



Title: Omni-channel or multi-channel?

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Introduction

For healthcare professionals (HCPs), social media usage has bifurcated into two distinct worlds: **Open Public Networks** (for personal reputation and broad advocacy) and **"Walled Gardens"** (verified, HCP-only platforms for clinical discussion).

Given your background in the pharmaceutical industry, it is critical to distinguish between where HCPs *build their reputation* and where they *actually discuss clinical decisions*.

Analysis

1. The "Big Three" Open Networks

These are accessible to everyone (patients, public, and industry) and are used primarily for networking, reputation management, and public health advocacy.

- **LinkedIn:** The #1 channel for professional networking.
 - **Usage:** Career advancement, connecting with Medical Science Liaisons (MSLs), industry news, and finding clinical trial and Continuous Medical Education (CME) opportunities.
 - **Pharma Angle:** This is the safest and most effective place for corporate communication and MSL outreach. HCPs expect professional industry interaction here.
- **X (formerly Twitter):** The "Digital Conference Hall."

- **Usage:** Real-time following of medical congresses (e.g., #ASCO, #ESMO), debating health policy, and rapid dissemination of new study results.
- **Pharma Angle:** Essential for "social listening" during major congresses to gauge immediate HCP sentiment on new data releases.
- **YouTube:** The new library of medicine.
 - **Usage:** Procedural tutorials (surgery techniques), mechanism of action (MoA) videos, and patient education material.
 - **Pharma Angle:** High utility for hosting "unbranded" educational content and hosting webinars that HCPs can watch on demand.³

2. The "Walled Gardens" (HCP-Only Networks)

These platforms require license verification to join. This is where peer-to-peer clinical discussions happen—often away from the eyes of the public and regulators.

Platform	Primary Region	Key Features
Doximity	USA	The "LinkedIn for Doctors." Reaches over 80% of US physicians. Used heavily for its dialer tool (calling patients), secure faxing, and news feed.
Sermo	Global	Focuses on anonymous peer discussions and crowdsourcing diagnoses. Highly popular for candid feedback on drugs and treatments.
Doctors.net.uk	UK	The largest network in the UK. Essential for reaching British GPs and consultants; heavily used for Continuing Professional Development (CPD) modules.
Esanum	Germany/EU	A major network in DACH (Germany, Austria, Switzerland) and expanding across Europe. Focuses on clinical exchange and case studies.
Univadis / Medscape	Global/EU	While primarily news/education portals, their integrated community features and case quizzes command massive daily attention from EU physicians.

Platform	Primary Region	Key Features
Mirrors of medicine	Global/EU	Large network for CME modules ain

Our pragmatic approach

As the online world is moving faster than ever before, a lot of opportunities arise to reshape the way that we can connect with HCPs. Increasingly, social media is becoming a lively ecosystem where knowing your hashtags from your handles, and your impressions from your influence, is the norm.

As more HCPs use social platforms for research, education and peer connection, we help our pharma clients to deliver experiences that keep up with current trends and exceed lukewarm offerings of the past.

Here are our three key approaches to help our clients to harness social media's full potential in 2026.

1. Observe, don't assume

From a content perspective, adding real-time [social listening](#) enables us to understand HCP conversations, clinical priorities and emerging concerns on social platforms. This deeper insight helps create engagement that resonates more authentically and timely. For example, listening to peer sentiment and treatment discussions can reveal what formats and topics are most relevant right now.

How to do it: Build in interactive tools into your campaign framework to continuously monitor HCP dialogue and decisions. Use this intelligence to inform content topics, messaging tone and channel priorities dynamically throughout the campaign lifecycle.

2. Test what works and what is not working

A big opportunity ahead lies in using real-time intelligence to create agility.

We analyse what's working, pivot quickly, run creative A/B tests and reallocate budgets without the delays of traditional media cycles. For instance, if engagement among HCPs surged on X, campaigns should be able to prioritise that channel swiftly. This agility ensures us to remain relevant amid fast-changing online environments.

How to do it: We can develop campaign infrastructures that ingest continuous feedback for rapid decision-making. This enables us to do content adjustments based on live performance data.

3. Small rooms, big conversations

The era of spray-and-pray marketing is fading. We partner with trusted professional micro-communities where clinicians engage in peer-led, high-value discussions.

How to do it: We look for the spaces where HCPs are actually talking and partner with them to share targeted, compliant content with the right audience.

Summary

For us, a digital strategy (obviously) starts with defining and characterising the HCP target group. *Who do you want to reach?* Impactful digital campaigns are a key element in approaching and actively recruiting HCPs with interest in your topic. The known ones but also, and even more important, the ones that are yet unknown.

Secondly develop and test content which is relevant for your target group.

Grabbing the HCPs' attention is only the first step. The next steps are activation and retention: make sure they are continuing to consume your content. And, when the HCPs like what they get, they will tell their colleagues and peers (referral).

More reading

1. <https://www.emjreviews.com/emj-gold/article/social-media-what-pharma-needs-to-know-in-2025/#:~:text=Pharma%20marketers%20should%20turn%20towards,where%20valuable%20conversations%20are%20happening.%E2%80%9D>
2. <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/healthcares-digital-future>
3. <https://media.market.us/social-media-in-healthcare-statistics/#:~:text=The%20most%20common%20content%20shared,engagement%20over%20the%20past%20year>