharmaceutical industry, connecting with doctor networks online in a way that is constructive for both sides, by following these simple rules of engagement, is going to be a key driver of its own continued success and growth.

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Tim Ringrose trained in nephrology and intensive care in Oxford before joining Doctors.net.uk in 2000.

Tim has led the development of services provided to doctors and has had considerable experience working with a wide variety of

healthcare clients to deliver market research, targeted online communications and educational programmes to doctors.

Doctors.net.uk leads Networks in Health, the unique global alliance of trusted online physician networks. Tim has authored many articles and has spoken at many national and international events and conferences.

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About Doctors.net.uk

Doctors.net.uk is the largest and most active network of doctors in the UK.

Doctors.net.uk has a membership of more than 200,000 doctors. It supports them in making the best decisions for their patients with services including forums for discussion, extensive online education resources and a range of editorial content, such as conference highlights. Doctors.net.uk also offers a range of market-leading services that deliver measurable impact and outcomes to pharma and other healthcare companies. These include targeted display advertising (CPM and CPC), email marketing, e-newsletters, promotional campaigns, educational programmes and recruitment services. It also offers market research services (as medeConnect Ltd). Doctors.net.uk is part of the M3 Group.

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The M3 Group operates in the US, Asia, and Europe, and has a reach of around 2.5m physician members globally via its physician websites such as www.m3.com, www.doctors.net.uk and www.medigate.net. In addition, it also has an award-winning, practical medical information tool, MDLinx, which is used by busy physicians and healthcare professionals to stay up to date with the latest research in the medical field. M3 Inc. is a publicly traded company on the Tokyo Stock Exchange (jp:2413) with subsidiaries in major markets including USA, UK, Japan, S. Korea, and China. M3 Group provides services to healthcare and the life science industry. In addition to market research, these services include medical education, ethical drug promotion, clinical development, job recruitment, and clinic appointment services. M3 has offices in Tokyo, Washington D.C., Fort Washington, PA, Oxford, London, and Seoul.

