Incorporating Social Media into Medical Affairs Team Strategy

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Exact Sciences

Disclaimer

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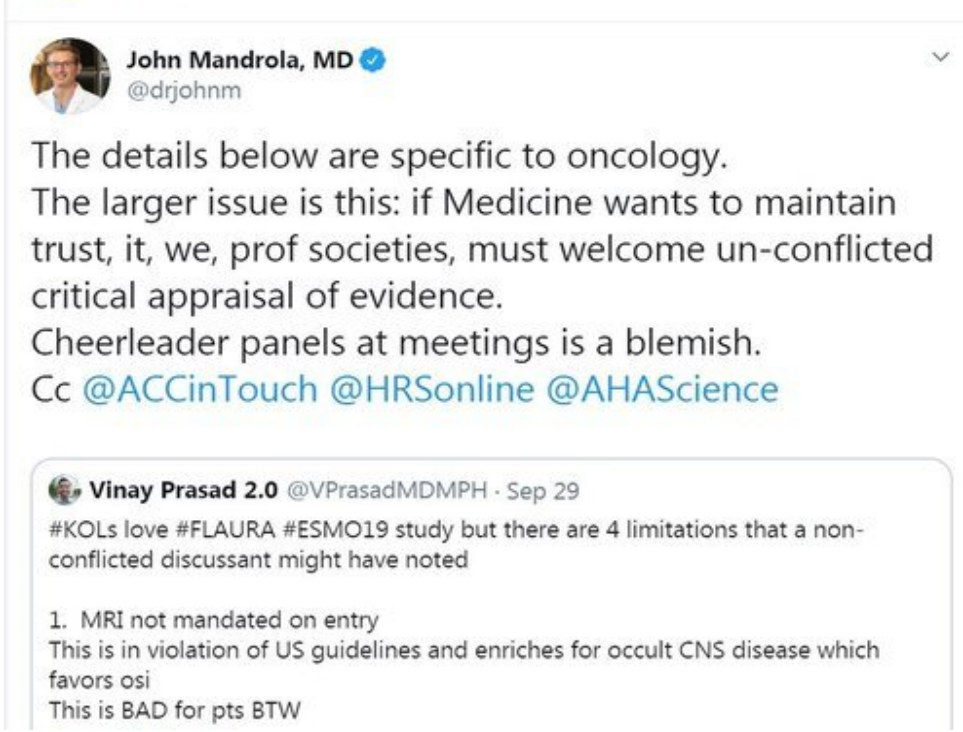
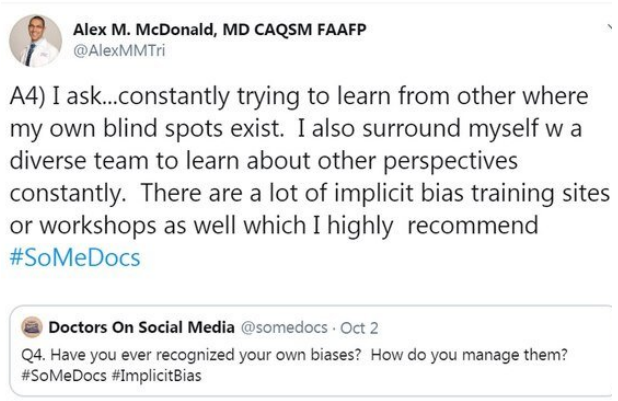
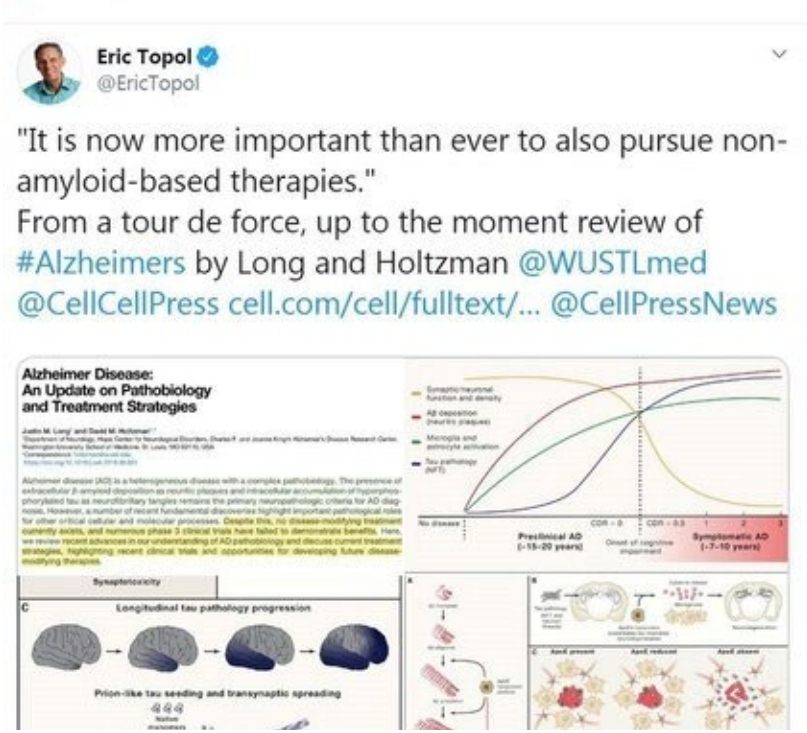
Why are we here?





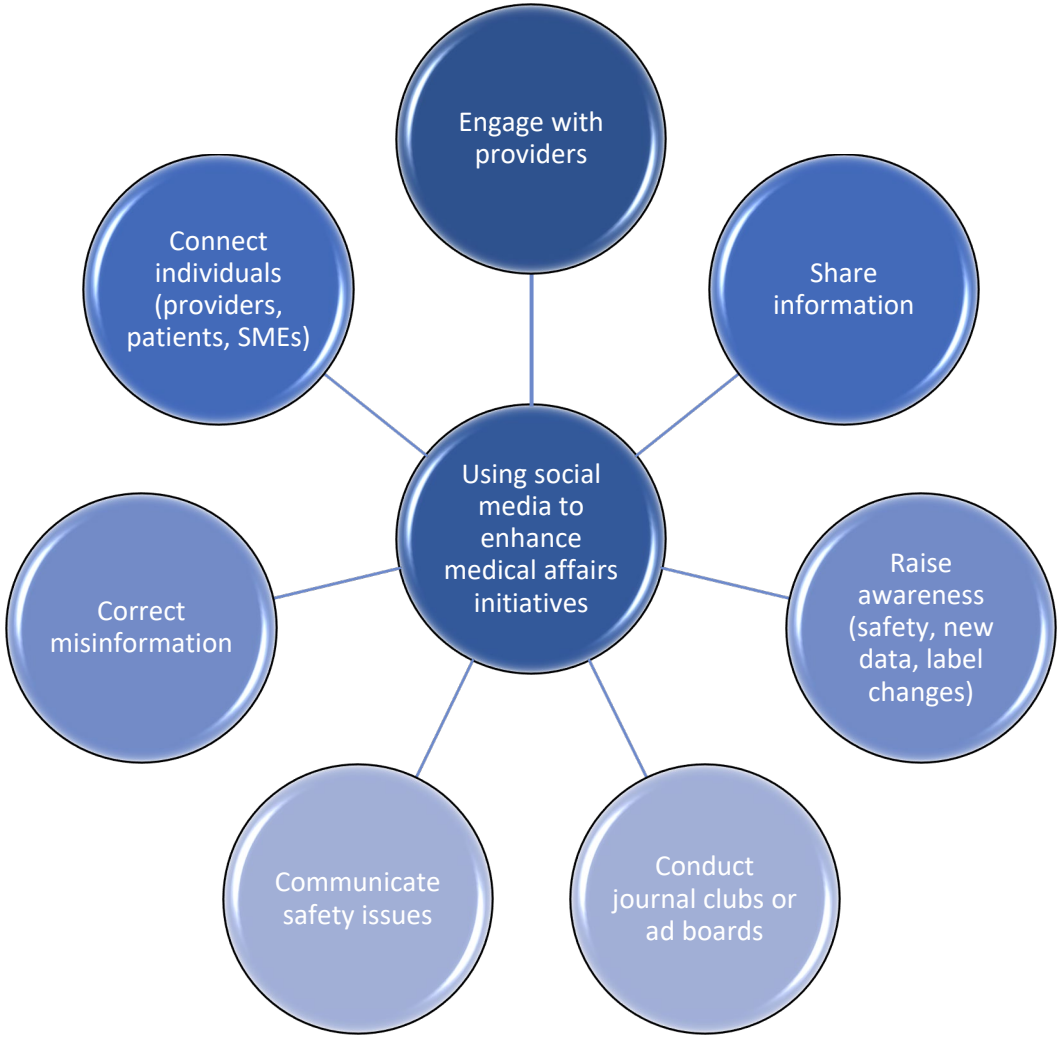


- **Healthcare professionals with a social media presence are inviting interactions**
- **Healthcare professionals who engage with social media provide opportunities for Medical Affairs Teams**
- **Social Media has changed the way we interact, engage, and prepare our Medical Affairs strategies and tactics**

https://www.medscape.com/slideshow/physician-social-media-influencers-6012017#14

Today's Plan

- Highlighting the opportunity
- Traditional versus newer ways of working "in the field"
- Using social media to strengthen strategic pillars across Medial Affairs Teams
- Suggestions for cross-functional collaborations across companies and organizations
- Avoiding pitfalls



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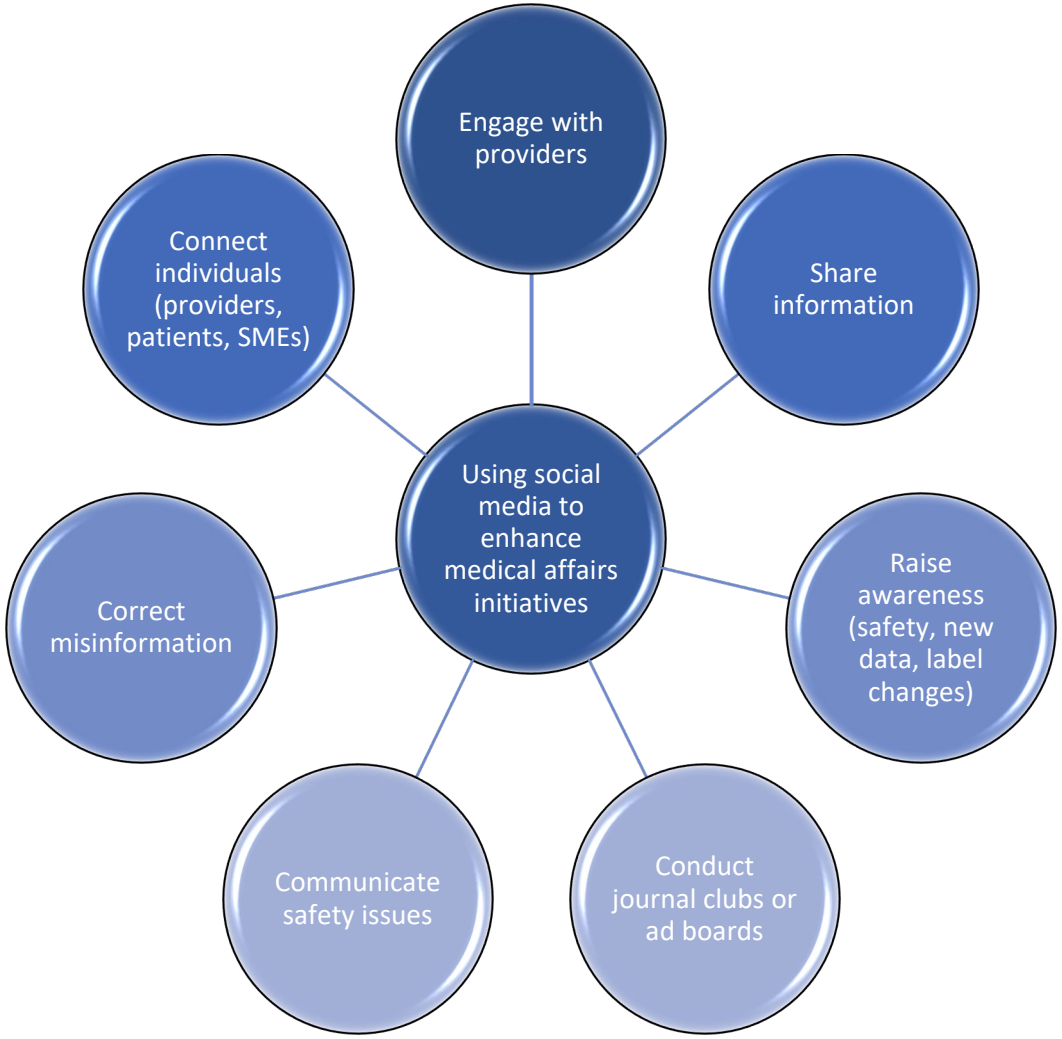
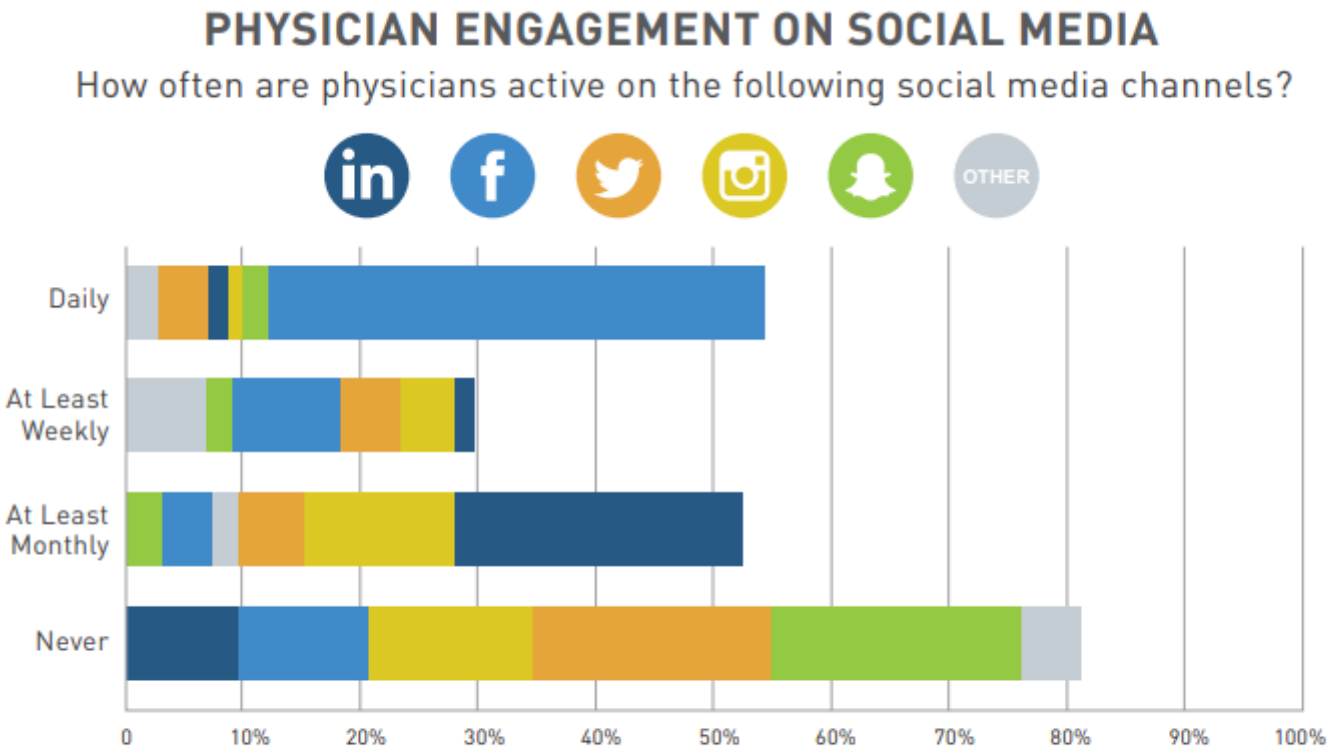


Themes of Social Media Use

Level of Analysis		References	Main Themes
Governments		Belfiore et al. (2020); Burton-Jones et al. (2020); Centola (2013); Chou et al. (2018); Dredze (2012); Goh et al. (2016); Griffiths et al. (2012); Gruzd and Mai (2020); Lau et al. (2012); Moreno et al. (2011); Munson et al. (2013); Nguyen et al. (2020); Norman (2012); Priya and Devapriya (2019); Williams (2010)	Opportunities arising from the use of social networks: - Reduction in social inequalities; - Exercise bio-surveillance; - Promotion of healthy lifestyles. Challenges arising from the use of social networks: - Solve digital divide; - Address misinformation; - Privacy issues with personal health information.
Health-care providers	*Health-care organizations*	Avery et al. (2010); Cain (2011); Gonçalves, G. (2020); Griffith et al. (2012); Heldman et al. (2013); Korda and Itani (2013); Li et al. 2018; Miller and Tucker 2013; Moorhead et al. (2013); Neiger et al. 2012; Nobre et al. (2019); Pinto (2015); Sarasohn-Kahn (2008); Thackeray (2012); Ventola (2014); Zhang et al. (2017)	- Drivers and barriers to the adoption of social networks in health-care organizations; - Strategic plans for digital communication in health-care organizations.
	Health-care professionals	Antheunis et al. (2013); Cain (2011); Griffith et al. (2012); Hazzam and Lahrech (2018); Jattamart and Leelasantitham (2020); Kerr and Van Houten (2020); Meng et al. (2021); Razzaque et al. (2013); Rolls et al. (2016)	*Motivations of professionals in using social networks:* - For knowledge sharing with colleagues (i.e., community of practice); - For improving therapies by combining physical and online sessions; - For self-promoting interests to attract new patients.
Social network's users	*Patients*	Antheunis et al. (2013); Chou et al. (2009); Griffith et al. (2012); Househ et al. (2014); Liu et al. (2020); Moreno et al. (2011); Munson et al. (2013); Naslund et al. (2016); Rozental et al. (2010); Zhao and Zhang (2017)	*Motivations of patients in using social networks:* - Obtain informational support; - Obtain emotional (peer-to-peer) support.
	General users	Centola (2013); De Choudhury et al. (2014); Goodyears et al. (2019); Hacker et al. (2017); Kent (2020); Li et al. (2018); Maloney et al. (2014); Raghupathi and Fogel (2013); Sanders et al. (2015); Thackeray et al. (2013); Van de Belt et al. (2013); Zhang et al. (2017)	- Motivations and main concerns of users when search/share health-related information on social networks; - Appropriation of social networks for health-related purposes.

Pianese, T.; Belfiore, P. Exploring the Social Networks' Use in the Health-Care Industry: A Multi-Level Analysis. Int. J. Environ. Res. Public Health 2021, 18, 7295. https://doi.org/ 10.3390/ijerph18147295

Social Media Use by Health Care Professionals is Skyrocketing



When not working, physicians report their top sites visited as **news and lifestyle sites (84%)**, followed by **Wikipedia or other informational sites (52%).**

(MedData Point, Physician Online and In-App Behavior)

>70% of physicians believe the internet is very/extremely important for researching treatment options for their patients (CMI/Compass Media Vitals, 2017)

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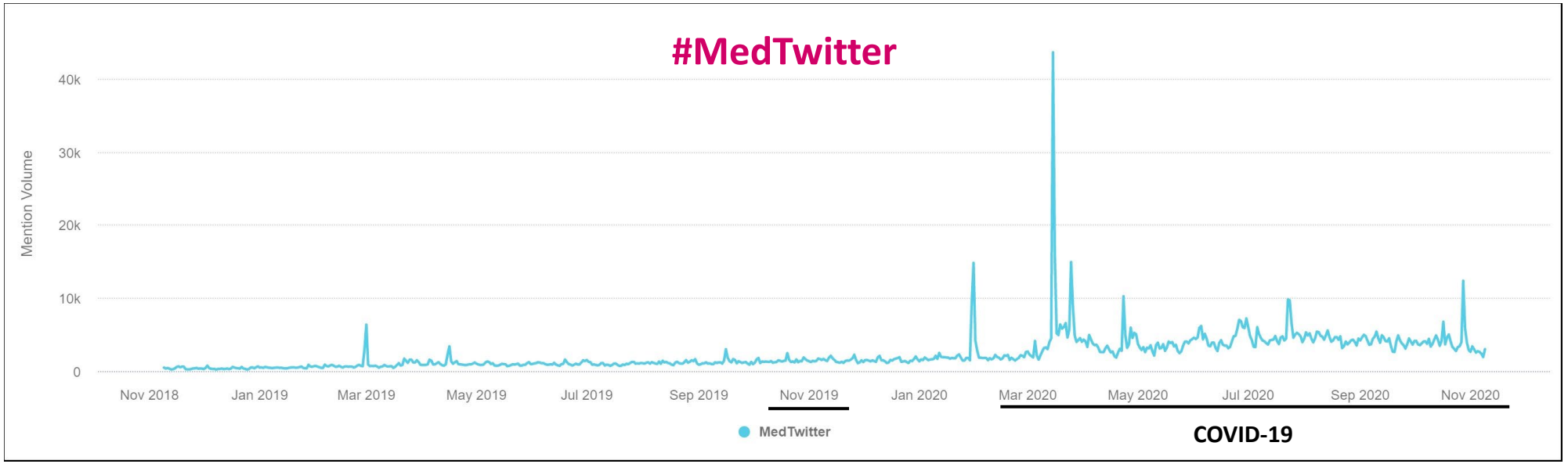


	Avg. Daily Mentions	% change	Avg. Daily Authors	% change
Nov '18	381	-	332	-
Nov '19	1,480	289%	1,230	271%
Nov '20	4,273	1,022%	3,511	958%

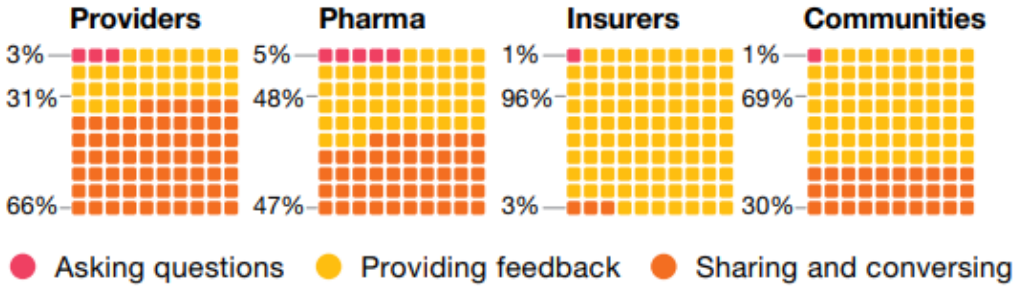
➢ COVID-19 has accelerated HCP social media use

How is social media being used?

Consumer

Engagement with organizations' Facebook sites

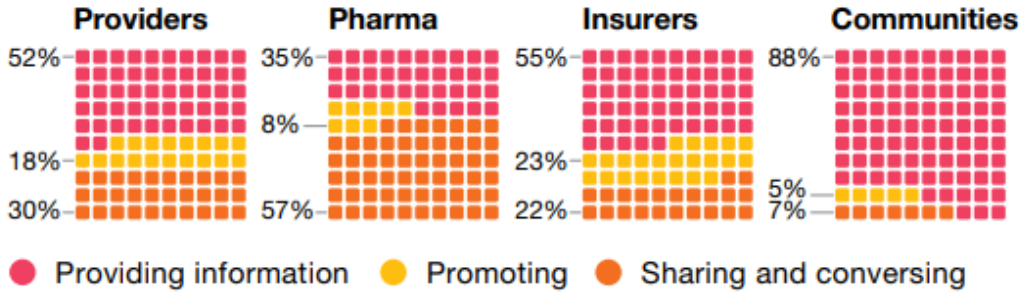
Consumers use provider sites to connect and share, but they treat insurer, pharma, and communities as a forum to give feedback.



Organization

Activity on their own Facebook sites

Providers, insurers, pharma companies and communities use their sites to provide health information or answer questions.



https://www.pwc.com/us/en/health-industries/health-research-institute/publications/pdf/health-care-social-media-report.pdf

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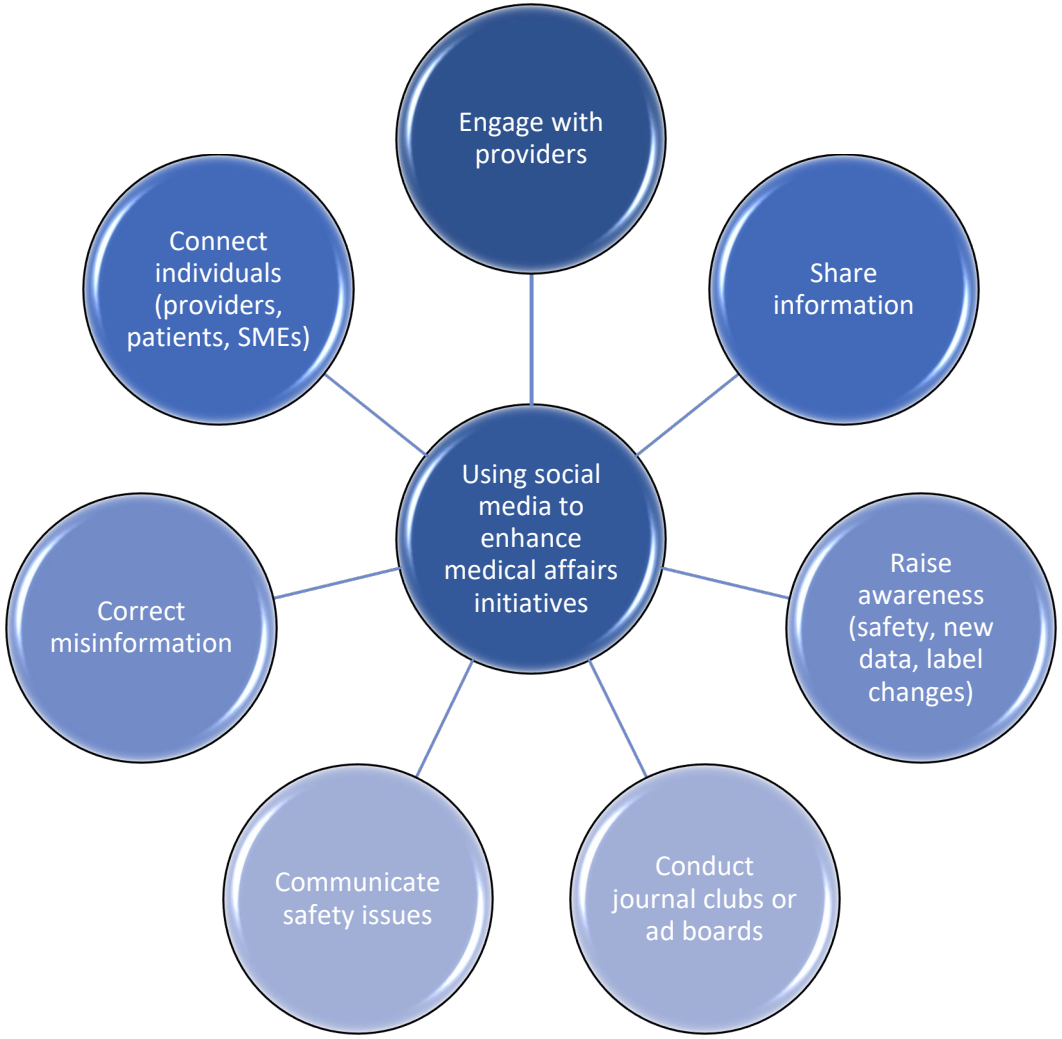

Then and Now

Traditional Dissemination of Information	Current Dissemination of Information
Congress Attendees: ~100 attendees per session	Webinars: Reach is multiplied across countries, disciplines, seniority
Data/Peer Review were the foundation of clinical knowledge	Opinions, “laboratories of one”, and shock-factor may skew clinical knowledge and approach
Somewhat limited through online journals in specialty and select online open-access	Impossible for providers to engage with, and scale their knowledge to the expansive body of evidence in the medical arena
Targets of scientific data and information: clinicians/academics	Targets: clinical, academic, industry, general public/patients
Small circle of connections: established reputations	Larger circles and networks, reputations may be based on ability to generate social media buzz
Authorship (H-score, Impact Factor), Grants awarded, Clinical Trial Involvement	“Social Authority”
Subject matter experts were not commonplace and easy to identify through publications and research	Trends and broad topics occupy social media.
Time between research/case study and publication was often weeks to months	New data is available in real time. News outlets distribute information (fact checking)

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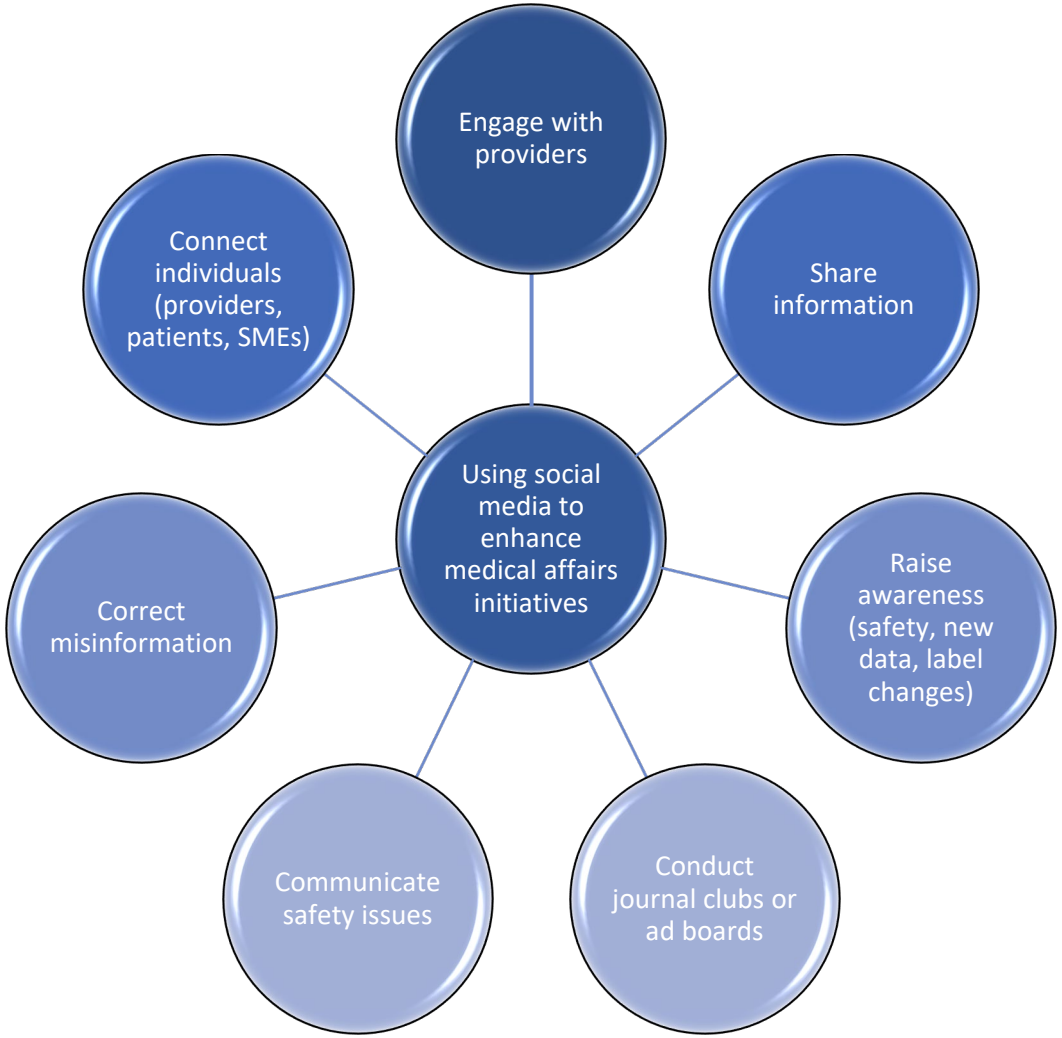
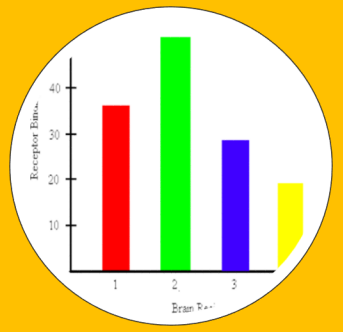


How social media may help to shape medical strategy

Field Engagement

Insight Collection



Pipeline, Research, Launch Activities

Scientific Congresses, Ad Boards

Analysis of a specific event

- Data release, publication, clinical trial enrollment
- Congresses, Webinars, Meetings
- Trending topics for a specific time period
  - Damage control
  - Misinterpretation of data

Identification of DOIs

- Disease-state DOLs
  - National/Regional
  - Congress specific
- Digital HCP networks
- Patient advocacy groups
- Audience analysis

Medical Affairs (MSLs)

Monitoring for specific deep conversations

- Spontaneous discussions tied to publication, event, congress, data
- Organized HCP discussions
- Journal Clubs

High-volume Metrics

- Share of Scientific Voice
- Sentiments
- Messaging Campaigns

Field Engagement Strategy

- Who is speaking?
- What are they saying?
- Who are the rising stars?
- Monitor trends and attitudes
- Are you participating?
- Create new networks
- Connect with influential networks to drive change
- Gain access to traditionally “tough to reach”

Anish Patel • 2nd
Chief, Division of Gastroenterology and Hepatology at Brooke Army Medical C...
1d •

I am very humbled to have received the prestigious Army Medical Department '9A' proficiency designator.

For those that are unfamiliar with it, I wanted to provide what this truly means: "The purpose of the "A" Proficiency Designator is to recognize the highest level of professional achievement within each AMEDD Corps' specialty. These professionals have worked hard and dedicated a significant amount of time to become a distinct asset to the AMEDD, both as an officer and an expert in their field. They have achieved the highest level of professional accomplishment within the AMEDD and are considered eminently qualified to chair a department, division, or service; have attained full professional status; and have obtained national prominence in their field."

I am honored to have received this distinction early in my career as an expert in IBD for the military. I have a great deal of gratitude to my mentors at Mt. Sinai Hospital, current collaborators, military mentors, staff and fellows for believing in what we can do. Biggest again goes to my wife for believing in me and pushing me to better than myself.

As one senior Army officer put it: "They are best in breed."

#ibdawareness #crohnsandcolitis #ulcerativecolitis #crohnsdisease #ArmyMedicine #militarymedicine

DEPARTMENT OF THE ARMY

CERTIFICATE OF ACHIEVEMENT

AWARDED TO

LIEUTENANT COLONEL ANISH PATEL

In recognition of outstanding AMEDD leadership, distinguished qualifications, and knowledge advancement in your AMEDD specialty, the "A" Proficiency Designator is awarded for continued demonstration of exceptional professional ability.

1 October 2020

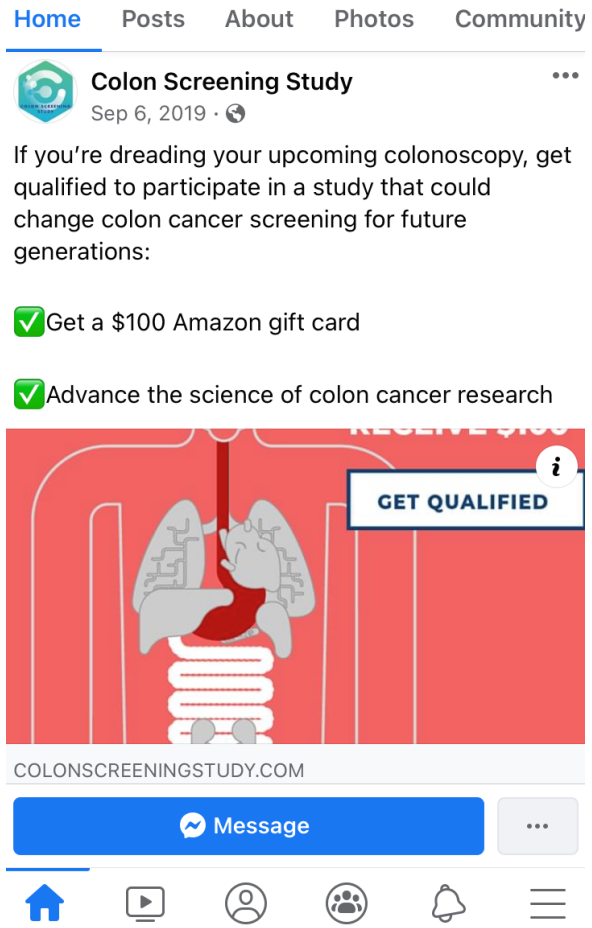
Insight Collection

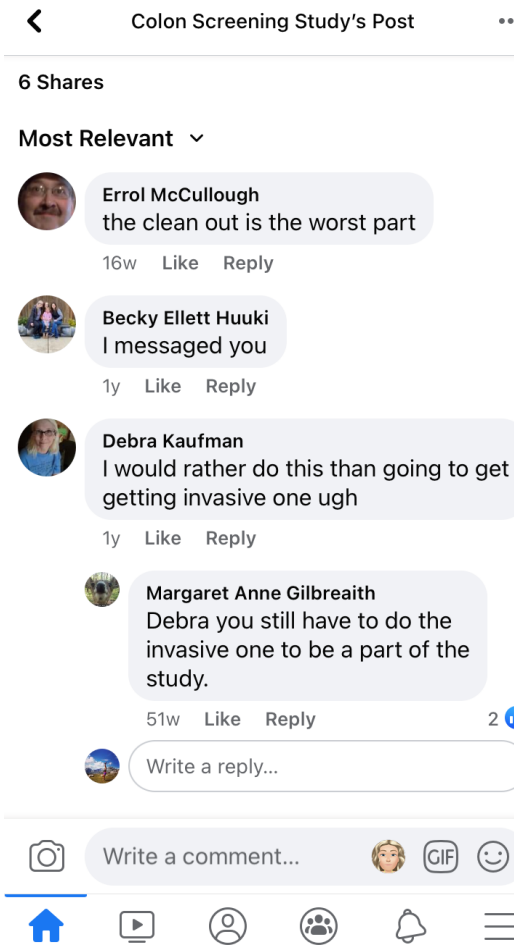
- Product-relevant information (or mis-information)
- Competitive intel
- Patient attitudes, understanding of product/disease state
- Critical value for internal stakeholders. Informs pipeline, publication strategy, marketing, MSL field engagement
- **TIP: Establish relevant handles and hashtags**

Action: Do not just talk and listen; analyze and integrate. Develop a strategy to ensure that conversations viewed as insights are transformed into action.

Clinical Affairs/Pipeline

- Early-pipeline competitive intelligence
- Identify potential collaborators
- Connect with patients/accelerate enrollment
- Identify misconceptions about products in general public

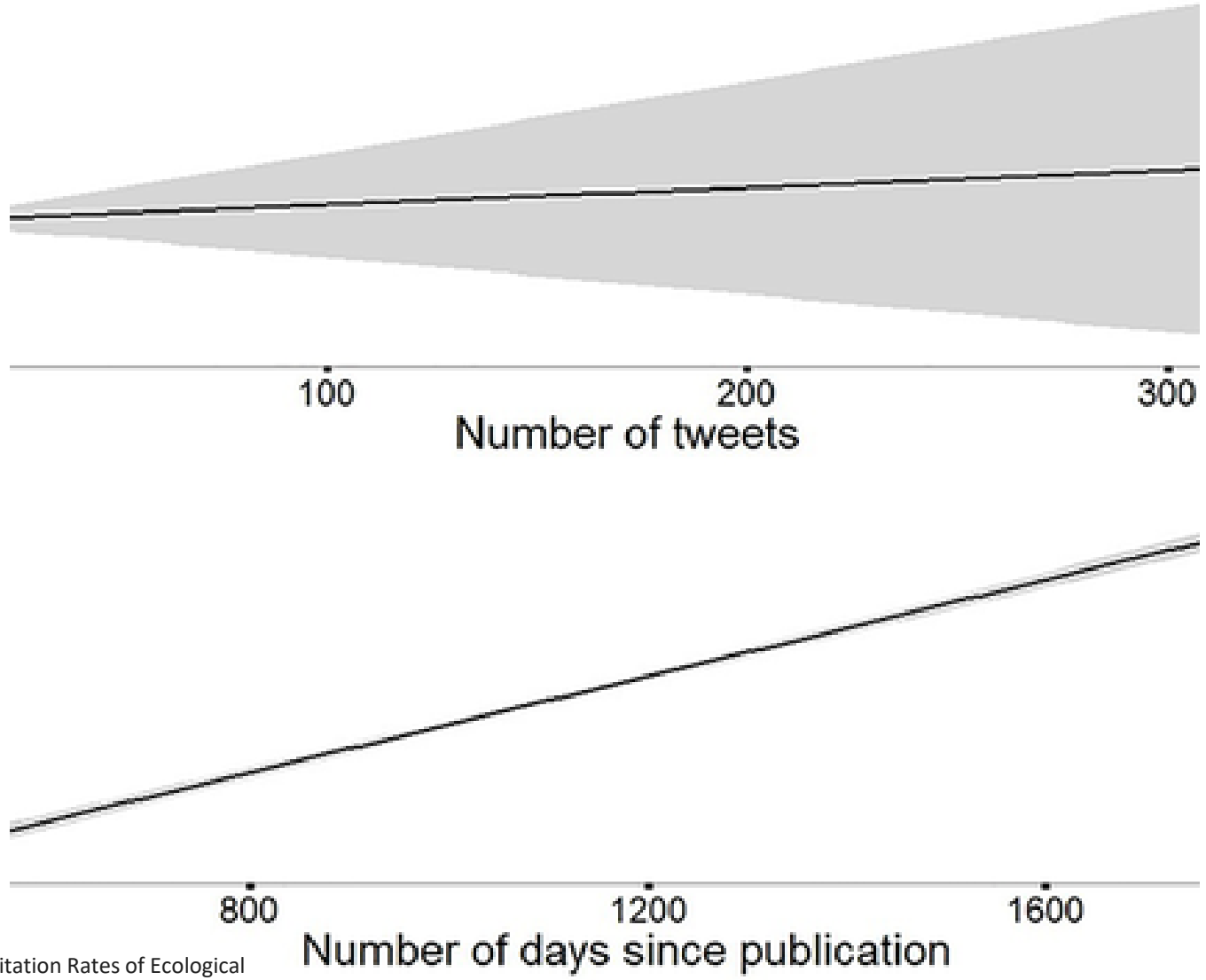




Clinical Affairs/Pipeline

- Expand access to treatment
- Highlight publications

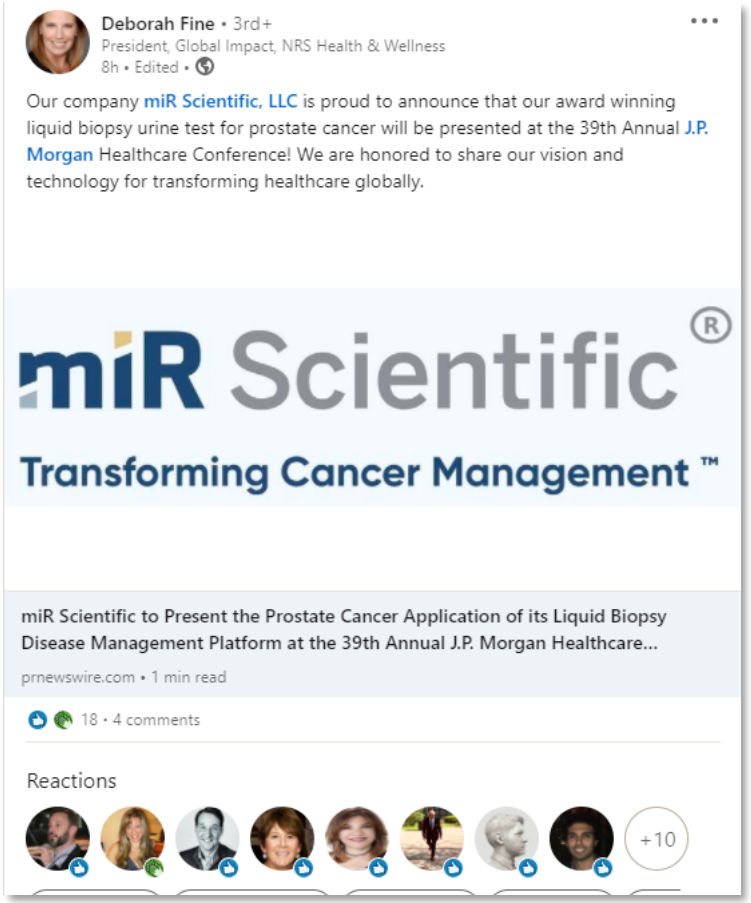
Model-predicted number of Web of Science citations an article received as a function of (a) number of tweets about article and (b) time since article published



Peoples BK, Midway SR, Sackett D, Lynch A, Cooney PB (2016) Twitter Predicts Citation Rates of Ecological Research. PLOS ONE 11(11): e0166570.

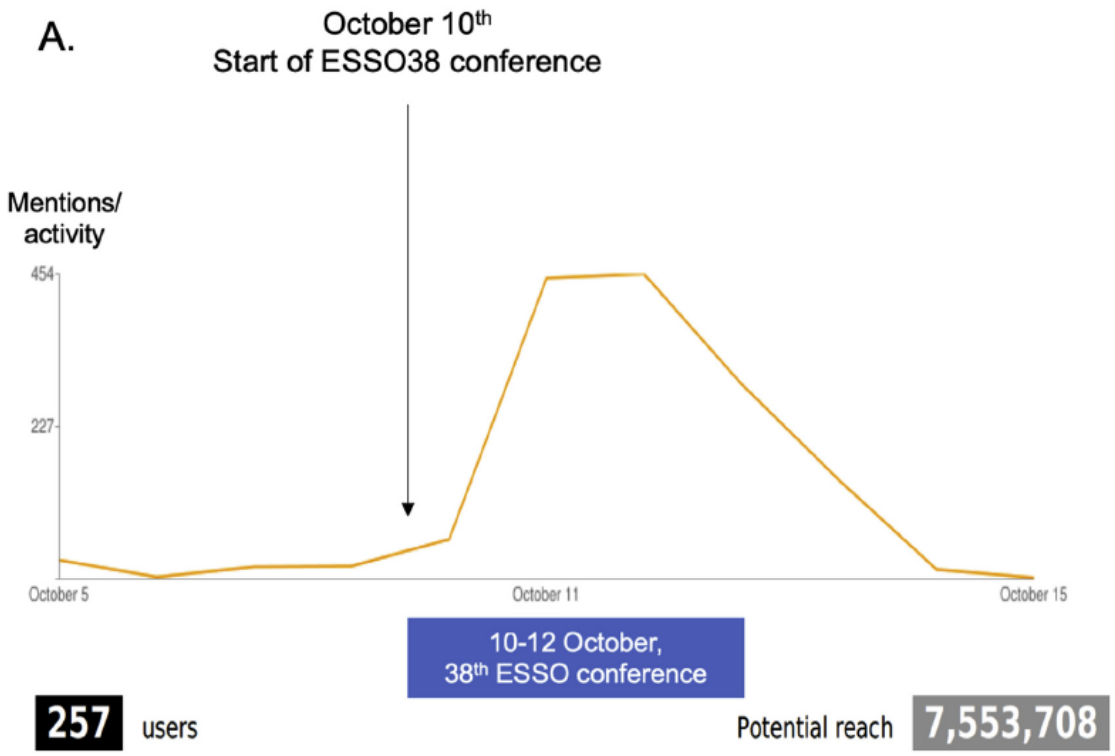
Congresses and Webinars

- Pre-Conference
  - Scaling: Which ones are of value?
  - Who is speaking
  - Setting up your “hashtags”
  - Identify attendees



Congresses and Webinars

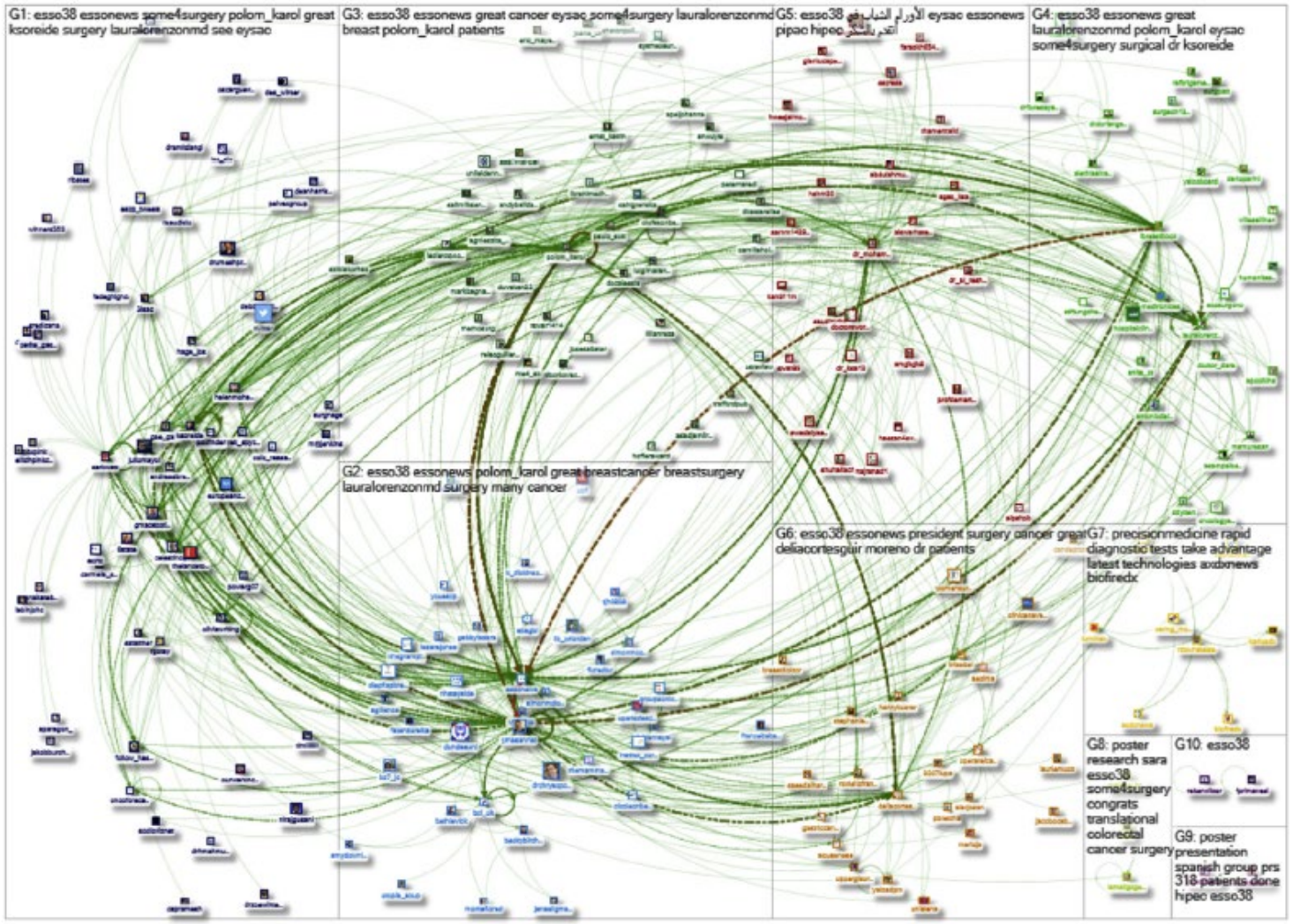
- During Conference
  - Chat boards
  - Monitoring real-time “tweets” and call outs
  - Engaging speakers



Soreide et al. European Journal of Surgical Oncology 45 (2019) 284e289

Congresses and Webinars

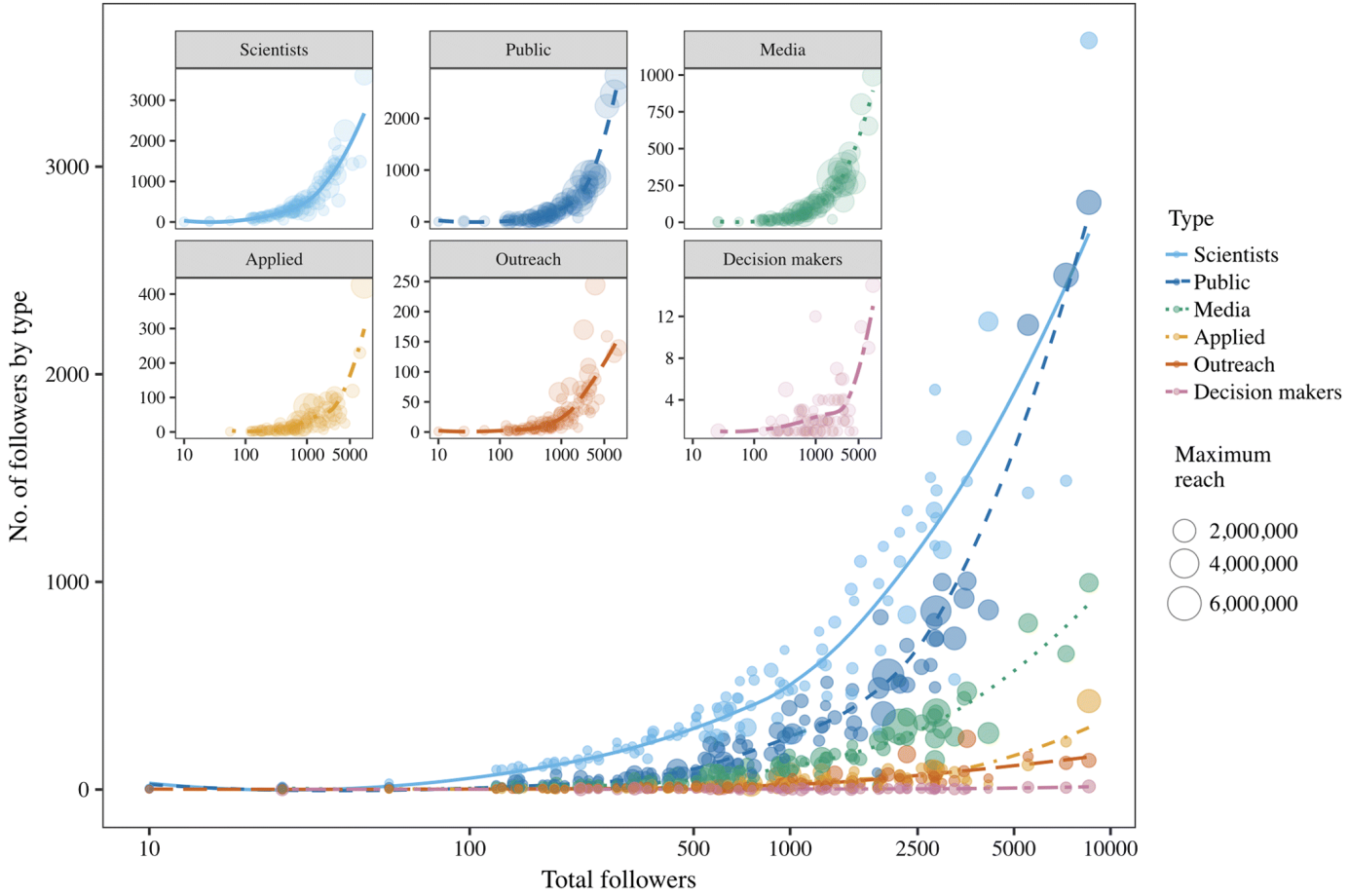
- Post-Conference
  - Network and Content Analysis
    - Metrics and Clusters
    - Sentiments
  - Continue to monitor
    - Real-time tweets
    - Influencers and trends
- **TIP: create a method to monitor impact on providers, patients, advocacy groups**



Soreide et al. European Journal of Surgical Oncology 45 (2019) 284e289

Advocacy/Outreach

- Identify change-makers and needle movers
- Connect with patients to understand disease challenges or impressions of product
- Track initiatives by government, lobbyists, politicians
- Identify grant opportunities (From funding to collaboration)



Côté IM and Darling ES. 2018. Scientists on Twitter: Preaching to the choir or singing from the rooftops? FACETS 3: 682–694

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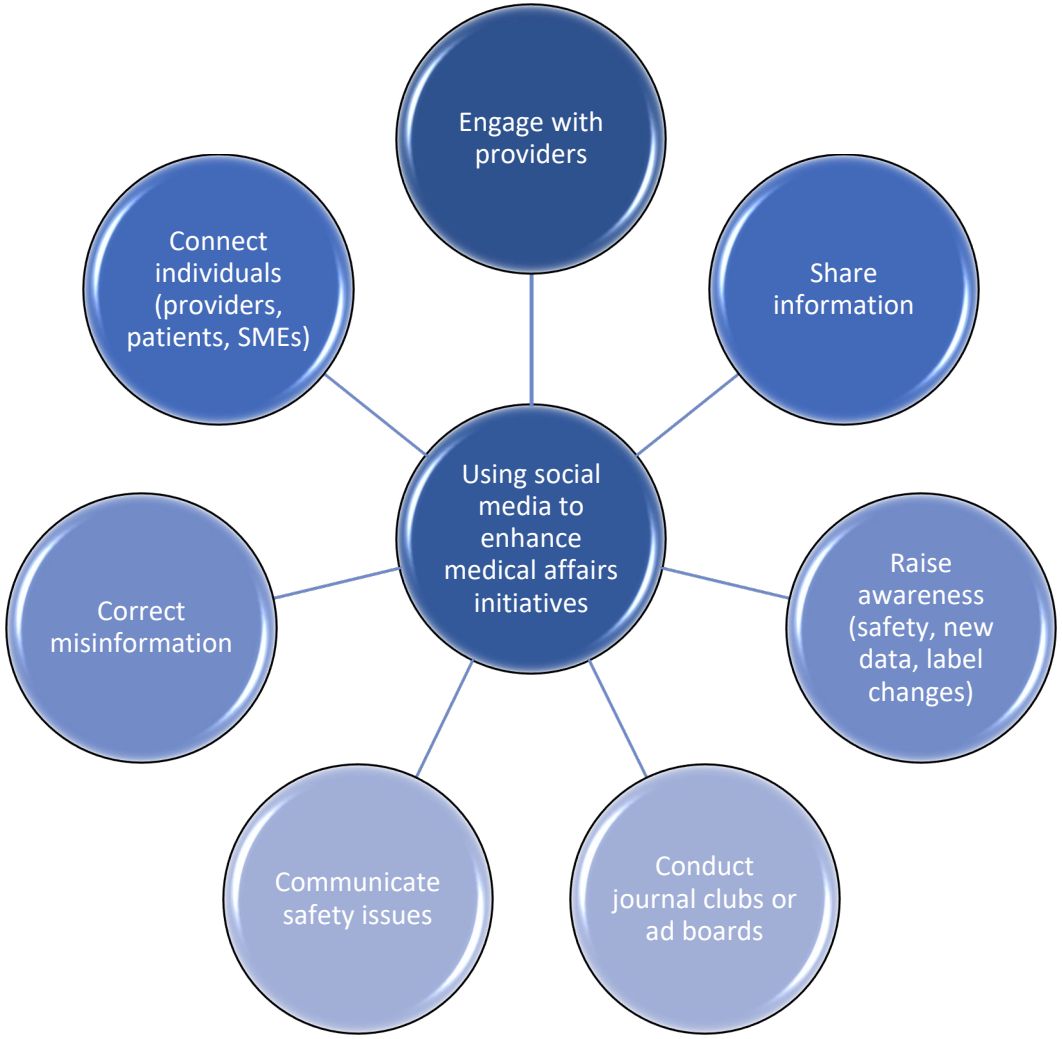
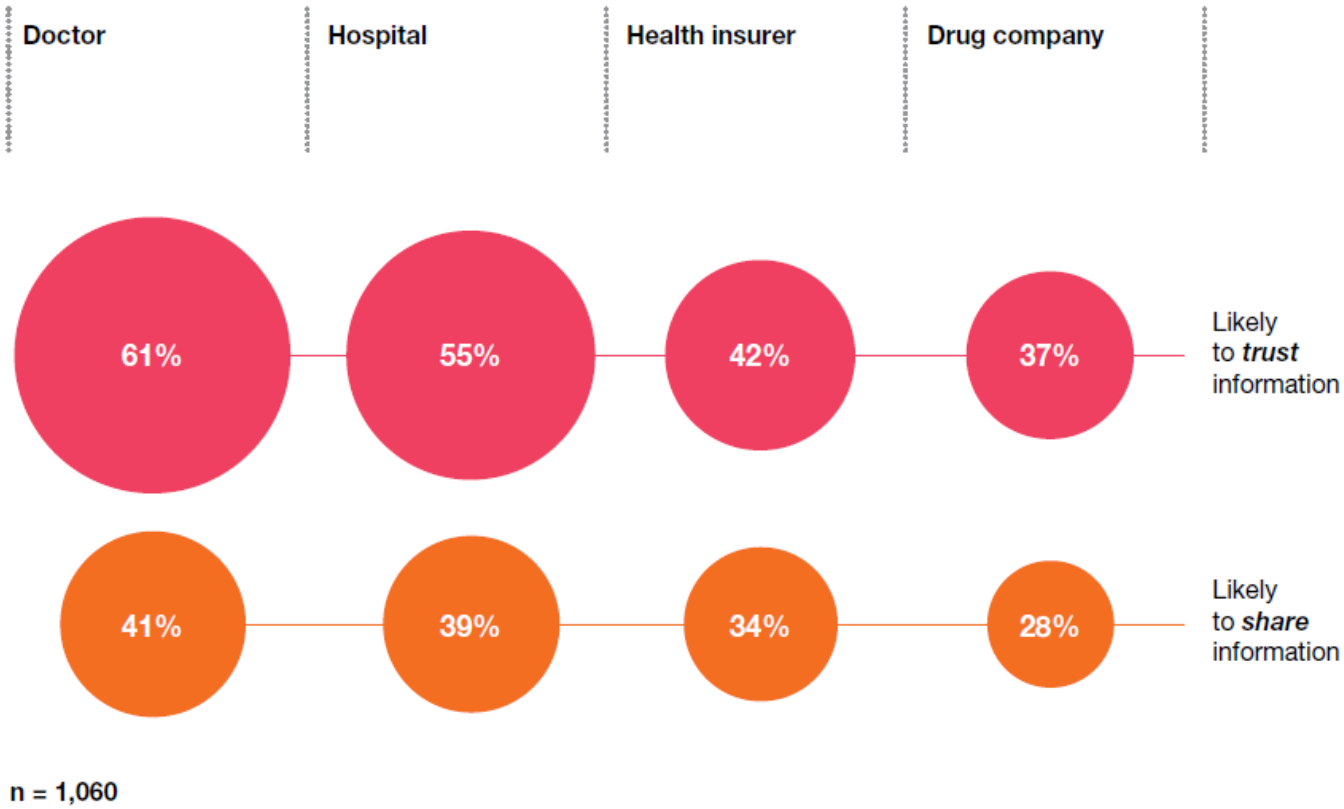


Opportunity for Cross-functional Collaboration

- Tracking and tackling mis-information or “Anti” attitudes
- Identify core team for when issues arise
- Creating a workflow and coordinated team response
- Launching engagement effort
- Focus: End to end solution vs. single engagement



PwC HRI Social Media Consumer Survey, 2012

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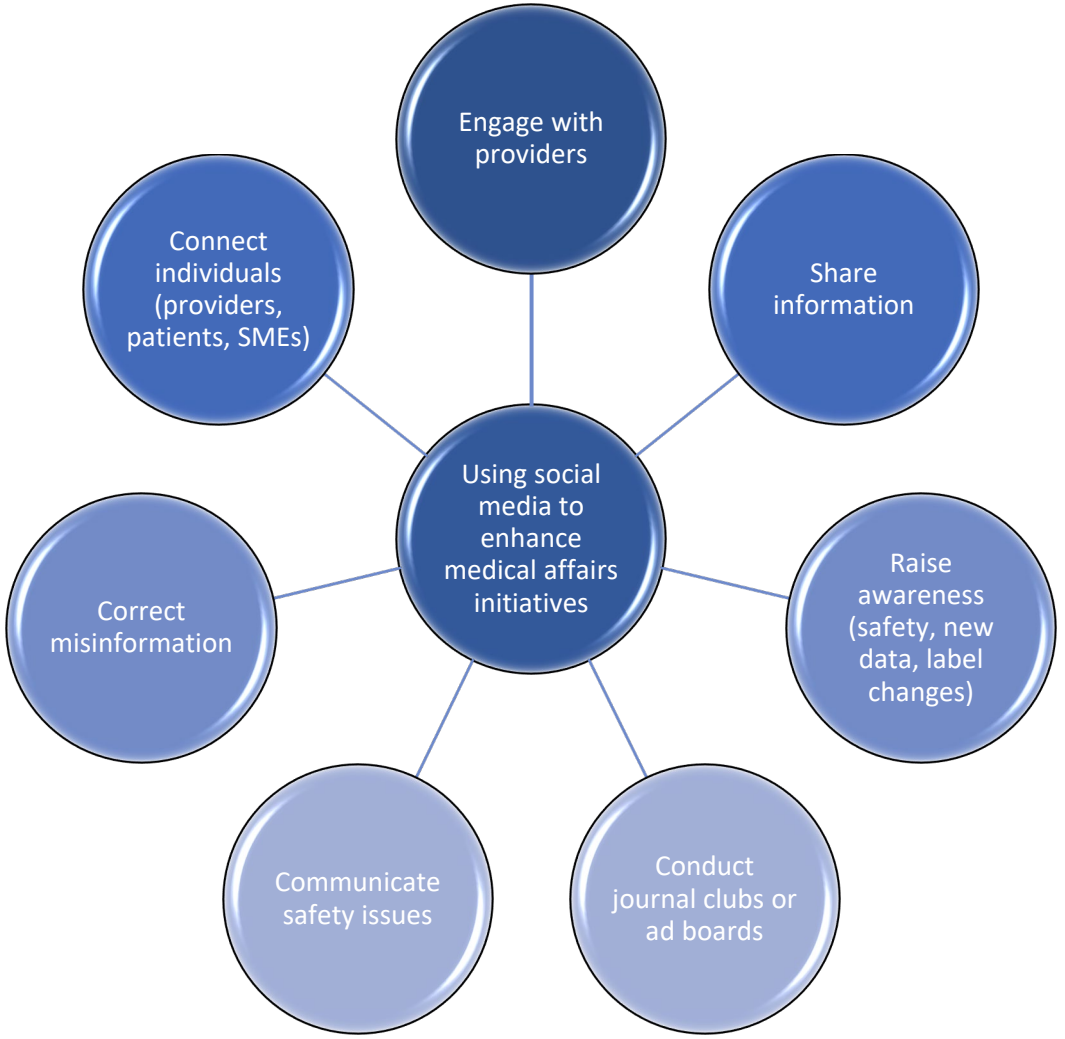


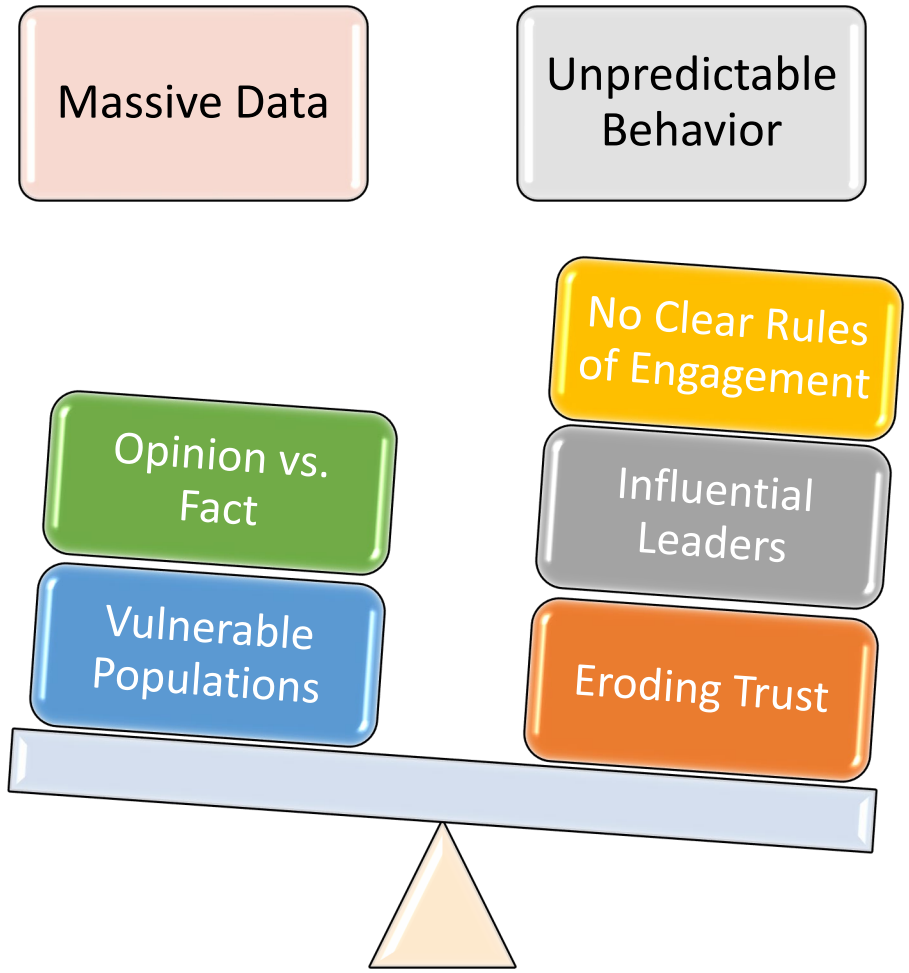
Opportunities and Potential Pitfalls

- Information can be spread easily- Allows for quick and easy dissemination of health information, case “crowd sourcing”, and latest research
- Frequent interactions- relationship building and maintenance is much easier- especially in the time of COVID with reduced face to face interactions
- Ability to track medical and policy issues in real time
- CME programs can be distributed to a wider audience
- Access to information can stimulate debate and new ways of thinking
- Easier to access information on webinars, congresses, or discussion forums

- Misinformation travels just as fast (if not faster).
- Posts cannot be deleted/retracted like a journal article
- Internet “trolls”, negative comments, and misinformed contributors can disrupt healthy debate and create negative attitudes around a product or dataset
- More people will have access to “your” targets
- Amateur blogs and irresponsible comments or “Tweets” can detract from a products safety and effectiveness reputation
- Overwhelming/Rabbit holes: hashtags, sources, groups, etc.

Avoiding Pitfalls

- **Company:** Clear and easily-accessible guidelines for social media policies.
- **Individual:** Question validity, do your research
- **Patients:** Vulnerable to misinformation. May put safety at risk. Monitor remarks and act fast.
- **Research:** Information may influence clinical trial enrollment and attrition. Provide easily accessible resource for *correct* information and monitor recruitment ads frequently.
- **Product Integrity:** Online “chatter” can jeopardize the scientific accuracy of research or product information. Maintain awareness of advocates and critics.



Parting Words

- Medical Affairs teams should include social media data and analytics when developing their strategy
  - What to monitor
  - Where to monitor
  - Relevance to KPIs
- Field-based teams should coordinate with internal teams to optimize value of interactions
- Monitoring impact (and the nature of that impact) is critical and should be done regularly to continually inform strategic direction