

ISMPP InformED Transcript:

What do doctors really do on the internet? And how can the data inform our medical communications approach?

00:02.077 Gary Burd Hello and welcome to Informed, a podcast series where you will hear industry experts share their thought-provoking insights and lessons in the field of medical communications. This series is brought to you by ISMPP and is generously sponsored by MedThink SciComm. My name is Gary Burd. I am the EVP head of medical services at Caudex, which is an IPG Health Company. And today I'm talking with a few people who are experts in data analytics and omnichannel. And we're going to be discussing data on HCP behaviors and what we might be able to do with that data to power our medical communication strategies. So I think we should probably start with some introductions. So maybe Kent, I could ask you to introduce yourself.

00:49.765 Kent Bhupathi Sure thing. Hello, my name is Ken Bhupathi, and I head the Data Sciences and Engineering Practice for Solve(d). And I'm looking forward to talking with you all today.

01:00.088 Gary Burd Great. Thanks, Kent. And Andi?

01:02.769 Andi Schmid Hi, I'm Andi Schmid. I am a Director on the Data Sciences and Engineering Practice with Ken.

01:10.312 Gary Burd Thanks, Andi. And finally, Ilana.

01:13.473 Ilana Scholl Hi, everyone. I'm Ilana Scholl, Head of Digital Strategy at Caudex.

01:18.203 Gary Burd So great to have you all here and this all started with an abstract that was submitted to the annual meeting, that is the ISMPP Annual Meeting, that Andi and I collaborated on where we followed the online behaviors of healthcare professionals using a piece of software that was downloaded onto their electronic devices and we examined what websites they were visiting and for how long. And what we found was that on average physicians were spending a short amount of time engaging with medical publications versus other forms of medical content. But for me, the best thing that came out of it was that we were able to think about where different doctors were spending their time and what we might be able to do with that information.

So for one of the kind of takeaway points for me, for example, was that we found that oncologists spent more of their time on YouTube watching videos of medical content, whereas primary care physicians spent more of their time on social media when they were online. So what we postulated was that if we were looking to do surround sound to a medical publication and reach more people, we might choose video for oncologists and we might choose social media for primary care physicians. So that was the start of this conversation between us all.

But I want to take a step back before we get into a bit more detail into this data analytics space. And I'm going to start with a question for you, Ilana, around some level setting for people listening in. Because clearly, we know customer data powers omnichannel strategies. And I

think in the consumer world, we're all aware of that. And if we're going to talk omnichannel in medical communications and medical affairs, I feel we probably need to start with some definitions. So how would you define omnichannel and how is it starting to come to fruition in medical affairs?

03:20.293 Ilana Scholl So I think when we're trying to define omnichannel, we should think about it as a unified identity across all channels and devices, but the output is a more personalized experience. And so if you think about it in terms of going from where we are today with multichannel to omnichannel, and think of it in an easy analogy, which is climbing a mountain. The top of the mountain may be full omnichannel, but you don't have to get there all at once. And I think it's taking one step at a time and figuring out where you are today and where you want to go, and then working together to find out what step you need to take to get to that personalized data.

04:01.455 Gary Burd And in your experience, where are our medical affairs teams and clients on that mountain?

04:11.863 Ilana Scholl I think right now we're, you know, at the plateau at the bottom, looking up and where we are is very snapshot data. So we create a piece of data and we put it everywhere. And we think that that is meeting our target audience where they are. And I think if we start taking steps, climbing that mountain, we can meet our audience, our HCPs, where they are more closely to how they're also utilizing the different channels.

04:48.817 Gary Burd That's great. And I think our clients are really challenged to understand their audiences. And I think it's like something we hear a lot of that they want to understand their audiences and their engagement preferences. So Kent, maybe you can talk to us about the data stack that you have and how you and Andi can examine HCP channel preferences.

05:16.581 Kent Bhupathi Absolutely. So I'll start off with the data stack part, and I know Andi will have a lot of great things to say about the latter. Well, here at IPG and IPG Health, we are very fortunate to have our Axiom set of resources and broader stack. It gives us a great amount of flexibility with respect to long-standing trends in patient care, HCP, nuances in the medical practice, the treatment areas, anything from referrals to scripts. We have a lot of resources in-house. Aside from that, we have a lot of great resources that can compound the efficiencies with respect to survey work and other types of verticals that can complement those tracks and behaviors and media touchpoints. In addition to that, it always comes down to having an honest conversation with the client as opposed to believing that we are the gatekeepers of all useful data. We have really robust conversations with our clients about their needs and what they've purchased and what they've collected over time so that it becomes really bespoke to their growth trajectories and what they're trying to put forth in the market and solve these treatment areas and disease states. Andi, kicking it off to you.

06:29.760 Andi Shmid Yeah, thank you. I think in terms of identifying how HCPs engage or want to be engaged, we do like to take this multifaceted approach because it isn't, I think, the HCP engagement strategy isn't like unifaceted. Maybe that's the right word or not. There are so many different elements to the person. There's who they are online, who they are in their professional practice, what they enjoy as like a regular human being like you and I, and also the types of

information that really resonates with them when they're, you know, in front of a patient or thinking about treatment advancement. And so we like to be able to understand at a broader sense in these different touch points what is going to be the most receptive way to approach them to make sure that we're creating moments that matter in addition to being present within them.

07:31.684 Gary Burd And just for people listening, are you able to give a kind of a perception of what you can understand about a health care professional, maybe?

07:42.692 Andi Shmid Yeah, of course. So we, I think, people often forget that HCPs are people too, right? And so they have the same consumer preferences. They, they sit on YouTube a lot, right? They like to search. And so between our extensive data stack that includes their demographics, their firmographics, insights into their personality, as well as their overall interests. and channel propensity, we can also dive into their clinical practice. Where are they aware? Where are they potentially brand champions? What do their referrals look like? And then round all of that out with insight into more detailed understanding of their kind of digital journey. When are they engaging? When do they want to engage? What types of content and resources resonate most with them at particular moments?

08:39.877 Gary Burd And I know that was one of the pieces of data that we found and presented was that the doctors that we were looking at were spending way more time on YouTube than they were reading medical publications, which I think we would all expect. But yeah, it's good to see that data coming out. And I think, you know, one of the things that we think about now when we're thinking about omnichannel as well, is that, you know, our deliverables, what we're producing, the education and the content, the data dissemination, it can't be a one-size-fits-all anymore. And, you know, we can understand HCP's behaviors, but how can the data also be used to help inform content strategy to power those omnichannel plans that Ilana was talking about?

09:34.339 Kent Bhupathi I guess I can give one answer and then Andi can also give another answer because we represent two wonderfully complimentary aspects of the practice. For me, I like to kind of bring it back to that very famous juxtaposition of Prince Charles to Ozzy Osbourne. It's always like that idea that if you just try to attack real people. It doesn't matter if they're doctors with a very sophisticated educational background and very, you know, the kind of people that do think about the Roman Empire every other day as the current funny trend that's going around the internet. But, you know, just thinking about them as people with unique behaviors, unique pain points and, you know, inspirations, we can leverage data, but then also leverage constructive and personable survey work that Andi and their team utilize and make best case of to push beyond the demographics and those very you know, top soil descriptive statistics. We're trying to go for a sense of causality or at the very least a relentless pursuit for causality and really trying to have these touch points be about personability and messaging and the extrapolation of tactics. Andi, I'm sure you have something to add to that.

10:49.593 Andi Shmid Yeah, this is actually something that we think about a lot because I feel like it is really important and fascinating to identify new ways for us to really unlock some of those core components of like message resonance, as well as like content preference. So we do, in addition to our third party research stack, we do have a primary research arm where we

are able to adapt different models, statistical models, feature placement models to understand what individual components of either a content or a format creates the most relative value for the HCP so that you know at the end of it that they really want to see an infographic on this type of platform that has this type of content and that's going to be most helpful for them when they're in front of a patient and they're trying to explain a disease. And it's like that level of specificity at every turn that can really create that kind of surround sound feeling as well.

11:58.663 Gary Burd And I think, you know, the way that you've talked about the specificity there, it creates a challenge that I think, Ilana, we encounter when we're talking with our Med Affairs colleagues about omnichannel approaches, which is the volume of content that they feel needs to be produced to reach all of these different audiences. We hear a lot of challenge about the multiple versions, for example. So accepting omnichannel approaches is tough, I think, in the conversations that we have with our Med Affairs colleagues. How do you think we can address some of the reticence that there is about undertaking this work? Ilana, that's for you.

12:45.932 Ilana Scholl Okay, I thought so. I think if we take a step back, I think one of the struggles is that we start talking about omnichannel and people's eyes light up and they get very excited and we go through the process. And then it's going back to where they feel comfortable and safe. And so I think if we speak about it in easier terms, it's not very different from what they've always been doing. So even before there was the internet, we were still doing the same thing, which was creating that right message trying to deliver to the right audience at the right time and via the right channel, which I think Andi and Kent were touching on so nicely. And I think the difference is, is at the center of those four things, it was always, what does the company or brand need? And instead we need to put the HCP, if that's our audience, for purposes of today, the HCP in the center, and then personalize it a little bit. And so what Andi and Kent are talking about with the data, to say this person is doing this at this time. And by the way, that infographic that you mentioned, they're going to be looking at it while they're on the train. So if there was some voiceover, it would be great because they'll have their AirPods in their ears and they can really grasp the content with that small window of availability. So it's something like that. And just realizing that we'll be able to get that education to them. much more precisely. And I think it does circle back to why do they go back to staying in their comfort zone? We're in a challenging industry. We have to go through med-legal for everything, but we can still do that. We're not changing necessarily the content. It's just the format. So it's opening up the dialogue with med-legal to say, yes, there are four different outputs of this content, but it's the same content just display differently maybe there's an easier way than opening up four different review cycles and having it as one review because it's the same type of content. So I think there are ways to figure out the process from start to finish that we can really meet the HCPs where they are and get them the information they need in the same timelines.

15:15.095 Gary Burd That's great. Maybe, Andi, Kent, you can maybe inspire the people that are listening with some stories of success that you've seen. Maybe you've kind of seen those "Aha" moments where the data have been used to really power some strategies in a unique or great way. Kent, do you want to maybe give an example?

15:41.407 Kent Bhupathi Yeah, sure thing. So sometimes the name of the game is not trying to force fit the client's journey or a stage of their maturity cycle into any one product, because maybe they're asking for segmentation, maybe they're asking for another unique version of

targeting. It's about understanding complementary forces across the products, which datasets help answer which parts of the puzzle, and having a very open conversation with the client about where one part of an analysis stops and paves the way for opportunities on a later analysis. And that was very much true with one of our medical device clients who really was inspired by different ways to optimize their budgeting and their practice to reach more people in that disease state and treatment area. And they had been putting in a lot of money for a long time. They are very much a dominant player in the market. And they had room to grow and they were feeling like there was a real opportunity to push past their legacy barriers. We helped them with one way to articulate the HCP practice and journey from a clinical perspective, from a scripting perspective, and that helped pave the way for a deeper dive into segmentation and persona work, and eventually, marketing mix optimizations. It's all about understanding that each analysis and each dataset has a unique way to combine, merge, or co-filter later, and not just brute forcing any answer into one half-baked approach, if that makes sense. We definitely do like to build out our data and analytic partners, like to build out the measurement framework, we also have an advanced analytic roadmap and agenda plan that can help the client push past diminishing returns and get to their growth goals. So hopefully that is a little something high level for you, Gary.

17:44.696 *Gary Burd* Great. And Andi, what about you? Have you got a good example too?

17:48.262 *Andi Shmid* Yeah, I think so. So what Kent, I think, was just describing was really a good example of how we're able to kind of build this full framework around a client's goal and create these different levers to change mindsets, to approach different kinds of lift goals. But I also wanted to, I guess, refer back to something that Alana had just said about being able to kind of use what you have and use the same thing and tweak it a little bit and have that impact be a lot bigger than you imagine. And I think that we have had a couple of those moments, which can be really powerful in addition to that larger kind of overhaul of their framework where they figure out that, you know, the HCPs aren't watching their videos when they're with patients because they don't want patients to hear the videos. So add subtitles. And that improves the overall receptivity to the content. It makes it useful for them in different scenarios. And it is the exact same thing. And those types of tiny little tweaks are things that we might not always think about, especially since I think we're all always trying to keep this really broad picture in mind. But sometimes those very simple adjustments to how we communicate and how we approach really make all the difference.

19:19.973 *Gary Burd* That's really insightful. It's not necessarily asking the doctors what they want but actually observing what they do that can lead to some of those unique moments and that's great. So I think we're going to kind of close out we're coming to the end of our time here now. I think it'd be good to talk about the future a little bit. What do you see in the future for Med Affairs and use of HCP behavior data and data analytics? And that can be in the near future, like next year, or maybe it's like, I don't know, five, 10 years away, but where can we see this going? Maybe I'll start with Ilana on that one.

20:05.301 *Ilana Scholl* I think there's been an awakening with all of the AI that's come front and center with the Chat GPT bar, things like that. And so, I think the time is now, and I think something Kent said earlier about, we're all people, and we're all using the internet, how we use it, and we're going to whatever modality we go to, regardless of profession. I think what I'm

seeing is that we're going to, zoom forward really fast. We're not going to get maybe to the top of that mountain, but I think people are inherently more open to climbing one step at a time and we can help them do that. I think it's asking simple questions instead of saying multichannel or omnichannel or advanced analytics or just metrics. I think it's talking about where are you right now. And really listening to where they want to be. Then we can help them collectively understand what we have at our fingertips to get them to that next step. And once they take that step forward, I think it will be a lot easier to take another step because they'll be out of their comfort, but they'll realize that they'll be empowering the HCPs to help patients that much faster, quicker with the knowledge that they can that they can get, and I think that's where we're going to see the big change.

21:31.303 *Gary Burd* You see everyone climbing that mountain in the future. That's amazing. So, Kent, what about you?

21:38.346 *Kent Bhupathi* I really appreciate, Ilana, you bringing up generative AI capabilities, because maybe it's the bias of the data sciences nerds in the room, but I actually do feel like the future is going that way, but not in the way, hopefully, that most people would have predicted, I would mention it. For the vast majority of what life looked like to data analysts and scientists alike, it was very analog. It was very raw code-based. It was very much behind closed doors, back-office work. Then everything was also quite analog with a lot of people just still very much sitting in front of Facebook and then just monitoring things very visually and taking actual hard notes and hard copy. Then it became about the Cambridge Analytica phase, where the data was so overly democratized that it was the Wild West, quite literally. And we now have very appropriate safeguards with respect to the future of third-party cookie activity, things that are tangential to that. And of course, in the healthcare space, making sure we have the highest and best treatment and security procedures for HIPAA compliance and people's personal healthcare data. All that is to say, with the advent of these generative AI frameworks, what I'm seeing, and hopefully will continue to see, is that the researchers get to be the people now, where there's going to be a greater degree of freedom for people to have more personability. That's a word that's very important to me because I'm always trying to bring the human into the analytics, whether predictive or prescriptive. So hopefully these technologies allow us greater bandwidth to be people and communicate with people and have more bespoke analysis rather than churning a copy and paste of past analysis. So that's really where I see things becoming more alive in the space. And as it pertains to medical affairs, well, data is data. The really big difference is that medical data needs to have an extra layer of security for obvious reasons. And as long as we operate with that degree of respect, I think we're going to see a lot more of that return to human as opposed to, so more prescriptive analytics rather than just predictive, forecasted, and leave it undone.

23:55.530 *Gary Burd* Yeah, and I love that perspective of the information, the education, the learning happening on the terms of the user. You know, we're coming from a world where once upon a time we were just providing one way, and I think providing multiple ways, I can see a future where those multiple ways become, they usurp the original way of how we transmitted scientific and medical information to people. So maybe Andi, what do you see in the future?

24:35.510 *Andi Shmid* Yeah, I feel like building off of what has been said to date, like the advent of all of these different technologies have leveled the playing field and broken down the silos

between those information pathways. And so the information that's feeding to the HCP is very similar to what's also feeding to the patient. and how we ingest and interpret that is getting a lot closer than I think people realize. Having spent years seeing patient searches versus HCP searches, I can say that they're not that far apart anymore, right? I think when we're thinking about a broader future of omnichannel, it's going to be really important to not just consider a different personalized context, but also to remember that we are embedding ourselves into this digital kind of journey in this digital life of every person at all of these different touch points. It might look a little bit different. It might sound a little bit different. It might not sound like anything at all and just have subtitles, but we are touching different cohorts at the same time. And so how we really present that information is going to become that much more important.

25:58.103 Gary Burd That's great, and I'm really excited that it's a lot nearer than maybe some of us think it is, because I think it's going to be very transformative. So thanks, everyone. Thanks for your time. Thanks, Ilana. Thanks, Ken. Thanks, Andi. It's been a great conversation and discussion. Thanks for listening to InformED for medical communication professionals. Please take a minute to subscribe to the show on your favorite podcast app. Inform your colleagues and rate our show highly if you liked what you heard today. We hope you will also join us at an upcoming ISMPP U webinar or even consider becoming a member of ISMPP, the association. Just go to ismpp.org, that's I-S-M-P-P.org to learn more. My name is Gary, Gary Burd, and it's been great talking to you today. Thanks very much and thanks everyone.