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Precision Medical Education: Getting It Right

*Right person, right content,
right channel, right time*





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By Delphine Dubois, M.D., Gregory Imber, Akarsh Sakalaspur

Precision has been the concept *du jour* in marketing for some time now. Precision marketing uses research, large-scale data analysis, even AI, to develop the exact message best suited for a healthcare professional or patient at a specific step along their journey and figures out how best to reach them there among and across the full menu of media channels. The scattergun, one-size-fits-all, throw-spaghetti-at-the-wall approach is well out of fashion in marketing. And yet we still use it in scientific communications.

This can't continue, of course. Just as drug developers are finding ways to match medicines

to the needs of actual individual patients, and brand teams are finding ways to match messages to the needs of targeted audiences, we must find ways to tell the scientific tale in precisely the place, tone and form that HCPs want and need to hear it in to fulfil their unmet education needs. This new approach, which is just beginning to emerge, is called *precision medical education*.

Precision: personalised and predictive

To a large degree, precision medical education can and should be a translation of the tools our brand colleagues are already using in the scientific communication space. ▶

Just as they are seeking out and targeting HCPs and patients with messaging optimised to each step in their journeys, we must do the same and create an educational journey for our HCP audiences, targeting HCPs exactly where their educational needs, preferred formats and channels, and our own scientific messaging intersect.

And where are HCPs now? They are exactly where the rest of us are – less willing to agree to an in-person interaction, with field level visits declining by 40% over the last five years. HCPs are also more interested in finding out what their peers are saying and thinking, with 92 percent of physicians saying that peer-to-peer content is more credible than anything that comes from a centralised source. And, most importantly, online; more than 70% of HCPs spend more than an hour of each work day online, with 70% reporting using social media for professional purposes and 52% using doctor-only networks.

What this means is that we need to be just as in tune with our audiences as our brand colleagues are, or are trying to be. We need to strengthen the focus on each individual HCP, through whatever channels of communication that HCP uses. We must eliminate artificial barriers between channels and data sources, online and off, and develop a single view of each HCP from a content and data perspective. Then, and only then, will we be able to achieve the mantra of precision medical education: right person, right content, right channel, right time.

The Right Step Forward

Of course, getting there isn't so simple. At any given moment, our HCP audiences are heterogeneous mixes at different stages of adoption. Finding out *where* HCPs might be on that continuum of adoption, let alone what

they are seeking and which message suits them best, will require data from many inputs – historical engagements, social listening, custom surveys, industry reports, focus groups and interviews. So it is our task to develop the infrastructure to collect all that information and – more importantly – piece it all together, in real time, to form a picture that drives targeting and tailored messaging and *action*. Call it an audience persona: a snapshot of the motivations, goals, qualities, unmet educational needs and frustrations of each HCP in our target group.

Then we can develop and map content to the various stages of HCP awareness and target that content – quite possibly, for example, content that we develop jointly with a digital opinion leader that the target follows – to the right time and place for each HCP. And *then* we can see how each HCP responds to our messaging, add *that* back into the audience persona snapshot, and repeat everything again.


Doing all this will require an existential change in the way scientific communication teams think about their responsibilities.

Not long ago, we could build colourful booths at conferences, find friendly KOLs to give talks and then go home and feel good about ourselves. We didn't have to know much more than the basics about our audiences or personalise messages to them or respond to their specific needs. We showed up, they showed up, end of story. Not any more.

Precision medical education is the new area of discussion and planning for scientific communication teams. The precision medical education race is now on across the industry to get it right: right person, right content, right channel, right time. *For further information, please contact Delphine Dubois ddubois@hcg-int.com* ●



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Healthcare Consultancy Group

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