



What HCPs Want

How Biopharmas Can Deliver Better Support at the Moment of Need



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Veeva's HCP advisory board

Veeva's HCP advisory board provides firsthand feedback on HCP needs and expectations for interacting with biopharma, which is used to inform Veeva product development. Advisory board members have a range of specialties, practice types, years of experience, and geographic distributions. Throughout this eBook, we have included relevant perspectives from a subset of these HCPs on the evolving state of HCP-field rep interactions. A special thanks to:

Andrew Moore, MD,
Oncology

Ashish Verma, MD,
Internal Medicine and Sleep Medicine

John Panozzo, MD,
Family Medicine

Karin Fuchs, MD,
Obstetrics and Gynecology

Kellen Gower, MD,
Family Medicine and Sports Medicine

Maddie Pasiewicz, RN,
Pulmonary

Thomas Bracewell, MD,
General Practitioner

As many biopharmas look to increase their in-person touchpoints back to pre-pandemic levels, a new question is emerging: Is this the engagement healthcare professionals (HCPs) want? And, perhaps more importantly, is it delivering what they need?

Judging by recent survey data, HCPs seem to think there's some room for improvement. A 2023 survey by the Digital Health Coalition found that only 17% of HCPs agreed or strongly agreed with the statement, "I feel that pharma companies really understand me as a physician."

The same survey showed that only 27% of HCPs agreed or strongly agreed that "pharma companies currently communicate with me in a relevant and personalized manner."

When viewing things from the HCP's perspective, it's not hard to see why: engagement models that rely too heavily on in-person interactions may miss opportunities to connect with HCPs at the right moment, on their terms. These traditional engagement models too often prioritize the needs of field teams or home office metrics over what HCPs value. The current pull models that allow for HCPs to reach out to biopharma often exist as disconnected channels, like texting, that can fragment interactions and pose compliance risks.

A customer-centric approach, when paired with the right technology, can help field teams meet HCPs' needs with improved speed and value. In this eBook, you'll get a firsthand account of:

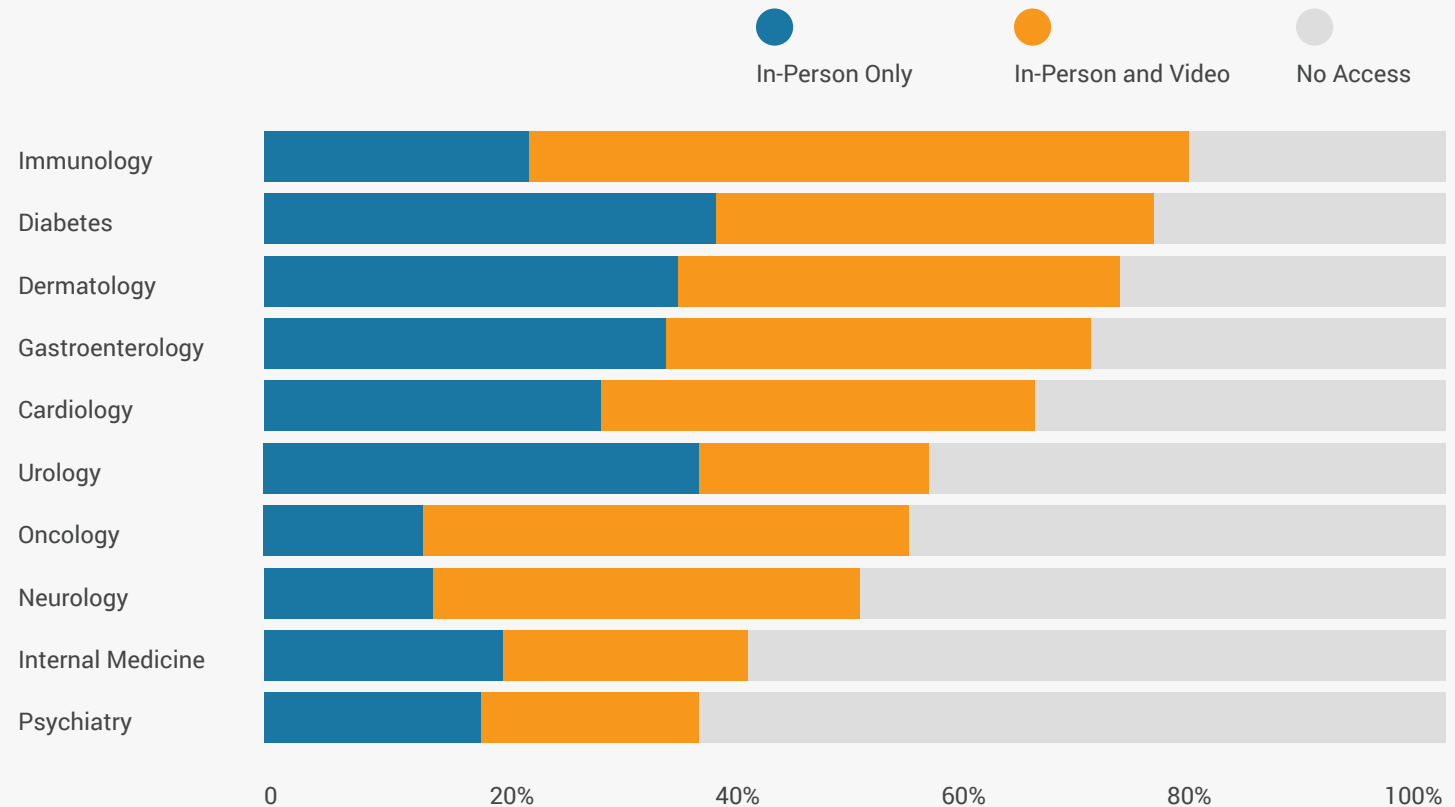
- ➔ How HCPs are engaging with field teams
- ➔ What HCPs want from field reps
- ➔ Why traditional engagement models fall short (and how to fix them)

HCP-rep engagement is increasingly hybrid

The current global channel mix for HCP engagement is roughly 75% in-person to 25% digital channels, according to [Veeva Pulse data](#). HCP access is also better than companies may have thought—about 60% on average for U.S. HCPs. While these trends favor field reps eager to return to in-person engagement, they face significant headwinds.

FIGURE 1

U.S. HCP Access by Specialty and Channel



Source:
Veeva Pulse Data, April - September 2022

HCPs are using digital channels more often

Despite the return of in-person interactions, 84% of HCPs say they prefer to maintain or increase the share of **virtual interactions with biopharmas**. While some HCPs prefer to engage in person, Veeva Pulse data also shows the importance of a hybrid approach, as 50% of accessible HCPs engage via a mix of in-person and digital channels.

During the pandemic, many practices accelerated their adoption of digital technologies. Telemedicine, for example, saw a tremendous uptick: **A post-pandemic study** found that virtual patient visits now make up anywhere from 13% to 17% of outpatient visits across specialties, a 38-fold increase from pre-pandemic values. The same study also found that 84% of physicians were still offering virtual visits, with 57% indicating that they would prefer to continue virtual visits.

Veeva advisory board members noted similar experiences. “[When telemedicine was introduced], I thought, this is probably the future. Who isn’t going to love this, as far as the patient goes?” said Dr. Ashish Verma. “It’s not going away. It’s here to stay.”

Other digital resources, like online disease and drug databases or content embedded in their EMR, have also become a staple for HCPs to find clinical information when they need it. These behaviors signal an opportunity for field teams to ensure that they, too, are a valuable and real-time resource for HCPs with the right enabling technology.

In-person engagement has limitations

In a recent survey of EU physicians, 25% said they are **reducing face-to-face interactions with biopharma reps**. Increased market consolidation and on-premise restrictions continue to make in-person access more challenging for biopharmas.

25%

of HCPs said they are reducing face-to-face interactions with biopharma reps.

Source: Veeva Link Key People



When office visits do happen, Veeva's HCP advisory board members described mixed results. Lunches and quick meetings in the office between patient appointments were the most common types of visits. While HCPs agreed that in-person connections were good for building relationships, these visits are often extremely short and rarely aligned with the physicians' educational or point-of-care needs.

"When reps come in, I listen to their pitch, but most of the time, I already know what medications I'm going to use and what samples I want," said Dr. Kellen Gower, a family medicine and sports medicine physician practicing in Florida. "As far as reps coming in and changing my plan of care, I can't say that ever happens."

Educational materials provided on-site may also have limited value. "Reps stop by with goodie bags or glossies, and those usually end up in the trash within a couple of minutes," said Dr. Gower.

A typical day at the office...

Dr. Ashish Verma is a Michigan-based internal medicine and sleep medicine physician in a group primary care office owned by a large private healthcare company. Here's how he interacts with field reps and biopharma companies in his daily practice.



In-office visits

Before COVID, Dr. Verma's office used to have regular rep lunches, but they stopped during the pandemic and never returned. His office also experimented with setting weekly time windows for field rep visits but found that it created too much congestion. "It was a zoo; everyone was coming in that one hour," said Dr. Verma. "It was not the right way to do it."

Now, Dr. Verma's office has removed its restriction on rep hours and reps are able to walk in freely. However, this comes with its own challenges, the biggest one being that



“When [reps] come to the office, if there is time, I’ll go up front and talk to them for 30 seconds.”

Ashish Verma, MD,
Internal Medicine and Sleep Medicine



Virtual meetings

When Dr. Verma engages with field reps virtually, i.e., video calls, he prefers to schedule those at the end of the day or even on free nights and weekends, as long as the meeting is time-limited. “I think digital interactions are the future,” he said. “Reps coming physically to the office are going to be redundant very soon. It doesn’t make any sense.”



Brand websites

Like many other physicians, Dr. Verma uses trusted online resources for answering clinical questions but rarely interacts with brand.com sites. “The only time I do that in day-to-day practice is when I’m looking for a coupon for a patient’s copay for a new medicine, which may be \$600 a month, otherwise,” said Dr. Verma.



Texting with reps

Dr. Verma doesn’t personally use text to communicate with reps, but his office staff will use text to engage with reps on his behalf. “I do this when I need something fast. If I haven’t found that answer already, I need it now. I can’t wait for my staff to send an email and wait for a response. For the most part, texting gets a response right away.”

HCPs still value rep interactions—at the right time

Despite the board's challenges in working with biopharma field teams, most of the HCPs still identify field reps as a crucial source of treatment information and prescribing support. They simply would like the connection to be more tailored to their availability and preferences.

When COVID-19 hit, and in-person access went away, it created a noticeable gap. "COVID changed the dynamic by just turning off the tap," said Dr. Thomas Bracewell, a general practitioner in the United Kingdom. "We were just not finding about [new treatments or indications], and potentially a digital solution would have filled a huge gap."

That gap still exists to some degree. Data shows that HCPs want more content from biopharmas but aren't always getting it:

- ➔ 40% of MDs want more **medical and scientific information**
- ➔ 50% say they don't receive **regular content on medical developments** and education, scientific data, or product education
- ➔ Field teams only **share content** in 39% of HCP meetings on average

The way field reps present information also matters. "Reps that come in and just want to regurgitate a glossy are not really helpful to me," said Dr. John Panozzo, a family medicine physician in the Chicago area.

HCPs want fast, relevant, high-value interactions

HCPs value rep relationships the most when they have a question about a new indication, need help obtaining an expensive treatment for a patient, or want more samples, according to advisory board members. But they don't want to wait for the field reps' next scheduled office visit. They want answers in real time and will reach out to reps proactively.

"For example, we just had a medication that got approval for chronic kidney disease. This is a new indication; it's great, but we don't have the study yet," said Dr. Panozzo. "I might text that rep



“I only have a few reps I engage with [over text], but it’s super helpful for me when I do.”

John Panozzo, MD
Family Medicine

and say, ‘Hey, why don’t you come in and let’s talk about this, bring the study, let’s go through it.’ I only have a few reps I engage with at that level, but it’s super helpful for me when I do.”

Dr. Bracewell adds that while rep interactions in the United Kingdom are different from other countries, there is a universal need for information, and current approaches like rep lunches or connecting at live or virtual events often fall short of addressing specific needs at specific points in time. He would be interested in reaching out to biopharma reps but doesn’t really know where to start. “If there was a central place—essentially like a Rolodex of pharma contacts or brands in your area that I could say, ‘I’m interested in this topic,’—I think that would be useful and a much lower barrier for me to think about doing it,” said Dr. Bracewell.

A digital channel that lets HCPs ask questions, schedule meetings, get relevant information and content, and request samples had appeal to advisory members. But they stressed the importance of ensuring communication isn’t just another push model for biopharmas.

“I really think contact should be bidirectional,” says Dr. Karin Fuchs, an OB-GYN in New York. “It should enable physicians to connect with reps, and reps to connect with docs within specific parameters.” For example, she said she was open to reps finding her through searches of specialty or treatment areas but that cold-calling types of messages should be limited, with the ability for HCPs to manage notifications.



Karin Fuchs, MD
Obstetrics and Gynecology

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Aligning to HCP expectations for rep engagement

A compliant, integrated chat channel can give HCPs an on-demand communication channel to get valuable information and the resources they need to treat patients effectively. In addition, it can also extend the HCP-field relationship to an HCP's entire practice, helping field teams provide higher-touch support across an HCP's entire workflow.

The ideal chat channel must be easy to use for field reps, seamlessly connected to the home office, and compliant, all while letting reps respond with speed and value.

But many field teams don't have this capability in their omnichannel mix. Biopharmas have invested in a wide range of other omnichannel capabilities, and channels like email and video continue to be valuable digital touchpoints between reps and HCPs, but there are some downsides. An analysis by Accenture, for example, warns that **helpful content may be getting lost in a deluge of messaging**.

Accenture's survey of 720 HCPs revealed that:

65%

of HCPs feel that at least one company has spammed them with digital content

64%

of HCPs agree that the volume of digital content is too great

66%

of HCPs think that meeting volume is too high

In the absence of a sanctioned chat channel, text messages have become a common default for real-time communication. Most biopharmas do not allow for the sharing of content over text messages, which creates fragmentation in the customer experience and gives field teams an incomplete picture of the customer journey. Texting also exposes companies to



compliance risks and fragments engagement data, making it difficult to capture insights. Other solutions, like branded apps, have a different problem: HCPs often don't use them, preferring a range of centralized online resources or, as several advisory board members said, falling back on Google searches.

An integrated, compliant chat channel can act as a one-stop shop for the HCPs that helps to bridge this gap, shifting your field team's capabilities from a promotion-focused approach to a service-focused engagement model that's dedicated to supporting the HCP.

This channel lets reps respond to inbound HCP messages quickly from any location—at home, in a parking lot, at the office, or anywhere in between. An integrated chat channel also helps connect the HCPs to the resources they need more quickly and without switching between text, email, and in-person channels (which often creates a fragmented HCP experience).

Results from global field performance also show that HCPs will reward companies who make use of such a service-focused model. According to [Veeva Pulse Data](#), when HCPs have access to an integrated, inbound channel, they will initiate contact with reps 30% of the time. Biopharmas that make use of such a channel also see their overall number of HCP touchpoints increasing—with digital touchpoints doubling while the number of in-person touchpoints remains the same.

Veeva's HCP advisory board has been instrumental in helping to build and design a compliant HCP engagement platform that's adapted for the way they want to connect with biopharma representatives: [Veeva Vault CRM Engage](#).

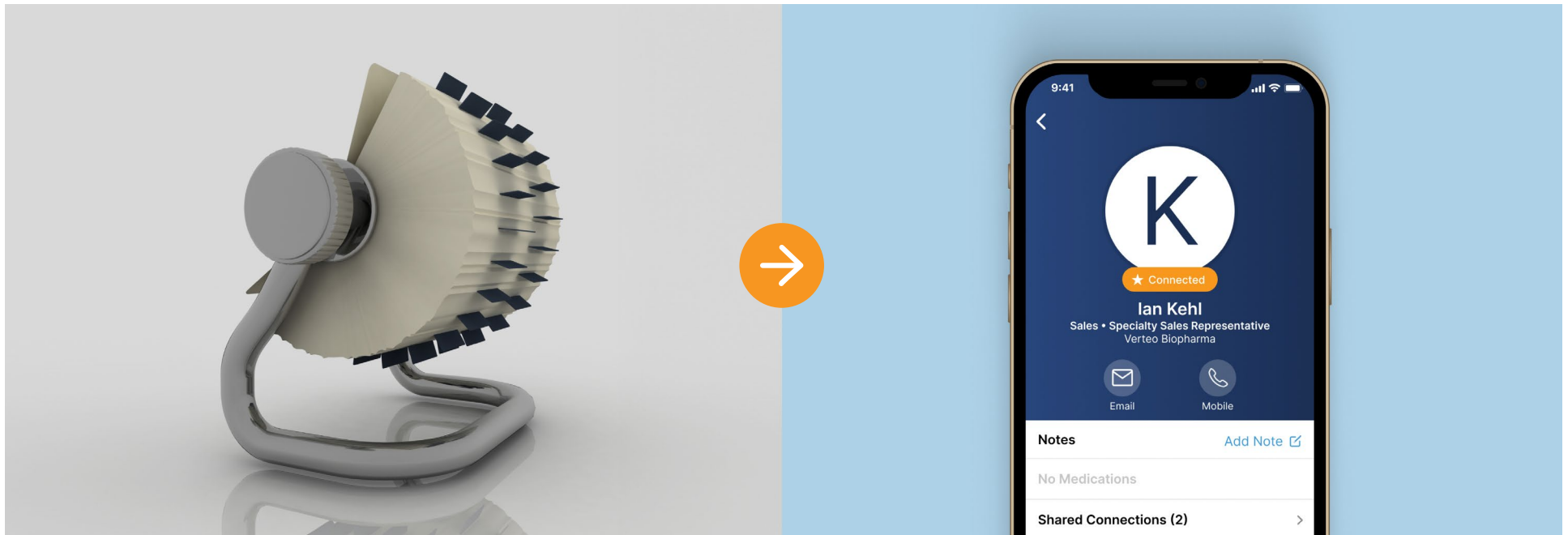
An HCP engagement platform designed by HCPs

Veeva Vault CRM Engage is a solution with two feature sets. The first expedites the process for HCPs to reach out to biopharma, and the second helps field teams improve responsiveness and provide better HCP service asynchronously. HCPs access Engage through the Engage Connect app or any browser, where they can manage all of their connections and content from biopharma in one place.

While chat messaging is a major component of Engage, the platform also includes an array of helpful utility features that reduce friction in HCP-field collaboration.

Ditching the Rolodex

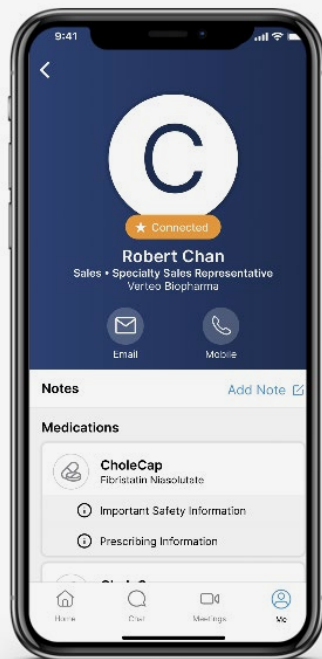
A contact book in Engage acts as a digital Rolodex for storing all of the Digital Business Cards that HCPs receive from their biopharma contacts. With these Digital Business Cards, a phone call, email, or chat message to a field team member is always just one click away for the HCP.



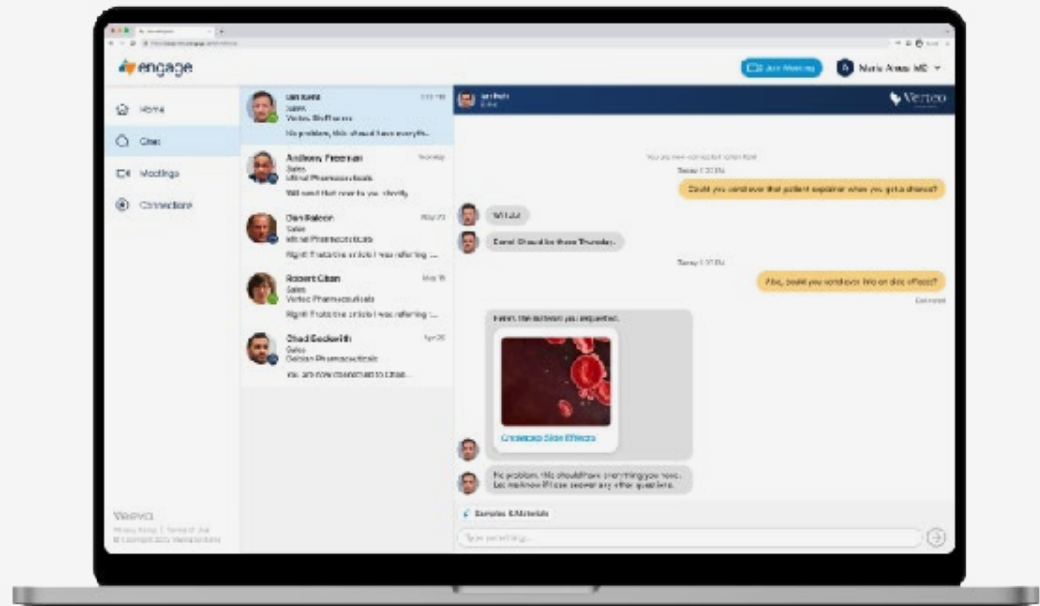
Making content always accessible

Biopharmas can also build out a Brand Profile for their field teams on top of the Digital Business Card, showing all of the brands that a field rep supports alongside key content for each brand that an HCP can consult at any time (such as ISI and PI).

HCPs can also request content directly from the messaging component of Engage. Field teams can respond to these requests directly from Engage's messaging interface, where home office can load approved content that's available to the field as a chat attachment. If the HCP prefers to receive their content in a different way, field teams can also send content via a compliant link that's compatible with any other text-based channel.



The Brand Profile provides self-service content for the HCP to access anytime.

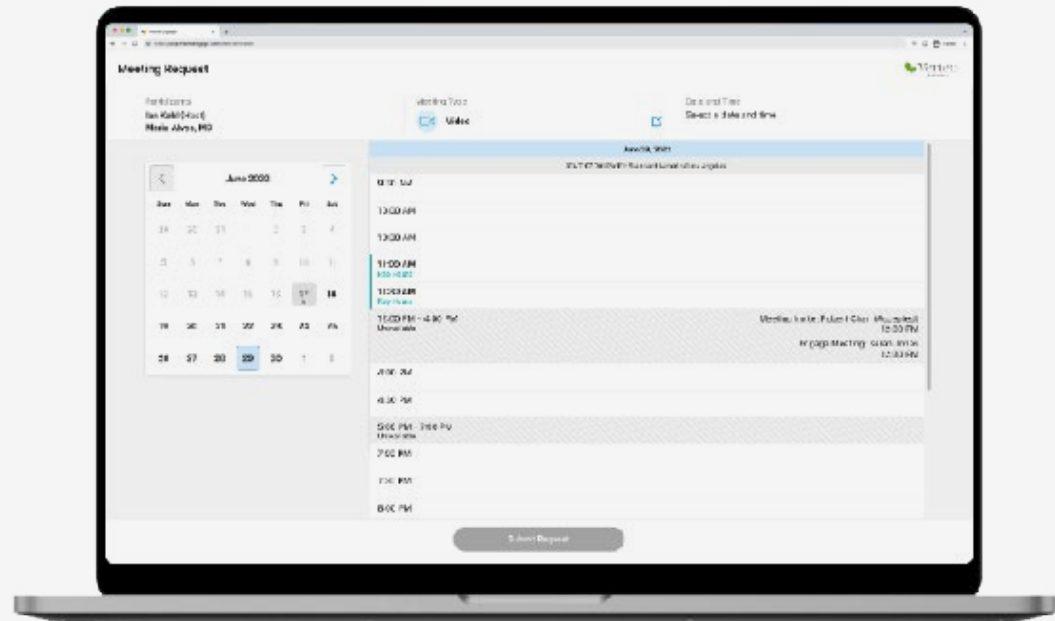
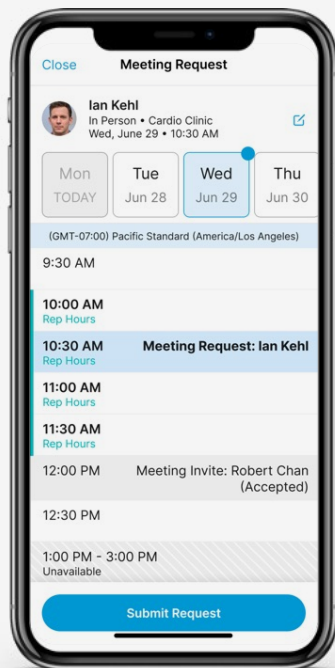


Field teams can send pre-loaded content to HCPs over compliant chat.

Streamlining the scheduling process

Engage also gives HCPs an easy calendar scheduling tool—similar to Calendly or Doodle—that allows them to quickly communicate their available times. Field teams can block their unavailable times on a calendar so that the HCPs can select the best time and channel to for a meeting.

Automated emails and calendar holds keep the HCP and field teams in sync, so once both parties agree on a time, the meeting logistics are ready to go.



A scheduling portal makes it easy for HCPs to choose a time to meet.

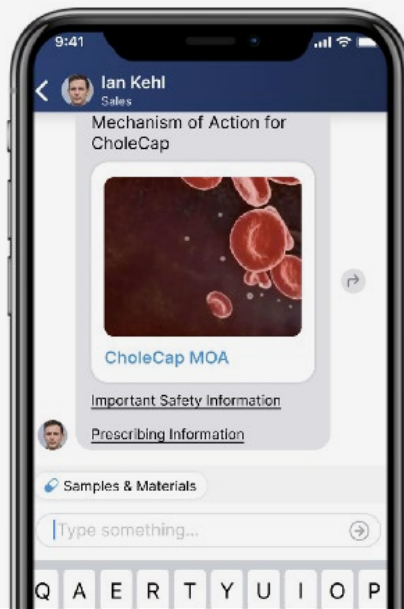
Messaging, purpose-built for life sciences

Chat in Engage mimics the user interface of consumer applications like WhatsApp and iMessage to minimize the learning curve for HCPs. It also gives the HCPs a measure of privacy, as contacting field representatives through Engage does not require their personal phone number; they only need to submit their first name, last name, and email address when they sign up.

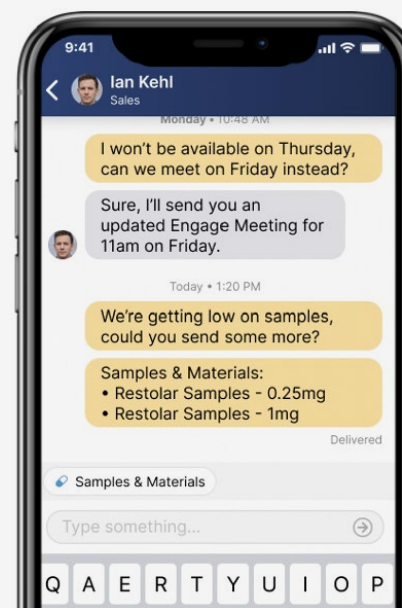
In addition to regular free-text messaging, the HCP also has the option to request samples, materials, and even other biopharma contacts over chat. Field teams have the option to respond with content, a remote signature link for sample fulfillment, or the contact card of another biopharma colleague. All interactions are automatically stored in the Veeva Vault CRM database and can be monitored for certain sensitive words or phrases.

This way, HCPs can truly have a single point of contact for all of their brand inquiries, while field teams are empowered to deliver a more personalized customer experience that gives the HCP what they need, exactly when they need it.

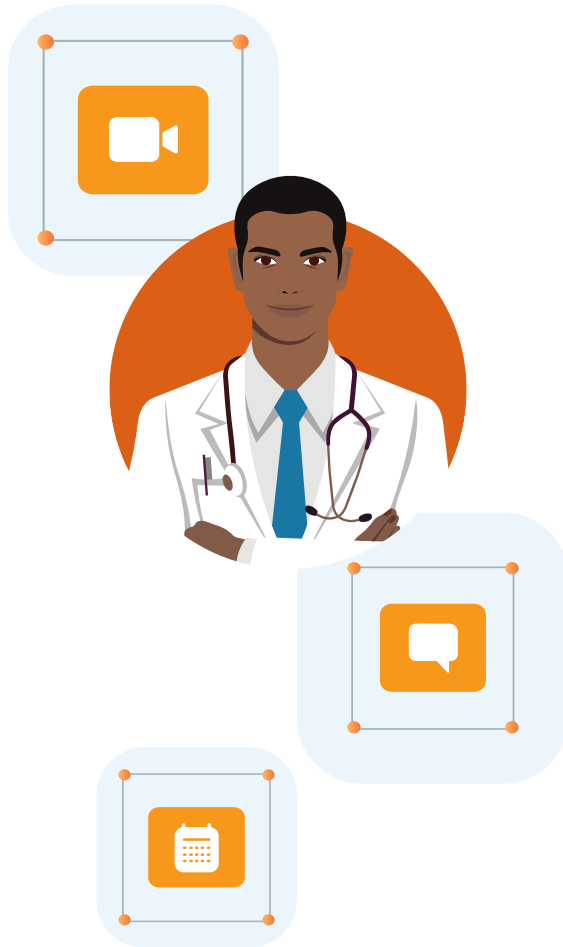
An HCP view of a rep sending content over compliant chat.



An HCP view of a sample request sent to a rep over compliant chat.



The key to getting HCPs what they want



The question of how life sciences can best support HCPs has challenged the industry for decades—and for good reason. The answer is a constantly moving target. New drug distribution models, evolving patient preferences, changing regulations, and the advent of new communications technologies can all impact how and when an HCP requires assistance from their biopharma partners.

While HCP sentiment surveys and engagement data are a crucial tool in helping biopharmas decipher HCP needs, qualitative data often reveals a side of the HCP experience that may not be told through the numbers. The experiences shared by the HCP advisory board, for instance, paint a richer, more nuanced picture of the HCP-rep relationship beyond the digital versus in-person debate.

There's frustration with reps interrupting their patient schedule, but also the need for rep support in getting the latest information. There's a preference for on-demand virtual meetings, but also an indifference toward brand portals. There's some annoyance with glossies, but a need for targeted content that answers their latest questions.

Despite these nuances, the HCPs all expressed one common theme—the need for personalized support from biopharma during their moments of need. Many of them pointed to an inbound communication channel as the solution to this problem so that they can reach out to their representatives to communicate their individual preferences accurately, in real time. For field teams, this inbound channel not only creates more touchpoints, but more importantly, opens up a channel for them to listen deeply and tune in to the HCP's needs.

And with greater insight into what HCPs want, it's now just a matter of taking action.



Talk to your Veeva account partner about how [Veeva Vault CRM Engage](#) can help your field teams provide the services that HCPs want.



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