10 ways...
to use an online network to engage with doctors

A practical guide by Carwyn Jones

This supplement highlights some of the key elements a pharmaceutical company should consider when trying to engage with doctors online via a professional network. First, let’s look at the definitions of three key terms or phrases:

**Online professional network:** a group of connected professionals collaborating via a trusted and independent online channel

**Engage:** to involve (a person or his or her attention) intensely; to employ the attention and efforts of

**Target doctors:** prescribing doctors profiled by their speciality, seniority and behaviour.

An online network of doctors should represent all clinical specialities and allow the member doctors to share information, collaboration and education.

To ensure trust and transparency, an online network of professionals should have a method of confirming ‘medical doctor status’. Usually this is carried out using their General Medical Council (GMC) number. (Doctors must be registered with the GMC to practise medicine in the UK.) By going to the www.gmc-uk.org homepage you can check a doctor’s registration.

The most successful online professional networks in the UK provide many different free services to their members. The most popular services include: accredited eCME modules, discussion forums, professional email service, journal watch, conference highlights, medical image library, news, recruitment and medipedia.

Pharmaceutical companies collaborate with doctors in these networks by engaging them with valued information. These communications take the form of promotional and educational campaigns.

Turn over the page to see which 10 elements and activities you should consider when initiating an online campaign for doctors.
1. CLARIFY YOUR OBJECTIVE
It seems obvious but defining an unambiguous objective is crucial to success if you are to ‘engage’ your target audience. What is the objective? Is it disease awareness, brand differentiation or doctor education? This will ensure that doctors receive appropriate key messages.

From the outset, it is also important that any online campaign is integrated with all other communication channels. Online marketing is no longer an afterthought and should complement all other activities.

2. TARGETING AND SEGMENTATION
Exactly who do you want to engage with? There are two ways, passive and active, to identify your audience. Based on passive criteria, doctors can be profiled by:
- Speciality: There are over 50 different medical specialties, eg, GP, cardiology, oncology, rheumatology, etc.
- Seniority: Consultant, medical director, specialist registrar, etc
- Behaviour: Historical activity relating to a particular topic, eg, previously completed education modules, etc.

Alternatively, doctors can be segmented based on their activity:
- Pre-campaign: Doctors can be segmented ‘live’, based on a series of questions, such as: “Do you initiate more than 10 prescriptions for diabetes medication per month?” Based on their response, different messages can then be communicated.
- Post-campaign: Doctors can be asked questions following engagement with a campaign, eg, “Would you like to be kept informed of all conference highlights in 2009?” These doctors can then be communicated to about this topic after the campaign.

3. PROMOTION AND REPORTING
It is vital that any online campaign is promoted effectively to get a satisfactory level of responses. This is particularly important with promotional campaigns. Promote your activity to specific target groups and concentrate on the areas of the website they most regularly visit. To achieve this, it is important to analyse popular areas of the website for different specialties and promote accordingly.

Campaigns are promoted via:
- Weekly clinical bulletin (to all active members)
- Library update email
- Homepage promotion
- Right-hand links
- Right-hand banners
- Faculty page promotion
- There are also options for SMS (text) and mailing campaigns.

Establish a monthly reporting system on all campaigns. This can take the form of:
- How many doctors have engaged with the campaign, ie, ‘campaign views’?
- How long (on average) each doctor has spent engaging with each page of the campaign?
- Any responses to questions, eg, requests for more information or intention to prescribe.

You may wish to consider more detailed reporting to include activity:
- By seniority
- By geography: PCT, SHA
- By territory: (where postal bricks are provided).

WHICH CAMPAIGN?
Having established the key elements of your intended campaign, what do these campaigns look like and how do you choose one to work for you?

4. PROMOTIONAL CAMPAIGNS – eDETAILS
For the purpose of this supplement, I am using the term ‘eDetail’ to refer to an online product presentation. Promotional content is provided by the pharmaceutical company and adapted to create an engaging promotional campaign for the appropriate target doctor group.

The objective of an eDetail is to engage target doctors with brand key messages. It should increase a doctor’s intention to prescribe. eDetail campaigns can last from one month to six months depending on the level of engagement required.

eDetails created by an in-house design team are self-directed. Doctors who go online surf, just as you and I do. While they need the information to be easily accessible they like to be in control of where they go and what they see. If the content is engaging and relevant to doctors they will spend time viewing it.

A doctor may view:
- All the promotional material available from day one
- Different promotional content each and every month
- The same promotional content in different months (increased frequency).

Promotion of different parts of the eDetail can take place at different times during the campaign. For example:
- Month 1: specifically promote the ‘efficacy’ section - all website links lead to this page
- Month 2: specifically promote the ‘tolerability’ section, etc - all website links lead to this page.

This allows for all elements of the campaign to be viewed by doctors at different times, similar to a series of calls made by a rep.

Market research has been conducted with over 100 doctors on the best way to structure an eDetail, rated on design and access to content (see Fig 1).

eDetails are mostly measured by:
- Activity: Evaluating the number of doctors who have viewed the campaign, ie, campaign views
- Behavioural change: Based on an ‘intention to prescribe’ question
- Cost: In comparison with the cost of just one rep, a UK-wide, eDetail campaign to a target doctor group is cost-effective.
If it contains quality and engaging content, a GP campaign can produce over 5,000 campaign views. With target doctor groups smaller in size, particularly in specialist care, absolute numbers of campaign views are lower, but as a proportion of the total target doctor group, engagement levels are still high.

5. PROMOTIONAL CAMPAIGNS - BRAND MICRO SITES

In contrast to eDetails, some brands require a consistent and long-term presence and it is appropriate to create a permanent resource online. These areas of the website are called ‘brand microsites’ and go live for a minimum period of 12 months.

A brand microsite is a permanent presence online. It contains varied and continually refreshed content (often updated monthly) that encourages the doctor to return multiple times to the microsite. It allows the presentation of a high volume of data and resources relating to the brand.

Content for the microsite is provided by the brand team and includes: webcasts, promotional material, patient materials, powerpoint presentations, PDFs, patient case studies, etc.

Existing additional content can be used, eg, taken from a journal watch, conference calendar, conference highlights, or news.

A separate URL is established to allow integration of marketing communications. This gives reps and other communication channels the opportunity to promote the brand microsite resources.

Doctor activity on the microsite should be measured to evaluate how engaging the material is to the target doctor. Qualitative feedback can also obtained (via market research) to assess different elements of the microsite.

6. EDUCATION - eCME

This is a way to associate the pharmaceutical company with gold standard, accredited medical education supporting the brand/company strategy.

In 2008, over 160,000 modules were completed by Doctors.net.uk members, providing more than 320,000 hours of accredited medical education. Currently, around 80 per cent of doctors who start an educational module complete it. Over 95 per cent of doctors state that the completed module satisfied their learning objectives.

Education modules can be peer-reviewed and allow the user to gain two hours’ CPD accreditation. The majority of these modules are written by members (ie, contain user-generated content). Sponsorship opportunities can include:

- A client sponsorship message
- Promotion to one target doctor group
- Reporting on doctor activity on a monthly basis.

This content could also be made available for use on other websites, if appropriate.

Ensure that all aspects of behavioural change are measured. A recent lymphoma education module targeted at oncologists and haematologists resulted in a significant change in behaviour (see Fig 2).

7. EDUCATION - CONFERENCE HIGHLIGHTS

Consider producing international conference highlights by means of:

- Webcasts
- Podcasts
- Clinical summaries.

These conference highlights can contain ‘cutting edge’ data presented at international conferences. Check how quickly your provider can have these up and running, so that the information is fresh and topical. Your company can then promote this content via its own website.
representatives and other communication channels.

Once you start looking into engaging doctors online, you will find that feedback from specialist doctors on conference highlights is very positive and it is one of the key resources that doctors reference to keep up to date in their specialty area.

Doctor activity can be measured to evaluate how engaging the material is. Qualitative feedback, via research, will be able to assess different elements of the conference highlights. Doctors can also be asked, for example, which conferences they would like covered.

A recent survey showed that 84 per cent of oncologists who had viewed conference highlights (see Fig 3) would recommend them to a colleague.

8. EDUCATION - VIRTUAL LECTURE SERIES

As an online activity these involve producing a series of ‘virtual lectures’ that support company/brand strategy to engage target doctors with a series of online webcasts.

A series of ‘virtual lectures’ are becoming increasingly popular with those doctors who are starting to view webcasts and podcasts online. The content may contain up to a maximum of six webcasts, with each webcast having a different topic.

The frequency of your webcasts can vary but if you promote one webcast each month for six months, you will ensure that the campaign appears fresh and up to date.

It is important to measure doctor activity to evaluate how engaging the webcasts are to the target doctor group, as well as to make sure there is a means of getting qualitative feedback on the different webcasts - and an ability to analyse this data.

9. EDUCATION - DISEASE MICRO SITES

Brand strategy sometimes focuses on establishing an improvement in education or standards of treatment in a specific disease area. This can be achieved by producing a permanent resource online. These non-promotional resource areas are called ‘disease microsites’ and should be live for a minimum period of 12 months.

A disease microsite (similar to a brand microsite) is a permanent presence online. It contains varied and continually refreshed content that encourages the doctor to return to it multiple times. A disease microsite (see Fig 4) allows the presentation of a high volume of data and resources relating to the brand. The microsite can include:

- Content provided by the brand team in the form of webcasts, guidelines, educational content, patient materials, pdfs, powerpoint presentations, etc
- Additional content that is already available, eg journal watch, conference calendar, conference highlights, news
- A separate URL is established to allow integration of marketing communications.

Once again, it is vital that doctor activity is measured, to evaluate how engaging the material is. Qualitative research will assess feedback on different elements of the microsite.

10. ENGAGEMENT - ‘FISH WHERE THE FISH ARE’

Finally, with any online campaign aimed at doctors there are two key components. First, if the content is relevant, timely and credible, doctors will be interested.

Secondly, the content must be placed online where doctors will view it. In a time of increasingly difficult access to doctors, fish where the fish are! This means working with the online network that has the most active doctor members, to ensure you gain maximum return on your investment.

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Digital marketing to a professional network of doctors, enabling rapid engagement with target clinicians across 52 specialities

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