



## Increased Regulation and Mature Web Technology: Fertile Ground for a New Generation of Clinical Opinion Leader Engagements

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**A** heightened interest and concern about conflicts of interest between physicians and industry has led to increased federal, state and institution guidelines designed to monitor, and in some cases, limit, clinicians' interactions with industry. These guidelines are a catalyst for industry to reassess approaches to engaging thought leaders.

### State, Federal and Institution Regulations: Catalyst for Change

Burgeoning federal regulation like the Physician Payment Sunshine Act will impact the willingness of physicians to participate in industry-sponsored programs. Jointly sponsored by Senators Grassley and Kohl, the Act requires drug and device companies to report any payment or transfer of goods greater than \$100. Reported transactions include fee for service, food, entertainment, travel, research funding and stocks or stock options. All the information will be placed on a Web site for public consumption.

National academic opinion leaders have an additional constraint when interacting with pharma. Today, 90 of 125 US academic medical centers now have policies regarding physician-industry interactions. Such policies limit activity, as well as compensation, to an average of \$15,000-\$20,000 per pharma company—not brand. Pharma frequently engages national opinion leaders as consultants, advisors and, to some extent, faculty trainers and speakers. These new dollar limits will necessitate pharma engaging national opinion leaders more strategically and engaging more regional and local opinion leaders in private practice.

For many years pharma has acknowledged that practitioners seek the opinions of both national and regional opinion leaders. This understanding has fueled the development of more sophisticated approaches to the identification of regional clinical opinion leaders and their link to practitioners, payers and advocacy groups.

### Clinical Opinion Leaders: An Opportunity to Broaden Leadership for Clinical Relevance

Unlike opinion leaders with academic posts, clinical opinion leaders are not restricted by institution guidelines. Clinical opinion leaders are generally less concerned about reporting industry compensation. They represent a more diverse group of healthcare providers with influence

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across the healthcare continuum. For example, clinical opinion leaders are among the first to be identified by community-based physicians as the "go to" resource in their region for clinical treatment insight. They are the individuals identified as representing large clusters of physicians by the new influence-mapping programs that analyze regional and local practice patterns. By extension, this is the group that has the greatest impact on regional payer and advocacy systems because they directly represent the patient base.

The question becomes how to engage this group of busy clinicians. This group, while not limited by an institution, is limited by the constraints of busy practices that limit time for interaction with pharma.

### Mature Digital Environment: A Solution for Scalable and Sustained Engagement

If regulation is the catalyst to forcing more interaction with clinical opinion leaders, then the Web is the facilitator for that new engagement approach. The Web and its digital properties can facilitate interactions with this larger constituency in a way that is respectful of both the physicians' time constraints and the guidelines.

The confluence of new regulation and a maturing digital environment offers pharma a unique opportunity to model engagements that take advantage of faster and fewer degrees of separation among the more exclusively engaged national opinion leaders and clinical opinion leaders. The less expensive, more efficient Web communication approaches will make it possible for us to create more granular pods of influence among the clinical opinion leaders we identify and the clusters of physicians they represent. ■

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