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Be social! A new game for medical affairs

Engaging HCPs on social media

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Engaging HCPs on social media

By Traci Clarke, Akarsh Sakalaspur, Susie Spallina Twaddell, and Dimithri Wignarajah

When a young Jack Nicklaus blew away the field at the 1965 Masters tournament, golf legend Bobby Jones said, "Nicklaus plays a game with which I am not familiar." When Tiger Woods blew away the field at the 1997 Masters, Nicklaus himself is believed to have said something similar about Woods.

HCPs today are playing a game with which many medical affairs teams are not familiar.

More than 70 percent of HCPs spend at least an hour of their workday online. Half of this time is to aid clinical decision making.

Pre-COVID, 70 percent of HCPs were already reporting using social media for professional purposes. Now, that number is up to 81 percent. And more than half of HCPs report using doctors-only networks social media channels.

It has always been the role of medical affairs to shape and tell the clinical story to the HCPs who might need to know about it. But we never had to worry much about how and where to engage those HCPs. Show up at the right congresses with compelling material and, well, they were pretty much a captive audience. Not any more. Today HCPs are learning as much or more from each other through social media as they are at congresses. Many of them aren't bothering to register for the congresses at all, instead just "following" them on Twitter. The traditional key opinion leader HCPs known for publishing and speaking at conferences have to a large degree been replaced by digital opinion leaders who make their views known online. This is a game with which our forebears of 20, 10, five, or even two years ago would not be familiar.

HCPs are online

>70%

of HCPs spend more than 1 hour of their workday online. Half of this time is to aid their clinical decision-making

HCPs are on social networks

70%

of HCPs report using social media for professional purposes

COVID has driven uptake

81%

HCP use of social media

52%

doctor-only networks usage

There are times, surely, in both golf and business, when conservatism is in order, waiting to see what works, sticking with the tried and true.

For medical affairs teams, now is not one of those times. Now is the time to follow where our audience leads, before they get too far ahead to catch.

How can we catch up?

Social listening

Social listening can be boiled down to a simple statement: Go to where your audience is and learn what they are saying. Of course, within that simple statement lies a mountain of subtlety. HCPs use many different platforms to communicate with each other. Some are known to all, like Twitter and LinkedIn. Some are country-specific, a la WeChat in China. Some are subject-specific, like the rapidly growing Clubhouse (to which we are partial, having recently opened a medical affairs club there). Different congresses or specialties might lean towards one platform or another. It is our responsibility to tease out all those subtleties, place ourselves where our audiences are, and learn what matters to them. Think of it as an exercise in anthropology; we are looking in on the subculture that our HCP audience has developed online and trying to answer questions about them just as an anthropologist might when researching an isolated tribe. What motivates them? What excites or irritates them? What tools do they prefer? What do they want or need to do their jobs more effectively? How are they reacting to the latest news or data? What misconceptions might they have about a particular disorder or product? If we are to communicate effectively with today's HCP, we must first understand what today's HCP is, and the universe has presented us with the perfect platform(s) to do so.

Social media amplification

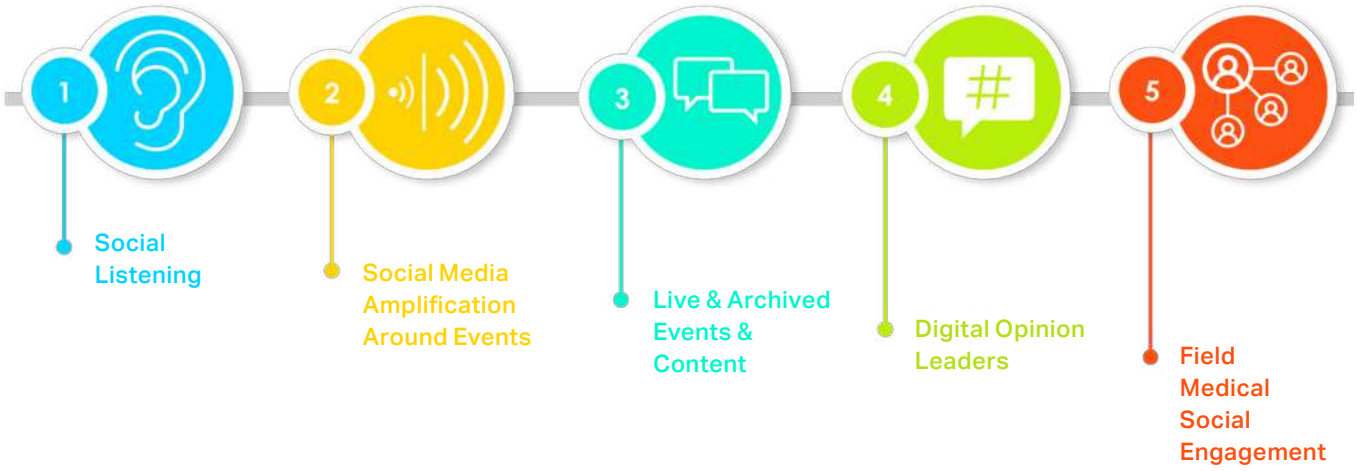
Specifically, amplification related to events that are already bringing HCPs together, like congresses or seminars. This is a great first step for medical affairs teams who are just beginning their journeys into social media, because it allows you to take advantage of a gathering that already exists rather than having to create your own – the virtual edition of the old in-person captive audience model. Basically you are piggybacking your message onto all the social media traffic around whatever the event might be, using whatever you've learned from all that listening to tune and target your content to the audience's needs. Which is all very well, but amplification is limited by the length and scope of the event you're trying to amplify, and you are stuck with whatever environment and methods of engagement that particular event and its participants happen to create. Somebody else is shaping the contours of the engagement.

Cutting the cord

In this context cutting the cord means breaking the tie to somebody else's events. It doesn't mean that you shouldn't be working the virtual room at the congresses – it means stepping beyond that to create your own engagements on your own schedule and on a platform of your choosing.

What does cutting the cord look like? Recently for one client we created a Twitter livestream launch. We deconstructed the typical symposium you might see at a congress and reconstructed it in a social media environment. It was five events, five topics, five presenters, five nights, 15 minutes each. Thanks to a lot of social listening and working with opinion leaders in the space, we were able to find the right presenters with the right messages and get the word out to the right audience. How do we know it worked? Try more than 62,000 live views and nearly 1.8 million replay views. And again, none of this was tied to a congress or other traditional event. We chose the platform, we chose the timing, we chose the presenters, we chose the audience – and now we have bona fide content that clearly appeals to bona fide HCPs and can be repurposed in a variety of ways and in a variety of places by the brand. On top of that, we learned from the experience – social listening never stops – by observing which HCPs watched which presentations and for how long.

One concern that always seems to arise with medical affairs teams who try to work on social media platforms is the fear of the mad commenter. Might somebody say something factually incorrect, something that might misrepresent data, or that might suggest an adverse event? This is a legitimate concern, but in our view it's substantially overstated. If you are targeting your messaging properly – and you should know your audience pretty well after all that social listening! – the potential for anything that would require escalation is small. And in fact, we've found that many clients' social media conservatism arises from guidelines created internally by their own MLR departments rather than the actual guidelines from FDA or any other regulatory authority. All these years in, social media is not any more the Wild West than any other platform is. It's content. Treat it like content. Plan for the mad commenter, be prepared for it, get agency help if you need it, but don't lose sleep, and definitely don't allow fear to stop you from taking advantage of social media platforms.



Digital opinion leaders

Just when we were all getting used to the idea of key opinion leaders, social media has bred a whole new flavor of key opinion leader, one unbound by the need to publish or give talks in the traditional fashion. Every specialty has digital opinion leaders now, HCPs who share their views or insights online with peers, usually via social media – and social media being what it is, many of these digital opinion leaders have built up audiences far larger than any traditional KOL ever had. They are the new online influencers of the medical world. And just as consumer brands have learned to derive benefit from online influencers, digital opinion leaders offer medical affairs teams unmatched engagement opportunities if handled properly. We've covered the identification, care, and feeding of DOLs in more detail elsewhere (https://www.pharmalive.com/the-rise-of-the-digital-opinion-leader/), but the bottom line is that he who successfully builds relationships and content with them can come out on the far end with access to pre-engaged audiences of HCPs that just can't be had elsewhere, passed through the authentic voice of legitimately independent, respected authorities on the subject at hand.

For example? Recently we worked with one DOL to develop a Tweetorial – a Twitter conversation that allows the DOL to build a narrative and start a dialogue on a specific topic. In this case, the DOL told his story in a series of 11 tweets, discussing the disease and the importance of early testing. His tweets included disease-specific hashtags, tags to other colleagues and experts, polling, and links to unbranded disease state materials as well as PubMed, congress abstracts, and published articles. This turned out to be a perfect example of what can be created from the synergy of a DOL with a medical affairs team. Within 24 hours of being posted, the tweets had more than 200 likes, 46 retweets, three quote retweets, a reach of more than 22,000, and impact of more than 86,000. And the DOL was thrilled with the outcome; we'd helped him create something of value and substance for his audience, something with greater depth than his usual on-his-own content, without an enormous time commitment on his part.

Just as Bobby Jones didn't recognize the game Jack Nicklaus was playing, our own predecessors probably wouldn't recognize this sort of virtual teamwork between medical affairs teams and HCPs who in the old days might not have been known by anyone outside their offices. But the game is different now. Not everyone knows it yet – our own experience has been that maybe 20 percent of medical affairs teams are thinking about anything resembling what we've called cutting the cord and only 5 percent are actually doing it. But the game has changed, the audience has changed, the respected voices have changed, irrevocably – and we must change too.

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Healthcare Consultancy Group

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