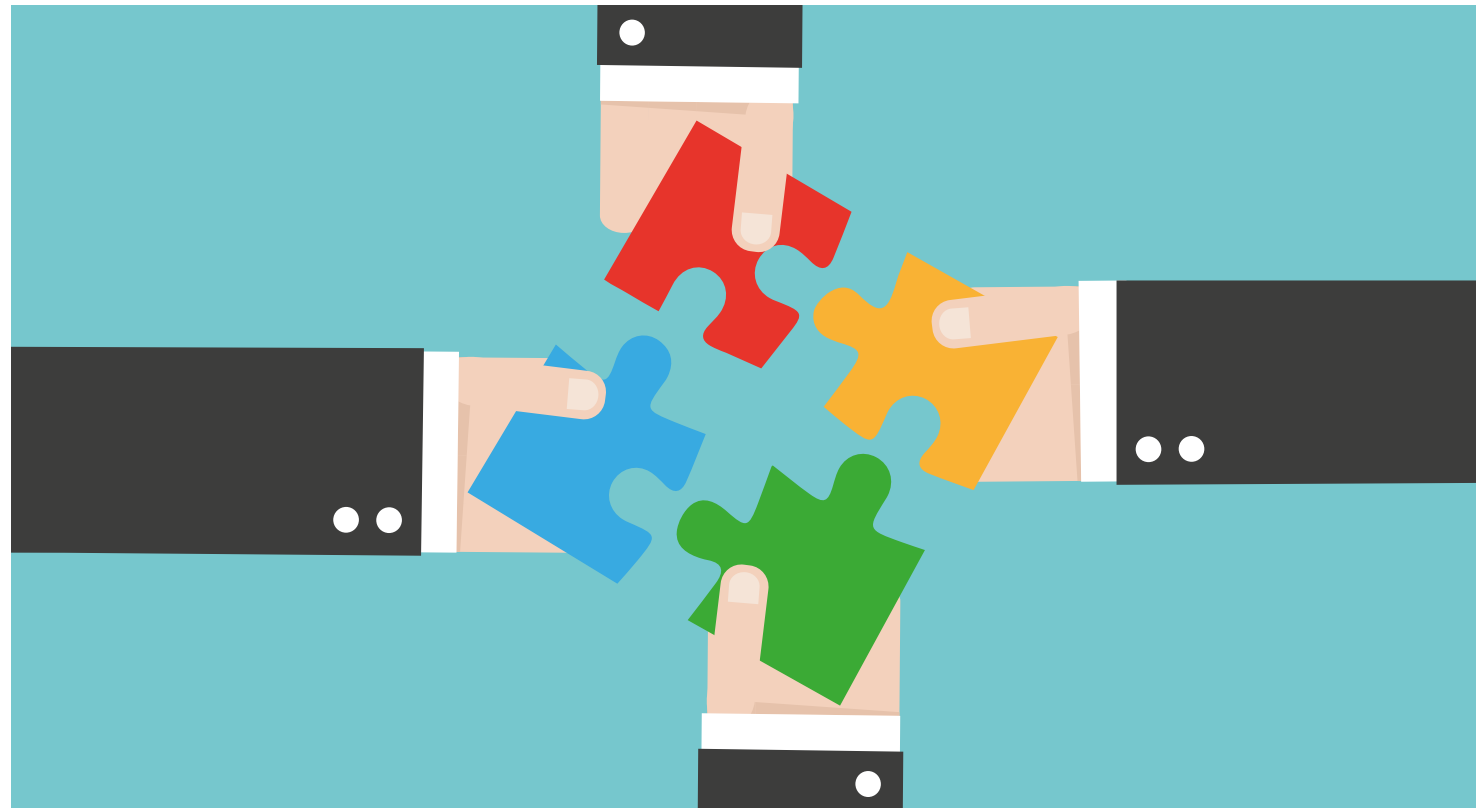


DIGITAL MARKETING:

PIECING TOGETHER THE PERSONALISATION PUZZLE

FEBRUARY 2016



M3

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EXECUTIVE SUMMARY by Dr Tim Ringrose

The introduction of digital into healthcare has been a disruptive force but we have yet to see the full impact of this technology within pharma. Over the past few years we have seen various applications within the healthcare setting – some good, some not so good – but still the pharmaceutical industry struggles with the fundamentals while other industries have taken big leaps with the adoption of digital services.

Two things have become clear. First, healthcare professionals and healthcare systems in general are now embracing and adopting this technology in its various forms, and incorporating it into their work life (see the King's Fund's "Eight Technologies that will Change Health and Care" for some great examples).¹ Second, the vast majority of the pharmaceutical industry has been merely toying with digital; jumping on the technological bandwagon half-heartedly and disjointedly, without thinking strategically about how it can be used to best affect healthcare. Together, these two views are at cross purposes.

But a change is happening: are we witnessing the start of the tipping point for pharma and digital?

As healthcare professionals become more digitally savvy, there is the recognition that for digital to work for pharma it isn't about the "bling" factor but rather operational improvement and excellence. This applies across virtually all aspects of pharmaceuticals from drug discovery to marketing and promotion. Marketing and promotion has arguably been disrupted the least by digital yet I believe has the most opportunity for business improvement. The trouble is, doctor engagement is another

issue that pharma has long struggled with. Pharma knows that it has low levels of credibility with its customers but has not been able to change this much – is this because of a lack of strategy, a lack of conviction or simply apathy?

By engaging with healthcare professionals on their terms, personalising content in the channels and media that they prefer, and working in partnership to understand and meet their needs, pharma can finally regain the initiative and become a fully realised partner within the healthcare industry in the digital era.

This is what doctors want – and the research that follows proves it.

This type of engagement, this understanding of doctors, this analysis of how information and services can be optimally conveyed – this is how pharma used to work in the face-to-face world before digital became such a powerful force. Pharma needs to wake up and realise that understanding digital engagement is no different to understanding face-to-face engagement. Digital, at the end of the day, is simply another medium – another format to throw into the communication and engagement mix.

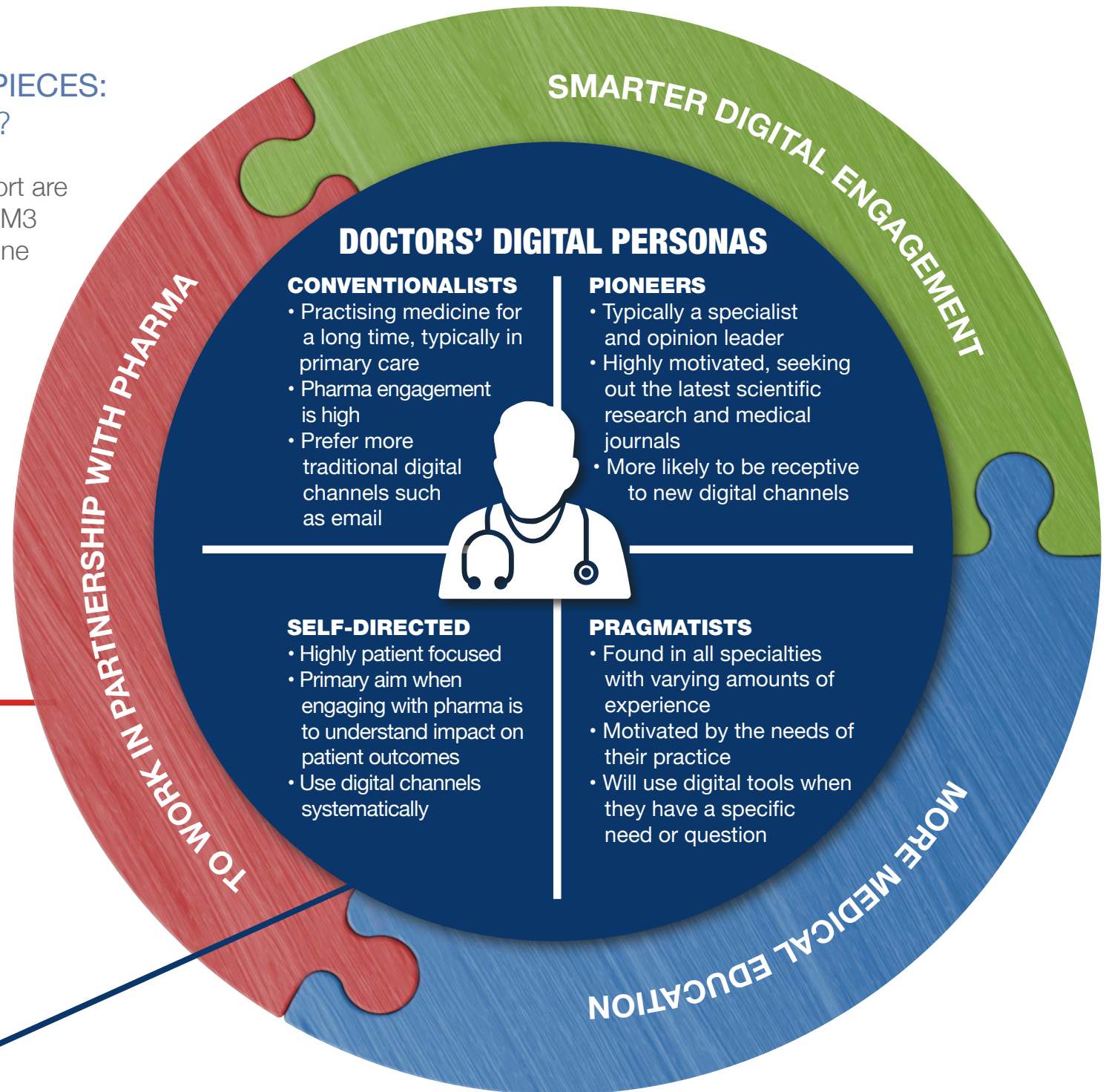
It is now imperative that, in the year ahead, the pharmaceutical industry finally "gets" digital. But it is equally as important that the pharmaceutical industry "gets" doctors. After all, understanding their behaviour and their preferences will be the key to success in the new healthcare landscape.

PUTTING TOGETHER THE PIECES: WHAT DO DOCTORS WANT?

The learnings presented in this report are taken from research carried out by M3 and its partners in 2015 and combine to solve the puzzle of how pharma can truly engage with doctors in a digital world. What emerges is a solution made up of knowing what doctors want and knowing how to address these wants based on how doctors behave online – their digital personas.

WHAT DOCTORS WANT

HOW DOCTORS BEHAVE

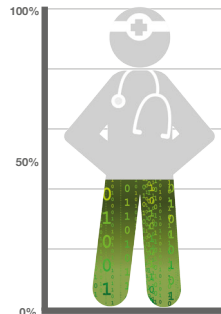


SMARTER DIGITAL ENGAGEMENT

- Digital is becoming the preferred communication channel
 - Doctors have adopted and incorporated digital communications into their day-to-day lives
 - The rise and influence of digital KOLs is on the increase



say information from peers on Twitter can influence treatment decisions



of doctors globally are classed as digital key opinion leaders

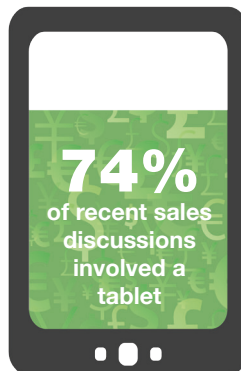


say brand pages on social media will become increasingly influential on treatment decisions



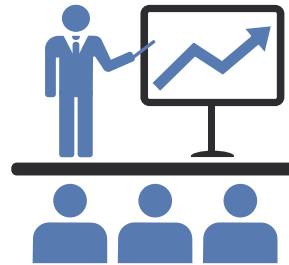
41%

of doctors globally believe mobile apps will be a game changer for improving health outcomes



MORE MEDICAL EDUCATION

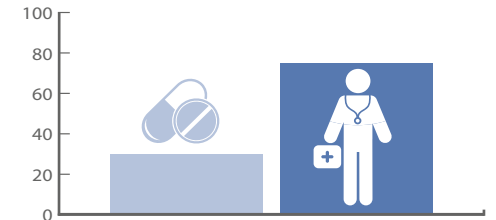
- Doctors know that the need for medical education is on the increase and they are open to pharma providing it
- Medical education needs to be targeted and personalised – make information available to doctors on their own terms



believe the amount of medical education needed in the future will increase



find online self-study and continuing medical education materials useful



would participate in pharma-funded learning if it was written by the pharma company...

while 75% would participate if it was written by a leading expert

TO WORK IN PARTNERSHIP WITH PHARMA

- The largest single factor affecting doctors' opinions of individual pharma companies is trust
- To build trust, doctors want to work in partnership with pharma to improve patient outcomes

Key areas of partnership between doctors and pharma:



Leveraging new technology to improve patient care



Assistance in improving patient adherence



Technology and therapeutic options that empower patients



Patient education



Help with rare disease



Innovative research

THE IMPORTANCE OF PERSONAS

Multichannel marketing has been a topic of discussion within the pharmaceutical industry now for ten years, yet many initiatives fail to implement one vital element of a successful engagement – the personalisation of communications.

What is a persona?

For the purposes of our research, a persona is a personality type; a representation of a customer group designed to give marketing and sales teams a clearer understanding of their target audience. We have used ZS Associates' personas (ZSchemas) which identify four core groups amongst doctors based on user preferences and habits, as our starting point.

Profiling physicians

For any industry, customers are as varied as the channels and technologies that can be used to reach them. If a single approach worked for every customer, there would be no need for business intelligence.

M3 EU partnered with ZS Associates to conduct a study on physicians' online habits and channel preferences. Through careful user analysis of M3 EU digital platforms and communities, examining user habits, preferred channels and engagement levels, we identified four main user groups. These groups were compared against ZS Associates' ZSchemas – four primary personas or personality types identified by ZS Associates and found within physician populations.

The personas are:

- **Pioneers** – The Pioneer is typically a specialist and very often seen as an opinion leader who will spend time sharing and debating information at medical

conferences or online. They are often older, more experienced doctors. They are highly motivated, continually striving to further develop their expertise in a given disease area by devouring the latest scientific research and medical journals.

- **Pragmatists** – Pragmatists are found in all specialties, with varying amounts of experience. The first question they typically ask themselves is “what’s in it for me?”. They are motivated by the needs of their practice, and communications that help them achieve the practice goals or objectives are welcomed.
- **Self-directed** – Self-directed physicians are highly patient focused. Their primary interest when interacting with pharmaceutical companies is to know how a product or service will impact the patient outcome. They can be found in any specialty, and typically they are younger doctors.
- **Conventionalists** – The Conventionalist has been practising medicine for a long time. Typically they are in primary care, and they will be older doctors. Their pharma engagement is high, and they have a wide breadth of knowledge, but they are also very stuck in their ways.

“Customers are as varied as the channels and technologies that can be used to reach them. If a single approach worked for every customer, there would be no need for business intelligence.”

We found that user habits through our own digital channels could also be grouped into four key personalities – and that each of those personalities were almost an exact match for the personas detailed previously.

The value of using a persona-driven approach to marketing is that it enables us to make a start to the process of personalisation by setting a goal at a realistic level when considering the four personas.

Once we can deliver personalisation at this macroscopic level we can start to increase the sophistication until we reach the Holy Grail – tailoring of communications to each individual.

KEY TAKEAWAYS:

- TARGETED SALES AND MARKETING MESSAGING WILL RESULT IN SIGNIFICANTLY HIGHER LEVELS OF ENGAGEMENT.
- BY APPLYING THE PERSONAS FRAMEWORK TO YOUR SALES AND MARKETING EFFORTS YOU CAN BEGIN TO TARGET AUDIENCES WITH INFORMATION THEY WANT, VIA THE CHANNELS THEY PREFER.

DIGITAL DRIVERS

Healthcare is changing at an ever increasing pace; financial pressures, regulatory controls and the dominance of chronic disease mixed with a democratisation of digital technology have affected every corner of the healthcare system. Communication is no longer simply a face-to-face medium, each stakeholder will have its own preferences, selected from the multitude of offline and online channels that exist today. Doctors, like consumers, have adopted and incorporated digital communication into their day-to-day lives – from communication with colleagues, to banking and doing the weekly shopping.

M3 EU has been monitoring how healthcare professionals' (HCPs) needs and behaviours are evolving in this dynamic healthcare environment, and findings, according to research across eight markets by M3 Global Research for Cello Health Insight, show doctors are increasingly embracing and adopting digital into their professional lives. This is leading to the development of key identifiable digital behaviours and trends.²

The implications for pharmaceutical companies have been widespread. A reduction in sales force and ever-growing demand for outcomes and service-based approaches have led to increasing need to find a digital solution. But a reluctance to fully embrace the richly diverse digital landscape has left pharma out of many of the key communications channels in use today.

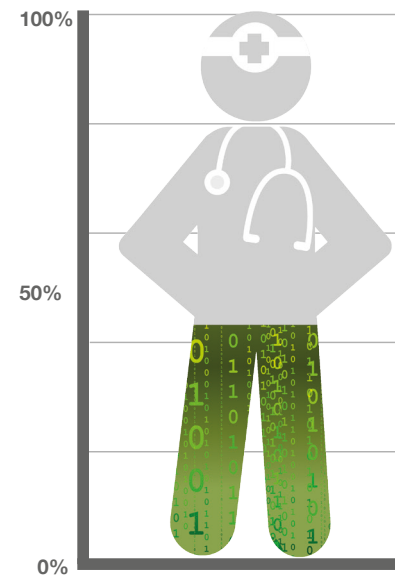
Digital is becoming the default communication channel



Digital forms of communication have become increasingly widespread and accepted. 33% percent of doctors would like to see websites for communicating with patients, while 24% believe that brand pages on social media will become increasingly influential on treatment decisions within the next two years. It isn't difficult to imagine that our Pioneers will be the driving force behind these approaches, thus any digital materials prepared can be done so with them in mind. Meanwhile more than half (54%) of doctors still prefer reps as their primary source of information, this small majority matches most closely to the behaviour of our Conventionalists, but even they are increasingly reliant on digital technology to augment the sales experience – nearly three quarters (74%) of recent sales discussions involved a tablet.

Rise of digital KOLs and empowered patients

Digital key opinion leaders (KOLs) – doctors who proactively share high levels of information online – are on the rise according to our research. Around 42% of doctors globally are classed as digital KOLs, making them one of the newest and most influential stakeholders for pharma. Equally, empowered patients – those that research health conditions online, self-diagnose and specifically request prescription medicines by name – are becoming more common, and the expectation is the patient voice will increasingly influence treatment decisions. In fact, the prevailing belief among industry experts is that patients and pharma are so intrinsically linked that “optimising patients’ health doesn’t compete with optimising our financial health; it leads to it.”³



42%
of doctors globally are
classed as digital key
opinion leaders

Digital on prescription

Mobile applications and the “quantified self” movement are taking hold in healthcare. In fact, 41% of doctors globally believe mobile apps will be a game changer for improving health outcomes.² Still, apps have yet to see widespread adoption among doctors; currently just over one-third (36%) of doctors globally say they are likely to recommend a health app to their patients.



41%

of doctors globally believe mobile apps will be a game changer for improving health outcomes

Social media has a role in prescribing influence

Despite a shift towards digital, pharma companies’ or branded-product websites are preferred by less than a third of doctors, with sales reps remaining the preferred source of information for more than half of HCPs. However, the biggest influence on doctors’ treatment decisions is information from their peers, and online professional networks are playing a significant part in this, with 75% of UK doctors reporting that

they made use of an online professional network in a typical month. 35% say information from peers on Twitter would influence their treatment decisions.² Once again, this clearly illustrates the need for a comprehensive approach to digital that makes full use of peer-to-peer and social media.



35%

of doctors say information from peers on Twitter can influence treatment decisions

“The biggest influence on doctors’ treatment decisions is information from their peers, and online professional networks are playing a significant part in this”

HELEN PARFITT,
COMMERCIAL DIRECTOR, M3 (EU)

While reductions in sales forces and ongoing cost constraints should naturally be driving pharmaceutical companies towards digital as a solution that can supplement ongoing sales and marketing efforts, I fear that there are some organisations that haven't yet realised the benefits that come with digital channels. It's true that some organisations have embraced digital and are finding innovative ways of including it within their communications and promotional strategy, but sadly today just as many organisations still consider digital as an after-thought, paying it lip-service simply because everyone else is doing it.

Digital is not a replacement for traditional channels, it is an excellent and necessary accompaniment to them if you wish to optimally address the industry pressures of today. Digital can work not only as a marketing engagement tool, but also as an amplifier for your sales teams.

Companies should consider a blend of representative 'hot-spot' activity supplemented with geographically targeted digital activities to maximise share of voice in a cost-effective manner. This becomes particularly important in territories where doctors are difficult to access or where, due to market access, the brand is almost locked out.

Getting to know your digital customer

It shouldn't be particularly surprising when you think of doctors as a customer group, that 42% of them are now considered to be highly influential through digital channels. Whilst initially doctors may have been slow to adopt technology, once digital platforms began to show traction, it was only a matter of time before more doctors took up the role of digital opinion leader alongside their peers.

Pharma's level of engagement on social media will always be determined by the geography of the campaign, and the regulations in place in that region that dictate how and how much information can be communicated online. That said, pharma companies ignore social media at their peril. What is needed is a case-by-case assessment of the regulatory requirements and the core objectives for that brand and region.

As with any undertaking of any complexity, your success or failure will rely heavily on how well you know your customer and how well you execute. Pharma has many years of experience segmenting its customer base, but that experience has been predominantly based around face-to-face selling and the challenges that it presents. Rarely if ever, have digital segmentations been explored in any real depth. But only by understanding your customers' habits and preferences online – their digital personas – can you hope to engage with them in this medium with the same levels of success as you have previously, face-to-face.

DIGITAL ENGAGEMENT OF PHYSICIAN PERSONAS

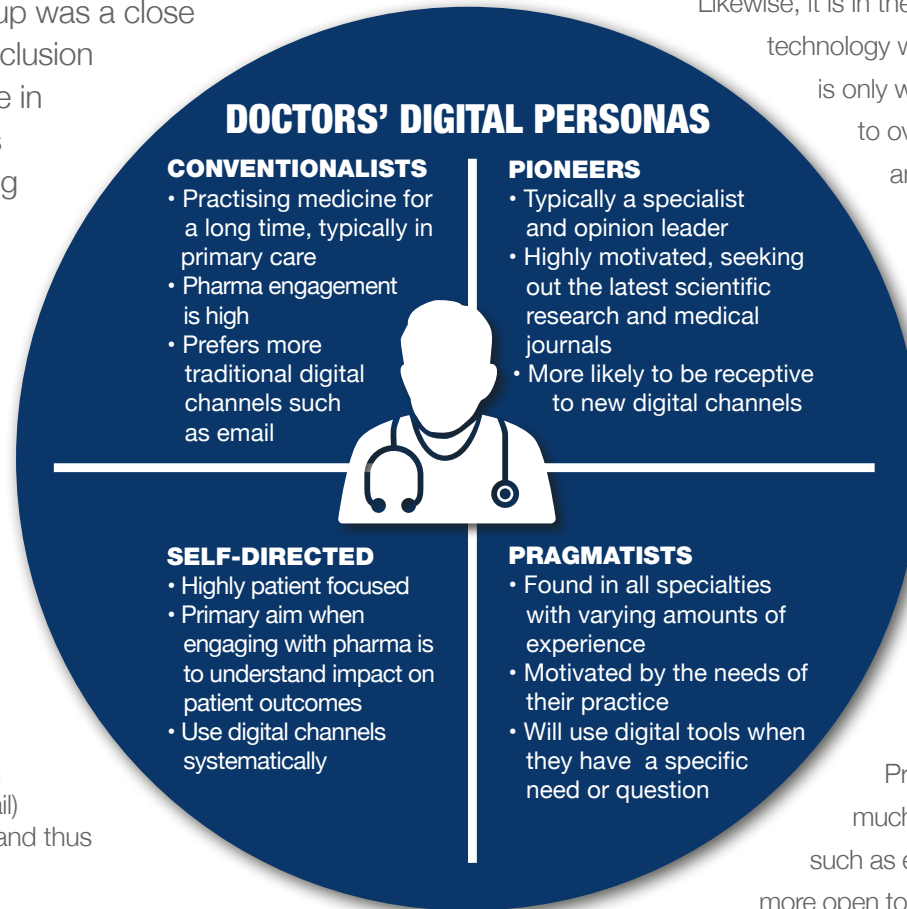
Degrees of engagement

When comparing M3 EU user groups⁴ against the personas identified by ZS Associates outlined in the previous section, we discovered that in every case, each group was a close match for one of the personas. The conclusion drawn is that the M3 EU user groups are in fact a representation of the digital habits and preferences of each of these existing personas. Here, we outline our findings on user habits against each of these personas:

- **Pioneers** – Comfortable with technology, Pioneers are heavy users of the internet. They are dedicated and engage digitally outside of regular work hours.
- **Pragmatists** – Engage sporadically and systematically with digital channels.
- **Self-directed** – Comfortable with technology, and are heavy users of the internet. They use digital channels systematically.
- **Conventionalists** – More comfortable with traditional digital channels (for example email) versus social media or online communities and thus are far more engaged when using these.

It is perhaps unsurprising that the personas aligned so closely with the user groups during our analysis. Pioneers are typically very computer literate, it is in their nature to seek out new information and be an early adopter of new techniques.

Likewise, it is in the nature of goal-oriented Pragmatists to use technology when they are presented with a unique problem. It is only when they have a target to achieve or a challenge to overcome that they will proactively seek out peers and professionals online for assistance.



Channel preferences

Doctors are increasingly showing a preference for digital with distinct changes in their behaviour, but as evidenced by M3 EU research, these preferences can vary by degrees of engagement and also preferred channels of communication. Fortunately, the process of multichannel communication can be simplified by applying the personas.

Using this approach, we were able to show that 100% of Conventionalists engaged with emails during our study versus 73% of Pragmatists, indicating that Conventionalists have a much stronger preference for well established channels such as email, while Pragmatists are more selective and more open to communicating through newer channels.

When it comes to website activity, behaviour varies again. Pioneers, who we have established are heavy internet users that lean towards more innovative approaches, had the highest average time spent on websites (549 minutes per month) and website sessions (96 sessions per month), while Conventionalists, who have a low preference for new channels, spent just 18 minutes a month on websites, and when they did visit websites, 71% of this traffic was directed via emails.

These findings show that trying to engage with Pragmatists via email will not be as successful as using email to engage with Conventionalists, and hoping a Conventionalist will land on your website without an outbound campaign would be short-sighted. It is clear that doctors want to engage with digital on their own terms, hence the need to personalise the approach and match communication channels with the behaviour pattern of targeted physicians.

It would be wrong to assume there is a one-size-fits-all approach when engaging with doctors. Conventionalist physicians, as we have explained, have a greater preference for emails than websites, while the opposite is true for their Pioneer counterparts,⁵ but we must also consider geography when tailoring the sales and marketing approach.

More than 70% of EU5 physicians (UK, Germany, Italy, France and Spain), for instance, are smartphone owners and a large proportion claim to use the internet during their work day.⁶ Meanwhile, findings from complementary research, presented in collaboration with ZS Associates, also show doctors routinely use forums, online learning and internet searches during consultations.⁷ And while Japan and the USA have been front runners when it comes to the adoption of digital channels, the EU5 countries are starting to follow suit, with 13% of detailing now done digitally in the UK and France.⁸

As digital embeds in healthcare, research shows differences between doctors' behaviours that highlights certain preferences for where more digital engagement should occur. For instance, websites are generally the preferred channel among physicians for digital engagement across the EU5 countries,⁹ but more specifically in Spain, physicians are least likely to prefer digital over print sources.¹⁰ In spite of this, Spanish physicians spend more time using electronic health records¹⁰ compared with the other EU5 countries.

KEY TAKEAWAYS:

- THERE IS NO ONE-SIZE-FITS-ALL APPROACH TO ENGAGING WITH HCPS – THE DIFFERENCES IN HOW DOCTORS ENGAGE DIGITALLY HIGHLIGHTS THE IMPORTANCE OF UNDERSTANDING DOCTORS' DIGITAL BEHAVIOURS AND THEIR PREFERENCES.
- IT IS VITAL THAT PHARMA UNDERSTANDS DOCTORS' DIGITAL BEHAVIOUR TO PROVIDE THE OPTIMAL MIX OF MULTICHANNEL AND FACE-TO-FACE ENGAGEMENT.
- BY MAKING USE OF THE FOUR PERSONAS TO UNDERSTAND DOCTORS' PREFERENCES, PHARMA CAN ENSURE ITS MESSAGES ARE COMMUNICATED THROUGH THE RIGHT CHANNELS TO GET TO THE RIGHT HCPS.

DOCTORS WANT MORE MEDICAL EDUCATION

Demand for more

M3 EU research shows that doctors want better medical education. According to doctors' perceptions, the increased complexity of medicine, rapid scientific developments and introduction of new technologies are the main reasons behind this desire for more medical education.¹¹ Changes and updates in treatment guidance and the importance of continued medical education (CME) as part of a HCP's career are also key drivers. For pharma companies to play a role in delivering this information effectively, again they must turn to the digital personas to ensure messages are delivered via a user-friendly channel.

The research reveals that almost half of doctors (49%) believe the amount of medical education needed over the next few years will increase, whereas only 11% say this will decrease, and 41% say no change will be needed.¹¹ Additional research reveals that 37% of doctors need "better access" to pharmaceutical education websites specifically, supporting this apparent increase in demand for CME materials.¹² This suggests that a significant proportion of physicians are hungry for more information, and respondents to the M3 EU survey did note they were worried about how to find time to fit in extra learning.

“Concerns over time constraints present a valuable opportunity for pharma to deliver much-needed information in a convenient format”

A multi-faceted approach

Organisations must be careful to ensure such information is not restricted to a single “one-size-fits-all” channel. Concerns over time constraints present a valuable opportunity for pharma to deliver much-needed information in a convenient format that specifically addresses the time issue. Online webinars or CME delivered via smartphone applications are just two examples.



49%

of doctors believe the amount of medical education needed in the future will increase

Online learning can be a significant time-saving solution and, indeed, it appears to be highly valued. M3 EU discovered that learning within the EU5 is almost equally spread between online and offline; with offline just inching ahead on 51%. Self-study, such as through scientific literature, which would include online research, is seen as valuable by more than half the respondents, and online CME activities are preferred by 43% of doctors. This is in stark comparison to printed CME activities, where just 15% consider them of high value.

Further evidence strengthening the case for online medical education was seen when 69% of doctors said they were likely to participate in online learning for their specialty. Most doctors said they are likely to participate in online learning when it is accredited by accepted bodies or recommended by colleagues.

While this need for better education does suggest a strong role for the pharmaceutical industry, the M3 EU research indicates that pharma needs to tread carefully when getting involved in medical education. The majority of doctors (80%) overwhelmingly said international conferences are the most valuable type of education – but those run by medical societies. Just 21% of doctors said international conferences run by the pharmaceutical industry are of value.

Likewise, only 30% of doctors said they would participate in pharma-funded learning if it was written by the pharma company. Doctors prefer learning to be written by a leading expert, but the majority welcome the involvement of pharma to sponsor the activities (75%).



of doctors find online self-study
and continuing medical education
materials useful

KEY TAKEAWAYS:

- DOCTORS KNOW THAT THE NEED FOR MEDICAL EDUCATION IS ON THE INCREASE – AND THEY ARE OPEN TO PHARMA PROVIDING OR SPONSORING IT.
- THE MAJORITY OF DOCTORS PREFER LEARNING CONTENT TO BE WRITTEN BY A LEADING EXPERT.
- MEDICAL EDUCATION NEEDS TO BE TARGETED AND PERSONALISED BASED ON DOCTORS' BEHAVIOURS AND PREFERENCES USING THE DIGITAL PROFILES AS A TEMPLATE. INFORMATION SHOULD BE AVAILABLE IN A VARIETY OF FORMATS TO ADDRESS A VARIETY OF NEEDS.

DOCTORS WANT TO WORK IN PARTNERSHIP WITH PHARMA

M3 EU research for eyeforpharma in 2015 discovered that doctors do want pharma to provide information and educational material for HCPs. But such information must be non-promotional and provided on the basis of a partnership.

This term “partnership” is a recurring theme in M3 EU’s research as HCPs start to realise the advantages of having a relationship with pharma where the industry can provide additional value to healthcare systems and doctors beyond the scope of its own products. Our research shows that doctors now want to work with pharma towards the common goal of improving patient outcomes.

Improving patient care

Another area M3 EU identified doctors wanting pharma’s support is with help improving the patient journey and patient experience.¹³ For example, high on the list of priorities of HCPs is for pharma to better leverage technology in a way that offers multiple channels for patients to access tools like electronic documentation, online consultations and delivery of care. HCPs are also keen for pharma to increase the availability of technological solutions geared towards homecare, including telemedicine. Pharma has experimented with such initiatives in the past, to varying degrees of success, but for results to be had, behaviours and measures need to shift at ground level. Research has found that it’s easy to lose the message of patient-centeredness when there are inconsistencies between the ideals and realities.³

Key areas of partnership between doctors and pharma:



Leveraging new technology to improve patient care



Assistance in improving patient adherence



Technology and therapeutic options that empower patients



Patient education



Help with rare disease



Innovative research

Building trust

The research showed that as many as 80% of respondents still see sales reps but they want to see reps who are supportive, well informed on the research and therapy area, have goals aligned with those of the HCPs, and who will develop long-term relationships with the doctors. Given that sales forces are often in a state of flux, that last point – developing relationships over time – requires a different approach from pharmaceutical companies.

When asked to rank pharma companies, trust played an important role in determining the results. The top company was Pfizer followed by Sanofi and Novartis in joint second, while Novo Nordisk, MSD, and AbbVie came in at third. These rankings were found to be based largely on trust of the sales reps followed by trust of the company as a whole, and underpins the importance of developing a relationship and partnership with doctors in order to establish that trust.

The M3 EU survey established that while doctors expect more from pharma, specifically around help with services, adherence, information (particularly being open and honest about trial data) and reduced drug prices; the trust issue still requires attention. Doctors are calling on pharma to invest more time and money into research and new drugs. Research investment, according to HCPs, should focus on new molecules, antibiotic development and innovation in techniques. And in making these investments, pharma could go a long way to solving the ongoing trust issue.

In some quarters it is predicted that as many as 36% of doctors identify trust as one of the primary barriers to them accessing pharmaceutical websites and digital services more frequently.¹² And so doctors' responses, indicating their preference for pharma to add value to the relationship and act more as a trusted partner to help solve healthcare problems, should not be taken lightly.

KEY TAKEAWAYS:

- DOCTORS WANT PHARMA TO BE A PARTNER, THEREFORE PHARMA MUST BEGIN TO ACT LIKE ONE BY OFFERING IMPARTIAL ADVICE THAT IS GEARED TOWARDS THE NEEDS OF DOCTORS AND THEIR PATIENTS.
- DOCTORS CONSIDER THE BEST COMPANIES TO BE THOSE THEY CAN TRUST, AND WHERE TRUST IS DEVELOPED THROUGH PARTNERSHIP. PHARMA NEEDS TO CONSIDER HOW IT CAN BUILD A TRUSTED RELATIONSHIP WITH CUSTOMERS THAT DOES NOT RELY SOLELY ON FACE-TO-FACE INTERACTION.

CONCLUSIONS by Dr Tim Ringrose

Pharma's objective is clear – to provide value to healthcare beyond the pill.

Pharma has an opportunity to work in partnership with HCPs to provide solutions to address the needs of patients and those who look after them. But to do this pharma needs to build trust with a wide range of stakeholders – not least doctors.

Doctors recognise that they need to take part in regular medical education to keep abreast of innovation in healthcare and the majority welcome the involvement of industry in the provision of learning resources provided that the content is high quality, independent and produced by a knowledgeable peer. This is a huge opportunity for pharma – but it does require some bravery as the return on investment cannot be measured in the same way as a promotional programme. What it can deliver is better patient experience, improved outcomes, reduced adverse events and better, more effective use of healthcare services. For the sponsor this can mean better use of its medicines or products and improved credibility.

With regards to promotional activities, it's interesting and perhaps surprising to some that many doctors value the interaction with sales reps. The challenge the industry faces is how to utilise new technology to enable it to interact with doctors in a cost-effective way and yet still present itself with a human face.

Whether educational or promotional, the vital tactic for successful programmes is to first understand the needs of the audience and then address those needs. Successful programmes whether offline or online need to be personalised to meet the different needs of the audience and thinking about the four personas outlined in this paper is a good place to start.

There is one final point I would like to add, a magic ingredient if you will, that has not yet been discussed. While building a programme of engagement designed around doctors needs and behaviours is of course critical – you must also remember one other persona in this exchange – yours.

Different companies and brands require different outcomes in the same way as our Pioneers, Pragmatists, Self-directed and Conventionalists. Your company and your brands have personas of their own, and these must also be factored into your tailored multichannel approaches. What personality does your company have?

“Whether educational or promotional, the vital tactic for successful programmes is to first understand the needs of the audience and then address those needs”

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Tim Ringrose trained in nephrology and intensive care in Oxford before joining Doctors.net.uk, part of M3, in 2000. Tim has led the development of services provided

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Helen joined M3 Europe in 2015 as the commercial director principally responsible for product development and strategic

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About M3

M3 is a trusted global provider of information and connections in healthcare, and has a reach of more than 3.5m physicians worldwide – making it the world's largest network of physicians.

M3 helps healthcare organisations to access, connect and communicate more efficiently with physicians and other healthcare professionals in order to share knowledge and innovations. It also provides ongoing data-driven results and insights, so that it can continually improve its service.

For physicians, M3 provides dedicated and trusted community spaces in which they can connect with each other, as well as healthcare organisations – to learn, access new information, and share knowledge and experiences. M3 also has a separate division providing independent medical education.

Through its commitment to progress and its investment in deepening connections, M3 will continue to break down the barriers that stand in the way of improvements and progress in healthcare.

Further information

For more information on M3 and its European Division: www.doctors.net.uk, www.m3medical.com, www.mdlinx.com and www.networksinhealth.com

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