Omnichannel

The med comms answer to HCP data overload

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By Matt D'Auria

The total amount of data created, captured, copied, and consumed globally in 2010, at the dawn of the smartphone and social media era, was two zettabytes. So say the analysts at Statista.

(How much is a zettabyte? It's a trillion gigabytes, or a billion terabytes. Let's just agree that it's a lot.)
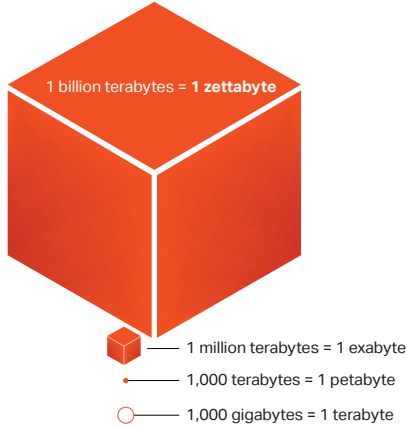
The total amount of data created, captured, copied, and consumed globally in 2020? 64.2 zettabytes. Projected for 2025? *181* zettabytes.

All of which is just another way of saying that the relationship between people and information has changed, and anyone whose business it is to communicate information had best be changing too.
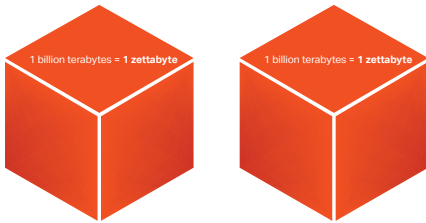
Moving down from 100,000 feet to the slightly smaller world of pharma medical education, those zettabytes are just a reflection of even bigger changes. Scientific and medical innovation and the content it creates is growing exponentially. Media choices are growing exponentially too. All this is placing an enormous burden on your typical HCP to absorb new information and apply it in practice. With so much out there, trust in and quality of information has become more crucial than ever; in fact many HCPs are interacting directly with trusted peers through social media to learn about what's new and important in their fields.

So we as pharma med ed providers must change the way in which we are engaging our target audiences. We must be both more efficient and more effective in the delivery of the information ▶
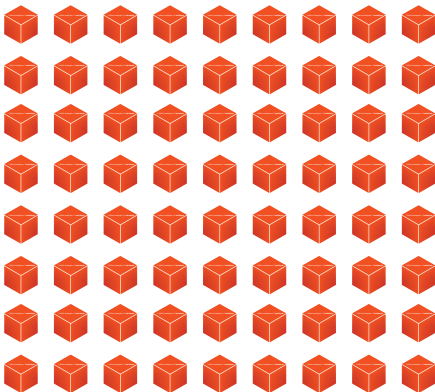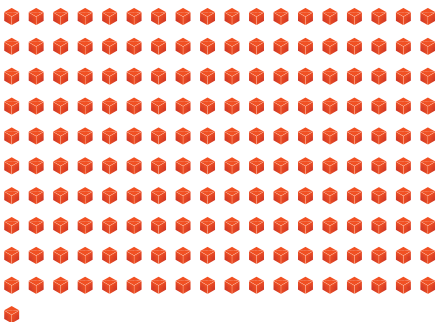
Zettabyte

1 billion terabytes = **1 zettabyte**

1 million terabytes = 1 exabyte

1,000 terabytes = 1 petabyte

1,000 gigabytes = 1 terabyte

2010 - 2 zettabytes

1 billion terabytes = **1 zettabyte**

1 billion terabytes = **1 zettabyte**

2020 - 64.2 zettabytes

2025 - 181 zettabytes

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that HCPs need to access in order to provide the best care to patients. We must ensure that the right piece of information is getting to the right stakeholder at the right time in the right format via the right medium.

There's a four-syllable word for this: *Omnichannel.*

What Omnichannel is not

Perhaps the best way to describe omnichannel is by starting with what it isn't. It isn't just another word for multichannel. Multichannel is pushing out communications through as many channels as you can find and hoping that they hit your target. Omnichannel also exploits lots of channels – hence the name – but it is *smart* in the sense that a phone or a home can be smart; it learns and takes advantage of what it learns, it measures the effectiveness of its actions, it can personalize and target, it can identify where an audience member might be on the learning continuum and be sure they are receiving the appropriate message for that place, in the appropriate channel. Omnichannel means measuring the reach and impact of any given content asset and then being able to pivot the communications plan for any given audience or audience member to reflect those measurements. Or, again, right information, right stakeholder, right time, right format, right medium. In the world of communications, multichannel is a Motorola Razr but omnichannel is an iPhone 13.

Understanding your HCPs

Of course, doing all this with an HCP audience, or any audience, means first knowing what questions we need to answer – what data sets are required in order to solve for right information, right stakeholder, and all the rest. All HCP audiences are going to be a little different, ▶

but there are a couple of places where any omnichannel Jedi-in-training ought to begin: preferred learning styles, work-related social media behaviors, channel preferences. And then once the ball is rolling down the mountain, you need to be evaluating the relationships between different kinds of messaging and changes in behavior and practice. If your messaging is about testing for a certain biomarker, for example, which types of content are actually leading HCPs to start testing for it and which aren't? Some might prefer to hear about the new test from a digital opinion leader or a trusted colleague; some might seek out video presentations; some might even just want old-fashioned clinical trial results in black and white. It is our job – our responsibility, in fact – to match each with each.

One challenge that we as med ed communicators face is that we've been stuck in the old ways of doing things for too long. We've been too conference-focused, too paper-focused, too willing to let events bring the audience to us rather than seeking the audience out wherever they might be found. The good news is that the omnichannel experience and expertise we seek has been fully professionalized by marketers in other disciplines. Within my own company, well, we are fortunate enough to be part of Omnicom, which is chock-full of marketing agencies who've cut their teeth on omnichannel in the consumer space and built it to a high level of sophistication. So don't be afraid to borrow, shamelessly.

Be where your HCPs are

In the course of our research we've – unsurprisingly – found plenty of gaps where HCPs can be found but solid med ed content usually can't be. Social media, of course, is one. Brand.com, a little less self-evidently, is another. Most brand.coms offer very little with respect to depth of information for the HCP, even though a fair number of HCPs visit them to seek out

TRADITIONAL MULTICHANNEL

Multichannel spans several different channels, like email, web, meetings and conferences and social media. Every channel is separate and independent from the others and works alone, each with its own strategy and goals.
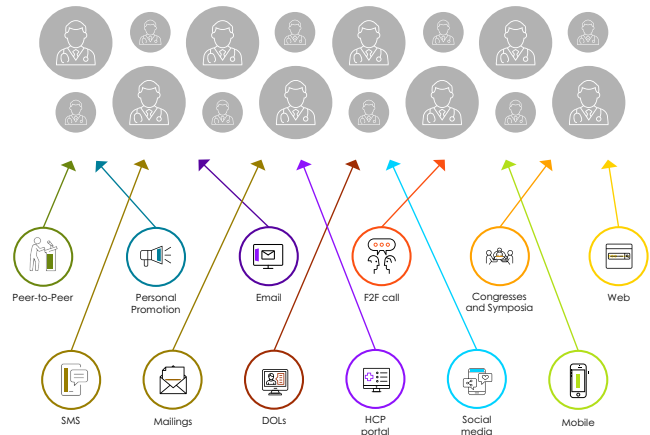
PERSONALIZED OMNICHANNEL

Omnichannel is an orchestrated, personalized experience, across channels, based on HCP preferences and behaviours, driven by data and AI. The focus is on the users' needs, providing them with personalized messages, with relevant content, at the right time.

information. So we've been challenging many of our own clients to rethink the way they engage with HCPs on their brand.coms, pushing them to personalize those experiences, pull in peer-to-peer content, strengthen the value proposition of whatever is being offered to HCPs there. If there's any channel out there that's primed for a med ed content disruption, it's brand.com. ▶

Tell your story

After working out where the HCPs are, the next step is creating and packaging the correct message. And doing that requires thinking about content in atomic or modular terms. You need to develop a library of assets that can fit together in a variety of ways, in a variety of media, under a variety of rules for appropriate mixing and matching. It's a bit like Tetris; you always need to be prepared with the right shape to finish the puzzle, and that requires scaling down your thinking to the most basic, atomic, components and how and where they might fit together.

Omnichannelers also need to think in terms of scientific storytelling. For too long med ed communicators have depended on the dry bones of clinical data. But HCPs are people too, they have choices as to how to spend their time, and they'd much rather hear a story than have to plow through pages of statistics and clinical outcomes. So it's our job to bring the data and the scientific evidence to life and into context – to skip ahead to "So what?" and "What does this really *mean*?" We need to translate the clinical trial reports and the data into a *story* that cuts to the heart of why the information matters and why it should change HCP practice. This is a place where we've seen significant progress among our own clients in the last five or so years; med ed teams are getting much more adept at bringing context, relevance, patient significance and impact, even emotion, to their med ed content, which is great to see.

Lurking in the back of every reader's mind, no doubt, is the question of compliance. "Sure, Matt," you're thinking, "all this sounds great, but what are the lawyers going to say about it?" The answer that we've found is to think about compliance like physics – to work out rules with your legal/regulatory team for how all of your atomic content can and can't fit together in any given place or time, just like the relationships between protons, neutrons, and electrons. It's a very different way of thinking than what most of us are used to, of course. In the past you just developed a discrete asset and passed it along to LRC. Now the conversation with LRC becomes more about the *relationships* between assets – and we've seen those sorts of conversations work out just fine for many of our clients.

You can do this!

Whatever you might think right now about the omnichannel approach to med ed communications, know this: it isn't as hard as you think it is, and you already know more than you think you do. Sometimes it feels like med ed teams look at omnichannel like it's Kabbalah, some mystical creed beyond the capabilities of the ordinary human. But it's not. Any good med ed team is perfectly capable of handling omnichannel; all they have to do is embrace some basic differences in the ways that they've historically developed, deployed, and targeted content. Our job description hasn't changed, after all – only the size of the funnel, and the number of zettabytes, has. ●

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Healthcare Consultancy Group

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