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**PATIENT-CENTRICITY.  
YES, BUT WHAT ABOUT  
HCP-CENTRICITY?**



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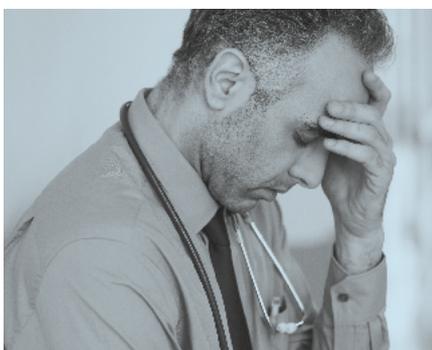
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## WHAT YOU WANT TO SAY AND WHAT HCPs WANT TO HEAR

### Bridging the gap

It's a feeling I can associate with. I was one of an increasing number of healthcare professionals (HCPs) who simply grew tired of their concerns going unheard. So, the tale of the overworked, underappreciated HCP is one that is close to my heart.

A new global research study<sup>1</sup> conducted by McCann Health, in partnership with McCann Truth Central, polled almost 2000 doctors and aimed to reveal experiential insights on the current state of affairs – it makes for grim reading. The research highlights that **two-thirds of doctors struggle to sleep at night, over half have marital problems, and shockingly doctors are twice as likely to commit suicide compared to non-doctors.**



#### Feeling the strain

With one completed suicide every day, US doctors have the highest suicide rate associated with any profession<sup>2</sup>

Threatened. Undermined. Frustrated. These are just some of the words used to describe how HCPs feel in the current healthcare landscape.<sup>1</sup> Morale in the camp is probably as low as it has ever been.

'But what has this got to do with marketing to HCPs?', you may ask. Well, in trying to communicate product information in an engaging way, **a deep understanding of your target audience is paramount – who are they, what kind of climate are they operating within, what do they want, and what do they absolutely need?**

But so often any purported 'understanding' of HCPs and the problems they face is only skin deep – paid lip service to gain buy-in – when what would be more helpful is a concerted effort to better understand the situation; this, for me, forms the bedrock on which to co-create meaningful communications.

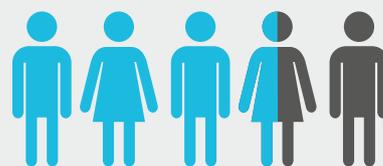
Yes, HCPs are time-poor. Yes, the ever-expanding breadth of required knowledge is challenging. Yes, the strain on the service adds pressure. But this has been the case for many years.

There are arguably more significant and fundamental matters affecting the practice of medicine – some relate to the system and the pressures placed upon it, others to the people within it, and others are societal and cultural. But most of the problems facing HCPs, and indeed the NHS, are the result of the interplay between multiple factors.

One example has been the shift in the balance of the HCP-patient relationship. **Patients are more likely than ever to research their condition and potential treatments before seeing their doctor,**<sup>3</sup> meaning patients need reliable sources of information so

that they are well-informed prior to consultations. This also means that **HCPs need rapid access to information on drugs they may not be familiar with.**

#### Raised levels of patient activation<sup>3</sup>



#### 70% OF PATIENTS

say they have become more engaged with their healthcare in the last two years



#### ALMOST THREE-QUARTERS

of patients joined a patient portal



#### OVER TWO-THIRDS

speak to their HCP more frequently



#### OVER TWO-THIRDS

access healthcare information more frequently

(CONT'D)

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Another fundamental change is the prospective strategic paradigm shift from reactive healthcare to proactive health promotion, or, as it was put in Lord Darzi's most recent review of health and care,<sup>4</sup> a change after which we will 'invest in health, not just healthcare.'

The quality of our healthcare interventions is very good and improving all of the time, but around a quarter of all deaths in the UK are considered avoidable i.e. currently treatable or amenable to wider public health intervention.<sup>4</sup> What's needed, the report continues, is a move from 'a treatment service to one focused on prevention.'

So where does all of that leave us? Well, to me it means that health communication is no longer only about simply circumnavigating the problems of HCPs on a piecemeal basis, it's now about going a step further and communicating in such a way as to make HCPs feel fundamentally valued and supported.

In these times of healthcare flux, HCPs' problems become the problems of marketers. **HCPs are screaming out for pharma to contribute in easing the pressure of their day-to-day practice and assist in the transition ahead.**

So, from a marketing perspective, unless we find a way to address their real needs then our messages are going to fall upon deaf ears.

In this edition of MAGNIFI, we delve into the current climate for HCPs, explore what this means if you're a marketer attempting to get your communications in front of HCPs, and we distill all of this into some digestible advice that will ensure your message is heard.

So first, let us further explore the current state of play in what was once the ultimate revered profession.

*Michael Medley*

## 'In this maelstrom of intense emotion, I feel ... nothing'

The pressure exerted on the NHS workforce is immense. I use doctors as the example only because it is the role with which I am most accustomed, and I have seen first-hand the effects of colleagues being pulled from pillar to post, struggling to find ways to deal with record levels of healthcare demand with relatively fewer staff, within a system that has been described as fundamentally dangerous.<sup>5</sup>

At times a political pawn, the NHS' operational structure changes often, and with recurrent organisational change comes frustration.

The role of doctors was recently eloquently described<sup>6</sup> as 'walking a tightrope', where the source of difficulty stems not from doctors' inherent commitment or ability to balance, but from the nature of the rope itself, where 'the rope moves unpredictably, tautens then loosens, always expecting more.'

Combine with this an increasingly eroded public perception of the once esteemed doctor and the cracks begin to show; overworked and underappreciated, on the ground doctors are burning out faster than ever before.

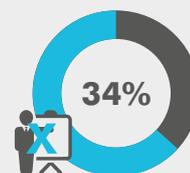
Contemporary research<sup>1</sup> showed that 20% of people surveyed trusted social media above the recommendations of their doctor. A further 34% of people thought that they could become doctors without any training at all, such was their perception of the skills required to perform similarly.<sup>1</sup> And staggeringly, almost 40% of patients globally disregard their doctor's advice as they think they know better.<sup>1</sup>

So clearly HCPs are 'up against it'. But how does that affect our ability to communicate with them? **Can we form a more symbiotic relationship with HCPs by providing them with the things they want, rather than the things we think they need?**

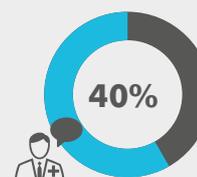
### Up against it!



of the public **trust social media** more than their doctor



of the public **believe they could be doctors** with no training



of patients **disregard doctors' advice** believing they know better

[...] physicians will walk that tightrope for a time, carefully balanced, eyes straight ahead, feet gripping the rope. Until the pressures pile up – late again for the crèche run, a bullying colleague who copes by offloading, a quickly made decision that proves to be incorrect, a patient crying at the end of an overbooked clinic. The rope wobbles, the crowds gasp. The feet stumble, falter, then recover and continue. The pressures don't stop. A service stretched too thin. The fault lies not in the ability to balance but in the rope. The rope moves unpredictably, tautens then loosens, always expecting more. Eventually the most resilient tightrope walker falls, too exhausted to continue, too burnt out to care.<sup>16</sup>

*Eileen Parkes  
Academic Clinical Lecturer  
and Medical Oncologist*



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## Death of a salesman? Not quite, but nearly

Turning now to the problems facing the enthusiastic marketer with the shiny, engaging detail aid for the fantastic new drug – the challenge is twofold. Initially, materials must be developed containing credible, objective material that is sympathetic to the contemporary issues facing those on the ground within the NHS. What's more, information must be provided in a convenient, digestible way factoring in the ever-increasing time-pressures placed upon HCPs.

Once you have this, your second problem is getting it in front of HCPs. Access has been an issue for a long time, but perhaps as a corollary of the stressors with time being an ever-more stretched commodity, access to doctors is becoming even more difficult. One report<sup>7</sup> from over the pond describes a doubling in the number of physicians who enforced a 'no-see' policy between 2011 and 2017.

However, delving deeper into this issue, literature suggests that **the decline in access has been a function of a decline in the quality of information received when access has been granted.**



UP TO  
**HALF OF HCPs**

state that no quality scientific content is being provided<sup>10</sup>

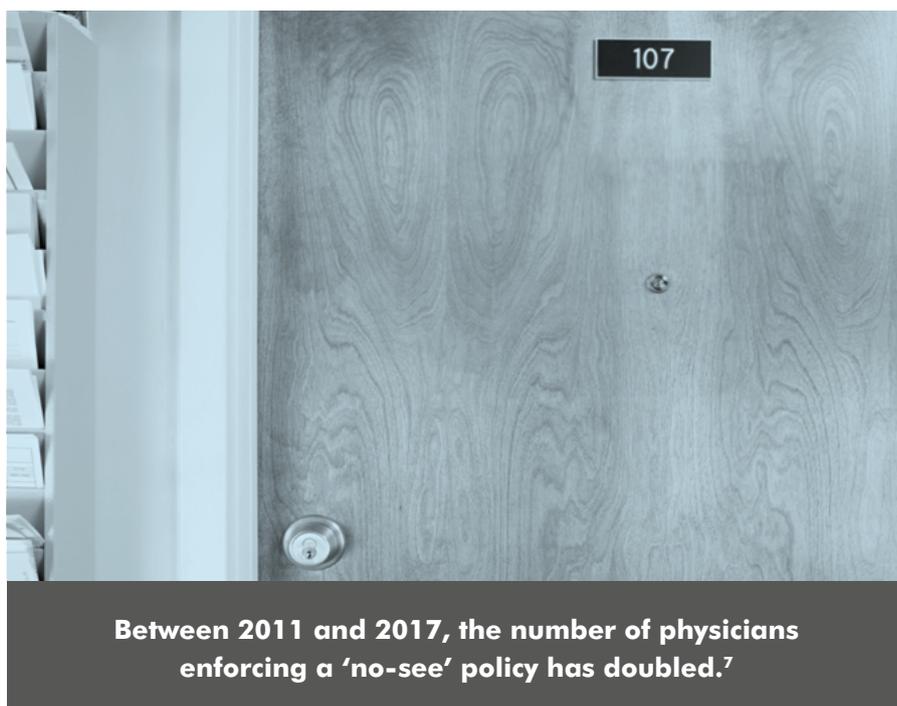
When asked to elaborate, HCPs cited instances of being presented with data that they were already very familiar with, or data that they had actually been presented with previously (51% of one cohort reported experiencing this<sup>8</sup>; the so-called 'stale detail' phenomenon), or instances of reps producing overtly promotional material of little clinical utility to the extent that nearly two-thirds of HCPs asked agreed that meetings are more valuable when resources *not* related to the product are shared.<sup>8</sup>

In fact, three-quarters of doctors state that they do not trust information provided by pharma,<sup>9</sup> with almost two-thirds claiming that they believe pharma websites function only as product adverts.<sup>10</sup> This is a real problem. **The more overtly promotional in nature the material is, the less it is trusted and the less it will be read.**



ALMOST  
**TWO-THIRDS  
OF DOCTORS**  
believe pharma  
websites function only  
as product adverts<sup>10</sup>

So, we have two sets of people, with two distinct sets of problems. But they are in fact intertwined. Logic would dictate that if we up our game with respect to the perceived value of communications from the point of view of HCPs, we can reverse the trend in diminishing access. But what is it that HCPs are looking for specifically – what is it that's going to make them feel supported in such a way as to encourage them to open those doors that are currently closed?



**Between 2011 and 2017, the number of physicians enforcing a 'no-see' policy has doubled.<sup>7</sup>**

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## As Churchill once said, 'Give them what they want'

**Doctors are required to stay abreast of constant and prolific changes across their specialism, or multiple specialisms, and as such, are hungry for digestible material that can make this task easier.**

So there is pull for this information. But it absolutely must be seen to be of clinical value, and we must balance the provision of objective data and promotional data to avoid alarm bells ringing.

What does 'of clinical value' mean? Well, it means different things to different people. To a busy medical oncologist in a bustling city hospital it may mean information on the latest clinical trial results that compare drugs head-to-head, using meaningful endpoints, or perhaps the latest consensus documents which ensure the practitioner's 'mental formulary' is up to date and in line with current practice.

To an overwhelmed GP it might take the form of diagnostic instruments that could afford them more confidence in diagnosing earlier, permit earlier management or referral based on agreed best practice, and potentially avoid repeat presentations for the same problem.

Notice that each example is inextricably linked to a problem that HCPs commonly face. If the information you're trying to share doesn't address such a problem, then I'd be asking whether efforts to share it should be made at all.

Falling short of this yardstick risks the very real possibility of HCPs seeing through superficial data, to the core of product promotion. This does not engender trust.

In the era of transparency, doctors' guards are well and truly up. The media has increased attention on the practices of sales reps as if it were something new and has painted doctors to be passengers in the prescribing process, operating only on the promotional information they are fed.

HCPs always had the sales rep's agenda at the back of their mind, but **reps have always been, and still are, a valuable resource, bringing health-related data to the door and supporting the gathering of further information that may prove of clinical use.**

What was, and may still be, surprising to HCPs however, is just how susceptible to suggestion they are without being conscious of it. In a now well-publicised cross-sectional study<sup>11</sup> undertaken in 2016, the prescribing habits of nearly 300,000 US physicians were examined. Researchers found that physicians who received a single meal paid for by pharma, the mean value of which was under £15, exhibited significantly higher rates of prescribing those products that were being promoted. Furthermore, additional meals and meals of higher cost were associated with even higher relative prescribing rates.

Perhaps as a result, the evidence<sup>7</sup> now shows that doctors have distanced themselves from the pharma rep, with some going as far as to not entertain them at all, whether this be a decision at the level of the individual or at trust level. **There is a desire now to be informed without being influenced.**

So, in an attempt to turn the tables, doctors who are holding the cards as far as access goes, are demanding that objective information be provided so as not to lose out on that aspect of what once existed. Hence the impasse.

But enough of my conjecture, let me share with you now some specific examples of what HCPs have explicitly asked for, and read on for more insights on how HCPs want this content to be delivered.

### Content requested by HCPs<sup>8</sup>:



**Journal reprints**



**Diagnostic instruments**



**Clinical trial data**



**Disease information**



**Patient education resources**



**Dosing information**

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## Informed, not influenced

With respect to the tradition of 'detailing', evidence suggests that HCPs are looking for a 50:50 split between remote and face-to-face detailing; pharma facilitating both.<sup>12</sup>

Seventy-five per cent of HCPs also agree that remote detailing will save time and fit into work schedules better.<sup>13</sup> But a one-size-fits-all approach will not suffice; two-thirds of HCPs also agree that current content is not being tailored for their practice or their patients.<sup>14</sup>

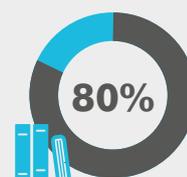
As an extension of this, **doctors want to be provided with electronic or telephone access to Medical Science Liaisons (MSLs) to answer any further questions they may have, and to provide further evidence should it be sought; this channel is one of the most impactful provisions that pharma can use currently, but it remains one of the least used.**<sup>15</sup> Furthermore, the pitch of the conversation commonly encountered with reps has been challenged; HCPs agree that access to 'higher quality reps who are trained beyond their own products, and who are prepared for a serious discussion of multiple therapeutic options', is desirable.<sup>16</sup>

So, what could we arm reps and MSLs with that would allow them to gain more traction? With regard to the old hat approach of providing only product-related information, HCPs state that they would be more interested in being able to access dosing information, patient education resources, clinical trial data, disease information, and journal reprints.<sup>8</sup>

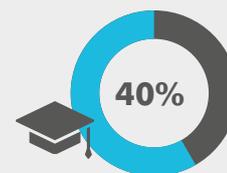
It would also appear that around 80% of HCPs believe pharma should be funding more objective educational resources, whilst almost 40% of HCPs believe pharma should fully fund and supply resources for continuing professional development (CPD).<sup>12</sup>

Disease awareness campaigns, as objective mediums, have been utilised to good effect to indirectly boost related drug sales and it is only through similar separation from promotional content that future materials will ever gain accreditation within the CPD sphere.<sup>17</sup>

HCPs also consider the provision of appropriate patient educational materials to be of high importance and acknowledge that these could easily be integrated into daily practice<sup>18</sup> (read as: high clinical utility), thereby helping to increase health literacy levels and patient engagement as part of a longer-term strategy.



of HCPs believe pharma should be **funding more objective educational resources**<sup>12</sup>



of HCPs believe **pharma should fully fund and supply resources** for CPD<sup>12</sup>



### The ideal detailing experience for HCPs would<sup>12-14</sup>:



**split 50:50** between online and in-person



take **less time** overall



**fit better** with their work schedules



include **tailored content**

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## So, is what we need some HCP-centricity?

It really comes down to trust. Most HCPs don't trust material communicated by pharma. Where once there was a healthy cynicism, there is now outright distrust and media attention has left HCPs in the firing line amidst a culture in which they must constantly defend their prescribing decisions.

Pharma has bridges to build, but HCPs are still eager for what they can offer as long as it comes with reassurances that they are not being misled.

**Tone down the levels of overt promotion within communications; less really is more.** It may be a jarring experience within marketing departments to see more assets flying out without straplines and huge pack shots, but the evidence is there to suggest that **if you want material to ever be read in the first instance, let alone assimilated into clinical**

**practice, a fine line must be walked in terms of just how promotional a piece can really be before defenses are raised.**

That said, don't fire your Marketing Executives *en masse*. All we are suggesting is that in understanding the current hostility toward pharma communications and the climate in which our HCPs are being forced to operate, we can employ new approaches that build trust.

And there is still a place for creativity. Whether that be crafting impactful messages, design layouts that engage and allow for easy reading, creative concepts that evoke emotion, digital assets that are adaptive and intuitive. All of these disciplines still have an important role to play; there is simply a need to deploy our creative expertise in a more strategic manner, giving due consideration to the needs, feelings, and preferences of HCPs.

So, how do we align ourselves with HCPs? We can educate, we can provide tools, we can save time by bringing multiple sources of information together in one place, and we can feed into bigger overarching issues such as patient health literacy or public health, which help indirectly.

I would go as far as to say that any communication should stem from a meaningful effort to understand the issue it aims to address, not simply be created and linked back to an already well-documented, overarching issue that vaguely fits the bill afterward.

**Putting HCPs' needs ahead of an overtly promotional marketing agenda will win back trust, make access easier, and drive sales without widening the schism between pharma and HCPs.**

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Michael is a trained biomedical scientist who went on to read medicine at Durham University.

Choosing not to pursue a career in medicine, Michael began working in medical writing; first in medical information and, upon joining IGNIFI, medical copywriting.

Michael draws on first-hand clinical experience and ongoing research to explore issues facing patients, the pharmaceutical industry and the healthcare sector.