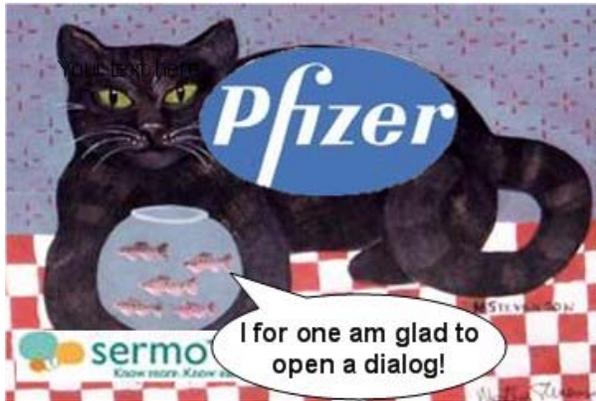


## Featured Article

# Collaborating with Online Physician Communities

*Pharma-Physician Peer-to-Peer Dialog via Sermo*

By John Mack



On October 15, 2007, Pfizer and Sermo—a Web-based community where physicians share observations from daily practice, discuss emerging trends and provide new insights into medications, devices and treatments—announced a “strategic collaboration designed to redefine the way physicians in the U.S. and the healthcare industry work together to improve patient care.”

Through this collaboration, according to the press release, Sermo’s community of 35,000 physicians will have access to Pfizer’s clinical content in tangible ways that allow for the transparent and efficient exchange of knowledge. With access to the most comprehensive and up-to-date information on Pfizer products, says Sermo, physicians will be able to find the data they need, when they need it, to make informed decisions.

On the opposite side of the coin, Pfizer will have access to Sermo’s physicians and online discussions. Presumably, this will happen via open and transparent online discussions with Sermo’s willing physicians.

To answer the many questions raised about this collaboration, Daniel Palestrant, M.D., founder and CEO of Sermo, was invited to be a guest on a recent [Pharma Marketing Talk](#) podcast. This article is based partly on that interview as well as other sources.

### The Story of Sermo

Two years ago, while a surgery intern, Daniel Palestrant, MD, suffered from a herniated disc, which necessitated that he take a leave of absence

from his training. What was surgery’s loss became a gain for the medical community at large.

At that time, Dr. Palestrant had been “toying with the idea of starting a company” when he noticed the power of clinical observation. “Physicians at the bedside and in the hallways of the hospital were having discussions about medical advances long before they appeared in the mainstream press,” said Palestrant. The essence of Sermo, which literally means “conversation” in Latin, is capturing that conversation through an online community.

### Doctors Are Lonely

Sermo physicians spent over 4,000 hours in a recent week on the site. Palestrant attributed the success of Sermo not to the popularity of the Internet among young doctors—55% of Sermo’s members are between the ages of 40 and 59—but to the fact that physicians are lonely. “They don’t play golf any more,” said Palestrant. Could it be that pharma cutbacks on all-expenses-paid “junktets” to golf resorts had something to do with that? Unfortunately, I didn’t ask Palestrant that question.

Sermo conversations sound like those once heard in the doctors’ lounge—opinions about treatments, questions about specific clinical scenarios, observations about drugs and devices.

“The key to our current growth,” said Palestrant in an interview with Fard Johnmar, blogger at HealthcareVOX, “is providing a sense of community where doctors nationwide can instantly exchange ideas and corroborate or challenge opinions.”

Sermo’s “About” page claims that physicians can “gain insights from colleagues as they happen instead of waiting to read about them through conventional sources.” It encourages physicians to discuss their new clinical findings, report unusual events, and work together to dramatically impact patient care.

### Sermo’s Secret Sauce

Each post that a physician makes on Sermo is comprised of two elements (see Figure 1, pg 4):

- the post itself, which is part of a discussion “thread” when others respond to the post, and

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The screenshot shows a Sermo posting titled "25 yo M chronic cough- what is your diagnosis?". The post includes a detailed medical history of a 25-year-old male with a chronic cough, mentioning symptoms like productive cough, fevers, chills, and weight loss. It also lists medications, past medical history (PPD), social history (non-smoker), family history (HTN), and physical examination findings.

Below the case, a poll asks "What do you think is going on?". The poll results are as follows:

Percentage	Number of Answers	Answer Text
28%	14	RML bronchiectasis is partially due to aspiration of gastric contents given the esophagitis and reflux on barium swallow. This pt needs to be on PPI
26%	13	RML bronchiectasis due to untreated PNA 6 months prior. Intermittent PRN abx therapy may be indicated
12%	6	Hey- You're workup is incomplete. You need to rule out cystic fibrosis, blah blah blah
12%	6	CT the sinuses have him see ENT, put on PPI bid and nighttime H2 blocker, head of bed elevated and get ENT to do laryngoscopy and look at vocal cords, could be aster

Figure 1: **Sermo Posting Screen.** This screen shot shows a posting and results from a poll. Source: "Utility of Market-based online physicians' community to detect and clarify signals related to product safety." (Sermo)

- a multiple choice poll, which asks "What do you think?"

Palestrant calls the poll "Sermo's secret sauce" because it adds a quantitative dimension to the qualitative postings. The results of the poll are immediately visible in real time to clients like Pfizer, but are embargoed for 10 days as far as Sermo members are concerned. Palestrant believes this helps prevent bias in the results.

#### Sermo's Business Model

There is no cost to physicians to participate on Sermo and, in fact, physicians can be financially rewarded for observations and clinical insights they provide through Sermo. The source of the rewards is financial institutions who access a stream of "fresh and actionable information on emerging trends and market-changing events in healthcare." A cash reserve is set-aside to compensate

physicians for observations that are deemed highly relevant and valuable.

"Out of the gate," says Palestrant, "we decided not to have any pharmaceutical clients. Instead, we focused at first on financial services and government research institutions."

Institutions such as Northwestern University, the University of Michigan and the University of Pennsylvania are partnering with Sermo to conduct epidemiological investigations, study how new technologies can be used to gather and analyze information, and investigate the latest medical trends and events.

"Government agencies classically take a bit longer to set up relationships," said Palestrant in the interview with Johnmar, "but I think it is safe to say we are reasonably far along in these negotiations."

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### From Contention to Collaboration

Although the pharmaceutical industry was not sought as a client early on, it was on Sermo's short list of potential clients. So the deal with Pfizer should not have been a complete surprise.

Palestrant claims that over 50% of Sermo members consistently were interested and receptive to having some sort of interaction with the drug industry. He based this partly at least on one poll of Sermo members conducted between May 19, 2007 and June 2, 2007 that showed 54% favored pharma clients, 18% were against it, and 28% were not sure.

This result, however, was based on only 89 responses—a self-selected group of less than 0.3% of all Sermo members. According to Palestrant, Sermo also did "extensive focus grouping" to gauge their members' preferences.

"What some of our members were saying is Sermo was becoming a more powerful voice for physicians," said Palestrant. "If that voice is to be heard, there needs to be some interaction with industry. We consistently heard from our members that they recognized that there was extremely valuable and critical information that comes from the industry, but we also heard consistently that the manner and mechanisms by which that information is pushed to the community also matters."

### Mining the Wisdom of the Sermo Crowd

There are three ways that clients such as Pfizer can interact with Sermo members:

1. Observe ("AlphaMD")
2. Insight
3. Action ("HotSpots")

AlphaMD (see Figure 2, next page) serves as a sort of "radar screen" through which clients can view Sermo's community, by creating a customized watch list to track subjects based on keyword tags (eg, product names).

Clients can gain insight by posting questions on Sermo and getting replies from physicians,

including poll data. The idea is to mine the "wisdom of the crowd."

The HotSpots technology, which Sermo will launch next month, allows pharmaceutical clients to insert icons next to targeted topics that physicians can click on to access information or offers (eg, samples) from clients. Upon clicking the Hotspot icon, a pop-up invitation appears and the physician can follow the links out of Sermo onto the client's site to retrieve the information or offer. Clients can create and monitor their own HotSpots without requiring intervention from Sermo.

There are two categories of HotSpots: Learning and Earning. The former merely delivers information; the latter engages the respondents in activities such as surveys for which they are paid. Samples may also be distributed via the "earnings" type of HotSpot.

HotSpots can be targeted to specific physicians based on their prescribing habits. Sermo can match

their physicians with commercially available data about prescriptions. It's not clear how this would work if certain states are successful in placing restrictions on access to physician prescribing data.

### Guidelines

Sermo is working with Pfizer to develop guidelines for how access will be granted to Pfizer employees. "Pfizer is stepping forward to engage the community to define guidelines by which itself and other pharmaceutical companies can and will interact with physicians in online communities like Sermo," said Palestrant.

An advisory board of Sermo physicians in conjunction with a group of Pfizer physicians is currently working on draft guidelines. At some point, as those guidelines become more specific, they will be introduced into the Sermo community to provide feedback and eventual ratification. In parallel, Sermo will conduct both online and offline "town hall meetings" where concerns the community has regarding interactions with the industry can be surfaced and discussed.

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### Sentinel Network

Heard on *WSJ Health Blog*:

Earlier this year Sermo provided testimony to a panel assembled by the FDA to discuss a "Sentinel Network" for monitoring drug safety. The "network" was to weave together various electronic databases that in aggregate might help identify potential safety risks previously undetected. Sermo presented their model to that panel as a potential novel way to learn about adverse drug event experiences in the medical practice community.

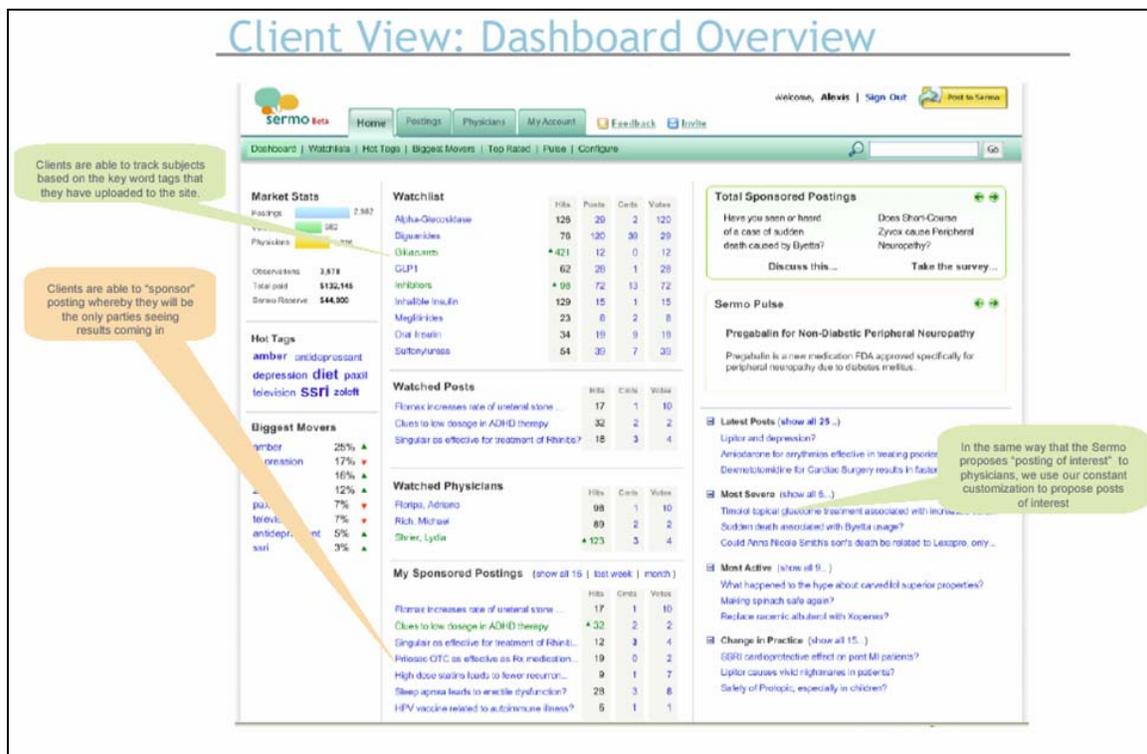


Figure 2: **Sermo Dashboard Overview**. This is what the client sees. Source: "Utility of Market-based online physicians' community to detect and clarify signals related to product safety." (Sermo)

"One the first guidelines concerns the interaction of Pfizer physicians with our community," said Palestrant. "It is very clear from our members that they want physicians employed by industry to be clearly labeled or as we call it 'badged' within the community. Therefore, we will allow Pfizer physicians to join the community, but they will be badged when they make comments or engage in discussion."

This does not stop "rogue" physicians employed by other pharmaceutical companies from joining Sermo independently without being badged unless the companies enforces internal guidelines that prevent their employees from doing that. How to "reign in" and control what employees do on their own time, however, is a difficult issue for any company.

"Through the Pfizer and other partnerships with the industry," said Palestrant, "we hope to create a fair and transparent mechanism by which these physicians can interact with the Sermo community."

### The Off-Label Promotion Issue

The deal between Sermo and Pfizer has been much discussed in the press and in the Pharma Blogosphere™. Many critics—including some Sermo physicians—worry that Pfizer will use its access to the Sermo community to promote off-label uses for its products or simply insert marketing messages under the guise of clinical discussion.

"Of course," said Ed Silverman, journalist blogger at Newark Star-Ledger's *Pharmalot* blog, "this opens a Pandora's box. There's nothing to say Pfizer or any other drugmaker shouldn't participate in online forums. But the venue could, conceivably, create myriad scenarios in which, say, off-label info is conveyed or trial results are somehow whispered prematurely or selectively."

"It is risky territory for Pfizer, though," says WSJ reporter Avery Johnson. "The drug industry's interactions with doctors are highly scrutinized by

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regulators and lawmakers for signs that they are offering financial incentives to drive sales or promoting their drugs for unapproved uses."

Fard Johnmar over at HealthcareVOX blog thinks Sermo will police posts made by Pfizer: "However, despite these concerns, we must remember that Sermo has a lot to lose and little to gain if it allows Pfizer's physicians and marketing department to use the social network in inappropriate ways. Sermo is only as good as its physician community. If it becomes apparent that Sermo has become nothing but a front for drug firms . . . bye bye Sermo."

"One of the things most people tend to overlook," said Palestrant, "is that so many of the drugs that we use today were originally intended for one purpose but it was by observations and insights from the 'trenches' that provided the industry insights and ideas of where the real clinical applications were." He cited Viagra as an example.

### Key Opinion Leaders

The last thing Pfizer or any pharmaceutical company wants is for some Sermo member catching it promoting off-label uses of its products in posts or pop-ups on the site. There would be an electronic evidence trail impossible to cover up.

Pfizer, however, can use Sermo to recruit docs to influence other docs. By monitoring and engaging in Sermo conversations, Pfizer can learn the following:

- Which docs on Sermo are its friends;
- Which ones have the highest ratings among other Sermo docs and therefore are likely to be influential; and
- Which docs seem interested in becoming consultants or doing clinical trials.

If Pfizer can identify and communicate specifically with these docs through Sermo, then they may have a gold mine.

As far as Palestrant is concerned, it's a two-way street. "The most timely, relevant, and topical information about drugs comes from industry," he said. "The role that industry plays in post-graduate education in this country, for example, cannot be underestimated. It has a critical impact on physicians' ability to treat patients."

Traditionally, thought leaders have always been medical society and academic-based physicians. "Yet," said Palestrant, "there is more and more of a chasm between these types of leaders and the physicians in the trenches treating patients. The world-views and priorities of these two groups are divergent. What's intriguing to me is this entirely new generation of opinion leaders developing on Sermo. Their views are not the same as academics. They have a far less esoteric and more pragmatic view on how to treat patients. For example, reimbursement for treatment may be a more important issue for practicing physicians than academic-based physicians. Everyone agrees on the science, but the question is how to translate this into action to help patients."

Will Pfizer be able to contact specific Sermo physicians via private messaging? Maybe not, according to Palestrant. "Although ordinary physician members can contact one another via private messaging," said Palestrant, "whether or not we allow client physicians to do that remains one of the issues the Sermo-industry working group will be considering when recommending guidelines."

Physicians have complete and final control over their online identities—they decide who will be able to see any identifiable information about them. "In no way, shape or form does Sermo turn over any identifiable information about our membership to our clients," said Palestrant. "Having said that, if a client wants to engage a physician 'out of band' and that physician agrees, then we've made two parties happy and we're thrilled! But it's not a decision Sermo will be making."

### Conclusion

Palestrant emphasized that social media technologies, such as Sermo, do not replace conventional scientific inquiry in any shape or form. Nor do they negate the need for placebo-controlled trials. However, they can provide a potent early warning tool to know when and where to trigger further investigation.

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