

Communicating beyond the data

Data is rapidly becoming the lifeblood of pharma. The ability to gather, analyse and use the actionable elements of 'big data' is becoming increasingly important. But in a progressively complex and busy world, are we overwhelmed by data? And do we spend enough time thinking about what the data tells us, at a granular level, about how we should be communicating?

If we look at our industry spend on medical education, we see a year-on-year increase in excess of 10%. *PME* reported an estimated annual spend of £3bn on medical affairs activities in the UK alone. Working closely with a number of clients, I sense their overwhelming panic at the richness and quantity of the data at our fingertips. And much of our time is spent helping them make sense of this data.

As we support communications in many pharma functions, we spend increasing amounts of time

thinking about how we can take specific information from data sets to help us target communication more effectively. We strive to push beyond raising awareness about clinical gaps or clinical innovation. Specifically, if our industry wants to leave a lasting mark on the world, we need to support physicians to change their practice. Academic literature tells us that we can do this by understanding the barriers to behaviour change and tailoring solutions to address the barriers.

A great example of how this approach can be adopted is one of our highly ambitious global programmes. The initiative aimed to change the clinical behaviour of dermatologists globally to improve standards of care. The four-year programme drove detection of early disease signs and effective referral to support long-term interdisciplinary management. Using the latest academic thinking in behaviour change,

the programme mapped clinical barriers to change and worked with advocates of desired behaviours to create toolboxes tailored to enable others. By aligning tailored solutions to barriers we have been able to demonstrate >50% change in physician behaviour.

The meticulous planning and delivery of programmes like this over many years does not rely on analysis of big data, or on tailoring communication based on digital mapping and preferences. It relies on a clear ambition to change clinical practice and to raise standards of care for patients. And for me, this is the evolving landscape for pharma communication. It's about taking the incoming communication from HCPs (frequently called insight), thinking deeply about what they are telling us, and then using it to support HCPs to make the changes they need to improve their patient care.



JAN STEELE

lucid  GROUP

Jan Steele is co-founder and COO of Lucid