

Personalisation – the future of medical education

Ashfield
Healthcare Communications



Ashfield Healthcare Communications' research manager **Alex Goonesinghe** and multichannel communications director **Nigel Campbell** share their thoughts on the growing trend towards personalised medical education

INDUSTRY INSIGHT

If there's one way in which we are all alike, it is that we are all different. We are individuals with our own unique set of needs and preferences. Why is it then that we try to design communication, education and other tools with such broad categories as "HCPs or patients"? To be truly effective, we need to be able to better understand these groups and to break them down into subgroups, based on information needs, frequency of contact and channel preferences.

Personalisation is something you are going to be hearing a lot about. It is a trend that has been steadily growing, as pharma companies try to cut through the online noise to directly interact with their target audience. By using various sources of data to build a profile of the audience, you can deliver a much more tailored and personal service.

Using both primary market-research (interviews, surveys or real-world data) and secondary desk-research techniques, you can segment large data into much simpler and concise groups. These can then be used to drive more effective and "personalised" scientific messages, medical information or strategic communication plans.

Often, approaches to segmentation can be seen as a magical "black box" with stakeholders and content going in at one end, and detailed plans of channel, content and timing coming out at the other. However, this can often leave clients reliant on putting their faith in personas without knowing the evidence behind their creation. It is important that this process is evidence-based and transparent in order to ensure confidence in the personas that have been generated.

Put simply, an algorithm alone will not give good results. This is one area where humans play a vital role. You need an experienced team

of desk researchers to firstly map out the landscape around your key audiences, gathering data on their current resources and influences. This information is then used to guide a small series of exploratory, qualitative interviews where the breadth and depth of beliefs, attitudes, perceptions and practices can be identified and captured.

This data forms the backbone to a robust larger-scale online survey where all of these important factors can be quantified. Once the data is captured in this way, advanced statistical segmentation can be used to define discriminate factors that separate out groups of respondents into segments.

At this stage, the majority of the work is complete, but it takes experienced analysts to then take these segments and build a persona around them based on demographics, clinical characteristics or practice behaviours – effectively "bringing the data to life".

So if the process of developing personas is complex and there is no "out of the box" tool to do this, what is the value in engaging expert analysts to develop these personas? According to the General Medical Council's list of registered medical practitioners, there are currently 238,498 registered doctors in the UK alone. Within that group there are many differences, for example: age, experience, location or specialty. Digging deeper, each will have their own educational needs and learning preferences which need to be met. Personalisation is the most effective method currently available to ensure that the information and education that pharma companies want to share is going to reach their target audience, in the optimal format, through the preferred channel, at the right time.

In a complex multichannel world, where one size certainly will not fit all, insight analysts are the tailors, turning the fine cashmere and silks of information into the tailored suits which perfectly fit the audience.

If you would like further information, please contact Alex Goonesinghe: alex.goonesinghe@ashfieldhealthcare.com

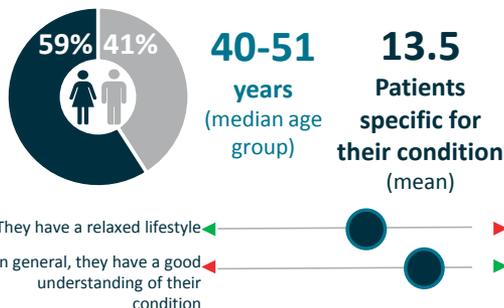
About the authors

Alex Goonesinghe, research manager
Alex has worked across the pharmaceutical and healthcare industries for more than 12 years, in a number of different roles including R&D, commercial/HEOR/med-affairs focused healthcare communications and more recently, patient and HCP insights research.

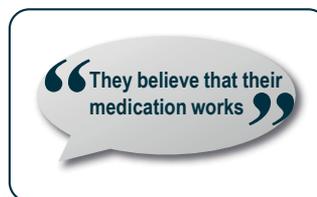
Nigel Campbell, multichannel communications director
Nigel Campbell is a multichannel communications director with Ashfield Healthcare Communications. He has spent the past 25 years working in creative communication across all channels, in multiple therapy areas for global healthcare clients.

Illustrative segment: 'Engaged prescriber'

Who are my patients?



How do my patients feel about their medication?



84% would like to take medication less often

22% worry about taking their medication

76% are confident that their medication works

How adherent are my patients?



19% often forget to take medication

12% think their lifestyle gets in the way of treatment

78% Know exactly how to take their medication

64% Know exactly when to take their medication

What is my current and preferred frequency of patient contacts?

Current average frequency of patient contact

1.8 times per year

Ideal average frequency of patient contact

4.1 times per year

Data is for illustrative purposes only

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