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SHAH: It's great to have the opportunity to talk with you all about online communities. It's a topic that's near and dear to my heart.

So, the -- the picture on this slide, you can't see any of it, but the point is to have you look at it and notice that it looks like a standard Web page.

And the important thing to note is that there's stuff going on behind the scenes. It's really a -- a community dialogue that we're striving for. So, it's a platform that enables two-way dialogue.

And increasingly we're finding, as well, that you can actually do business through these channels. It's -- you know, not just the face-to-face anymore. You can actually get real work done.

And, of course, it -- you know, it's a solution to the barriers of geography and time as people are more and more busy and costs are constrained.

Important thing to note of what it's not is it's not a static portal. We might refer to that as a Web 1.0-type portal where there's a lot of great content. People can kind of think about what are people are interested in.

They post the content, but then, from the users' perspective, it's a very sort of isolated existence. You kind of go on and kind of stand around, look at some information you might find interesting, download it, and there might be an opportunity to maybe comment on a few things, but it's really not replicating sort of the live, human interaction and that's really what communities are about, sort of in a Web 2.0-terminology. That's what we're trying to accomplish.

It's also important that, you know, consumer social media, things like Facebook and Twitter, they've been around. They've been used to -- to varying degrees of success in the health care field, but there's also issues with that and so some of these online communities, you know, help -- help address that.

And, as well, you know, everybody thinks in terms of, you know, tens of thousands of users getting on this massive community and, you know, while that's possible, you know, with -- with particularly some of the larger medical associations that we work with, at the same time, we also build communities down to like 10 people.

There's, oftentimes, an advisory group or a committee, for example, that wants to meet and it can be a group of, you know, 10, 15 people that need to get work done. And, so, the scale is -- is fully variable depending on what your -- your business needs are.

So, in terms of lessons learned over the -- the several years we've been doing this, I touched on this earlier, but the user experience is really essential. And, you know, there are a lot of times people will build technology and -- and -- and they think they'll come and what happens is they don't.

And, you know, so, both from the HCP perspective as well as from the patient-perspective, I know that patients like me puts a lot of effort into that, as well. You know, that's really an essential component and really understanding the social aspects, not just sort of how you interface with the technology directly, but then the -- the sort of the surrounding social aspects.

A lot of times if users are just kind of plopped into the community, they don't really understand, don't -- don't have their bearings, you know, there's a -- a training shortfall there and so, you know, on-boarding them effectively and having a strategy around that is important.

But, also, proactively engaging them and we've heard a little bit about that already today around, you know, you sometimes you need to reach out in a, you know, the offline world to some key opinion leaders or somebody that helps seed conversations.

And, you know, some of the stuff Chris (ph) talked about is -- is dead on what we see, is that, you know, we have the "1 Percenters," as we call them, that -- that really, you know, it's part of your onion model, that -- that really are -- are kind of driving a lot of the -- the dialogue and that's who people want to hear from and then that's what we use as a seed then to sort of build out and -- and get a lot more dynamic activity.

Content. Everybody's heard content is king. That's certainly true, but it's important that you recognize that a lot of physicians that we've spoken with and -- and members in, you know, in the health care community, not only appreciate high quality content that's sort of served up to them by the institution, but, as well, they want to be able to source their own ideas or content, put them up into the community, and -- and have dialogue around that because they're really seeking that ability. They don't -- they don't want to feel sort of hamstrung by, you know, somebody else's idea of what they think is important.

And fourth on the list here is we heard from our AMA colleagues about the legal concerns. I think, across the board, obviously in health care, there's a lot of legal and regulatory issues to think about, but it's important to note that they are solvable in -- in these online communities and so getting that early integration, you know, bring them into the discussion, understand what the concerns, work through the processes and build it on a -- on a secure platform. All of those are -- are elements that are essential.

And then, finally, you know, the technology I put last on the list here. You know, and again, it resonates with -- with the earlier panel where technology is certainly a key enabler and it's important and there's some intellectual property around how to do that well, but there's really other -- other things that sit on top of that.

And, so, you can see this is sort of a -- a sort of distilled over time about -- sort of distilled around how health care professionals stay up with their craft and -- and what -- what's happened over time. So, the first column is the way the world used to be, which is where people saw each other, you know, face-to-face. They went to grand rounds or, you know, lunchtime seminars or

whatever, ran into each other in the hallway in a hospital. They also subscribe to print journals and -- and you know that was a way to keep up with things.

What's happened over time is there's been a lot of pressures to specialize, to see more patients, to, you know, do a lot more with less and what people have tried to do is, in a little bit more of an isolated environment, stay current by subscribing to online sources, you know, do some of their own online searches, subscribe to LISTSERVs, you know, e-mail distribution groups, basically, that, you know, you can ask questions and -- and people respond, et cetera.

But what's happened, as well, is that they've had a -- they now have a lot fewer interactions with their peers. They still go -- may go to annual meetings, some percentage of them, but, you know, it's -- it's a kind of a fleeting moment in time. And then, when they leave, they might keep up with a handful of them, but it's sort of hard to get that -- that broader exposure and -- and, you know, consistent access to the opinion leaders nationally.

And, so, what -- what the HCPs are looking for next can be served by online communities and, you know, there was a -- a survey that was done by Kantar Media a few months ago and they asked physicians -- I think there was 20 -- like 19,000 or so physicians that were surveyed and, you know, they said where -- what is -- or prioritize the information sources that you would go to to keep up with, you know, your medical education and -- and expertise.

And the number one on the list was interacting with their peers. It exceeded, you know, CME, the education programs, although that was on the -- on the short list, but number one was peer-to-peer interactions.

And, so, you know, again, to the extent that -- that you can do that when you're not actually physically together, that's a -- a huge benefit.

The member-driven content, I touched on. They want to make sure that, you know, they can -- they can contribute to the dialogue and -- and bring -- bring topics to bear.

And then, of course, the 24-by-7, mobile access.

So, you know, thinking, as well, in sort of the evolution over time, you know the other slide kind of showed it in a similar way. Starting out with the first generation, a lot of these, you know, consumer-based sites began and sort of defined a lot of the -- the terminology that we use today, but then it moved into what I would -- I would call the second generation-type sites.

And there, sort of, one unique feature -- a couple of unique features is, you know, there, they were anonymous and a lot of times they were used for, you know, crowd-sourcing or marketing kind of intelligence, which has its place and it's, you know, definitely of interest.

But, from the physician's perspective, it may have had some value, but, you know, it -- it wasn't necessarily relevant from a clinical standpoint and -- and, you know, timely enough -- oops. Sorry. I went backwards. Timely enough for what they need.

And, so, you know, I think where we find ourselves now is what we might call the third generation of the evolution, which is around these institution-led communities that are identity-focused. As I mentioned earlier, you know,

really knowing who you're interacting with is really essential and this is all about professional interaction, professional value, you know, and making sure that it's worth their time to engage.

So, you know, I think, boiling out some of the core characteristics, you know, I think what -- what all of us in the industry are finding is that, you know, again, this identity and trust -- there's sort of this trust fabric that's -- that's essential for success.

Being non-promotional. You know, I think physicians are -- are used to being hammered by, you know, all kinds of marketing-type materials. You know, you know, we -- we really recommend staying -- keeping that at bay as best as possible.

Designing with the health care professional in mind, it's really -- it's a short phrase there, but it's really important to dig deeply and -- and, actually, as part of the process, you know, some of the best practices that we -- we've engaged is not only understanding what our institutional clients are trying to do, but, also, actually interviewing, you know, a good number of the users and really make sure that whatever it's designed for is really consistent with the needs of both. It's basically overlap of the two, if you, you know, drew a Venn diagram. And, you know, that's -- that's -- that's key.

The public or private aspect, you know, most of the communities, at least, that we've developed so far have been generally private, by invitation only, and so that's kind of -- it's different from, you know, sort of the -- the wide world -- World Wide Web and being able to access via Google search and that really kind of builds that secure environment that -- that people are looking for, but, you know, certainly the government context and -- and others, you know, open public forums are -- are certainly valuable, as well. You know, people are doing it both ways and -- and they each have their merits.

The "use cases." So, this was what we were -- we were talking about around specific use cases that are the business needs that are trying to be accomplished. So, if we really design around that, it -- it really helps drive the -- the odds of success and be focused on outcomes, making sure that, you know, it's not just let's build it and see what happens. It's really monitoring and driving toward the outcome.

Just go the two-minute warning so I'll try to fast-forward through this a little bit, but, hopefully, we'll -- we'll get some of the key content.

So, this gives you an idea of specific use cases or business needs that people are asking for in the industry. You can see some examples. You know, the bottom circle is really around just general communication networking. I think that's fairly self-explanatory. You know, communicating in an open environment and private messaging.

But, as you go around the circle, you can see advocacy, obviously, with health care reform and a lot of policy discussion. That's a key need that we see out there.

Large meeting enhancement. What that means is with the live meetings, how can you -- an example there is we can post abstracts from the meeting and then people can claim them. The -- the presenters who presented them at the conference can claim them in this online environment and then basically put out their sign for, you know, I'm open for business, and they can have a dialogue

online and -- and, you know, have that really extend the value of that -- that meeting.

Directed knowledge exchange. Any specific topics, you know, when the CDC comes out with a new report or, you know, the Journal of Medicine or whoever, if there's something that's out there that this particular group would be interested, you know, there's a way to -- to build a community focused around that.

Education, we've touched on. CME programs, as well as fellows programs, those are the kinds of communities that we see quite a bit.

And then committees and workgroups, this is kind of a unique animal. Where all the others are sort of voluntary-type communities where people come in and you really have to work to cultivate them, committees and workgroups, you know, sometimes people's arms are twisted to join, but, once they're in, you know, they're -- they're -- well, I guess, they're -- they're -- what we would call involuntary communities, meaning, once you're signed up, you obligated to actually get work done. And, so, there are opportunities with particular, specific designs around some of these communities to get that -- that work done effectively.

So, I have about -- one -- I have one case study and then the slide takeaways. Can we continue with that?

(UNKNOWN): (Inaudible).

SHAH: OK. OK. Yes, we'll have plenty of time for questions and, like I said in the sand box time as well, we can continue that.

The -- the case study we have here is with one of our clients, the American College of Gastroenterology. Just a quick overview of them. You know, it's the largest G.I. association in the world. They have 12,000 members. They're really all about advancing the science, the, you know, education of their members, and -- and their advocacy efforts and, as you -- as most associations have, they have, you know, regional components.

Their objectives were really around, you know, everything we've been hearing about. It's really higher levels of engagement with their members. They had this growing demographic -- or kind of shifting demographic. Some people are more technologically able. Some are less. You know, some are kind of more interested in engaging in this virtual environment. Some aren't.

And, so, you know, every -- every animal is different as these communities evolved, but, you know, that's one of their objectives -- getting the scientific exchange to happen. So, you know, a lot of the researchers here in the room and some of the translational work that you all are trying to do, that's really what this association, as many are, are trying to accelerate.

And, you know, extending the value of their -- their annual meeting. You know, they put a lot of investment and time into that. People make the effort to go, but they can get a lot more value this way.

Committees and groups, we talked about and, you know, there's other avenues of potential to the association, as well.

So, again, you can't -- won't be able to read this, but, you know, I'll show you the -- I can show it to you on the demo, but this is really what their community looks like. It's called the GI Circle and just highlights here on the left margin, it -- it starts out. It gives you an idea of sort of the online profile and you can click on that and get that person's background. That's me, by the way. I'm Christine

And -- and as you go down to the bottom left, you know, there's a sort of LinkedIn kind of functionality. There's -- there's the opportunity to really build a professional network and so, you know, you can see who you're already connected with, but, also, who you might want to connect with.

And then, as you go over here to the right, you can that, you know, for example, the CDC study, you know, just came out around colorectal screening practices and it can be brought up as a spotlight topic and then this person on the right, Justin King, is the one who kind of leads the discussion. They bring the topic to the -- to the forum. You know, they can list -- or provide certain resources or links that are necessary to provide some background, give a little summary, and then start a discussion.

And -- and, again, on a demo, I can show how some of those conversation threads go, but, you know, that's -- that's an example.

On the bottom, you know, back to the member generated content, there's member discussions. You can have specific topics raised by -- by individual members and then you have, you know, on the bottom right some of the polling capabilities.

And that middle section, the annual meeting abstract activities, you know, that, also, I can show you in a little more detail, but, you know, that is -- is a way to, you know, keep people engaged in sort of the top items that -- that people are interested in.

So, in terms of the results of this community and, you know, the -- the question was asked earlier about, you know, levels of engagement. About a year-and-a-half into it, we have about a third of their members are actively engaged in the community and, as Chris mentioned, you know, still got the onion distribution. You know, there's some percent that are heavy users and -- and others less.

But every time, you know, they have a live meeting or whatever their marketing communications are, they keep advertising and sort of driving people to this more and more and start building up more and more content. So, a lot of times, they start with a pilot. You don't have to do like a big bang kind of thing. Start with a pilot and then, as more and more success is shown and you sort of build buzz, you know, it's a -- it's a way to drive the membership up.

Finally, my takeaway slide. The first point here is not to equate, you know, consumer social media with health care professional social media. You know, it's more advanced. There's a lot of safeguards that are built in to -- to deal with a lot of legal and regulatory concerns. You know, and it's really focused on professional outcomes.

Your -- aligning with your strategy, you know, this term "use case," all of these institutions, everybody has a strategic plan and -- and areas you're trying to work. You know, what we found to be successful is you really want to focus in and pick one of those and really design a very focused, community

engagement around that. You know, that's -- and then, actually, measure the results. And, so, that's -- that's another key takeaway.

And, also, you know, don't think that a portal with comment boxes is the same as a community. I think a lot of people kind of fall into that where, you know, we've already got a portal and, oh, you know, people can comment on these things, but it just doesn't have that -- that level of activity and dynamic nature that -- that I think people are really looking for.

The point around. We just don't launch these things. They need to be cultivated. That's really crucial and -- and, you know, again, the social science is really essential and understanding that deeply to make sure that these communities work.

It's not only a Web channel. I think that's obvious. You know, physicians are very busy. Other health care professionals, everybody, wants to be able to access from their smart phone so it's important to think in -- in terms of a multi-channel solution.

And then, finally, you know, these legal and regulatory compliance issues, they can be addressed. They have been addressed in many venues and so it's not a reason to -- to not try.

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