

HCP SOCIAL PLATFORMS & THE FUTURE OF MED ED

Like a raging storm on the horizon, we've all seen this coming. The emergence of new digital platforms, social media networks, and sophisticated electronic devices has caused a paradigm shift in the way human beings connect and companies do business.

However, pharma has been slower than other industries to fully capitalize on these new opportunities. Why is this? For one, it takes an average of 10 years¹ to discover a novel molecule, run it through clinical trials, and then bring it to market. Think of all the technological innovation that happens in that time. For another, the largest share, or 29%, of physicians are older—between 55 and 65 years of age²—and a recent Pew survey found that only 58% of Americans age 50–64 own a smartphone.³ Additionally, intense regulatory pressure discourages risk-taking and encourages skepticism of the unfamiliar. Storms bring rain that nourishes the ground, sure, some of us in the industry argued. But they might also bring flooding and destruction—let's wait and see.



Get out of the storm cellar, folks—the time for waiting is over.

Those Pew results we mentioned earlier? They don't tell the story of physicians overall. More than 87% of physicians use a smartphone or tablet in their practice.⁴ Across all age groups, 4 out of 5 physicians use social media in their practice—with 56% using physician-only networks like SERMO and Doximity and 32% using open networks like LinkedIn and Facebook.⁵ And for millennial physicians, those numbers are even higher—87% of them use social media and 4 out of 5 of them who use social media read medical news updates through their social newsfeeds. Like the rest of us, physicians are using electronic devices to connect with peers, learn new information, and buy new products and they've been doing this for years. Now is the time for pharma and peer-to-peer (P2P) marketers to push through anxiety over novelty and potential regulatory pitfalls and start reaching healthcare providers (HCPs) where they are.

Thanks to COVID-19, many are already starting to do this, and there's good reason to think this shift is permanent. Since the start of the pandemic, pharma has been forced to communicate with customers solely through digital platforms. They've also had to connect with HCPs in the context of our actual world, providing meaning beyond what happens in a scientific study. A recent survey from Accenture found that “82% of HCPs have seen pharma companies change what they communicate about to include support that meets their most pressing needs.”⁶ The survey also found that 87% of HCPs want either all virtual or a mix of virtual and in-person meetings even after the end of the pandemic. Adding to all of this, the pandemic has delivered a hit to the effectiveness of sales representatives, pharma's primary contact to HCPs to educate on new science and brand launches. Even before the pandemic, only around 46% of physicians were rep-accessible, meaning they met with more than 70% of the representatives who called on them.⁷ As COVID accelerates behavior change and increased adoption of—and enthusiasm for—digital platforms by pharma and HCPs at the expense of traditional communication channels, the question remains: How can pharma best seize this opportunity? We believe that part of the answer lies in engaging with HCP-focused social media platforms in an authentic way that is driven by value.

THE VALUE OF SOCIAL MEDIA

4.88 billion people on earth—equating to about 60% of the total global population—use social media.⁸ To put that in perspective, roughly 5.8 billion people on earth have access to a safely managed water service.⁹ Social media are a utility at this point, a necessary service, and their impact is huge. About 1 in 5 Americans say they primarily get their news from social media¹⁰ (compared to 3% for print sources) and every day, people across the world are connecting, sharing ideas, selling goods, posting stories, and uploading photos by the billions of gigabytes—a nexus of information exchange unprecedented in world history. For many years following the emergence of the Internet, we referred to the “online world” and the “real world” as separate realms. With the ubiquity of social media and smart devices, that era is over. *Well yes, says the pharma marketing skeptic, everybody is doing it. But that doesn't mean it's good, right? And that doesn't mean it's right for pharma. Show me why social media are good for us.*

Ironically, some of the attributes of social media that make them so valuable are the same things that bring them the most criticism. For example, many people over the years have sounded the alarm on how social media, and Facebook in particular, are creating information echo chambers that reinforce individual biases and accelerate political polarization. This may be true, and this white paper isn't the place to comment on the wisdom of getting your news exclusively from social media; however, the mechanisms that lead to such consequences are incredible and world-changing.

Using social media, you can cultivate a virtual community based on shared interests and unrestrained by locality. The immediacy with which you can send and receive information within a virtual community across wide geographic areas is revolutionary. This means that the characteristics that traditionally form our social identity—age, geographic, class, etc.—are less salient than our personal interests, passions, or other particularities when it comes to building the world we engage with on social media. The negatives of this are obvious. However, consider patients with rare diseases or doctors specializing in them. Historically, patients with rare diseases and their doctors had to rely on third-party associations (the National Organization for Rare Disorders, for example) to connect with other patients with the disease and learn about the latest research. Now, patients and doctors can find groups or pages on social media dedicated to their disease. These pages facilitate patient connection and provide a centralized location for up-to-date research in a more efficient and streamlined way than a third-party association could do prior to social media. Not to mention that patients with rare diseases need no longer suffer in isolation like they did in years past. Even without cures or effective treatment, the value of knowing you're not alone is immense. *But what about misinformation?* says the pharma marketing skeptic. *Are those social media pages vetted by experts?*

Perhaps the biggest cause for concern regarding social media is the proliferation of misinformation. Misinformation is indeed an issue for social media and the Internet in general, and the costs are great. One need only look to the rise of vaccine hesitancy and the outbreaks of diseases we'd long ago thought were eliminated as evidence of this. However, while the Internet and social media have made recruiting easier for the Flat Earth Society, the evidence that misinformation is now endemic is scant—or at least much less prevalent than news headlines over the last 4 years would have you believe. According to a recent study published in *Science Advances*, misinformation, or “false and misleading information masquerading as legitimate news” comprises only about 0.15% of Americans' daily media diet.¹⁰

Underlying our society's concern over misinformation or fake news is anxiety over the fact that traditional gatekeepers have lost power and a new status quo has emerged. The structures of power and authority, including those in medicine, are changing. What is that new status quo? It's (mostly) up in the air. While localized sources of information across the country, especially local newspapers, have lost staggering amounts of influence and revenue (if they haven't shut down already), major TV stations and outlets like *The New York Times* and *USA Today* have consolidated their influence. However, the influence of traditional national media entities pales in comparison to that of Big Tech. 90% of all Internet searches are performed on Google,¹¹ and Facebook boasts more than 3.03 billion monthly active users (or roughly 38% of the world population) as of the second quarter of 2023.¹² In other words, a good majority of the activity taking place on the Internet is facilitated by just two platforms.

It's important to remember, though, Google and Facebook don't generate new content, they are merely the mediums through which that content is delivered. Content—that's the real problem of our time. There are more than 1.13 billion websites on the Internet.¹³ Additionally, there are over 600 million blogs on the Internet, and 4,800 blog posts per minute.¹⁴ All of this is to say: there's a lot of stuff on the Internet, and because there's so much stuff, it's extremely difficult to get people to pay attention to your content. If you do manage to get people to pay attention, it's not very long before they've moved on to something else.



So how do we get people to pay attention? For starters, you learn to play the game set by the Big Tech gatekeepers. This white paper won't go into customer resource management or search engine optimization (just for fun, Google search almost any term and notice how Wikipedia is almost always one of the first four links to show up). However, we think a place to start is by finding those virtual communities we wrote about earlier and engaging with them in a way that is authentic and provides value.

AUTHENTICITY AND VALUE

Authenticity is everything. According to a report by Stackla, 57% of consumers think that less than half of brands create authentic content, and 86% say authenticity is important when deciding what brands they support.¹⁵ What does authenticity mean? It means being consistent in your message and action and being transparent about your intentions and comfortable with your past. It's about a company showing its humanity. After all, companies are composed of human beings, and they should let their customers know this. For pharma, this may mean demonstrating empathy for patients, recognizing the burden that healthcare costs put on many families, or maybe even recognizing the industry's poor reputation in American society* (an approach that worked wonders for [Domino's Pizza](#)).¹⁶ Whatever the approach, authenticity means communicating honestly. But honest communication consists of more than recognizing hard truths. It also means communicating the value you bring to your customers.

There's been a push across healthcare systems for the last several years to shift from a volume-based care model to a value-based care model. This essentially means focusing on the patient's quality of care and satisfaction with the end goal of lowering healthcare costs as opposed to volume-based care where incentives are based on volume and cost of care provided with the end goal of achieving high profit margins. A similar philosophical shift has occurred in pharma. While profitability is still a key metric by which we judge a company's health, we now assess a product's success by the value it brings. It is no longer adequate to demonstrate that a drug is effective. Due to cost pressures from payors, regulatory authorities, and hospital systems, considerations of market access, epidemiology and real-world evidence, as well as health economics and outcomes research have become vital to communicating a drug's value and its ultimate success. Just look at the incredible growth of the Medical Affairs role across the industry for evidence of this value-based shift.

But nowhere is authentic communication and value-based messaging more important than on social media. Transparent social media communities organized around a common purpose, such as a disease state, serve as rich channels for marketers looking to cut through the monsoon of content the average Internet user encounters each day. But, as in any community, if you're a stranger just trying to sell stuff, you're going to have a hard time. The average click-through rate for Facebook ads is 0.72% and for LinkedIn it's 0.06% (the click-through rate is the number clicks an ad gets divided by the number of impressions times 100).¹⁷ Twitter's average is much better at 2%, but let's assume Facebook represents the overall average. If you wanted to get 7,200 people to click on your ad, you'd need to reach a million people with your ad. And that's just to get people to click on it. Who knows how many of those who clicked would become customers? Banner ads and the like certainly have their place. However, they should be supplementary in the overall approach. To truly reap the benefits of social media, pharma and P2P marketers need to become active users in these online communities, contributing to the discussion, offering valuable insights, and partnering with opinion leaders. Now that the HCP-focused social media platforms have matured beyond the experimental stage, it's time for pharma and P2P marketers to jump in.

SOCIAL MEDIA AND P2P MED ED

WHY THEY'RE MADE FOR EACH OTHER

At first glance, the hesitancy of pharma and P2P marketers to embrace social media makes sense. Long product gestation periods and a highly regulated environment make for a risk-averse group skeptical of anything that moves too fast (just mention that the world's largest social media platform's motto used to be "move fast and break things" and you can hear entire regulatory and compliance departments gasping in horror). Dig a little deeper, though, and it becomes bewildering that pharma and P2P marketers took so long to fully embrace social media. After all, the same basic assumptions about human behavior and psychology drive the success of both social media and P2P marketing: the community networks people form around shared interests or goals are deeply consequential and the leaders within those networks have tremendous influence over the networks' members. Looking at the remarkable growth of influencer marketing across various industries, many P2P marketers who specialize in key opinion leader (KOL) strategy and engagement are saying to themselves, "haven't we already been doing this for decades?"

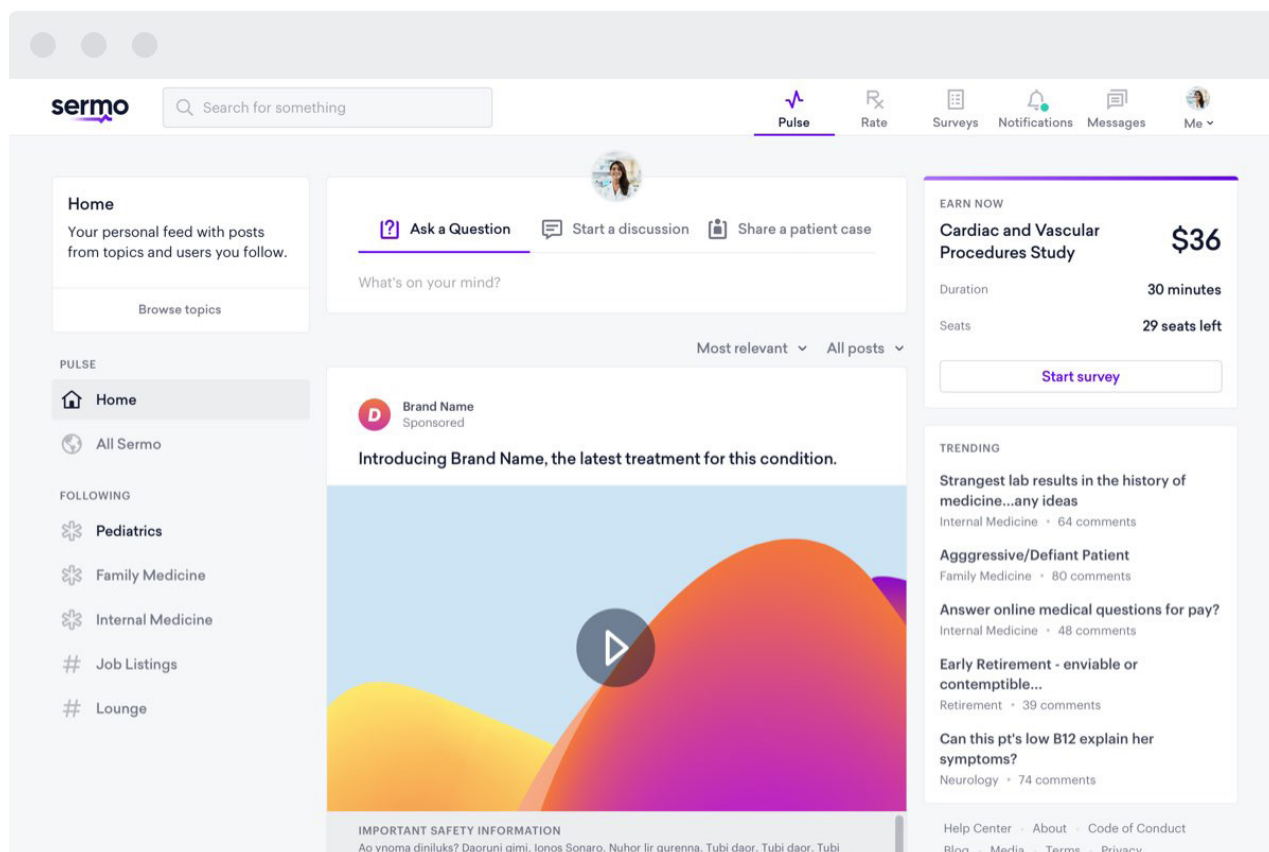
Yes, upon further consideration, social media is an obvious tool for P2P marketing. We know from experience that physicians, perhaps even more so than professionals in other industries, crave peer engagement. Consider the staggering number of associations, academies, and other physician-focused organizations. Not to mention the number of annual meetings, symposiums, grand rounds, and other meeting types that form the vast network through which physicians traditionally have connected and P2P healthcare marketers have executed their campaigns. HCP-focused social media platforms can complement and reinforce the efforts of P2P through traditional channels while creating opportunity for a whole new level of engagement.

LET'S LOOK AT THE THREE MOST PROMINENT HCP-FOCUSED SOCIAL MEDIA PLATFORMS ON OFFER TODAY

sermo

doximity

figure1



Founded by physician Daniel Palestrant in 2005, [SERMO](#) is a self-described “doctors lounge” that “facilitates crowdsourcing and collaboration.”¹⁸ Open only to certified MDs and DOs, SERMO resembles [LinkedIn](#) in its interface and [Quora](#) in its functionality. A medical crowdsourcing platform, SERMO is designed for physicians to share unique patient cases and ask and answer questions. Notably, the platform allows physicians to be anonymous. Perhaps the most attractive feature of SERMO for P2P marketers is the ability for analytics teams to pay to deploy custom surveys to the platform’s user base. It should also be noted that SERMO is not HIPAA compliant.

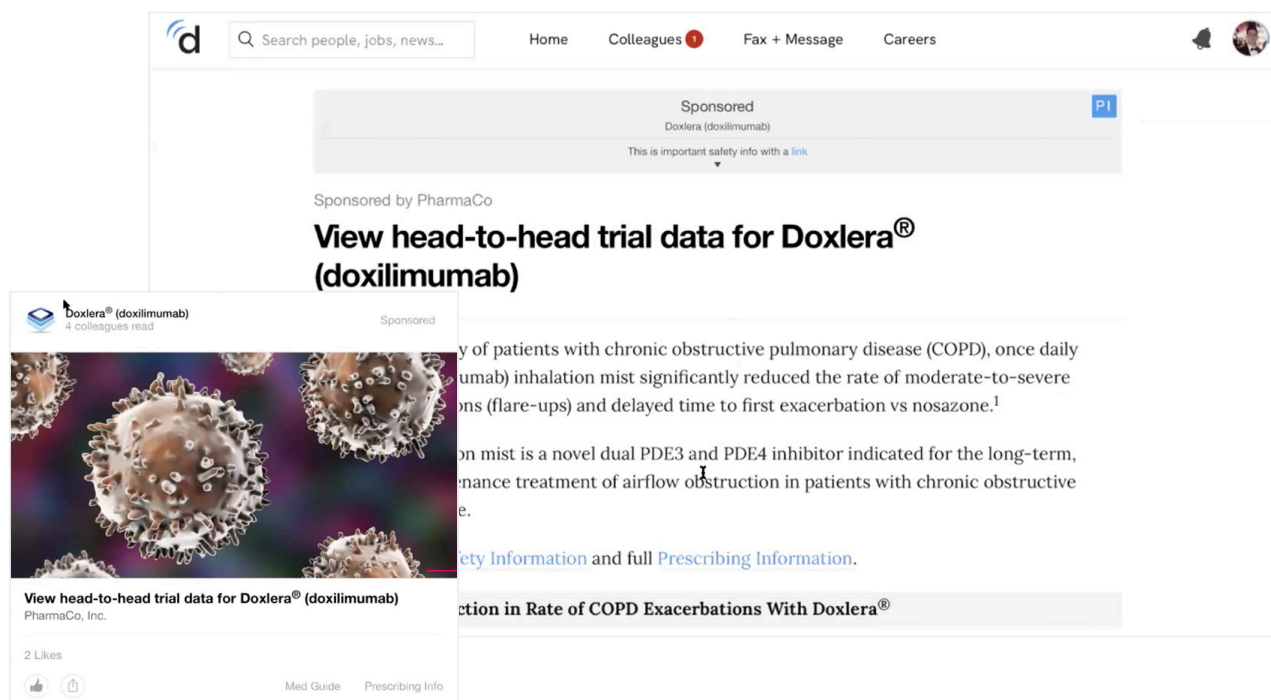


YEAR FOUNDED

2011

NUMBER OF USERS

1,000,000+



Perhaps the gold standard in social media for HCPs, [Doximity](#) provides users with a curated news feed as well as extensive collaboration and messaging capabilities. It boasts 80% of all doctors and 50% of all nurse practitioners and physicians' assistants in the United States as its core user base.¹⁹ The platform resembles [Facebook](#), both aesthetically and functionally, and its users are unable to register anonymously. Co-founder and current CEO Jeff Tangney also founded [Epocrates](#). Most notably, Doximity is HIPAA compliant, and among its functions are efaxing, enabling users to fax their colleagues through the website or the app, and Dialer Video, which allows physicians to easily and securely video call their patients.²⁰ Additionally, physicians can receive up to 30 Category 1 Continuing Medical Education Credit hours per year by reading eligible articles in the newsfeed.

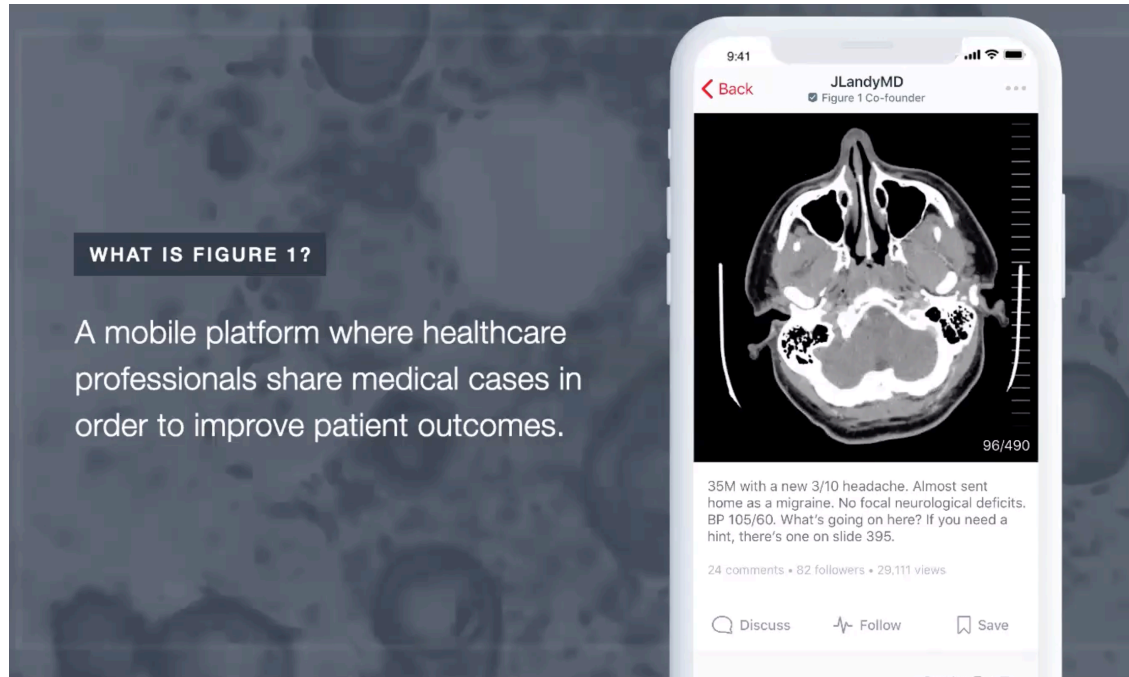
figure1

YEAR FOUNDED

2013

NUMBER OF USERS

2,500,000+



The [Instagram](#) of HCP social media platforms, [Figure 1](#) is a Canadian image-centered case-sharing platform that describes itself as the “largest network of medical professionals in the world.”²¹ The platform is open to physicians and all allied health professionals. Like SERMO, users can share and comment on cases, and while the app is not HIPAA compliant, users are required to scrub all identifying information before posting cases. While users are encouraged to use their real name in their username, anonymity is possible on Figure 1. Additionally, US physicians who go through the verification process are eligible to receive Category 2 Continuing Medical Education credits.

THE TIME IS NOW

As we wrap up this white paper, our guess is you now have more questions than answers. Good. There's a lot we're still learning. We're still learning how pharma companies should tailor their messaging strategies to maximize their impact on these new channels. We're also still learning how to best engage and partner with KOLs on these new platforms. But there is much we do know, and perhaps that's even more important.

So, what do we know is not going to change in pharma and P2P marketing?

We know that physicians will always crave and be influenced by peer interactions. We also know that social media are too ubiquitous and the connections they creates are too valuable to disappear overnight and that the fundamental assumptions driving the success of social media also drive the success of P2P marketing. Additionally, we know that the structures of power and authority in medicine have shifted and are continuing to shift, and these shifts present a unique opportunity for an unprecedented level of engagement between pharma and HCPs.

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