

WHITEPAPER 

THE NOW & THE NEXT IN PHARMA MARKETING

Presented by
Intouch Group & DHC Group

INTOUCH  GROUP®

 **DHCGROUP**

ABOUT

THE METHODOLOGY AND WHITEPAPER SPONSORS

About the Research – Methodology

In the fall of 2020, Intouch Group and DHC Group partnered to undertake quantitative and qualitative research to explore how the COVID-19 pandemic has impacted — and continues to impact — pharmaceutical sales and marketing. In October and November of 2020, interviews with 22 senior-level stakeholders were conducted; surveys were fielded to 33 pharma executives and 250 physicians; and thought leaders provided extensive input in order to complete this report. The physician survey included only those who are actively seeing patients, either in-person or online, in the specialties of primary care, dermatology, gastroenterology, neurology, rheumatology, hematology, and oncology.

Intouch Group and DHC Group would like to express their sincere thanks to the thought leaders [see page 68] who generously contributed their time and expertise to this whitepaper.

About Intouch Group



Intouch Group is a privately held full-service agency network, providing creative and media services, enterprise solutions and data analytics globally through seven affiliates in eight offices,

including Intouch Solutions, Intouch Proto, Intouch International, Intouch Media, Intouch B2D, Intouch Analytics and Intouch Seven. Collectively, Intouch Group employs more than 1,000 people. With a dedication to the life sciences, Intouch Group operates with the belief that there is no challenge too big to cure. Contact Intouch Group at info@intouchg.com or visit them on the web at intouchg.com.

About DHC Group and the Digital Health Coalition



DHC Group is a privately held network providing content, media and event services to global clients. The DHC Group preserves the legacy of the Digital Health Coalition, a nonprofit educational think tank formed in 2011 to serve as the collective voice for the discussion of issues relevant to digital marketing of healthcare products and services. Expanding on the scope and mission of that original project by industry thought leaders, the DHC Group provides existing and new clients with a mix of services and thought-leadership opportunities. Contact DHC Group at info@thedhcgroupp.com or visit them on the Web at thedhcgroupp.com. Learn more about the Digital Health Coalition at digitalhealthcoalition.org.



Copyright © Intouch Group and DHC Group, 2020.
All rights reserved.

Citation reference: Intouch Group and DHC Group. 2020, Dec. The Now & The Next in Pharma Marketing.

This whitepaper is intended to provide opinions, perspective, and forward-thinking insights into a situation that is rapidly and constantly evolving. This report reflects information and data that was available as of December 2020. For updates to this data or a further evolved perspective, please contact the authors. Nothing in this document should be construed as legal advice.

CONTENTS

1	INTRODUCTION	05
2	SECTION 1: RETHINKING THE WAY PHARMA ENGAGES HEALTHCARE PROFESSIONALS	13
3	SECTION 2: EMBRACING OPPORTUNITIES AT THE POINT OF CARE	30
4	SECTION 3: STEPPING UP SUPPORT FOR PATIENTS	49
5	CONCLUSION	66
6	ACKNOWLEDGEMENTS	68
7	CONTACT	69
8	ADDITIONAL RESOURCES	70

INTRODUCTION

A LOOK AHEAD

In May 2020, Intouch Group and DHC Group released a trailblazing whitepaper, **The Aftermath: COVID-19 Insights & Recommendations — How the Pandemic Will Forever Change Pharma Sales & Marketing**. It was the most comprehensive, forward-looking report on the topic to date.

We were thrilled with the positive response, knowing we helped hundreds of our clients, partners and other pharmaceutical marketers prepare for the short- and the long-term business implications of the unprecedented COVID-19 pandemic. Since then, countless reports have been written and reams of industry data have been published on the impact of the virus on the pharmaceutical industry.

Less a follow-up to our original report and more a detailed, deeper dive, this new whitepaper, **The Now & The Next in Pharma Marketing**, sets out specifically to explore practical solutions for the challenges that pharmaceutical commercial organizations continue to face. Here, we help you evolve your commercial strategy with new research insights, practical solutions and proven tactics to implement now, even as COVID-19 vaccines are being approved and an "end" to the pandemic seems to be in sight for 2021.

What can pharmaceutical marketers do NOW to effectively engage their audiences, and what should they be thinking of NEXT?

Throughout the pandemic, as an industry, we have pivoted — and we have learned a tremendous amount about ourselves, our audiences, what works, and what doesn't. What approaches have biopharmaceutical companies implemented successfully in order to maintain prescriptions? How are these companies rethinking and retooling their sales forces in order to effectively engage healthcare professionals (HCPs)? Where does technology and telemedicine stand in the mix now, and how can a marketer optimize its use moving forward? How can brands become the patient's partner in the new treatment journey? What can pharmaceutical marketers do NOW to effectively engage their audiences, and what should they be thinking of NEXT?

"Pharma needs to turn what was a very smart, fast patchwork of change into something that becomes sustainable, durable and scalable, and start supporting HCPs in a complete shift in paradigm," said Ariel Salmang, Managing Director, Intouch International. Now is the time to reinvent strategies to overcome challenges and improve outcomes.

From Denial to Doubling Down on Disruption

Through research, surveys, and stakeholder interviews — and especially working directly with more than 150 life science brands of varying stages and sizes — **Intouch has seen a broad spectrum of acceptance spanning two opposing mindsets about how the pandemic is impacting businesses:**

“*Things will return to normal soon.*”

The business implications of the COVID-19 pandemic, while disruptive, are just temporary.

“*Things will never be the same again.*”

The COVID-19 pandemic is changing the landscape before our eyes and will forever transform pharmaceutical marketing.

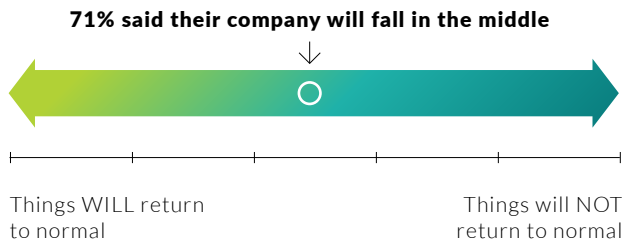
“THINGS WILL RETURN TO NORMAL SOON.”

Some organizations and commercial leaders struggled to accept the seismic shifts that were happening around them. Even as the months wore on, these organizations resisted the idea that pivots would be required to thrive in the COVID-19 world and its aftermath. We found these organizations continued to rely heavily on their salesforce relationships with healthcare professionals. They refused to explore new channels and new means of reaching patients and payers. They didn't make the effort to obtain and analyze new market research or other data points to truly understand the impact of the pandemic on their audiences or their brand. Some leaders we interviewed acknowledged that the need for speed made it difficult to pause and gather the required intelligence.

“THINGS WILL NEVER BE THE SAME AGAIN.”

Other organizations saw the pandemic as an opportunity to reframe how decisions were made; they dug deep and discovered they had an ability to shift with the times in a way they never knew possible. They chose to explore rapid innovation. They reinvented the customer experience. They tested, learned, and evolved in order to set their brand up for success over the long haul. Many — if not most — doubled down on the potential of technology and its ability to bridge the newly formed relationship gaps. These leaders understand the commercial organization's priorities — many of which include an expedited road to digital maturity.

Figure 1. A Broad Spectrum of Belief



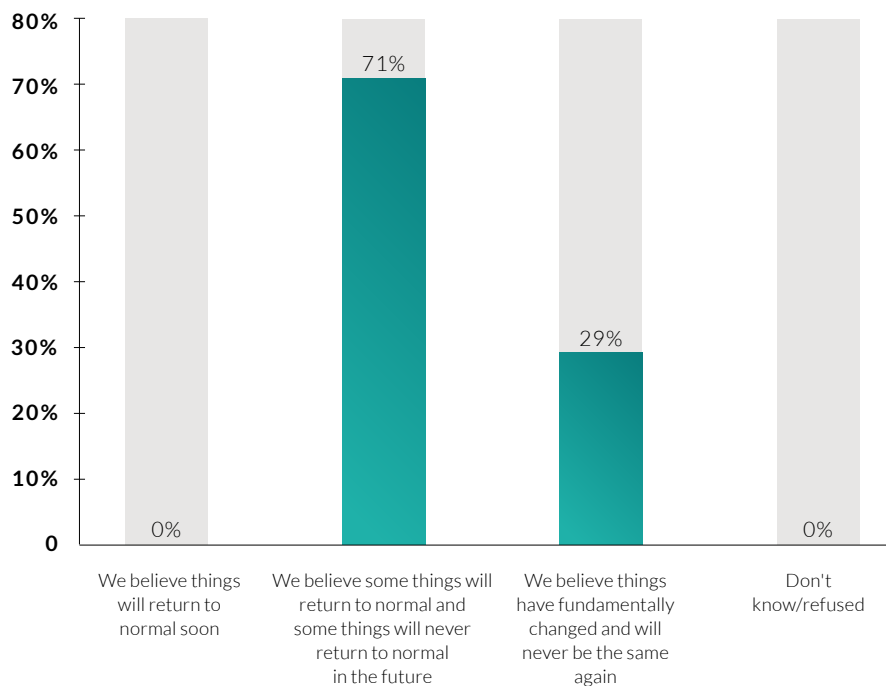
Where do you, your leadership, and your organization fall within this spectrum? Is this where you think you should be?

Reality, as with many things, likely falls somewhere in the middle of this spectrum and, we found, is dependent on many factors surrounding the brand, including disease state, lifecycle stage, and patient/HCP dynamics. When we surveyed pharmaceutical marketers on the topic, most (71%) reported their company fell in the middle of the spectrum (Figure 2), indicating “some things will return to normal and some things will never return to normal in the future.”

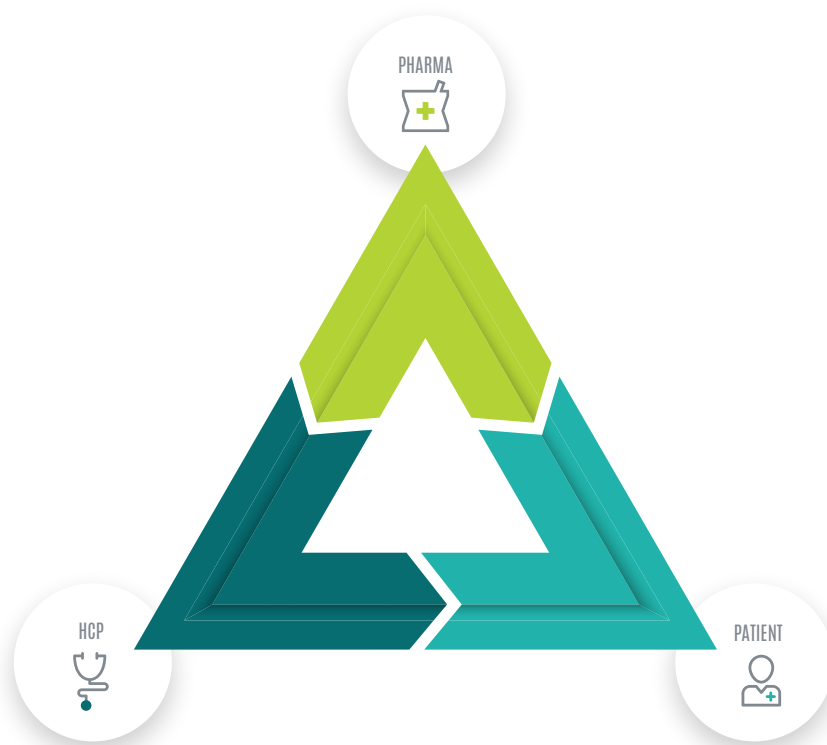
Understanding where your organization falls within this spectrum will help you understand where you need to set your goals and concentrate your efforts the most.

Some things will return to normal and some things will never return to normal in the future.

Figure 2. Pharma's Reaction to the COVID-19 Pandemic/Impact on Business



Source: DHC Pharmaceutical Survey, Oct. 2020



COVID-19's Impact on Key Relationships

Through primary and secondary research, industry and other stakeholder interviews, and the collective input from experts at Intouch Group and DHC Group, we explore the possibilities to positively impact the relationships and the flow of information between key audiences — between pharmaceutical manufacturers and healthcare professionals, manufacturers and patients, and at the point of care: between the physician and the patient.

A common theme throughout this exploration was a renewed and fervent focus on digital channels to reach key customers. With face-to-face interactions largely on hold, reps aren't seeing physicians at nearly the same rate as before, physicians are missing their peer-to-peer interactions, and patients are not going into their doctors' offices for treatment. In most cases, marketers have sought or implemented ways in which technology could help fill these communications gaps. We have seen an unprecedented reliance on technology out of necessity. Thanks to the pandemic, sales and marketing

organizations and even physicians' practices are feeling the pain of lagging behind in their own digital transformations. The further along they were in their transformation journey, the less pain was felt and the easier it was to pivot.

Processes, communication, the standard system of providing healthcare, and especially relationships, have all been disrupted. We continue to live and work in a constant state of evolution and uncertainty. What has remained steadfast is the importance of connections, relationships, and the flow of Information between pharma, professionals, and patients.

"What we are feeling now are the effects of a historic over-reliance on the sales rep channel to the detriment of digital channels. Globally, we are seeing digitally-savvy brands fare better."

— Kristin Milburn, Global Head of Digital Health Partnerships, Healthware Group



How to Use This Whitepaper

We've organized this report based on those key relationships: pharma-to-professional, professional-to-patient, pharma-to-patient. Each section examines the current state, supported by proprietary and secondary facts and figures, as well as input from stakeholders.

If the reader is short on time, they can flip to the end of each section, which dives right into the practical, tactical answers — key takeaways and solutions you can implement today. A short executive summary also follows which will be helpful for those looking for the “Cliff’s Notes” version.

Executive Summary

SECTION 01

RETHINKING THE WAY PHARMA ENGAGES HEALTHCARE PROFESSIONALS

Rep access, while not nonexistent, continues to struggle to rebound, and will likely never be what it once was. Connecting digitally has become the norm for HCPs and reps.

Sample access has suffered, but temporary guidance has helped. New digital tools are emerging for physicians to obtain samples, and it’s likely some of these changes will remain in the long term.

Nothing will ever fully take the place of reps, but a **digital mindset** is a must for reaching HCPs moving forward.

Practical solutions for rethinking rep access include:

- Provide HCPs with **more self-service options**, using technologies such as myVeeva and OptimizeRx.
- Find the middle ground between non-personal and personal promotion by creating “**personal digital**” experiences.
 - Implement personal digital sales training.
 - Augment rep reach with media.
 - Begin the move to modular content.
 - Leverage integrated technologies to create connected experiences.
 - Prioritize data to understand customers and bridge the gap in a reduced-access world.
- Move to **entirely new sales force models** — in some cases, models that have never been attempted or implemented.
 - Break down organizational siloes that hinder progress.

- Rethink the role of the rep, shifting from a sales message to a concierge service model.
- Focus the sales forces' efforts on the customers that matter most.
- Revisit incentive structures to match the new methods of operation.
- Accommodate individual HCPs' preferences regarding in-person and virtual engagements.
- Rethink target lists to identify an even more narrow definition of high-value customers, and align them to your field force. Better leverage analytics to identify whether KPIs are driving the business.
- As sales organizations introduce more channels, integration points, and support offerings, they need to understand how each channel is contributing to a sale.
- Manage organizational change in order to break down barriers, be more agile, and transform the organization to remain effective within this ever-changing landscape.

SECTION 02

EMBRACING OPPORTUNITIES AT THE POINT OF CARE

Telehealth

It's not perfect, but **telehealth is here to stay**, and opportunities abound for pharma to make the most of it.

New-to-brand prescriptions (NBRx), new prescriptions (NRx), and total **prescriptions (TRx) have all fallen**, while refills remain flat.

Practical solutions to decrease delays in care include:

- Stress the need to treat by reminding patients and caregivers to prioritize their health.
- Go above and beyond to remove barriers to seeking treatment, which can include fear of the virus, mistrust of the system, transportation, and affordability, among others.
- Identify and address barriers to patients' use of telemedicine – especially those related to financial, mental, and physical obstacles.
- Help patients afford their medication.
- Enable a truly turnkey online experience, emulating or leveraging services such as [hims](#), [Ro](#), and [Populus](#).
- Improve remote visits by enabling easier access, providing technology training, and supplying remote-friendly patient-education materials.
- Help HCPs understand the benefits of telehealth to them.

EHR/EMR

EHRs/EMRs represent threats and opportunities to pharmaceutical companies. Physicians find them frustrating, and treatment protocols are being enforced through them.

Practical solutions for overcoming EHR/EMR obstacles include:

- EHR/EMR solutions can deliver treatment-specific information to providers at precisely the point at which they are discussing diagnoses, planning treatment, and prescribing.
- The incorporation of artificial intelligence into EHRs/EMRs holds great promise; pharma can seek collaborations to explore innovation in this area.
- Pharma can provide key treatment information such as dosing directly to HR/EMR systems through Health IT.

Peer-to-peer Exchanges

Peer-to-peer exchanges between professionals, e.g., medical conferences, symposia, speaker programs, and more **have morphed almost entirely into the digital realm.**

Practical solutions for making the most of peer-to-peer in a pandemic include:

- Think beyond physicians to reach other clinicians whose importance continues to rise: NPs, PAs, and nurses.
- Rethink conferences as fully interactive, virtual experiences; stimulate engagement by incorporating digital experiences.
- Make speaker programs more engaging by setting expectations, choosing the right host, personalizing the experience, and polling.
- Give them a "wow factor" program to remember with an immersive virtual- and mixed- reality experience.
- Fill gaps in between events with MSL tactics.

SECTION 03

STEPPING UP SUPPORT FOR PATIENTS

Patients continue to experience a heavy financial burden, widespread unemployment, and insurance vulnerability. A reluctance to visit healthcare facilities to receive care — while improved since spring shutdowns — persists, causing a disruption in **new prescription patterns.**

Companies must **shift the way they think about DTC.** There is a new (and needed) opportunity for pharma to become the patient's true partner along a new diagnosis-to-treatment journey.

Reassess to Understand the Patient's New Journey

Marketers should review their latest data, social listening, and research to **understand the disrupted path to prescription** and, from that, create new patient journeys.

Practical solutions for reassessing the patient journey include:

- Mine new data to identify, understand, and respond to new barriers; leverage advanced analytics to garner deeper insights.
- Create new customer journey maps to gain insights into common customer pain points, identify opportunities to improve the patient experience, and to create a springboard for thinking to address key challenges.
- COVID-19 has highlighted the importance of a dynamic, tailored approach to marketing. Relevancy is key to getting patients' attention, and to be relevant today, organizations must embrace data and agility.
- Look outside the pharma industry for analogs to improve the patient journey, including Amazon, Chewy.com, and fast food chains.

Enhance Patient Support Services Programs

Pharmaceutical commercial organizations should continue to seek ways to further support patients by **enhancing their PSPs and simplifying enrollment.**

Practical solutions for enhancing patient services include:

- Increase awareness of patient programs, including within the telehealth workflow.
- Reduce and streamline steps to enrollment.
- Enrich patients' experience with technologies such as DocuSign for signatures.
- Encourage use of home monitoring and home diagnostics.
- Provide white-glove patient services earlier in the patient journey.

Reconsider Media Strategies

Pharmaceutical marketers **increased their DTC media spending** in 2020, and indicators show this **increase has been effective**.

There are **opportunities to rethink the way media — especially television — is used** in the marketing mix.

Practical solutions for new media approaches include:

- Use media to maintain share of voice and drive to NBRx, using data to guide investment decisions.
- Consider leveraging DTC media to support adherence as well.
- COVID-19 brought about sweeping changes in media consumption. To win in this new world, pharma must be more proactive, adaptive, and open to new planning ideas.



RETHINKING THE WAY PHARMA ENGAGES HEALTHCARE PROFESSIONALS

SECTION 01

COVID-19 is redefining the pharma-HCP relationship, right before our eyes — largely due to limited face-to-face access.

Sales rep access to hospitals and physicians' offices varies widely by region, specialty, and individual physician, and waxes and wanes with waves of virus outbreaks. Our surveys uncovered shifts in physician attitudes regarding rep access over time. Organizations are faced with the challenge of predicting what their "new normal" may eventually look like, and accepting that it may include more digitally based interactions than before.

"The solution for fewer interactions between HCPs and reps is not more of the same. Pharma needs to rethink engagement in terms of quality, not in terms of frequency."

– Ariel Salmang, Managing Director,
Intouch International



Rep Access: Then, Now, How, and Next

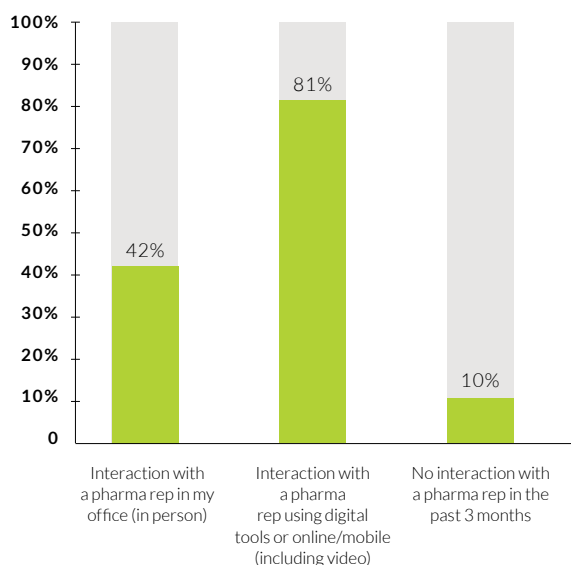
Access to HCPs continues to be an issue. From the two surveys of healthcare professionals that Intouch/DHC fielded in Q2 and Q4 of 2020, 90% of physicians surveyed in Q2 reported decreased time with sales reps, and 96% surveyed in Q4 reported the same.

When surveyed on their interactions with pharma sales reps in the past three months, 42% of physicians reported they had interacted with a rep in person, and 81% reported they had interacted with a rep online. Ten percent had not interacted with a rep in the past three months at all (Figure 3).

Pharmaceutical executives who were surveyed reported similar levels of access for their field forces, with the majority (53%) reporting overall limited access by region (Figure 4).

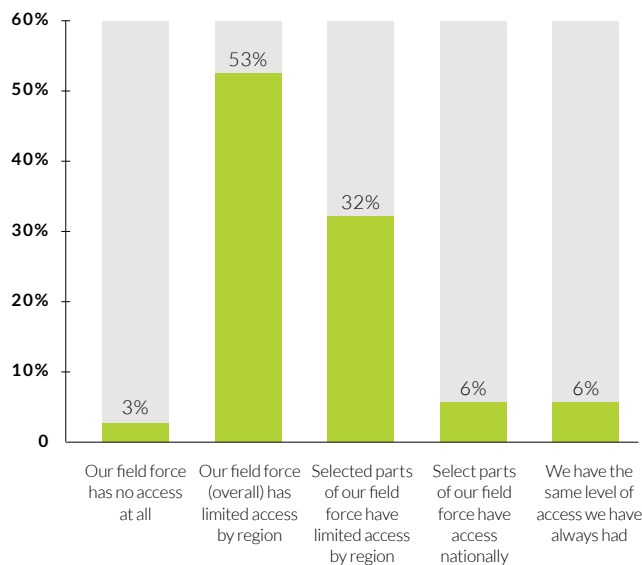


Figure 3. Physician Interaction With Reps in the Past 3 Months



Source: DHC Physician Survey, Oct. 2020

Figure 4. Ability of Sales Force to Access Physician Offices in Oct. 2020



Source: DHC Pharmaceutical Survey, Oct. 2020

How are reps connecting with physicians now, according to our survey of physicians across specialties? Overwhelmingly, by email. And — somewhat surprisingly — often, by texting (Figure 5).

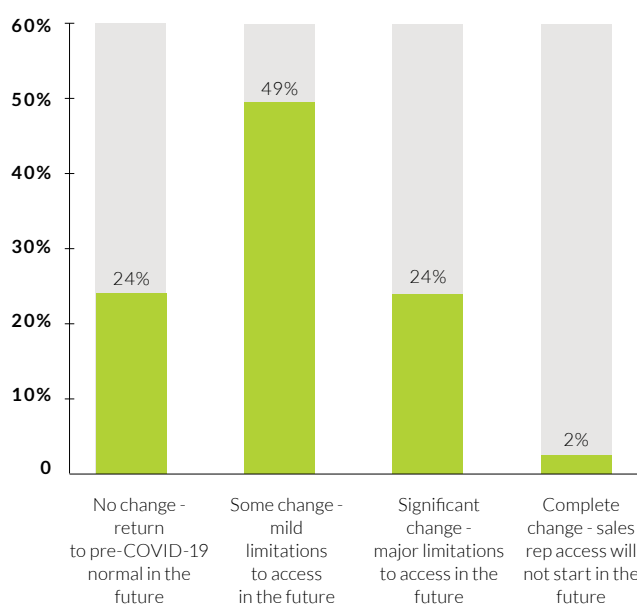
“Some companies went a little overboard and didn’t think about balance,” pointed out one anonymous marketer at a major U.S. pharmaceutical company. “I know a few companies (not us) decided to flood physicians with too much email. And they paid the price because physicians started opting out.” Sometimes, too much of a good thing is not a good thing at all.

Intouch partner Healthware Group interviewed dozens of physicians across Europe this fall and reported similar findings — busy physicians had been receiving an overabundance of emails and requests to join too many Zoom meetings.

When physicians were asked to look forward and predict shifts in pharmaceutical sales rep access in a post-COVID-19 setting, compared with the current state, nearly half (49%) expected some level of

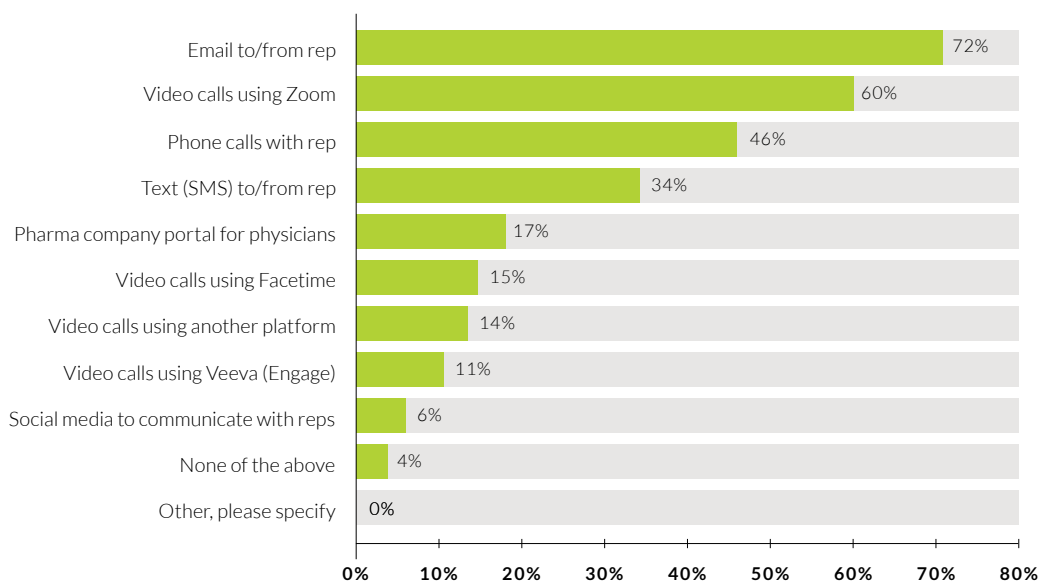
change, while one quarter of them (24%) expected “significant change,” and another quarter (24%) expected “no change” (Figure 6).

Figure 6. Post-COVID-19 Change/Limitations in Sales Rep Access



Source: DHC Physician Survey, Oct. 2020

Figure 5. The Tools Currently Being Used by Physicians to Connect With Sales Reps



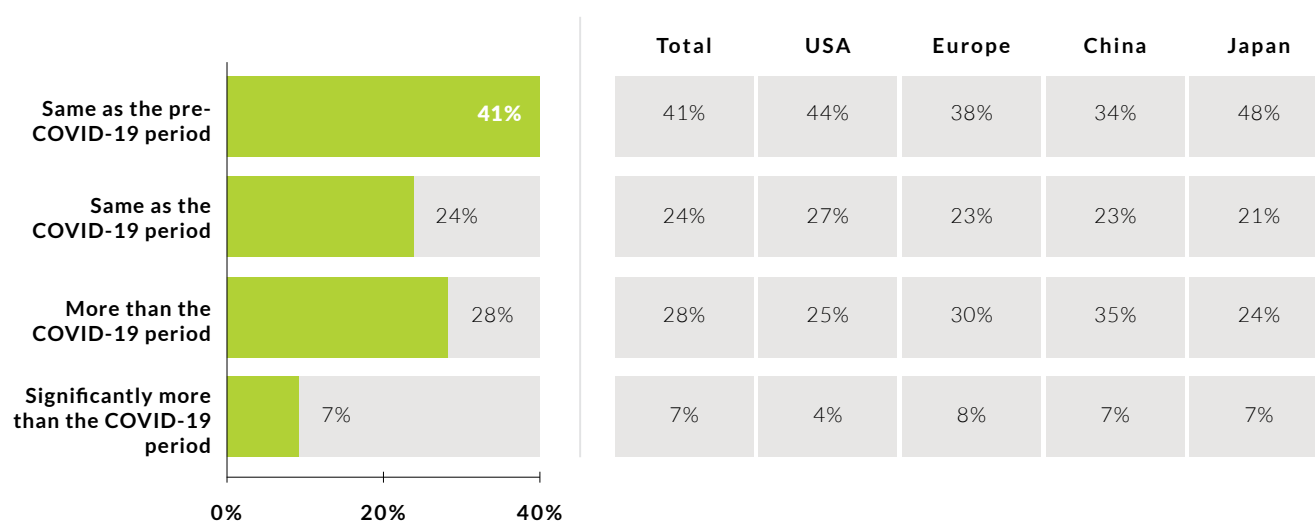
Source: DHC Physician Survey, Oct. 2020

According to a December 2020 survey conducted by Sermo, physicians vary in expectations of how the number of future conversations with sales reps will change. Fifty-two percent of physicians believe that rep-to-HCP interactivity will remain lower than pre-COVID (Figure 7).

In the same survey, more than 60% of physicians reported believing that reps will only have partial access to HCP in-person conversation after restrictions due to the pandemic have been lifted (Figure 8).

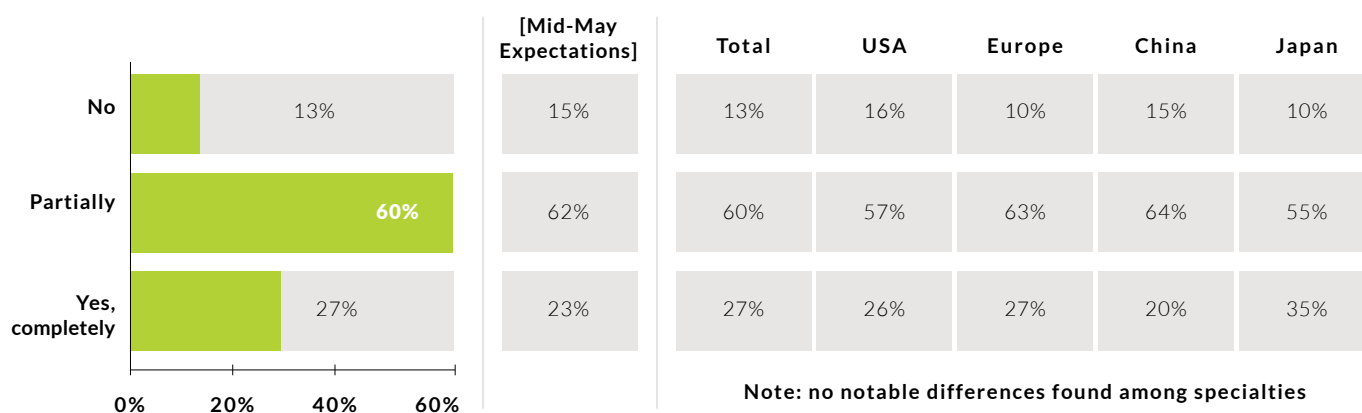
While not all of the news is bad, and the future of rep access looks brighter than in the spring of 2020, it's clear that commercial organizations cannot simply rely on the idea that everything will return to normal.

Figure 7. Physician Expectations of the Change in Number of Rep Conversations After Restrictions Lift



Source: Sermo

Figure 8. Physician Expectations of Reps Being Allowed In Office Once Restrictions Lift



Source: Sermo

SAMPLE ACCESS SUFFERS

Because reps weren't able to visit physicians' offices, they weren't able to deliver one of the offerings HCPs value most: product samples.

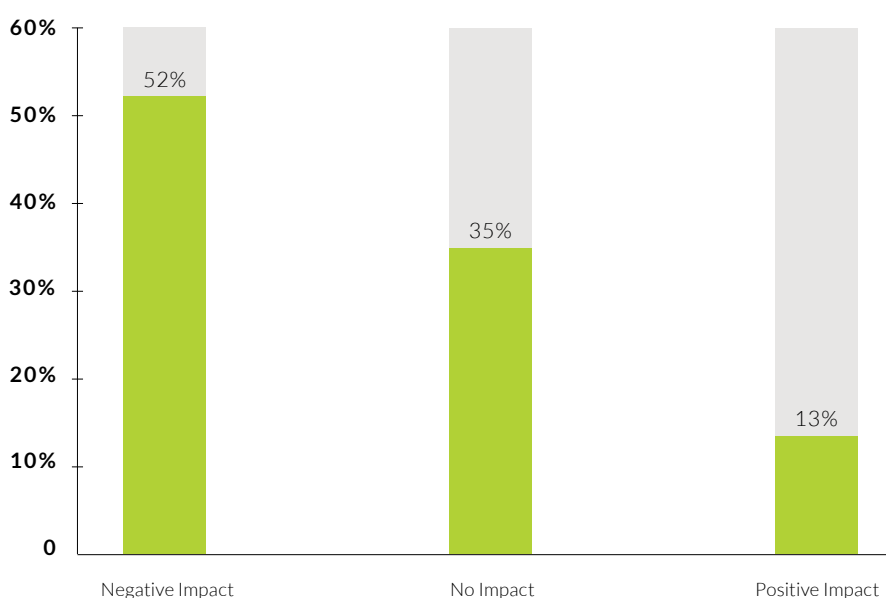
When asked how prescription product sampling had been impacted by physicians' access to pharma sales reps (in-person or online/mobile), more respondents — 52% — reported it had a negative impact (Figure 9).

While physicians could still request samples from reps via virtual visits, delivery was a challenge — from reps to HCPs, who were either practicing from home or from a locked-down office, and from HCPs to patients, since many HCP-patient interactions were virtual.

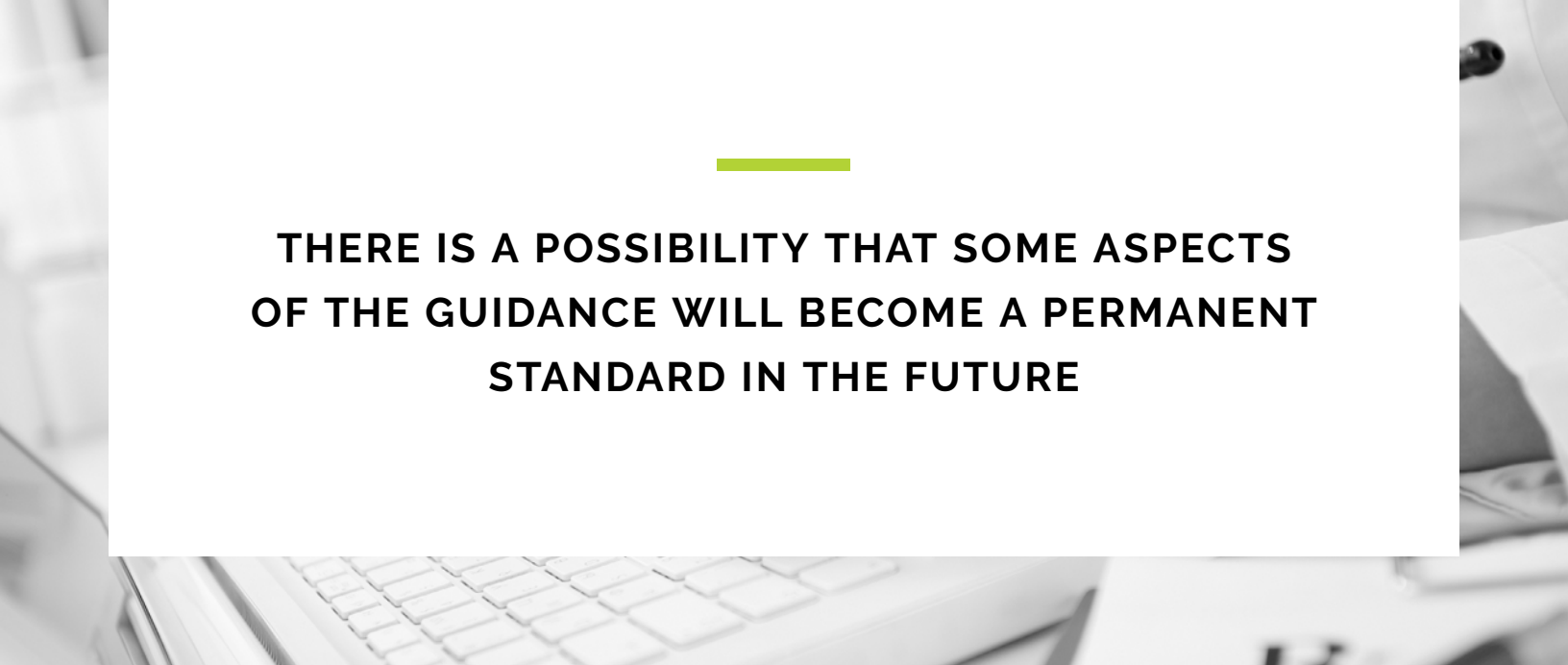
To counteract the impact that a reduction of HCP/rep interaction had on sampling, organizations explored methods of incorporating sampling requests and signoffs into virtual meetings between reps and HCPs. In order to assist in efforts to overcome sampling challenges, Veeva incorporated electronic signature capture into its Veeva Engage Virtual Meeting platform and has plans to expand support for signature capture in other non-Veeva platforms such as Microsoft Teams and Zoom meetings by the beginning of 2021.

On June 8, 2020, the FDA issued a [temporary guidance](#) to address challenges in sample delivery. The guidance focused on delivery location and the method of receipt verification.

Figure 9. How Limited Access to Reps Impacted Rx Sampling



Source: DHC Physician Survey, Oct. 2020



THERE IS A POSSIBILITY THAT SOME ASPECTS OF THE GUIDANCE WILL BECOME A PERMANENT STANDARD IN THE FUTURE

Previously, product samples had to be requested in writing by a licensed practitioner, delivered directly to the licensed practitioner, and a written receipt of delivery had to be executed once the sample was received. Under the new guidance, a request for samples is still required in writing by a licensed practitioner; however, instead of having the samples delivered to the practitioner's office, samples can be delivered via mail/other common carrier directly to the practitioner's residence or the patient's home. In addition, the guidance recognizes the need to allow for alternative methods of obtaining receipt of delivery when samples are delivered via mail or delivery services.

It is yet to be seen whether the FDA's new guidance on sampling will be temporary or adopted long-term. Like many changes that have been implemented during this time, there is a possibility that some aspects of the guidance will become a permanent standard in the future. "HCPs still want and need samples. Reps previously would provide samples, but now this model has changed," said an anonymous pharmaceutical executive. "We need to rethink how we provide samples based on HCP preferences. Some will still want the rep to provide them, where they can, and others will want an easier, digital means to obtain them. This means we

may need to rethink our tech stack to accommodate HCP preference."

The leeway granted by the temporary guidance creates an opportunity for pharmaceutical manufacturers to further integrate sampling into patient onboarding and support programs, which in turn could accelerate patient adoption and adherence to prescribed treatment plans — all leading to better patient outcomes.

"We're going to see tools come out that make it easier for doctors to give samples to patients, sending directly to their house. That's great value and gets rid of the Sunshine issues and layers of complexities," said William Febbo, CEO, OptimizeRx. OptimizeRx is a digital health and communications platform that links life sciences, physicians, and patients together.

"We're going to see tools come out that make it easier for doctors to give samples to patients, sending directly to their house. That's great value and gets rid of the Sunshine issues and layers of complexities."

— William Febbo, CEO, OptimizeRx

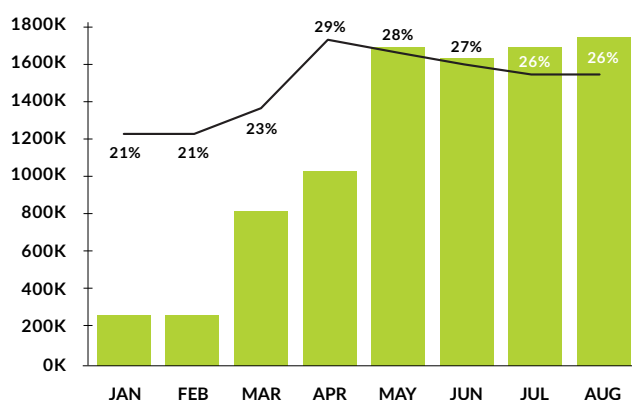
Is a Pandemic an Obstruction to Progress — or an Opportunity?

At the inception of the pandemic and its resulting shutdowns, the abrupt and immediate reduction in access to HCPs led pharma companies to focus on implementation of rapid tactical approaches to help minimize the impact. Sales and marketing organizations made fast moves to “digitize everything,” to augment content that already existed, and/or to quickly equip reps with new technology and tools that allowed for distance delivery of existing sales materials. Companies shifted quickly to establish processes for sales teams who had never worked from home, converted existing content to virtual interactions, and trained field forces on how to have impactful remote discussions.

"Organizations like us quickly realized that their employees, and specifically their reps, needed to swiftly progress into a new digital era," explained an anonymous pharmaceutical executive. "Thus, the company shifted their commercial training activities to focus on digital — to train, educate, and help reps become adept in this new environment. And it wasn't a one-and-done activity, but rather an ongoing effort to shift the culture and the organization forward."

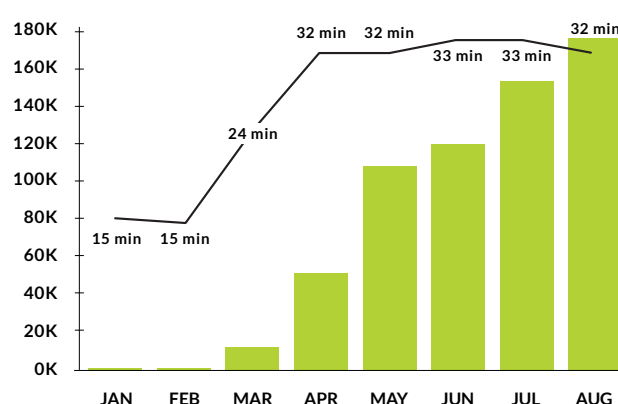
Veeva Systems saw use of its digital and virtual platforms explode. As of October 2020, the company reported an increase of 553% of sent Veeva Approved Emails with an average open rate of 26% (Figure 10) and an increase of 1296% in the use of Veeva Engage Virtual meetings (Figure 11), with an average meeting time of 32 minutes.

Figure 10. U.S. Veeva Approved Email Activity Trends



- Post-COVID-19, Approved Email has become an everyday tool with an exponential increase.
- Open rates have come down from the April/May highs, but remain high in terms of quality and level of engagement.

Figure 11. U.S. Veeva Engage Meeting Trends



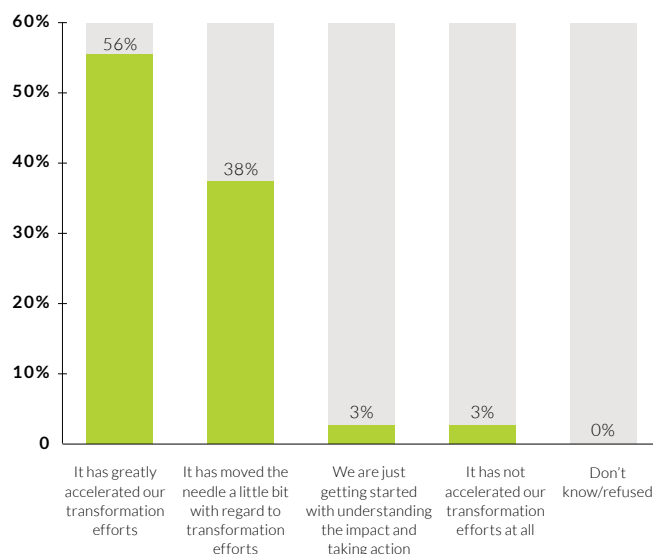
- Call duration has dropped in the post-COVID time period from pre-COVID timelines, suggesting medical is having shorter, more concise conversations.
- As adoption grows and is sustained, Engage Meeting is now an everyday tool for many reps.

SOURCE: *The future of engagement model through digital excellence*, 10-07-2020, Andy Fuchs, VP of Commercial Strategy & Dan Rizzo, VP of Global Business Consulting – Veeva Systems

During stakeholder interviews, we heard a number of participants praise pharma's ability to rapidly adopt and make changes within their organization, and that they are hopeful for their future to continue to do so. "You will see in 12 to 18 months a more native and integrated digital ecosystem. We will selectively bring in and curate the things that worked well and that we love, digitally," predicted Dan Seewald, Founder and CEO, Deliberate Innovation.

Fifty-six percent of the pharmaceutical executives surveyed reported that COVID-19 has accelerated their digital transformation efforts and strategies (Figure 12).

Figure 12. How COVID-19 Has Accelerated Digital Transformation



Source: DHC Pharmaceutical Survey, Oct. 2020

But what is perceived as an ability to pivot versus *real transformation* may vary widely. In reality, many organizations chose to do the same things — only slightly differently — as opposed to the exploration of all-new, alternative methods of achieving results. For example, some companies moved to provide reps with personal protective equipment (PPE), anticipating

“Even the crisis of a pandemic didn’t convince every pharma to rethink their sales force strategy.”

— Mark Bard, Co-founder, DHC Group

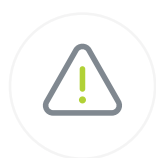
that in-person calls would resume. The mindset still persists; today we hear from physicians frustrated with reps who arrive in their office unannounced and without respect for safety protocols — as if they didn’t realize the world is in the midst of a pandemic and things were still “normal.”

Early on, we witnessed that the effective adoption of newer technologies was challenged by limited sales force training and HCPs’ (un)willingness to interact with reps virtually. Content that was previously developed for in-person delivery didn’t always translate well in the new virtual environment. Most organizations lacked the skills and know-how to create content that was appropriate for virtual delivery — content that could be adapted quickly based on customer expectations and was leverageable across multiple channels.

“There is a lesson to be learned here about making the switch to digital,” pointed out David Davidovic, Founder, pathForward Strategic Consulting. “Marketers mistakenly believed that going virtual with rep-customer interactions would be an easy thing to do — just a matter of turning on the technology. There has been a realization that reps or MSLs who may have had great skills at interacting with HCPs in person are not as capable in a virtual world.”

When it came to pharma companies’ ability to pivot to address the lack of rep access early on — particularly in their ability to leverage technology to do so — we saw most companies generally fall into three categories (Figure 13). Most organizations we interviewed had vague aspirations for a sales force evolution or revolution, but few had a clear vision or plan.

Figure 13. Addressing Access: Three Categories of Response



CATEGORY 1

WAIT-AND-SEE'ERS

Companies That Waited to See What Others Did, or Waited for Things to Return to "Normal"

- Resistant to change
- Trusted in a swift end to the pandemic that didn't happen
- Haven't evolved their business models to meet today's challenges
- Reps are stagnant and are not being granted access in person or online

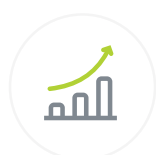


CATEGORY 2

TECHNOLOGY JUMP-STARTERS

Early Adopters Who Tackled the Access Problem as a Technology Challenge

- Implemented new technologies immediately
- Trained the sales team and set them loose
- Adoption and impact are lacking
- Sales teams are not meeting required customer touch frequency



CATEGORY 3

BUSINESS TRANSFORMERS

Early Adopters Who Realized the Pandemic Represented a Business Transformation Opportunity

- Saw opportunities to rethink operations, use of data, etc.
- Shifted from brand-centric to a service model where all channels were integrated
- Adopted an innovation mindset to iterate quickly, develop proofs of concept, fail fast
- Embraced iterative, in-market learning

Source: Intouch Group

When it came to adopting tactical ideas, some approaches worked, and some didn't.

WHAT WORKED WELL

- Rapid exploration of new alternatives
- Breaking down internal barriers to change within the walls of the organization
- Renewed focus on the customer and driving insights to understanding
- Acceleration of digital maturity within the organization

Success factors were dependent upon:

- Disease state
- Strategic alignment
- Support of new experiences

WHAT HASN'T WORKED WELL

- Implementation of technology without integration into strategy
- Ability to create and deliver content to match the velocity of the new digital world
- Ability to craft a new data-driven measurement model that can effectively drive future investments within the new, digitally enabled personalized ecosystem

PHARMA MUST SHIFT TO A HIGHLY PERSONALIZED SERVICE MODEL THAT ADVANCES PATIENT CARE AND STREAMLINES PRACTICE MANAGEMENT

Now What? Tactical Solutions for the Short and Long Term

Considering the best of what we have seen implemented — and considering that a definitive end to the pandemic is unfortunately nowhere in sight at the time of this writing — we have curated a collection of tactical approaches that can be effective levers in addressing access.

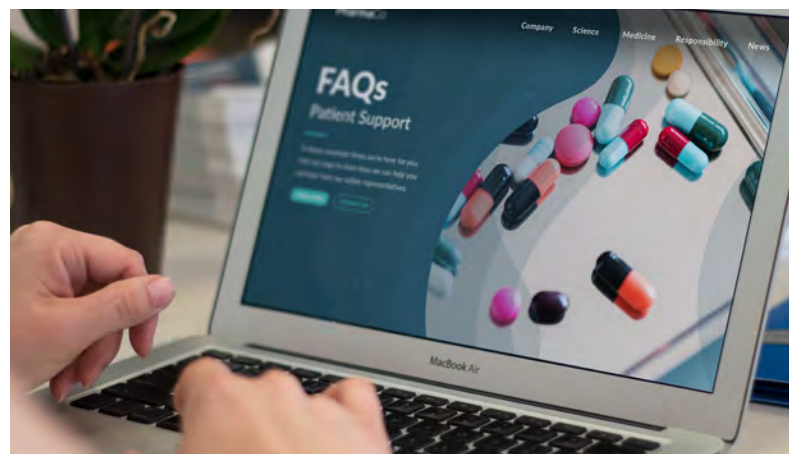
Pharma must shift to a highly personalized service model that advances patient care and streamlines practice management. It must be tailored to individual HCP needs and rely on a broad spectrum of live, virtual, and digital interactions. These include the notion of providing more self-service options, making a move to more effective digitally enabled rep-HCP experiences, and considering entirely new business models.

“Pharma does a great job at bringing value through reps, but it needs to move to a more hybrid model,” said Febbo. “Pharma needs to figure out how to better connect the digital with the people.”

Sue Niedrich, Founder and CEO, Pharma Digital Advisors LLC agreed. “Pharma can do a better job of streamlining the experience of an HCP being able to quickly connect with a company representative — especially the smaller companies that don’t have call centers.”

“Pharma needs to figure out how to better connect the digital with the people.”

— William Febbo, CEO, OptimizeRx



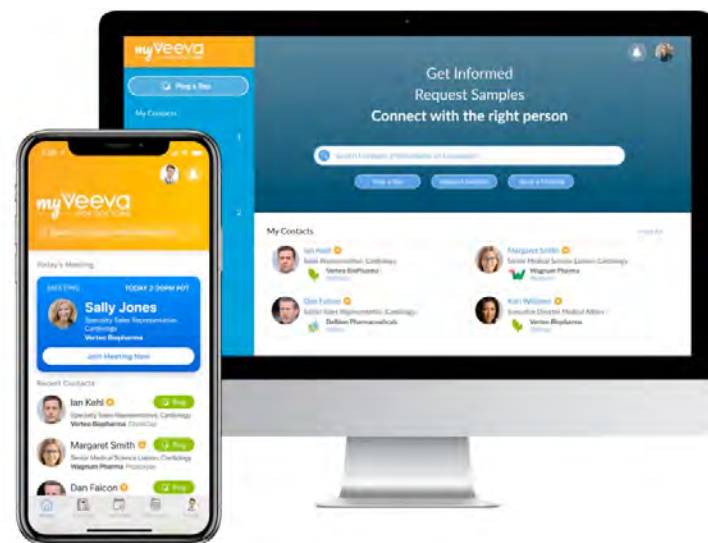
PROVIDE HCPS WITH SELF-SERVICE OPTIONS

In the **short term**, sales and marketing organizations should review their HCP touchpoints and evaluate how those can become more self-service. “Physicians should be able to choose their own adventure,” one pharma exec pointed out. HCPs are prioritizing conversations with MSLs over reps, so putting forth a more accessible, cross-functional field force model makes sense. Examples of a hybrid approach can include:

1. Evaluate and Test HCP-Initiated

Interactions. Give HCPs the ability to initiate a conversation with their entire sales support group, providing direct access to MSLs and reps on an as-needed, at-the-time-of-need basis. “Companies should be implementing click-to-chat or similar features for HCPs to schedule a meeting with a company representative online — not just filling out a form and hoping someone gets back with them,” said Niedrich.

Technologies like the new MyVeeva for Doctors give HCPs access to these resources and more through an integrated chat-like experience. According to the October 2020 [press release](#) for MyVeeva for Doctors, the “advanced search capabilities in MyVeeva for Doctors makes it simple to find a person, medicine, or company and connect directly with the right contacts such as reps, MSLs, and reimbursement specialists through compliant real-time messaging or online meetings. HCPs can quickly



Source: [MyVeeva image/s](#)

get information and patient resources or request services such as product samples, copay cards, and vouchers. And companies can link brand, corporate, or other websites and resources from MyVeeva to make getting further information easy.”

Putting the HCP in the driver’s seat to initiate a conversation ensures the exchange is not an interruption, but rather occurs at the point of need, without disrupting the HCP’s workflow or patient-support activities.

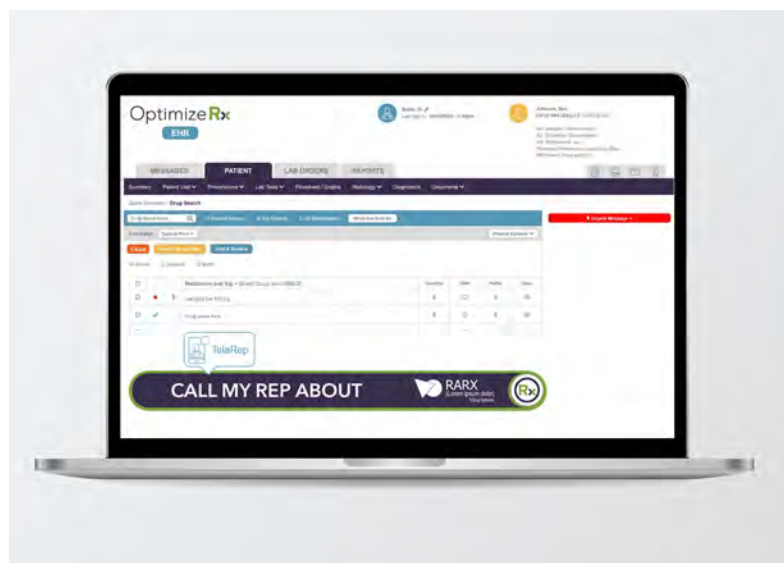
2. Embed Experience Into the HCP

Workflow. Technologies like OptimizeRx provide the opportunity to embed prescription brand information directly within EMR/EHR platforms to give HCPs direct access to reps and MSLs, patient onboarding support, clinical data, formulary support, and sample requests. While an investment may be required, the streamlining of communication directly into the physician's existing workflow makes this a valuable option.

According to a study published in *The Annals of Internal Medicine*, providers spend 16 minutes and 14 seconds per patient within EHRs to manage and receive reimbursement for that patient's care. "The more we can provide access to resources providers need, within the technologies that they use most frequently, the better we can enable them to focus on care delivery," said Maria Cipicchio, Vice President Marketing and Communications, OptimizeRx. "Our TelaRep tool, embedded within the EHR, allows prescribers to request samples from the manufacturer digitally, without ever leaving their EHR system. This capability allows a manufacturer to support the clinical workflow instead of adding to it, by providing a convenient tool for a provider to request samples right when they are thinking about it for a specific patient, instead of relying on memory to go back to refill the sample closet later."

"Our TelaRep tool, embedded within the EHR, allows prescribers to request samples from the manufacturer digitally, without ever leaving their EHR system."

— Maria Cipicchio, Vice President Marketing and Communications, OptimizeRx



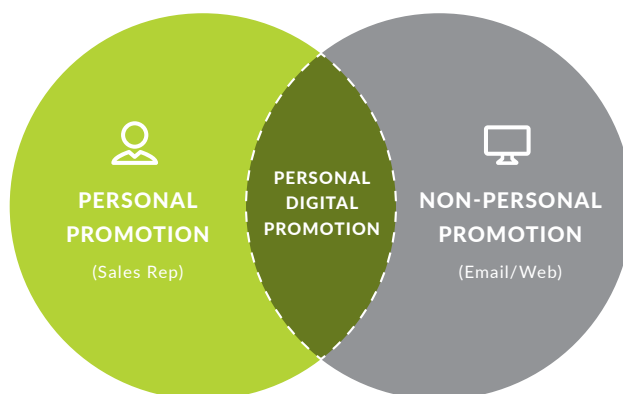
In the **long term**, companies will benefit from investments in self-service tools and data integration that provide reps with a comprehensive view, so that the reps can focus on offering the most value to each and every customer experience.

"There is an opportunity here to collaborate and support HCPs respectfully — even emotionally," said Roberto Ascione, CEO, Healthware Group. "Ultimately, what might that look like? Self-service tools. Emergency support. And sometimes, in the most difficult and busiest of times, staying silent."

MOVE FROM PERSONAL/NON-PERSONAL TO “PERSONAL DIGITAL” EXPERIENCES

When physicians were surveyed on which sales rep services (in-person or online/mobile) have experienced the most negative impact from COVID-19, interactions like lunches, sampling, and the social aspect of the rep relationship rose to the top (Figure 14).

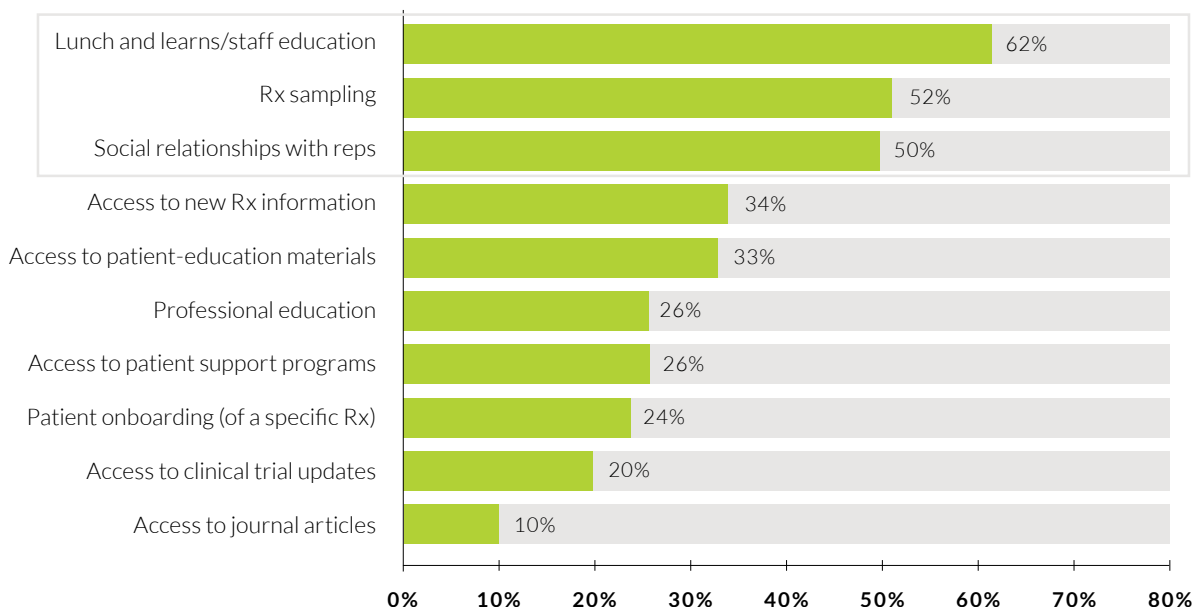
Most sales reps bring value to physicians, and the pandemic has disrupted the delivery of much of this value — especially the more interactive, social components of the relationship. In the chart below, it seems the “offline,” personal-touch interactions are missed the most. But sales rep communications don’t have to be viewed as a binary “online” or “offline” format. The time is now to stop categorizing sales tactics as “personal” or “non-personal.” A new level of experience is emerging that lives between these two states, designed to deliver a much more customer-centric experience: Personal Digital.



“We must have a digital mindset, as opposed to the former emphasis on a face-to-face sales channel. Nothing will ever fully take the place of reps, but a digital mindset is a must for reaching HCPs moving forward.”

— Serina Fischer, VP, Neuroscience Franchise, Takeda

Figure 14. Physicians Reporting a Negative Impact Due to Limited Access to Pharma Sales Reps



Source: DHC Physician Survey, Oct. 2020

Approaches for elevating the personal digital experience include:

1. Implement “Personal Digital” Sales Training.

Go beyond just training reps on the technology; instead, immerse them in the customer experience. Help reps understand next-best actions with use cases to drive more real-time, in-depth discussions. Better equip the field force to leverage the entire digital ecosystem surrounding their customers to gain better insight into their needs, and to better understand the value reps must deliver on an individual customer basis.

2. Use Media to Augment Rep Reach.

Rethink the traditional goal of media, i.e., simply driving a “brand message.” Instead, the larger opportunity today is to deploy targeted, surround-sound campaigns to amplify rep messages and seamlessly integrate with the sales system. Given decreased access to HCPs, there is an opportunity to shift media from a typical top-of-the-funnel driver to a key channel at each point of the marketing funnel/sales cycle. However, it requires investment in targeting technologies such as data-management platforms, addressable media, regional personalization, and democratization of content across channels.

At the same time, organizations will need to shift their media spend and success metrics to align with conversion KPIs. For example, a high-impressions vendor may no longer be optimal compared with a vendor that is better at targeting a vacant territory.

3. Begin the Move to Modular Content.

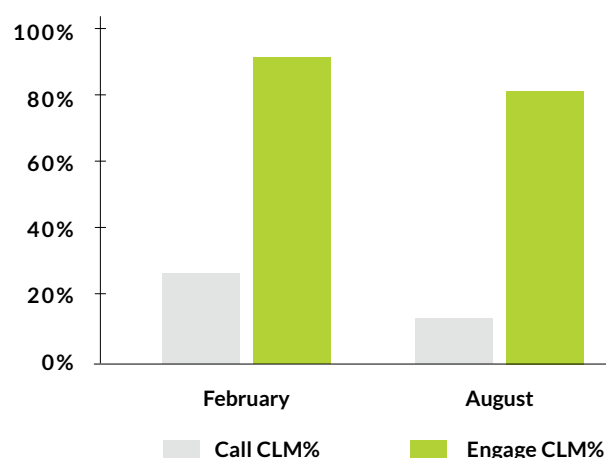
Re-evaluate the brand’s current content strategy to identify opportunities to create a modular approach to content development and delivery, i.e., modular content that can be leveraged across multiple channels at a velocity far beyond the norm. Today’s environment requires a higher volume of quality content because (a) virtual interactions tend to last longer than in-person visits, and (b) companies must augment the time between live interactions with NPP content that

engages and informs. To do this right, marketers must integrate sales reps up front during content strategy development so they will know how best to leverage various types of content across their calls.

Also consider that bite-sized pieces of data in different formats may have more resonance now — what was once a bullet in a large IVA can now be a stand-alone piece.

4. Revisit and Refine Content Strategies. As the need to adopt novel digital strategies to virtually promote ongoing engagement has accelerated, the importance of creating and delivering new, relevant content has moved to the forefront. “Good content can go a long way,” said Ascione. Data provided by Veeva Systems (Figure 15) on content usage within virtual calls is an indicator of the important role content plays in these remote exchanges.

Figure 15. U.S. Content Utilization in Veeva Call Channels



- Content is more critical in virtual engagements.
- The increase in virtual engagement will require new structured content.
- Data is aggregated using Veeva Pulse, which is sourced from records input within Veeva CRM platform.
- Date time frame is January 2020 – August 2020.

Source: The future engagement model through digital excellence, 10-07-2020, Andy Fuchs, VP of Commercial Strategy & Dan Rizzo, VP of Global Business Consulting – Veeva Systems

Digital strategies naturally enable the discovery of individual customer preferences and needs, and the mechanism to serve them in a manner that is timelier than face-to-face interactions alone. However, with this increased ability comes the need to fuel it with new, relevant content to sustain the relationship over time. Given the timing constraints regulatory processes can pose, this has long been a challenge.

"It's relevant content distribution that enables HCPs to help their patient," said Steve Silvestro, Chief Commercial Officer, OptimizeRx. "The former digital or NPP model was 'spray and pray' — highly genericized and not targeted correctly. The more precise a message can be, the better it will be received, because it will have helped that HCP."

Digital strategies are an important part of a comprehensive rep/HCP engagement ecosystem, and organizations must begin to pursue new approaches to efficiently identify and create content strategies that can be personalized to smaller groups of customers in order to deliver relevance throughout the lifespan of the relationship. This will require pharma manufacturers to thoughtfully explore new modular content strategies that will promote interactive creation and approval processes.

"There's a big opportunity to create more persona-based content, which is driving organizations to speed their internal content creation and approval processes. One way we're helping customers do this is through a modular approach to content."

— Dan Rizzo, VP of Global Business Consulting, Veeva Systems



5. Leverage Integrated Technologies.

Creating modern, connected experiences for customers hasn't always been easy, especially in healthcare marketing. The good news is that marketing cloud technologies have been rapidly advancing in their capabilities to seamlessly integrate. In fact, there is a strong correlation between the connection of organizations' marketing technology maturity and roadmaps to commercial brand strategy needs. Consider technologies such as Salesforce, Veeva Connector, OptimizeRx, and Community Cloud as a means of bringing to life a complete and connected personalized customer experience. Adopting this connected approach between technology and commercial brand strategy can be the foundation for providing self-service support for HCPs and arming reps with the insight they need to succeed on a personal level with each of their HCP relationships.

6. Prioritize Data. In the new world of modern marketing, the ability to leverage data to better understand our customers and dynamically adjust to their needs must continue to be a top priority for organizations. While access was the pre-COVID currency for pharma companies, the new currency is data. Organizations will be challenged to understand their customer from afar, and reps will need to better leverage their customers' "practice context" — this will be the only way to continue to bridge the gap in a reduced-access world — a world where the expectation will be, at the very least, a mix of in person and virtual.

MOVE TO ENTIRELY NEW MODELS

As the saying goes, one should never let a good crisis go to waste, and COVID-19 has presented an opportunity for commercial organizations to completely rethink how things have always been done. From breaking down organizational silos to rethinking the role of the rep, to entirely new models, new metrics, and managing organizational change — these longer-term solutions will require more effort now but are destined to pay dividends in the long term.

"Industries only change when they are forced to. If you could rebuild a biotech or pharmaceutical company today, how would that look? You would clearly build the sales function differently."

— Mark Bard, Co-founder, DHC Group

1. Bust the Silos. Commercial organizations should make an honest effort to explore breaking down any organizational silos that exist between sales and marketing operations, data, and strategy.

2. Rethink the Role of the Rep. Organizations must evolve the role of the pharma rep and consider whether they can be an HCP customer experience orchestrator? Can they improve the HCP workflow and make their lives easier?

"Being nimble across tools and integrated with medical expertise, the role of the rep should be orchestrating an HCP's experience with the brand to deliver valuable services, versus purely selling the message," said an anonymous pharmaceutical executive.

3. Focus Their Efforts. There's an opportunity to realign and rearrange the responsibilities of the field force to better focus efforts.

- Some sales organizations are now testing new ways of matching the varied talents of the sales force with appropriate customers. For example, matching the highest-value HCPs with the best reps, who serve their customers with a data-driven, technology-enabled, high-touch service. At the same time, low-value HCPs are shifting to receive a less personal approach.
- Another approach being tested by some companies is having fewer reps represent more brands.

After piloting different methodologies in different regions and tracking metrics carefully, sales leaders may find reason to right-size the field force to match the realities of post-pandemic access levels.

4. Revisit Incentive Structures. If the role of the rep is evolving, so too must incentive structures. Establish goals and incentives around the correct use of the technology platforms and content, rewarding those who excel within the new, always-on ecosystem. Consider restructuring the field force to elevate those who are the most effective in this world of virtual relationships.



5. Deliver Personalized Relevance. One

contributing factor to the new normal we are seeing emerge is that there are new (and, in many cases, better) ways of creating engagement and delivering personalized relevance to HCPs. Companies that embraced the pandemic as an opportunity to innovate and expand their digital maturity have realized that there can — and should be — a new and improved model that accommodates individual HCP preferences between in-person and virtual engagements. "Meeting HCPs where they are is key to digital excellence and creating the best possible customer experience. Six months of industrywide HCP engagement data gives us a clear understanding of doctors' channel preferences and accessibility," said Rizzo. "With a data-driven approach, organizations can move beyond rep observations in the field to using data to better learn about the HCPs and connect with them more effectively."

This new model leverages deeper data insights to arm the field sales force with the information to be relevant in their interactions, while also providing HCPs with the self-service empowerment they need to operate effectively and efficiently in the service of their patients.

We have also seen success with hybrid models of in-person and virtual interactions that are dialed up or down, based on the preference and interactions of the HCP. Finally, we have even seen reps regain some HCP access by accommodating those HCP preferences, plus using remote/digital channels during non-practice hours to avoid disrupting practice workflow.

6. New Models Require New Metrics

- **Refine audience targeting.** Rethink evaluating target lists to more narrowly define high-value customers, and align them to your in-person field force. Better leverage your analytics to identify whether KPIs are driving the business.

- **Attribution across digital personal promotional channels.** The in-person sales touch has always driven the highest ROI, and organizations looking to set performance expectations with their sales teams previously had simple data to crunch when it came to understanding the number of touches they expected from each sales rep across each customer. But as sales organizations introduce more channels, integration points, and support offerings, they need to understand how each channel is contributing to a sale so they can forecast and measure against investment expectations, as well as understand how to dial up or down digital personal promotion touchpoints across HCPs with varying channel preferences and access requirements.

7. Manage Organizational Change. COVID-19 has taught us that we must be able to move in a more agile manner, and in fact, that we are capable of doing just that. We must continue to break down barriers in exploring innovative alternatives. Pivoting doesn't just mean adapting sales and marketing to the new realities; it requires business transformation across the marketing organization to better respond to changing market dynamics.

"If you're looking for interventional opportunities to have conversations with HCPs, you'd better consider doing that digitally. And you'd better bring value to the table that's going to enable them to do a better job at what they do, and something they can appreciate."

— Steve Silvestro, Chief Commercial Officer, OptimizeRx

EMBRACING OPPORTUNITIES AT THE POINT OF CARE

SECTION 02

The COVID-19 pandemic has not only brought to the forefront concerns about the safety of certain treatments or in-office visits, but also, in many cases, truly redefined the relationship between the HCP and the patient.

This has been accomplished largely through rapid adoption of digital platforms such as telehealth/telemedicine, EHRs/EMRs, and other remote exchanges with patients and among healthcare professionals. Pharmaceutical manufacturers have a unique opportunity to support HCPs at the point of care in new and different ways by enabling these platforms to work harder and smarter in the era of the “new normal.”

Pharmaceutical manufacturers have a unique opportunity to support HCPs at the point of care in new and different ways.

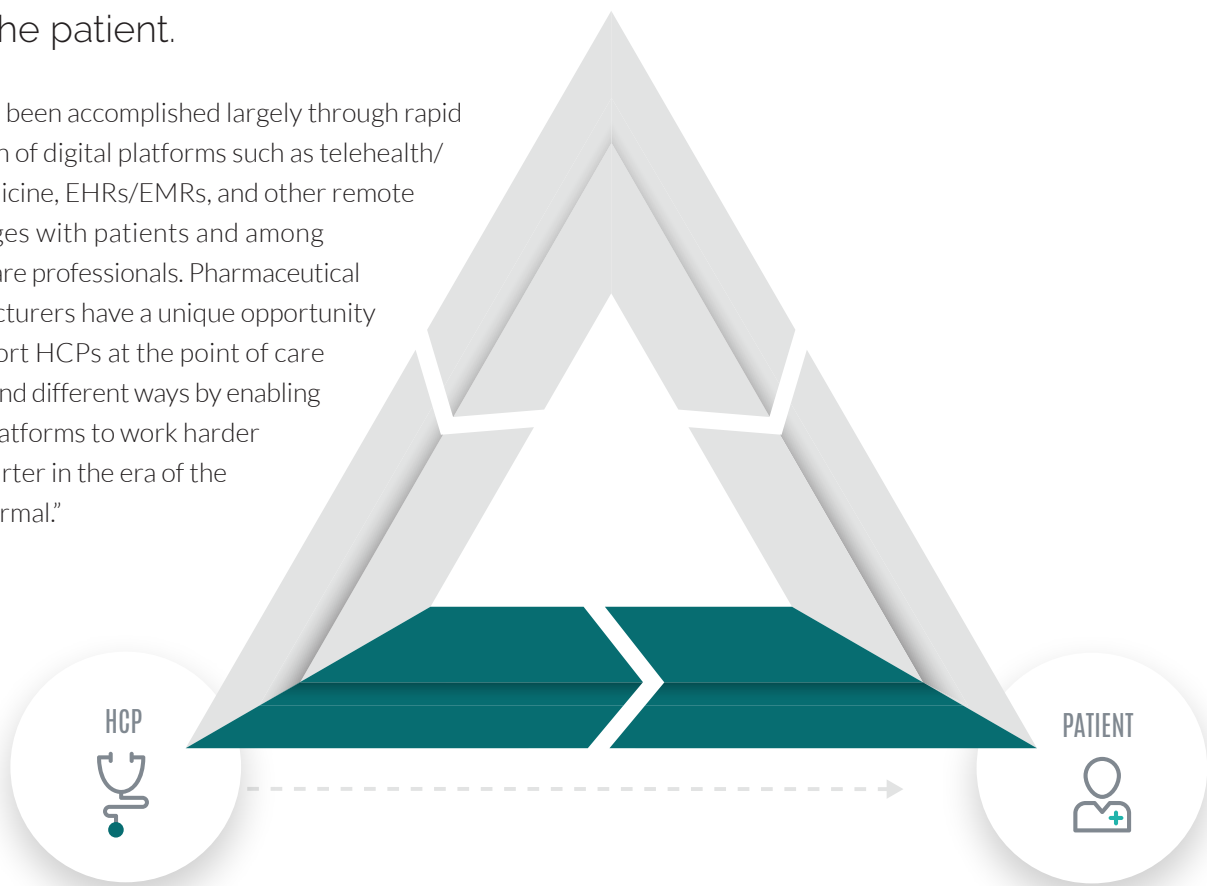
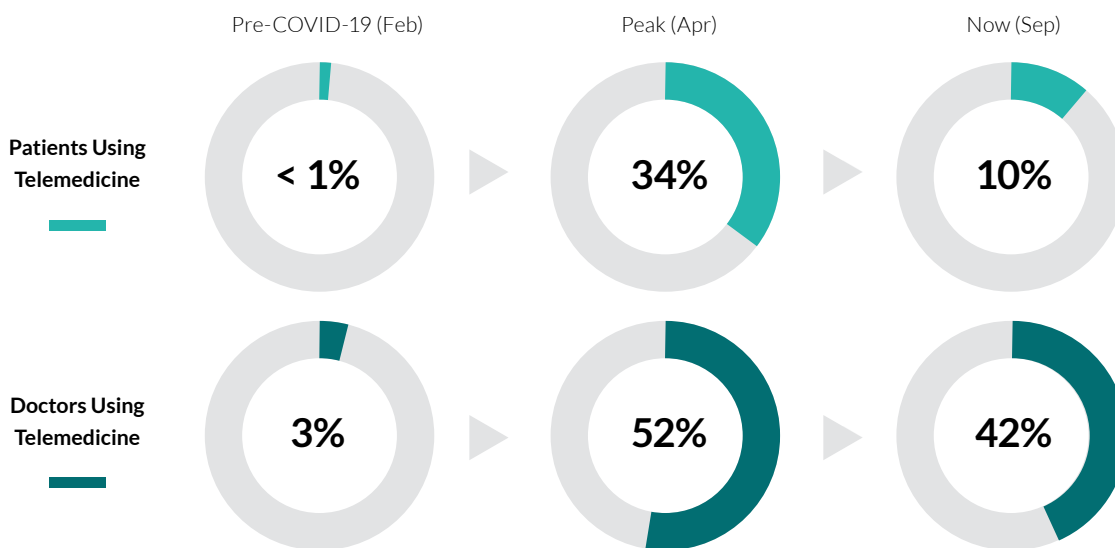


Figure 16. Telemedicine Stabilization Following April Peak



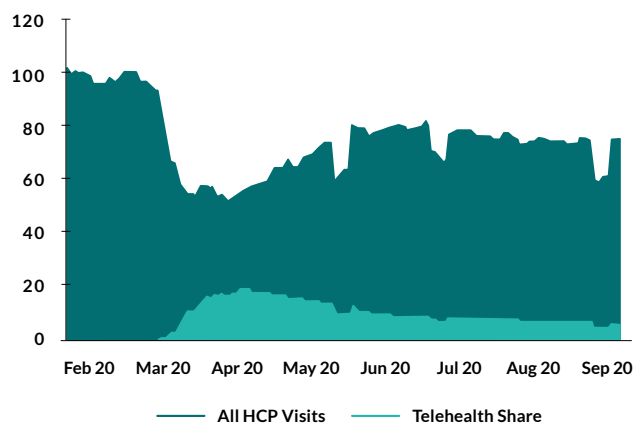
Source: Veeva Longitudinal Patient Data, Oct. 2020

Telehealth: Boon or Burden to the Path to a Prescription?

The relationship between healthcare professionals and patients has been dramatically disrupted since the inception of the pandemic. Initially, we saw a dramatic rise in telemedicine use as a replacement for face-to-face visits. Although telehealth remains a critical component of the healthcare ecosystem, utilization peaked at 33% of visits in April, and has since leveled off at 8% of visits, according to Veeva Crossix data (Figure 17). By September 2020, 10% of patients and 42% of physicians were using telemedicine (Figure 16).

By mid-year 2021, physicians anticipate telehealth usage to land at around 25% telehealth / 75% in-person visits (Source: DHC Physician Survey, Oct. 2020).

Figure 17. HCP Visits — Share of Telehealth Visits (7-Day Moving Average)

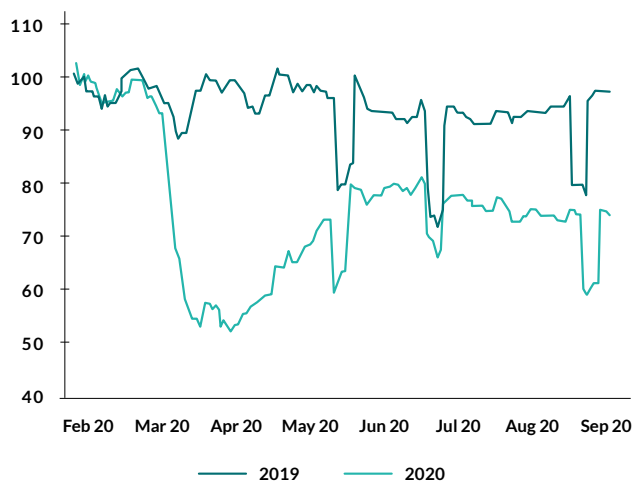


Source: Veeva Longitudinal Patient Data, Oct. 2020

OVERALL PATIENT VISITS REMAIN BELOW PREVIOUS YEAR

Meanwhile, Veeva Crossix data also shows that patient visits — whether in-person or via telehealth — have not fully rebounded and remain below 2019 numbers (Figure 18); IQVIA data shows that visits have only returned to about 80% of pre-COVID-19 levels (Figures 19, 20).

Figure 18. Total Visits – All HCPs (7-Day Moving Average)



Source: Veeva Longitudinal Patient Data, Oct. 2020

Total Visits: Telehealth, Office, Institutional

Figure 19. Total Telehealth Claims Through W/E 9/11 vs. Baseline Period

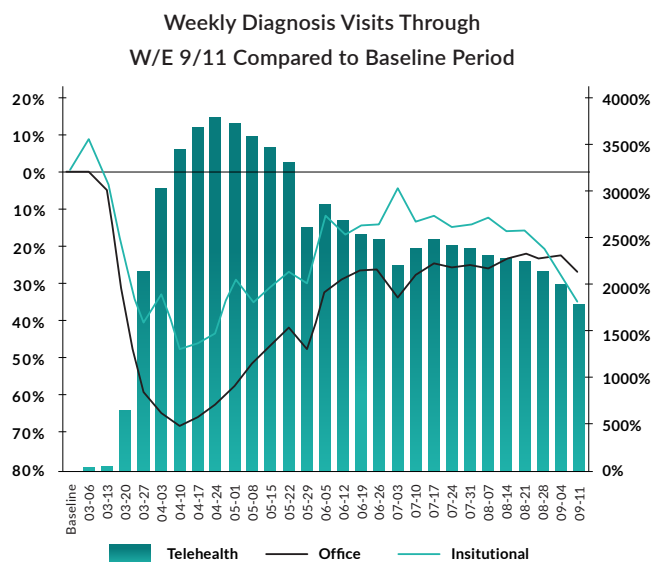
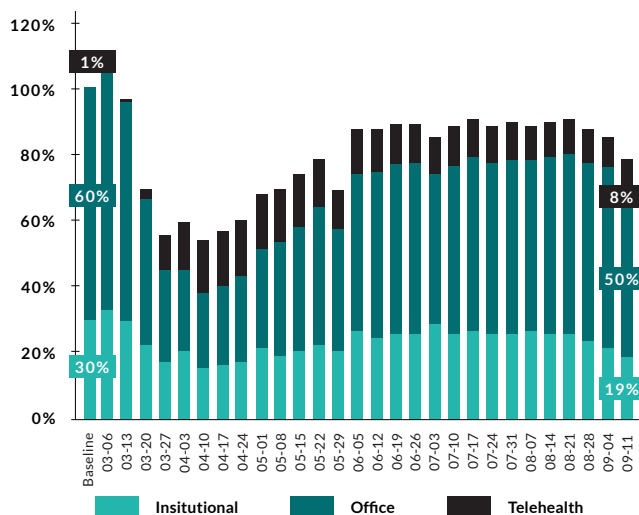


Figure 20. Total Visit Claims by Service Type Baseline Period - W/E 9/11



Baseline = Average of claims for period W/E 1/10/20 - 2/28/20.

Source: IQVIA Medical Claims Data Analysis, 2020

The difference in total office visit volume between 2019 and 2020 represents an alarming trend of undiagnosed symptoms, delayed care, and diseases advancing unchecked.

"We are facing a ticking time bomb of disease problems."

— Paul Tunnah, Chief Content Officer & Managing Director, United Kingdom, Healthware Group

In the past decade, governments and healthcare stakeholders have put a lot of emphasis on preventive care, early diagnosis, and treatment. The COVID-19 pandemic has generated a significant setback in these efforts, with effects that will extend beyond the short term.

Understandably, patients are fearful of returning to HCP offices, hospitals, infusion centers, and other healthcare settings, often foregoing or deferring routine or preventative care (DHC Physician Survey, Oct. 2020). In June, the [CDC](#) reported an estimated 41% of U.S. adults had delayed or avoided medical care during the pandemic due to concerns about the virus, including 12% who reported avoiding urgent or emergency care. Fifty-two percent of HCPs surveyed said that delayed appointments had remained a challenge for them within the past three months (DHC Physician Survey, Oct. 2020).

Disease categories that tend to be more severe and in need of urgent care — such as oncology — appear to be the areas that have recovered after a drop between March and May (Figures 21, 22).

Oncology Weekly Referral Activity Versus Baseline

Figure 21. Oncology Referral Activity as a Percentage of Baseline (4 weeks ending 2/28)

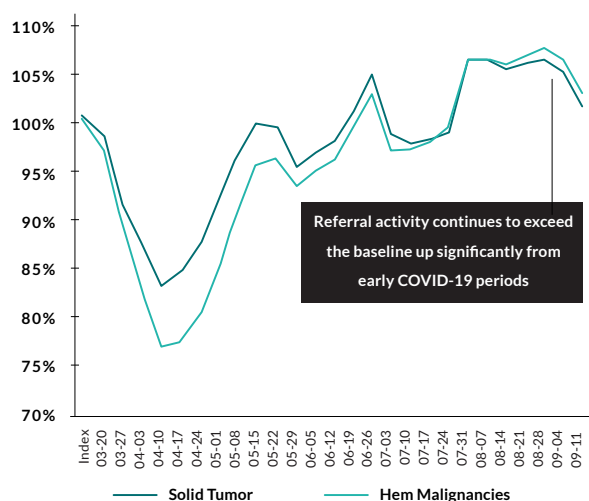
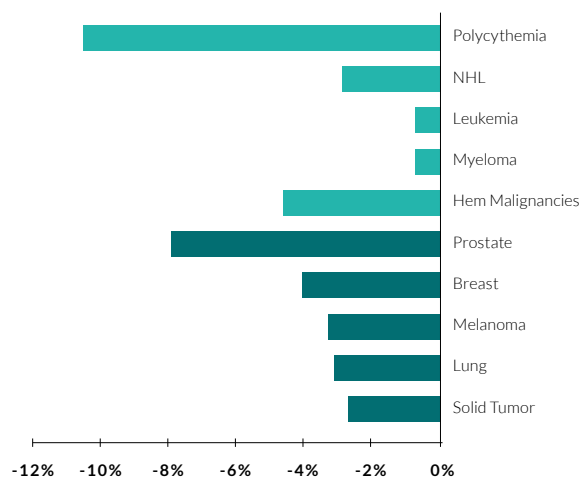


Figure 22. Tumor-specific Average COVID-19 Period Referral Activity as a Percentage of Baseline (4 weeks ending 2/28)



Source: IQVIA Monitoring the Impact of COVID-19 on the Pharmaceutical Market, Sept. 2020

Notes: Limited to oncology market, COVID-19 period (w/e 3/13 – 7/31) 4-week average weekly volume (referral), index period 4-week ending with 2/28/20

TELEHEALTH ADOPTION AND PREFERENCES VARY

Individual physician adoption of telehealth varies by a number of factors. According to Dr. Peter Alperin, an internist and vice president of product at **Doximity**, the top telehealth adopters tend to be specialists treating chronic conditions such as asthma, diabetes, hypertension, and cardiovascular disease.

The **CDC** reports that patients who have disabilities, or who have two or more underlying conditions, could especially benefit from greater telemedicine usage as they were more likely to report avoiding medical care because of concerns related to COVID-19.

Physicians tend to categorize different types of patient visits and examinations into “telehealth-friendly” or an “in-person preference.” According to our survey, physicians prefer to see patients in person for new patient intakes (70%) and diagnosis appointments (67%), whereas they report being comfortable with telehealth for prescription refill appointments (43%) (Source: DHC Physician Survey, Oct. 2020).

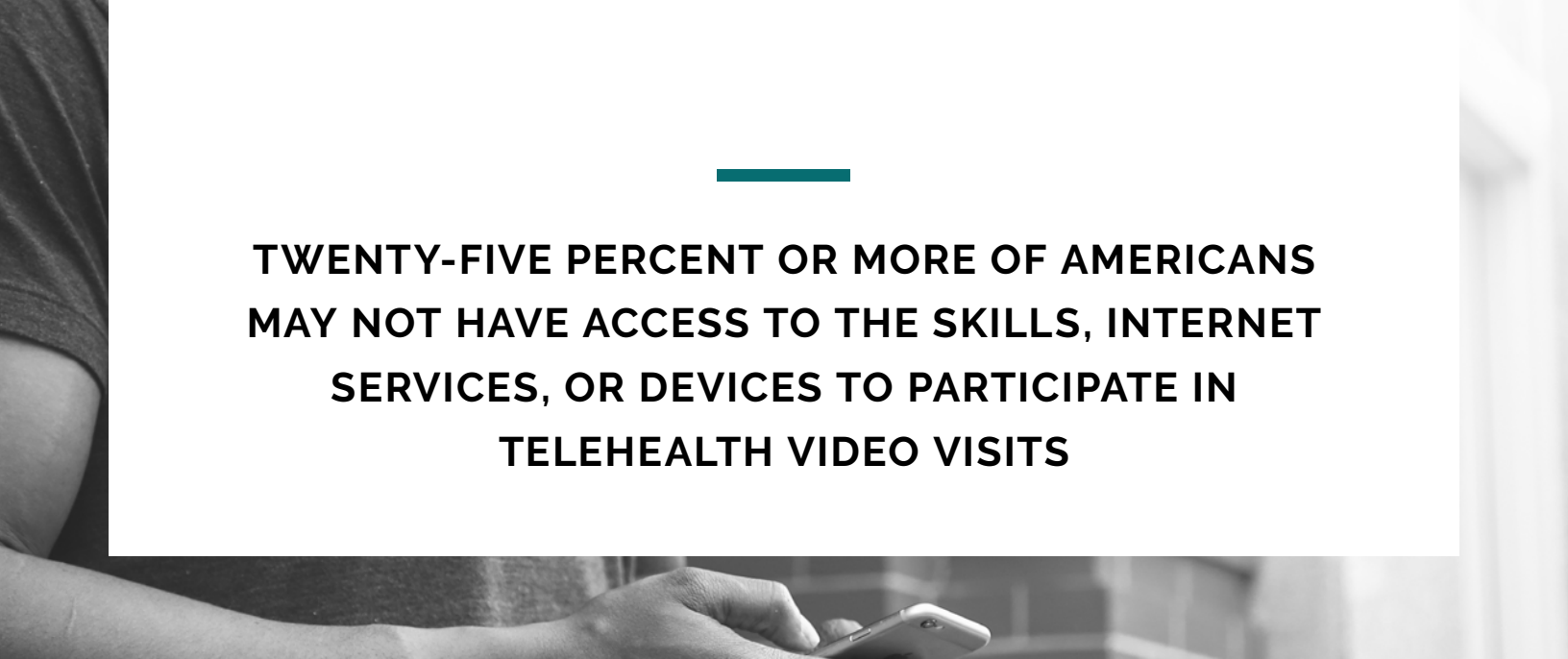
TELEHEALTH IN THE LONG TERM

Telemedicine is here to stay. If done “right,” it has the opportunity to improve continuity of care and bring further democratization of healthcare access by reducing barriers for people who have disabilities, those in remote areas, or populations under heavy socio-economic pressures. In an **August 2020 survey** by the Physicians Foundation, 85% of physicians indicated that use of telehealth will become much more widespread as a long-lasting effect of COVID-19, and 68% agreed that telemedicine will be essential to providing patient care. In addition, the



AMA is advocating for Medicare to permanently remove geographic restrictions on telehealth and permanently allow patients to be seen in their homes. Pharma is seeing the benefit, too — in our survey of pharma marketers, nearly half (47%) indicated that increased use of telemedicine has had a positive impact on their business (DHC Pharmaceutical Survey, Oct. 2020). Most payers — historically skeptical about the effectiveness of telemedicine — have now not only begun to reimburse HCPs for televisits at comparable rates, but are incentivizing patients for their use with zero-cost visit copays.

Different regions of the world have experienced waves of virus outbreaks at different times. Some countries are further ahead than others in terms of implementation and adoption of telehealth. But all agree it will continue to play a part in the healthcare delivery ecosystem. “In Europe, too, we are seeing opportunities to enable and drive toward telehealth to help patients,” said Roberto Ascione, CEO, Healthware Group. “Digital is more than a trend. It’s now become a way for physicians to deliver care.”



TWENTY-FIVE PERCENT OR MORE OF AMERICANS MAY NOT HAVE ACCESS TO THE SKILLS, INTERNET SERVICES, OR DEVICES TO PARTICIPATE IN TELEHEALTH VIDEO VISITS

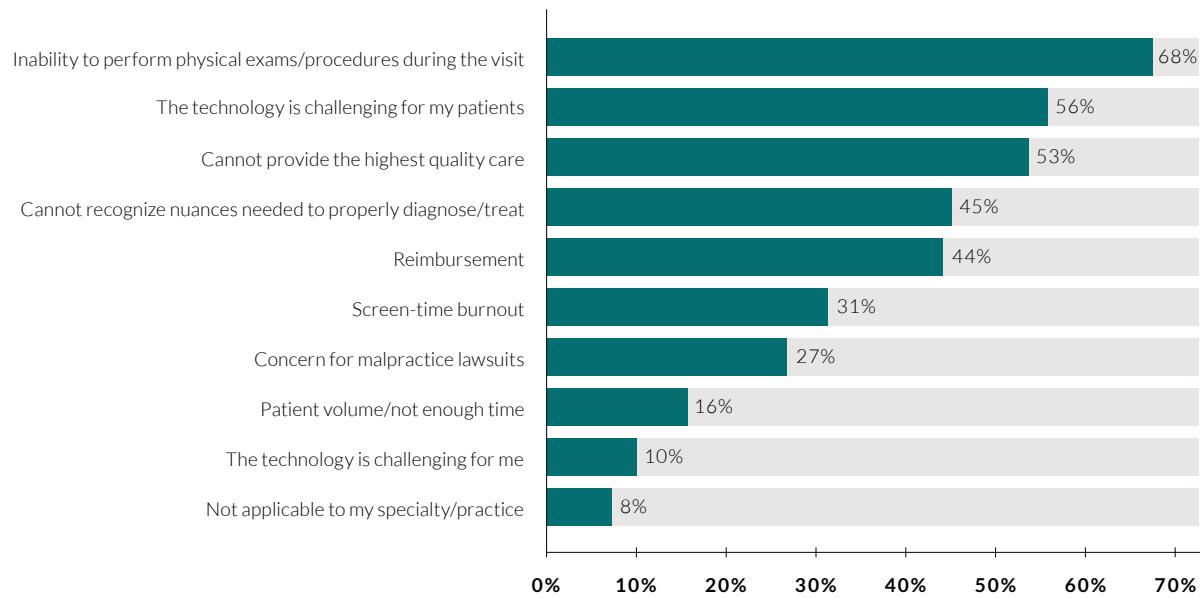
THE TROUBLE WITH TELEHEALTH

The ability to access telemedicine is not equitable, and the COVID-19 crisis has emphasized this disparity. As reported by [HIMSS](#), 25% or more of Americans may not have access to the skills, Internet services, or devices to participate in telehealth video visits. Rural clinical settings are often not as well-funded, and are behind in implementation of digital workflow and training compared with their urban counterparts. And as artificial intelligence and data-driven decisions further permeate technology-driven healthcare, many algorithms are based on regions with greater financial resources. “The potential for racism and class bias to be [encoded into telehealth algorithms](#) is worrisome,” several physicians and a sociologist wrote recently in a [STAT op-ed piece](#) ominously titled, “Unless it’s done carefully, the rise of telehealth could widen health disparities.”

In addition to healthcare disparities, the remote, “hands-off” nature of telehealth itself has its limitations. Many patient examinations, check-ups, and procedures simply must be conducted in-person, and physicians have varying levels of comfort with their ability to provide the best care via telehealth. “My hypothesis is that we will continue to see a telemedicine/in-office hybrid model,” said Serina Fischer, VP, Neuroscience Franchise, Takeda. “Some physicians aren’t comfortable writing a scheduled medication via telehealth, or making a switch, or a new diagnosis. All those things are harder when you’re just seeing a patient through a screen.”

When surveyed about their greatest concerns surrounding the rise in telehealth use, the majority (68%) of physician respondents cited an “inability to perform physical exams/procedures during the visit.” Physicians also reported that the technology can be much more challenging for their patients (56%) than for them, the physician, (10%). Being able to provide the highest quality of care, plus concerns about recognizing the nuances surrounding diagnosis/treatment were also cited frequently (53% and 45%, respectively) (Figure 23). Comfort levels varied by specialty (Figures 24, 25, 26).

Figure 23. Physician Concerns Surrounding Telemedicine



Source: DHC Physician Survey, Oct. 2020

Figure 24. Specialties Citing "Inability to Perform Exams/Procedures" as a Telemedicine Concern (% selecting it as concern)

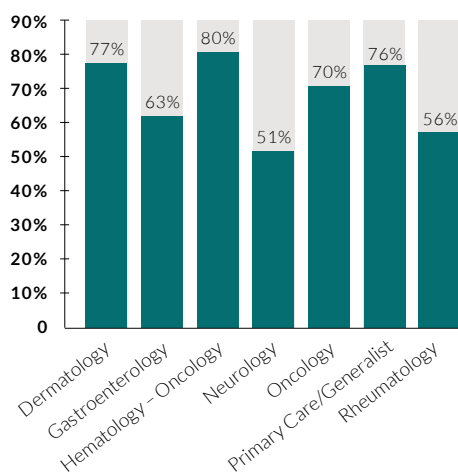


Figure 25. Specialties Citing "Tech Challenges for My Patients" as a Telemedicine Concern (% selecting it as concern)

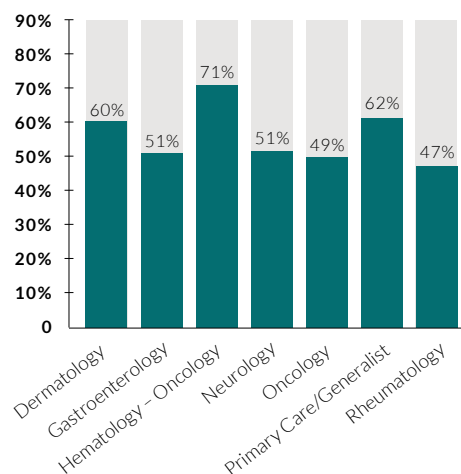
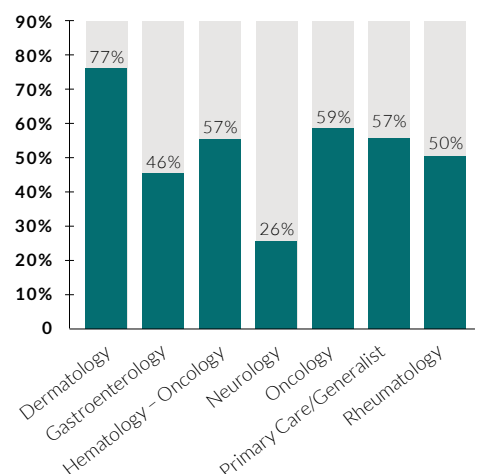


Figure 26. Specialties Citing "Can't Provide Quality Care" as a Telemedicine Concern (% selecting it as concern)



Source: DHC Physician Survey, Oct. 2020

THE IMPACT ON PHARMA

The combination of these factors — reduced in-office and overall patient visits combined with enduring concerns surrounding telehealth — continues to have a lingering negative impact on pharmaceutical commercial organizations.

Ultimately, reduced office visits translate to lower prescription-writing volume. Nearly ALL (97%) of the pharma executives surveyed reported that patients delaying routine HCP visits has had a negative impact on their business. When asked about what they felt were the top reasons why their brands experienced a drop in new patient starts particularly, they most frequently cited patient fear of hospitals/physician offices (31%), and HCP reluctance to virtually diagnose and monitor conditions (19%) and start new treatments (18%) (Source: DHC Pharmaceutical Survey, Oct. 2020).

Rise in Telehealth Use Led to Drop in New-to-Brand Prescriptions (NBRx)

Telehealth, while replacing some in-office visits, has not driven as many new-to-brand prescriptions (NBRx) as in-office, with specialties prescribing 18% to 43% less NBRx via telehealth versus during in-office visits, according to IQVIA (Figure 27).



Figure 27. NBRx Productivity: Face to Face vs. Telehealth Activity
NBRx Per Patient Visit

Specialty	4 W/E 9/13/19 Office	4 W/E 9/11/20 Office	4 W/E 9/11/20 Telehealth	Difference (%) Office v. TM
Allergists	0.95	0.96	0.79	-18%
Dermatologists	1.17	1.17	0.95	-19%
PCP	0.98	0.98	0.70	-28%
Pulmonologists	0.88	0.88	0.62	-29%
Pediatrics	1.13	1.13	0.80	-29%
Gastroenterologists	1.05	1.05	0.74	-30%
OB/GYN	1.14	1.14	0.78	-32%
Rheumatologists	0.53	0.53	0.35	-34%
Ophthalmologists	1.31	1.32	0.85	-36%
Neurologists	0.57	0.57	0.36	-36%
Cardiologists	0.64	0.64	0.40	-38%
Psychiatry	0.45	0.46	0.27	-41%
Urology	1.16	1.16	0.67	-42%
Endocrinologists	0.62	0.63	0.35	-43%

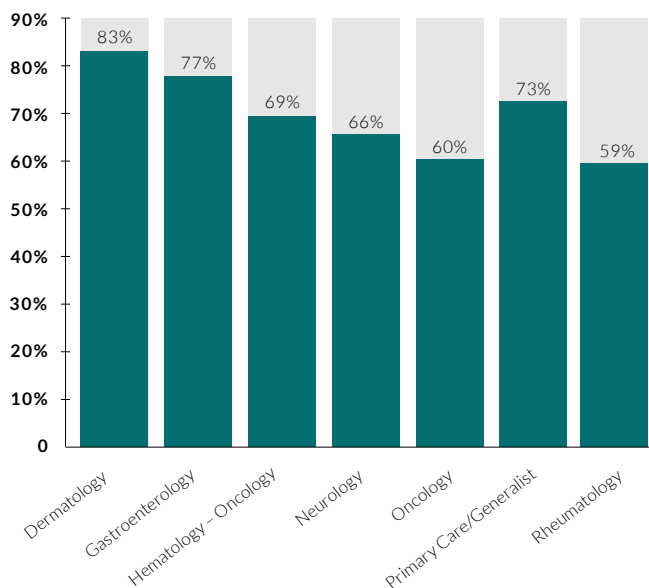
Source: IQVIA Monitoring the Impact of COVID-19
on the Pharmaceutical Market, Sept. 2020

IQVIA goes on to cite potential drivers of the discrepancy in NBRx between in-office visits and telehealth, including:

- Patient mix skews toward existing patients replacing office visits with telehealth
- Willingness to initiate new therapy remotely
- Lack of diagnostics such as vitals may be impeding diagnosis of new conditions
- Prescribers reporting spending less time on telehealth calls with patients, which may reduce NBRx opportunity
- Many offices adapting protocols to safely see patients, enabling the preference for NBRx office prescribing

In the DHC Physician Survey, we saw that when broken down by specialty, dermatologists were most comfortable and rheumatologists were least comfortable starting patients on a new prescription product in the era of COVID-19 (Figure 28).

Figure 28. Percent of Physicians Reporting They Were “Very Comfortable” (5) or “Comfortable” (4) Starting Patients on New Rx Products in COVID-19 Era



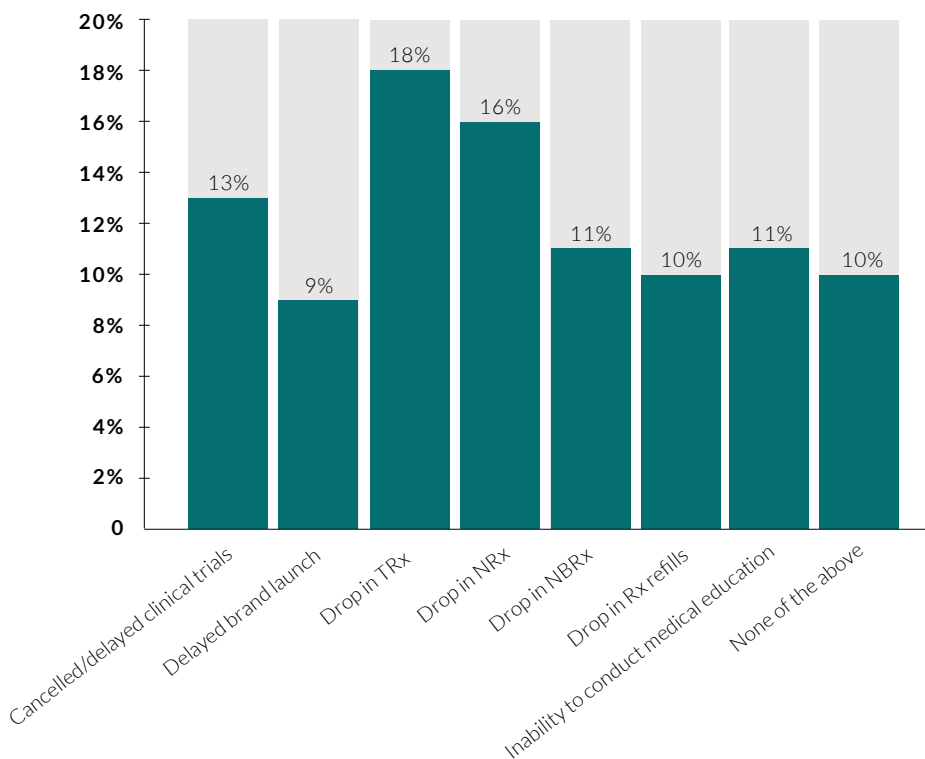
Source: DHC Physician Survey, Oct. 2020



Drop in New and Total Prescriptions

In our survey of pharma executives, 18% reported having seen a decline in total prescriptions (TRx), with almost as many (16%) also seeing a drop in new prescriptions (NRx) as a result of the pandemic (Figure 29).

Figure 29. Impact of Pandemic on Brands



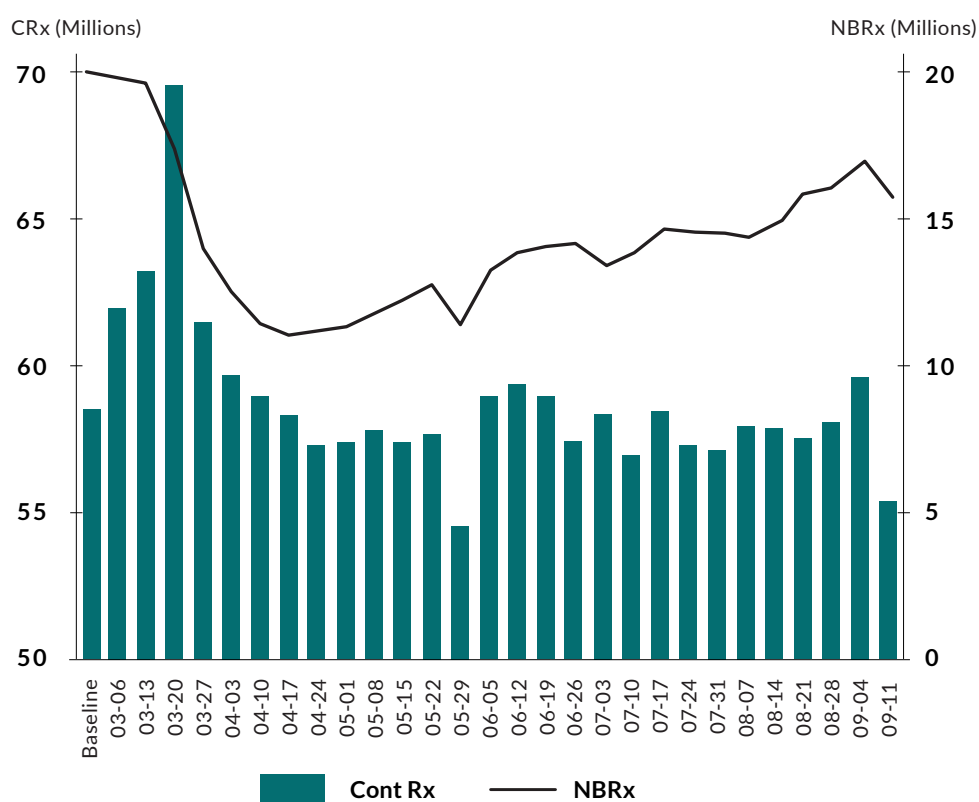
Source: DHC Pharmaceutical Survey, Oct. 2020

Refills Remain Flat

Prescription refills did not grow since the pre-March baseline, but they also did not drop like other categories of prescriptions — indicating resilience among chronic treatments for existing patients.



Figure 30. Weekly Total Prescriptions



Source: IQVIA Monitoring the Impact of COVID-19
on the Pharmaceutical Market, Sept. 2020

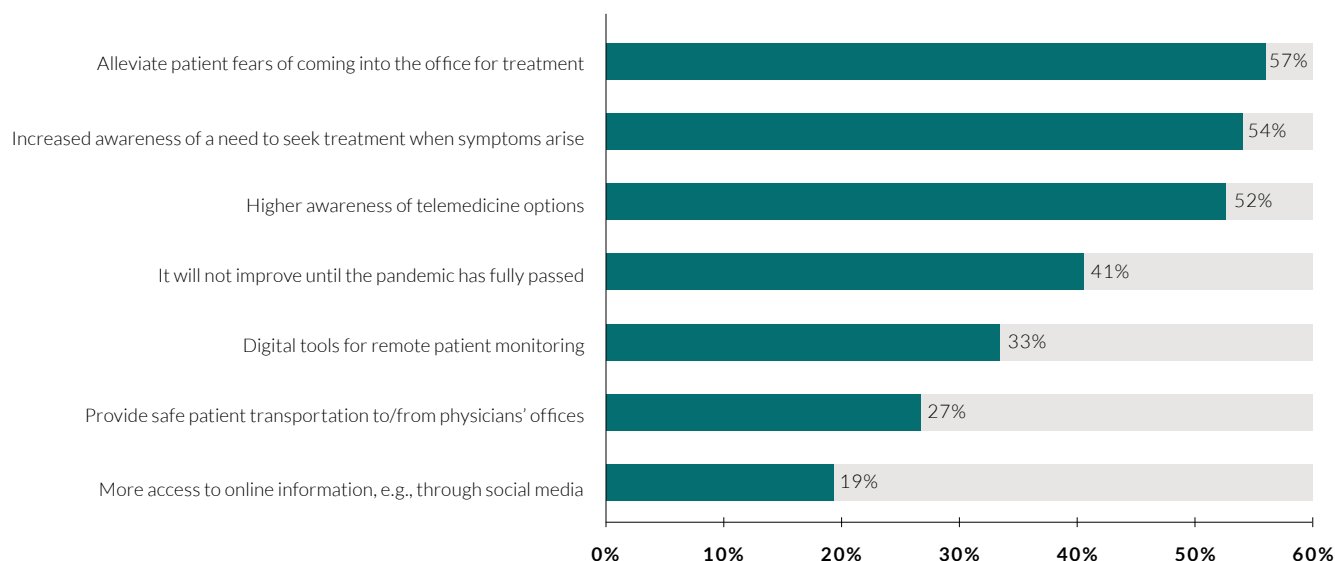
BARRIERS TO CARE: POSSIBLE SOLUTIONS

Close to three-quarters (72%) of physicians surveyed by the Physicians Foundation indicated that COVID-19 will have “serious consequences for patient health in their communities, because many patients have delayed or avoided getting the care they needed during the pandemic.” Behavior changes among both HCPs and patients are needed: to take action, address health concerns leading to diagnosis, and to treat more aggressively.

In our physician survey, we asked how to remedy the situation with the question, “Data shows that new diagnoses and new prescriptions have decreased (overall) since the beginning of the pandemic, as less patients seek care. In the near-term and in your opinion, how might this be overcome?”

The majority (57%) believed alleviating patient fears was critical, and they also cited a need for an increased awareness of both the need to treat (54%) as well as telemedicine as an option for treating (52%). However, 41% felt things just would not improve until the pandemic had fully passed (Figure 31).

Figure 31. Overcoming the Obstacles for Patients Seeking Care



Source: DHC Physician Survey, Oct. 2020

Enabling Better Outcomes

1. Stress the Need to Treat. When people delay or completely sidestep medical care, we see increased severity of illness, damaging complications from chronic health conditions, and an increase in deaths. The virus notwithstanding, many people still need to visit their doctor's office — in most cases, the physicians prefer for them to be there, and most importantly, it's often what is best for patient outcomes. How can we help patients feel comfortable visiting their physicians in person again?

This fall, we have seen a number of major life science companies launch "Get Back to the Doctor's Office" campaigns, including [these three](#) from Johnson & Johnson Medical Devices Companies, AstraZeneca, and Pfizer/Bristol-Myers Squibb. Health systems and physicians' practices have activated radio advertising in local markets featuring language such as, "Often, you're putting your health more at risk by NOT going to see the doctor."

- The life science and healthcare industries have an opportunity to collectively rally around these messages, reminding patients and caregivers to set aside fears and excuses in order to prioritize their health.
- Brands, specifically, can revisit the role of unbranded campaigns and retool them to stress the urgency of seeking in-office care, particularly with conditions of a known progressive nature and those treated by specialties that prefer to manage new patients and prescribe NBRx in person.

2. Go Above and Beyond to Remove Health Access Barriers. Overall, who is avoiding healthcare the most? In the [CDC study](#), "avoidance of urgent or emergency care was more prevalent among unpaid caregivers for adults, persons with underlying medical conditions, Black adults, Hispanic adults, young adults, and persons with disabilities."

Marketers should update their market research, analyze their most recent data, and review the latest social listening data to better understand the specific barriers to seeking treatment in their disease category in the era of COVID-19. Only then can they offer relevant solutions to help patients prioritize their health. In some segments, such as Black adults, for example, a barrier may include a pre-existing [overall mistrust of the healthcare system](#), and community programs may help overcome such issues. In urban markets, a fear of using crowded public transportation may be a major concern — so, pharma could explore providing Uber or Lyft vouchers through patient support programs.

3. Remove Telemedicine Barriers, Too. While telemedicine works well for patients with the financial, mental, and physical means to effectively use it, the vulnerable subset of patients who have limitations in these areas requires additional support to adequately access care. Pharma companies can help address this with a focus on improving the user experience across the entire patient journey. Each step, such as prior authorization, should be incredibly accessible and easy for patients to complete. Advocate for making multiple channels available for connecting — not just video calls. Doctor discussion guides should include telehealth options and tips — now and for the long term. Further, marketers should commit to updating websites to be compliant with [government ADA policies on accessibility](#). Finally, all of these updates should be tested and confirmed to be effective with the populations they are aiming to help.

4. Help Patients Afford Their Medications. Affordability of medications, of course, can also be a major barrier — especially now, with 25.7 million workers impacted by the pandemic and roughly 12 million losing employee-sponsored health insurance since February ([Economic Policy Institute, November 2020](#) and [August 2020](#)). Eighty-six percent of pharma marketers surveyed indicate high unemployment had a negative impact on their company's business (DHC Pharmaceutical Survey, Oct. 2020).

Brands can reach out to physicians and patients with more information on making medications affordable:

- Pharmaceutical manufacturers can better enable physicians to have conversations with their patients about treatment costs. “We are still hearing, even through COVID, the need from providers to have more informed financial conversations with their patients,” said Miriam Paramore, President, OptimizeRx. “Providers are acutely aware that patient out-of-pocket cost impacts the success of treatment. They want to understand when financial support is available. It can make the difference for that under-insured or high-deductible health plan patient’s first fill, all the way through the recommended course of treatment.”

The use of OptimizeRx is one way to make financial discussions convenient for a provider, because it provides pharma-sponsored savings information directly into the EHR. “In a recent program for a CNS drug, we notified providers of the existence of pharma-sponsored financial support,” explained Maria Cipicchio, Vice President of Marketing and Communications, OptimizeRx. “Against a control segment during the same time period, distribution of financial support information resulted in a 10.9% script lift. Eleven percent of that lift came from new prescribers, indicating how valuable the knowledge of available financial support can be.”

“We are still hearing, even through COVID, the need from providers to have more informed financial conversations with their patients.”

— Miriam Paramore, President, OptimizeRx

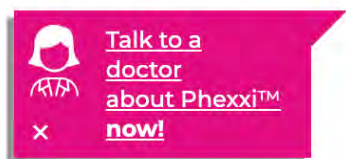
- Patients, too, should have direct access to pricing information on their own. PhRMA’s [MedicineAssistanceTool.org](https://www.medicineassistance.org) is a step toward helping patients understand their options, as well as online copay lookups, coverage checkers like [this one](#) from Ozempic, and information about patient assistance and third-party foundation programs designed to help patients.
- New players are emerging that can help provide alternative ways to access medications at discounts beyond a patient’s health plan coverage. This includes fully transparent pricing marketplaces like [GoodRx](#), or the newly launched [Amazon Pharmacy](#) that offers full-service, online mail service pharmacy services with a retail option through chain relationships. As pharma establishes relationships and contracts with these players, it has an opportunity to educate patients about their options and include them in look-up tools.

5. Enable a Truly Turnkey Online Experience.

With targeted digital media placements, marketers can find and drive patients to modern online tools to ease the patient experience and provide a smooth online path to prescription — without the patient ever leaving home.

Traditional “talk to your doctor” messaging can be upgraded to immediately enable the action, featuring a direct connection to live support that is only one click away from a digital banner or brand website, as seen with services such as [hims](#), [Ro](#), or — more recently — the [digital launch](#) in May of Evofem’s Phexxi contraception product.

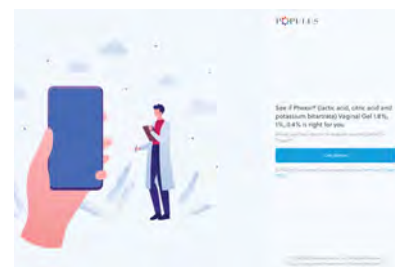
The “Phexxi Concierge Experience” provides a comprehensive, streamlined digital experience where women can text with a prescriber, receive copay and prior authorization support, be connected to a retail pharmacy partner to ship directly to her home, and sign up for refill reminders and other support.



STEP ONE



STEP TWO



STEP THREE

The Phexxi experience is managed by telemedicine startup company Populus Media. “Telehealth has experienced explosive growth over the last nine months,” said Ray Rotolo, Co-Founder of Populus Media. “At one point in early June our network was experiencing volume 10x normal average. Visits have begun to normalize but we anticipate growth will continue. We are especially excited to see the growth of chronic and long-term conditions, such as oncology and CNS indications, now being managed through telehealth in some fashion.”

Telehealth startup Ro, which offers telehealth appointments and mail-order prescriptions, is **hitting record sales** every month. The company began in men’s health but “plans to expand into virtual urgent care visits, in-home testing, and caring for patients with chronic conditions using remote-patient monitoring,” **MedCityNews reported** in July.

“Services such as Ro are hitting the mark because they provide end-to-end care like Amazon,” said Kristin Milburn, Global Head of Digital Health Partnerships, Healthware Group. “Patients find a doc, get a script, and then fill the script — all in one place.”

Optimally, advanced telehealth services will include:

- In-network screening for HCPs based on insurance coverage
- Integrated telehealth consultation
- Prior-authorization process
- Remote diagnostics as required
- Specialty pharmacy integration and delivery

“I don’t know that, as an industry, we really have recognized the opportunity that telehealth brings as a whole.”

— Anonymous Pharmaceutical Executive,
Major Pharmaceutical Company

6. Improve Remote Visits. While telemedicine will likely continue to gain popularity even post-COVID-19, there are areas for improvement. Pharma can play a role in improving the experience for patients and HCPs — overcoming barriers to the technology and opening doors to wider long-term acceptance. Enabling easier access, providing technology training, and creating patient education content in a variety of easily shared formats will help patients and HCPs alike get more out of telehealth visits. Specifically, startups like RxNT, Prescibery or Populus, open opportunities to educate patients about treatment options while they are waiting in a digital waiting room pre- or post-visit. All this, with access to up-to-date patient health records to tailor content to a specific patient's condition.

7. Help HCPs Understand the Benefits of Telehealth. In categories where telehealth is appropriate, it provides a number of cost-saving advantages to providers, including:

- Fewer appointment no-shows
- Greater schedule flexibility and time savings
- Improved safety by limiting in-person contact
- Increased reimbursement/cost savings
- Reduced administrative burden
- Enabling providers to be more efficient and maximize billing opportunities, e.g., PAs and NPs can be available for scheduled and on-demand telehealth visits while doctors see the patients in person.

By encouraging the use of telehealth, pharmaceutical companies can enable a smoother path to prescription while easing administrative burden on HCPs. And in regions where it is allowed, pharmas can provide value by training physicians with the softer skills needed to make telehealth visits more effective, including training them on the technology — even us of a green-screen and lighting setup.

EHRs/EMRs Present Both Threats and Opportunities

EHRs/EMRs might be a positive addition to the modern medical practice — or they just might be a major nightmare, depending on who you ask. As the platforms evolve and EHR/EMR-related offerings mature, one thing is certain: more opportunities are surfacing for pharma to be present within these platforms at precisely the right time at the point of care.

THE BANE OF PHYSICIANS' EXISTENCES?


Treatment protocols and guidelines have been present in the medical community for some time, but physicians are reporting that, now more than ever, those protocols are being enforced. Fifty percent of physicians surveyed by [the Physicians Foundation](#) said that hospitals are exerting stronger influence over the organization and delivery of healthcare as a result of the pandemic. HCPs are further losing their autonomy to treat, with health system-enforced performance metrics driving treatment decisions and removing physician choice for care.

Often, EHRs/EMRs are the conduit for this enforcement, yet these notoriously static systems have not adapted to the agile environment required during COVID-19.





NOW, A SYSTEM THAT WAS SIMPLY FRUSTRATING BEFORE THE PANDEMIC HAS BECOME ALMOST UNBEARABLE



“As clinicians today, we have to follow a clinical pathway that is prescriptive in design by the EHR,” explained Rebecca Love, MSN, FIEL, Principal of Clinical Innovation at OptimizeRx. “For many, EHRs have become a ‘digital drudgery’ that has been compounded in this pandemic. Now, a system that was simply frustrating before the pandemic has become almost unbearable, as EHRs were not designed for flexibility or innovation, which is critical to save patient lives during a pandemic.”

While physician burnout was already surging before COVID-19, EHR/EMR saturation and workload for HCPs have peaked in recent months, exacerbating existing problems. In a “Perspective” editorial featured in the June 2020 issue of [NEJM](#), Pamela Hartzband, M.D. and Jerome Groopman, M.D. made their thoughts clear: “The EHR, initially lauded for its potential as a repository of patient information, has become a tyrannical, time-consuming billing tool.”

THE CHANCE FOR SOMETHING BETTER

EHRs/EMRs, while a nemesis to many HCPs, are a critical component of the treatment process flow today, and pharma has an opportunity to improve the experience for the HCP and, by association, the patient experience. Nearly 30% of surveyed pharma marketers stated increased EHR utilization during the pandemic has had a positive impact on their businesses (DHC Pharmaceutical Survey, Oct. 2020).

Eighty percent of HCPs are requesting information from manufacturers inside their EHR/EMR (Sermo study), representing a largely untapped opportunity to engage with providers where they spend much of their time. With reduced sales rep access, pharma has an opportunity to be present at the point of care via the EHR, for example, to serve a very specific message to the HCP to prompt a productive patient conversation. “Doctors are on their computer six hours a day, minimum,” said Febbo. “If you have a way to capture their attention with content that's relevant at that moment, that's a good shot on goal.”

MAKING THE EHR/EMR WORK SMARTER AND HARDER

1. Become Part of the EHR/EMR Workflow.

Technologies such as OptimizeRx can enable manufacturers to communicate with providers and patients at the most impactful points along the patient journey. In the clinical workflow today, EHR/EMR solutions can deliver treatment-specific information to providers at precisely the point at which they are discussing diagnosis, planning treatment, and prescribing with the patient. These communications are extremely relevant and context-specific because they are distributed based on NPI, NDC, ICD-10, and other experiential data points. OptimizeRx, for example, can:

- Suggest your medication in IDN's clinical pathways, recommending a product based on ICD-10 diagnosis codes
- Highlight cost and coverage information at the point of therapeutic consideration
- Provide patient support/copay support visibility at the point of therapeutic consideration
- Enable Patient Support Program (PSP) enrollment at the point of prescription
- Suggest follow-up on fulfillment of first prescription

2. Deploy AI Solutions for EHR. The incorporation of artificial intelligence (AI) into EHRs/EMRs holds great promise. Organizations such as the University of Missouri and Siemens Healthineers are **partnering to pioneer** cutting-edge methods of integrating AI into clinical decision support, a powerful combination with the potential to:

- Address the challenges of complex clinical decision-making at the point of care
- Speed the time and accuracy of diagnoses — particularly in rare diseases
- Incorporate and simplify complex treatment protocols at precisely the right time and recommend a treatment path

- Estimate patient risk and outcomes based on treatment
- Enable and automate information sharing across a patient's often-otherwise-disconnected clinical team

Pharma can seek partnerships to sponsor these types of collaborations and innovations. Doing so will not only harness the possibilities of these promising technologies, it represents the chance to move beyond the static, prescriptive EHR/EMR algorithms of today for better patient outcomes tomorrow.

3. Provide the Resources Healthcare Systems

Need Now. Even without tools like OptimizeRx or powerful AI platforms, pharmaceutical companies can still provide critical resources directly through EHR/EMRs in support of the safe and appropriate use of their prescription products. Checklists, dosing information, product use guidelines and other information is being made available through portals for health systems' IT teams to download and install directly into their EHR/EMR systems. Downloads can be automated so that systems stay up to date.

Peer-to-Peer Exchanges in the COVID-19 Era

Healthcare providers rely on conferences, symposia, speaker programs, and other peer-to-peer engagements to keep up to date on the most recent developments in the field and interact with their peers. Unfortunately, the shift to remote conferences has limited the opportunity for pharma companies to effectively sponsor or physically participate in these critical engagements, which can be particularly crippling when it comes to new product launches or big data reveals.

Speaker Programs

Since the pandemic began, many (if not most) companies and brands pivoted to a virtual setting for speaker programs in 2020, with plans to keep an enduring virtual option for at least some portion of future speaker programs. A handful of companies reported plans to host hybrid formats, with some attendees live and others watching via a live or recorded webcast, although the fall 2020 “third wave” of the virus outbreak is likely hindering at least the live portion of these plans. The total number of programs is down slightly compared with 2019, and in general have seen smaller formats versus traditional large, dinner-based speaker programs.

Medical Conferences

Hundreds of medical conferences have been cancelled, postponed, or moved online due to the COVID-19 pandemic. The **good news** is, the move to virtual conference formats, if it is sustained, will result in more affordable, international, and inclusive events into the future. While the move to virtual conference formats has gone smoothly in many cases, with attendees appreciating the digitized materials and recorded

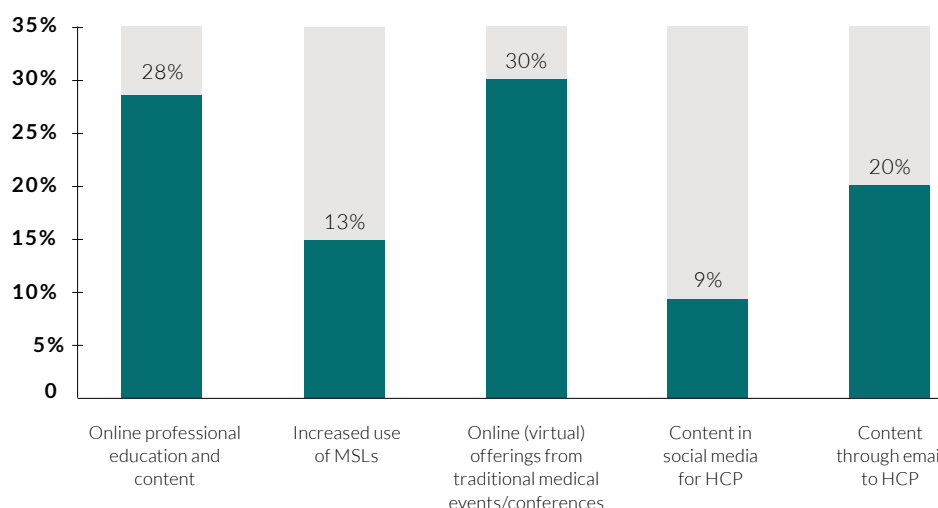
sessions available on demand, the greatest loss has been the unplanned interpersonal interactions that come with a live conference format.

The lack of in-person medical events in 2020 has led marketers to fill the gap via digital/virtual offerings and an increase in the use of MSLs (Figure 32). Interviews with physicians across Europe revealed physicians are favoring medical interactions over commercial ones.

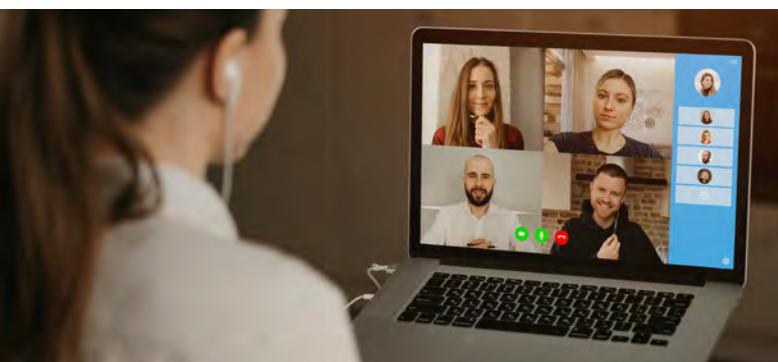
The trend is likely to carry on into 2021. In the same DHC Pharmaceutical Survey, 63% of surveyed pharma marketers indicated they will spend less on in-person medical events and conferences in 2021 compared with 2020, while 79% indicated they will spend more on online medical events and conferences.

The development of an engaging digital peer-to-peer and congress strategy is difficult — but possible — and of the utmost importance to brands that need to reach HCPs, encourage dialogue, and make a lasting impression.

Figure 32. How Organizations Are Filling the Gap in Professional Education/Outreach



Source: DHC Pharmaceutical Survey, Oct. 2020



Strategies for Improving Peer-to-Peer in a Pandemic

1. Think Beyond the MD. COVID-19 presents an opportunity to reach a broader, previously untapped audience of HCPs such as NPs, PAs, and nurses. Historically, these important care providers have had far less support from their institutions to participate in conferences and often paid for attendance themselves without reimbursement. With the rise of virtual congresses, traditional barriers to attendance such as time commitments and travel costs have been substantially mitigated. In addition, the federal government and many states have **loosened practice restrictions** on NPs to maximize the availability of clinicians to treat patients during the pandemic — meaning more patients are seeing and receiving prescriptions for treatments from these clinicians. Pharma sales and marketing organizations should increase efforts to engage this important audience through unique peer-to-peer programs.

2. Approach Conferences Differently. Instead of just trying to replicate the offline to online, rethink conferences as fully interactive virtual experiences that span time and become a combination of synchronous and asynchronous activities, connecting HCPs and enabling scientific exchange among themselves and pharma. Host virtual medical affairs booth experiences with an eye for stimulating engagement and exchange. Incorporate digital collaborative workspaces to gain KOL insights as data unfolds, and provide a platform for continued feedback.

3. Stay Connected With More Engaging Speaker Programs. When speaker programs are hosted virtually, choose a host who can help draw out the audience. Set attendees' expectations for an active discussion by sharing an agenda at the beginning of each engagement. Build in more discussion time, incorporate personalization, and plan for discussion prompts and interactive elements such as polling throughout the program.

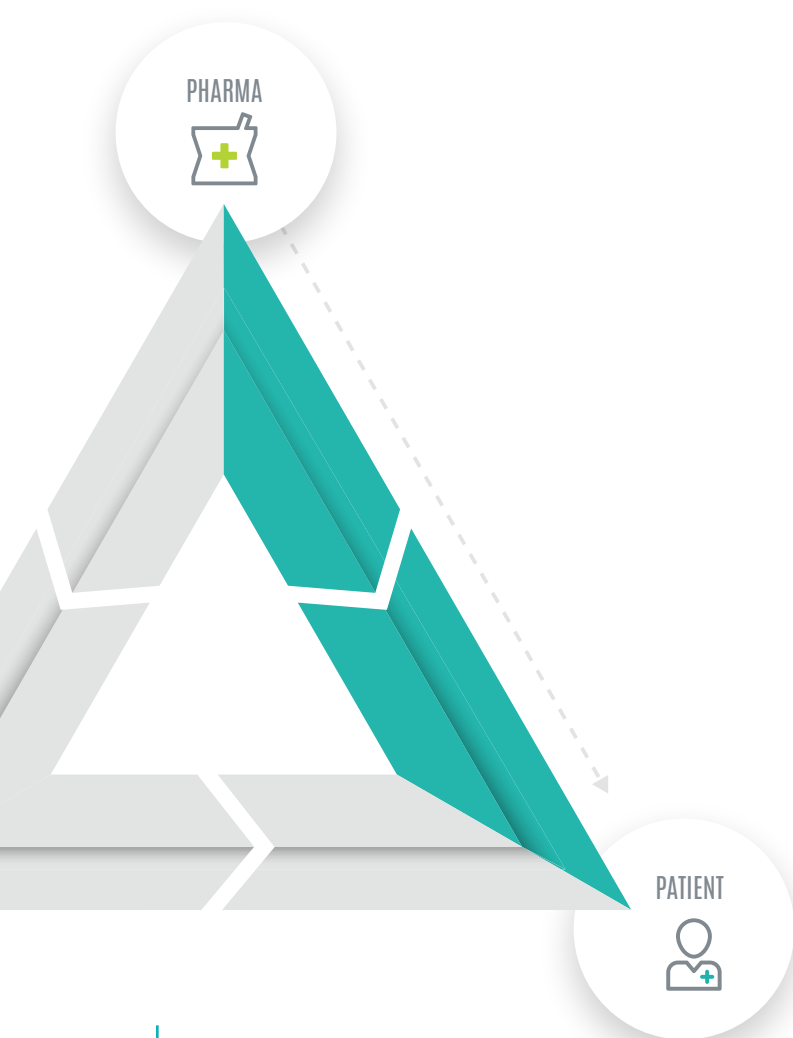
It is also worth noting that speaker programs represent an opportunity to stay connected to those clinicians who receive less attention yet are crucial to healthcare delivery: NPs, PAs, and nurses. They often attend these programs more than the MDs do themselves.

4. Provide the Wow Factor. Often at a conference, getting an HCP's attention is about giving them an experience to remember, and the virtual setting is no exception. Across conferences, speaker programs, advisory boards, and other local and regional online events, manufacturers can provide immersive virtual- and mixed-reality experiences that remove the borders of conventional learning and improve message retention.

5. Fill the Gaps Between Events. Develop and deploy a suite of MSL tactics to fill the gap of reduced rep access and in-person interactions at events. Provide interactive live and on-demand webinars – both national and/or regional. Offer small-group and roundtable virtual engagements in environments beyond the traditional 1:1 to stimulate creative exchange of ideas and fill the networking void. Build in deliberate time, breakout rooms, and points for discussion to give HCPs the peer interaction they crave.

STEPPING UP SUPPORT FOR PATIENTS

SECTION 03



"When the pandemic hit, we saw pharma double down on their interest in helping patients in terms of financial assistance."

— Steve Silvestro, Chief Commercial Officer, OptimizeRx

In our [whitepaper](#), "The Aftermath: COVID-19 Insights & Recommendations - How the Pandemic Will Forever Change Pharma Sales & Marketing," which was released in May, we titled the consumer-focused chapter "Failing Our Patients Is Not an Option."

We pointed to facts and figures on new consumer financial challenges, as well as evidence that patients were not seeking care when they should. We cited data demonstrating that both physicians and pharma executives were extremely concerned for the well-being of patients in the wake of the COVID-19 crisis.

In the meantime, HCPs — and the laws that govern their interactions with patients — were shifting quickly to provide care via telemedicine, covering diagnoses and prescriptions that may have otherwise been missed or delayed. Pharma, too, pivoted quickly to provide unprecedented financial assistance [via low- or no-cost programs](#) and enhanced patient assistance programs.

While there were some fears around the viability of pharma's supply chain in the wake of the pandemic, those fears were largely unfounded. Finally, among other actions taken, we saw pharma [increase its spend in DTC advertising](#) — especially television — keeping healthcare top of mind for consumers.

Fast Forward to Fall 2020

Was it enough? As we revisit patient circumstances six months later, if anything has changed, it is that the situation for patients has become more dire. A heavy financial burden, widespread unemployment, and insurance vulnerability remain high. A reluctance to visit healthcare facilities to receive care — while improved since spring shutdowns — persists. A late-autumn surge in U.S. COVID-19 cases has brought about record-breaking case numbers, regional waves of new restrictions, and public health officials urging Americans: “don’t leave home if you don’t have to.”

“Patients still need care in a lot of ways beyond COVID. The world goes on, and patients still need support, education, and solutions,” said one marketing leader at a major pharmaceutical company.

With limited access to HCPs, a reluctance to seek treatment, and an overwhelmed healthcare system, patients are faced with taking control of their own health — and they continue to need help. The increased patient burden has major implications for how pharma engages, educates, and supports patients.

“In the beginning, pharma’s focus was to shore up what to do with the reps. Now, there’s an opportunity to shift focus to the consumers. Pharma can move towards a softer metric of empathy for patients,” said Mark Bard, Co-founder, DHC Group.

Pharma must shift its thinking. DTC awareness efforts will remain important in driving product and disease awareness in many categories. But there is a new (and needed) opportunity to become the patient’s true partner along a new diagnosis-to-treatment journey. This can be accomplished by tuning in to patient needs, providing support services earlier in the treatment journey — even prior to product initiation, and using media in exciting new ways.

“In the beginning, pharma’s focus was to shore up what to do with the reps. Now, there’s an opportunity to shift focus to the consumers. Pharma can move towards a softer metric of empathy for patients.”

— Mark Bard, Co-founder, DHC Group



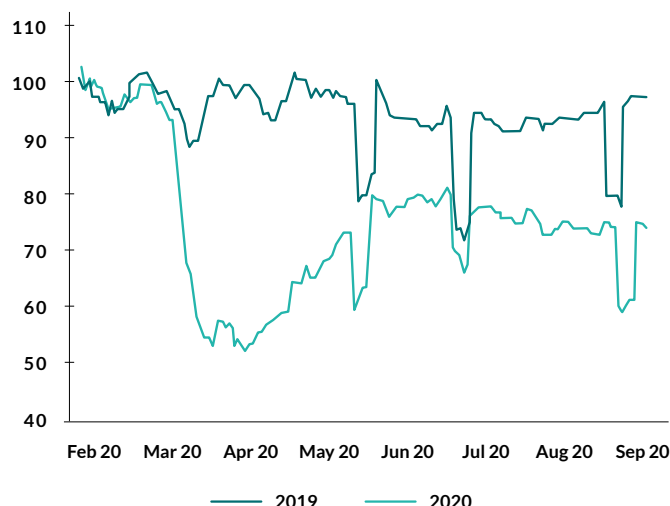
The State of HCP Visits — and Prescriptions

As stated in the section “[Rethinking the Way Pharma Engages Healthcare Professionals](#),” Veeva Crossix longitudinal patient data demonstrates that overall patient visits to HCPs — including in-person and via telehealth — continue to trend below 2019 values (Figure 33).

Healthcare and pharma companies are sponsoring large-scale campaigns to get people into the doctor’s office (such as [these three campaigns](#) from pharma) but to date, it’s unknown if these shotgun-style efforts are having an impact.

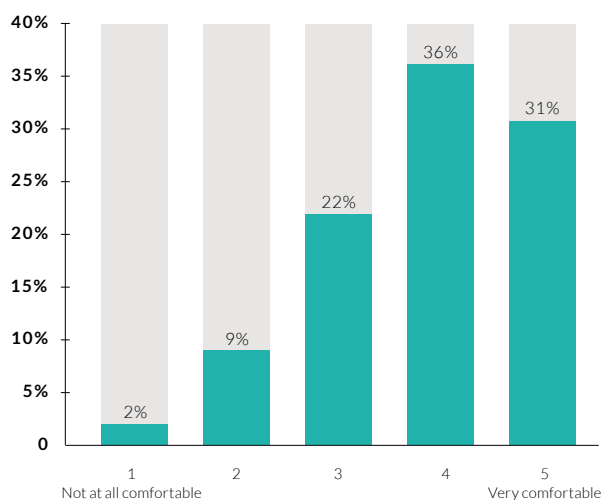
Despite the decline in overall visits, our physician survey demonstrated that most physicians report they are “comfortable” (Figure 34) starting new patient relationships in the COVID-19 era. Not surprisingly, physician specialty correlates with level of comfort, dermatologists being the most comfortable and rheumatologists the least comfortable (Figure 35).

Figure 33. Overall HCP Visitation is Still Below 2019 Values



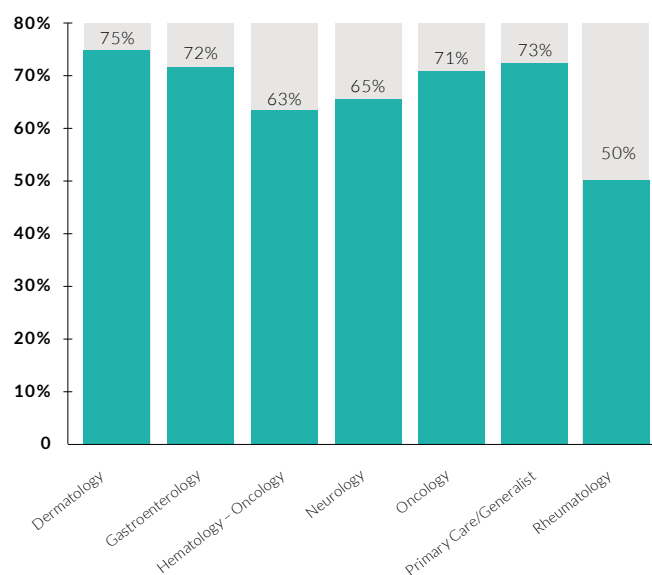
Source: Veeva Longitudinal Patient Data, Oct. 2020

Figure 34. Overall Level of Comfort in Seeing New Patients in the COVID-19 Era



Source: DHC Physician Survey, Oct. 2020

Figure 35. Percentage of Specialists Reporting They Are “Very Comfortable” (5) or “Comfortable” (4) Starting New Patient Relationships in the COVID-19 Era

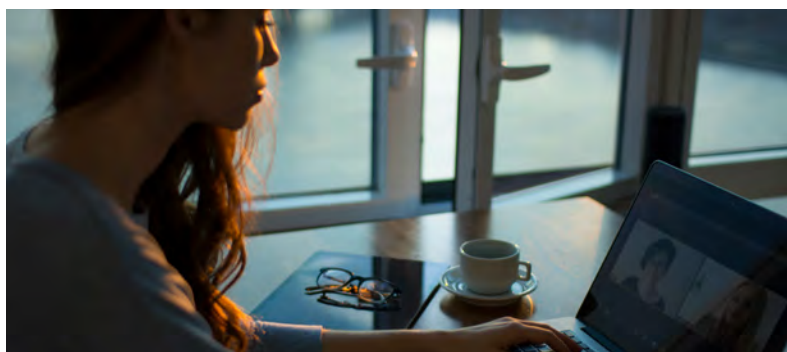


Source: DHC Physician Survey, Oct. 2020

A NEED TO REVIVE NEW PATIENT VISITS AND NBRX

While they are comfortable starting new patient relationships, there is a disconnect in physician prescribing behavior. New-to-brand prescriptions have been down since the inception of the pandemic and are still trending below 2019 values.

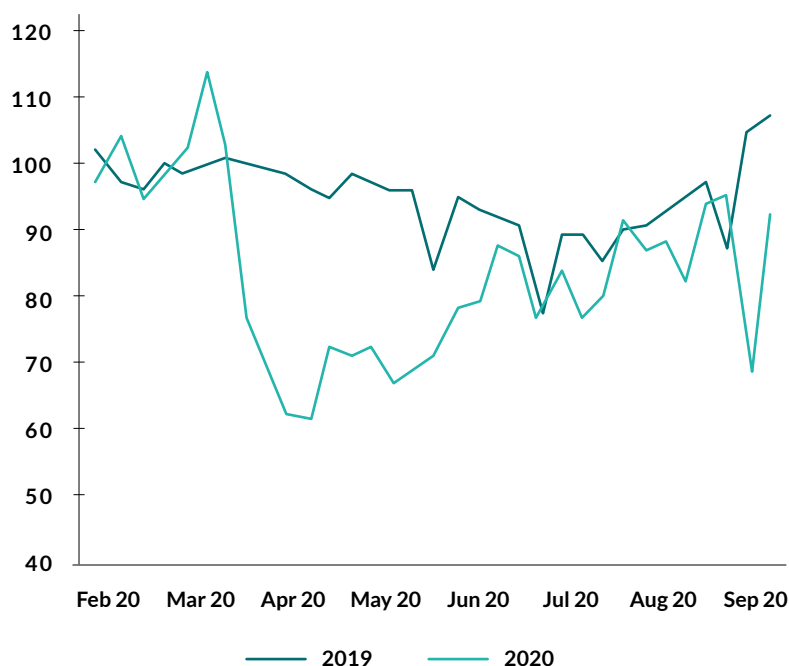
"At Veeva Crossix, we are seeing that gaps in NBRx and diagnoses vary by therapeutic category," said Asaf Evenhaim, CEO of Crossix at Veeva Systems. "There is no one-size-fits-all approach. Marketers need to leverage data to understand how the pandemic is impacting behavior for their specific patient population. For example, the continued use of telehealth varies, depending on the diagnosis and other socioeconomic factors."



"There is no one-size-fits-all approach. Marketers need to leverage data to understand how the pandemic is impacting behavior for their specific patient population."

— Asaf Evenhaim, CEO, Crossix
at Veeva Systems

Figure 36. NBRx is Still Trending Below 2019 Values



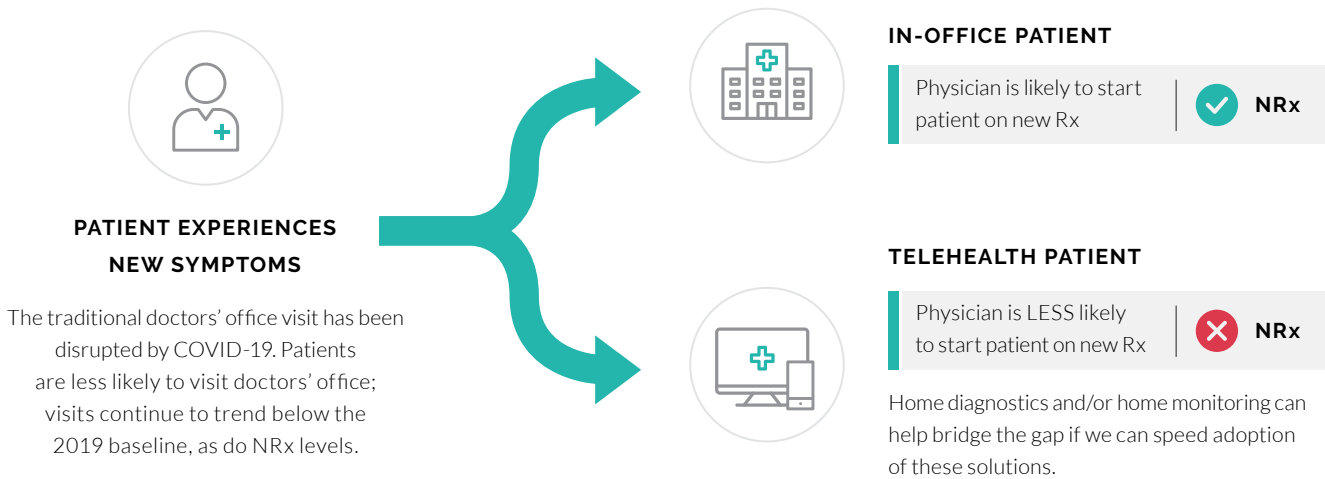
Source: Veeva Longitudinal Patient Data, Oct. 2020

THE IMPASSE

Total visits and NBRx volumes are down. Physicians report they are willing to take on new patients (telehealth or in-office), but they are not willing to start patients on advanced medication without the thorough monitoring and diagnostics that a regular, in-office visit cadence and “normal” environment provide. Add to that patient concerns about visiting offices during a pandemic, and we have one very large barrier, in need of innovative solutions.



Figure 37. Decline in Office Visits Results in Decline in NRx



Source: Intouch Group

Reassessing Patient Needs and Understanding Their New Journey

In the initial flurry of adapting, brands quickly augmented their plans to drive large-scale messages to patients and prospects: how to access telehealth, insurance coverage, etc.

In this next phase, we must go deeper. Marketers should review their latest data, social listening, and research to understand the disrupted path to prescription and, from that, create new patient journeys.

“You have to have the right data and insights. You have to really understand what’s happening,” said Serina Fischer, VP, Neuroscience Franchise, Takeda. “Initially, we all were making a lot of guesses.”

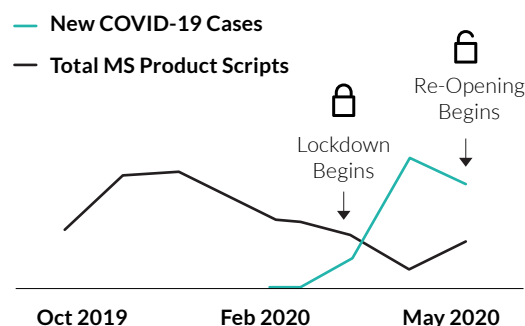
Now is the time to stop guessing and to begin developing our long-term solutions.

MINING NEW DATA TO UNDERSTAND AND RESPOND TO BARRIERS

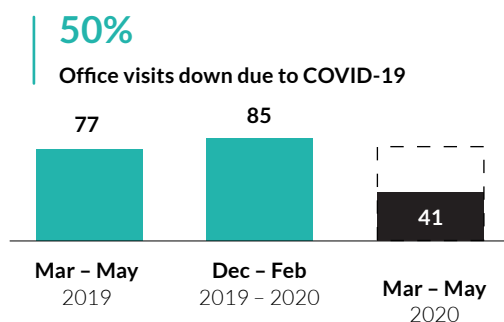
Today, the patient journey is changing from day to day, segment to segment, and locale to locale. Pharma companies need access to up-to-date information ranging from diagnosis to labs to procedures and treatment. Those who win in the future will be those who can quickly interpret changes and adapt to them.

The next examples show how data assessment has rapidly advanced. Figure 38 (our example from early in the pandemic) provides a snapshot of an obvious inverse relationship between multiple sclerosis (MS), COVID-19 infection trends, and prescription levels. This insight (at the time) proved the issue was not purely one of sales rep access. The significant decrease in patients visiting HCPs was a larger issue, and one against which we could activate solutions.

Figure 38. Early Pandemic Example



The impact of the COVID-19 pandemic cannot be understated — it has changed everything. Patients with MS may be at greater risk of exposure to the virus as they need to attend regular medical appointments.

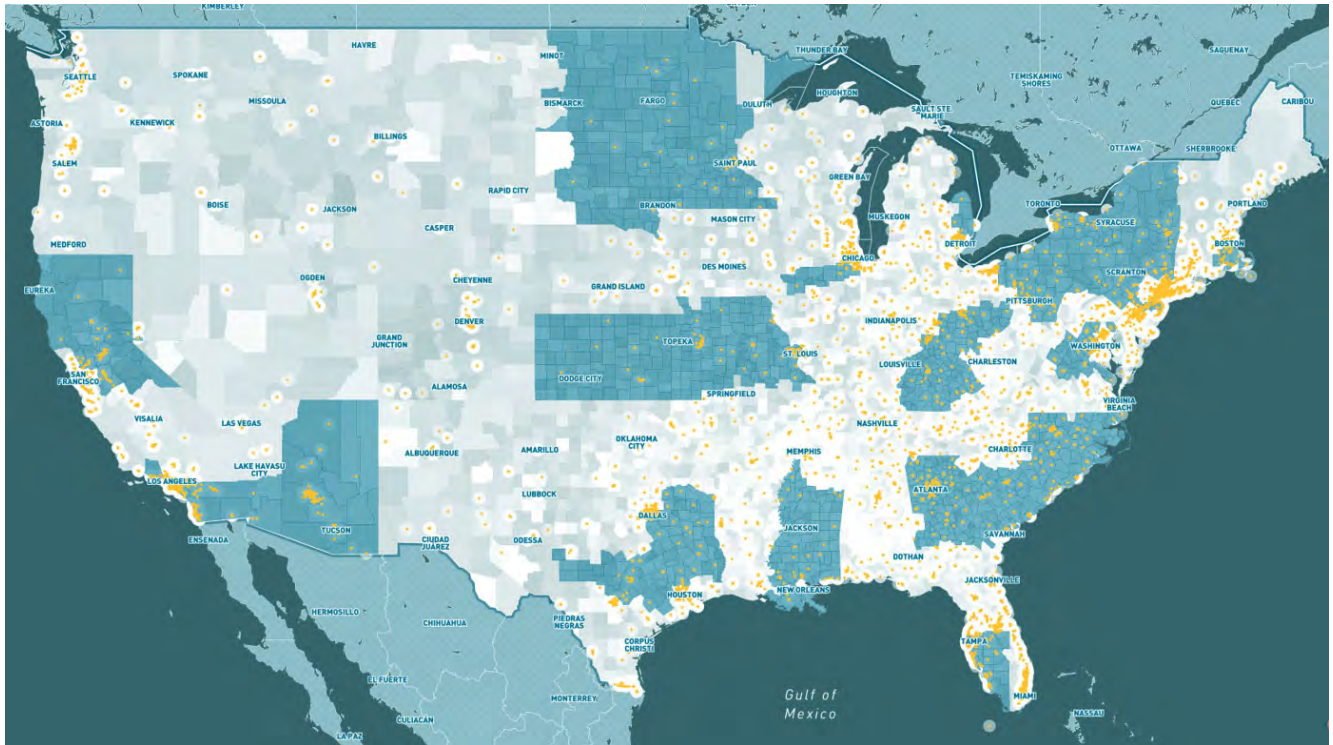


Although the number of in-person patients visits increased across all specialties post-lockdown they are still down 20% compared with pre-COVID-19 times. 46% of physicians believe that remote visits will continue in the long-term.

Source: CDC 2020. # of new COVID-19 infections. HealthVerity data on 102 MS Patients from Oct. 2019 to May 2020. ZS Associates "Voice of Customer and How Pharma Can Respond," Sept. 2020

The more recent example, Figure 39, demonstrates more advanced data trending. It shows COVID-19 hotspots over a two-week period, overlaid with HCP target data, incidence of MS, and the propensity of patients to adopt new therapy. These insights allowed the brand team to make dynamic changes to their plan. Media spend continued in the areas marked in light gray/gray, while areas in dark blue received more hands-on HCP/patient outreach tactics.

Figure 39. Advanced Approach



Source: Data on file: CDC COVID-19 Infections, Incidences of MS, Client Target HCP Target List and MS Propensity Model

**THE SIGNIFICANT DECREASE IN PATIENTS VISITING
HCPS WAS A LARGER ISSUE, AND ONE AGAINST
WHICH WE COULD ACTIVATE SOLUTIONS.**

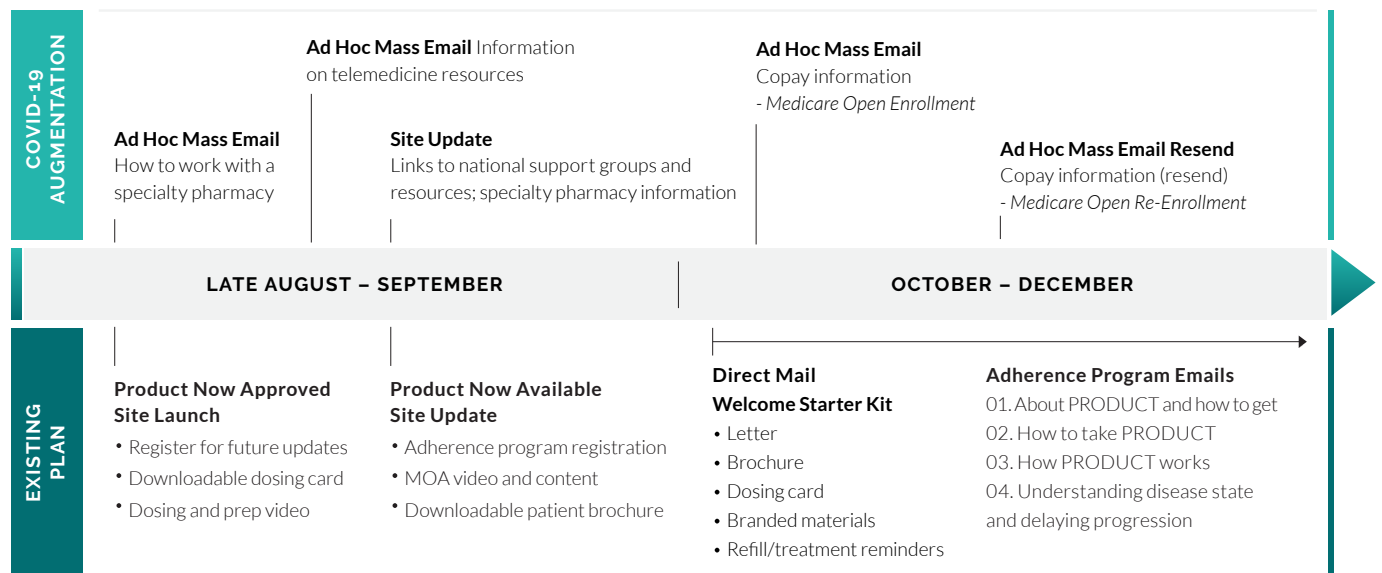
MAP THE NEW MOMENTS THAT MATTER

The process of mapping customer journeys helps us gain insights into common customer pain points, identify moments where companies can intervene to improve the patient experience, and offer a springboard for thinking to address key challenges.

The next two examples (Figures 40, 41) show the evolution of COVID-19 reactivity. Early on, mass messages were combined with blanket solutions: financial assistance, telehealth advice, etc. As our industry has advanced toward acceptance of long-term disruption, we must now do the deeper work to understand a larger shift in customer pain points.



Figure 40. Early Pandemic Example



Source: Intouch Group

Figure 41. Patient Support Content/Program Overview – The New Moments That Matter

	PATIENT SYMPTOMS	DIAGNOSIS AND EDUCATION	INITIATING TREATMENT	TRIAL/SWITCH AND ADOPTION	STAYING ON TREATMENT
Beliefs & Behaviors	<ul style="list-style-type: none"> Begins experiencing health-related concerns and visits HCP Trying to get to root cause Takes tests 	<ul style="list-style-type: none"> HCP explains disease state and treatment options, <i>prompting a doctor visit</i> Little understanding of new diagnosis Overwhelmed by new information 	<ul style="list-style-type: none"> Begins exploring other treatment options, managing other conditions, <i>prompting a doctor visit</i> Looking for more information on foods <i>I can't get fresh food at the store right now</i> 	<ul style="list-style-type: none"> Starts taking product as a new treatment option, <i>prompting a doctor visit</i> Trying to add this to their existing medication routine 	<ul style="list-style-type: none"> Believes that taking new treatment is convenient and easy May be using caregiver Continues to question if drug is working since not feeling the effect
Desired Beliefs & Behaviors	<ul style="list-style-type: none"> Asks lots of questions Starts researching things on their own 	<ul style="list-style-type: none"> Follow-up discussion around healthy lifestyle, <i>prompting another visit to review blood results</i> 	<ul style="list-style-type: none"> May start experiencing AEs, <i>prompting doctor visit/titration</i> Likes hearing from others like them 	<ul style="list-style-type: none"> May experience some AEs but considered tolerable 	<ul style="list-style-type: none"> May still need a compelling explanation for why they need to take the medication on a long-term basis
Motivations & Needs	<ul style="list-style-type: none"> Confused and frustrated by test results and what they mean Desire to have things explained in a simple and clear manner 	<ul style="list-style-type: none"> Continuing to research things online Concerned about cost implications <i>Weighing and managing the cost of all my meds right now</i> 	<ul style="list-style-type: none"> Pill burden and size may be a problem, <i>prompting a doctor visit</i> Experiencing a range of daily challenges (physical + emotional), <i>prompting a new specialist visit, i.e., psychologist</i> 	<ul style="list-style-type: none"> Cost is still a concern May have lingering questions about how the drug works in the body 	<ul style="list-style-type: none"> Continuing to look for health/wellness information Wants to feel connected to others Staying motivated
Challenges	<ul style="list-style-type: none"> Scared of the unknown 	<ul style="list-style-type: none"> Fear of disease progression <i>Testing/checking numbers regularly</i> 	<ul style="list-style-type: none"> May be using a caregiver 	<ul style="list-style-type: none"> May not feel immediate relief 	<ul style="list-style-type: none"> Cost still a concern

■ = Moment That Matters

Source: Intouch Group

The teal bars above (Figure 41) highlight areas of the journey that have taken on greater significance since the pandemic. Diagnosis and treatment-initiation phases, which involve physician discussion, are areas most in need of attention. New and changing solutions are required to help patients through financial decisions, emotional burdens, and social-distance fears.



MAKE CONVERSATIONS COUNT

Language has always been important to marketers. But now more than ever, words make a difference, as patient-to-HCP conversations are happening less frequently, especially in-person. Patients often talk about feeling overwhelmed and intimidated by the terms HCPs use to describe their condition and treatment options, as these tend to be too clinical. Conversely, doctors may underestimate the severity of a patient's symptoms because of the words they use. The rise in virtual/video patient visits is exacerbating the language issue and leading to delays in diagnosis and development of treatment plans. Educating HCPs about patients' lexical barriers, while encouraging patients to use specific terms with their doctors, has never been more crucial.

Figure 42. Patient-HCP Language Barriers

**Doc, my bowels are out of control.
I've tried all the OTCs you gave me.**

**Well, since I'm not hearing you are
in pain, let's try a combo of the OTCs
and maybe a steroid.**



Educating HCPs about patients' lexical barriers, while encouraging patients to use specific terms with their doctors, has never been more crucial.

"Language is now becoming paramount," said Larry Smith, Senior Director, Patient Marketing, GI Business Unit, Takeda. "We have data that shows it takes upwards of four to six visits for a patient to be diagnosed with IBD. There's still a chasm of quality clinical-to-patient communication. We have to dig into a deeper realm to learn how to do that better."

Creating a layman's lexicon that speaks to patients plainly, directly, and clearly will bridge the "gap of understanding" between HCP and patient, leading to quicker diagnosis and treatment decisions. To achieve a proper and consistent language, an analysis can be conducted to examine existing category language and identify ideal terms for use. Artificial intelligence can be used to conduct lexical analysis across literature, search, social, competitors, and advisory board data sources to help determine the similarities and differences between patient and HCP language. Overcoming this language barrier can lead to a quicker diagnosis and prescription; and furthermore, using consistent language across HCPs and patients will allow brands to infuse their positioning, personality, and tone.

CREATE A CUSTOM AND DYNAMIC APPROACH

COVID-19 has highlighted the importance of a dynamic and tailored approach to marketing. Relevancy is key to getting patients' attention. To be relevant today, organizations must embrace both data and agility to be successful. Data is the ribbon that links strategy and creative with execution to create relevant, engaging patient experiences. Today's technology platforms enable agility and tailored, hyper-focused patient experiences, meaning brands can spend marketing dollars where they can have the greatest impact.

“With so many unknowns as we enter 2021, ‘agility and flexibility’ have become our underlying guiding principles,” said Ericka Higgins-Tothe, Senior Director, Omni-Channel Marketing, Novo Nordisk. “Having our technical capabilities in place is critical so that we have the ability to dial up and down across our paid and owned channels. We need the ability to quickly

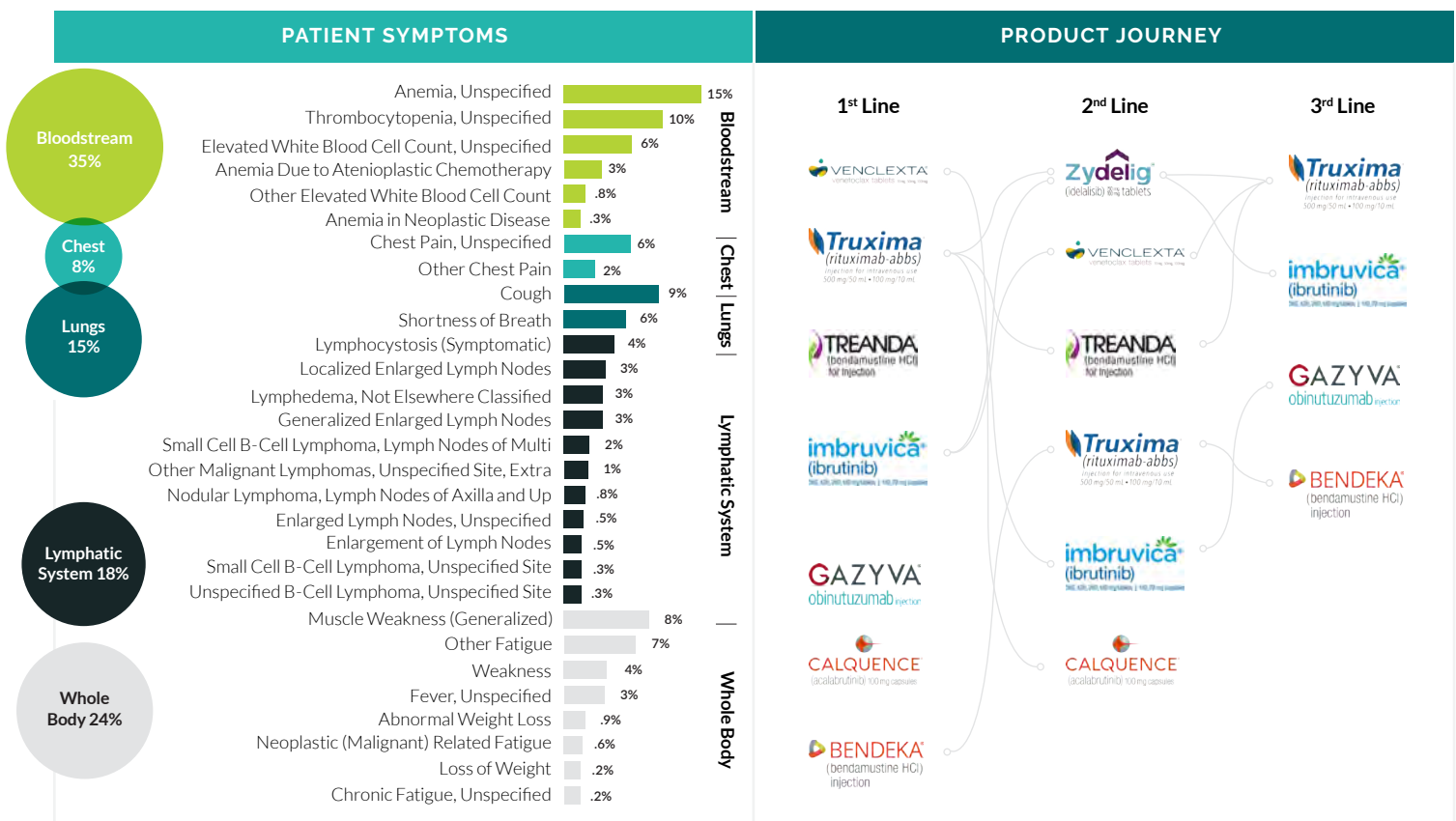
“We need the ability to quickly and seamlessly pivot based on what the data is telling us.”

— Ericka Higgins-Tothe, Senior Director, Omni-Channel Marketing, Novo Nordisk

and seamlessly pivot based on what the data is telling us and also have the means to rapidly update content for both personal and non-personal channels based on local customer needs.”

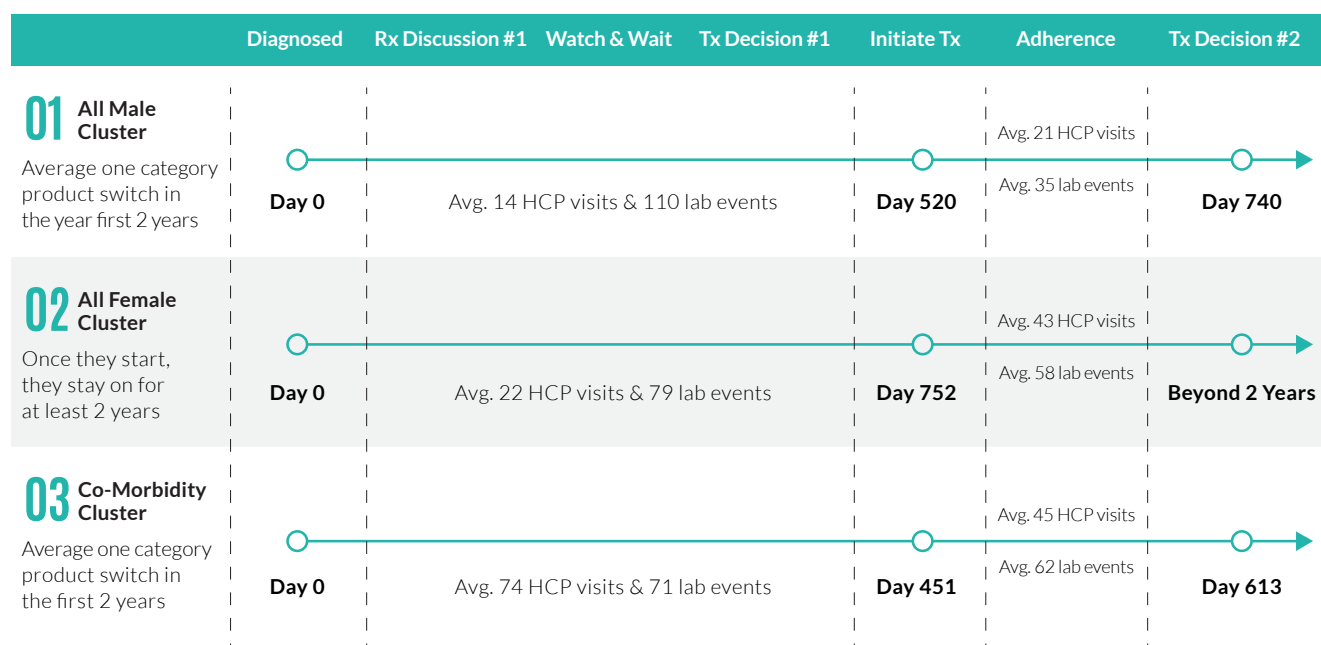
Following are examples of how leveraging data can create a deeper understanding of patients. Critical to success is not just having the data and insight but adapting to the changes that occur in those insights over time, whether due to patient response and/or changing market dynamics like COVID-19. Through the use of data, brands can ensure “relevancy” from the beginning to the end of a campaign by providing a tailored and dynamic approach to patients. Knowing may be half the battle, but the other half is just as critical ... doing something about it.

Figure 43. Defining the Moments That Matter



Source: HealthVerity data, Oct. 2020 & Intouch Group, Oct. 2020

Figure 44. Expected Timeframes for Major Patient Journey Milestones (Example)



Source: HealthVerity data, Oct. 2020 & Intouch Group, Oct. 2020


THINK OUTSIDE THE PHARMA BOX

Customer centricity is not a new concept in marketing, but few would argue that the pharma industry as a whole has not achieved it yet — particularly in comparison with other industries. “The expectation is that pharma is just as advanced as other industries when it comes to learning about your habits, your behavior, your likes, your dislikes,” said Kim Gariepy, Head of Marketing – Oncology, Pharmacyclics. “How can we get more sophisticated to connect all these dots and build an experience?”

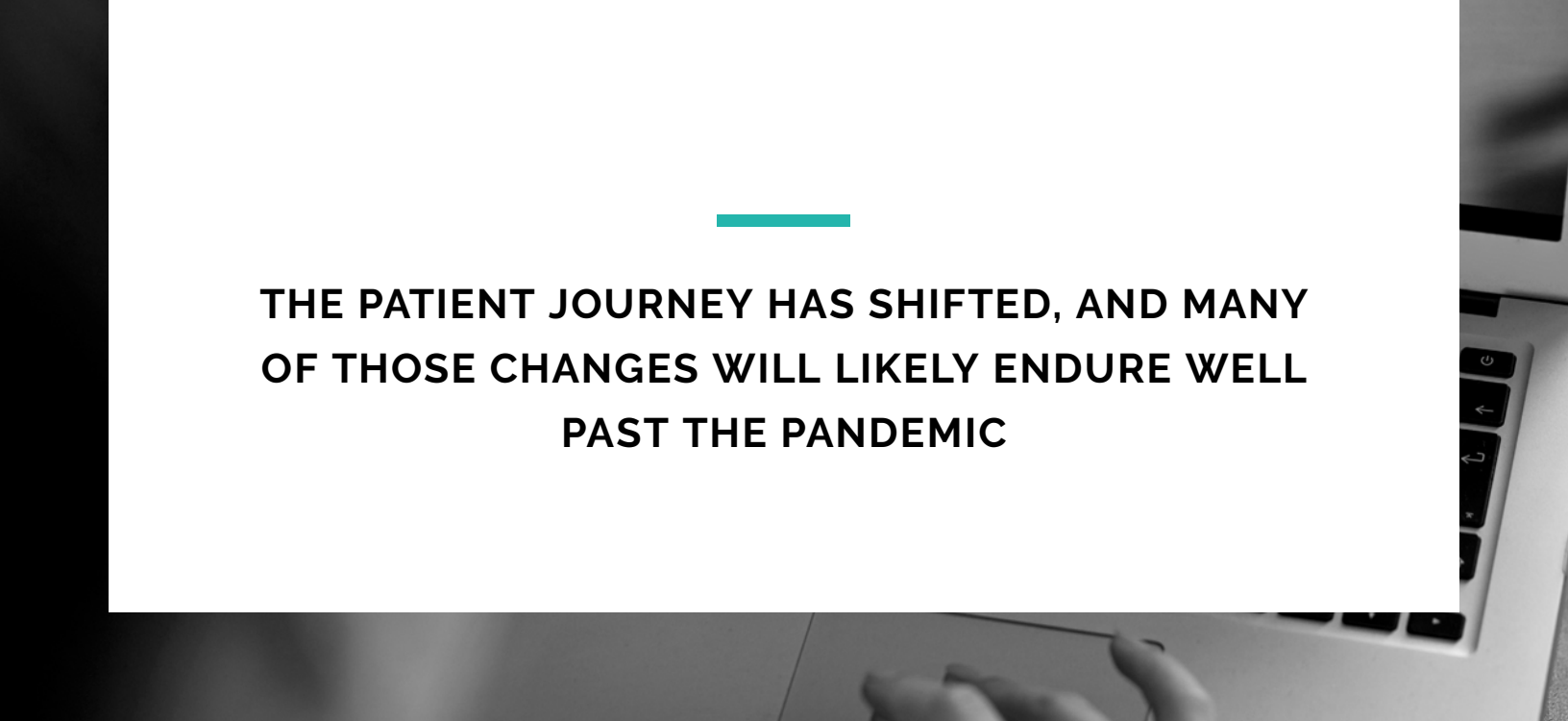
Life science leaders can take a page from those outside the industry to rethink the healthcare delivery model and introduce a more customer-centric approach in light of the pandemic and beyond.

For example:

- In November, **Amazon announced** it launched an online pharmacy where customers can purchase prescription medications through its online store. Amazon Prime members receive free two-day delivery and up to 80% savings when paying without insurance.
- In October, online pet supply store **Chewy.com began offering** a new telehealth veterinarian service free for its Autoship customers. While the pandemic was still keeping many people at home, pets still needed care — and Chewy.com stepped up to provide convenient veterinarian triage, free of charge.
- Fast food chains such as Wendy's, Chipotle, and Burger King are **doubling down on digital**, adjusting quickly to provide new ways to order; streamlining drive-thrus with improved technology; and implementing other innovations to remain relevant.



THE PATIENT JOURNEY HAS SHIFTED, AND MANY OF THOSE CHANGES WILL LIKELY ENDURE WELL PAST THE PANDEMIC



“Look at Amazon. They get to know you — who you are — and then they’re able to deliver the goods, services and ideas around those behaviors. The more we can personalize, the more we can say, ‘here’s what you need.’ The digital world of marketing has evolved to that in all other aspects; pharma needs to evolve to it faster,” said Larry Smith, Senior Director, Patient Marketing, GI Business Unit, Takeda.

The patient journey has shifted, and many of those changes will likely endure well past the pandemic. Consumer marketers can review and update their brands’ patient journeys by mining new data to respond to new barriers, mapping the moments that matter the most, bridging the language gap, ensuring relevancy through data, and looking outside the industry for relevant analogs.

Enhance Patient Services Programs

In our survey of more than 100 physicians this spring, 76% asked for enhanced PSPs and financial support for their patients, and 46% asked for better adherence programs from pharma.

Pharmaceutical commercial organizations should continue to seek ways to further support patients by enhancing their PSPs and simplifying enrollment.

- Refine strategies for ensuring broader awareness of available programs, including integrating programs into telehealth workflows.
- Reduce and streamline steps to enrollment and open new channels, including HCP-initiated emails and text-to-enroll programs.
- Evolve PSPs to be more digital; identify areas where technology can enrich patients’ experiences with pharma. One example is to leverage DocuSign to allow forms signatures and other process improvements that bypass the need for a face-to-face HCP-patient interaction.
- Our [initial whitepaper](#) also provided valid strategies for improving PSPs, with tips for reinventing those programs by focusing on three areas: (a) helping ease the financial burden of the patient, (b) improving the overall patient experience and (c) focusing on mental health.

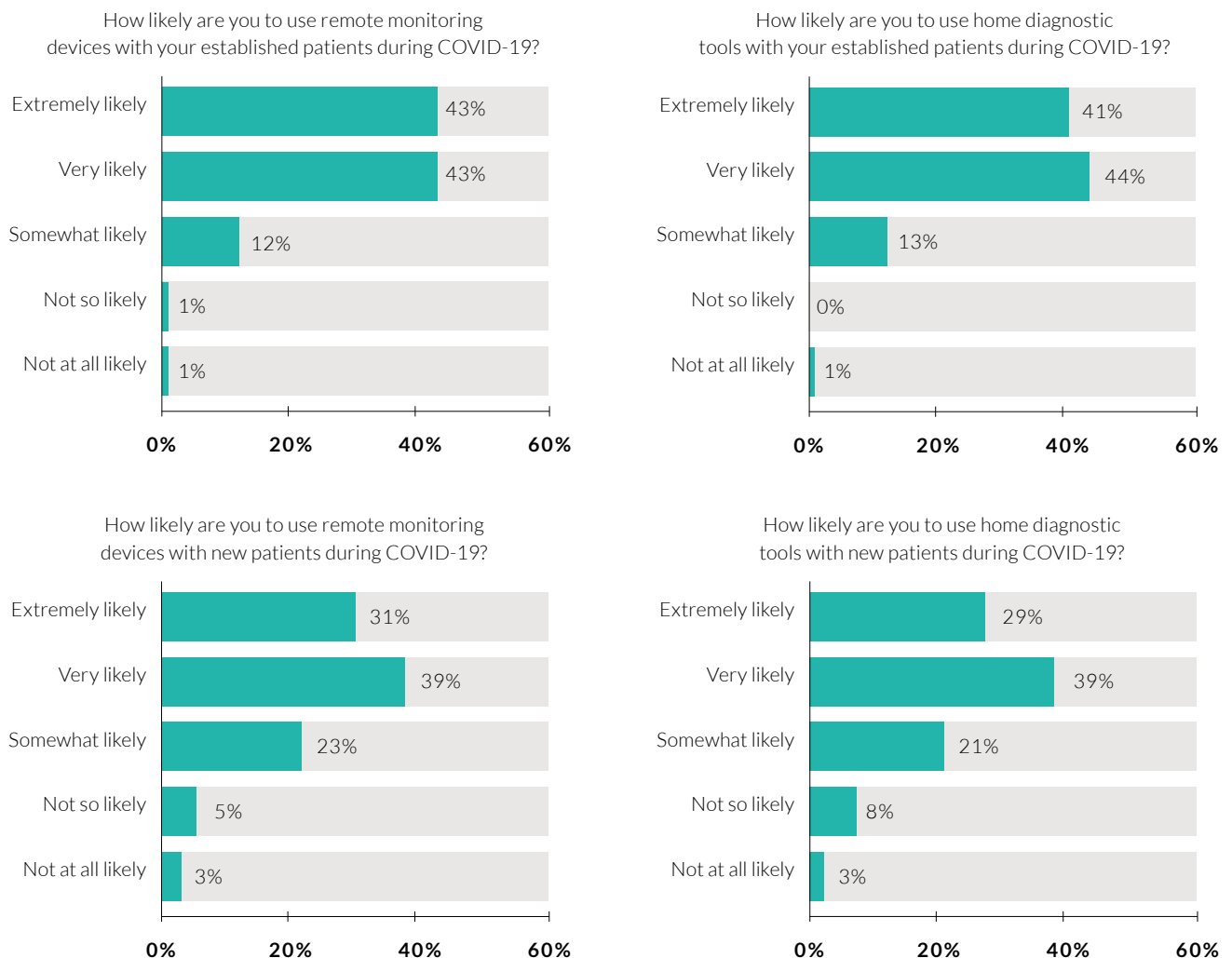
BUT NEW PATIENTS, AND NRX, NEED MORE HELP

The successful continuation of care through COVID-19 has in large part been aided by assistance from pharma support programs. But, as Mintu Turakhia, a cardiac electrophysiologist and executive director of Stanford's Center for Digital Health, pointed out in a 2020 [interview during the STAT Health Tech Summit](#), "We've seen the pivot to virtual care. We haven't seen the full pivot to remote

monitoring." This point highlights a transformation our industry must tackle soon: defining and adopting digital health.

Prior to COVID-19, HCPs had been reticent to use emerging home diagnostic and home monitoring technologies. Reimbursement challenges, clinical evidence gaps, and patient readiness all contributed to this disconnect. But need is clearly increasing, and as a result, sentiment is changing. A Sermo study fielded on this topic demonstrated this shift (Figure 45).

Figure 45. Physicians' Likelihood to Use Remote Monitoring and Diagnostics



Source: Sermo Realtime Survey, n=75 physicians, Dec. 2020

So yes, there is a long haul ahead in defining and adopting the transformation of digital health. But, with physicians more ready, and patients more in need, it's time for our industry to begin bridging the gap.

Sentiment Among HCPs Toward Home Diagnostics/Monitoring is Shifting

I think the remote monitoring is the best thing that has happened in medicine!

I need help on guiding and teaching patients on how to use the devices

Hopefully can increase in the future especially with patients that have difficulty getting to the office or times when influenza or other infection rates are high

These tools are huge patient satisfiers

Never as good as an office visit but will continue to need to increase use with increasing telehealth volumes

Source: Sermo Realtime Survey, n=75 physicians, Dec. 2020

PROVIDE WHITE-GLOVE PSP SERVICES EARLIER IN THE PATIENT JOURNEY

Hands-on assistance is required to overcome the in-office barrier and get NRx back on track. And hands-on assistance exists today in patient-support-program infrastructures.

Imagine the possibilities: Nurse or peer programs become a “Care Concierge Hotline” connecting diagnosed patients to available resources and advising them on how to advocate for their needs during doctor appointments, albeit virtual or in-office. An expanded ecosystem could also include:

- Providing patients with guided support for pre-/during-/post-visit needs via phone, email, MMS, or interactive video, counseling on:
 - If/when an appointment is needed
 - What type of appt is most appropriate (telehealth or in-office)
 - How to prepare for virtual or in-office appt(s)
 - After the appointment – now what?
- Sharing available educational tools/resources provided by HCPs or pharma companies with patients, along with other relevant, pre-approved supplemental peer resources such as:
 - Patient or health expert forums and disease education portals that promote community or feature KOLs
 - Effective health-tracking apps and wearables to track symptoms, questions, dosage, etc.; integrate further into healthcare portals and at-home diagnostic tests/kits for easy and timely transfer of info to HCPs and office staff
 - For those not digitally savvy or who prefer offline, provide printed journals/trackers to bring into appointments or show on screen during a telehealth appointment, or in a scan or fax

- Highly rated at-home diagnostic tools/kits
 - Recommend at-home diagnostic tests/kits based on initial support screening or post-appointment information; make tests and kits easy to pick up at the pharmacy with medications or be shipped to a patient's home if specialty
 - Partner with pharmacies to trigger a coupon at POS for an at-home diagnostic kit related to a prescription
- Creating digital forums (online chat functionality, webinars, sponsored content channels) for nursing assistants and office staff to connect with patients; without providing medical advice, share common protocols and help evaluate if an in-office appointment is needed or if telehealth is better first step, as well as whether at-home diagnostics are appropriate
 - Topics could include:
 - What qualifies as “urgent” for care
 - Financial/insurance process (Q&A sessions)
 - How to use DTC tests properly and the most legitimate brands/accurate products so patients can ask their HCP for more information

What it will take: In order to achieve new patient starts and adherence for new and existing patients, PSP efforts should be endorsed and actively prioritized at an enterprise level within pharma organizations and positioned as disease awareness versus brand-specific initiatives. This can foster positive perceptions of “big pharma” by putting patient needs in the spotlight, backed by funding and actions, while avoiding potential regulatory pitfalls in the branded space. A dedicated task force comprised of cross-functional stakeholders can streamline efforts and reduce organizational churn, ultimately benefitting patients with greater speed to market.

With a more holistic and brand-agnostic approach and budget, efficiencies can be gained when adding call center staff and optimizing or creating digital resources required for success. From digital self-

service tools and resources to a more full-service “call center concierge” model, there is also an opportunity to seek partnerships that lend credibility and provide medically sound recommendations to patients. Finally, training materials and closely monitored implementation are critical to ensure a consistent and effective patient experience and adhere to legal medical parameters.

Reconsider Media Strategies

A September 2020 article from [Pharmaceutical Executive](#) noted that iSpot.tv data shows that pharmaceutical advertising has been increasing in impression volume across all TV platforms in 2020, with ad spend expected to reach \$6.8 billion by the end of the year, nearly \$700 million more than last year. October 2020 [marked](#) another month of above-average spending for major pharma brands, tracking well above October 2019 spending.

While that may sound expensive, there's good news: The data is pointing to the fact that all this increased spending has been effective. And the future of TV effectiveness and reach looks brighter than ever before.

1. Use Media to Drive NBRx. According to Veeva Crossix, 2020 pharma media spending has been helping brands maintain share of voice and drive new-to-brand prescriptions. Audiences exposed to media are filling NBRx at a higher rate than the general market (Source: Veeva Crossix). “Marketers should continue to communicate with current and potential patients, and use data to guide their investment decisions,” Evenhaim emphasized.

2. Deploy Media to Enhance Adherence. National TV campaigns have the opportunity to impact adherence, too. “When Veeva Crossix analyzes the adherence impact of national TV campaigns for our clients, we see that TV messaging is an effective refill reminder and can serve to better support existing

patients,” said Evenhaim. While pharma marketers have traditionally focused on the beginning of the patient journey, Evenhaim explained, acquisition campaigns can also serve as effective reminders for current patients to take their medicine and refill prescriptions.

3. Understand the Future of Media. COVID-19 has brought about sweeping changes in TV viewing behaviors, tracking, and measurement. Linear (i.e., traditional) television, which has remained stagnant since the inception of cable, is facing a major inflection point as cord-cutting, the rise of “over-the-top” technology and the advent of addressable TV are unseating linear TV. To win in this new world, pharma marketers must be more proactive, adaptive, and open to new ideas when it comes to their media planning. See our media whitepaper, “[Future State: The New Media Landscape](#),” for an informative and educational deep dive into a complex and sometimes technical topic.

“Not a lot of people are sitting in front of traditional TV right now,” said Fischer. “They are glued to their phones, and they are watching shows in other places – like YouTube. We’re on Instagram. We’re on Twitter. We’re on Facebook. Our mix and the breadth have evolved with where our patients are. It’s not just about increasing your DTC spend, but about finding the right mix.”



**IT'S NOT JUST ABOUT INCREASING YOUR DTC
SPEND, BUT ABOUT FINDING THE RIGHT MIX.**



CONCLUSION

EMPATHY, CARING, & A CATALYST FOR CHANGE

Whether you and others within your organization are the type who view the COVID-19 pandemic as an obstruction to progress or an opportunity for an evolution, every pharmaceutical company continues to feel the impact of COVID-19 — on their employees, on their key relationships, and on their businesses.

From rethinking how we engage healthcare professionals, to embracing new opportunities at the point of care, to renewing our commitment to patients, the lessons learned now will have far-reaching implications for what comes next.

Moving forward, we must continue to make the effort to better understand those relationships and the shifts that have occurred within them. We must continue to support each other — and take care of ourselves at the same time. And while there is no doubt the pandemic represents an unprecedented and tragic loss of life, in some ways, it can also be viewed as a catalyst for positive change.

Make the Effort to Understand Deeply

Many executives we interviewed lamented that they believe pharma still has a poor understanding of the true needs of HCPs and patients. “As an industry, we could use more hyper-empathy,” said Larry Smith, Senior Director, Patient Marketing, GI Business Unit, Takeda. “We need to obsess more about our customers and empathize more with their experience. We need to really reveal those nuggets and then elevate our game by finding ways to intervene, disrupt, dazzle and delight our customers.”

Many recommended more marketing research, more social listening, more advisory boards, more data analysis, and increased efforts toward truly understanding HCP and patient challenges during this time.

“As an industry, we could use more hyper-empathy.”

— Larry Smith, Senior Director, Patient Marketing, GI Business Unit, Takeda

When it comes to a response to the COVID-19 crisis, one size clearly does not fit all. Conversations and conscious change must happen at the brand, portfolio, and company level. Every situation is different, and teams must work harder than ever to understand exactly HOW things have evolved — and what will remain — in this new normal.

Take Care of Your Teams, Your Colleagues, Yourself

Happy employees make better marketers; burned-out, stressed employees do not. Pharma leaders must find ways to ease the burden on pharma colleagues who have been focused on patients, their families, and everyone else but themselves. In industry interviews, multiple industry leaders expressed concern that our pharma colleagues continue to face grueling hours and high expectations. Workers have lost their commute time — often used to decompress — and their days repeatedly begin at 7 a.m. and go until 6 p.m. or beyond. Calendars are filled with unrelenting, back-to-back meetings

In the coming months, leaders must continue to make an extra effort to keep the work exciting and interesting, and keep teams motivated and engaged. Sometimes this looks like an organized team Zoom happy hour. Other times it looks like an online session with patients sharing their stories — a great way to boost team morale and learn more about how the patient journey has shifted.

COVID-19: The Ultimate Catalyst for Change

As we head into 2021, there is hope — hope for the improved health of our patients and our world; hope for a new vaccine; and hope for a return to normalcy. Vaccines are **beginning to roll out** in the UK; in the U.S., states are prepping for widespread

vaccine distribution and deployment. But as we move through what we hope is the tail-end of the coronavirus pandemic, we would be remiss if we did not pause to review and appreciate the lessons learned along the way.

Pharmaceutical companies — even the largest ones — can, in fact, be agile. Technology can be leveraged in ways never before dreamed possible to keep relationships strong. Laws and regulations can be adjusted to the benefit of patients and their care. “The new normal has led to an enduring normal,” said Intouch International’s managing director Ariel Salmang. “Nobody wants to go back to the way things were, pre-pandemic.”

Let us not lose sight of our progress and the lessons we have learned, but instead work to keep evolving and becoming ever better at understanding and serving our customers.

“It’s been terrible ... But it’s also been a catalyst for positive change.”

— Paul Tunnah, Chief Content Officer
& Managing Director, United Kingdom,
Healthware Group

THANK YOU

CONTRIBUTORS

DHC Group and Intouch Group wish to extend heartfelt gratitude to the clients, partners, industry thought leaders, employees, and friends who selflessly contributed their expertise to this whitepaper.

Anonymous, Executive, Major Pharmaceutical Company

Anonymous, Executive, Major Pharmaceutical Company

Roberto Ascione, CEO, Healthware Group

Mark Bard, Co-founder, DHC Group

Maria Cipicchio, VP, Marketing and Communications, OptimizeRx Corporation

David Davidovic, Founder, pathForward Strategic Consulting

Asaf Evenhaim, CEO, Crossix at Veeva Systems

William Febbo, CEO, OptimizeRx Corporation

Serina Fischer, VP, Neuroscience Franchise, Takeda

Kim Gariepy, Head of Marketing – Oncology, Pharmacyclics

Ericka Higgins-Tothe, Senior Director, Omni-Channel Marketing, Novo Nordisk

Rebecca Love, Principal of Clinical Innovation, OptimizeRx Corporation

Kristin Milburn, Global Head of Digital Health Partnerships, Healthware Group

Sue Niedrich, Founder and CEO, Pharma Digital Advisors, LLC

Miriam Paramore, President, OptimizeRx Corporation

Dan Rizzo, VP, Global Business Consulting, Veeva Systems

Ray Rotolo, Co-Founder, Populus

Ariel Salmang, Managing Director, Intouch International

Dan Seewald, Founder and CEO, Deliberate Innovation

Steve Silvestro, Chief Commercial Officer, OptimizeRx Corporation

Larry Smith, Senior Director, Patient Marketing, GI Business Unit, Takeda

Paul Tunnah, Chief Content Officer and Managing Director, United Kingdom, Healthware Group



For more than 20 years, Intouch Group has been proud to serve the pharmaceutical industry – the only industry on track to truly solve this pandemic.

We want to thank the men and women who have worked tirelessly to bring vaccines to market – an extraordinary achievement reached in record-breaking time. They are saving countless lives, and we are proud to call a number of these companies our clients.

CONTACT

KEEP IN TOUCH



INTOUCH  GROUP®

BRADY WALCOTT

Executive Vice President
Intouch Group

brady.walcott@intouchg.com



 **DHCGROUP**

MARK BARD

Co-Founder
Digital Health Coalition

mbard@thedhcgroupp.com

INTOUCH'S AFFILIATE NETWORK

INTOUCH  GROUP®

INTOUCH  SOLUTIONS®

INTOUCH  PROTO®

INTOUCH  SEVEN™

INTOUCH  B2D™

INTOUCH  MEDIA®

INTOUCH  ANALYTICS®

INTOUCH  INTERNATIONAL™



[Learn more](#) about
Intouch Group.



[Sign up](#) for future
reports and whitepapers.



[Read](#) our series of POVs on
the impact of COVID-19 on
pharma sales & marketing.

INTOUCH GROUP | Kansas City | Chicago | New York | Boston | San Francisco | San Diego | London | Mumbai

THERE'S MORE!

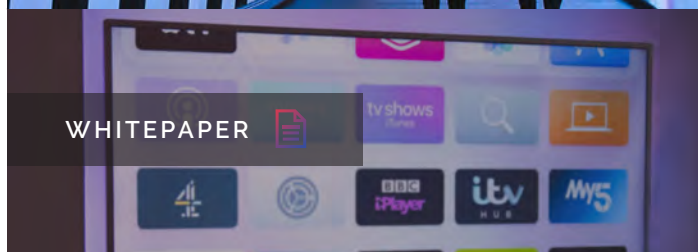
GAIN EVEN MORE INSIGHTS FROM THESE OTHER WHITEPAPERS



The Aftermath: COVID-19 Insights & Recommendations

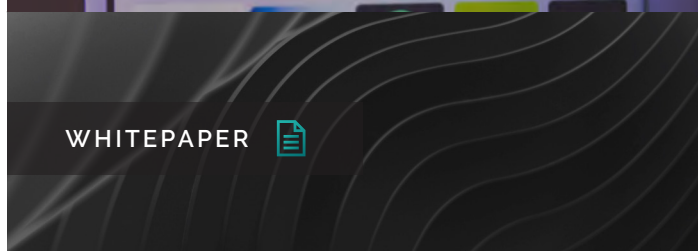
How the Pandemic Will Forever Change Pharma Sales & Marketing

[Access the whitepaper now](#)



Future State: The New Media Landscape

[Access the whitepaper now](#)



Modern Marketing: A Framework for the Future

[Access the whitepaper now](#)

BOOK A WORKSHOP FOR YOUR BRAND



COVID-19 Workshop: Prep your brand for what's to come.

Now available: A variety of virtual interactive workshops to help you and your team apply The Now & The Next in Pharma Marketing to your own unique brand and challenges. Get access to industry thought leaders and additional proprietary data. Contact **Brady Walcott** at brady.walcott@intouchg.com for more information.