

The Evolution of Digital Opinion Leaders in Medical Affairs

Welcome to the PharmaVOICE Webcast Network.

In this episode, I meet with Scott Thompson, Co-CEO and Chris Marshall, VP, Head of Americas at Acceleration Point. We talk about the way medical affairs teams monitors and engages in the digital space and how this practice has evolved.

I'm your host Dan Limbach, producer of the PharmaVOICE Webcast Network.

Dan: Welcome to the podcast program, Scott and Chris. Tell us about yourselves and your experience with medical affairs. Scott, let's start with you.

Scott: Sure. Thank you, Dan. It's a pleasure to be here today. Chris, myself and the Acceleration Point team we've been working with medical affairs for the last six years. During that time, we've worked with over 35 really strong teams and have serviced over 80 different disease areas.

Chris: Hi, Chris Marshall here. It's great to be with you today. As Scott mentioned, over the last six years we've focused on providing medical affairs with the tools and processes to generate new insights, improve care while engagement and build effective operational processes.

Dan: Fantastic. Medical affairs have been monitoring social media and other digital sources for insights. Today I'd like to ask you about how medical affairs teams are changing how they are engaging in the digital space. To begin, we've heard a lot of discussion about focusing digital opinion leaders (or DOLs) who are highly influential. Are medical affairs teams changing who they are monitoring online for insights? Chris, let's start with you.

Chris: Most teams we work with first start with the goal of finding new digital opinion leaders who are influential in their therapeutic area. Of course, we still do find these experts with extensive reach who are discussing science. However, as medical directors, MSAs and scientific communication teams get more experience with digital listening, they often find that many actual insights actually come from monitoring their existing KOLs.

Scott: Yeah, that's right Chris. As I look over the 80 or so diseases that we've been working in, there tends to be about 30 or 40 truly influential digital opinion leaders in each. However, as we've been listening online to over 60,000 KOLs, we have found that over half of these are discussing relevant science and online sources. And really medical affairs teams are now listening to their KOLs online for insights about their mindsets, new topics of interest and finding specific opportunities to engage.

Now we're also starting to see medical teams start listening to the online activity of other groups, like patient advocacy groups and things like that, but it's still early on to see how medical affairs will interact and take advantage of what they're learning from those groups.

Dan: That's a very interesting point. It's hard to believe that over half of KOLs could be found in online content. Are you finding that all in Twitter or do you need to look beyond that? What do you think, Chris?

Chris: Sure. Twitter is certainly one of the largest sources of online scientific conversation, and it's actually increasing. Depending on the specialty, we see that between 18 of 40 percent of KOLs actually have Twitter accounts. Of those with Twitter handles, about a quarter of their followers are HCPs.

However, there are other sources that are important as well. The largest source is news. This may be therapeutic area specific like *Oncology Today* or consumer news like CNN or BBC. In addition, it's important to monitor other online forums, blogs and video content link YouTube.

Scott: Chris, I'd probably add that while the sources are important, the key to really having a significant volume of contributions to look at is to go beyond the content that your experts specifically shared. See, most people will start by looking for what's called owned content. Owned content is a content that's posted specifically by one of your KOLs or by one of your DOLs on *their* account. But what we find is that makes up only really a fraction of the available relevant content.

The majority of what we find is actually considered earned, and this is when another author mentions your expert, maybe quotes them or maybe your expert created some type of content, but it's shared in somebody else's channel versus their own. Like this could be a news article where they're quoted and the news agency is who owns the content and posts it, but your expert is mentioned in it. Another example could be that you have an expert who does write articles; they don't have their own blog, but their institution might post it.

Dan: That sounds extremely valuable, but it's also a little more complicated than simply logging into Twitter or setting up Google alerts for news. How are medical affairs teams keeping up with this influx of available data? What do you think, Scott?

Scott: Yeah, that's a great question. In the digital space, we have to have solutions that really address the volume because there's so much of it. The velocity, just the speed in which it's coming at us and just a huge variety. There's about a half a billion digital contributions that have to be evaluated every single day to find the content that's important to you.

So finding relevant content that's connected to your expert requires a tool that really can use scientific searches to bring back only content that's important to you, that you want to see. And then with the speed or the velocity of how fast it's coming in, it's important that that's happening almost like in real time everyday, versus counting on some type of occasional analysis where you get PowerPoints sent to you once a month or something or once a quarter. But I know it can be a little overwhelming for individual medical teams to see this.

And so one of the things that we find at least with our tool that is most valuable that people ask a lot about is how we are using artificial intelligence designed specifically for medical affairs to look across all that data and present to you patterns in what diseases are being mentioned, the products that are being discussed or even to identify key relevant topics that medical affairs cares about.

Dan: That sounds extremely useful. Finally, as medical affairs gains these new insights into their KOLs and DOLs, how are they engaging differently? Chris.

Chris: I think it's important to note that it's still early in the evolution and medical affairs teams are still trying to figure it out. The best place to start is engage DOLs and digitally active KOLs the same way you've been in the past, but actually do it more informed with more personalized engagements.

Scott: Yeah, I agree Chris. I think that's a great place to start. We are seeing that as organizations become more comfortable with digital engagements our tools are picking up examples where digital KOLs, DOLs are partnering with industry. So we're seeing influencers starting to be contracted by industry to attend sessions at congresses as an example and share their opinions through social media. We're also finding examples where industry and DOLs might partner on a podcast or live virtual events or maybe video-based education, things like that.

Chris: Yeah, that's right Scott. We've also found many DOLs led their own podcast or other channels that now include medical affair leaders as speakers or contributors. These of course are a bit more complex, they require planning and resources and you must align with your compliance partners to ensure you're following established standards. However, I do see as scientific discussion continues to accelerate, companies become more comfortable with the venue and we'll see more of these examples becoming actually the norms.

Dan: Scott and Chris, thank you for spending time with us today and helping us understand how digital opinion leaders and KOLs are evolving online. Acceleration Point's Kwello platform is certainly providing a lot of actionable insights to medical affairs teams, and it represents the best practices we discussed here today – monitoring KOLs and DOLs, listening to a large variety of sources and using artificial intelligence to help teams quickly find patterns and trends in the data.

Scott and Chris, thank you for sharing your thought leadership and expertise with us today.

Scott: Thank you, Dan. It's a pleasure being here.

Chris: Thank you, Dan.

And that does it for this episode. For more information about Acceleration Point, visit accelerationpoint.com. And don't forget to check out our other podcasts, webinars, virtual panels, videos, white papers and more at pharmavoices.com.

Until next time, I'm Dan Limbach.

