# **HOW DO DOCTORS SPEND THEIR TIME ONLINE?**

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In this new research on how doctors are spending their time online, we observe how the boundaries between work and leisure use are blurring for all ages, and how independent sources of medical information are preferred over pharma company sponsored ones. We also explain how the pharmaceutical industry should be engaging with doctors digitally to build trust and ensure key product messages are communicated effectively.

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### INTRODUCTION

In our recent research piece, *Doctor networks: The rules of engagement for pharma*, some overarching principles for online engagement between the pharmaceutical industry and doctors were defined.<sup>1</sup>

But the specific habits of doctors around internet use are, just like the rest of us, continually evolving. For the pharmaceutical industry to effectively engage with doctors it is therefore important to keep on top of the latest trends around how they are using digital channels.

We recently conducted fresh research to address some simple questions around how often doctors are online, where they like to spend time, what types of information they are broadly looking for and what they are specifically seeking out with regards to pharmaceutical products. A total of 1,008 UK GPs took part in the omnibus survey, which was conducted by medeConnect, and their responses are analysed in this essay.

"The specific habits of doctors around internet use are continually evolving."

#### HOW MUCH TIME DO DOCTORS SPEND ONLINE?

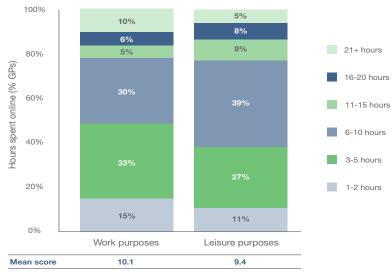
Figure 1 illustrates how much time doctors are spending online per week, for both work and leisure use.

Both activities occupy about 10 hours' time, meaning the average doctor spends about 20 hours online per week in total. However, we believe these figures to be on the conservative side due to the collection methodology around recall of time spent time online is becoming habitually invisible to most.

In reality, doctors are able to spend time online via many different devices - a typical day might start by checking emails on their smartphone, before using a work computer at their surgery, and end with time on a laptop or tablet during the evening. While it would be easy to assume this picture is more appropriate for younger doctors, figure 2 illustrates that the time spent online across different age groups is very consistent, with the 60+ age group actually being the most prevalent surfers for work purposes, based on this research.

In addition, we suspect that the definitions of 'work' and 'leisure' time are blurred. For example, doctors chatting on online forums with their peers about predominantly non-medical issues may regard this as leisure, in the same way that, in the real world, an after-hours drink with colleagues would not be regarded as work either.

The net conclusion here: just as with many other areas of business doctors are spending more and more time online, which reinforces how powerful this medium is while also limiting pharma's time for offline engagement.



Base: All respondents (1008 GPs) Q1: In a typical week how many hours do you spend online?

Figure 1: Doctors spend around 20 hours per week online, spanning work and leisure uses

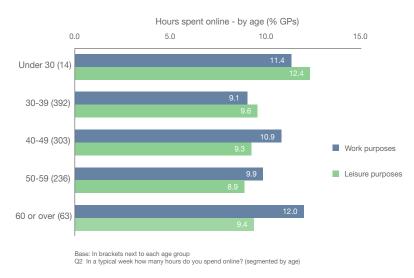


Figure 2: Age is no barrier to doctors surfing

Note: The majority of figures for the tables in this essay have been rounded to the nearest whole number

#### WHAT ARE DOCTORS LOOKING FOR ONLINE...AND WHERE?

Next, we wanted to get an update on the type of information doctors are preferentially seeking out online when it comes to work activities. Figure 3 shows the breakdown of responses when doctors were asked to rank various activities in terms of which were most valuable to them.

Viewing guidelines and CME programmes emerge as the most valuable activities across the group, with over half of the surveyed doctors individually rating one of these as their single most valuable activity. Medical news, treatment options and information about new treatments also emerged as valuable, while activities such as communications with both colleagues and patients came lower down the list.

When you stop to think about this, the activities which are regarded as most valuable are essentially the 'Web 1.0' activities - searching for online information that doctors could well have been trying to find online 10 years ago. Is this surprising? Probably not when you reflect that in our own personal internet use such information gathering is commonplace, e.g. browsing the latest news, searching train times or reading reviews about restaurants.

Social activities come out lower on the priority list overall. This does not mean that doctors do not take part in social networking, but does mirror earlier research showing that doctors lag behind when it comes to using traditional social media sites. Even within the 'safe' platform of Doctors.net.uk, where 41% of the members are active at least once a day (see figure 4), it can be observed that only around a third of our members take part in the forum discussions section - the rest are focussed more on information gathering.

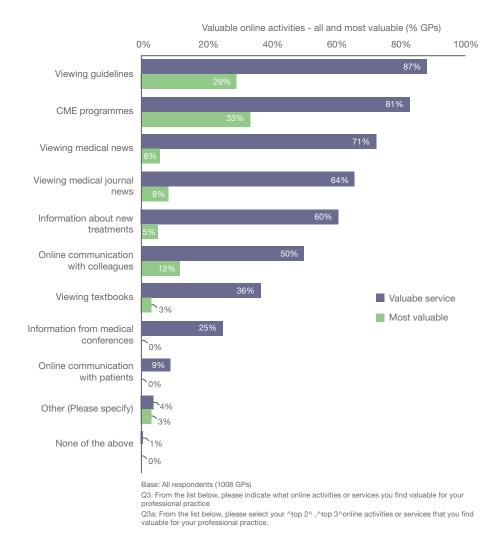


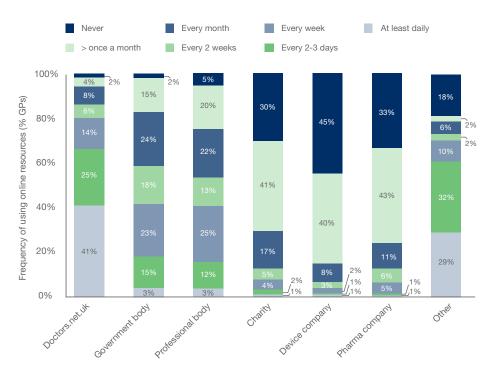
Figure 3: Guidelines and CME drive online interest from doctors

When we then explore further, in figure 4, where doctors are looking for information online a pretty sobering, although familiar, picture is painted for pharma. Doctor networks, professional and government body websites are browsed on a fairly frequent basis, but a third of the surveyed doctors stated that they never visited pharma company websites (and almost half said the same for device company websites!), with charities faring little better in terms of medical eyeballs.

While a variety of factors are quoted as being behind this, trust is clearly a general problem for pharma, not helped by transparency campaigns, such as AllTrials, suggesting the industry presents incomplete medical information, but again there are some parallels with the world beyond pharma. In the same way that a potential car buyer might visit the manufacturer's website for specific product information, they will also visit independent review websites before making a decision. Pharma may never address the latter point, but it should be in a good position to provide the most robust information about its own products to doctors and it is here that trust becomes a block.

In summary, this data tells us that doctors are primarily seeking information from independent websites to help them do their day-to-day job better. Can pharma do more here? Yes, but restoring trust will take time and a change of behaviour.

"Trust is clearly a general problem for pharma, not helped by transparency campaigns."



Base: All respondents (1008 GPs)

Q4: When sourcing information about medical devices, pharmaceutical products and other therapies online, how often do you use websites/online resources operated by the following bodies, organisations and website sponsors?

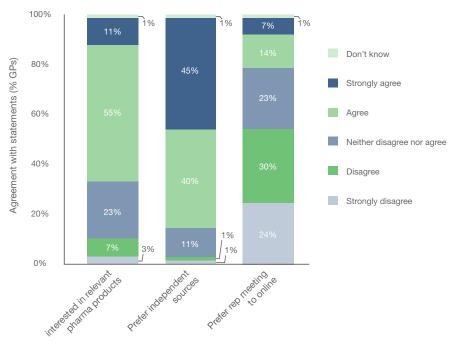
Figure 4: A third of GPs never visit pharmaceutical company websites

#### WHAT ABOUT PHARMACEUTICAL PRODUCT INFORMATION?

When we look specifically at where doctors go for product information a similar story unfolds, with 85% of doctors stating they strongly agree/agree that they 'prefer independent sources', in addition to over half (54%) of them also strongly disagreeing/disagreeing with a rep meeting being preferable to online information sourcing. This is another blow to an ailing sales rep model for pharma.

But again, trust is an underlying factor here – if doctors are not browsing pharma websites for general information/CME, they are not going to browse them for specific drug information, nor see reps that they view as biased. However, we think there is more to it than that and it also hinges on the style of engagement. Independent sites for product information focus on ensuring they are easy to interact with to allow doctors to guickly find what they want. There is no reason why pharma could not do the same, but there tends to be an often subconscious bias towards pushing the message out rather than letting doctors 'pull' out what they really need, which renders them less user friendly.

The solution here for pharma is to consistently focus first and foremost on what doctors want, not what it wants them to do. This means providing a fair and balanced view of appropriate product use, which will build trust. Imagine if a pharma company presented as equal a focus on where a medicine should not be used as it did on where it should!



Base: All respondents (1008 GPs)

Q5: Doctors net.uk works with pharmaceutical companies to provide doctors with information about products and services that are relevant to their clinical practice. What is your level of agreement/disagreement with the following statements?

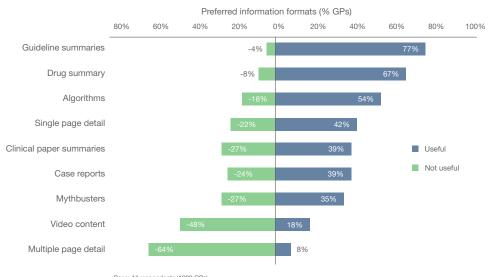
Figure 5: Doctors want an independent view on products

This ideal is clearly reinforced when doctors are asked about their preferred formats for product information, as illustrated in figure 6. Simple guidelines and drug summaries emerge as preferential formats for doctors, while the detail came out lower, with 22% of doctors finding a single page detail, and 64% a multiple page detail, not useful.

Pharma marketers might like to think twice before commissioning their next lengthy detail. In fact, from speaking with doctors on a regular basis, we know the whole concept of a detail is slightly alien to them. The word itself conjures up images of messages being didactically pushed on doctors and online is no different, as many digital details are little more than electronic versions of the printed detail aid.

Progress is not about changing the word detail, but the fundamental activities behind the pharma-doctor product discussion. The agenda for doctors is all about having the most robust information to make the right decisions that are in the best interests of their patients. As we previously mentioned, if pharma can do this by presenting much more complete information on where, how and critically where not, to use its products then it can help doctors achieve that aim. Failing to do this will only mean that doctors, particularly payers, get this information from other sources (as they are often doing now), because real-world outcomes focus on assessing these very aspects.

"Imagine if a pharma company presented as equal a focus on where a medicine should not be used."



Q6: When viewing information about pharmaceutical or medical device products, how useful do you find the

Figure 6: Product guidelines / drug summaries are what doctors want

#### UNDERSTAND ONLINE DOCTORS BEFORE ENGAGING

Overall, the results of this recent survey reinforce the perpetual and inescapable influence that the internet is having on the way doctors find relevant drug information, with associated reminders of the key points that pharmaceutical companies must bear in mind with any online (or indeed offline) engagement with doctors, specifically:

- Doctors are spending more and more time online, irrespective of age, and the boundaries between work and leisure use are blurring, which means the industry must engage with young and old doctors alike online in a 'natural' way
- o Independent websites remain vastly favoured over pharma company sponsored ones, with trust remaining the key factor. This can only be addressed by convincing doctors that the bias around pushing particular messages by the industry has been removed and by providing what they really need
- Doctors do not want marketing messages pushed on them around products, but instead prefer a broader perspective on how and where particular medicines fit with their patients' needs, who they are best for and who they are not

The online world has revolutionised the way doctors conduct their practice and it is only getting more important. To be effective in this digital landscape, pharma must keep adapting to this change too.

#### REFERENCES

1. Doctor networks: The rules of engagement for pharma, pharmaphorum http://www.pharmaphorum.com/white-papers/doctor-networks-the-rules-of-engagement-for-pharma, December 2013

"Independent websites remain vastly favoured over pharma company sponsored ones."

#### ABOUT THE AUTHOR

Dr Tim Ringrose, CEO, M3 Europe



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 to doctors and has had considerable experience working with a wide variety of healthcare clients to deliver market research, targeted online communications and educational programmes to doctors.

## About M3 Group

M3 is a trusted global provider of information and connections in healthcare, and has a reach of more than 2.5m 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.

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 which includes www.doctors.net.uk, www.mdlinx.com, and www.networksinhealth.com

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