



# Every interaction matters:

Promotional medical education that influences and inspires action

*John Kane, Vice President, Managing Director, MedThink Communications*



MedThink Communications is a transformative healthcare communications agency that takes your brand beyond the expected—with innovative solutions that shift perception and influence the behavior of healthcare professionals.

# Novel ideas to shift HCP behavior

The power of promotional medical education (Promo MedEd) frequently is underappreciated. Done effectively and experientially, it can increase the knowledge of healthcare professionals (HCPs), which, in turn, can enhance patient care and build value for your brand.

Promo MedEd doesn't always receive the attention it deserves, nor is it always utilized fully. Often, Promo MedEd is viewed as a "one-off" or a "one-and-done" tactical program. One-off programs may have been acceptable in a nonspecialty drug environment; however, today's marketing environment demands a strategic, integrated approach that *improves* the performance and expectations of traditional Promo MedEd programs.

## Growth driven by specialty medicines

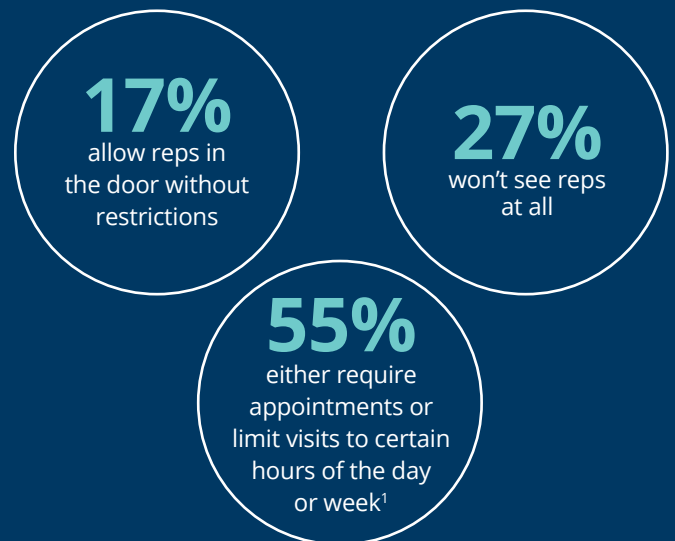
The pharma industry's product mix continues to shift toward specialty therapies. These therapies are for rare and complex diseases in patients with serious and often life-threatening conditions. Not only are these drugs considerably more complex than most prescription medications, they are more expensive and carry risks similar to other products that require careful patient identification and monitoring. Specialty therapies may also be part of a complex treatment regimen and may require special handling.

HCPs who prescribe specialty medicines require more knowledge and education. These newer, complicated, and more expensive therapies require educational efforts that demonstrate the brand's value to providers, patients, and payers.

This new reality, along with other shifts in the market, requires rethinking the traditional marketing and sales models to include more emphasis on experiential education rather than relying on promotionally sensitive approaches that have been used in broader primary care conditions.

## Oncologists are the most restrictive specialists

The growth of the oncology market is outpacing other therapies. Oncology products are often complex therapies, requiring significant education for and understanding by physicians.



**“The largest proportion of new medicines launched in the last five years have been specialty drugs.”<sup>2</sup>**

## The times have changed

In addition to a shift toward specialty products, other market dynamics are influencing HCP engagement. These include factors such as declining rep access, physician pressures, and the rapidly increasing volume of medical knowledge.

More than half of HCPs (56%) restrict sales access, according to ZS Associates.<sup>1</sup> Furthermore, the HCPs who reps want to see most, such as oncologists and nephrologists, are least likely to accept face-to-face communication.

HCP attention and focus is a challenge. Consider that the average physician also gets about 2,800 contacts per year from pharma sales reps.<sup>1</sup> Translated into working hours, that means that an HCP is contacted by a sales rep for every hour spent at work.

Given that information, it would be almost impossible for an HCP to keep on top of every new piece of information that impacts patient care. It is estimated that in 1950, it took 50 years for the volume of medical knowledge to double. By 1980, the doubling time was 7 years, and in 2010, it dropped to 3.5 years. *In 2020, it is projected to be just 73 days.*<sup>3</sup>

As a result, HCPs are forced to become more selective about how and when they will engage with the pharma industry. This battle for HCP attention is only going to grow.

## HCPs want less promotion

Physicians believe that all they get from pharma companies is advertising and that only a few pharma companies are doing an excellent job of providing quality digital content.<sup>4</sup>

To be successful, pharma companies must balance marketing efforts, not focusing solely on promotional messages, and develop value-based marketing approaches that include greater use of Promo MedEd.

According to the Taking the Pulse® US 2017 study, **70% of physicians** say it's crucial that pharma companies provide educational resources rooted in science.<sup>4</sup>

## Rethink promotional medical education

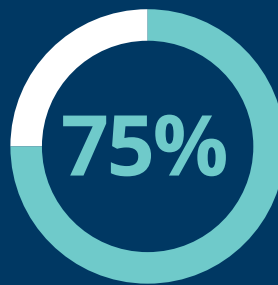
These new realities suggest rethinking siloed promotion and education in favor of a new approach that leans toward integration, enhanced performance, and meeting HCP needs. Thus, an education-first approach is essential with the emergence of more specialty treatments. The time has come to energize and infuse innovation into Promo MedEd and demonstrate the value it brings to HCPs, patients, and your brand.

“Pharma needs to dial down the promotional messaging and lead with valuable educational resources in order to regain physician trust.”<sup>5</sup>

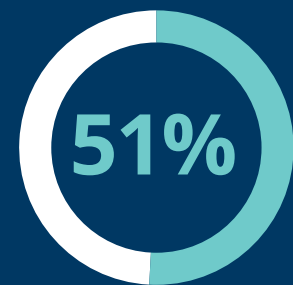
## Take advantage of opportunities to engage HCPs



Most of the content provided by pharmaceutical companies is not what HCPs want.<sup>6</sup>



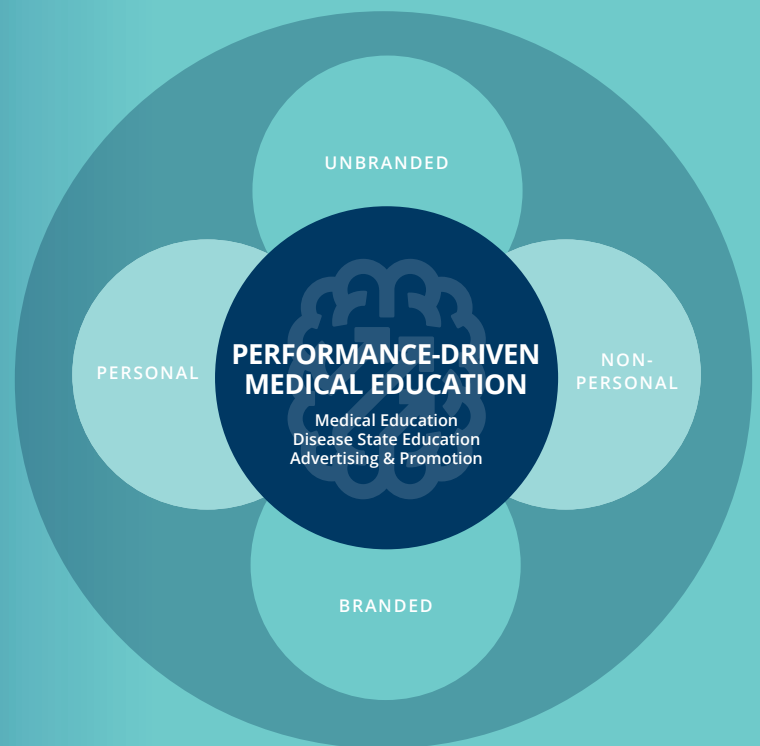
3 out of 4 physicians don't trust the information provided by marketers.<sup>7</sup>



More than half of the time reps share information HCPs already know,<sup>5</sup> and the issue is even more pronounced in some specialties.

# Introducing Performance-Driven Medical Education

Performance-Driven Medical Education™ (PDME) is an integrated approach designed to elevate brand value by focusing on education first and then harmonizing medical education and promotional communications. Enhanced by technology, PDME unites science, storytelling, and behavioral science to influence HCP behavior and amplify the power of your brand. It is an education-first idea that applies marketing principles to medical education and medical education principles to marketing.



## PDME: An integrated communication solution

Effective medical education is more than a few dinner meetings or symposia—it's a strategic engagement designed to facilitate the transfer of meaningful information and engage in dialogue that enables HCPs to help their patients live healthier lives.

PDME is an omnichannel strategy enhanced by technology that is intended to foster trust, improve recall, and compel action. Modulating and synchronizing programs through PDME creates a *surround and influence* model of communication.

## Begin with a credible scientific foundation

PDME, an education-first mindset, begins with a credible, scientific platform supported by clinical trials and peer-reviewed publications. This foundation of science and medicine guides the development of scientific pillars and narratives. Additionally, PDME initiatives have clearly defined educational and business objectives.

# 5 FIVE ATTRIBUTES GUIDE CONTENT DEVELOPMENT AND DELIVERY

Although each situation is unique and requires a customized approach, 5 attributes are common to all PDME initiatives.

1

### Audience Segmentation

Audiences are segmented with content tailored to the stage along the learning journey

2

### Compelling Content

Content is relevant and meaningful to the audience

3

### Effective Delivery

Access to content is easy in order to engage and digest

4

### Reinforcement

Messages are delivered via a multichannel strategy

5

### Measurement

Performance is measured by a change in sentiment, intent, and or behavior

# AUDIENCE SEGMENTATION

## One size does not fit all

Demographic and behavioral segmentation often is used to define audiences. Although this practice does an exceptional job of telling you what a prescriber is doing, it doesn't tell you why they are doing it. Understanding the physician's "why" or attitude is vital to shifting behavior.

To understand what motivates HCP behavior, this approach groups HCPs by their beliefs, values, understanding of their patients, and specific therapeutic area, as it relates to the unmet need. This information frequently explains the diagnostic and treatment choices physicians make and opens opportunities to develop targeted educational content and programs.

We build PDME programs around audience segmentation and educational concepts that value the HCP first and understand that behavior will follow as attitudes shift. Audience segmentation is the underlying road map to behavioral change.

Insights from multiple sources, like market research, advisory boards, sales force surveys, and so on, help us understand the attitudes that drive HCP beliefs and behaviors. This information enables us to divide HCPs into groups according to their knowledge of, and attitudes toward, the behavior we seek.

Physicians value content that is educational. Personalized educational content is the key to success, and this approach requires the development of tailored programs and messages for the individual HCP attitudinal segment. This customized approach results in more effective program performance because you're sharing refined, focused, and specialized information with your audience.

## IS PDME THE NEW SAMPLE?

Many factors influence physician behavior, including institution policies. Even when physician attitudes have shifted enough to drive behavioral intent, formulary access and price can inhibit action. PDME programs with intrinsic value and support can become an important lever toward behavior change.

Consider this quote from Dr. Joseph Kvedar of the Center for Connected Healthcare:

*"As a practitioner, I no longer am able to meet pharmaceutical reps in my office, and my institution encourages me to prescribe only generics. So, if a company develops the next new drug that provides a 10% improvement over an existing drug but is going to charge more than the price of a generic, that is not going to change my behavior anymore. The industry's business model has to morph from being about a pill to being about information and services around the pill."<sup>8</sup>*

## Leverage adult learning principles and storytelling

Adult learning principles, a behavioral science approach, are geared toward the effective transfer, retention, and application of knowledge in the adult learner. Paired with storytelling, adult learning principles can enable you to impart information in a way that is quickly understood and effectively retained.

### HCP learning needs to be purpose-driven

HCP learners need to know why they should learn more about a drug or device. Enabling them to discover the gaps in their knowledge is more effective than telling them what they “need to know.” Help them identify gaps in their knowledge with surveys, quizzes, and comparisons to other HCPs. When the purpose is clear and they are motivated to seek out an educational opportunity, they are more likely to engage.

### HCP learning needs to be goal-driven and value-oriented

HCPs must see measurable learning objectives and have a definite system of measuring their progress. Information presented in the context of the physician's daily life helps bridge learning objectives and regular practice. “Will this change my practice (eg, efficiency, patient monitoring, reimbursement, route of administration)?” “What increased value (eg, diagnosis, efficacy, safety) will this provide my patients?” Tie education to real-world applications such as case studies, simulations, and sharing the patient's perspective.

## Stories stimulate the brain

Good stories are remembered. Humans have a natural affinity for stories because they trigger emotional responses while using facts and a narrative to communicate something important. Stories are a simple way to develop content that motivates your audience to act.

Emotions happen to everyone, even HCPs. You can't prevent emotions, no one can. Most decisions are based on emotion and justified with logic. If you want to influence an HCP, provide an experience that creates the desired feeling. Emotions reinforce learning, which can shape responses to future experiences. These experiences help the HCP to develop habits and preferences that can persist over time.

One of the best ways for an HCP to experience your complex product is by sharing a vivid story. Research has shown that stories can activate the regions of the brain that process sights, sounds, tastes, and even movement.<sup>9</sup> Now, compare this approach with a PowerPoint presentation containing 50 slides crammed full of charts and bulleted points.

Scientists believe that nonconscious and conscious emotions operate collectively to shape behavior indirectly rather than directly. Rather than thinking of the emotional mind as irrational, think of it this way: *A feeling is simply the way the unconscious communicates its decision to the conscious mind.*

A compelling story has 5 vital elements. Passion, a protagonist, an agonist, the revelation, and the transformation. These components fit together to set the stage and show the problem as a thread of connected events, so it's easier to visualize and feel the relief of the solution.

A compelling story uses a targeted strategy to affect the left and right brain, high science, and high emotion, for maximum impact. Your audience will **feel**, **remember**, and **react** to a narrative backed by sound science as it uses logic to justify the feeling.



## An Effective Story

Information is more effective if it is affective

### Cortisol

Causes distress; encourages the audience to pay attention to the story

### Oxytocin

Promotes connection and care; encourages the audience to feel empathy



Passion



A Protagonist



An Antagonist



The Revelation



The Transformation

#### What does the audience care about

Disease state?  
Patient comfort/  
convenience?  
Patient suffering?

#### The product

What differentiates  
the product from  
all other products  
on the market?

#### The unmet need

What keeps  
the audience  
up at night?

#### The resolution

How does the  
product overcome  
the unmet need?

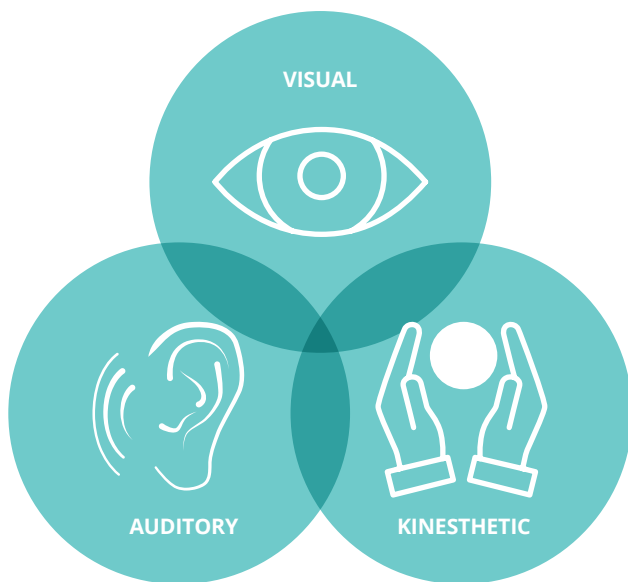
#### The change

Why should the  
audience change  
their behavior?

## Blend learning styles and repeat

Adult learning principles also play a significant role in the delivery and retention of educational content.

“Everyone learns differently.” We’ve heard this expression many times. That’s because it’s true. What’s exciting and motivating to one person may be boring to another. Therefore, a multisensory approach to learning is an effective way to convey educational content.<sup>10</sup>



**Adults learn best with a multisensory approach.**

## Three learning styles: Visual, auditory, and kinesthetic

### Visual

The brain processes visual stimulation more than any other sense, which is probably why visual learners account for up to 65% of the population.<sup>10</sup> Visual learners prefer to see the process demonstrated and benefit from video demonstrations and lectures. Detail-oriented and good at recalling images, these learners often prefer pictures, colors, graphs, and maps.

### Auditory

Retaining knowledge best through hearing it, auditory learners listen to a process or concept being described. They enjoy music, sounds, and interesting audio patterns like rhymes or rhythm. They excel at repeating information back and picking up a language, verbal communication, and retaining long lectures.

### Kinesthetic

Kinesthetic learners learn best through more tactile activities—physical activity, performing tasks, and watching others. With outstanding motor skills and hand-eye coordination, they absorb information better when they physically handle something or move in some way. They will benefit the most from project-based learning and using other learning styles as supporting tools.

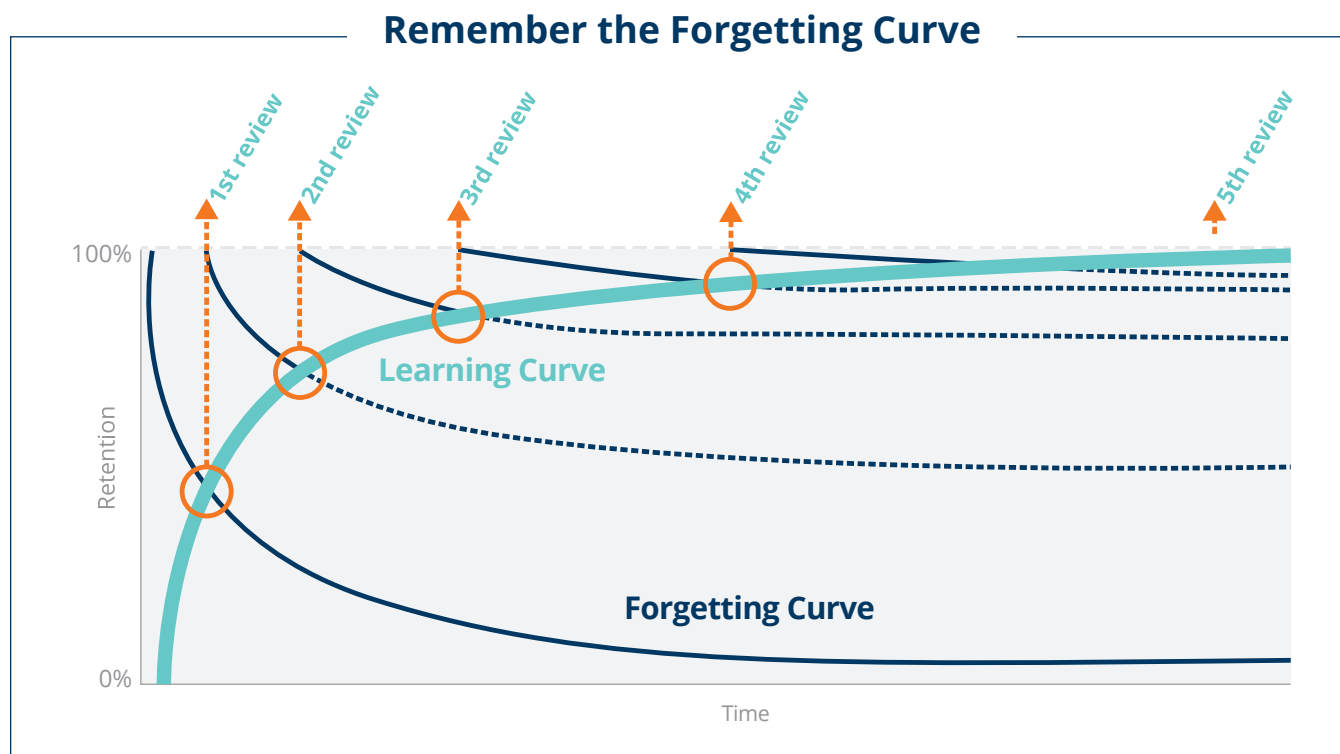
## Regular reinforcement improves recall

No doubt you've heard of the learning curve, but you're probably less familiar with the *forgetting curve*. The forgetting curve is the decline of memory retention over time. The curve shows how information is lost over time when there is no attempt to retain it.

The forgetting curve purports to show that humans tend to halve their memory of newly learned knowledge in a matter of days or weeks unless they consciously review the learned material.

Therefore, repetition is an essential component of any educational effort. The theory is predicated on the assumption that each exposure to learning increases the optimum interval before the next need for repetition. Reviewing material at predetermined intervals will significantly decrease the effects of the forgetting curve.<sup>11</sup>

PDME initiatives implement customer relationship management and follow-up initiatives with each of our medical education or disease state programs. Reviewing materials in the first 24 hours after learning information, followed by outreach at spaced intervals, is the optimum way to reduce forgotten knowledge and enhance retention.



**One-and-done educational efforts are not as effective as a comprehensive program.**

## Total recall: Simple methods for learning

The quickest and most efficient way to study written materials is active recall. Active recall is a valuable learning method that stimulates memory during the learning process by practicing information retrieval during learning sessions. It's regularly integrated into many PDME programs and is very easy to administer.

As an example of active recall, a mnemonic is a memory device that is used extensively in medical training. It is a simple way for the brain to encode complex information.

The most common types of mnemonics are short poems, acronyms, and memorable phrases. These memory devices are associated with something more accessible or meaningful—which, in turn, provides better retention of the information.

### Acronyms

Acronyms are a very effective tool and are often used in medicine.

*Example*

#### Asthma Management

**A**drenergic agonists

**S**teroids

**T**heophylline

**H**ydration

**M**asked oxygen

**A**nticholinergics

## Using technology to choose the right KOLs

The right key opinion leader (KOL) adds credibility to any educational initiative. A strong pedigree is not enough, though. The ability to engage and connect with an audience is just as important. How do you know you have identified the right KOL to speak? Unfortunately, many find out during speaker training or on stage when it's too late.

### A great presenter has the power to move people

Do you settle for an uninspiring KOL presenter who reads the information on the slides? MedThink Match™, an artificial intelligence (AI)-enabled tool, determines a speaker's presentation persona. Now you can quickly determine a KOL's presentation style and decide whether it's the best fit for a specific setting. Run-of-the-mill presentations don't inspire, motivate, educate, or leave lasting impressions. Ensure that yours do.

### There's a better way to engage and communicate

Developing and maintaining a positive relationship with medical experts requires a personalized approach. What's the best way to introduce yourself to a KOL or HCP? What's the best way to begin an email to a KOL that will get their attention? Chances are, you engage with all KOLs and HCPs the same way.

Now you can have a personalized communication approach based on an individual's specific personality. With MedThink Match™ you can get advice on the best way to communicate with an individual KOL or HCP. It's an easy-to-access relationship-building tool that offers guidance during meetings, on the phone, or via email. It provides vital phrases and approaches for enhancing communications in many situations.

### Bring advisory boards to a new level

MedThink Match™ creates relationship reports that enable you to predict people's tendencies so you can bring the right people together.

We've all seen ad boards where different personalities derail the conversations. MedThink Match™ enables you to minimize those situations, while still ensuring a variety of perspectives and voices.

## Make every interaction matter

Technology is rapidly advancing. NewThink, MedThink's ideation think tank, focuses on identifying emerging technologies or refocusing existing ones to support client challenges and PDME. These tools provide key avenues for enhancing content development, delivery, and recall.

## HCP attention is the limiting factor

According to Matthew Crawford, a research fellow at the Institute for Advanced Studies in Culture at the University of Virginia, "Attention is a resource—a person has only so much of it."<sup>12</sup> Physicians are no exception.

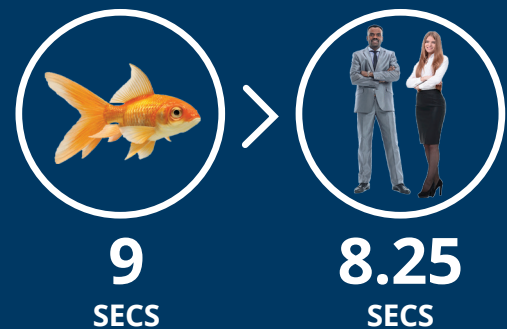
As content becomes increasingly abundant and immediately available, attention becomes the limiting factor in the consumption of information. In our digital age, attention is used by the brain to filter the most relevant information from a large pool of data.

A practical approach to ensure that the content is optimized for efficient and effective absorption is to eliminate visual noise. By eliminating visual noise with MedThink Insight™, you can make slides, posters, or any visual learning tool work better.

MedThink Insight uses AI and predictive modeling to simulate a viewer's attention and predict the content a person is most likely to absorb or ignore. You can simulate viewing conditions, pre-test your materials, and modify the design for optimal viewing with high accuracy.

Ensuring optimal visual delivery can engage and focus the viewer's attention, enhance the presenter's narrative, and provide the best opportunity to convey your perspective. We apply this technological solution to websites, poster, and slides. It's an overlooked nuance, but an important one when battling for HCP attention.

Goldfish  
have longer  
attention spans  
than humans<sup>13</sup>



# MEASUREMENT

## Measuring performance

Measuring the performance of traditional Promo MedEd programs have historically been a simple affair. Companies still rely on easy-to-capture metrics such as the number of attendees, live polling responses, and program satisfaction surveys. These measurement tactics provide a snapshot of engagement and general satisfaction of the program. Although undoubtedly important, these metrics do not measure the true success of educational efforts.

## PDME goes further to measure program impact

Understanding an audience baseline is essential to developing effective educational content. Measuring against the baseline provides insight to adjust or

reinforce learnings that facilitate a shift in beliefs, attitudes, or behavior. Specifically, is the information being retained and recalled? Has there been a change of intent among the audience? Has the plan manifested in measurable behavioral changes? The answer to these questions calls for a refined approach to measuring performance.

*Measuring the participant's progress along the entire learning journey is the most effective way to measure program success.* By defining the learning journey, a chain of evidence is established for measuring program impact. Ensuring key performance indicators tied to the learning journey is central to any PDME strategy.

## The Learning Journey

### Tactical

#### *Initial impressions*

- Did HCPs engage with the content and programs?

#### **Desired Outcome**

Embraces the need to learn more

### Beliefs and Attitudes

#### *Effectiveness of understanding*

- Do HCPs understand and retain information?

#### *Change of intent*

- Are HCPs considering changing their behavior?

#### **Desired Outcome**

Finds relevance to their practice, gains belief in its value

### Behavioral Change

#### *Shift inactivity*

- Is there an increase in HCP willingness to try a different behavior? (Trial/Needs arousal)
- Have HCPs altered their actions? (Repeated trial)
- Are HCPs promoters of different behavior? (Advocacy/Support)

#### **Desired Outcome**

Takes action, remains committed to behavior, gains confidence

## The measurement impact scale

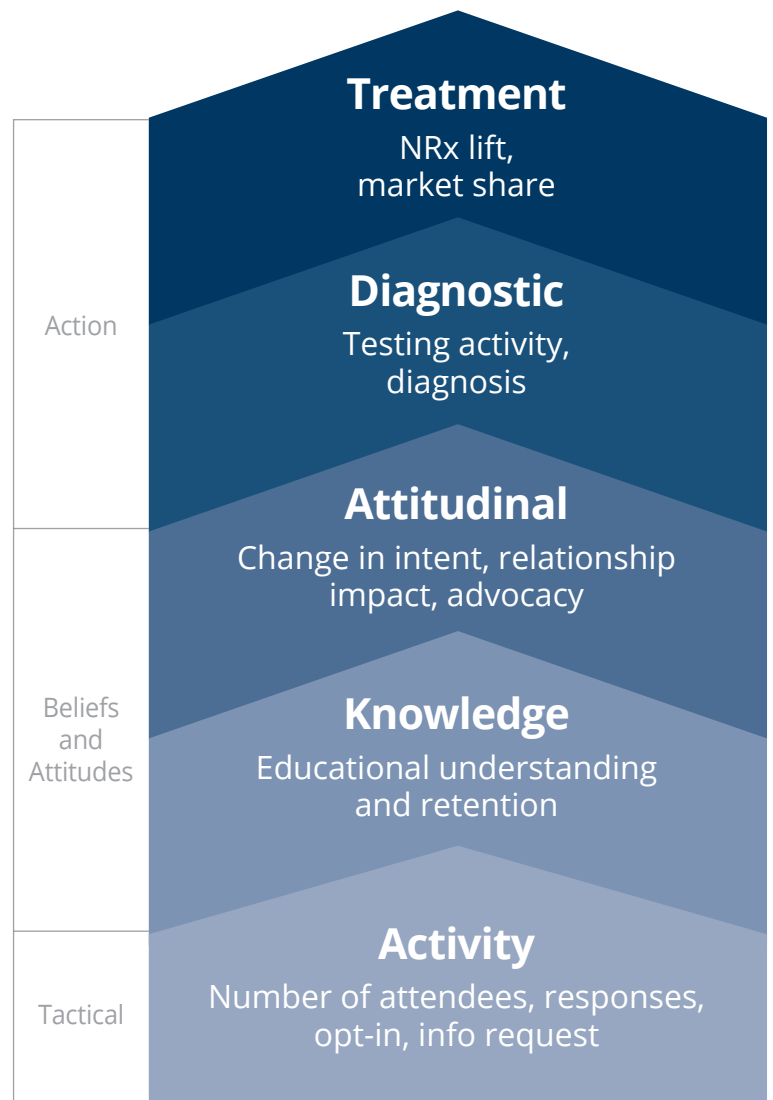
This scale measures several segments along the learning journey. It begins with initial HCP perceptions of activities such as the number of attendees, live polling results, surveys, and evaluations, or requests for additional information tallied.

Measurement of beliefs and attitudes identifies the change of cognitive variables such as knowledge and attitude. Knowledge and attitude can be tracked to see changes in understanding and viewpoint of the educational content. The goal is to determine if there is sufficient understanding and retention of the program content. The attitudinal impact evaluates the level of influence on the HCP by assessing a change of sentiment or intent generated by the educational program.

Gathering data uses several measurement tools such as pulse surveys, social listening, and field feedback.

A change in behavior is only meaningful as a measure of success if the HCP follows action guided by the program. It is completely objective—either the HCP does or does not engage in the desired behavior.

MedThink uses 2 types of objective measures—diagnostic impact and treatment impact. Following the change in diagnostic testing is an excellent way to determine if a behavioral change has begun, as it can be a precursor to a prescription. Other times it's the measure of success. Consider a rare disease where an HCP may never see a confirmed case. Familiar indicators of success in pharma such as a new prescription lift, an increase in market share, a decrease in discontinuation rates, and/or a change to treatment guidelines are all objective indicators.



## Performance-Driven Medical Education™ fosters behavioral change

HCPs are oversaturated with information to the point that they become blind to it or ignore it completely. Are your programs going to add to this proliferation of promotion or are you going to take a different approach that makes every interaction matter?

Physicians want education. PDME is an innovative way to engage, influence, and spark behavioral change. Behavioral change is a disciplined process. Frequently, change is seen as a single moment in time, or turning point, when a shift in behavior first occurs. Sustainable change is a process that requires time, patience, and a willingness to listen and engage. Much like effective marketing and communications, PDME is a disciplined process, not a single event. It begins as an education-first idea that transforms prevailing beliefs and attitudes before clinical behavior.

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**Angie Miller**

SVP, Client Partnerships

[amiller@medthink.com](mailto:amiller@medthink.com)

(919) 926-3602

[www.medthinkcomm.com](http://www.medthinkcomm.com)

1001 Winstead Drive, Suite 100 • Cary, NC 27513

