

Medcomms enters the new information age

With the healthcare environment in a state of flux, *Peter Mansell* looks at just what medical communications providers are up against

The old, predictable world of medical communications – with its a virtuous circle of R&D being marketed to physicians and then regenerated by substantial revenues and profits – has shifted to one where value and outcomes are communicated through a more sophisticated engagement that accommodates a range of other stakeholders.

Indeed, in today's fast-evolving market, the value of a medicine resides not in its prescribing but in the way it is taken: alliances are emerging between patient organisations and healthcare professionals as doctors start to feel disenfranchised from over-regulated healthcare systems; and patients groups are proliferating as they look for an active role throughout the R&D process.

This new environment in which medcomms operates is clearly facing rapid change, not just in its audience, objectives and communications tools, but also in the regulatory, technological and economic framework that surrounds it. A strategic medcomms forum held in Oxford recently by NetworkPharma, and covered exclusively by *PharmaTimes* Magazine, sought to reflect that pace of change both in the breadth of its subject matter and its format. The role of new technology in 'reshaping the healthcare conversation' was evident at the forum in the real-time 'tweeting', live streaming and subsequent debate through blogs and social media sites.

Is industry being sidelined?

But industry is at risk of being sidelined in that conversation, argues industry veteran Professor Trevor Jones. The market has transitioned from 'doctor knows best' to a payer-led environment; a sea-change that has been further exacerbated by industry's tarnished reputation, new restrictions on continuing medical education, the information technology explosion, and a basic misunderstanding of the 'informed patient' concept, which has seen industry trying to dominate patient groups.

So what are medcomms communities doing about it? Industry efforts to adapt to “the conversational economy” have so far been mixed – very good in some instances, “terrible” in others, says Dr Andrew Spong, editorial director of Nexus. Meanwhile, patients are forming their own online communities and proving to be a “pretty radical and militant bunch”. These people “have seen what [pharma] offers, and frankly it doesn’t mean anything to them”, Spong comments.

But the industry can “show a human face” online, impart high-quality information and help out with disease management applications, Alex Butler, digital strategy and social media manager at Janssen, points out. Key to this, though, is developing trust through dialogue, openness and transparency.

Janssen, for example, has been running an active Twitter account since February and was concerned it would smack of self-interest. But a quick survey showed that 60% of followers who responded were from the general public, while nearly 75% had

never even heard of Janssen. And they wanted more links to Janssen sites.

But patients aren’t the only group pharma should more fully engage. As Chris Stevenson, senior commercial director for global continuing medical education at Haymarket, argues, the need for independent, unbiased materials to keep doctors abreast of scientific developments is only accelerating as society ramps up the pressure.

Issues of influence cloud CME

At the same time, there is a trend away from direct promotion towards an emphasis on dialogue and >



60 SECONDS WITH VIJAY VAITHEESWARAN

Healthcare Correspondent, *The Economist*



WHAT ARE THE MAJOR DRIVERS OF CHANGE IN THE PHARMA INDUSTRY AT THE MOMENT?

The global pharma industry is at a crossroads. On one hand, the weaknesses of the R&D pipeline and the demise of the blockbuster business model demand an end to business-as-usual. On the other hand, huge opportunities beckon, as the need for a robust and innovative drugs industry has never been greater. Thanks to rising prosperity and advances in public health, people everywhere are living longer. However, with affluence and longevity has come a rise in chronic diseases such as diabetes, and age-related afflictions like Alzheimer’s.



WHAT ARE THE KEY CHALLENGES FACING BIG PHARMA?

If the industry is to succeed, it must win battles on several fronts. Patent expirations and the relentless assault from generic-drug companies is one threat. Another is the hard slog of making money from the genomics revolution: personalised medicine has long been ‘just round the corner’. The most threatening factor may well be the arrival of disruptive innovators in the developing world offering new business models and, possibly, leapfrogging technologies.



WHICH SORTS OF COMPANIES ARE CHANGING THE GAME?

The companies that will survive and deserve to win in the drugs industry of the future will be those that embrace open, networked models of innovation; those that see the messy vibrance of the BRICs economies as opportunities rather than threats; and those that are best able to persuade governments and insurers that their products offer societal benefits that far outweigh their costs.



Vijay Vaitheeswaran, will be chairing
The Pharma Summit on February 10th
2011. For more information visit:
www.thepharmasummit.com

independently developed content through medcomms. The question is what contribution industry should make in this environment, and what is the role of accreditation?

The trend in Europe, notes Robin Stevenson, former president of the European Board for Accreditation in Pneumology, is towards having CME activities funded by a group of sponsors with a common interest. And there is further debate over whether Europe should move along US lines towards accreditation of CME providers rather than their activities.

But it is not just the independence of CME but transparency that matters, stressed Dr Tim Ringrose, director of Doctors.net.uk. Providers have both to be unbiased and avoid the perception of bias. However, Dr Monica Shaw, global medical affairs director for Shire Pharmaceuticals, argued that the notion of ‘independence’ is unrealistic, as all parties have their vested interests. Similarly, accreditation can become a “tick-box exercise”: better to concentrate on producing unbiased and high-quality information, regardless of source.

But with warnings of draconian regulation of CME on the horizon, the nagging question is why industry should put so much effort into this area.

Public-private partnerships

Another key point for medcomms, and the subject of the final session, is what legitimate role scientific information can play in relations between the pharmaceutical industry and stakeholders. Charlie Buckwell, chief executive officer of the medical communications division at McCann Healthcare Worldwide, suggests the debate could be reframed in terms of public-private partnership, with alignment between the goals of better medicines and better business.

The optimal role for scientific communications, Buckwell feels, is in providing a solid foundation for discussions between industry and stakeholders, without trying to control those discussions. Indeed, he contends,



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One problem, said Dr John Gonzalez, global skills lead, publications at AstraZeneca, is that industry is still being criticised for

things it was doing 10 years ago. AZ, for example, has independent auditors looking over its publications and sales/marketing practices, but says that kind of self-restraint “doesn’t make good news”.

Chris Graf, associate editorial director at Wiley-Blackwell, claims the vast majority of medical journals are not “awash with negativity” about the pharmaceutical industry, although the relationship is “a bit schizophrenic”. The bottom line, he said, is that contributors should behave appropriately whatever sector they represent. Even with the swing towards open-access, paid-for publication and posting of clinical trial results online, industry will still want to use journals for brand recognition, peer review and what those mean to target communities, Graf believes.

Industry is routinely accused of withholding unflattering trials or of reshuffling study data and criteria to suit its own ends. In contrast, Emma D’Arcy, founder of medpharmconnect, complains, a leading US journal has subjected databases for industry studies to independent analysis but does not apply the same strictures to academic research. Meanwhile, Graf acknowledges the

internet has raised the stakes for making research available to everyone and says publishers “would like to deliver” open access. At the moment, though, subscriptions remain their bread and butter, and publishers need to devise a sustainable business model that can support throwing open the doors.

As all of these discussions indicate, the context in which medcomms providers operate has changed enormously over the past few years and will no doubt continue to change at a dizzying pace. Through all this, though, the essential definition of medcomms activity proposed by Chris Stevenson – communicating complex scientific information to different groups, be they specialists, primary care doctors, patients or payers – holds true.

The challenge is to find a way of conveying that information to a wider spread of stakeholders through more channels, making full use of all the available media and perhaps widening the sector’s own client base – while being careful not to plunge industry’s reputation even deeper into the mud. **PT**

For more information go to www.medcommsforum.com

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