

Chaos breeds opportunity

Increasingly pressed for time, the last thing physicians need is more engagement opportunities with pharma, right? Wrong. It's all about offering the right content in the right format at the right time

Physicians are under the crunch, make no mistake. The modern-day rigors of running a practice, such as maintaining electronic health records (EHRs), complying with legislation, checking formularies and dealing with digital correspondence are increasingly eating into their time for seeing patients and keeping up to date with clinical science. The good news is that they could use some help. The even better news is that they are open to receiving help from pharma companies. Unfortunately, pharma's offerings to date have been a little spotty. And so doctors remain overwhelmed, yet underserved. And therein lies the opportunity.

Richard Nordstrom, CEO, Northstream Global Partners, put together a group of digital KOL physicians to help advise pharma clients what, when and where digital engagement would be advisable for clinicians. "Their whole mantra is that it's got to fit within the work stream," he says. "They are overwhelmed with data, the way it is."

Nordstrom believes, however, that providers will always find time to engage in a valuable intervention. "It's about what's their incentive? What's their motivation to take on one more thing? Is it going to save them time on the front end or the back end? Is it going to improve outcomes?"

Monique Levy, VP, research, Manhattan Research (mR), has been tracking physician behavior for many years and believes that pharma company content is not always visible enough. "We know that physicians search efficiently and that they use the brand name as a beacon. It's asking a lot to expect them to remember 'LillyPro' [the HCP portal for Lilly products], for example. So you should leverage the brand to drive the traffic."

Recently, mR audited the Web properties of the top 15 to 20 pharma companies and found marked differences between the way sites are structured. Some had a centralized customer service portal. Some were a basic skeleton leading to a brand website. Others push everything down to the brand level. "If I want to find a hotel," says Levy, "I know that if I go to Expedia or any other site there is a pattern. But in pharma there is no hierarchy. I might find the formulary on a mobile app, on the website or in the customer service portal or I might have to click on 'call a rep' to get some information. It leaves physicians not knowing how to find anything, so they are heavily search-reliant as a result."

It would appear that mR's own research showing low traction for pharma sites during patient consultations backs this up. But while industry stan-

dardization might be asking too much, the solution, clearly, is for individual brands to become highly search-optimized.

Another stumbling block is the low rate of mobile optimization of pharma sites, still thought to be below 40%. But industry regulatory demands make this a more difficult exercise than perhaps it might seem. Obtaining internal med-legal (MLR) approval of mobile content can be time-consuming and costly, as every possible rendering must be approved for each device. Levy sympathizes somewhat. "What's really outdated here is the MLR process."

And one of the biggest motivators for increased focus on the digital engagement of physicians has been the dramatically reduced access of sales reps—now as low as 51%, according to ZS Associates. Some companies have taken the unthinkable step of launching a product largely without sales calls.

"It's an entirely different situation," says Jim Woodland, chief operations officer at CMI/Compas, a company now working on a number of such launches. "We're doing one that is going to be a huge brand in a huge market and 75% of the providers will be targeted with 'non-personal promotion' only."

Advances in targeting physicians have played a major role in pharma's ability to undertake such a sea change in strategy. Peter Justason, director, e-marketing at Purdue Pharma, thinks we'll see more of this in future. "The trend will continue: Investment targeting digital vehicles can be tracked back to a specific HCP, reducing broadcast tactics like the traditional banner ad," he predicts. (Note: Purdue is not connected with the CMI/Compas example.)

Woodland notes the clients that are most progressive in NPP tend to invest only in programs at the individual level but cautions that an insistence on this approach can actually reduce the scope of programs. "You can end up missing a large swathe of your audience even though the very intention is to fill in the gaps created by reducing the sales force."

As always, it's about knowing your audience and meeting their needs. Even the fraught journal publishing sector is currently enjoying a period of stability on the back of retooling its products for the digital mix. "The role of the publisher is to produce the best possible content and deliver it to each part of the audience in the way they want to receive it," says Fabien Savenay, VP sales at Wolters Kluwer and the new president of the Association of Medical Media (AMM). "If they want to read print, they should have print. If they want digital, they should get digital. We want to be platform agnostic."

PHYSICIAN DATA POINTS

- 65%** of US physicians are triple-screen users (smartphone, tablet and desktop/laptop)*
- 20%** of US physicians use physician-only social networks vs. 26% in 2013*
- 53%** of US physicians believe that participation in ACOs will constrain their choice of medications and treatments*
- 77%** of US physicians read emails from pharma companies (11% always, 66% sometimes)**
- 20%** of US physicians "frequently" notice ads when reading online journals (vs. 8% on mobile sites and 41% in print journals)**
- 63%** of pharma and device marketers reported increased budgets for HCP mobile/tablet apps in 2014†

Sources: * Manhattan Research, Taking The Pulse US 2014; ** CMI/Compas, Media Vitals 2014, What Prescribers Want and Need from Pharma; † MM&M/Ogilvy CommonHealth Worldwide Healthcare Marketers Trend Report 2014

And with deep audience knowledge comes commercial opportunity, as *JAMA* publisher Tom Easley attests. "We have been able to learn more about our customers and adopt the type of targeting that benefits both our editorial mission and the desires of our advertisers."

The monkey wrench in physician workload seems to be EHRs. "The whole system drives what a physician does during the day," says Nordstrom. The problem lies in the sheer number of players, formats and versions currently in use. "There's going to be a radical change in that environment," he believes. "There won't be the 700 players that there are now."

And will this open the door for a greater opportunity for pharma in EHRs? "It depends on how pharma approaches it," says Nordstrom. "Certainly the partnership between large EHR organizations and pharma is already in place. Pharma hasn't maximized that relationship. Neither have the EHRs in terms of how they drive brand usage. You've got your EHR, which is the gatekeeper to brand usage. Then you've got pharma companies contracting with the individual payer or individual hospital system. And so that's still got to happen in advance of the material being available within their EHR system."

Levy agrees that, right now, EHRs are a tough nut to crack. "We know some EHRs are good, but for the most part they are still clunky." However, she notes that mR's latest research indicates that doctors will still be looking outside of their EHR systems for information. "That's not going away, so there's no need to panic."

For innovators in the HCP space, a recurring issue is the ability to demonstrate scale. In the past couple of years, Nordstrom's company Liberate Ideas developed a tablet tool to "revolutionize" point-of-care patient education by capturing the physician-patient interaction and supplementing it with a variety of disease and treatment information and tools for the patient to take away. While the tool clearly worked well, Nordstrom learned that evidence was critical and he was forced to take a step back and build out the story. Essentially, a 12-month marketing plan became two years. "To get the kind of scale you need to be adopted by pharmaceutical companies, we had to do pilots and test the system," he says. "They want to be able to scale tens of thousands of physicians."

"The market is like the wild west," quips Nordstrom. "Everyone is scampering around looking to derive physician engagement. If you're an EHR program or a single development tool like we are, everybody's looking for scale. And that's the game." ■