ASSEMBLED INTELLIGENCE | inVibe

The Digital HCP: Balancing Speed, Trust, and Workflow

Findings from the HCP Digital Media/Tools Exploration

March 2026

Introduction

This case study, authored through a strategic collaboration between inVibe and Assembled Intelligence, provides a high-level view of the modern healthcare professional's (HCP) digital journey. In an era in which clinical data are increasingly fragmented across large language models (LLMs), social platforms, and specialized search engines, HCPs are navigating an increasingly crowded information environment where the need for efficiency meets the requirement for peer-reviewed scientific credibility.

This research methodology leverages quantitative segmentation to inform qualitative depth by capturing the "frequency" of digital behaviors and the "feeling" of clinical conviction behind them.

The approach combines quantitative behavioral data with AI-based audio analysis to understand how HCPs weigh convenience versus trust, revealing not only where HCPs seek information but also how they emotionally respond to delivery. For pharmaceutical marketers, the opportunity is not simply "to be present" but to show up in the right places with evidence that is easy to verify and fast to act on, as HCPs seek credibility and efficiency when choosing which channels to engage with.

Chuck Hemann
Chief Business Officer

Study Objective

At Assembled Intelligence, we believe that audience intelligence only creates value when it is built to power integrated planning and execution. This study was designed to deliver that intelligence by understanding where HCPs spend time online, including AI-enabled environments, and how they discover, evaluate, and use information about conditions and available treatments. The objective is to help marketers and communicators prioritize channels, content, and experiences that clinicians trust, find efficient, and can integrate into their workflow.

Research Methodology

Fieldwork ran from December 18, 2025, through January 13, 2026, and included 150 HCPs practicing in the United States only. Respondents completed a web-based quantitative survey and then participated in an unmoderated voice-response interview, enabling both structured measurement and open-ended context.

Method	What it Captures	Why it Matters
Screening + Quantitative Survey	Frequency of media/tool use by purpose; perceptions of value, usefulness, trust, and ad comfort	Quantifies where attention concentrates and the relative equity of each channel
Unmoderated Voice Responses	How clinicians describe behaviors, needs, and guardrails in their own words	Reveals the rationale behind channel choices and what triggers engagement
Expert Discourse + Acoustic Analysis	Themes, linguistic patterns, and emotional tone (activation/ valence/dominance)	Adds depth to interpretation and identifies moments of meaningful reaction

Source: inVibe HCP Digital Media/Tools Exploration - High-Level Findings Brief (January 26, 2026).

Research Sample

inVibe screened and recruited 150 U.S.-based HCPs across:

Specialties | **Years in Practice** | **Practice Settings**

Participant Profile (N=150 Quant / N=20 Voice)

Medical Specialty	Quant	Voice
Allergy	11	2
Cardiometabolic	15	2
Dermatology	10	1
Endocrinology	12	2
Gastroenterology	12	1
Immunology	15	2
Nephrology	12	1
Neurology	15	2
Oncology	15	2
Ophthalmology	11	2
Psychiatry	12	2
Pulmonology	10	1

Practice Setting	Quant	Voice
Single-Specialty Group Practice	48	11
Academic Center	29	4
Multispecialty Group Practice	27	2
Independent/ Private Practice	19	1
Integrated Hospital System	16	2
Community Center	11	0

Region	Quant	Voice
South	60	9
West	31	4
Northeast	30	5
Midwest	29	2

Years in Practice	Quant	Voice
2-10 years	31	7
11-20 years	66	8
21-30 years	53	5

Practice Location	Quant	Voice
Urban	79	7
Suburban	58	12
Rural	13	1

Executive Summary

- Credibility and efficiency drive channel selection
- Industry sources remain the trust anchor for clinical decision-making; search engines are the high-frequency starting point
- AI adoption is growing for productivity, but trust is conditional on verification and transparency
  - **78%** of clinicians turn to ChatGPT for staying current on clinical data; A growing number of HCPs are experimenting with platforms like Gemini, OpenEvidence and Claude.
- Integration is critical: tools that plug into existing clinical workflow outperform standalone experiences
- Information overload demands filtering: clinicians want endpoints, safety, and applicability without hunting
- Physicians report being exposed to social media content and say it can raise awareness and spark interest in new treatments. They also recognize the meaningful role social platforms play in helping patients understand their condition. For professional education, some physicians prefer more structured video channels like YouTube. Overall, they see limited awareness and re-engagement rather than primary education as the best use for social.
- Physicians express that they have been exposed to streaming/audio/CTV content, which indicates value in driving awareness. However, for professional education, physicians tend to favor podcasts.

What this means for pharma marketers:

Win on clinician terms: evidence-first messaging, fast pathways to the data, and distribution in the environments HCPs already trust and use daily. AI can expand reach and relevance but only if content is structured for retrieval and verification.

High-Level Data Findings

Across media and tools, HCP behavior can be broken into four areas:

01 Starting Point
(fast orientation):
Search engines

02 Evidence Base
(validated information):
Healthcare industry sources

03 Efficiency Layer
(summarize and translate):
AI tools

04 Awareness
(passive exposure):
Social media and streaming services

The channels below map to these roles with distinct strengths and constraints.
Each channel was ranked on a scale of 1 (lowest) to 7 (highest).

Channel	Frequency	Value	Trust	Ad Comfort
Search Engines	5.67	5.55	4.89	4.87
Healthcare Industry Sources	5.14	5.41	5.52	4.92
AI Tools	4.71	5.26	4.85	4.72
Social Media	3.93	3.70	3.37	3.97
Television/ Streaming Services	3.58	3.43	3.58	3.91

01 Starting Point

Search engines—high-frequency orientation and discovery

Search engines are used most frequently across professional and personal contexts. Clinicians use search to orient quickly, identify reputable sources, and locate specific details when time is tight.

Search routes HCPs to guidelines, journals, or brand resources—but only if destinations load fast, answer the question immediately, and provide evidence pathways. Search also provides HCPs with flexibility in source selection.

> **[Search engines] have the most up-to-date data, and there's not a lot of opinionated information or bias-type information on those sources. And it also gives me the flexibility when I use a search engine to pick what source I want to use."**
>
> -HCP Participant

HCPs give search the highest scores on frequency and value; it trails industry sources on trust.

Strategic Implication:
Treat search as a clinician UX problem. Build pages around the questions HCPs ask, structure content for snippets, and provide credible "next steps" (full study, PI, resources). This also highlights the importance of maintaining paid search to ensure prominence at the top of the search engine results page (SERP).

02 Evidence Base

Industry sources—the clinical decision machine

When a decision matters, HCPs return to industry sources: peer-reviewed journals, clinical guidelines, society resources, and specialty publications (UpToDate, PubMed, Epic, and the New England Journal of Medicine). These sources are described as the "gold standard" because they provide the level of detail needed to evaluate evidence quality and applicability.

Quantitatively, industry sources remain the trust anchor (mean trust 5.52 out of 7) and the most useful for clinical decision support (mean usefulness 5.41 out of 7), outperforming both search (5.21) and AI tools (5.17). Additionally, industry-source frequency trends higher (5.38 out of 7) among the most established physician cohort (21–30 years in practice) than those in the early part of their career (2–10 years, 5.10).

On a scale of 1-7, industry sources outperformed search and AI in both trust and clinical decision support:

Theme	Industry Sources	Chat	AI
Trust	5.52	4.89	4.85
Clinical Decision Support	5.41	5.21	5.17

Additionally, industry-source frequency trends higher (5.38) among the most established cohort (21–30 years in practice) than those (5.10) in the early part of their career (2–10 years).

For marketers, this reinforces a sharper requirement: make data easy to validate. Clinicians want study design, population, endpoints, safety/AE detail, and limitations clearly signposted and accessible.

02

Evidence Base (cont.)

Industry sources—the clinical decision machine

The media I use mostly are UpToDate and *New England Journal of Medicine* for my professional life.

They're reputable and usually effective in providing the information I'm looking for."

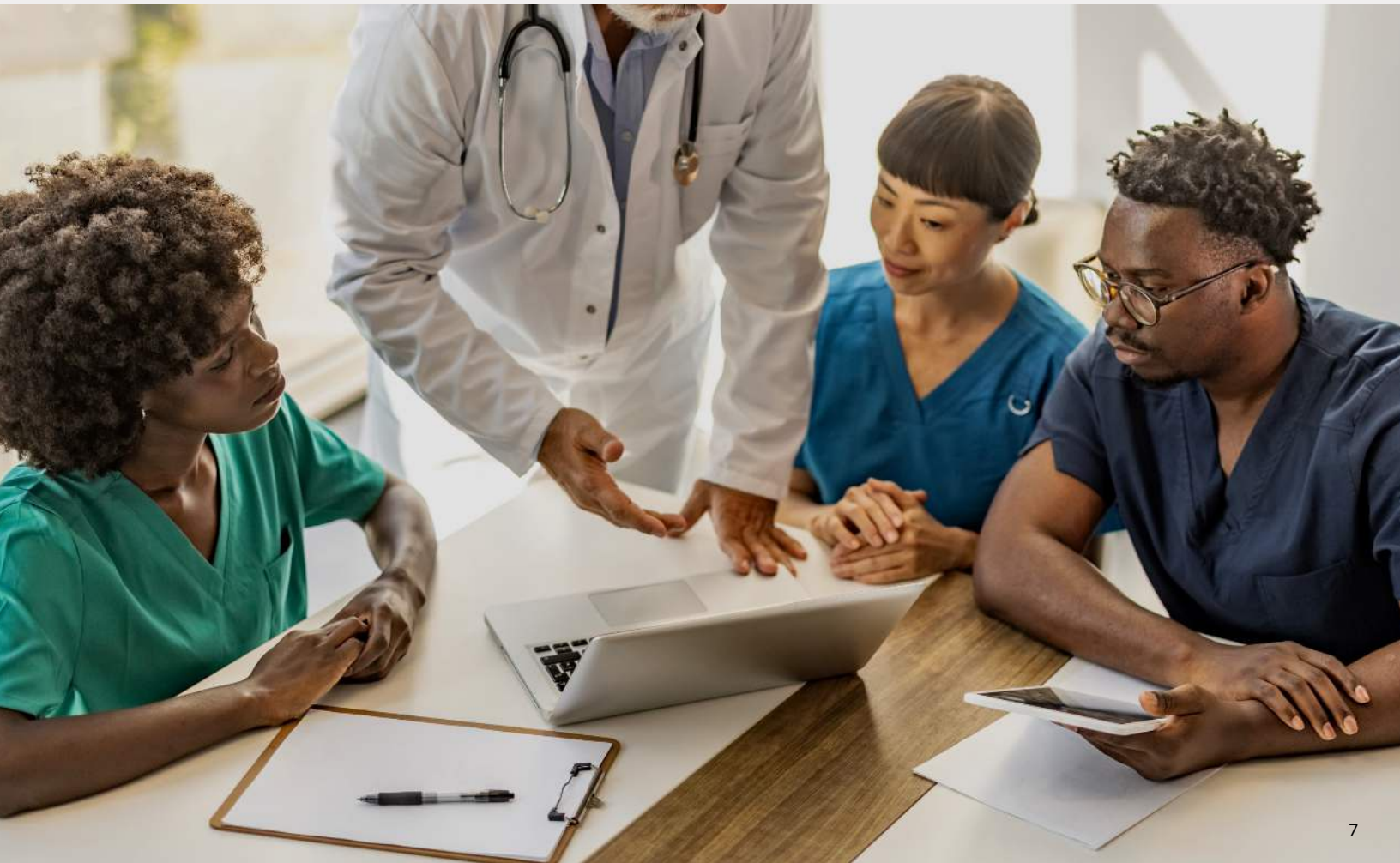
-HCP Participant

Strategic Implication:

Prioritize evidence-based placements and content formats that accelerate verification: This includes figure-first summaries, endpoint tables, and clear safety sections, paired with deep links to primary data.

Media Implication:

Use paid search and retargeting as supporting layers designed to capture intent and drive HCPs back to evidence-rich assets in those trusted destinations. Optimize to evidence-validation behaviors (engagement with study design, endpoints, safety, and limitations) rather than clicks alone.



03

Efficiency Layer

AI tools—productivity gains with conditional trust

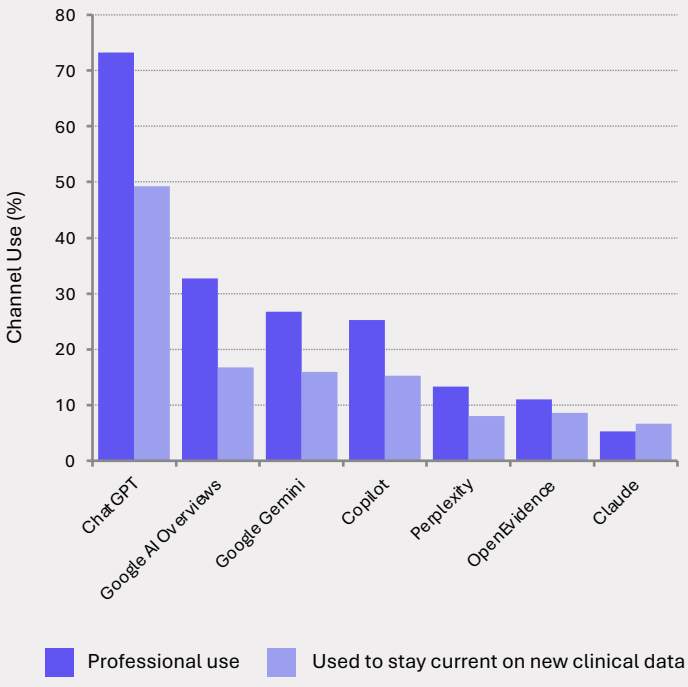
HCPs primarily use AI tools to increase productivity: summarizing dense information, drafting patient education language, and reducing administrative burden. AI is perceived as useful for staying current and is sometimes used in favor of traditional search for synthesis. In fact, physicians use both almost equally. But trust in AI content continues to be an issue.

HCPs are more likely to use AI when outputs are transparent (with citations or links) and when the experience is integrated into systems they already use. Asking HCPs to leave clinical workflows is a huge barrier to adoption.

While AI trails search in professional contexts for frequency of use and trust, the numbers are not widely disparate (4.71 vs 5.67 in frequency and 4.85 vs 4.89 in trust).

Professional AI Tool Penetration

For new clinical data, there is considerable drop-off when it comes to AI usage, indicating that when stakes are higher, AI is less of a factor.



> **I typically use ChatGPT and UpToDate, but the way I use it is much different. I question it because I'm making life-changing, life-saving decisions. And so, I have to follow up on a lot of what I'm reading."**
>
> -HCP Participant

Strategic Implication:

Make content AI-ready: consistent metadata, clear claims with citations, structured safety language, and machine-readable tables where appropriate and compliant.

Media Implication:

Use AI tools mainly to spot intent and drive visits, not as the place to deliver detailed claims. Buy condition and category search then send HCPs to evidence-rich pages on trusted clinical and publisher sites where they can quickly check sources. Retarget those who engaged with the evidence into journal, endemic, and point-of-care placements and judge success by evidence engagement (reference clicks, time on study pages, safety section views) in addition to clicks.

04

Awareness

Social media—not a primary source but a meaningful entry point to validated information

Most HCPs describe consumer social platforms as a lower-trust environment for professional learning, citing concerns about misinformation, limited peer review, and perceived bias or commercial influence. At the same time, many acknowledge social media's value for patients and note that it can be useful for creating awareness of new treatments, even if they prefer to validate details elsewhere. Some younger HCPs are more open to professional use but credibility and transparency remain important.

Consistent with this, social media scores lower on perceived trustworthiness (3.37 out of 7), yet it remains clinically adjacent because patients frequently bring social-sourced information into visits (mean 4.62 out of 7). In addition, some HCPs recall sponsored content that caught their attention and prompted them to follow up in more credible sources such as guidelines, journals, and clinical reference tools. When HCPs do engage with video for professional learning, some describe preferring structured, searchable formats such as YouTube, where educational content feels easier to navigate and revisit than short-form social feeds.

Strategic Implication:
Use social media to build awareness and prompt follow-up, then make the next step easy by linking directly to credible, referenceable sources (guidelines, journals, and medical information pages). Where video education is a priority, prioritize structured, searchable channels such as YouTube and connect content to deeper evidence and resources.

I think it could be more valuable if it was more transparent on how it was sourcing information...the integrity of the information might be helpful."

-HCP Participant

There is a significant value in providing education through social media. It is more engaging, which allows both healthcare professionals and patients to see the information as more important."

-HCP Participant

05

Awareness

Video, audio, and streaming—selective professional use but helpful for awareness

HCPs tend to be cautious about connected TV (CTV) and streaming in professional contexts, and many do not view it as a primary channel for clinical learning. That said, video and streaming can still play a role in driving awareness and prompting follow-up, especially when the message is clearly educational and points clinicians to credible sources. Physicians indicate that podcasts are more commonly used for education, particularly when content is concise and features trusted expert speakers.

Targeted on-demand education can support disease state updates, mechanism overviews, and practical treatment considerations. While CTV and OTT (Over-the-Top) show the lowest overall frequency of use (3.58 out of 7) and perceived value (3.43) for professional purposes, comfort with advertising increases when content is framed around staying up to date on clinical data (4.08).

Strategic Implication:

Invest in credible searchable video and audio formats, using CTV and streaming primarily for awareness and re-engagement. Make the next step easy by linking to deeper clinical resources, and optimize titles, descriptions, and transcripts to improve discovery, with CME connections where appropriate.

06 The Generational Divide in Digital Adoption

Our findings suggest a clear cohort pattern in how HCPs adopt and evaluate digital tools, especially AI and social platforms. Early-career clinicians tend to be more willing to try new interfaces and use emerging tools to improve efficiency, while more established clinicians apply greater scrutiny and rely more heavily on familiar validated environments.

Early-career HCPs (2–10 years in practice)

Early-career HCPs are generally more comfortable using AI in professional contexts and are more likely to treat it as a practical productivity tool. They use AI to summarize information, speed up administrative tasks, and help them stay current, and they are quicker to incorporate new digital experiences into their routines. This shows up in higher professional AI use among this cohort (5.13 out of 7). They are also more open to social media playing a professional role, particularly for networking, keeping an eye on new developments, and discovering topics they later validate through more trusted sources.

Established HCPs (20+ years in practice)

More experienced HCPs are typically more cautious with AI and apply higher standards for trust and verification before relying on outputs. They may still use AI, but they are more likely to cross-check results and reserve it for lower-stakes tasks rather than decision-critical work. Their professional AI use trends lower than early-career clinicians (4.66 out of 7 among 21–30 years in practice).

They also tend to keep a firmer boundary between personal and professional digital spaces, with social media viewed as less appropriate for clinical learning. In contrast, they lean more heavily on established clinical resources and workflows, reflected in higher frequency of professional industry-source use among mid-to-later career cohorts (5.38 out of 7 among 11–20 years in practice versus 5.10 among 2–10 years in practice).

What this means for engagement

These differences do not mean one cohort is “digital” and the other is not. Instead, they reflect different expectations about how new tools should fit into practice. Early-career HCPs adopt quickly when tools save time and reduce friction. Established HCPs adopt when tools are reliable, transparent, and clearly integrated into existing workflows.

Strategic implication:

Design and channel choices should meet both cohorts where they are. Tools and experiences need to be intuitive, credible, and easy to validate for established clinicians, while still being efficient and modern enough to meet the expectations of early-career HCPs who are adopting new interfaces faster

A Practical Playbook for Pharma Marketing Leaders

Playbook	What the Findings Suggest	Practical Actions for Marketers and Communicators
Assign each channel a clear job	HCPs start with search, validate with industry sources, use AI for efficiency, and treat social/streaming as awareness.	Define the job for each channel in the plan (orientation, validation, efficiency, awareness). Stop trying to "prove" in awareness channels. Ensure every channel points to the next best place to validate.
Design for validation first	When decisions matter, HCPs return to gold standard sources because they can assess evidence quality and applicability.	Build an "evidence-first" content spine: study design, population, endpoints, safety/AE, limitations, applicability. Make it easy to scan. Link to primary sources wherever possible.
Make search the front door	Search is the most frequent starting point and often leads HCPs to more credible sources for confirmation.	Treat paid search as the entry point then route to evidence-rich landing pages. Build pages around clinician questions and include fast links to PI, studies, guidelines, and references.
Use AI as an efficiency layer, not proof	AI is used for summarization and productivity, but trust is conditional and drops for new clinical data.	Package evidence in structured, referenceable formats that are easy to summarize and verify. Make citations and source links prominent. Avoid relying on AI outputs as standalone support for clinical claims.
Use social and streaming for awareness and re-engagement	HCPs are skeptical but acknowledge exposure and usefulness for awareness. Patients bring social content into visits.	Use social/CTV to increase awareness and prompt follow-up. Always provide a clear path to credible sources (guidelines, journals, medical pages). Keep the message simple and point to the "where to validate" destination.
Build professional education where HCPs actually learn	HCPs use YouTube and podcasts more for education when content is concise and credible.	Invest selectively in searchable video/audio education with credible speakers. Optimize titles/descriptions /transcripts for discovery. Connect to deeper resources and CME where appropriate.
Account for cohort differences without splitting the strategy	Early-career HCPs are more comfortable with AI and new interfaces; established HCPs prefer proven workflows and higher scrutiny.	Keep one evidence backbone but vary the entry experience. Offer quick summaries with clear links to full detail. Make navigation intuitive and consistent for established clinicians.
Measure evidence engagement, not clicks	"Trust" shows up as verification behavior, not just exposure.	Track evidence actions: reference clicks, time on study sections, safety/AE views, PI access, repeat visits, follow-up resource downloads. Use these signals to optimize and sequence media.

As the ecosystem of tools and resources expands, attention becomes harder to earn and easier to lose. The next wave of impact will come from making information easier to find, faster to absorb, and more immediately useful in practice.