Intelligent HCP Engagement in Europe

In collaboration with Across Health

Executive Summary

The go-to-market model for pharma has to change in order to maximize customer engagement while optimizing resources. Physicians are – on the whole – very open to digital communication with pharma, particularly 'digital natives' (which represent 70% of the HCP population in 2020). In addition, there are also robust digital engagement opportunities with 'digital immigrants', especially in the education space. Next to the age-related channel affinities, there is a broader trend away from the traditional 'relationship seeker' customers (only 25% of all specialists in EU5) towards 'independents' and 'knowledge seekers'.

The opportunity to reach hard to-see or even no-see HCPs is clearly there, as is the opportunity to substitute face-to-face calls with other channels and content, depending on the physician's age and preferences. The concept of the multichannel rep, however, does not just mean adding multichannel promotional activities to traditional face-to-face calling. This misconception can lead to customer disenchantment and risk even further access restrictions. The multichannel rep has great potential to improve customer engagement effectively and efficiently by taking an organized and responsive approach to customer engagement planning, but when used inappropriately can damage long-standing relationships.

In summary, the multichannel rep will play a key role in helping pharma better align its approach with shifting customer needs. Pharma has embraced this and is increasingly equipping their field and customer-facing teams with integrated multichannel capabilities. However, moving from using CRM as a tool to deliver a better face-to-face engagement to confident use of cross-channel capabilities remains a significant obstacle to many, despite the means being readily available and successfully used at scale by a growing number of companies.

The role of a multichannel rep belongs to an emerging type of commercial organization in the life sciences industry. This new type of organization can operate across brands and divisions to plan and execute according to the specific needs of their individual customers and the healthcare system they work in.

But without the ability to harness the full range of insights and resources available to pharma companies through the point of contact that reps, Medical Science Liaisons (MSLs), and Key Accounts Managers (KAMs) provide, such initiatives will struggle to gain adoption and risk failing.

The Second Coming of Digital in Life Sciences

While other industries have moved ahead, the life sciences industry still sees digitalization as a 'shiny object' and an 'afterthought'. The Across Health Maturometer™, which measures the pace of digital transformation, confirms that 2017 marked a turning point. Digital marketing budgets rose 20% after 5 flat years and support from senior management increasing strongly. The trend continues - in 2018, digital marketing budgets saw a 13% increase, suggesting that digital is here to stay.

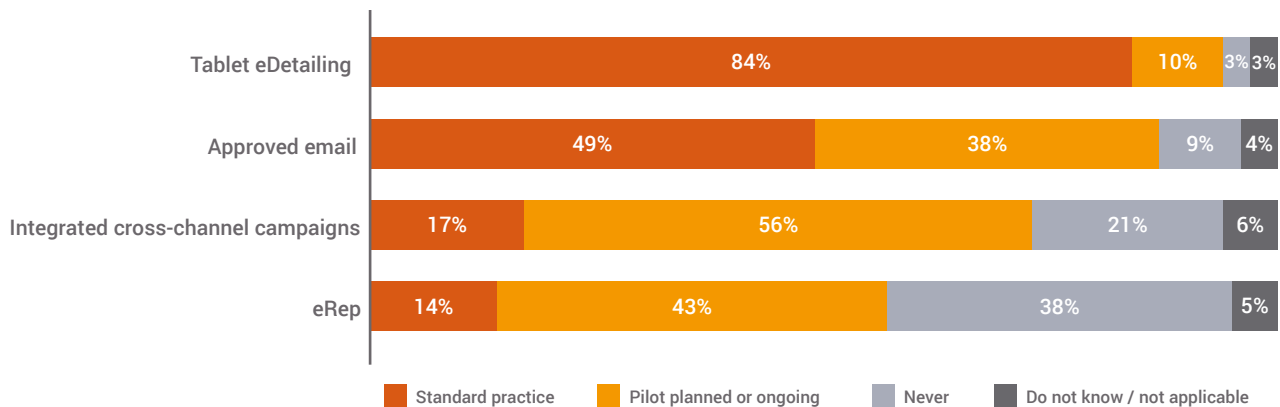## Percentage of marketing budget allocated to digital initiatives in 2018

n for 2018=73
European Scope
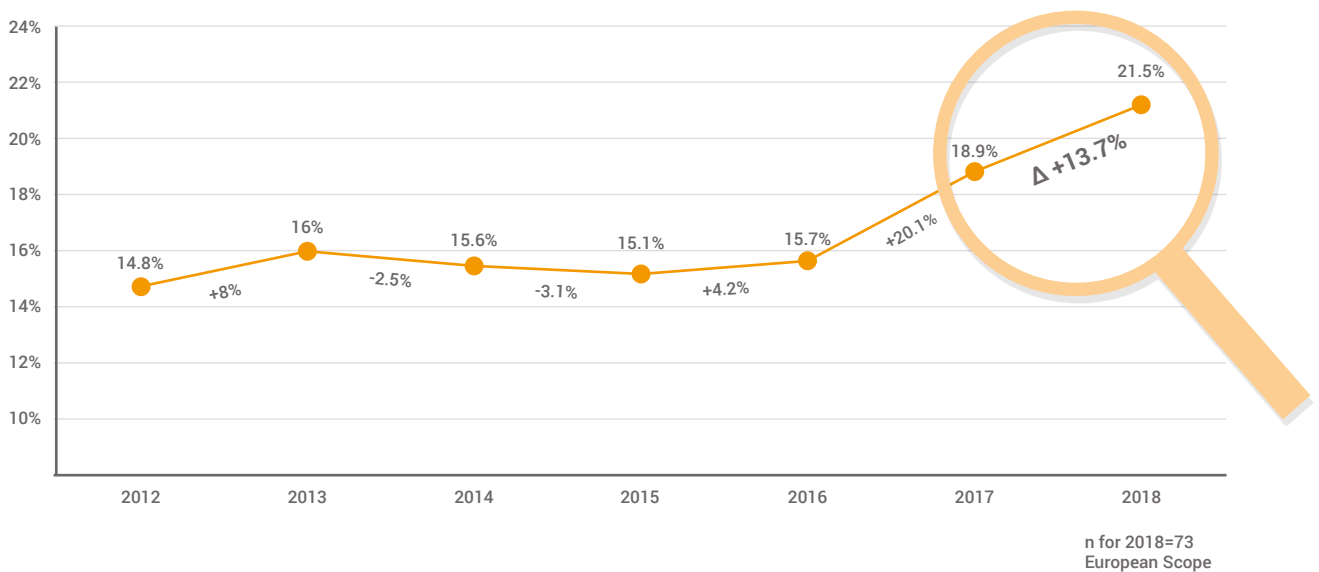
Source: Across Health, 2018

The appetite for digital in pharma is growing again — as is the fear of missing out. In the last 12 to 18 months, several leading companies have undertaken massive efforts to roll out multichannel platforms and digital capabilities, as well as hiring staff with the right expertise.

The focus is now shifting from aspirations to execution at scale, leveraging customer insights generated to enhance customer engagement, as well as well-designed impact measurement, supported by sophisticated business cases.

The emphasis is on the **multichannel rep**. Transforming the field force from having a single-channel approach to a multichannel one is pharma's second highest priority. Channels like approved email and remote engagement are increasingly 'enabled' through leading CRM technology platforms. However, adoption of these channels varies significantly. While tablet e-detailing has become a standard approach (84% adoption), approved email has rapidly risen through the ranks to second position (49% adoption), remote engagement continues to lag (14% adoption), as does the integration of cross-channel campaigns (only 17% reports this as standard practice).

Pharma adoption of rep-related channels

| Channel	Standard practice	Pilot planned or ongoing	Never	Do not know / not applicable
Tablet eDetailing	84%	10%	3%	3%
Approved email	49%	38%	9%	4%
Integrated cross-channel campaigns	17%	56%	21%	6%
eRep	14%	43%	38%	5%

Source: Across Health, 2018

The Multichannel Rep: Still in Early Stages

Pharma may have prioritized the 'multichannel rep' concept and channels, but is this priority already widely implemented in day-to-day customer interactions? Over 1,600 EU5 specialists were surveyed in the study and below are the findings:

- Only 6% of the target sample engages on 3 levels: rep + rep email + remote engagement

- Of the rep-visited specialists, 48% still have a 'monochannel' experience, i.e. they only see the rep

- Rep email (43%) is almost 4x as popular as remote engagement (12%)

- 13% of no-see health care professionals (HCPs) do engage with pharma using non-personal channels – perhaps such efforts could be extended to the 20% of HCPs who have no promo contacts with pharma at all?

- The Maturometer 'adoption' level by pharma of remote engagement (14%) and rep email (49%) closely mirror the Navigator numbers (as experienced by HCPs): 14% and 43%, highlighting the untapped potential of remote engagement as an integrated capability

HCP Experience of the Multichannel Rep
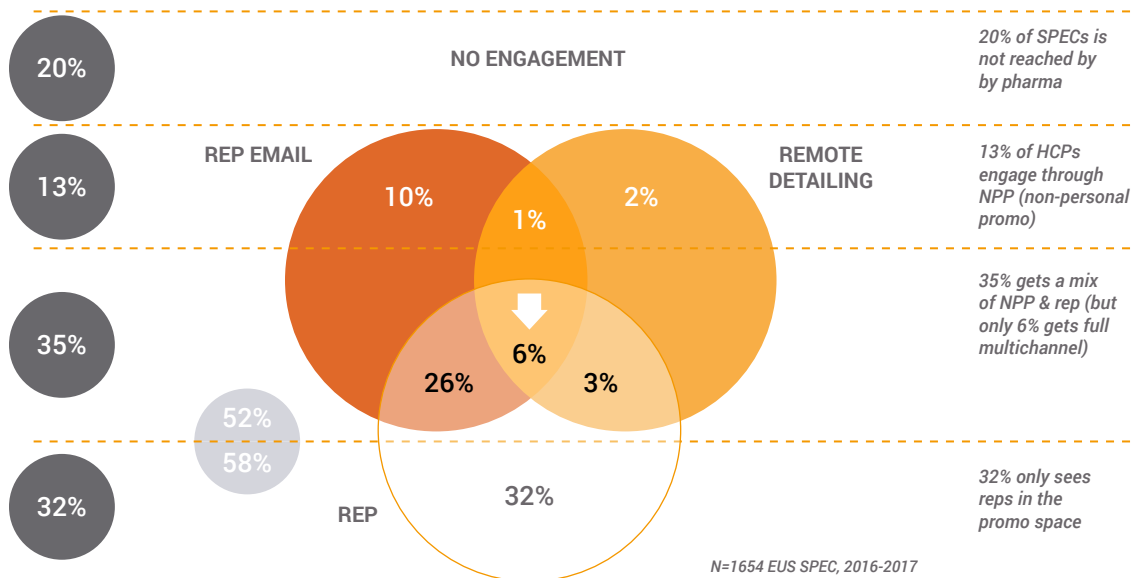
Source: Across Health, 2018

We are witnessing the emergence of the new 'multichannel rep' as an executable approach to improving customer engagement.

Central to becoming an effective 'multichannel rep' is knowing the actual elements needed to deliver the desired customer experience. The ability to work through a single customer/channel/content application translates to improved end-user adoption, and eventually leads to better campaign execution and digital asset management.

In the next few years, we are expecting continuous uptake, which will allow early movers to gain competitive advantage.

Physicians Want to Engage More Digitally

Indeed, the digital footprint of HCPs is evolving quickly. In 2020, close to 70% of HCPs are 'digital natives', i.e., they studied medicine at a time when the Internet was already well-established. To illustrate this point, the youngest HCP segment spends about 40% more time online for professional purposes than their counterparts above the age of 60.

Professional use of digital resources by age group
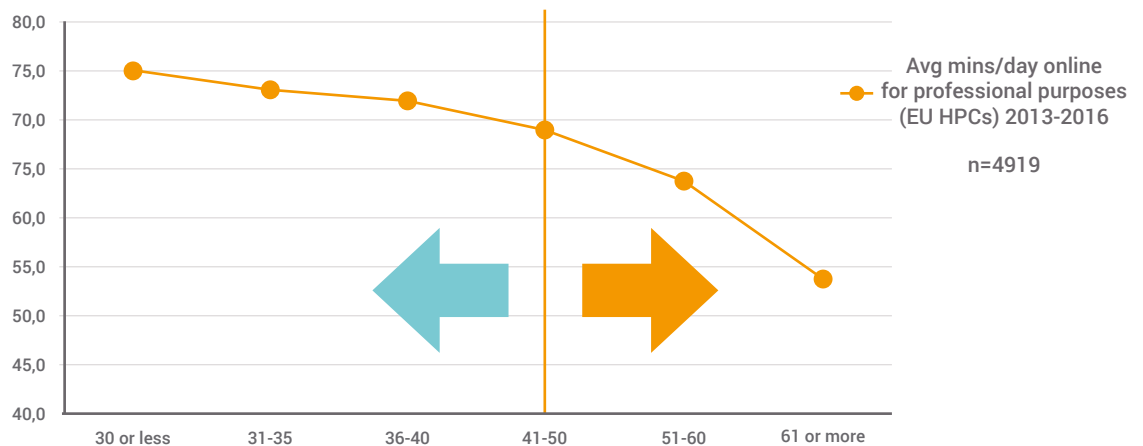
Source: Across Health, 2018

If we look at how EU5 specialists prefer to engage with pharma in terms of promotional and medical content, we see a similar trend by age group; only the 'digital immigrants' prefer face-to-face (F2F) channels, while the younger segments prefer a mix − even more so for medical channels (65% of specialists under the age of 35 prefer a mix of face-to-face and digital channels). Hence, the interest in the 'multichannel rep' −and even more so, the 'multichannel MSL' − is very high in this group.

Finding the right mix for your customer
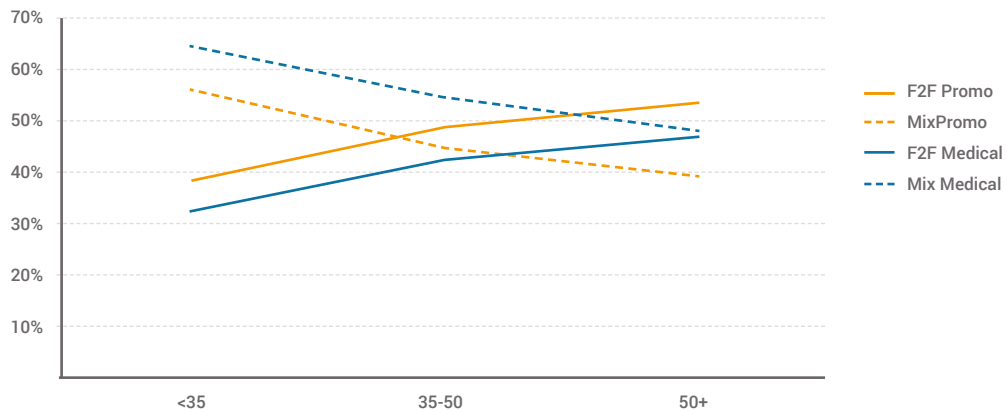
Source: Across Health, 2018

But through which channels should these physicians be reached? Selecting a range of traditional and new channels from the Across Health Navigator dataset provides a clear view on how reach and impact differs by age. In terms of reach (expressed as the % of respondents that has engaged with a channel in the past 3 months), only rep access increases with age, with 59% reach for the youngest group vs 75% for the 50+ generation.

Channel reach by age group

Reach	<35 yrs	35-40yrs	>50yrs
Rep	59%	62%	75%
Rep Email	44%	45%	43%
Tablet e-detailing	15%	16%	13%

Source: Across Health, 2018

Aside from channel reach, channel impact is also a key factor. To effectively measure channel impact, we look at the Multichannel Equivalence (MCQ) scores, which is the ratio of the channel's impact to a particular age group over the rep's impact to the similar age group.

Channel impact by age group

MCQ Impact	<35 yrs	35-40yrs	>50yrs
Rep	100%	100%	100%
Rep Email	76%	83%	76%
Tablet e-detailing	108%	96%	95%

Source: Across Health, 2018

The MCQ scores for the rep are 100% for all three age groups. Unsurprisingly, rep email has a lower MCQ, but on the other hand, an average score of over 75% looks favorable for this channel (as long as it is not overused over other channels). Last but not least, remote detailing has a higher impact in the 'digital native' group, offering better potential to reach this segment. For the other two age groups, the impact is close to that of the reps – again, offering a great opportunity to blend in remote engagement with face-to-face engagements to maximize business impact and customer experience.

Tele-detailing to Remote Engagement

50% HCPs find the timing of normal face-to-face calls inconvenient.

15% Pharma sales reps actively using tele-detailing. This shrinks to under 10% for medical science liaisons.

20% Average acceptance rate for tele-detailing among general practitioners.

15' Average length of a remote call, which is 3 times longer than an average face-to-face visit.

30% Average acceptance rate for tele-detailing among specialists.

90% Retention rate of tele-detailing for those customers that have accepted it the first time. Satisfaction levels are typically very high for HCPs who participate.

Remote Engagement Case Study

A top-10 pharma company in Europe, specializing in vaccines, had limited experience with remote engagement but believed it could be a good addition to their communication and marketing mix.

Its primary target audience were specialists who had already been visited face-to-face by the field force. The secondary target audience were general practitioners (GPs) who had not been visited before by the reps.

In the first instance, the dual model was used, with an external call agent scheduling the calls. After this initial experience, the firm switched to the hybrid model, using a dedicated outbound service agent (an employee on the company payroll) to schedule all the calls for the reps. Reps were asked to dedicate 20% of their time (1 day per week) to remote engagement.

After each remote call, physicians were asked to evaluate the web call on three parameters: the quality of the content, the technology, and the presenter. They could also indicate their desire to be contacted again via remote engagement and the extent to which they would recommend it to their peers (Net Promotor Score).

The company worked with a professional call center to schedule the appointments for the reps. Both GPs and specialists were contacted and asked for their opt-in.

The firm was able to greatly extend its reach, while the HCPs were very positive about tele-detailing. The overall satisfaction score

for remote engagement was 8.1 on a scale of 10, with a positive Net Promotor Score (the extent to which physicians would recommend it to their peers) of 11%.

71% of all contacted specialists had a preference for a combination of rep visits and remote engagement, and 23% even stated that they only wanted to have remote calls in the future. Of the GPs – who were not contacted before – 8 in 10 indicated a preference for being contacted through remote engagement in future.

GPs: Are you interested to continue being contacted through remote calls?
N-211

- **YES** (81%)
- **NO** (19%)

Were never visited before
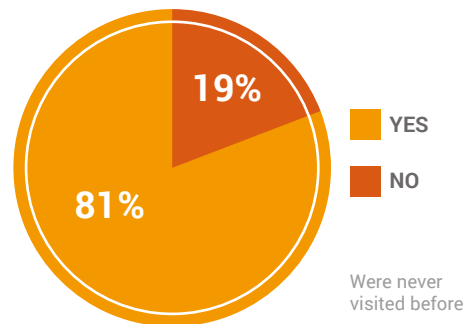
SPECIALISTS: Are you interested to continue being contacted through remote calls?
N-31

- **REP VISITS AND REMOTE CALLS** (71%)
- **NO** (6%)
- **ONLY REMOTE CALLS** (23%)

Were visited by reps in the past
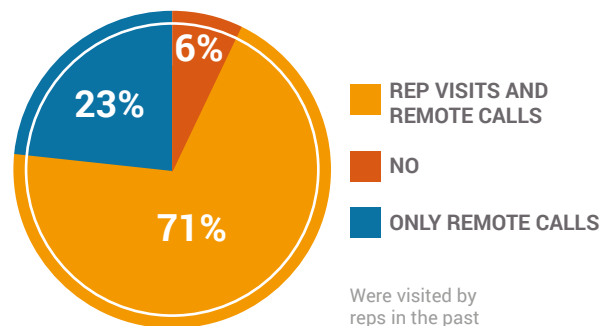
Initially the sales reps were very skeptical about remote engagement, but after taking the training course and having seen the customer satisfaction numbers, rep enthusiasm increased rapidly.
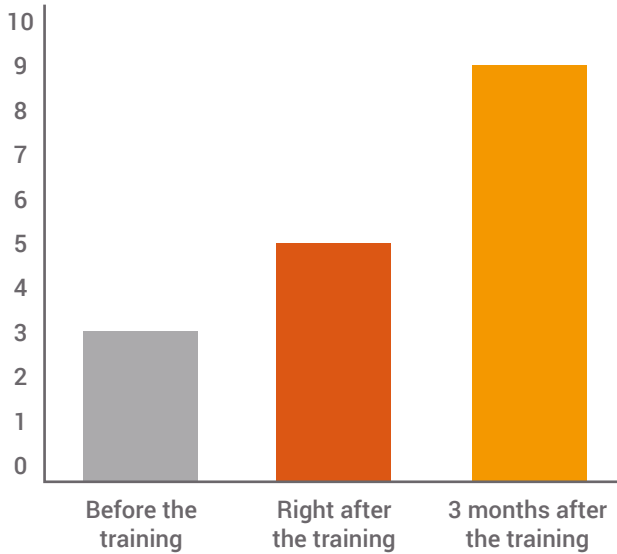
"I believe web calls can be an impactful channel to interact with physicians."

No. of reps answering 'Agree' or 'Fully Agree' (total = 10 reps)

> *I did not really believe in it, even after two days of training. I was convinced I was going to miss the personal contact with the HCP. But after three days of web calls, I felt the enthusiasm of the physicians. Now I enjoy my 'web call day', it is a nice variation compared to our usual field rep work.*

> *I am happy that I have acquired a new skill that I can put on my CV. I feel ready for the future in pharma.*

> *During remote calls, physicians are much more focused on our messages, and interactions are typically a lot more scientific in nature.*

The Content Question: Promotion vs. Education

More importantly, what kind of content are EU5 specialists looking to receive more/less often through these channels? For this, the concept of the 'digital divide', which shows the delta between the interest in multichannel marketing engagement ('demand') and the current reach ('supply') of the top 3 online channels (for promotional and medical content), provides a useful way to visualize these differences.' If the resulting percentage is small, pharma 'supply' is meeting HCP 'demand'; if it is high, pharma has an opportunity to serve unmet demand.

Digital divide by age group (EU5 Spec, 2016-2017)
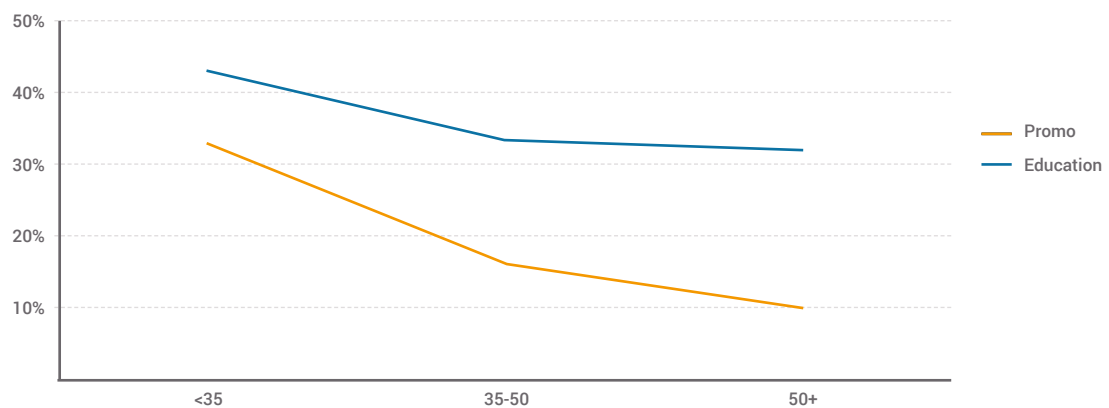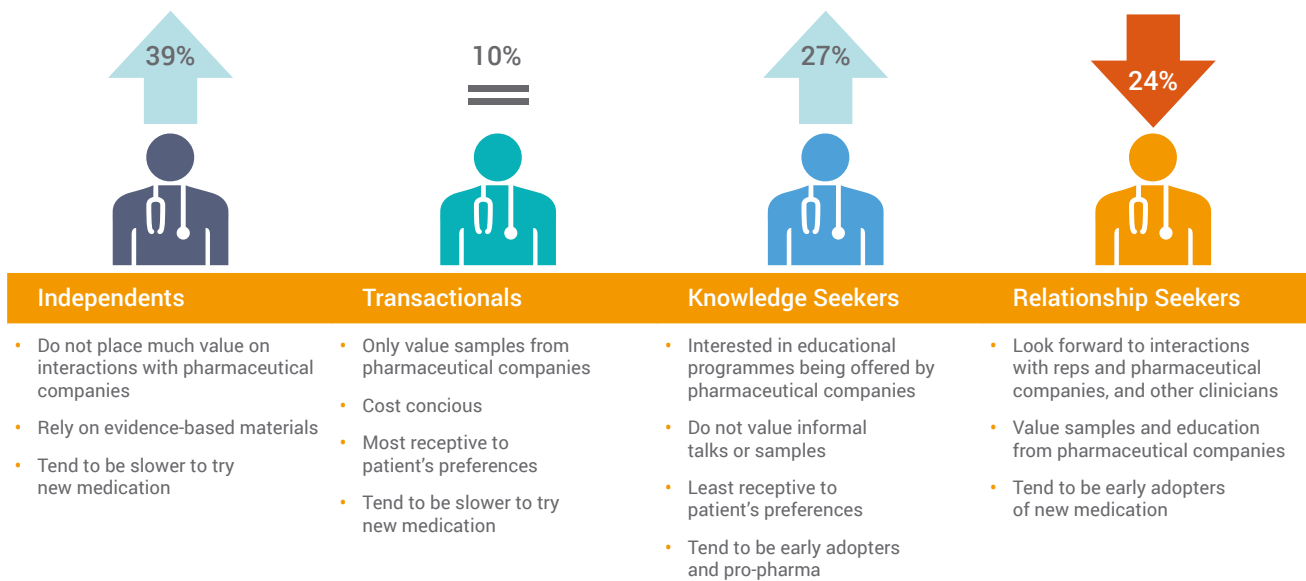

Source: Across Health, 2018

It is clear that the digital divide for education is high for all age groups, even for 50+ specialists. This means that medical departments have a massive opportunity to disseminate their science & education through digital channels. As expected, the digital divide for promotion is much smaller, generally speaking, except for the digital natives. Perhaps the fact that they have fewer engagements with reps is underlying this strong demand. This is a clear opportunity for the 'multichannel rep' to increase the reach & frequency of their digital and remote engagements to younger physicians.

On the flip side, one may also argue that the rep-only efforts towards the 'digital immigrants' are too high, and that by selectively lowering rep efforts there, the interest in digital and remote engagements could/should go up — creating more customer satisfaction and reducing the cost-to-serve for pharma. In this age group, therefore, there is a high potential for the multichannel rep — but only if the rep pressure is reduced; otherwise these customers may opt out of pharma promotional communication entirely.

Relationship Seekers are Losing Ground

Transcending the age segmentation, the relationship seeker - the traditional target group of pharma - is losing ground (segmentation based on seminal McKinsey research and repeated since 2010 in the Navigator research). Indeed, the once dominant HCP archetype of the rep-friendly 'relationship seeker' has dropped to rank 3 (24%); 'independents' and 'knowledge seekers' now constitute two-thirds of specialists in Europe.

Relationship seekers are losing ground

Independents	Transactionals	Knowledge Seekers	Relationship Seekers
39%	10%	27%	24%
• Do not place much value on interactions with pharmaceutical companies	• Only value samples from pharmaceutical companies	• Interested in educational programmes being offered by pharmaceutical companies	• Look forward to interactions with reps and pharmaceutical companies, and other clinicians
• Rely on evidence-based materials	• Cost concious	• Do not value informal talks or samples	• Value samples and education from pharmaceutical companies
• Tend to be slower to try new medication	• Most receptive to patient's preferences	• Least receptive to patient's preferences	• Tend to be early adopters of new medication
	• Tend to be slower to try new medication	• Tend to be early adopters and pro-pharma	

Source: Quantitative research by Mckinsey & Across Health

This too, will have strong implications for the go-to-market model for pharma. Physicians increasingly want to engage with other types of content (evidence, science) than the typical 'relationship call'. The multichannel rep (and KAM or MSL) can play an important role in this fundamental shift in customer needs. They can continue serving the relationship seeker the way they are used to, while reducing their in-person efforts to the other groups and provide them with evidence & science through intelligent multichannel coordination (even involving functions like the MSL). The opportunities for strategic long-term resource reallocation are almost endless...who will take the lead?

About Across Health

Across Health is a trusted advisor to senior leaders of innovative multinational healthcare organizations. With a focus on customer engagement in the digital age, we partner with our clients to design, develop, execute and measure evidence-based, omnichannel customer engagement strategies and companywide digital transformation and disruption programs – for the short, medium and long term. Across Health has over 60 experienced consultants in 7 markets with a unique focus on omnichannel customer engagement and digital transformation. For more information, visit **across.health**

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