

Service Review

Pharma, Physicians, and Sermo

A Social Media Win-Win-Win!

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In 2007, Pfizer and Sermo, the largest online physician community in the U.S., embarked on a strategic collaboration designed to redefine the way physicians in the U.S. and the healthcare industry work together to improve patient care. Since then, other pharmaceutical companies have also engaged physicians via Sermo to achieve the following goals, among others:

1. discover, with physicians, how best to transform the way medical information is exchanged in the fast-moving social media environment;
2. create an open and transparent discussion with physicians through the innovative channel offered by online exchange;
3. engage with the FDA to define guidelines for the use of social media in communications with healthcare professionals; and
4. work with physicians to develop a productive exchange between pharmaceutical professionals and the Sermo community.

With several years of experience under its belt, Sermo can now report on the progress made toward achieving these goals. I discussed this with Daniel Palestrant, Sermo's Founder and Chief Executive Officer, during a recent Pharma Marketing Talk podcast (see <http://bit.ly/pmtsermo>).

About Sermo

Sermo is a Web-based community where physicians share observations from daily practice, discuss emerging trends and provide new insights into medications, devices and treatments. Sermo has 116,000 physician members—about one in five U.S. physicians. “We are a place where doctors come to interact with one another, share insights, and in doing so, improve patient care,” said Palestrant. “Our business model is that we allow our clients, which are 10 of the 12 largest pharmas and biopharmas, and about 260 clients in several different industries, to interact with those physicians through engagement and also to use the community as a way to get their messages out.”

New Client Center

Sermo's new Client Center gives clients more options to tap into more than 50,000 posts, 1 million comments, nearly 4 million votes, and physician insights through highly-personalized tracking of key content, an easier-to-navigate user interface, powerful search logic and many other enhancements (see Figure 1, below).

“The Sermo Client Center is a major leap forward for our clients and for us as a company,” said Palestrant. “In 2007, we delivered the Sermo Dashboard, which

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Figure 1: Sermo Engagement Model. Sermo's product suite allows life sciences companies to educate physicians, conduct research or monitor peer-to-peer dialog for market intelligence.

for the first time allowed companies to observe unsolicited physician discussions. With the new Sermo Client Center, we've made advancements across the board that we believe will change the way companies do research and evaluate physician perceptions."

With these new tools, Sermo's clients can:

- find, track and capture brand and market information;
- create customized Saved Searches to monitor MD discussions for relevant content;
- analyze a range of data within your Saved Searches for quick assessments;
- set email alerts to get up-to-the-minute intelligence;
- monitor MD discussions around specific brands, competitors and therapeutic categories;
- see what physicians were talking about on a specific day; and
- identify KOLs in your therapeutic area.

About MDs on Sermo:

- Average age: 47
- Median yrs in practice: 13
- Represent 68 specialties
- Practice in all 50 states
- Spend 35,000 hrs/month on Sermo

A client that is interested in physician perceptions around a new indication for a cardiovascular drug, for example, can not only search for that information and see the conversations among those physicians, but once they've completed a search they can actually save that search and set it up so that they're alerted whenever there's a comment or a discussion around their product or a competitor's product. "The Client Center allows people in all different parts of the pharmaceutical organization to get extremely valuable real time information around their products," noted Palestrant.

Sermo Panels™

Panels are another Sermo offering that have had extraordinary growth in usage by clients. "This was actually designed in conjunction with one of our largest pharmaceutical clients," said Palestrant. "What it does is allow a client to be able to invite physicians into a closed confidential area and have discussions, if you will, around a very specific topic."

Other Sermo Services

Sermo Surveys

Surveys allow clients to instantly target and engage MDs on-demand across 68 specialties and all 50 states from a community of over 116,000 practicing physicians. Actionable responses are available in real-time—within hours of launching a survey. With Sermo Surveys, clients can:

- target physicians by demographic criteria or match them against a target list;
- capture candid input in real-time just hours after your surveys go live; and
- save money with a survey package customized to suit your budget.

Sermo Posts

Posts let clients spark discussions on any topic with physicians on Sermo by asking questions and exchanging scientific data directly with physicians across 68 specialties. With Sermo Posts, clients can:

- exchange scientific data with over 116,000 MDs across 68 specialties and all 50 states;
- poll physicians to quantify clinical insights;
- guide peer-to-peer discussions through a "badged" physician representative (ie, tagged with a special badge so other members know that the physician is affiliated with the client); and
- add support materials and up to ten related questions

[Click](#) to listen to podcast interview of Daniel Palestrant:



Physicians can be invited into panels based on geography, level of training, prescribing patterns, or any metric that a client might want, to have a very specific discussion or engagement with those physicians. "Usage of panels among our pharmaceutical clients was up 200% from the first quarter to the second quarter of this year," noted Palestrant.

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Sermo provides two panel offerings that allow clients to engage practicing US physicians in their own private, online workspace. Sermo Panels Express™ gives clients everything they need to run a panel themselves and rapidly gather data for further analysis. Sermo Panels™ provide comprehensive support services, including physician moderation and in-depth qualitative analysis.

A Conversation with Sermo's CEO

The following is an edited version of the Pharma Marketing Talk interview between *Pharma Marketing News* Editor, John Mack and Sermo CEO, Daniel Palestrant. Listen here: <http://bit.ly/BTRSermo>

John Mack: Sermo's Client Center and Panels obviously benefit the brand team and the Pharma company client. How do they benefit Sermo's physicians and their patients?

Daniel Palestrant: The community itself is free of charge to the physicians, the majority of whom join for peer-to-peer interaction. Physicians get extraordinary value from being able to talk to one another, in the way that it used to happen in hospitals or many years ago in doctors lounges, and many years before that, perhaps, on a golf course.



JM: I recall that one of Sermo's policies is to not get in to way if physicians on the site who wanted to have an independent relationship with pharmaceutical companies outside of Sermo. Is that correct? I mean, can physicians make good contacts with the pharmaceutical industry that way.

DP: That's right. We're not in the business of policing the relationships that physicians have with outside parties. We do ask them to disclose any conflicts that they might have, but we certainly don't police that or try to control it.

Demographically, Online Physicians are Similar to Offline Physicians

JM: Something I have been interested in for a long time is to figure out if these physicians online are different from every day physicians. For example, I know that the pharmaceutical industry goes to academia and big research centers to seek out key opinion leaders (KOLs) who may have published articles in the leading journals and so on to find consultants or speakers. Are there equivalent online key opinion leaders who may not be on pharma's offline radar but who have a very good reputation online, who are influential online, on Sermo, for example?

DP: Let me divide up your question into two parts. First, what are the demographics or dynamics of the Sermo community? Second, do we have our version of key opinion leaders and thought leaders like you have in the offline world?

To the first question, from a demographic, from a geographic distribution, and certainly from a specialty distribution, the community is remarkably similar to the distribution of physicians in this country, which was a big relief. I would have been very concerned if Sermo were exclusively on the coasts or it was exclusively academic physicians or exclusively residents. So when we've done the research we've actually found that it correlates very well.

The one exception to that is among our power users. This is perhaps where I was most surprised. It turns out that our heaviest users aren't younger physicians, which is what one might have expected given that it tends to be younger physicians that are the early adopters—typically, younger people are early adopters of new technology. Our power users, meaning the people who are logging in multiple times a week, are age 45 and older and outnumber those who are 45 and younger 3 to 1.

Not only did we check and recheck this, but we did a lot of surveying and research to try and understand it. What we discovered was that the older the physicians became, not only did they become busier and busier, but their opportunities to interact with other physicians became less and less frequent. They didn't have as many friends who were physicians, they weren't going to conferences as often as they once did, and that desire for collegiality for interaction seems to be better facilitated by Sermo than some of the offline approaches to interaction.

Non-Personal Communications Can Overcome Access Issues

Interestingly, those physicians, the busiest ones see more patients, they write more prescriptions, and almost as a rule, are the ones that pharmaceutical companies have the hardest time getting in front of. So those physicians are sort of in many ways the most desired for marketers to be able to interact with, either via our Panels product for research or for promotion, using our various sponsorship and promotion technologies.

JM: Do you see a trend in the pharmaceutical industry getting more involved with non-personal communications with physicians via Sermo because they're having a hard time reaching them in the office or at these conferences?

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DP: Without a doubt that's true. I think that the numbers are pretty compelling and pretty broadly accepted that it's becoming more and more expensive and difficult for a pharmaceutical company to reach these physicians either because the physicians themselves have put up road blocks or because the organizations that they are in have become increasingly leery about allowing members of industry to interact directly with them. So the amount of interest and the amount of resources and money that's being put towards these various types of online interaction are clearly increasing.

“Green Pasture” Key Opinion Leaders (KOLs) and “Joe Six Pack” Physicians

JM: Can we get back to online vs. offline key opinion leaders?

DP: You are touching upon another trend which is interesting.

There used to be a very, very strong industry affinity towards classic key opinion leaders, and these are typically people almost as a rule coming from large academic medical centers. With the advent of these new communities—new eco-systems—we've seen what we hear a lot of our pharma clients describe as “green pasture” KOLs.

Green pasture as in untilled earth—a new area where there's a whole new set of people who are influencing, a whole new set of people who are the ones that are followed. It's very interesting.

Meanwhile, physicians in the community jokingly refers to themselves as the “Joe Six Pack physicians.”

JM: Can you explain why they call themselves “Joe Six Pack” physicians?

DP: I think that there's been a gradual trend where the physicians in the field, the physician who are in this country treating the vast majority of patients increasingly don't identify, much less agree with, physicians in academic settings. I think that the healthcare reform debate actually accelerated this trend where the academicians were disproportionately in favor of healthcare reform, and the private practice physicians were vastly disproportionately against it. What that led to was more and more discontent or animosity between the two different groups. What that's meant is that if you're looking for people who will connect with and be viewed as leaders, more and more those physicians in the field, the ones who are seeing the majority of patients, who are writing the majority of scrips, just don't identify with academicians the way that they once did.

JM: OK. Does that mean they don't trust what the academicians say? For example, if Nissen comes out against Avandia, that's not going to have as big an influence as it might have had in the past?

DP: I don't think it's necessarily that they don't trust those parties anymore. I think what it's more of is that they're identifying more with other physicians. One of the most influential oncologists in Sermo happens to be a very, very well-read, very intelligent, very articulate oncologist who's just one year out of his Fellowship. This person is very well respected in the community and has developed a tremendous following in the community, and this person's opinion on various treatments or strategies is actually held in great stead.

Peer-to-Peer Education

JM: It's interesting to hear you say that and give a specific example. Do these physicians who are active like this on the site, are they educating their peers or are they just in discussions? For example, I've talked to other physician network owners who describe physicians who upload x-rays of de-identified patients and videos to educate their peers. Does that sort of thing also happen on Sermo?

DP: Without a doubt. I mean we're seeing a tremendous amount of peer-to-peer interaction, and it's becoming more and more accepted. One of the most fascinating things that I've seen on Sermo is more and more cases where physicians are using the community to gather input, not just for their patients, but more and more for their family members and for friends.

Just to personalize it a little bit, I remember four or five years ago when I left surgery to start Sermo, one of the retorts that we heard was people saying that physicians would never trust anything that they got online, much less out of a community. For myself as a physician and a son of a physician, it was always a question of importance of who would you send your family to? Like God forbid a family member were sick and needed a physician, who's the physician that you would trust?

Now we have lots of cases on Sermo where a physicians will say here's a problem I have with my child or my child has this problem or that problem and ask the community to help solve it. We have a lot of situations where physicians had a parent in the intensive care unit or in the operating room and were sort of almost blogging into the community about the challenge that they were dealing with, and ultimately how they addressed it.

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Maintaining Trust Within the Online Community

JM: We see that more and more physicians are not allowing pharma reps to come into their offices and interfere with their day-to-day work. How does that translate over to the online world of Sermo where there are, for example, pharma companies who are listening in or who are participating in physicians conversations? I mean, how do you maintain the level of trust in your community?

DP: I think that much of that comes down to being transparent with the community about our business model, being clear with the community about how we make money, and also certainly being true to the covenant that we have with the community where we do harvest information from the community, but we never allow our clients to see the identity of the physicians. It has to be something that the physician and the client mutually agree upon.

JM: Can you tell us if you have some future plans for Sermo that you might be able to share?

DP: Sure. I think the next phase for us is really focusing on what we know is working. We've had some extraordinary growth in our physician activity and in our client activity. In fact, just this past week we announced the launch of our second generation platform, which is an entirely new physician and client experience.

So all of our client tools have gotten the benefit of the last two or three years of research and learning, and they're much faster and easier to use. We've been just delighted to see how well received they've been by both the physicians and the clients.

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The logo for Sermo, featuring the word "sermo" in a lowercase, teal-colored, sans-serif font. A small "TM" trademark symbol is positioned to the upper right of the letter "o".

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