

# Physician Information-Gathering Needs and Engagement Preferences



**JIM McDONOUGH**

VP, Marketing and Customer Advocacy  
Frontline Medical Communications  
[jmcdonough@frontlinemedcom.com](mailto:jmcdonough@frontlinemedcom.com)

**SUMMARY**

This two-page brief seeks to understand and provide insights into what's behind the how, when, and why of a physician's daily information-gathering process and the potential implications for effective communications and messaging. It also touches upon the major information "buckets" physicians seek, what they find compelling, and in what channels and on what devices they seek what they are after.



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Frontline recently conducted in-depth interviews and observational research with 16 physicians—ONCs, PCPs, Neuros and Ob/GYNs—to better understand what's behind their information-gathering process. We discovered how, when and why physicians gather information—and on what devices, the major information “buckets” they seek, how they navigate their favorite websites for news and clinical reviews, as well as their likes, dislikes and wish lists.

### A TOPLINE LOOK AT FINDINGS:

*Push and pull:* Physicians generally seek new and specific information in two ways: searching based on specific needs (pull: references sources) or seeking the latest news and developments via emails or eNewsletters (push: keeping updated). And for the latter, it better be relevant. Said one specialized GYN surgeon: *“I’m not in the least interested in reading about obstetrics. It’s just not relevant to me.”*

### THE “TOP 3” INFORMATION BUCKETS:

1. Patient-specific treatment, drugs, dosing, etc.
2. Specific diseases and conditions
3. Latest news/developments in MD’s area of specialty

### TASKS—AND DEVICES USED—DURING A TYPICAL MD’S DAY INCLUDE:

1. Checking morning emails—often on their iPhones
2. Patient-specific point-of-care searches during the day to websites or apps of choice
3. “Lean back” reading of medical journals (digitally or in print) on tablets or laptops

Physicians like to *keep up to date via emails and eNewsletters* from respected sources—the latest news and developments pushed to them on a regular basis. Frequently, subject line relevancy/topical interest determined MDs’ engagement, as they can get more than 30 emails a day from trusted and non-trusted sources. Simply querying doctors on what interested them, as well as good adaptive email targeting practices (based on behavior), proved valuable. *“I have many companies sending me emails daily—I click on the 20% or so that are most relevant at the time,”* one neurologist said.

### AS TO WHAT PHYSICIANS REGARD AS “INTERESTING,” THE SHORT LIST INCLUDES:

- Clinical information pertaining to new FDA-approved drugs
- Information on specific conditions, diseases and patient types
- Latest news and developments—especially, but not exclusively, “in specialty”
- Live events/conferences of interest
- New healthcare laws
- To a lesser degree, practice economics and advocacy

Regarding searches during their busy day, key “go to” websites for physicians include Google, Up to Date, PubMed, NEJM and association-specific websites and newsletters (e.g. ASCO). These sites gained mention because they are trusted and physicians commonly had long-term relationships with them. Other websites visited included Obgynnews.com, Neurologyreviews.com and Oncologypractice.com. Quality of content was most important, while ease of access and navigation also scored highly.



Doctors like *information compartmentalization* as well—e.g. Up to Date often provides separate links to disease, diagnosis, treatment and side effects, ensuring that MDs get only what they need at the time of their search. Article summaries are another important time saver.

“Lean back” reading at night was generally done on a tablet, but *older MDs still liked their print journals*—which are convenient to read while in transit and in places with no internet access. A few doctors said they liked digital editions of their favorite medical journal which allowed them to have a print-like reading experience while on their tablet.

In terms of *multimedia* and visual elements on medical websites, it’s a mixed bag. Some MDs opted for “give me the facts” (text) while others preferred color, videos, pictures and variety: *“Too much text becomes monotonous,”* explained one primary care physician.

*Live event coverage* was still considered important, but as fewer MDs go to multiple meetings, many like to hear from KOLs in videos made during the meetings or right after—including commentary. *“Seeing the video is like being there,”* one doctor noted.

Finally, community and *“deep engagement” interactivity*—whether via gaming, quizzes, medical roundtables or participation in Sermo or Quantia MD—proved a big draw for some MDs. Concluded one Ob/GYN, *“Getting feedback from “like” docs is quite valuable. We can share stories or queries in order to get advice, or perspective. These forums can also be great for deep clinical discussions although that doesn’t happen often due to time constraints”.*

*In conclusion*, physicians—like any of us—have deeply engrained multichannel preferences to help them efficiently gather information to carry out their daily tasks. Pharma brands would do well to understand these patterns in order to effectively communicate to their targets—and to consider engaging them on a communications platform that offers up all the tactics mentioned above.