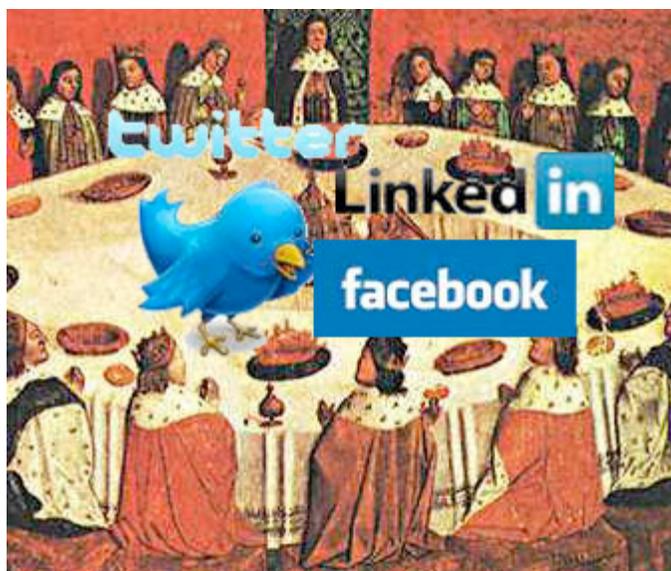# Social Communications in Healthcare

Summaries of Round Table Discussions

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At the Social Communications in Healthcare conference hosted by the Business Development Institute in NYC on July 23, 2009, there were so many people live Tweeting the case study presentations that it's hardly worth the effort to summarize these presentations after the fact. You can find a good summary—if only in dozens of 140-character packets—on Twitter (search for hashtag #BDI: http://search.twitter.com).

An excellent gauge of the state of social communications in healthcare may be had from summaries of the round table discussions moderated by experts after the case study presentations. After a short introduction, this article provides several summaries written by the roundtable discussion leaders themselves.

Pfizer and GSK Take Baby Steps

In the words of the charismatic VP of Pfizer's Worldwide Communications, Ray Kerins, "The train of Social Media has left the station—it's long gone, and we are just trying to catch up because we have no other choice!"

This pretty much summarizes the strategy that many pharmaceutical juggernauts, such as Pfizer and GlaxoSmithKline (GSK), are trying to implement in response to the big boom of Social Media.

Conference attendees heard from communications executives from both Pfizer and GSK, and it was interesting to compare how these two companies are starting on the "foggy road" to dialogue with a small group of ordinary people one-on-one. Well, maybe not that small or ordinary anymore—on Twitter we are all created equal, and someone working from his or her basement can often have a louder voice than a global pharmaceutical company.

Being on an equal plane with the common folk is a new concept for corporate giants and it's no wonder that both Pfizer and GSK are advancing into this new terrain with baby steps. Nevertheless, their progress is significant and both companies have received applause for their attempts to reinvent themselves, to instill transparency in communications and for the first time, actually engage in dialogue (listening AND answering) with the general public.

It's a Race Without Rules and Where Pharma is Late Out of the Gate!

One of the things that makes it difficult for pharmaceutical companies viz-a-viz social media is that they are joining the rest of us pretty late in the game. That puts the pharma marketers and media people on the defensive with the necessity to do some damage control and play a game of catch up.

Pharmaceutical companies are racing to have their voices heard, but the complete absence of guidelines, policies, and precedents is holding them back.

I know from personal experience how difficult it is for pharma people to venture into new territory. While working on the JANUVIA brand, I memorized a sizable book of guidelines, which "listed what you can and cannot do, from styles of visual images to types of quotation marks to use. Having this first-hand knowledge, I am amazed at pharma's brave efforts, and I can understand how the absence of guidelines for use of social media can be one of the industry's biggest obstacles.

It's hard for me to imagine how many changes Pharma's internal regulatory departments have to execute in order to function in the instantaneous world of Twitter. The fact that they are able to post anything at all is a huge step forward. But, the exciting thing is that they are realizing the value of this new opportunity to connect with the audience, and they are going after it! Ray Kerins said in his presentation, "We are Pfizer, and we are willing to engage!" I am very impressed with this notion and am very optimistic that the philosophy of big corporate environments is changing.

I remember the time it took pharma to truly "get" Web, and I am glad social media is getting a much warmer and quicker response. After all, as a business, you have to go where your clients are, and sometime not sell, but to discover.

I can tell pharmaceutical companies are working hard on developing guidelines, racing to try and develop a formula for success. At the same time, I am glad to see pharma's willingness to learn things by doing it, like the rest of us do.

Social media is here to stay. It will have a different name and a logo, but learning to listen and to answer is the new way of doing business and I am glad to see the drug industry taking part in the dialogue.

Round Table Summaries

Most of the dialogue at the BDI conference happened at the many roundtable discussions, which are summarized by topic leaders in the following pages of this article.

Continues…

Avoiding the Pitfalls of Social Media

Moderator/Author: **Tobi Elkin**

Tobi Elkin is a writer/editor at eMarketer where she creates original content for subscribers that includes interviews with digital media and marketing executives. She began her career in journalism at the Associated Press.

Social media platforms—blogs, Facebook, LinkedIn, Twitter, YouTube, widgets, iPhone and other mobile and wireless applications are great tools for connecting with your audience whether it is comprised of consumers, caregivers, physicians or other health care professionals.

The pharma industry is experimenting with these tools to connect with audiences even as it faces steep regulatory hurdles in an online media landscape where there are few, if any rules. Social media is, by its very nature, social. Its premise is dialogue and two-way interactions—interaction between patients, caregivers, pharma marketers and consumers, doctors and consumers. Reciprocity, sharing and ongoing communication are key ingredients.

But the online world can be full of pitfalls and hazards. Drugmakers need to review comments for content on adverse effects, off-label drug uses and other potentially inappropriate content that can create a heap of legal trouble. Best practices and standards, comment monitoring and other content review procedures must be established in order to avoid problems, potential PR disasters and internal meltdowns. Coordination between and among divisions is essential.

What are some of the pitfalls and how can they be avoided?

1. Assume the consumer, patient and caregiver is always in control. Understanding this from the outset will help ensure your success in this medium. Consumers own the online social space and you must be respectful of them.

2. Prepare for the speed and velocity of social media. Backlash and online ire can build quickly and more importantly, it spreads virally. The very nature of the social Web causes it to spread very quickly. Online word-of-mouth is often faster and more impactful than offline word-of-mouth! Johnson & Johnson's Motrin brand learned this in late 2008 as so-called "mommy" bloggers created a firestorm on Twitter over their perception of an insensitive online video ad. Motrin responded within 48 hours, issued an apology and removed the ad.

3. Establish how you will handle and respond to comments and dialogue before you launch a blog, social network forum, Facebook page, Twitter stream or other social media program. Will you enable "live" comments? If not, will you respond to comments within 24 hours? Create processes and procedures to handle these issues, train personnel across departments and review hypothetical scenarios.

4. Establish clear goals and expectations for social media programs. Decide how to evaluate tests, create an engagement strategy. If it's not two-way, is it social?

5. Aim for transparency and create an authentic voice and tone for your online social communications. Set up brand stewards or corporate stewards that represent the company on social media venues in their own name. Establish in a clear manner that they represent the brand and/or company. Devise a mission statement, goals and policies as well as links back to the corporate and/or brand site or hub. For example, clearly state the mission of the social media forum: "We seek to connect with patients and caregivers whose live with XXXX chronic disease in order to share information and experiences living with this illness."

The Lawyers Don't Always say No: Bringing Legal into Health Care Social Media Strategic Planning

Moderator/Author: **David Harlow**

David Harlow (The Harlow Group, LLC) is a heath care lawyer, consultant and blogger from Boston, Massachusetts. His blog, HealthBlawg, is recognized as a leading health care law and policy blog, he tweets @healthblawg, and he is frequently quoted and featured in the legal, business, health care and general press.

I led this roundtable discussion at the Social Communications & Healthcare conference in New York City. After a morning of back-to-back case studies presented by folks from the CDC (swine flu resources) to McNeil (online ADHD communities) to Pfizer (on twitter and other forms of transparency) to word-of-mouth marketing consultants, participants had two rounds of social media roundtable speed dating -- there were about 30 simultaneous sessions.

The participants in my sessions included hospital administrators, pharma marketers, PR and media consultants, and one or two lawyers.

I kicked things off by observing that many organizations decide that they ought to have a social media presence and jump in without exploring why they are doing so, what they hope to accomplish, and what level of resources they plan to devote to such efforts.

Listen as First Step

Folks chimed in with the need to listen as a first step: listening to competitors, and listening to what the public is saying about you. Listening to competitors allows you to benchmark what other folks are doing, and get a sense of best practices.

Listening to the public is a strategy followed by strong brands across the entire economy, not just in health care. It allows you to pick up on complaints, problems, peeves, and step in and address them, either on line or off line, as appropriate, and to communicate publicly (within limits) about how issues have been addressed.

We focused on the following key areas of concern:

Privacy: This realm is governed by HIPAA and related state law. Particular conditions have additional layers of regulation and issues. For example, one participant raised the issue of communication in a branded forum by a parent of a minor child with AIDS. How can one establish consent to the release of such information in a public forum, and what is the exposure of the forum's sponsor with respect to an unauthorized release of that information?

My take: include disclaimers and warnings galore, so that posting in such a form constitutes consent to the public discussion. The question of who has the right to grant such consent (parent vs. minor child vs. emancipated minor) is the same whether we are talking about the social media context or other situations.

Liability: Several types of liability concerns seem to be holding back many healthcare and pharma organizations from getting their feet wet in social media.

Be Safe, But Don't Be an Ostrich

Many pharma companies seem paralyzed when it comes to branded online social media forums, due to concerns about the obligation to report adverse events involving their products that come to their attention.

My take: this is ostrich-like behavior. While the safest course is to wait for the FDA to come out with social media guidelines, some common sense can be applied in this situation.

Don't set up an online forum unless you are prepared to moderate and filter comments and forward reports of adverse events to regulatory and compliance departments for review and reporting if necessary.

Avoiding reports of adverse events doesn't mean they're not happening, and learning about more such events earlier on will ultimately lead to improvements to products and perhaps avoidance of the multi-million dollar lawsuit.

Finally, many online comments are made anonymously (or untraceably), and anonymous reports are not reportable.

Healthcare organizations are concerned about medical malpractice liability as well. Again, disclaimers are the order of the day.

While one can conduct a physician-patient relationship online, best practice would be to initiate the relationship in real life, and obtain appropriate authorization from the patient to continue the dialogue on line.

Some folks are more open than others, and are willing to post details about themselves that others consider private. If someone posts these details in a public forum, that constitutes consent to the disclosure itself. A provider's response, however, should be more circumspect, absent a prior written authorization to communicate more publicly.

New Policies Aren't Always Necessary

All organizations may be concerned about the public posting of derogatory or defamatory opinions or information about employees, adminstrators, patients.

My take: policies and procedures should be in place regarding the making or cuirculating of such statements in whatever form or forum: real life, web 1.0, web 2.0. The social web does not always require the creation of new rules of the road; often, it requires a re-examination of organizational culture and approach in other contexts, and those approaches may then be extended into the web 2.0 environment.

Regulation: Anticipate the Unanticipated

I used the FDA's warning letter to General Mills about its marketing of Cheerios as a cholesterol-fighting drug as an example of the need to be flexible in anticipating the unexpected: the regulatory salvo fired across the bow with no warning, the issue coming at you out of left field. Privacy and liability concerns seems to cover the waterfront of regulatory concerns right now, but other issues are likely to arise over time.

Continues…

Be Flexible: Social Media Strategy is a Journey

There was consensus around the table that it is difficult, if not impossible, to establish a social media policy in a vacuum, and that it is paralyzing to think that one may not begin to allocate resources to the effort without putting such policies in place up front.

My take: Social media strategy is a journey, not a destination. There will be many mid-course corrections. My main piece of advice to the social media practitioners around the table: talk to legal early and often, so that you don't find yourself too far down a path that turns out to be a legal or regulatory dead end.

Fueling Social Networking with Email Marketing and Other Promotional Techniques to Healthcare Professionals

Moderator/Author: **Terry Nugent**

Terry Nugent is Vice President Marketing, Medical Marketing Service, Inc. (MMS). He has over 30 years of experience in healthcare professional direct marketing at the American Medical Association (AMA) and (since 1989) Medical Marketing Service, Inc. (MMS), where his responsibilities encompass list management, advertising, marketing, promotion, and client professional development.

The most remarkable thing about the recent Business Development Institute Social Networking and Healthcare Conference was the magnitude of the ...well... networking. But this was not networking of the virtual sort (although a screen with live Twitters from participants was onstage throughout the event). Over 400 industry people actually showed up at the City University of New York (CUNY) Graduate School in Manhattan, from places as far away as Chicago and Texas, as well as the tri-state hub of the medical marketing space to listen to old fashioned live presentations in an auditorium setting.

I hosted two roundtable sessions on Fueling Social Networks with Email Marketing and Other Promotional Techniques.

Being in the email marketing business I, of course, opened each roundtable by describing how email, which can now reach over 1.5 million healthcare professionals including around 500,000 physicians, has taken major social networks (which shall remain nameless due to NDAs and such) from nothing to over 100,000 participants.

I then asked participants what they were doing to promote their social networks. The most amazing finding was that most roundtable participants didn't really have any social network applications up and running,

It quickly emerged why the meeting was so popular. Everyone is being asked by management about social networking and the answers aren't clear. So it makes sense to get out to a meeting about the new new thing and find out what others are up to so at least one can report back to management with an intelligent answer based on a field trip to New York City.

Fair enough. They were there to find out what others were doing and be able to report back.

The few social networking applications with which roundtable members were involved were mostly consumer focused. For example Memorial Sloan Kettering has a social networking application for cancer patients that offers them small incentive gift cards and such to complete quarterly surveys about their treatments and other topics of interest. The program has been very successful, insofar as it provides low cost, high quality focus group style research on a timely basis.

There was also discussion of major social networks such as Sermo and more targeted networks directed at specialties such as spine surgeons.

The general consensus was that email was indeed the optimal way to promote social networking. Little if any interest or use of text messaging or SMS was reported by participants, with the exception of promoting exhibits at meetings using cell phone numbers acquired during registration.

Integration of techniques to obtain followers on Twitter and other social networking media into ongoing email programs such as meeting invitations was reported. This would in fact allow meeting registrants to Twitter about the meeting and to follow the meeting using Twitter on site.

It appears to me that social networking is in the early days when it comes to pharma marketing. Legal and regulatory concerns are major inhibitors. The success of early pioneers makes it clear that if you build it they will come, with the proper promotion, to wit, email. But the unanswered questions is the ubiquitous and predominant one in this era—what's the ROI?

Engaging HCPs Via Twitter

Roundtable participants envisioned several ways to engage health professionals via Twitter and other

social media applications. Tweet about new breakthroughs in their specialty or developments of interest such as health reform. Create forums for physicians to discuss such topics. Take surveys, publicize results, disseminate via Twitter, start conversations about the results and repeat.

Social media is a market research tool that can create news via research that then becomes fodder or hooks for marketing in the traditional sense (e.g. email newsletter and PR wit results of research).

Perhaps one can monetize the forums with ads, but that is clearly not *de rigeur* in social networking circles. It's about adding meaning to peoples lives, getting them involved, creating dialogue, responding to feedback (good or bad), not old fashioned one way controlled message marketing. This is a new trick for pharma. And despite all the change and hope in the air, it will be a tough regulatory challenge, especially in a Rx marketing-phobic milieu

However there are exciting possibilities. No doubt this will be a work in progress and subject of many more conferences and roundtables to come. See you there.

Social Media and Pharma: Is there a "Right" way?

Moderator: **Michael Fleming**, Senior Director, Social Media, GlaxoSmithKline.

Summary Author: **Inessa Skorodinsky**

Inessa Skorodinsky is an Executive Creative Director at AG Design Network, an interactive advertising agency, based in Newtown, PA. Inessa has over 16 years of industry experience, serving as a senior creative staff member at leading advertising agencies. Contact her at: http://www.agdesignnetwork.com

The biggest unanswered question of this roundtable was "Is interactivity realistic for Pharma at all?"

GlaxoSmithKline (GSK) is struggling to find an answer, along with many other pharmaceutical companies operating on Twitter. The biggest challenge for GSK is to develop a formula for how to behave on Twitter, to set guidelines and policies that will protect the company from possible missteps, which can easily happen in the nearly instantaneous world of social networking.

GSK's legal teams are looking for any precedents to help the company locate a safe middle ground in the new social media territory. The problem they are

encountering is that no precedents exists. GSK, like so many other corporations, have to learn by doing and it makes them very uncomfortable.

The immediate response format is counterintuitive for Pharma. GSK is addressing this by trying to build a trust between dedicated internal bloggers and Twitter users and regulatory constituencies—so they can post without reviews.

Also, resource allocation seems to be an issue. There are not enough people trained or empowered to act via social media in response to crises. This was part of the reason for Pfizer's slow response to Twitter posts that questioned its authenticity (see "Pfizer's Social Media Strategy: Piss Off John Mack, Get Hundreds of New Followers!"; http://bit.ly/Hn0HM).

At this point there are more questions then answers in Social Media terrain for GSK, but they seems to be willing to accept that and learn as they go.

Getting Clinician's Involved in Social Media and Networking Efforts

Moderator/Author: Christian Sinclair, MD

Christian T Sinclair, MD, FAAHPM is the Chief Strategist for KLX Media, a health care focused social media consulting firm which grew out of his desire to see social media and networking used for public health education and conversations. Blogger for Pallimed (http://www.pallimed.org).
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One immediate and apparent difference among the participants in this roundtable was their perspective on how clinicians could be involved in social media and networking. About two-thirds were trying to get non-affiliated clinicians to interact with their branded social media efforts and the other third were trying to get their own clinicians to participate and create content within an organization.

Despite these different goals regarding clinician involvement, the discussion revealed similar challenges faced by both these groups.

Anonymity vs. Authenticity
One key barrier for clinicians discussed was the issue of liability for contributions and the possibility of offering specific medical advice, which could constitute a clinician-patient relationship. Some strategies discussed to alleviate this concern were tried and true methods such as the presumed

'anonymity' of the Internet and using closed/private groups. But some participants pointed out the downsides, including the silo effect of private groups and the lack of authority, authenticity, and positive recognition by relying on anonymous contributions.

What's In It for Clinicians?

Another specific challenge was how to convince clinicians that participation in social media and networking efforts was a valuable use of their already limited time.

The groups were encouraged to develop a list of potential rewards for clinicians to see value in these efforts. While initial discussion focused on tangible rewards such as CME, money, and more time, the most solid and lasting rewards identified were participation as a form of public health education, elevation of the clinician's personal brand via demonstration of expertise and helpfulness, and self-driven learning.

While many people will want to focus on getting doctors to participate as leading authorities on healthcare matters, some highlighted the inclusion of medically related disciplines to broaden the scope and reach of social media efforts as well as find quality contributors from a larger pool of candidates. While nurses would be an obvious choice, social workers, pharmacists, physical therapists, respiratory therapists and others would have specialized skills, knowledge and influence regarding educating on a variety of health care topics.

Social Media Ettiquette

One of the last important points to capture attention of the groups was helping find real world examples to help clinicians understand social media etiquette and risk reduction for contributions.

Comparing a letter to the editor of a medical journal to a blog/forum post or comment highlighted the need for the tone to be diplomatic and fair while relying on good evidence to support points and not giving specific advice but general education.

Another helpful example demonstrated a clinician can still share knowledge and break down information asymmetry by thinking of any social media contribution as something that could also be said on a radio interview or a Q&A session at a conference.

Clinicians need to be involved in social media efforts if that is where patients and health care organizations are talking about medicine. But clinicians need to feel confident their efforts will not be wasted, nor increase their liability and to do that well we need to demonstrate good examples.

Dr. iPhone - How Mobile Devices and 'Anytime, Anyplace' Web Access will Revolutionize Healthcare Communications

Moderator/Author: **Tyler Pennock**

Tyler Pennock, SVP, Director of Social Media, RFI, has been developing interactive and social media campaigns for a broad array of consumers and professionals in healthcare, technology, travel, automotive and consumer packaged goods for over a decade. You can follow him on Twitter @typennock.

At the recent BDI healthcare social communications event, I had the pleasure of leading roundtable discussions centered on the rapidly increasing use of mobile technology for patients, physicians, care-givers and other health stakeholders. Our round-tables were comprised of people from all sides of healthcare including marketing agencies, government, pharma, insurers, and health technology. Interestingly, we found that the rise of mobile will affect the work that each of us is doing.

Five main themes arose during the conversations:

1. Providing real utility for our audience is the key to success for any mobile health application, branded or unbranded.

2. The mobile web will bring a rush of new multi-cultural communities and developing nations into the digital health space.

3. It is vital that both product and disease awareness websites be offered up in easy-to-navigate mobile versions. This is especially true for sites targeted to healthcare professionals.

4. Patient expectations of nearly real-time interaction with providers, payers, and even pharma are only going to increase now that patients have an "always on" web connection in their pocket.

5. Mobile health will bring a whole new level of preventative care to consumers, driven by applications for nutrition, fitness, condition awar-ness, first aid, etc. that are free to access and always within reach.

There were also a few warnings that came out of the discussions:

1. Measures must be taken to ensure patient privacy.

2. Be careful about favoring any one device (e.g. the iPhone) so as not to leave out important audiences.

3. Don't forget about the ubiquity and affordability of good old SMS (text message campaigns).

From my perspective, we are only at the very beginning of witnessing the impact of mobile technologies on healthcare. Soon, our mobile devices will be able to scan our bodies and alert our doctors to issues before we even recognized the problem ourselves. Medical devices and implants will communicate to central servers, tracking our health, and giving advanced warning about potential problems. Mobile devices will track our medication intake to ensure that we're receiving the proper dosage of the prescribed drug.

In fact, some of these technologies already exist in nascent forms. As marketers, we need to keep thinking ahead to ensure that our communications are taking full advantage of current and emerging mobile platforms.

Moving from Excitement to Execution: How to Anticipate & Manage the Tough Conversations & Avoid Setbacks in Your Quest to Integrate a Solid Social Strategy Within Your Organization

Moderator/Author: **Fard Johnmar**

Fard Johnmar, M.A., founder of Envision Solutions, has extensive experience in the healthcare marketing communications arena.. His blog on Know More Media, HealthCareVox, was recognized as one of the world's top 50 English-language health blogs by edrugsearch.com.

As social technologies such as Facebook and Twitter grow in popularity, many in the health industry are justifiably excited. However, when tasked with convincing skeptics about the benefits of social media, excitement can quickly turn into exasperation.

I moderated two roundtable discussions on this topic. It was designed to help executives navigate tough conversations with their colleagues about integrating social technologies into communications or marketing efforts. Individuals from a range of organizations, including Johnson & Johnson, Pitney Bowes, the Avon Foundation and Millennium Pharmaceuticals participated in both sessions.

The conversation focused on two key questions:

1. Why should I integrate social media into new or existing marketing communications efforts?

2. How do I develop and implement a social media marketing strategy? Why?

Roundtable participants suggested the following strategies for overcoming objections about the benefits of social technologies.

- Focus on what they're missing: Many participants noted that key customer and stakeholder groups are regularly using social technologies to develop and share information. Because user-generated content is shaping attitudes and beliefs, engaging people using these tools is no longer an option, it is a business imperative.

- Tell them what they can learn: Content from social networks, blogs, Twitter and other social technologies provide a rich source of competitive intelligence and market insights. Monitoring and participating in online conversations can help organizations develop and implement effective business-critical strategies.

Social Media: A Major Transformation for Healthcare Professional Knowledge Acquisition and Application

Moderator/Author: **Steve Peskin**

Steven R. Peskin, MD, MBA, FACP is the Executive Vice President and Chief Medical Officer for all divisions of MediMedia USA. Dr. Peskin has authored a number of industry articles, book chapters, and has been a frequent speaker on topics in healthcare financing and management.

Will social media transform the way healthcare professionals acquire and apply clinical knowledge?

During two roundtables that included individuals from large provider organizations (e.g. Kaiser Permanente, Mount Sinai Health System), pharmaceutical companies (J&J, Quest Diagnostics, GSK), medical publishers (New England Journal of Medicine), and services organizations, there was consensus that social media is currently effective engaging physicians/health care professionals through:

Continues…

- Specific case challenges
- Economic issues/ practice management
- Social – sharing opinions/ about hospitals, pharmaceutical companies, government initiatives/ agencies

Key trends that we identified:

- Explosive growth of use of smart phones/mobile devices for real time information, education in the moment, bidirectional communication
- Balancing the needs and value of social media platforms for the healthcare professionals with the company (Sermo, Quantia, Ozmosis, SkyScape, etc) and the clients (pharmaceutical)
- Evaluating credibility of the information/knowledge sharing
- Interaction with patients/ coordinated care/ engagement between healthcare professionals and patients

Half of the first session revolved around how to get doctors to talk to companies such as Kaiser and GSK. The main targets of these companies are the doctors who are already overwhelmed with work, so what kind of incentive can these companies give to doctors to entice them to join the conversation?

It was suggested that doctors want to be rewarded. Possible rewards included some type of financial reward, exposure through advertising their expertise or their practice. Many doctors don't take advantage of conversations with companies via Sermo because they must go through the press office at the hospital where they work before saying anything.

It was pointed out by a journalist from the NEJM that although there are a large number of posts on sites such as Sermo, 80% of the posts are coming from 20% of the doctors.

Next, the discussion moved to how much time doctors actually spend on these sites and what they are using them for. Doctors seem to be using these networks for three main reasons: 1) In order to stay connected with their peers, especially when living in small communities, 2) Clinical case studies – searching for info on their specific cases, 3) Financial reimbursements.

The conversation drifted to the quality of information that is being provided over these networks. The example of breast cancer was used to show how fast new information is being attained and how overwhelming this new information would be to anyone who is not an expert on breast cancer. Even doctors in other fields cannot keep up with this information. Can one really trust the information that is being provided over these networks?

Overall, patients are using health information they find online to validate the information that has been provided to them by doctors and even to find new doctors. On social networks they can get answers to questions that weren't answered by their doctors and to ask the hard/embarrassing questions under an anonymous veil.

The second group discussion felt strongly that "at the end of the day, people were receiving better treatment because of these types of sites."

It was noted that the smart phone market was picking up steam and that applications for these devices, even without marketing, were being downloaded at a tremendous rate. This lead to a discussion on the possible future for these devices/networks.

It was mentioned that Twitter is now being used during surgery so that an intern can communicate with the family to let them know how the surgery is going. This, however, seemed to raise many new questions, such as what types of surgeries are appropriate for this? And what happens if the family has questions? Or if something goes wrong?

Social Media and the Life Sciences: Building a Social Networking Site for BioProfessionals

Moderator/Author: Clifford Mintz

Clifford S. Mintz, Ph.D. is the founder of BioInsights (www.bioinsights.com) a biopharmaceutical education and training organization, a co-founder of BioCrowd (www.biocrowd.com) a social networking and career development website for biopro-fessionals and author of BioJobBlog (www.biojobblog.com).

This roundtable discussion focused on the elements that are required to build a successful networking site for bioprofessionals. There was some confusion surrounding the definition of a "bioprofessional." Loosely defined, a bioprofessional is anyone who works in or helps to support the life sciences industry which includes pharmaceutical, biotechnology, medical devices and diagnostics and third party vendor companies.

After defining what a bioprofessional was, much of the discussion focused on how to identify prospective members for bioprofessional social networking sites.

While many roundtable participants felt that building a social networking site would be useful for their businesses, they weren't clear who their target audiences would be. It is never a good idea to build a social networking site unless you truly know and understand the behaviors of your anticipated target audience. Unfortunately "the build it and they will come" concept that was used to launch MySpace, Facebook and Twitter is no longer viable especially when it comes to much smaller, niche networking sites like those in the life sciences.

To insure success, a social networking site must be built around a value proposition that makes sense to prospective members. That is, the site must offer tangible value to its members whether that is in the form of content, product reviews or networking opportunities that lead to employment. If a site doesn't offer any discernable value to it members then there is no reason for them to visit the site regularly or recommend it to colleagues and friends.

Also, it is important to personally invite certain members, especially those who are social and interactive, to join your network. These members will form the core of the community and help to keep the site active and recruit new members.

Finally, there was a brief conversation about the software platform that ought to be used to build the site. While out of the box networking software like Ning might suffice, it may be beneficial to build the site using flexible and customizable software that can keep pace with the rapidly changing face of social media.

At the conclusion of the roundtable, it was clear that several participants were sold on building social networks for their companies whereas others felt that Twitter and Facebook might be easier and less expensive ways to roll out their social media campaigns.

Powering Word-Of-Mouth With Social Communications

Moderator/Author: **Andrew Levitt**
Moderator: **Nigel Roth**

Andrew Levitt, Founder & CEO, HealthTalker, is a 13-year veteran of the pharmaceutical and biotechnology industry, together with Nigel Roth, an independent marketing research consultant, has helped Fortune 100 healthcare brands create and execute innovative word-of-mouth marketing programs that embrace the social web as a integral platform for communications. Contact: @andylevitt, andy@healthtalker.com

I had the pleasure of leading this roundtable discussion in two sessions. The focus of our conversation was around engaging patients with new media tools.

I interacted with people from various capacities: pharma manufacturers, PR agencies, media agencies, hospital administrators, insurance companies, and one medical device manufacturer – a far more diverse group than I had expected.

In both sessions, I asked folks to share their experiences, commenting on the following three topics:

- What are the primary hurdles holding you back from creating something great?
- What are some things that are working now?
- What might nirvana look like if we were to come back together a year from now, and share our biggest success?

I had high hopes that I'd hear great things from the various participants about what organizations are doing, and how they are doing it. But if I heard anything from the groups, it was a consistent theme that confirms we are very much in the early days of this pharma-embraced social media endeavor.

Most people cited hesitation from and lack of understanding by their colleagues in Legal and Regulatory. This is nothing new – but the degree to which people felt held back and powerless was pronounced. People also expressed some hesitation about how to create something of value for consumers that wasn't so "ruined" by the legal constraints of our industry. Management of adverse events was also a steady theme echoed by many around the table.

Most of the people that joined the discussion were focused on trying to articulate what they wanted to accomplish, even if they felt a great lack of confidence in their ideas ever coming to fruition. Furthermore, few people were able to highlight strong success. The exception was from Marcos at Prime Access, Inc who discussed the value from contextual banners on targeted websites to engage consumers with a branded message for their clients. There was also some discussion around the value of non-branded programs in the face of regulatory concerns about uncontrolled conversations.

As the sessions were coming to a close, I asked people to think big, remove any mental obstacles (like program costs, legal issues and the like) and just imagine something great that would equate to

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Nirvana for them. It was as if people have been buried under the avalanche of legal and regulatory adversity for such a long time that they felt largely unable to articulate what was even possible.

"A pilot approved?" someone tentatively offered up. "One small program, I guess," said another. "Just knowing just how to start," "getting buy-in from so many stakeholders," and "something cool using mobile" were others that people mentioned. Overall, the groups struggled to identify what would really be amazing, but perhaps that will come in time.

From my point of view, I'd say that it will only get better from here! Better understanding and awareness from the MLR teams, improved ability to articulate goals and objectives by marketers, and a willingness by all to create and launch pilot programs should all help advance forward our collective industry efforts. And hopefully at next year's event, we'll hear about a lot of successful programs that will energize the masses and showcase what's possible!

60% of e-patients say they or someone they know has been helped by following information found on the internet. Where are we missing the opportunity to get in on this conversation?

Moderator/Author: **Mario R. Nacinovich Jr.**

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Social – Engage In It

Maya Angelou is quoted with, "Love life, engage in it, give it all you've got. Love it with a passion, because life truly does give back, many times over, what you put into it." Maya Angelou wasn't thinking of social communications in healthcare, the opportunities that are currently being missed to get in on the conversation with healthcare consumers or the analytics on how to measure the return on the investment in social communication strategies when she shared these insights. The point is, there is a greater risk in corporate and brand inaction and not engaging the healthcare consumer and not embracing social communications – it is time to engage in it (and with some luck it will give back, many times over).

According to Pew Internet & American Life Project's latest research report, "The Social Life of Health Information," 61% of American adults look online for health information (Fox & Jones, 2009). At BDI's Social Communications & Healthcare Conference, this fact from Pew was the catalyst for two 35-minute roundtable discussion sessions that I moderated.

The goal was to have a valuable interactive knowledge exchange and networking experience surrounding the healthcare consumer and online health information between the moderator and the participants: senior marketing, communications and media professionals from leading advertising agencies, pharmaceuticals, hospitals, healthcare media companies, and nonprofit organizations.

I initiated the roundtable discussions with a simple question, "Where are we missing the opportunity to get in on this conversation?"

All of the roundtable participants agreed that many were already too late to the game and while they acknowledged the importance and the need to more effectively target the healthcare consumer, their companies, institutions, or in many cases, their clients, are failing to address and engage in any type of dialogue through social communications.

Many cited that healthcare consumers have expectations but that companies, and more precisely, company executives, were not equipped with a comprehensive web strategy, let alone a social communications strategy. Almost all cited the need to get in the game and begin using technologies like webinars, e-learning, blogs, and that it was overdue to fully embrace a coherent approach with social media to provide effective health communication.

One participant, an executive with a leading, independent producer of health videos, shared insights into his company's research data that 30% of patients watch Internet-based videos before seeing their doctors whereas 29% watch after seeing their doctors.

All of the participants agreed that compared to healthy living, when faced with one's own or a loved one's devastating diagnosis that the healthcare information accessible via leading medical and social networking websites provided a "prescription for information."

Another executive from a full service public relations and advertising agency shared the debilitating diagnosis of his father and how the news of this affliction drove him to uncover every web-based source to find all of the information, engage in various dialogues with experts and seek the professional assistance needed in understanding all the facets of the health issue.

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While many still are determining which of the social communications to adopt for the dialogue with the healthcare consumer, data from Hitwise ranks Facebook the leader in number of visits for the week ending 25-July-2009 in its list of Top 20 Social Networking Websites (Hitwise Pty. Ltd., 2009). Not surprising, when asked which the most popular social networking website was, Facebook was the unanimous choice by all of the participants, with several participants simultaneously engaged on LinkedIn and Twitter.

Among the key takeaways for these roundtable sessions were that the risks of not engaging in a dialogue currently outweigh any costs of getting involved and that while few are daring enough to attempt to drive multichannel integration, social communications needs to quickly become integrated within the strategies and tactics of all areas of healthcare to truly connect with healthcare consumers.

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Utilizing a Social Communication Platform as a Business Solution for Medical Marketers

Moderator/Author: **Tom Chandy**

Tom Chandy, President & Co-Founder, VeoMed, is a technology project manager with expertise in building complex web applications for the medical field. In 2006, Thomas founded Travancore LLC, which has built interactive web-based tools and applications for Harvard Medical School, Harvard's Care Group, Pocket Medicine inc.,and Wikidoc.org

My roundtable discussion focused on how medical marketers utilize social media as an effective business solution. I led two sessions that were each 35 minutes in length.

Several common themes emerged from both sessions.

1. Medical organizations need a professional social media resource

From our discussion, it is clear that medical marketers and their organizations recognize that social media is essential to their marketing and sales efforts.

Although they realize that social media is a necessity, medical marketers are still looking for clarity and specific answers for how to best utilize social media.

Emily Anderson of Aspect Medical Systems said, "we have an anesthesia product, which we are trying to market to doctors. We have had tried to engage doctors with social media tools like YouTube and Facebook, but they do not seem to meet the needs of our professional audience. We need a platform specifically for our professional audience."

The VeoMed platform was introduced as a potential solution for these medical marketers to reach out to medical professionals. Participants in the discussion were excited at the possibility of engaging their targeted professional audience using rich-media and other social-networking tools.

2. Medical marketers need to study how their specific target audience uses social media before creating a social media campaign strategy

Several participants mentioned that evaluating how social media is used by people interested in your specific area of medicine is essential before creating a social media campaign. It is very important to study how your target audience reacts to social media.

Armon Vincent from Wool Labs said, "Wool Labs has created a technology to analyze social media. We give our users a dashboard from which they can track what's going on in the market. We can track general sentiments about popular words like diabetes. Popular words get more traffic. It is much harder to drive traffic with less frequently used words. It is very important to look at analytics before designing your campaign."

Another participant, Jim Clark of Visible Technologies, studies how a target audience uses social media before advising clients on how to create a social media campaign. "We help people to evaluate how competitors use social media, and discuss the strengths and weaknesses of their efforts before we start a campaign."

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3. Sharing videos and articles is critical to successful campaigns

Several participants said they use videos and articles to share the success stories of their products or services. These videos and articles can be shared with others, and consequently by sharing medical marketers have a better chance of making their campaigns viral.

David Stevens from Knowledge Point 360 said, "I think it is important to share. When we share videos and images, we are able to get people to engage with our content. Using YouTube, you can share videos with your target audience. We use YouTube to syndicate to multiple sites. The costs of using YouTube are negligible. A YouTube video can become viral quickly. It is important to document expectations and plan your marketing strategy."

4. Address negative feedback immediately (Do not wait)

We found that several participants received negative feedback on Twitter. Many mentioned that it is very important to address the negative feedback right away so that customers are aware that you are resolving problems head on.

Ellen Sonnet of memorial Sloan Kettering said she uses Twitter to share information about Memorial Sloan Kettering's services and to attract clients. In one instance, she learned that it is very important to address issues right away on Twitter. "We had one case where an individual said that he was being treated poorly by a nurse. We immediately answered back on Twitter, and we had the heads of the department visit the client to make sure he was ok. We were able to turn this negative into a positive, and got a lot of complimentary feedback."

Overall, I think both roundtable discussion sessions were successful. It is clear that medical marketers are ready to embrace social media; however, they are being cautious as they design and implement their social media campaigns.

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