The Emerging Virtual Medical Conference

Opportunities for Pharma, HCPs and Patients

Author: John Mack
The medical conference is dead, long live the medical conference," is the title of a SlideShare presentation by Len Starnes (@lenstarnes), a respected digital healthcare consultant and former e-business leader for Bayer Schering Pharma’s Primary Care business unit. Starnes is referring to the emergence of the “virtual” medical conference, which he believes will soon be adopted in one form or another by all medical societies. Starnes predicts that virtual attendees of medical conferences will soon outnumber physical attendees. In fact, this may already be the case (see Figure 1).

Starnes was a guest on a recent Pharma Marketing Talk Internet radio show where he was interviewed by PharmaGuy. See page 7 for an edited, abridged transcript of the discussion.

Pharma’s Stake in Professional Meetings
Pharma spending on marketing to physicians at professional meetings is the third largest slice of the industry’s total marketing budget (see Figure 2).

The 2013 MM&M/Ogilvy CommonHealth Healthcare Marketers Trends Report, which surveyed 200 qualified senior executives—director level and above—employed at pharma, biotech, devices and diagnostics companies, found that 18% of this group’s marketing budgets was devoted to marketing to physicians at meetings and conferences (see http://bit.ly/1jYHHBF).

Obviously, any change in how physicians participate and interact with colleagues at conferences is very important to the drug industry, which will have to adapt to the changes. Starnes, for example, foresees a “radically” different medical conference in the future. There will be more transparency, 365 days of events per year, and virtual pharma booths where participants determine the agenda (see Figure 3, page 2).

Social Media Enabled
Social media such as Twitter and online forums will play a big role in enabling modern-day virtual attendees to access conference content and engage

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in conversations. The numbers of doctors tweeting while attending medical conferences (e.g., ACR 2013)—in person or remotely—has increased dramatically, according to a rheumatologist attendee. At the 2013 European Society of Cardiology (ESC) Congress, for example, many interested parties (including physicians) participated in the official #ESCcongress2013 TweetChat, which generated more than 26 million “impressions” (see Figure 4). Many others tweeted without using the official hashtag. If Starnes has his way, many more will be tweeting at the 2014 ESC Congress.

_Yesterday’s Virtual Medical Meeting_

The modern-day virtual medical meeting may benefit from a raft of social media tools that were developed after 2005, but the ability of physicians to access at least some aspects of medical meetings virtually—i.e., remotely via the Internet—and to interact with other physicians and attendees—i.e., via email and online forums—goes back to at least 1995.

As an example, VirSci Corporation, which owns and publishes _Pharma Marketing News_, pioneered the use of the Electronic Highlights Bulletin (EHLB) in 1995. This service provided the rapid dissemination of key news and clinical trial data from prestigious medical meetings via email “listservs,” which function much like TweetChat sessions in that they facilitate conversations on specific topics, but only accessible by subscribers to the service. Online physician communities such as Physicians Online (now defunct) were available as well for these discussions.

EHLB summaries of clinical trial data were published in conjunction with annual meetings of the American Society of Hypertension, the American College of Gastroenterology, Digestive Disease Week, and other conferences. More recent examples include Twitter-based discussions such as the #ChatAfib (http://bit.ly/lsChatFib) and related efforts that have been conducted at meetings of the American Society of Hematology and the American Society of Nephrology.

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**Figure 3.** Future Conferences Will Be Radically Different. Len Starnes (“#ChatAfib: One small step for a pharma, one giant leap for the pharma industry”; http://bit.ly/lsChatFib)

**Figure 4.** Tweet Activity on #ESCcongress2013. Source: Symplur.com. NOTE: “Impressions” is a metric for how many impressions a healthcare hashtag has made in users’ tweet streams. Symplur computes total impressions by taking the number of tweets per participant and multiplying it with the number of followers that participant currently has. This is done for all participants in this time period and then finally the numbers are added up.
Yesterday’s Virtual Medical Meeting, Continued

the American Diabetes Association, the American Academy of Allergy, Asthma, & Immunology, and the Association for Pharmacoeconomics & Outcomes Research in addition to pharma-sponsored satellite meetings. You can find out more about EHLBs here: [http://www.virsci.com/ehlb.html](http://www.virsci.com/ehlb.html)

In 1995, VirSci also launched the “PosterNet Demonstration Project,” the goal of which was to develop a way for clinicians and researchers to make abstracts, posters and brief scientific communications widely available through the Internet. The PosterNet concept was developed by Jerry D. Gardner, MD and Rick A. Barbarash, PharmD at the Saint Louis University School of Medicine together with VirSci Corporation.

PosterNet was designed to allow computer users to register from any location in the world at no charge in order to upload a poster, gain access to a poster, make comments about a poster to which the authors could respond, and read the previous comments of other viewers and responses from the authors. Sounds very much like today’s social media communities, right?

The demonstration project included several electronic posters that were previously presented at a Digestive Disease Week conference, but the plan was to allow investigators to upload posters that had not been presented previously.

You can access these posters on the Internet Wayback machine here: [http://bit.ly/1gZgQLf](http://bit.ly/1gZgQLf)

At the time, the New England Journal of Medicine (NEJM) raised the issue of “prior publication” in response to PosterNet in an editorial and followup comments.

“We have always been willing to review manuscripts that had been presented first at medical meetings,” said the NEJM editors, “but we have asked authors not to submit their figures and tables to reporters, so that peer review could take its course. Like preprints, any poster incorporated into a host computer with free access by anyone on the Internet (such as those on PosterNet) will be considered previously published, and we will not review for publication any manuscripts based on such posters.”

In response to the NEJM’s comments, Gardner and Barbarash wrote:

“Just as the word ‘publishing’ has taken on new meaning, so, perhaps, has the word ‘meeting.’ You and Dr. Angell state that ‘posting a manuscript, including its figures and tables, on a host computer to which anyone on the Internet can gain access will constitute prior publication.’ In a previous editorial, however, Dr. Angell and you stated that you would exempt all presentations at scientific meetings from the policy of considering a manuscript for publication only if its substance has not been submitted or reported elsewhere (the Ingelfinger Rule). An important issue in terms of the Internet is, what constitutes a ‘meeting’?

“We believe that the editors should consider presentations at a virtual meeting on the Internet that requires registration by participants to be like presentations at any other meeting. We also believe that the editors should not consider posters such as those currently demonstrated on PosterNet to be ‘manuscripts’ or to be ‘prior publications.’ Such a policy will preserve the advantages of peer-reviewed publication without placing unwieldy and potentially chilling restrictions on communications among investigators.”

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Yesterday’s Virtual Medical Meeting, Continued

It is not known if the policy of medical journals regarding "prior publication" via the Internet has changed since 1995. Nor is it known how medical societies would view virtual poster sessions not under their control. This is just another example of how the Internet and social media are disruptive technologies.

Starnes pointed out that these days, some posters at medical meetings are viewed by more people on Twitter than at the actual meeting. The following is an example.
The Digitally-Native HCP

Driving this trend is the “digitally-native HCP,” which is defined as “A doctor who qualified during or after the Internet went mainstream—and has relied on digital interactions through connective digital technologies for his/her entire professional career.” In Europe—and in the U.S. as well—2014 will witness the “tipping point” when more than 50% of HCPs will be among this group (see http://slidesha.re/1nqFi6q).

In terms of sources of information, younger, digitally-native HCP members of medical societies are not as loyal to the society as are older members. “The younger HCPs,” says Starnes, “don’t have to wait for the medical society meeting once per year to get the information they need. They want access to the information continuously and to carry on the conversation after the event and, indeed, start the conversation before the event,” according to Starnes.

BI Hosts TweetChats During Conferences

At least one pharmaceutical company—Boehringer Ingelheim (BI)—is “aiding and abetting” the emergence of the virtual medical meeting by hosting TweetChats during major conferences. BI was the first pharma company to do this when it hosted #ChatAFib, a live TweetChat event which took place on 2 September 2013 during #ESCCongress2013.

The participants discussed cardiovascular disease and thrombosis in women. Figure 5, summarizes the analytics of that chat session, which lasted for only an hour or so.

BI has hosted other TweetChats in association with medical conferences, most notably #COPDchat during the European Respiratory Society annual congress in 2013 and in 2014.

Overcoming Pharma’s Concerns

There are several non-regulatory reasons why pharma companies have not hosted more chats:

- Pharma companies are concerned about being overwhelmed by adverse events that may pop up in tweets during a chat session that they host and/or moderate.
- Pharma companies are concerned about “off-label” promotion that may be made by chat participants.
- Organizing and moderating a chat requires too much effort and is too risky.
- Once you start a chat, it’s very hard to control the message.
- Consumers don’t really want to chat with pharma companies.

AstraZeneca’s groundbreaking #RxSave Twitter chat demonstrated that a pharma company can manage a successful TweetChat for consumers/patients despite the challenges listed above. It was for that reason that Tony Jewell, who at the time was Senior Director of External Communications at AZ, was awarded the second Pharmaguy Social Media Pioneer Award (see http://bit.ly/PGSMPA2011).

BI’s #COPDChat is intended for physicians and the news media. It is NOT intended for patients and consumers, although there is no way that the general public can be excluded. Therefore, BI has to assume consumers will be at least "lurking" and may also be tweeting despite the disclaimer that the chat is intended for physicians only and specifically not for UK patients or physicians.

Figure 5. Tweet Activity on #ChatAFib (2013). Source: Symplur.com. Compare to Figure 4, page 2.

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Pharma TweetChats Prohibited in UK
The self-regulatory code of the Association of the British Pharmaceutical Industry (ABPI) specifically prohibits TweetChats even when "intended" for physicians only. The code states:

"If a company wanted to promote a medicine via twitter it would have to ensure that if the medicine was prescription only, the audience was restricted to health professionals and that the message, in addition to any link to further information, complied with the Code. In addition companies would also have to ensure that recipients had agreed to receive the information. Given these restrictions and the character limit on twitter, it is highly unlikely that the use of this medium to promote prescription only medicines would meet the requirements of the Code. Using twitter to alert health professionals about the publication of a study on a medicine is likely to be considered promotion of that medicine."

BI is a member of the ABPI, hence the reason for its disclaimer that #COPDChat is not intended for a UK audience. It remains to be seen, however, if such disclaimers carry weight with the UK’s Prescription Medicines Code of Practice Authority (PMCPA), which oversees ABPI's self-regulatory code.

In response to a critique by Andrew Spong on STWEM, BI explained the reasoning behind its TweetChat disclaimer:

"Due to the nature of country specific regulations and the nature of the topic for discussion today we considered this particular TweetChat to be appropriate for medical audiences. As twitter is an open forum, questions of general interest will be discussed. Personal and medical issues have to be discussed elsewhere due to these country regulations. We are being specific in our language because we take patient safety very seriously.

"Although our intention is not to discuss treatment, there might still be some content presented by participants during the TweetChat related to specific devices (therefore, potentially treatments) despite our guidance. As a pharma company, we need to comply with the regulations and not interact directly in discussions relating to any specific treatment with patients. We don’t want to encourage treatment discussion and therefore we want to be clear on the intended audience."

Twitter Recognizes Boehringer Ingelheim as a Pioneer
BI is the only pharmaceutical company business case featured by Twitter. Here’s what they said and comments from BI:

@Boehringer held real-time Tweet chats, one of them hosted by @MacCOPD (Professor Andrew McIvor, a highly regarded professor of medicine from Canada), during the #ERS2013 to spark COPD conversations among healthcare stakeholders and the public.

In advance of the conference, @Boehringer used Promoted Tweets in search and in timeline to highlight its planned Tweet chat and encourage members of the press and medical communities to take part. Using the hashtag #COPDChat, it targeted users with relevant interests like "health and body", as well as users who were similar to those following @usernames such as @bbchealth, @everydayhealth and @worldpharma.

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Twitter Recognizes Boehringer Ingelheim as a Pioneer, Continued

To maximise engagement, @Boehringer embedded a highly targeted invitation in its Tweet. It also introduced the hashtag #COPDChat to help users find and follow the Tweet chat conversation. This allowed @Boehringer to track and measure the reach and effectiveness of the campaign as it unfolded.

During the conference, @Boehringer used Promoted Tweets to drive targeted reach of its Tweet chat, using keyword targeting in timelines to reach people tweeting or engaging with Tweets containing keywords like “asthma”, “COPD” and “lung disease”. This way, it ensured its Tweets rose to the top of the relevant timelines and were front of mind for its target audience when they were most receptive.

@Boehringer also used Promoted Tweets to increase awareness of its conference location and invite attendees to visit it.

“During a congress of this magnitude it is very difficult to cut through, to be on the front page,” said Patricia Alves (@PatriciaFAlves), Social Media Community Manager at Boehringer Ingelheim. “Twitter’s Promoted Tweets allowed us to deliver the right message to the right audience at the right time. We were able to show our message in a crowded conference room without spamming our audience.”

@Boehringer recorded 1.7M Tweet chat impressions during the campaign, an impressive increase of +1,700% compared to its target. It also gained 1,200 new followers, representing an increase of 7% compared to the period previous to the campaign.

Thanks to its clever use of Tweet chats and Promoted Tweets, @Boehringer was the most mentioned @username at #ERS2013, with mentions peaking at 489 on September 7th (Source: Crimson Hexagon).

“Although we acknowledged that twitter is an open forum the discussion for today’s tweet chat was intended to be for medical audiences, Medical Media and Patient Organizations in order to understand their needs and listen to their opinions. In the future, we are happy to plan TweetChats with topics for broader audiences.”

Interview of Len Starnes

The following is an edited and abridged transcript of PharmaGuy’s discussion with Len Starnes, who provided insights on several questions and topics related to the emergence of the virtual medical meeting:

- Do you think medical societies are ready to embrace the changes, especially when digital may impact their traditional sources of income?
- Are there any medical societies planning to use social media such as Twitter as part of its conference/educational program in 2014?
- What are the implications for medical society social networks? Will they compete with the likes of Doximity, Doctors.net, Coliquio, Haoyisheng, etc.?
- Most importantly, how should pharmaceutical companies and medical societies collaborate in the future when virtual-real world hybrid conferences are the norm?

PharmaGuy: What prompted you to focus on this topic?

Len Starnes: I just sort of stumbled into this quite accidentally while working for a client last year. The client was marketing products at a medical conference and also presenting some research. The medical society running the conference wasn’t using any digital tools and it wasn’t present on Twitter.

I contacted them and said I registered a Twitter hashtag for the conference. I got a very unpleasant response telling me to please delete the hashtag and please be aware that

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only the executive committee of the medical society would make the decision about using social media or not. Needless to say, that got me thinking about how medical societies use or should use social media.

Fortunately, when I reached out to other societies, most were really very friendly and very cooperative and shared a lot of insights. After speaking to something like 3 or 4 medical societies, I discovered that all of them were saying they were in the process of changing or thinking about change because they’ve noticed that the younger society members are not so loyal to the society.

**Year of the Digital Native Majority**

This year is the year in which the digital native majority of doctors come about and these are the doctors driving the change within the societies. Member surveys found that the older members believe that the society is the source of all new information, new medical advances, but the younger members felt that they can get this information continuously. They don’t have to wait for the medical society meeting once a year, lasting 2 or 3 days. They asked “Why should we not be able to get these updates continuously and be able to continue the conversation after the event and start the conversation before the event?”

**PG:** What do you think some of the first steps might be towards the virtual medical conference?

**LS:** Right now many societies have started to look and see how conferences are covered on social media such as Twitter. It’s not just Twitter, but Twitter is the one that seems to be most discussed when it comes to live conference coverage. They are trying to understand how they need to embrace this thing rather than trying to ignore it.

**PG:** I understand you are working with medical societies to help them embrace social media like Twitter. Can you tell us more about that?

**European Society of Cardiology Case Study**

**LS:** I approached the European Society of Cardiology (ESC). They want to increase the usage of Twitter to cover their annual conference that will take place later this year in Barcelona. The plan is to deploy around 40 medical student Twitter reporters to tweet live from the event. Many of them have knowledge about the topics, but they don’t really know how to tweet effectively during a conference. I will be going to Barcelona to train and coach and support these student Twitter reporters on how best to report from the conference. I will be doing some workshops and provide support or a helping hand when needed and try to move the quality of the coverage of the event a notch or two up.

**Pharma TweetChats During Congresses**

**PG:** Recently some pharmaceutical companies have been doing TweetChats on their own in conjunction with medical society meetings although not officially sanctioned by the societies running the meetings. Boehringer Ingelheim is a pioneer in this area. How do you see that evolving? Will there be more coordination with the medical societies in terms of hash tags or will they just continue to do it independently on their own? Where do you see that going?

**LS:** The #ChatAFib TweetChat, which was focused on atrial fibrillation, was run by Boehringer last year at the ESC Congress. Participants included healthcare professionals, patients, pharma itself and the media. This was a regulatory challenge if ever there was one, but they did it, and not only did they do it once, they’ve done it a number of times.

**To Collaborate or Not To Collaborate?**

I’ve looked at the #ChatAFib chat timeline to see what the feedback was, what BI actually achieved.

One of the things I learned was that at least one of the cardiologists who participated said “yes, this was a very good initiative, but why not in future do it in collaboration with the medical society?”

Might it not be a good idea for pharma and medical society to come together and try to stage collaborative TweetChats? Would it make these chats more effective, more credible, and more trustworthy? This hasn’t

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happened yet, but it’s certainly an avenue I think worth exploring, particularly if medical societies want to move their entire event, their Congresses, towards the hybrid model in which TweetChats could become a part of what they do during the major annual events.

Impact on Medical Conference Revenue Streams

PG: Will this impact the income of medical societies that depend on physical, paying attendees and money from pharma companies who traditionally have hosted “satellite symposia” at these events? Obviously, societies make a lot of money from their Congresses. Anybody can listen and participate in a TweetChat without paying a nickel. But if societies and pharma companies collaborate to do “official” TweetChats, are the societies going to expect their pharma partners to pay? How do you think that’s going to work?

LS: That’s a very good question. We’re all aware of the regulations governing the way the pharma relates to conferences. The number of doctors pharma is allowed to invite and support will be radically reduced. Medical societies already see the writing on the wall. Drug companies will be reducing the number of conferences they attend, decreasing the size of booths, etc., which means reduced revenue streams for societies.

How could a hybrid model be used by the societies to at least support new revenue streams? I think there are a number of options, such as the creation of medical specialist social networks owned by the societies. One could imagine, for example, on these social networks, virtual pharma booths that are accessible 365 days a year. Another source of income might be pharma-sponsored virtual and collaborative symposia.

I could see virtual booths compensating for the revenue lost on physical booths, and likewise, for virtual sponsored symposia, the revenue there could compensate for the loss of revenue from the physical symposia.

Impact on Patients

PG: Is there some way of opening up the discussion to include the general public and patients? How might this impact patients who are not able to attend medical congresses but who can participate in TweetChats? Can you talk a little bit about that, the impact of this on patients?

LS: There are a number of societies who believe that these meetings really should be closed. But increasingly, we see a lot more medical societies now opening up and talking about democratizing meetings. What does that really mean? It certainly means having patients involved. It’s going to take a lot of courage for some of these medical societies to really open up and be prepared to discuss these issues with patients, but I see it coming.

PG: Do you see pharma playing any kind of role in that?

LS: Even though a pharma TweetChat discussion might well focus on patient-related issues, what you see in the invitation and the disclaimers are at odds with the actual focus of the event. It’s a little unfortunate. Any pharma doing this will almost certainly be confronting compliance and regulatory issues, which are not to be underestimated. Pharma’s participation in traditional conferences is highly regulated. Now, adding another dimension to a conference, a virtual dimension, will cause even more internal strife. That’s for sure.

You can listen to the entire interview of Len Starnes here: http://bit.ly/PMT219