

The new intimacy

Web 2.0 has opened new communication channels for pharma

The environment for medical education is changing rapidly, creating new opportunities for pharma marketers. Increased compliance pressures reduce the opportunities for cross-border travel, and all doctors and KOLs face considerable time constraints and increasing workloads. Recent stricter regulations regarding exhibition stands have also prompted a rethink by pharma companies about their presence at congresses. This raises the question of how best to maintain an intimate, personal dialogue with target audiences of experts, opinion leaders and doctors.

Fortunately, the advent of broadband has resulted in a step-change in alternative methods of communication. Looking into the implications of so-called Web 2.0 applications we can see how far the internet has progressed in the past couple of years. We have moved from Web 1.0, which essentially followed a publishing model, to Web 2.0 in which websites and applications provide facilities that encourage sharing, collaboration and instant communication.

Most discussions of this transition conclude that Web 2.0 is about collaboration and participation; about the "wisdom of crowds". Common examples quoted include sharing sites such as YouTube, wikis (the most famous example being Wikipedia, where anybody can contribute to articles), and especially 'social networking', where communities such as 'Facebook' and 'MySpace' appear to have redefined communication for an entire generation. Some companies are beginning to use social networking approaches such as instant messaging (IM) and wikis for internal communication, but there are few aspects of social media that can be safely used in pharma-sponsored medical education because of the need to ensure compliance with codes of practice.

Yet some elements of Web 2.0 can reduce travel and address time constraints while achieving an intimacy of communication with opinion leaders and doctors. The technical developments that have made the



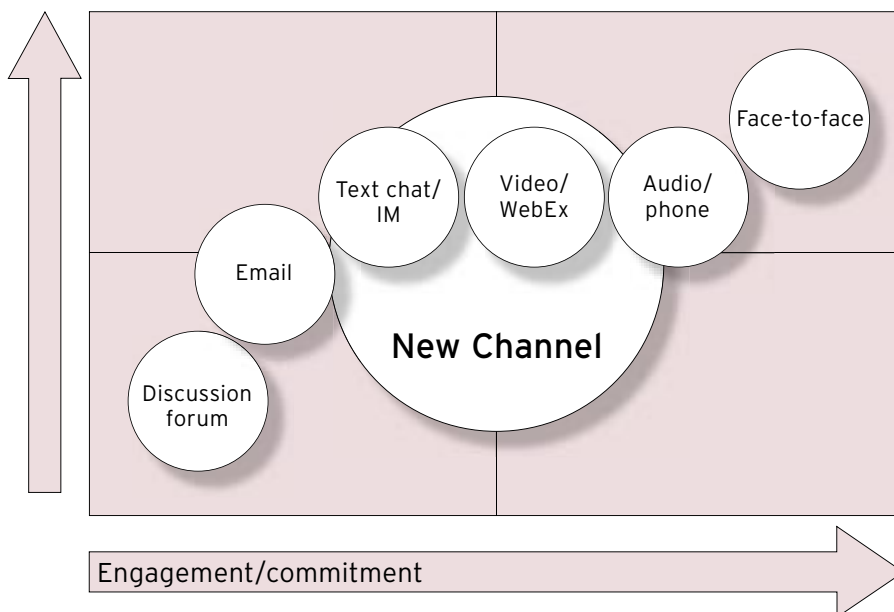
collaborative aspects of Web 2.0 possible have also opened up new communication channels that pharma can use to provide an unprecedented intimacy for our target audiences.

Recent Wells Healthcare research has shown enthusiasm for web-based communication. Most doctors had no difficulty accessing high-tech websites, and two-thirds were keen to use them. Many European doctors are already committed to using internet resources for current awareness and over 60 per cent have undertaken online learning.

Virtual meetings and web conferencing have great potential to bring doctors together - we found 62 per cent of one sample keen to take part in them.

Our experience is that the right communication balance will engage doctors. We see consistent revisit rates of 50-75 per cent, sometimes including regular weekly visits of 15 minutes or more. We also observe willingness to receive updates and news by email and SMS where relevant. We believe that this also reflects a desire for increased personal relevance of communication

Channels of communication



and education. A recent internet survey showed that doctors are overwhelmed by information when they seek answers online and will value services that quickly and effectively provide information focused to their needs.

Key components of Web 2.0

Avoid

- Blogs - if user-driven and not reviewed
- Forums
- Social networking - web communities
- User-generated content

Caution

- Virtual world environments, such as 'Second Life' - see below
- Wikis

Consider

- Blogs - if commissioned/with approved editorial content
- Web TV
- Podcasting
- Email lists
- Newsfeeds - RSS
- Widgets
- Web applications

Medical education

In medical education Web 2.0 can enhance interaction - increasing personalisation and convenience by making communication more attractive, more effective, more personal and above all more relevant. As it is becoming increasingly difficult to bring KOLs together to meet, we can provide facilities for them to meet in cyberspace. Instead of making content available on a website we can deliver it to a doctor in the format they prefer - podcast, mobile phone, video, audio and text. Web 2.0 technologies can provide up-to-date, exciting communication channels, without compromising the conventional medico-legal approval processes. Key components to support this include:

- Video, which has now come of age
- Personalisation of information
- Improvements in access to information - faster to find and more relevant
- Web applications that blend desktop and web-based information.

Video should now be a major strand in most medical education programmes. We believe that online video will become pervasive in the next few years, and will include multiple delivery methods such as on-demand access through mobile handsets and iPods as well as downloadable video podcasts and inclusion on web pages.

We also see a great future for live video in the form of virtual meetings and congress presentations.

Success in using video needs strong support from your agency to manage both conceptualisation and scientific content, and provide producers and technicians to ensure that the messages are effectively communicated and product values enhanced. The costs are reasonable if you are working with a 'right first time' team and the return on investment can be significant as there are opportunities to re-use footage. Enterprising medical education programmes can involve bespoke, internet TV programmes delivering key messages to target audiences.

There is little doubt that doctors generally prefer face-to-face communication and are keen to attend meetings where they are able to see and hear respected experts in person. However, a virtual meeting is an efficient and effective way to bring doctors together, avoiding the costs and constraints of travel. A virtual advisory board meeting can enable small groups of KOLs to interact and work collaboratively on documents and data. A medical education programme could benefit from virtual lectures to a large, live audience, or from small 'tutorial' groups discussing with a KOL in real-time.

Clinical trials

If you are developing strategies for international clinical trial recruitment and retention campaigns, consider the opportunities that Web 2.0 provides to knit together often disparate communities. Picture the advantages you will gain by creating a sense of belonging from investigators and site staff working in different countries and time zones.

A common challenge that sponsors face is how to promote the exchange of learning and best practice. A branded resource website for the trial community builds the profile of your study and gives your site teams the opportunity to communicate with each other and share experience quickly. It also provides a communication channel from the sponsor to those involved in the trial.

Second life

It is too early to say what, if any contribution environments such as 'Second Life' may make. This takes the concept of a web community to the next level by creating a three-dimensional virtual world with community members

represented by 'avatars' (small graphic representations of each individual). As well as the social elements, there are a number of business presences and several ongoing experiments in using the medium for healthcare information, including the American Cancer Society and the US Centers for Disease Control and Prevention. There are, however, some companies who have decided not to continue their investment in Second Life.

Social media

Although regulatory issues restrict the use of social network components in external medical education programmes, social media can still be valuable in internal communication, or in working with partners. Instant video meetings bring an obvious intimacy to communication, and collaboration tools such as wikis, blogs, and instant messaging will enhance the working practices of distributed teams. Shared file space and simplicity of messaging will encourage exchange of experience, knowledge and best practice.

To make the most of this emerging area pharmaceutical marketers need to work with an agency who can:

- Integrate online and offline activities
- Understanding the medium and the target audience
- Have in-house teams to integrate science and messages
- Have an experienced team of in-house developers
- See the new media opportunities as part of a communication spectrum rather than an end in itself
- Be flexible and not compartmentalised
- Use internal structures that encourage integration of content and delivery components
- Provide skilled producers and technicians to ensure excellence in execution.

Opportunities

Web 2.0 presents a wealth of communication opportunities for enhancing intimacy in medical education. Careful consideration of media and process will result in cost-effective, targeted and successful communication.

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