Evaluation of Current Medical Social Media Practices and the Satisfaction of its Users

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OBJECTIVES

The objectives of this project were to review the current trends of social media (SM) participation within the pharmaceutical industry, and to evaluate the quality of various medically related social media (MRSM) websites. The potential roles and responsibilities that the Medical Affairs (MA) departments within the industry may play in MRSM websites will be assessed.

BACKGROUND

The term SM can be defined in many ways. For the purposes of this research, MRSM is defined as an umbrella term that describes the sharing and dissemination of various forms of drug and disease state information using web-based applications (e.g., sites, blogs, etc.), which allow the creation and exchange of user-generated content.

- Despite the rapidly evolving introduction of SM within the healthcare industry, many pharmaceutical companies are slow in their approach as a result of the current absence of guidance from the Food and Drug Administration (FDA)[1]
- With recent advances in technology, internet users are able to take advantage of social networks, blogs, and other SM to gather healthcare information and share their experiences with other users
- According to a 2009 survey by the Pew Research Center, 61% of American adults (83% of Internet users) now look online for health information[2]
- The abundance of readily available health-related information on the internet has initiated discussions regarding the validity and accuracy of the information presented on MRSM websites
- Research by Pharma Marketing news and Pharma Marketing Blog revealed that pharmaceutical companies have a presence in 55 Twitter® accounts, 45 Facebook® sites, 35 YouTube® sites, 31 brand-sponsored patient communities, and 19 blogs[3]
- The precise role of the MA department within the pharmaceutical industry in this area of communication has yet to be determined

METHODS

A comprehensive, electronic survey using Survey Monkey® was developed for end-users (patients, HCPs, and industry representatives) of MRSM websites. After contacting over 100 MRSM websites (non-brand and brand-related), Google groups, and Yahoo groups, a total of 20 administrators consented to disseminating our survey on their websites between January 21, 2011 and February 14, 2011. Administrators of these sites were also allowed to post the questionnaire on other portals where their users may find the survey; this includes but is not limited to Facebook®, Twitter®, and online news releases. The survey evaluated end-users' current practices and satisfaction, and determined the potential limitations and unmet needs that may not be addressed with today's MRSM websites.

Extensive literature searches were conducted to assess the application of SM within pharmaceutical companies today. Online databases such as PubMed, Ovid, Embase, and Biosis, in combination with search engines such as Google and Google Scholar, were utilized in an effort to obtain all relevant literature regarding SM use and the pharmaceutical industry.

RESULTS

Demographics

	Overall (N=308)	HCPs	Patients	Industry Employees
n		110	165	33
Male	37.3%	51.8%	29.7%	27.3%
Female	62.7%	48.2%	70.3%	72.7%
Age (years)				
18-30	20.5%	29.1%	13.3%	27.3%
31-40	21.4%	30.9%	15.8%	18.2%
41-50	23.7%	21.8%	23.6%	30.3%
51-65	26.3%	13.6%	35.2%	24.2%
>65	8.1%	4.5%	12.1%	0.0%

Figure 1: Frequency of visiting MRSM websites (N= 290)

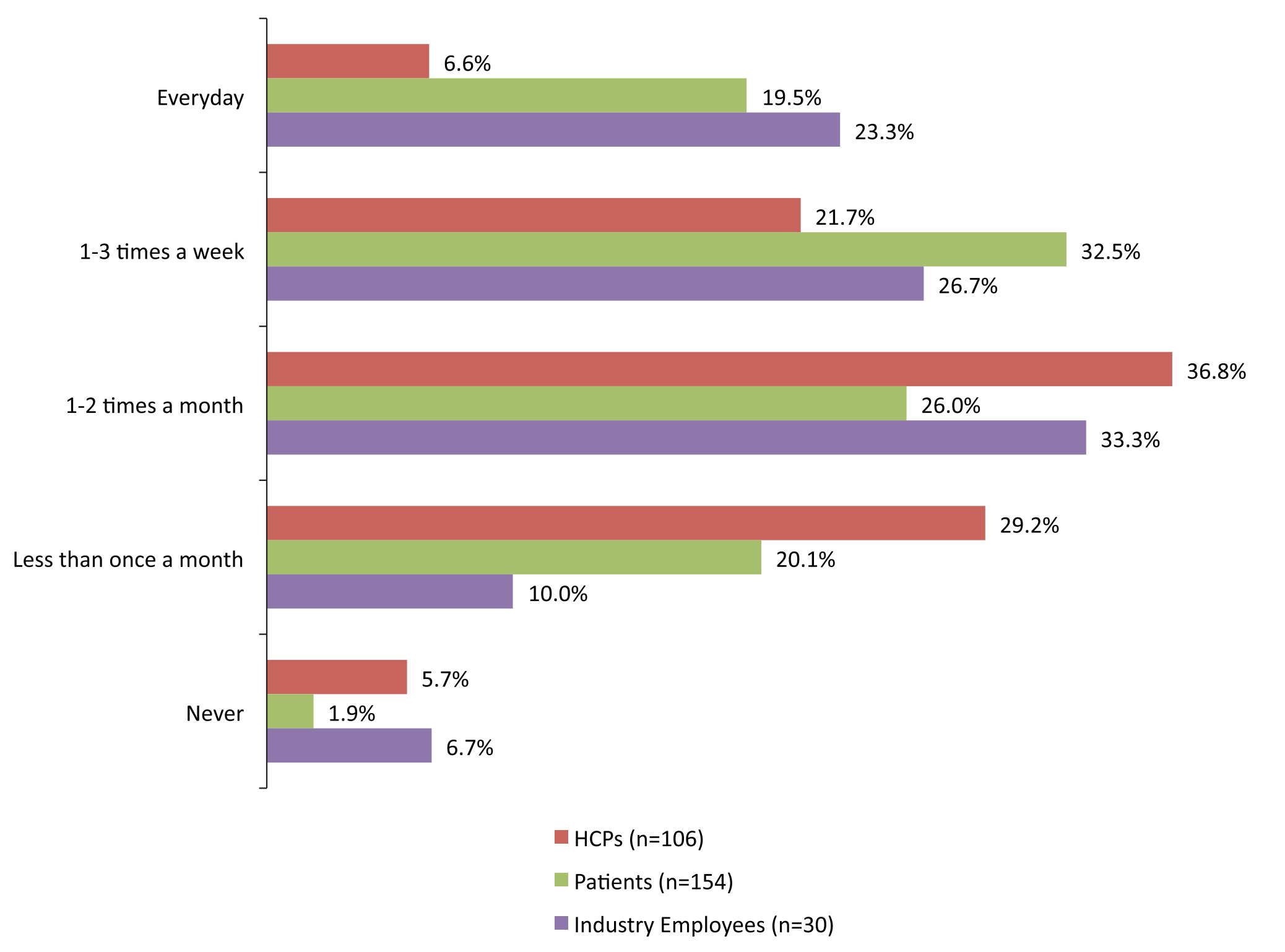
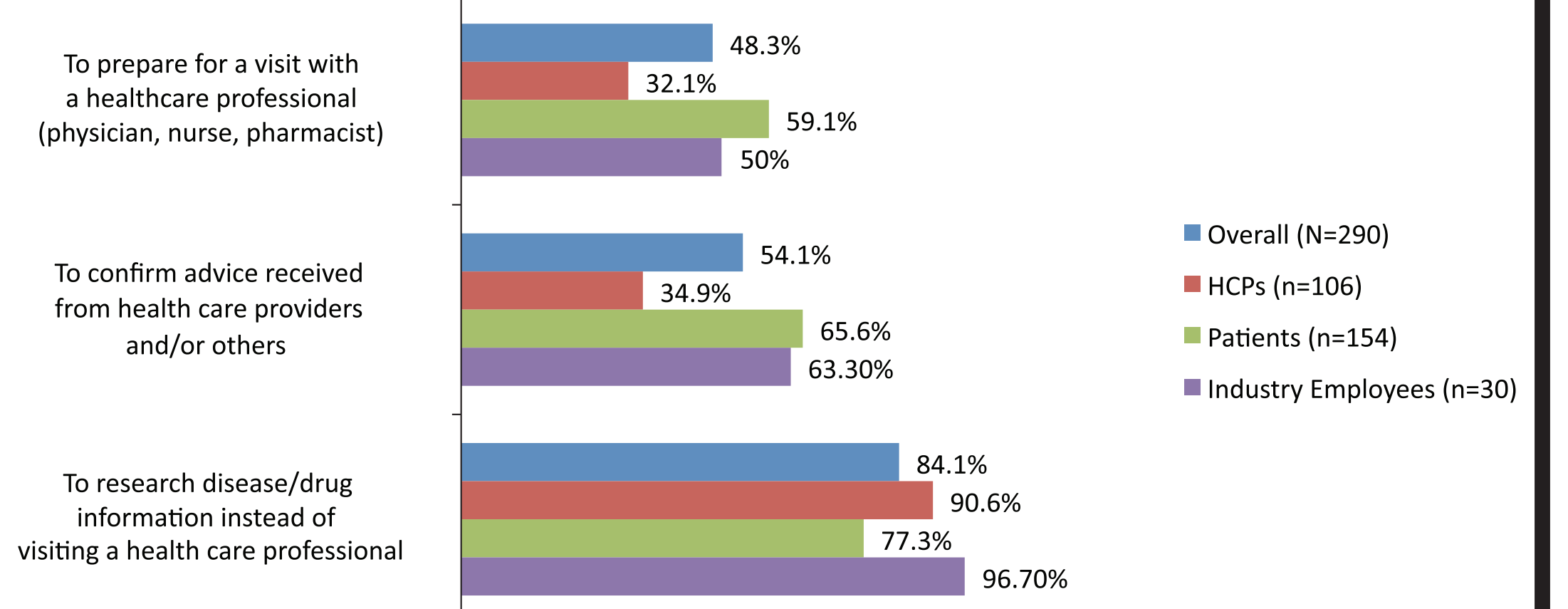


Figure 2: Reasons for searching MRSM websites?*



*respondents may have marked more than one answer

Figure 3: Reasons for visiting MRSM websites (N= 268)

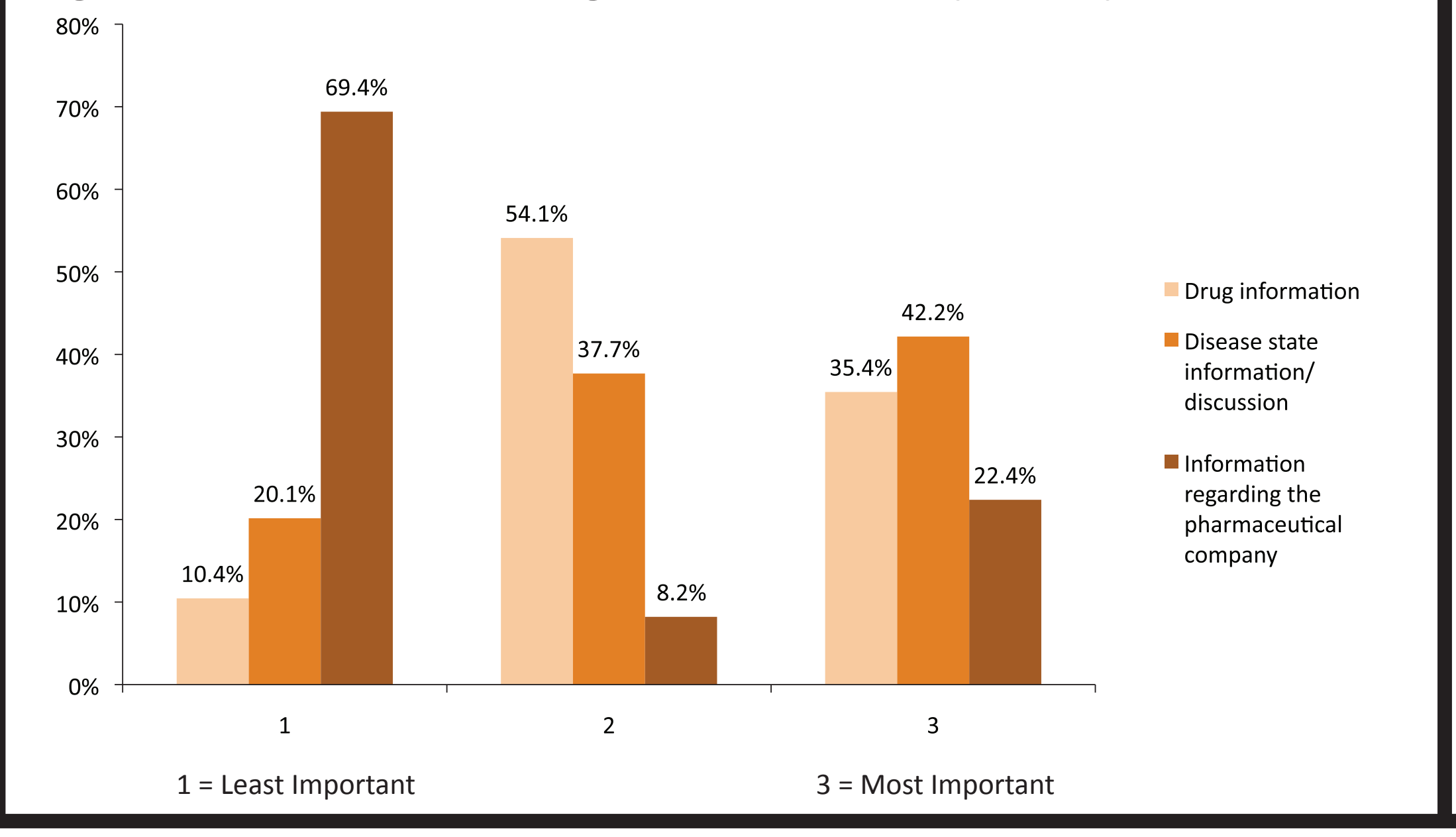


Figure 4: Comfort with Industry-Sponsored MRSM Websites (N= 258)

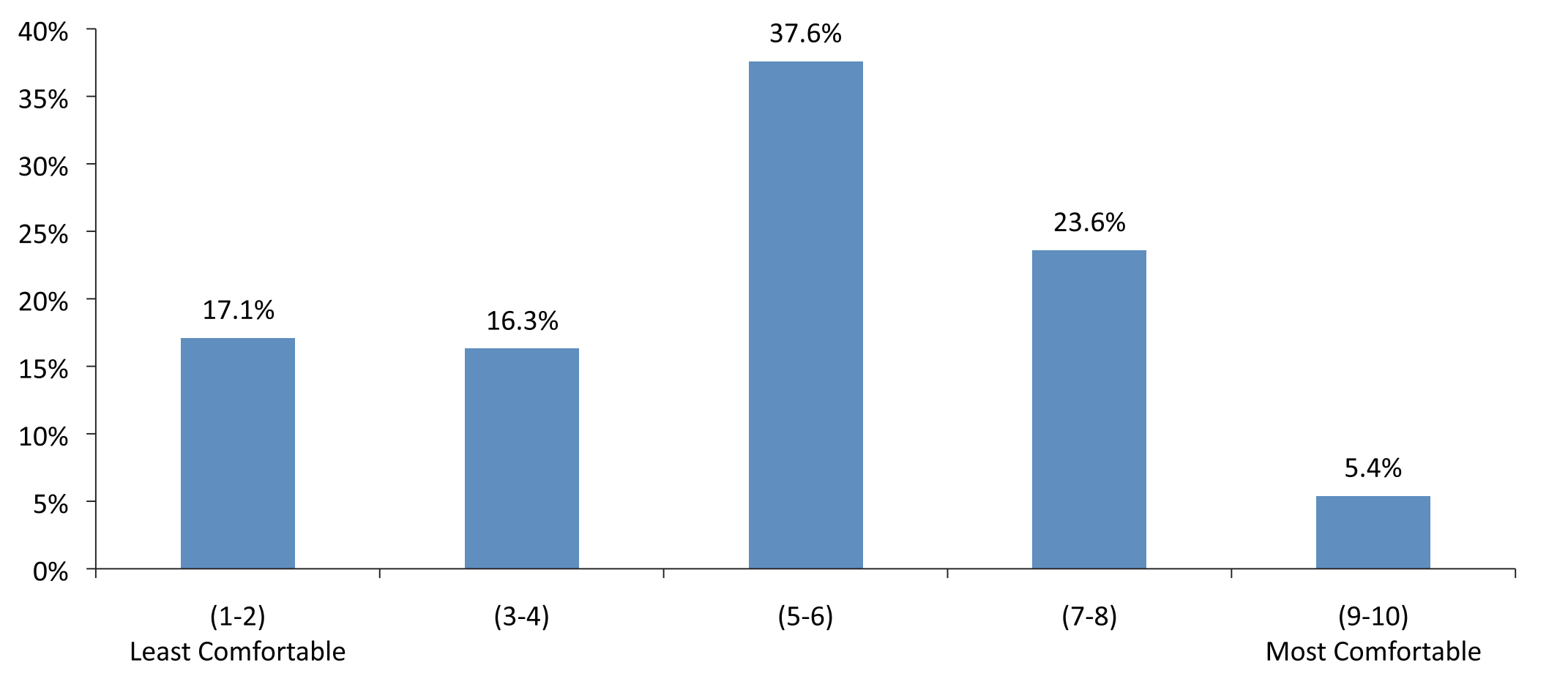
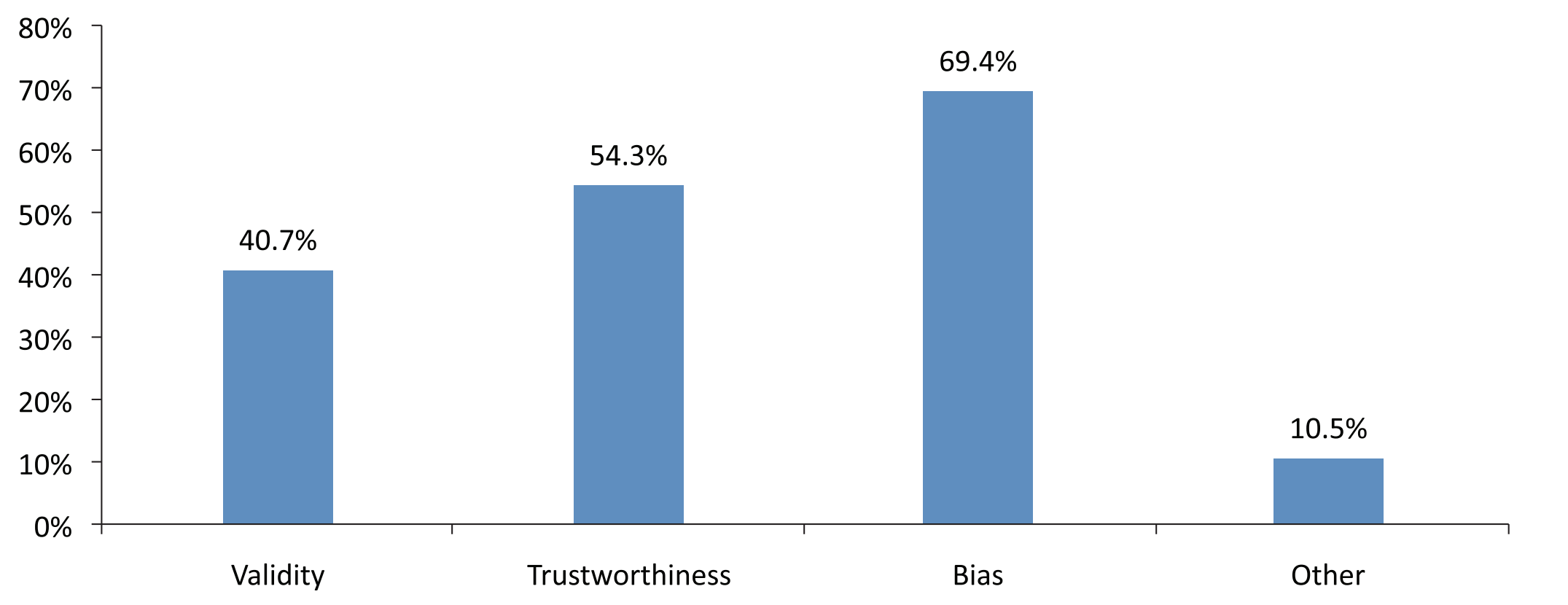


Figure 5: Reasons for Discomfort with Industry-Sponsored MRSM Websites †* (N= 258)



†Respondents included those who did not select most comfortable with industry-sponsored MRSM
*Respondents may have marked more than one response

Figure 6: View of MRSM Websites (N= 257)

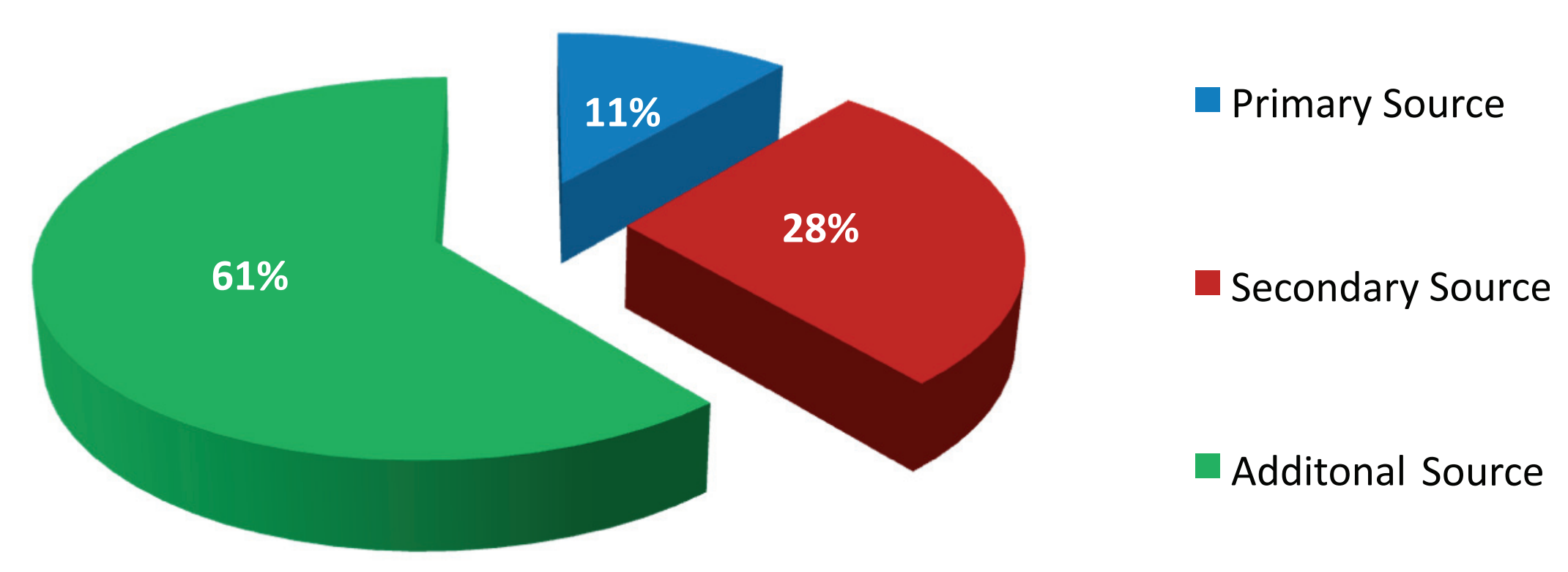


Figure 7: Preferred Features in MRSM Websites (N= 236)

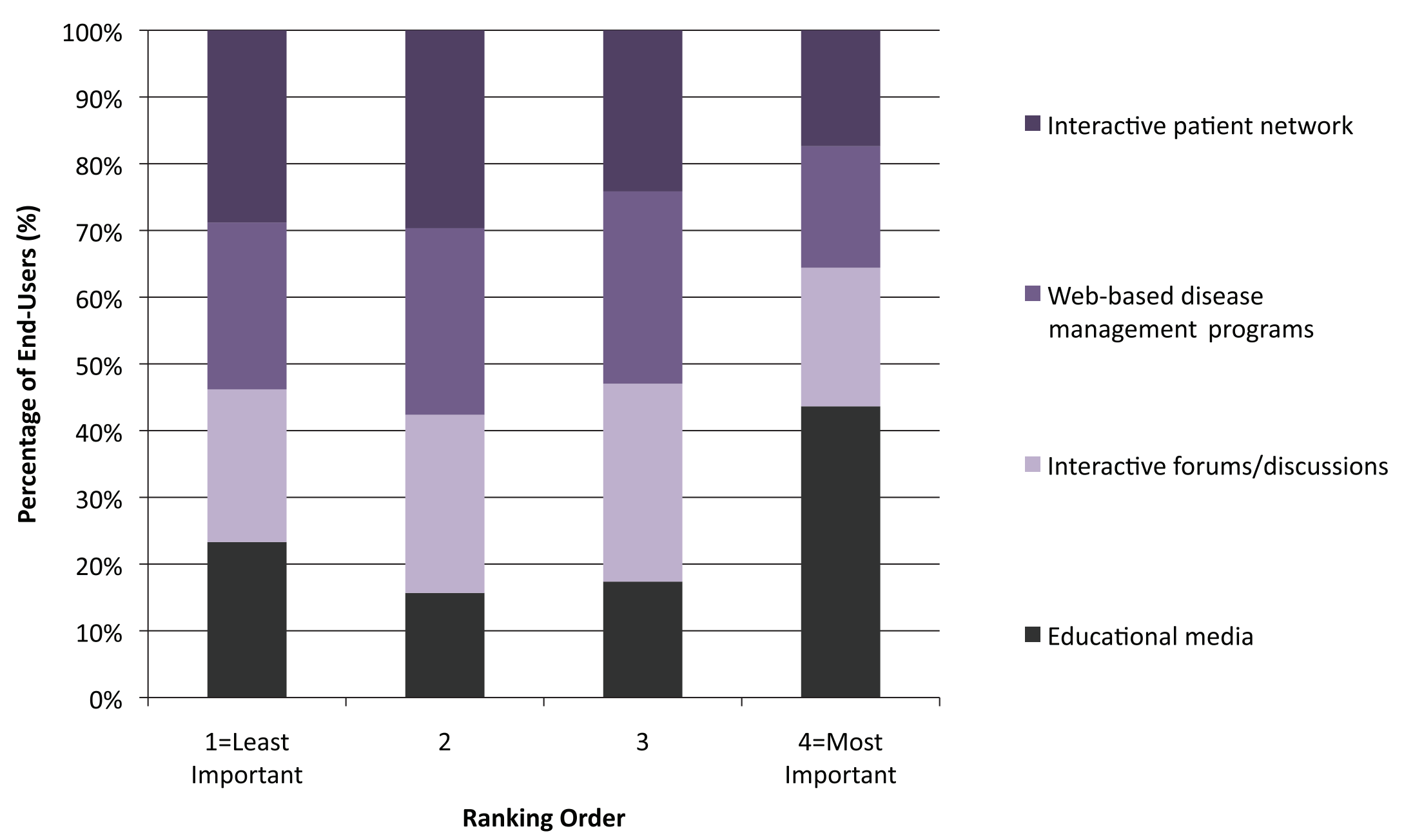


Figure 8: Viewpoint of Progression of MRSM Websites (N=219)

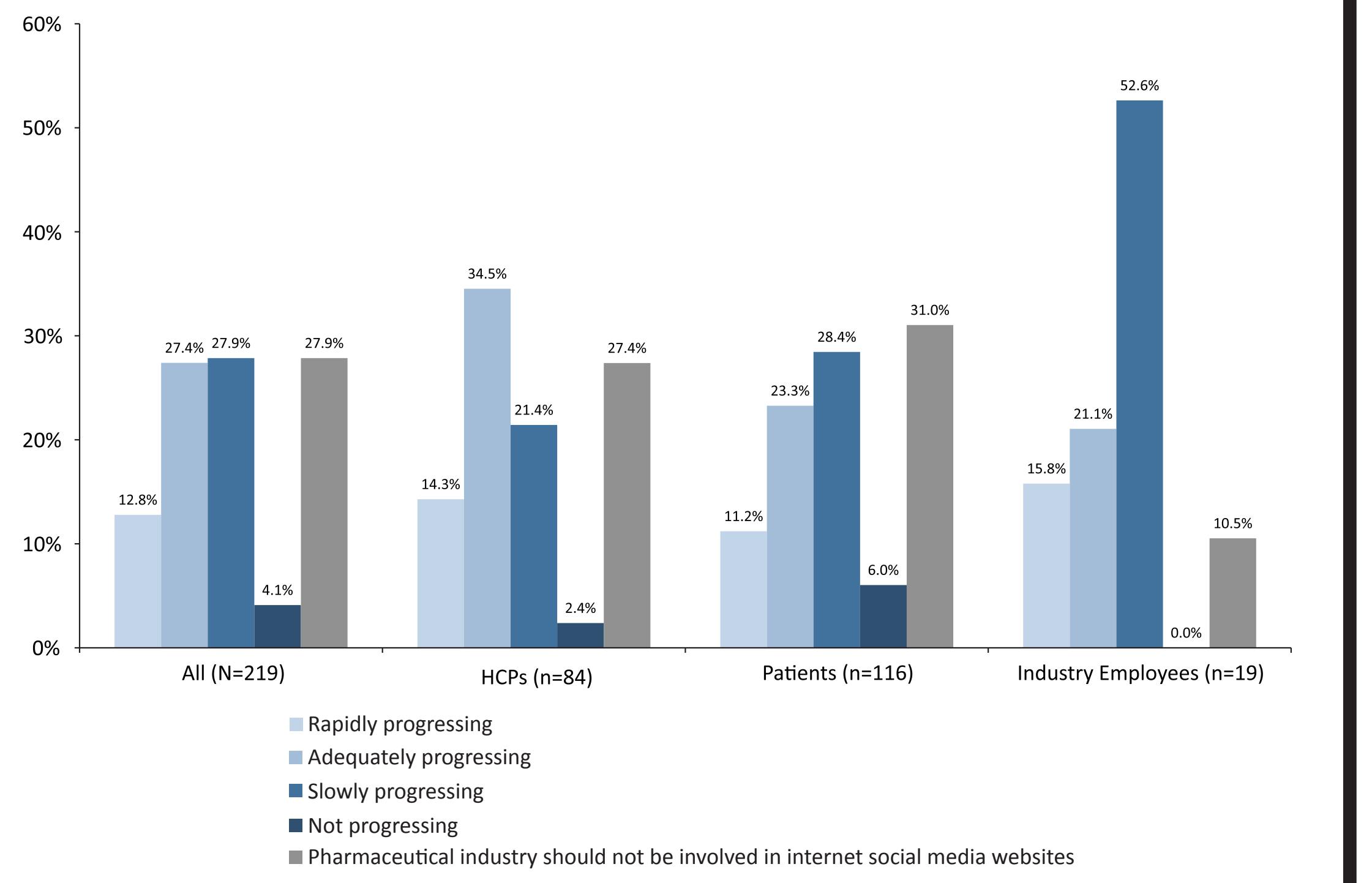
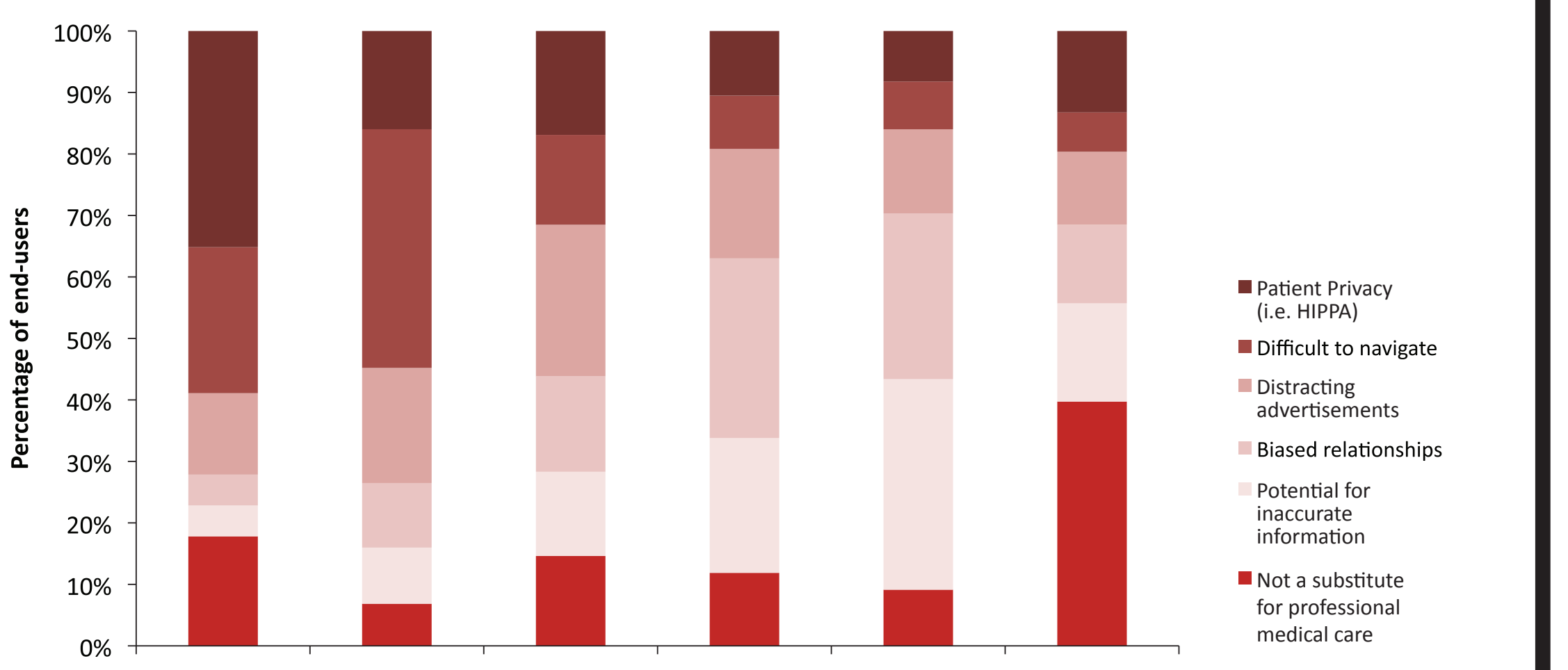


Figure 9: Obstacles of Current MRSM Websites (N= 219)



LIMITATIONS

- The survey was designed from a health care professional's perspective, which may have resulted in suboptimal capturing of patient preferences
- Selection of medical communities was not randomized
- The surveys were published primarily in patient-driven, non-brand sponsored online medical communities, which may have led to sample bias
- Complexity of forced-ranking questions may have led participants to incorrectly answer questions
- 'Caregiver' was not included as an option for the survey demographics, therefore results may not be entirely generalizable to all social media end-users
- Uneven distribution across all three demographics, with a decreased response from industry representatives compared to patients and healthcare providers

CONTRIBUTORS

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DISCUSSION/CONCLUSION

- The survey was accessed by over 300 patients, health care professionals, and industry representatives and provides qualitative input into the use and evolution of MRSM websites in the health care arena; not all respondents fully completed the survey
- The high participation rate among patients was likely due to increased exposure of the survey in patient communities; in addition, the high participation among health care providers might suggest that they are becoming more engaged in online patient communities and are increasingly using MRSM websites for educational purposes
- The primary reason for browsing or searching for MRSM websites was to research disease state and drug information; in addition, there were 79 total responses to the open-ended question asking participants to list additional reasons for visiting MRSM websites
  - o 34 of these responses were categorized into the existing answer choices without changing the results
  - o 45 responses (91% from patients) were grouped into a new category that contained responses referring to peer-to-peer support/communication of disease states and drug information
- On a scale of 1-10 (10=most comfortable), the average comfort of MRSM across all three groups was 5.10; the most common reason for the lack of comfort of industry-sponsored MRSM websites was due to potential bias in the information
- In evaluating the features that are present or will be present on MRSM websites, educational media was a top priority for HCPs and industry representatives; patients, however, listed 'interactive forums/discussions' as a top choice
- The survey results indicate that MRSM websites contain several features and informational resources useful to HCPs, patients, and industry representatives; despite its accessibility, bias and potential for inaccurate information present as issues that hinder end-users from accepting MRSM websites as credible sources of information and support
- Mixed responses to the pharmaceutical industry's transition into the social networking arena emphasizes the uncertainty surrounding the validity and trustworthiness of the information being presented
  - o 31% and 27% of patients and HCPs, respectively, believe that the pharmaceutical industry should not be involved in social media sites; whereas the majority of patients, HCPs and industry employees believe that the pharmaceutical industry's transition into social networking is slowly/adequately progressing

ROLE OF MEDICAL AFFAIRS IN SOCIAL MEDIA

The impact of MRSM websites on MA remains to be determined. Traditionally, the MA department plays a significant role in ensuring drug information is accurate and fair balanced. There is a potential for MA to provide medical support within a large multidisciplinary team. As MRSM sites emerge and progress further, the role of MA may become more defined.

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