



Transcript from September 29, 2010 to October 1, 2010

All times are Pacific Time

September 29, 2010

- 2:24 pm **networkpharma:** Delegate book now online for tomorrow's Strategic #MedComms Forum; programme, panellists, delegate list <http://bit.ly/dySDND>
- 10:53 pm **networkpharma:** drinks tonight with the folks gathering in Oxford for tomorrow's #medcomms forum incl. @charliebuck123 and @EuropeanCME - welcome!
- 10:56 pm **networkpharma:** Strategic #MedComms Forum 2010 on Thursday will be streamed live at <http://bit.ly/9EFqj8> meeting starts 10.00

September 30, 2010

- 5:23 am **networkpharma:** I look forward to seeing you there! RT @hermes_medcomms On train on way to #MedComms Forum in Oxford
- 5:41 am **WoodrowMedical:** About to catch train to #medcomms forum in Oxford. Should be an interesting day
- 5:42 am **WoodrowMedical:** RT @networkpharma: Strategic #MedComms Forum 2010 on Thursday will be streamed live at <http://bit.ly/9EFqj8> meeting starts 10.00
- 5:57 am **andrewspong:** V much looking forward to @networkpharma's #medcomms today with @doctorblogs @aurorhealthpr @alex__butler et al Agenda: <http://bit.ly/c5utdD>
- 6:15 am **garethabbit:** Early start. On my way to Oxford for #medcomms
- 6:16 am **andrewspong:** RT @alicewaving: Heading down to #medcomms in Oxford. Apparently it's going to be "highly engaging". <-- You bet. Looking fwd to mtg you :)
- 6:20 am **garethabbit:** I'll be shotly meeting up with rest of the team from @medicusint for the #medcomms forum today.
- 6:52 am **carrotpharma:** #MedComms the carrot ladies are getting ready to learn at the forum today!
- 7:46 am **Alex__Butler:** RT @andrewspong: V much looking forward to @networkpharma's #medcomms today with @doctorblogs @aurorhealthpr @alex__butler et al Agenda: <http://bit.ly/c5utdD>
- 8:28 am **networkpharma:** so far we have a chairman and some panellists and a growing audience for the #MedComms Forum - kick off at 10.00 UK time
- 8:29 am **networkpharma:** Strategic #MedComms Forum 2010 today is being streamed live at <http://bit.ly/9EFqj8> meeting 10.00-16.15 check it out
- 8:29 am **andrewspong:** Museum of Natural History, Oxford: a great venue for #medcomms <http://plixi.com/p/47914381> [EDIT]
- 8:31 am **PJ_medigital:** RT @networkpharma: Strategic #MedComms Forum 2010 today is being streamed live at <http://bit.ly/9EFqj8> meeting 10.00-16.15 check it out
- 8:32 am **pharmagossip:** Plenty of dinosaurs!! RT @andrewspong: Museum of Natural History, Oxford: a great venue for #medcomms <http://plixi.com/p/47914381> [EDIT]
- 8:33 am **PJ_medigital:** @andrewspong @networkpharma say hi for me to my Medicus International and PMEG colleagues today at #MedComms
- 8:40 am **andrewspong:** GO GO GODZILLA!!! #medcomms <http://bit.ly/a0xhcq> [EDIT]
- 8:59 am **hermes_medcomms:** RT @networkpharma: Strategic #MedComms Forum 2010 today is being streamed live at <http://bit.ly/9EFqj8> meeting 10.00-16.15 check it out
- 9:09 am **andrewspong:** Getting ready to kick off at #medcomms
- 9:11 am **andrewspong:** Today's agenda at #medcomms <http://bit.ly/c5utdD>
- 9:12 am **andrewspong:** Public service announcement: #tweetflood from me today as I chronicle & contribute to #medcomms
- 9:15 am **andrewspong:** NB #medcomms is being streamed live on Ustream: <http://bit.ly/cV6Qsx> Currently: 9 live viewers
- 9:15 am **aurorahealthpr:** RT @andrewspong: NB #medcomms is being streamed live on Ustream: <http://bit.ly/cV6Qsx> Currently: 9 live viewers
- 9:16 am **charliebuck123:** Peter's intro to #medcomms

- 9:18 am **pharmaphorum:** RT @andrewspong: NB #medcomms is being streamed live on Ustream: <http://bit.ly/cV6Qsx> Currently: 9 live viewers
- 9:18 am **andrewspong:** Big job for Prof Trevor Jones CBE, Chairman and Inquisitor at #medcomms
- 9:19 am **shelleypetersen:** RT @andrewspong: NB #medcomms is being streamed live on Ustream: <http://bit.ly/cV6Qsx> Currently: 9 live viewers
- 9:19 am **andrewspong:** Jones: 'The image [pharma] presented and the appalling way we've done DTC in the US has taken our rep below that of bankers' #medcomms
- 9:20 am **andrewspong:** Jones: 'There is really one customer now: the payer. If you're not going to pay for it, you're not going to get it' #medcomms
- 9:22 am **andrewspong:** Jones: 'To neglect the patient is a terrible omission' #medcomms
- 9:23 am **andrewspong:** Jones: 'The people I meet in pt orgs are hugely strong and hugely powerful and demand more of us' #medcomms
- 9:24 am **aurorahealthpr:** Jones: phase IV studies need cost effectiveness data proof required by payers who are number 1 priority #medcomms
- 9:25 am **andrewspong:** Session 1: Dr Leo Francis, Publicis introduces 'the changing landscape' #medcomms All but one delegate today (& Leo) live in UK
- 9:26 am **pharmaphorum:** Trevor Jones: Only real customer now is the payer but industry must keep focus on patients #medcomms
- 9:26 am **Alex__Butler:** We have moved from stakeholder 2 shareholder, no 1 'customer' ? @andrewspong: Jones: 'There is really one customer now: the payer.#medcomms
- 9:26 am **aurorahealthpr:** RT @andrewspong: Jones: 'The people I meet in pt orgs are hugely strong and hugely powerful and demand more of us' #medcomms
- 9:28 am **Alex__Butler:** I meant shareholder to stakeholder! Unfortunate slip there...#medcomms
- 9:28 am **andrewspong:** Foci: the pharma manufacturer ('our clients'); the mktg model; healthcare provision, healthcare stakeholders, EBM, policy makers #medcomms
- 9:29 am **andrewspong:** Francis: Are pharma manufacturers only in the business of 'selling' products to physicians? #medcomms
- 9:29 am **iluli_eu:** Watching #medcomms live on ustream from Austria.. pretty cool! <http://bit.ly/cV6Qsx>
- 9:29 am **Alex__Butler:** SM allows us 2reach beyond advocacy demographic RT @andrewspong: Jones: 'The people I meet in pt orgs are hugely powerful #medcomms
- 9:30 am **michaelwithers:** Live streaming of #medcomms meeting going well. Sound very clear but Twitter stream not appearing in the ustream website display
- 9:31 am **andrewspong:** Francis: 'Today, doctors are influenced by a plethora of outside forces, not just sales reps' #medcomms
- 9:31 am **wissit:** @andrewspong me too :) NB #medcomms is being streamed live on Ustream: <http://bit.ly/cV6Qsx> Currently: 9 live viewers
- 9:31 am **andrewspong:** Francis: 'the trad mktg paradigm of a focus predominantly on the physician is dead' #medcomms [EDIT]
- 9:32 am **andrewspong:** Francis: 'healthcare provision is embracing change: from sickness management to a focus on wellness' #medcomms
- 9:32 am **andrewspong:** @wissit Enjoy... :) #medcomms
- 9:33 am **hockin:** @andrewspong #medcomms fascinating stuff
- 9:33 am **AStagge:** RT @andrewspong: Francis: 'healthcare provision is embracing change: from sickness management to a focus on wellness' #medcomms
- 9:35 am **wissit:** pretty asian philosophy - doctors are only paid if "patient" keeps healthy #medcomms
- 9:35 am **andrewspong:** Francis: 'A new stakeholder base active in the supply of health/healthcare transitioning to more of an emphasis on wellness?' #medcomms
- 9:35 am **xtraspirit:** RT @andrewspong: NB #medcomms is being streamed live on Ustream: <http://bit.ly/cV6Qsx> Currently: 9 live viewers
- 9:35 am **andrewspong:** Francis: We need to deliver on the promise of wellness #medcomms
- 9:37 am **andrewspong:** Francis: Evidence based medicine has given rise to EB mktg that must demonstrate EM improvement to patient outcomes #medcomms
- 9:38 am **andrewspong:** Francis: Unfavourable public, political, reg environment for pharma: how is this redefining the pharm landscape?? (cont) #medcomms
- 9:38 am **aurorahealthpr:** Francis: promise of patient outcome only delivered when regimens are followed - must evidence achieving wellness #medcomms

- 9:38 am **healthgist:** <http://j.mp/bYbGkN> ? @andrewspong Getting ready to kick off at #medcomms
- 9:38 am **andrewspong:** Francis: Patients and their representatives are increasingly helping to shape the health landscape #medcomms
- 9:40 am **andrewspong:** Rest of the panel joining Leo Francis on the stage: @richard56 and Dr Alex Wyke #medcomms
- 9:41 am **andrewspong:** @richard56: 'I don't really know what the 'medcomms community' is #medcomms
- 9:42 am **andrewspong:** @richard56 perception that the scientific base is corrupted 'from the word go' #medcomms
- 9:43 am **daxkho:** In #holland,#noway! here u must be glad to pay. @Alex__Butler @andrewspong: Jones: 'There is really one customer now: the payer.#medcomms
- 9:43 am **Alex__Butler:** What is 'wellness'? Really talking about pharma delivering healthcare solutions and not being perceived as integral to the problem #medcomms
- 9:43 am **andrewspong:** @richard56: #medcomms is in a bad place politically and socially
- 9:45 am **andrewspong:** Wyke: there is an impression that there is a tension between hcp and doctor, but an alignment between them is becoming apparent #medcomms
- 9:46 am **andrewspong:** Wyke: HCPs turning more and more to closer relations w/ pts. HCPs feel disenfranchised, low morale; feeling of doing good is lost #medcomms
- 9:46 am **andrewspong:** Wyke: alignment between local community patient groups and HCPs is getting closer and closer #medcomms
- 9:47 am **andrewspong:** Wyke: new, potent HCP and patient alliances are being forged. Harder to say 'no' from a regulator standpoint #medcomms
- 9:48 am **andrewspong:** Wyke: pts have questions over EBM: who creates endpoint/outcome? Who decides what's good for us? @epatientdave @stales @rawarrior #medcomms
- 9:49 am **aurorahealthpr:** RT @andrewspong: Wyke: alignment between local community patient groups and HCPs is getting closer and closer #medcomms
- 9:49 am **andrewspong:** Jones: how do you get patients involved early on in the clinical trial process? #medcomms
- 9:52 am **andrewspong:** Floor: pt rep outcome measures in trms of adverse events (pt determining severity) will see pt have a say re tolerability/efficacy #medcomms
- 9:53 am **andrewspong:** PROMs, patient developed or otherwise, are one thing. The rich patient reported information narratives of social web are another #medcomms
- 9:54 am **penangcafe:** RT @wissit: pretty asian philosophy - doctors are only paid if "patient" keeps healthy #medcomms
- 9:56 am **wissit:** #medcomms cant hear your questions via ustream
- 9:57 am **VirgoHealth:** Ed and Trish from Virgo at #medcomms today. Highlights so far...
- 9:58 am **charliebuck123:** Surely the challenge of valuing evidence at all levels, not just the RCT, but real world et al #medcomms
- 9:58 am **VirgoHealth:** Leo Francis at #medcomms arguing pharma more than ever must create real value in healthcare
- 9:58 am **andrewspong:** RT @wissit: #medcomms cant hear your questions via ustream <-- NB @networkpharma Audience mic available?
- 9:59 am **VirgoHealth:** Alex Wyke at #medcomms: More support now exists for 'patient rights' amongst HCPS
- 9:59 am **laikas:** @andrewspong golden rule is that outcomes should be clinically relevant & relevant to patients. NO SURROGATE MARKERS #medcomms
- 9:59 am **doctorblogs:** am: @CEBmblog course on RCTs- how to recruit,randomise,analyse, statsðics <http://bit.ly/8YPujR> pm: off to #medcomms
- 10:01 am **aurorahealthpr:** @VirgoHealth Ed make sure we meet in person. Neil :) #medcomms
- 10:01 am **andrewspong:** RT @laikas: @andrewspong golden rule is that outcomes should be clinically relevant & relevant to patients. NO SURROGATE MARKERS #medcomms
- 10:01 am **networkpharma:** aye sorry, limited what we can do but will try to address in first break RT @wissit #medcomms can't hear your questions via ustream
- 10:03 am **wissit:** @networkpharma thank you! #medcomms
- 10:04 am **andrewspong:** 'Patient prepared to take far more risk that the regulator will allow' <-- only if they're afforded full insight into risk/benefit #medcomms
- 10:06 am **andrewspong:** @richard56 'there is a huge gap between what cd be achieved and what is happening in the real world. Industry must find new role #medcomms

- 10:07 am **andrewspong**: @richard56 consider moving away from development of new blockbuster drugs twds doing more/better with existing/off patent drugs #medcomms
- 10:11 am **DaveNClarke**: RT @charliebuck123: Surely the challenge of valuing evidence at all levels, not just the RCT, but real world et al #medcomms
- 10:11 am **andrewspong**: @richard56 'feels like there is something of a retreat from EBM... we're on the move again from classicism [EBM] to romanticism' #medcomms
- 10:12 am **andrewspong**: Contextual article referenced by @richard56: <http://bit.ly/dzUVZI> #medcomms
- 10:13 am **neovoca**: RT @andrewspong: 'Patient prepared to take far more risk that the regulator will allow' <-- only if they're afforded full insight into risk/benefit #medcomms
- 10:13 am **VirgoHealth**: Alex Wyke at #medcomms: Pt grps gasping for more involvement - broader co-ordination wld benefit all involved
- 10:17 am **pharmaphorum**: Great discussion on the role of patients in trials - should patients be shaping trial design more? #medcomms
- 10:18 am **OutsourcPharma**: RT @pharmaphorum: Great discussion on the role of patients in trials - should patients be shaping trial design more? #medcomms
- 10:19 am **andrewspong**: 'How do you get patients involved?' <-- Suspect it's more about how can you get vibrant patient orgs to give you the time of day. #medcomms
- 10:20 am **carrotpharma**: RT @OutsourcPharma: RT @pharmaphorum: Great discussion on the role of patients in trials - should patients be shaping trial design more? #medcomms
- 10:21 am **andrewspong**: There is a world beyond @patientslikeme. Just a very few of the burgeoning pt communities:<http://bit.ly/cNR5hq> #medcomms
- 10:22 am **doctorblogs**: Looking fwd to meeting the dinosaurs! RT @andrewspong Museum of Natural History Oxford: grt venue for #medcomms <http://plixi.com/p/47914381>
- 10:22 am **andrewspong**: We're just feeling our way towards the insight that patients may NO INTEREST in anything med comms does or says #medcomms
- 10:22 am **jimworth**: RT @andrewspong: There is a world beyond @patientslikeme. Just a very few of the burgeoning pt communities:<http://bit.ly/cNR5hq> #medcomms
- 10:23 am **aurorahealthpr**: @aurorahealthpr many pharma companies are listening to patients via p groups + other channels inv individual voices to create #medcomms
- 10:23 am **SusannahFox**: Trying to maintain zen "be here now" but @andrewspong making me wish to "be there instead" #medcomms
- 10:24 am **doctorblogs**: viewpoint frm @laikas: "Golden rule is that outcomes shld be clinically relevant & relevant to patients. NO SURROGATE MARKERS " #medcomms
- 10:25 am **healthythinker**: RT @SusannahFox: Trying to maintain zen be here now but @andrewspong makes me wish to be there instead"#medcomms - Me too!
- 10:26 am **pocketanatomy**: Read the Latest Pocket Anatomy Blog Post - 'The Impact of the iPad on Medical Education' <http://ow.ly/2MbWW> #medcomms
- 10:29 am **andrewspong**: This has been a great first session. Everyone is getting delightfully wound up. And we've barely started... #medcomms
- 10:30 am **aurorahealthpr**: Better outcomes achieved when patient involved: check out <http://participatorymedicine.org/> #medcomms
- 10:31 am **PJ_medigital**: Lol RT @andrewspong: This has been a great first session. Everyone is getting delightfully wound up. And we've barely started... #medcomms
- 10:31 am **wissit**: great first session! #medcomms #medcomms
- 10:34 am **michaelwithers**: Excellent first session at #medcomms from Oxford. Very successful experiment so far.
- 10:35 am **Alex_Butler**: The Natural History Museum is the perfect setting for some of opinions on display at #medcomms today. Enjoyable though
- 10:35 am **APG4LTC**: RT @VirgoHealth Alex Wyke at #medcomms: Pt grps gasping for more involvement - broader co-ordination wld benefit all involved
- 10:40 am **CarlMMerrill**: ..Ed and Trish from Virgo at #medcomms today. Highlights so far... :*
- 10:57 am **aurorahealthpr**: Test (#medcomms live at <http://ustre.am/odd9>)
- 10:59 am **HospitalPatient**: As a Great marketing tool, Docs should offer Patients some type of Social Media interaction as a part of Treatment. #medcomms #MDChat #MD
- 11:00 am **aurorahealthpr**: #medcomms test on ustream
- 11:00 am **networkpharma**: test (#medcomms live at <http://ustre.am/odd9>)
- 11:09 am **networkpharma**: streaming #MedComms Forum live at <http://bit.ly/9EFqj8> works well but not perfect, accepting it's experimental, check it out

- 11:10 am **DonaDulcinea:** RT @Alex_Butler: The Natural History Museum is the perfect setting for some of opinions on display at #medcomms today. Enjoyable though
- 11:11 am **andrewspong:** Back for Session 2 at #medcomms: The continuing evolution of med ed and the place of CME. Session lead: Chris Stevenson
- 11:11 am **andrewspong:** Is the role of independently developed content becoming more important? #medcomms
- 11:12 am **andrewspong:** What are the critical issues facing this market? How will this be funded? How will #medcomms industry respond?
- 11:12 am **andrewspong:** What is the future role of pharma in supporting independent programmes, or is this a tautology? #medcomms
- 11:14 am **andrewspong:** Other panel members: Dr Tim Ringrose, Doctors.net; Prof. Robin Stevenson (EBfAiP); Dr. Monica Shaw #medcomms
- 11:18 am **andrewspong:** 'You can usually work out which programmes hve a single sponsor behind them; we're not too bad at seeing where there is influence' #medcomms
- 11:18 am **andrewspong:** 'What we're less good at is deciding "what is good education"' #medcomms
- 11:21 am **andrewspong:** 'Independent' infers that everything that comes from the industry is bad, everthing from elsewhere good #medcomms
- 11:22 am **aurorahealthpr:** Future of accredited CME will be pharma collaborations. Sole supporter may not be accreditable #medcomms Prof Stevenson comment
- 11:22 am **pharmaphorum:** Tim Ringrose: independency in CME is only perceived that way if coupled with transparency #medcomms
- 11:22 am **andrewspong:** Suggestion that 'independent' replaced by 'unbiased' and 'high quality' #medcomms <-- Semantics. What counts is received opinion of prog.
- 11:23 am **hermes_medcomms:** #medcomms forum 2010 Richard Smith: evidence-based medicine on retreat in UK
- 11:23 am **wissit:** good point RT @andrewspong: Independent infers that everything that comes from the industry is bad, everthing from elsewhere good #medcomms
- 11:25 am **hermes_medcomms:** #medcomms forum 2010 Chris Stevenson: growing need for unbiased info for doctors, but how's this done?
- 11:25 am **aurorahealthpr:** RT @pharmaphorum: Tim Ringrose: independency in CME is only perceived that way if coupled with transparency #medcomms
- 11:26 am **andrewspong:** What should you be expected to give up in order to be given the stamp of 'accredited provider'? #medcomms
- 11:26 am **BreukieSays:** RT @andrewspong Jones: 'The people I meet in pt orgs are hugely strong and hugely powerful and demand more of us' #medcomms
- 11:27 am **andrewspong:** Provision of independent, balanced education has to continue; question of where it is funded remains moot #medcomms
- 11:30 am **andrewspong:** Move to provider accreditation wd need to be centralized and non-specific as it will look for compliance w generic requirements #medcomms
- 11:30 am **andrewspong:** There is an accreditation back-door in the UK... Scotland #medcomms
- 11:35 am **hermes_medcomms:** #medcomms forum 2010 CME need to distinguish between accredited education and credible education
- 11:35 am **andrewspong:** Ask first of CME: is it ethical, credible, well-founded, transparent? #medcomms
- 11:35 am **pharmaphorum:** Chris Stevenson: CME is either independent or promotional, no middle ground - "you can't be a little bit pregnant!" #medcomms
- 11:35 am **andrewspong:** Getting a bit bogged down in Brussels-baiting here :(#medcomms
- 11:36 am **hermes_medcomms:** #medcomms forum 2010 GPs could do all their CPD in UK without doing anything accredited
- 11:40 am **andrewspong:** Currently 15 live viewers of the #medcomms live video feed: <http://bit.ly/cV6Qsx>
- 11:40 am **andrewspong:** 'Whatever the change in regulation, the #medcomms industry exists to add shareholder value, not make people better'
- 11:42 am **andrewspong:** 'Frequently, we can't provide the best and most up-to-date information for compliance reasons' #medcomms
- 11:43 am **andrewspong:** 'Pharma manufacturers voice that helps HCPs make clinical decisions to improve patient outcomes has to be in the mix' #medcomms
- 11:43 am **andrewspong:** How do you ensure that independent programmes are sticking to what has been approved? #medcomms
- 11:45 am **BreukieSays:** RT @andrewspong Francis: 'Today, doctors are influenced by a plethora of outside forces, not just sales reps' #medcomms

- 11:45 am **hermes_medcomms**: #medcomms forum 2010 pharma wants doctors to practice good medicine rather than just providing promotional messages
- 11:46 am **andrewspong**: How can you know what's being accredited in actually needed? <-- I hear the spectral voice of @meducate saying 'needs assessment' #medcomms
- 11:47 am **andrewspong**: @MaverickNY I think my point was rather: do we care what it's called, or what it actually is? #medcomms
- 11:48 am **BreukieSays**: RT @andrewspong: Wyke: there is an impression that there is a tension between hcp and doctor, but an alignment between them is becoming apparent #medcomms
- 11:49 am **BreukieSays**: RT @andrewspong: Wyke: HCPs turning more and more to closer relations w/ pts. HCPs feel disenfranchised, low morale; feeling of doing good is lost #medcomms
- 11:51 am **BreukieSays**: RT @laikas: @andrewspong golden rule is that outcomes should be clinically relevant & relevant to patients. NO SURROGATE MARKERS #medcomms
- 11:51 am **andrewspong**: RT @MaverickNY: yes I realised that but one dos not follow or imply the other. Value is judged and respect is earned <-- Quite so! #medcomms
- 11:53 am **andrewspong**: CME spend down 18% vs PY [USA? Globally?] #medcomms #flatspin
- 11:53 am **hermes_medcomms**: #medcomms forum 2010 online learning and medical apps becoming more important
- 11:56 am **andrewspong**: 5 minutes to the close of this session. Lunch, then at 2pm [UK] session 3 re. impact of SM on CME industry #medcomms
- 11:56 am **hermes_medcomms**: #medcomms forum 2010 CME no other industry has their CPD funded by industry other than pharma
- 11:59 am **hermes_medcomms**: #medcomms forum 2010 isn't the medical profession just passive recipients of CPD, why?
- 12:00 pm **andrewspong**: CME spend down 18% in USA vs PY in terms of commercial grant spend, not total spend #medcomms [EDIT] via @cmeadvocate TY :)
- 12:00 pm **andrewspong**: Lunch at #medcomms
- 12:01 pm **Lodewijkjes**: @andrewspong Have a nice lunch!! #medcomms
- 12:04 pm **meducate**: Excellent! RT @andrewspong: How 2 know what's accredited is needed? <- I hear the spectral voice of @meducate: 'needs assessment' #medcomms
- 12:05 pm **blazingocelots**: Good to be able to follow the vide feed from my desk, but can't hear questions from the floor too well #medcomms
- 12:07 pm **BreukieSays**: RT @andrewspong Provision of independent, balanced education has to continue; question of where it is funded remains moot #medcomms
- 12:10 pm **BreukieSays**: RT @andrewspong: 'Pharma manufacturers voice that helps HCPs make clinical decisions to improve patient outcomes has to be in the mix' #medcomms
- 12:11 pm **CandyEfH**: @andrewspong what is "good education indeed"? not tough to answer but tough to negotiate politics to reach implementation! #medcomms
- 12:14 pm **CandyEfH**: @andrewspong #medcomms to startgood ed is relevant to context and ambition of learner, sticky in its unswervable desire to be implemented..
- 12:15 pm **PJ_medigital**: RT @CandyEfH: @andrewspong what is "good education indeed"? not tough 2 answer but tough 2 negotiate politics 2 implement! #medcomms
- 12:54 pm **PJ_medigital**: Any more news from #medcomms? Bit quiet over there.
- 12:55 pm **Lodewijkjes**: @PJ_medigital 'LUNCH #medcomms
- 12:58 pm **michaelwithers**: #medcomms still at lunch. Likely 2 kick off again in 5 mins. Check the stream at <http://bit.ly/bAJSUr>
- 1:00 pm **zenofbass**: RT @andrewspong: There is a world beyond @patientslikeme. Just a very few of the burgeoning pt communities:<http://bit.ly/cNR5hq> #medcomms
- 1:01 pm **zenofbass**: RT @laikas: @andrewspong golden rule is that outcomes should be clinically relevant & relevant to patients. NO SURROGATE MARKERS #medcomms
- 1:03 pm **aurorahealthpr**: Social media session about to start at #medcomms @Andrewspong kicking off
- 1:04 pm **charliebuck123**: Andrew Spong takes to the stage @ #medcomms
- 1:06 pm **VirgoHealth**: RT @andrewspong: Ask first of CME: is it ethical, credible, well-founded, transparent? #medcomms
- 1:06 pm **Lodewijkjes**: @charliebuck123 pls tweet @ names of pannel. Not visible in life stream #medcomms
- 1:08 pm **charliebuck123**: Andrew Spong - change we have seen can be described as move from dictation to participation - can pharma adapt #medcomms

- 1:08 pm **amcunningham:** I might have to miss @doctorblogs speaking at #medcomms on hos spocal media is changing things for pharma (streamed <http://is.gd/fCaaG>)
- 1:09 pm **wissit:** RT @aurorahealthpr: Social media session about to start at #medcomms @Andrewspong kicking off #medcomms
- 1:11 pm **wissit:** <http://www.ustream.tv/channel/medcomms> #medcomms
- 1:12 pm **BreukieSays:** RT @charliebuck123 Andrew Spong - change we have seen can be described as move from dictation to participation - can pharma adapt #medcomms
- 1:12 pm **BreukieSays:** RT @wissit: <http://www.ustream.tv/channel/medcomms> #medcomms
- 1:16 pm **Lodewijkjes:** #medcomms Pls make sound better for livestream followers
- 1:17 pm **hermes_medcomms:** #medcomms forum 2010 Twitter is now mainstream, but immense challenges for healthcare around ethical issues
- 1:18 pm **WoodrowMedical:** Social media is mostly free from discussion from medical comm stakeholders. Why? #medcomms
- 1:18 pm **BreukieSays:** Good Question!! Andrew Spong @andrewspong is wondering why we (patients) are not hearing meds & HCP on Social Web! #medcomms
- 1:25 pm **BreukieSays:** Trust & fear helping patient in right way, why no fear when developing drugs & 4 HCP's giving fysical consult, just legal issue? #medcomms
- 1:26 pm **pharmaphorum:** @Alex__Butler: Analysis of Janssen Twitter followers suggests 60% gen public wanting health info, so not just self interest groups #medcomms
- 1:26 pm **wissit:** Neil Crump - big barriere for doing it is not understanding social media #medcomms
- 1:27 pm **wissit:** what to do with informational overload? #medcomms
- 1:32 pm **BreukieSays:** Panel says: Info overload can be managed nowadays with eg Social Media & mobile devices, not just behind desk #timemanagement #medcomms
- 1:35 pm **BreukieSays:** RT @pharmaphorum @Alex__Butler: Twitter followers suggests 60% gen public wanting health info, not just self interest groups #medcomms
- 1:36 pm **hermes_medcomms:** #medcomms forum 2010 big pharma say substantial risk to social media + huge investment, but why invest in static websites?
- 1:37 pm **michaelwithers:** Favourite quote at #medcomms - Andrew Spong: don't think patient communities are just about tea and sympathy, they are about SCIENCE!
- 1:39 pm **Lodewijkjes:** RT @michaelwithers: Favourite quote at #medcomms - Andrew Spong: don't think patient communities are just about tea and sympathy, they are about SCIENCE!
- 1:39 pm **BreukieSays:** RT @michaelwithers: Favourite quote at #medcomms - Andrew Spong: don't think patient communities are just about tea and sympathy, they are about SCIENCE!
- 1:43 pm **wissit:** andrew: the patient is your unique god - (to pharma) - who is the patient? where is the patient? #medcomms
- 1:43 pm **carrotpharma:** #MedComms are pharma companies inaudible to the patient?
- 1:44 pm **VirgoHealth:** Janssen's Alex Butler at #medcomms says social media is not an option for them but a responsibility
- 1:47 pm **hermes_medcomms:** #medcomms forum 2010 social media should be about disease awareness, building dialogue and listening
- 1:49 pm **BreukieSays:** RT @hermes_medcomms: #medcomms forum 2010 social media should be about disease awareness, building dialogue and listening
- 1:51 pm **carrotpharma:** Dir of dig strategy from GSK at #MedComms says their in-house dig team are working with med comms agencies.
- 1:56 pm **networkpharma:** still streaming #MedComms Forum live at <http://bit.ly/9EFqj8> good but not perfect, accepting it's experimental, check it out. Also archived
- 1:57 pm **wissit:** @networkpharma its ok! with headphones its also better to listen #medcomms
- 1:58 pm **michaelwithers:** RT @networkpharma: still streaming #MedComms Forum live at <http://bit.ly/9EFqj8> good but not perfect, accepting it's experimental, check it out. Also archived
- 2:07 pm **blazingocelots:** The ustream feed has gone down - can somebody kick it? #medcomms
- 2:10 pm **VirgoHealth:** Aurora Neil at #medcomms: Socmed takes man hours but pharma resource spking to stakeholders already significant
- 2:10 pm **andrewspong:** @Lodewijkjes @michaelwithers @wissit @BreukieSays @rohal @amarantoblook & more TY for Session 3 tweets #medcomms
- 2:10 pm **Lodewijkjes:** @networkpharma stream is offline #medcomms

- 2:10 pm **VirgoHealth:** Janssen's Alex Butler at #medcomms: Pharma socmed can only work if genuine listening to patients is central
- 2:12 pm **carrotpharma:** RT @Lodewijkjes: @networkpharma stream is offline #medcomms
- 2:14 pm **Lodewijkjes:** Back again! RT @carrotpharma: RT @Lodewijkjes: @networkpharma stream is offline #medcomms
- 2:14 pm **andrewspong:** Sorry I haven't been able to capture must of @charliebuck123's intro to this session. Some issues logging on. #medcomms
- 2:15 pm **blazingocelots:** Back on the air. Thanks #medcomms
- 2:15 pm **aurorahealthpr:** RT @VirgoHealth: Janssen's Alex Butler at #medcomms: Pharma socmed can only work if genuine listening to patients is central
- 2:15 pm **networkpharma:** for those watching online sorry minor hic-cup with the camera, had to resort to plan B. Will do better next time! #medcomms
- 2:17 pm **andrewspong:** @charliebuck123: What is the legitimate role of sci comms between industry and stakeholders? (Suggestions follow) #medcomms
- 2:17 pm **BreukieSays:** RT @aurorahealthpr: RT @VirgoHealth: Janssen's Alex Butler at #medcomms: Pharma socmed can only work if genuine listening to patients is central
- 2:18 pm **andrewspong:** Physical & digital: engagement in product design; clear industry PoV; well founded debate & dialogue; clin/ec value for pt #medcomms
- 2:19 pm **Lodewijkjes:** #medcomms Switch to Press Conf new Dutch government. Sorry, more important Striking remark: stimulation of e-mental Health #eHealth
- 2:19 pm **networkpharma:** in fairness online streaming still working OK at <http://bit.ly/9EFqj8> #medcomms just not quite as good as earlier
- 2:20 pm **EuropeanCME:** RT @networkpharma: in fairness online streaming still working OK at <http://bit.ly/9EFqj8> #medcomms just not quite as good as earlier
- 2:20 pm **andrewspong:** How abt: EB critique of industry practices, inc + as well as - w involvement of comm interest? <- divided by pt trust = c.0? #medcomms
- 2:21 pm **andrewspong:** @networkpharma Overall I think Ustream has been great. Thanks for providing it. #medcomms
- 2:22 pm **hermes_medcomms:** #medcomms forum 2010 relevance of promotion vs education, better to focus on evidence-based info and transparency
- 2:22 pm **blazingocelots:** @networkpharma sound is fine, pic is indistinct... still, I know what Charlie looks like! #medcomms
- 2:25 pm **EuropeanCME:** @charliebuck123 def @ #medcomms : Trust = (credibility+intimacy+reliability)/self-interest
- 2:27 pm **wissit:** it is :-) RT @andrewspong: @networkpharma Overall I think Ustream has been great. Thanks for providing it. #medcomms
- 2:28 pm **andrewspong:** Many thanks to @doctorblogs @aurorahealthpr @alex__butler for great insights on panel 3 at #medcomms Video: <http://bit.ly/cqxoPV> #medcomms
- 2:29 pm **innuo:** RT @VirgoHealth: Janssen's Alex Butler at #medcomms: Pharma socmed can only work if genuine listening to patients is central
- 2:30 pm **andrewspong:** 'Ghostwriting' word rears its ugly head. Too much other stuff to talk abt today, I guess, but this is another #medcomms credibility-killer
- 2:32 pm **amcunningham:** Chris Graf (Associate Editorial Director, Wiley-Blackwell "Who's my daddy?""Librarians" #medcomms #medlib
- 2:33 pm **andrewspong:** Chris Graf from Wiley on ghostwriting. STM under the microscope ;) 'Who's his daddy?' 'Librarians!' he proclaims. #medcomms
- 2:34 pm **aurorahealthpr:** Resourcing pharma sm vid: will take time - anything worth doing should be done well <http://ow.ly/1qYbUq> #medcomms
- 2:34 pm **laikas:** #medcomms seems an interesting meeting to me, not strictly for meds alone.
- 2:36 pm **amcunningham:** Most people at #medcomms (working for pharma) think that medical journals have editorial stance against pharma- despite taking money for ads
- 2:37 pm **andrewspong:** Hmm. Of 100 delegates, c.5 hands are raised in answer to question as to whether scholarly publishers actually do this #medcomms
- 2:37 pm **andrewspong:** RT @amcunningham: Most people at #medcomms (working for pharma) think that medical journals have editorial stance against pharma- despite taking money for ads
- 2:38 pm **andrewspong:** RT @laikas: #medcomms seems an interesting meeting to me, not strictly for meds alone <- I agree. Great event. #medcomms
- 2:38 pm **amcunningham:** Chris Graf states that main advantage of a pharma getting their drug trial published in the Lancet is the 'branding' #medcomms

- 2:40 pm **andrewspong:** @charliebuck123 'Important role for #medcomms to ensure that the thread of science stays in the discussion' <-- Noble sentiment ;) #medcomms
- 2:42 pm **andrewspong:** How can I be confident you've analyzed the data correctly? #medcomms
- 2:43 pm **andrewspong:** I'm sitting on my hands a bit here as a former scholarly publisher and skeptic. I've said enough today already. #medcomms
- 2:43 pm **amcunningham:** Trevor Jones CBE makes point that pharma choose the product they compare theirs to in a trial- payer may wish different comparison #medcomms
- 2:46 pm **andrewspong:** @charliebuck123: 'increasing complexity in the science going fwd. Significant step up for #medcomms to convey that & meaningful evidence
- 2:48 pm **amcunningham:** Trevor Jones; "the only thing we cure is infections. With all other meds we are guessing what the target is"... fantastic! #medcomms
- 2:48 pm **andrewspong:** Dr John Gonzalez: industry scientists as capable as any other. We shd do more with our intl scientists as spokespersons #medcomms
- 2:51 pm **amcunningham:** Chris Graf again- Librarians were my daddy-research was published for other researchers-now patients can go to library to access #medcomms
- 2:52 pm **amcunningham:** Chris Graf-"there will be announcements from publishers in the next few months showing how they will embrace open access" #medcomms
- 2:52 pm **mgfamiliarnet:** RT @amcunningham: Trevor Jones; "the only thing we cure is infections. With all other meds we are guessing what the target is"... fantastic! #medcomms
- 2:58 pm **blazingocelots:** Open access is still peer-reviewed. Nobody thinks PLoS has low editorial standards #medcomms
- 2:59 pm **andrewspong:** The article I referenced 'Full open access to articles with library savings of 70%' <http://bit.ly/9GWpwY> #medcomms #familytree
- 2:59 pm **mgfamiliarnet:** RT @amcunningham: Chris Graf-"there will be announcements from publishers in the next few months showing how they'll embrace open access" #medcomms
- 3:00 pm **andrewspong:** Prof Trevor Jones CBE: 'When you get to my age, when you're given 6 months to live, you're dead' #medcomms
- 3:00 pm **EuropeanCME:** RT @andrewspong: Prof Trevor Jones CBE: 'When you get to my age, when you're given 6 months to live, you're dead' #medcomms
- 3:01 pm **andrewspong:** Wrapping up. A really diverse and interesting day at #medcomms. TY to @networkpharma for invitation & gr8 event org <applause> #medcomms
- 3:02 pm **Lodewijkjes:** Mind @ePatientDave RT @andrewspong: ProfTrevorJones CBE: 'When you get to my age, when you're given 6 months to live, you're dead' #medcomms
- 3:04 pm **andrewspong:** RT @blazingocelots: Open access is still peer-reviewed. Nobody thinks PLoS has low editorial standards #medcomms
- 3:04 pm **Lodewijkjes:** @andrewspong @networkpharma #medcomms Thnx, enjoyed it from the Netherlands. Will use statements in own lecture 12/10 #reshapehc #zorg20
- 3:05 pm **andrewspong:** @networkpharma thanking everyone watching and participating via Ustream <applause to everyone outside this room> #medcomms
- 3:05 pm **carrotpharma:** We thought Leo looked cool too #MedComms well done Leo and all the panelists for a great day.
- 3:06 pm **andrewspong:** @Lodewijkjes TY for taking the time & sharing yr perspective, amplifying conversation. Also to all others in #medcomms tweetstream
- 3:07 pm **wissit:** @networkpharma thanks for ustream and greetings from Vienna! It was a great day! thx all for the convo and tweets #medcomms
- 3:07 pm **michaelwithers:** #medcomms congratulations to Peter and all participants. Very interesting day!
- 3:16 pm **chibbie:** @amcunningham @andrewspong any librarians at #medcomms?
- 3:17 pm **amcunningham:** @chibbie I don't know! I had a free hour so I was watching it streaming:) #medcomms
- 3:22 pm **amcunningham:** @andrewspong I missed most of your talk earlier- just catching now- I think that pt communities are more holistic/less biomedical #medcomms
- 3:26 pm **andrewspong:** Join panel for quick pint at King's Arms for anyone around #medcomms
- 3:51 pm **laikas:** @andrewspong #medcomms can i see your talk somewhere?
- 4:15 pm **SkinCampaign:** RT @Alex__Butler: What is 'wellness'? Really talking about pharma delivering healthcare solutions and not being perceived as integral to the problem #medcomms
- 4:30 pm **Lodewijkjes:** @ePatientDave @andrewspong Hi Dave, all well?? Andrew put you as xmples for patient empowerment #medcomms I reinforced it U're the best xmples
- 4:49 pm **aurorahealthpr:** @networkpharm TY for having me on your #medcomms panel today - really great discussion + food for thought - enjoy jazz club tonight :-)

- 4:51 pm **daxkho:** RT @Lodewijkjes: #medcomms Switch to Press Conf new Dutch government. Sorry, more important Striking remark: stimulation of e-mental Health #eHealth
- 5:22 pm **amcunningham:** @laikas hopefully this works: <http://is.gd/fCxN8> @andrewspong and @doctorblogs #medcomms
- 6:33 pm **doctorblogs:** Brilliant! RT @amcunningham Trevor Jones "The only thing we cure is infections.All other meds we're guessing what the target is" #medcomms
- 6:36 pm **AntibioticPharm:** And cancer RT @amcunningham Trevor Jones "The only thing we cure is infections.All other meds we're guessing what the target is" #medcomms
- 6:43 pm **doctorblogs:** Brilliant!SirM.Rawlins:"Surgery 4 peptic ulcers was occupational therapy 4 surgeons,not treatmnt 4 patients" <http://bit.ly/dcwALq> #medcomms
- 7:03 pm **bruhaha79:** RT @doctorblogs: Brilliant!SirM.Rawlins:"Surgery 4 peptic ulcers was occupational therapy 4 surgeons,not treatmnt 4 patients" <http://bit.ly/dcwALq> #medcomms
- 8:01 pm **laikas:** @amcunningham Thank you for the link: it works. #medcomms
- 8:03 pm **HospitalPatient:** Kudos 2 the NY Politicians who got the 9-11 First Responders Bill passed in the House. Now we need NY Senate 2 approve. #9-11 #medcomms
- 8:33 pm **HospitalPatient:** The impact of a pleasant Hospital Visit is substantial as it reminds the Patient how much people care. #medcomms #Chronic #Hospitals #RN
- 8:42 pm **HospitalPatient:** Nurses R KEY players in Health Care. Please WATCH this 10-minute VIDEO @ <http://youtu.be/pd83N2ISbUM> #medcomms #Hospitals #AmJNurs #RNChat
- 9:14 pm **dean_jenkins:** RT @andrewspong: CME spend down 18% in USA vs PY in terms of commercial grant spend, not total spend #medcomms [EDIT] via @cmeadvocate TY :)
- 9:20 pm **hermes_medcomms:** #medcomms forum 2010 open-access publishing for pharma will be seen as promotion
- 10:07 pm **mrndp:** RT @VirgoHealth: Janssen's Alex Butler at #medcomms says social media is not an option for them but a responsibility
- 11:09 pm **andrewspong:** RT @amcunningham: @laikas hopefully this works: <http://is.gd/fCxN8> @andrewspong and @doctorblogs #medcomms <-- TY :)

October 1, 2010

- 8:10 am **dianthusmed:** Kudos to @networkpharma for a great day at #medcomms forum yesterday. May blog about it later if I have time.
- 11:44 am **HospitalPatient:** U need UR "Spirit" 2 battle UR Illness so in order to triumph all "Negativity" must B eliminated from UR Life. #Disease #Chronic #medcomms
- 1:37 pm **CandyEfH:** Topical in light of #NHS push 4 quality, access & activity RT @EdforHealth:nurse ed improves #CVD #assessment <http://bit.ly/a6aDXW> #medcomms
- 1:43 pm **EdforHealth:** RT @CandyEfH: Topical in light of #NHS push 4 quality, access & activity RT @EdforHealth:nurse ed improves #CVD #assessment <http://bit.ly/a6aDXW> #medcomms
- 2:04 pm **networkpharma:** #MedComms Forum seemed successful yesterday. Feedback appreciated. Thanks everyone. Outputs will appear at <http://bit.ly/aVQpvh>
- 2:06 pm **pharmaphorum:** Gr8 format, gr8 discussion RT @networkpharma: #MedComms Forum seemed successful - fdback appreciated. Outputs to be at <http://bit.ly/aVQpvh>
- 2:17 pm **WoodrowMedical:** Wht a week - stag wknd in Glasgow, followed by biz trip 2 Boston followed by #medcomms in Oxford. Now looking forward 2 a relaxing wknd!
- 2:36 pm **andrewspong:** RT @pharmaphorum: Gr8 format, gr8 discussion RT @networkpharma: #MedComms Forum seemed successful - fdback appreciated. Outputs to be at <http://bit.ly/aVQpvh>
- 6:40 pm **networkpharma:** archived UStream broadcast from Strategic #MedComms Forum 2010, 30th Sept. Not perfect but not bad experiment at <http://bit.ly/9EFqj8>
- 7:36 pm **HospitalPatient:** 5 Tips 4 the Newly Diagnosed Crohn's Disease Patient see <http://twitpic.com/2t4kvu> #UK #Africa #hcsmsv #Patient #medcomms #hcsmeufr #Colitis
- 8:01 pm **carrotpharma:** #medcomms thought the format, the topics and the company were all gr8! Would be a shame if it wasn't repeated next year.