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THE GAPS BETWEEN HCP DEMAND AND PHARMA SUPPLY OF MEDICAL INFORMATION

How Pharma-HCP engagement should evolve as we emerge from the pandemic

INTRODUCTION

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As we all know, early in 2020, digital adoption in the life science sector was progressing slowly, lagging most other industries. When the COVID-19 pandemic struck, it forced a step change in engagement between pharmaceutical companies (pharma) and healthcare professionals (HCPs), making digital channels essential for communication.

In this report, we examine the situation 18 months on; HCP demand, industry supply, progress made, lessons learnt, the gaps that now exist and the challenges yet to be overcome.

Quantitative and qualitative data was gained through surveys with EPG Health's multi-stakeholder databases (HCP, pharma and service providers) and interviews conducted with pharma execs by Impatient Health.

The objective was to identify new and preferred pathways for the creation and delivery of medical information.

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KEY FINDINGS

An overview of conclusions drawn from this research into the gaps between HCP demand and pharma supply of medical information

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HCPS ARE IN CONTROL AND PHARMA KNOWS IT

Tighter access has put HCPs in the driving seat. They have been exposed to more convenient digital engagements and have many digital options for accessing what they need. Those who deliver superior customer experience will punch through the digital noise. Pharma must level up the value they deliver. It's not about shouting the loudest - it's about being present and relevant at the right place and time.

ARE WE JUST PAYING LIP-SERVICE TO DEMAND?

Pharma demonstrates a good understanding of HCP needs and expresses intent to fulfil digital engagement preferences. However, many are not demonstrating that awareness and intent through their strategic and tactical focus. There is divide between the content and channels HCP value, and those pharma prioritise, partly due to a capability gap but not entirely!

DIGGING DEEPER WITH 'INNOVATION' RATHER THAN VIRTUAL REPLICATION

The wheels are now in motion with digital innovation, but pharma is far from full speed ahead. Adopted engagement tactics are simply a digital expansion of what was there before. Learning & development has been concentrated on virtual meetings and eDetails with limited success/ROI. As we continue towards a new normal, some virtual replications of HCP engagement have been successful and are likely to remain post-pandemic.

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FACE-TO-FACE INTERACTION WILL NEVER FULLY RETURN

We will see an irrevocable change in HCP preferences. The replacement of face-to-face with virtual engagement has sustained impact for HCPs, and demand to bounce-back has been limited.

Decision makers will need focus on virtual and hybrid models. These will need to be fluid (across time and function) and flex to evolving customer journeys, preferences and levels of tech savviness.

DIGITISATION REQUIRES AGILITY AND EXPERIMENTATION

In order to stay competitive during the pandemic, investment in digital engagement strategies and technology increased. Social media and webinar platforms have seen a massive increase in usage across the industry, and many cite them as an important engagement channel.

However, COVID-19 presented the industry with an ideal opportunity to experiment and many companies did not respond or adapt quickly enough. Pilots need to continue at pace.

COLLABORATION AND SHIFT OF POWER IN PHARMA FUNCTIONS

The pandemic brought about a real change of power. Digital initiatives are primarily led by growing digital leads with marketing teams not stepping up, relying heavily on brand heritage despite low expectations.

A value-driven conversation puts Medical in the driving seat where commercial functions struggle to adjust. Meanwhile, customer experience requires increased cross-functional collaboration to leverage digital assets among teams.

Innovation has been hampered by a fundamental lack of internal capacity coupled with a time-lag for reorganisation.

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PHARMA MUST GET INCREASINGLY ENTREPRENEURIAL WITH PARTNERSHIPS

With virtual congresses falling flat and pharma struggling to act quickly, there has been increased willingness to work with external service providers and build partnerships. Pharma is tracking closely the digital activities of HCPs and medical organisations and looking for ways to get involved.

Ultimately though, pharma is reverting to 'own', in the attempt to internalise HCP relationships and data. This is not the place HCPs want to be.

A BRAND AND 'MINE' FOCUSED MENTALITY

There's a push and pull internally on branded hubs versus third-party platforms, with a heavy focus on delivering own content and channels. This is despite acceptance that 'independent' is preferred and more effective at meeting objectives. Digital leaders, who understand that HCPs care less about brand, don't see long-term value, but currently invest in their own hubs anyway. Due to access pressure and digital options, HCPs are unlikely to create space for such 'promotional' engagement. The long-term trend is towards educational, non-promotional content, based on scientific exchange, delivered through independent/co-sponsored educational platforms.

PERSONALISATION OF CONTENT IS THE HOLY GRAIL

Delivering value to the customer is the ultimate way to deliver value to the business. Personalisation is the crucial weapon, ensuring that the unique needs and preferences of customers are fully addressed – with the right information, in the right place, at the right time. This isn't the far future; HCPs now expect it. The right technologies and channels exist but require a shift in the culture and mindset of pharma to leverage – 75% of pharma cite this their top strategic priority.

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CONTENT

The types and formats of content being consumed by HCPs and supplied by pharma

AN ASSESSMENT OF:

- HCP demand for content, by type and format, versus Industry supply

- Funding models and resource allocation for disease and brand information

- Processes for content generation and use

CONTENT TYPE

85%

of HCPs need better access to non-accredited eLearning but nearly half of pharma rate this a low priority.

HCPs indicate high demand for most types of medical content, and pharma prioritises many of the same types. However, it appears there may be unmet need for **diagnostic information, emerging treatments, accredited and non-accredited learning** and **recordings or reports from scientific meetings**.

HCP What information do you need more or better access to?

Content Type	High Priority	Medium Priority	Low Priority
GUIDELINES FOR TREATMENT	83%	15%	2%
DISEASE INFORMATION	72%	25%	3%
DIAGNOSTIC INFORMATION OR TOOLS	71%	25%	4%
EMERGING TREATMENTS AND TECHNOLOGIES	69%	27%	4%
CLINICAL TRIAL INFORMATION	67%	29%	4%
JOURNAL ARTICLES	67%	28%	5%
ACCREDITED LEARNING/CME	67%	27%	6%
RECORDINGS AND REPORTS FROM SCIENTIFIC MEETINGS	55%	36%	8%
PEER-TO-PEER (FROM MEDICAL EXPERTS AND FACULTIES)	54%	40%	6%
MEDICAL NEWS	51%	39%	10%
PATIENT CASE STUDIES	50%	44%	6%
PRODUCT AND PRESCRIBING INFORMATION	48%	42%	9%
TOOLS AND RESOURCES TO SHARE WITH PATIENTS	39%	44%	17%
ELEARNING (NON-ACCREDITED)	36%	49%	15%

HIGH PRIORITY   MEDIUM PRIORITY   LOW PRIORITY

PHARMA How much priority do you give to the provision/ funding of the following information for HCPs

Content Type	High Priority	Medium Priority	Low Priority
CLINICAL TRIAL INFORMATION	70%	24%	6%
GUIDELINES FOR TREATMENT	67%	33%	0%
DISEASE INFORMATION	67%	25%	8%
PATIENT CASE STUDIES	66%	22%	12%
PRODUCT AND PRESCRIBING INFORMATION	63%	27%	10%
PEER TO PEER (FROM MEDICAL EXPERTS AND FACULTIES)	55%	27%	18%
DIAGNOSTIC INFORMATION OR TOOLS	48%	36%	16%
ACCREDITED LEARNING/CME	48%	30%	22%
TOOLS AND RESOURCES TO SHARE WITH PATIENTS	41%	43%	16%
JOURNAL ARTICLES	41%	37%	22%
RECORDINGS AND REPORTS FROM SCIENTIFIC MEETINGS	35%	42%	23%
EMERGING TREATMENTS AND TECHNOLOGIES	30%	42%	28%
ELEARNING (NON-ACCREDITED)	26%	28%	46%
MEDICAL NEWS	20%	48%	32%

HIGH PRIORITY   MEDIUM PRIORITY   LOW PRIORITY

CONTENT FORMAT

HCPs express highest demand for **short, bite-sized** content as well as **webinars and interactive, modular learning,** and pharma is focused on providing these. For several content types/formats however, HCP demand significantly outstrips pharma supply, including **downloadable content, ability to bookmark content, notification of relevant/trending content and podcasts.**

72% of HCPs express demand for podcasts while only 38% of pharma focus on providing them.

>80% of HCPs would like the ability to both bookmark and rate content, but most pharma consider such features as low priority.

HCP Rate your DEMAND FOR the following content formats and tools

	HIGH DEMAND	MEDIUM DEMAND	LOW OR NO DEMAND
DOWNLOADABLE CONTENT	68%	25%	7%
SHORT FORM, BITE-SIZED, FAST FACTS	64%	31%	5%
INTERACTIVE LEARNING	58%	35%	7%
SHORT VIDEOS (UNDER 5 MINUTES)	53%	34%	13%
MODULAR LEARNING, SHORT SESSIONS	52%	42%	6%
WEBINARS	52%	39%	9%
BOOKMARK TO VIEW OR RESUME LATER	52%	36%	12%
VIRTUAL WORKSHOPS/ROUNDTABLES	49%	41%	11%
3D ANIMATIONS	46%	35%	19%
INFOGRAPHICS - DATA VISUALISATION	41%	46%	13%
PRINTED MATERIALS	40%	44%	16%
NOTIFICATIONS OF RELEVANT & TRENDING CONTENT	31%	53%	15%
ABILITY TO RATE AND SEE RATINGS	30%	53%	17%
LIVE CHAT - INSTANT MESSAGING	23%	46%	31%
LONG VIDEOS (20+ MINUTES)	23%	44%	33%
LONG FORM TEXT (OVER 1,000 WORDS)	21%	53%	26%
PODCASTS	21%	51%	28%
SOCIAL SHARING TOOLS	20%	44%	36%

PHARMA To what extent are you focused on providing the following content formats and tools for HCPs?

	HIGH FOCUS	MEDIUM FOCUS	LOW OR NO FOCUS
SHORT VIDEOS (UNDER 5 MINUTES)	67%	29%	4%
SHORT FORM, BITE-SIZED, FAST FACTS	62%	30%	8%
INTERACTIVE LEARNING	50%	28%	22%
INFOGRAPHICS - DATA VISUALISATION	44%	42%	14%
VIRTUAL WORKSHOPS/ROUNDTABLES	44%	40%	16%
MODULAR LEARNING, SHORT SESSIONS	42%	36%	22%
WEBINARS	40%	52%	8%
DOWNLOADABLE CONTENT	36%	46%	18%
3D ANIMATIONS	22%	32%	46%
ABILITY TO RATE AND SEE RATINGS	18%	32%	50%
BOOKMARK TO VIEW OR RESUME LATER	17%	27%	56%
SOCIAL SHARING TOOLS	16%	36%	48%
LONG FORM TEXT (OVER 1,000 WORDS)	15%	40%	45%
NOTIFICATIONS OF RELEVANT & TRENDING CONTENT	14%	30%	56%
LIVE CHAT - INSTANT MESSAGING	12%	31%	57%
PRINTED MATERIALS	8%	29%	63%
LONG VIDEOS (20+ MINUTES)	4%	34%	62%
PODCASTS	2%	36%	62%

DISEASE AWARENESS VERSUS BRAND AWARENESS

HCPs have a higher demand for **disease information** than product information, with independent content being most trusted.

However, most pharma will create their own disease content (with support), rather than fund **independent content**, and almost half expect budget increases to do so.

47% of pharma expect to increase budget for disease awareness in 2022, and

71% expect to primarily create their own disease awareness.

HCP **Rate your interest in the following content formats and tools**

PRODUCT INFORMATION

9%	LOW PRIORITY
42%	MEDIUM PRIORITY
48%	HIGH PRIORITY

DISEASE INFORMATION

3%	LOW PRIORITY
25%	MEDIUM PRIORITY
72%	HIGH PRIORITY

- ● HIGH PRIORITY
- ● MEDIUM PRIORITY
- ● LOW PRIORITY

PHARMA **How do you anticipate pharma budgets will be allocated next year?**

DISEASE AWARENESS: 17% | 30% | 46% | 2% 6% 8%

BRAND AWARENESS: 22% | 24% | 41% | 2% 3% 8%

- ● HIGH FOCUS
- ● BIG INCREASE SMALL INCREASE
- ● NO CHANGE
- ● SMALL DECREASE
- ● BIG DECREASE
- ● I DON'T KNOW

PHARMA **What funding model dominates supply?**

DISEASE AWARENESS: 27% | 44% | 27% | 2%

BRAND AWARENESS: 37% | 49% | 14% | 0%

- ● CREATE OUR OWN WITHOUT SUPPORT FROM SERVICE PROVIDERS
- ● CREATE OUR OWN WITH SUPPORT FROM SERVICE PROVIDERS
- ● SPONSORED IN COLLABORATION WITH THIRD-PARTY WEBSITES/PROVIDERS
- ● GRANT FUNDING/ INDEPENDENT MEDICAL EDUCATION

CONTENT GENERATION

For content generation and use, the majority of pharma **use service providers**, **central repositories, modular approved format, clear guidelines and repurposing**. For those that do not, most have plans to start.

54%
of pharma use modular content and a further 40% plan to start.

Note: Modular content refers to the design, creation and delivery of individual content components that can be used separately or together.

PHARMA **In relation to content provision, does your organisation do the following?**

USE APPROVED SERVICE PROVIDERS SPECIFICALLY FOR DIGITAL CONTENT CREATION — 68% | 24% | 8%

PROVIDE A CENTRAL REPOSITORY FOR SHARED ACCESS TO ALL APPROVED CONTENT — 63% | 27% | 10%

CREATE MODULAR CONTENT APPROVED FOR MULTIPLE PURPOSES/CHANNELS — 54% | 40% | 6%

PROVIDE CLEAR GUIDANCE FOR CREATING DIGITALLY OPTIMISED CONTENT — 52% | 38% | 10%

ENCOURAGE AND INCENTIVISE THE REPURPOSING OF APPROVED CONTENT FOR OTHER USES/CHANNELS — 50% | 38% | 12%

● YES ● NOT YET BUT THERE ARE PLANS TO ● NO AND I'M NOT AWARE OF PLANS TO

PHARMA VIEWPOINTS

Understand what information is needed

❝ We lack good **market insights** on where HCPs get their information and what kind of information and content topics they are looking for."

Will independent medical education rule?

❝ It will **shift away from brand to independent medical education**. I think the absolute volume of medical education will rise - and we will also add this to social media.

Getting content into bite-sized chunks is crucial

❝ The only thing that matters online, is whether you can get your content into **bite size chunks** ... and then getting it rapidly approved in that bite sized chunk."

Stories of incremental progress

❝ The average time on our platform is 14 minutes, but our average content length is 1 hour and 30 minutes. So, we've now included the ability to search for video **segments**. We are also creating a lot of **mini** readings ... and signalling how long it will take to read something ... We're now taking pieces of content and sharing it in **different formats** - as that's how people are engaging."

LEARNINGS

KEY FINDINGS   HCPs require:

Disease information and education more than product information.

Bite-sized/snackable/micro/chunked content that can be quickly and easily digested.

To conveniently consume content in their own time, on-demand.

Relevant, customised content and learning experiences.

Industry to demonstrate an appreciation of their content needs, and an intent to deliver that.

KEY REQUIREMENTS

1 **Prioritise disease awareness,** with relevant and engaging learning opportunities.

2 **Ease consumption,** through concise message design and modular formats.

3 **Focus on customer experience,** with ability to bookmark, resume, download, watch on-demand.

4 **Personalise content** distribution with relevant and timely notifications, and sequential messages.

5 **Deliver what HCPs need** rather than what you want them to have.

Jump to 'Learnings' on 'Channels'

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CHANNELS

The variety of channels being used to provide and access scientific information
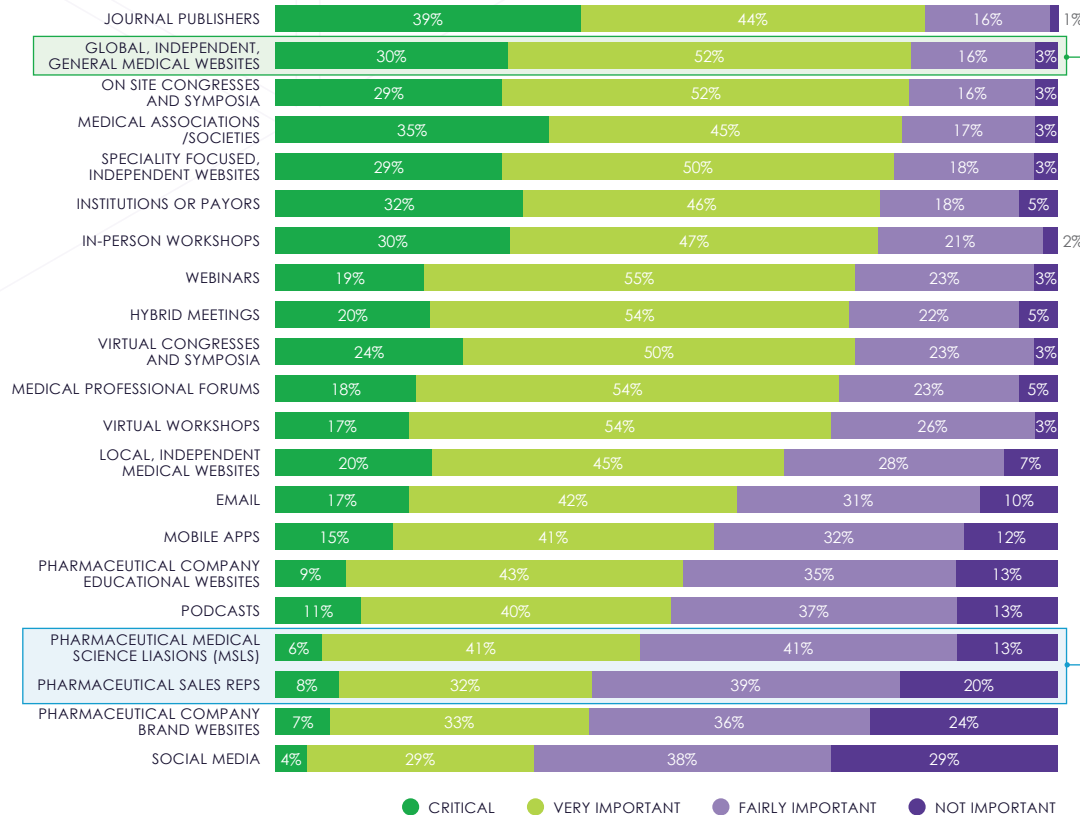
AN ASSESSMENT OF:

- The gaps between HCP channel preferences and pharma channel focus

- Funding models and resource allocation by channel

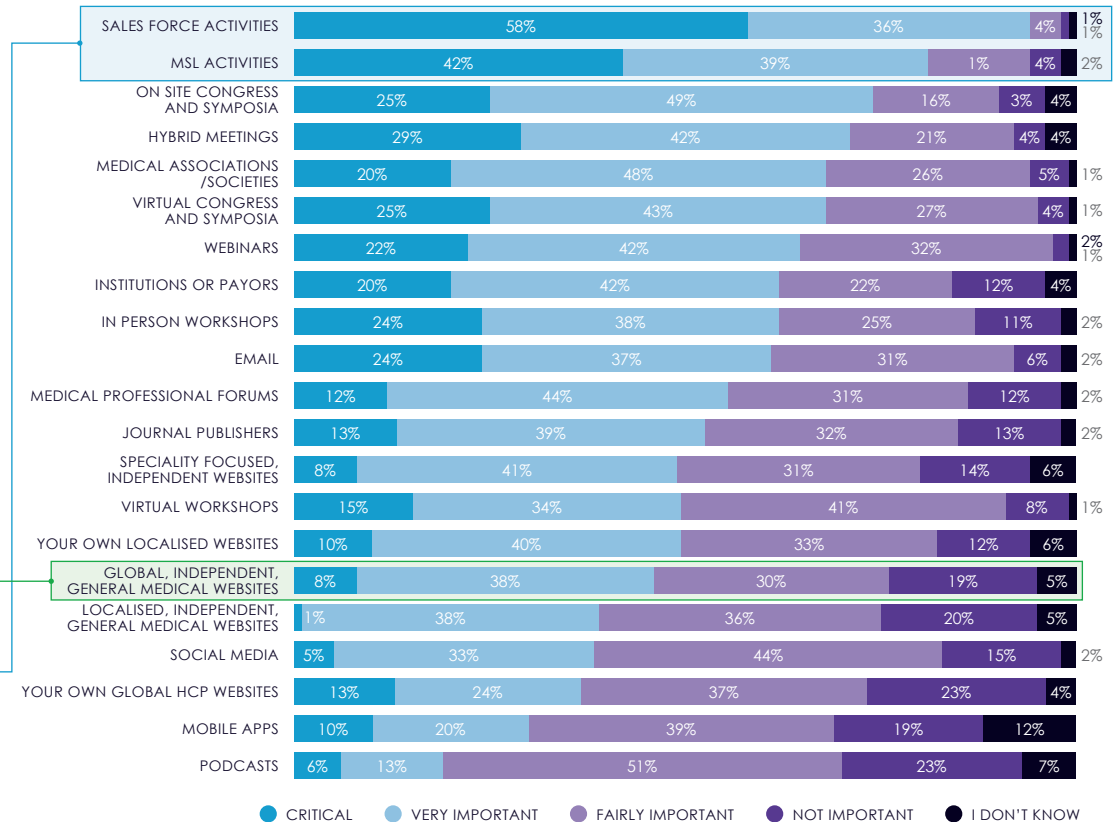- Channel evolution with pharma commentary

CHANNEL PREFERENCES

HCPs rank **journals, independent websites and scientific meetings** as their most important sources of information, with **pharma channels** and **social media** being least important. Pharma consider **field forces** as most important for delivering information to HCPs, followed by **scientific meetings**, and rank all types of **medical websites** among the least important of channels.

82% of HCPs consider global independent medical websites a very important or critical source of scientific content, versus less than half of pharma believing the same.

HCP How important to you are the following sources of scientific information?

	CRITICAL	VERY IMPORTANT	FAIRLY IMPORTANT	NOT IMPORTANT
JOURNAL PUBLISHERS	39%	44%	16%	1%
GLOBAL, INDEPENDENT, GENERAL MEDICAL WEBSITES	30%	52%	16%	3%
ON SITE CONGRESSES AND SYMPOSIA	29%	52%	16%	3%
MEDICAL ASSOCIATIONS /SOCIETIES	35%	45%	17%	3%
SPECIALITY FOCUSED, INDEPENDENT WEBSITES	29%	50%	18%	3%
INSTITUTIONS OR PAYORS	32%	46%	18%	5%
IN-PERSON WORKSHOPS	30%	47%	21%	2%
WEBINARS	19%	55%	23%	3%
HYBRID MEETINGS	20%	54%	22%	5%
VIRTUAL CONGRESSES AND SYMPOSIA	24%	50%	23%	3%
MEDICAL PROFESSIONAL FORUMS	18%	54%	23%	5%
VIRTUAL WORKSHOPS	17%	54%	26%	3%
LOCAL, INDEPENDENT MEDICAL WEBSITES	20%	45%	28%	7%
EMAIL	17%	42%	31%	10%
MOBILE APPS	15%	41%	32%	12%
PHARMACEUTICAL COMPANY EDUCATIONAL WEBSITES	9%	43%	35%	13%
PODCASTS	11%	40%	37%	13%
PHARMACEUTICAL MEDICAL SCIENCE LIASIONS (MSLS)	6%	41%	41%	13%
PHARMACEUTICAL SALES REPS	8%	32%	39%	20%
PHARMACEUTICAL COMPANY BRAND WEBSITES	7%	33%	36%	24%
SOCIAL MEDIA	4%	29%	38%	29%

PHARMA How important are the following channels for delivering scientific information to HCPs?

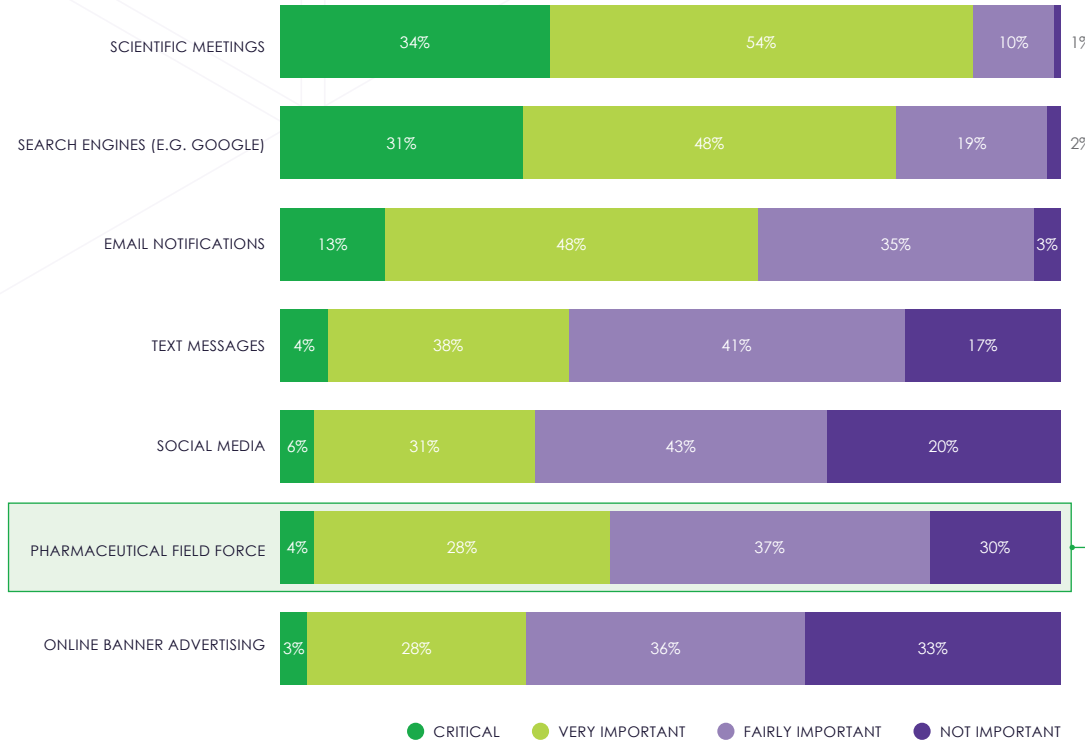|	CRITICAL	VERY IMPORTANT	FAIRLY IMPORTANT	NOT IMPORTANT	I DON'T KNOW
SALES FORCE ACTIVITIES	58%	36%	4%	1%	1%
MSL ACTIVITIES	42%	39%	1%	4%	2%
ON SITE CONGRESS AND SYMPOSIA	25%	49%	16%	3%	4%
HYBRID MEETINGS	29%	42%	21%	4%	4%
MEDICAL ASSOCIATIONS /SOCIETIES	20%	48%	26%	5%	1%
VIRTUAL CONGRESS AND SYMPOSIA	25%	43%	27%	4%	1%
WEBINARS	22%	42%	32%	2%	1%
INSTITUTIONS OR PAYORS	20%	42%	22%	12%	4%
IN PERSON WORKSHOPS	24%	38%	25%	11%	2%
EMAIL	24%	37%	31%	6%	2%
MEDICAL PROFESSIONAL FORUMS	12%	44%	31%	12%	2%
JOURNAL PUBLISHERS	13%	39%	32%	13%	2%
SPECIALITY FOCUSED, INDEPENDENT WEBSITES	8%	41%	31%	14%	6%
VIRTUAL WORKSHOPS	15%	34%	41%	8%	1%
YOUR OWN LOCALISED WEBSITES	10%	40%	33%	12%	6%
GLOBAL, INDEPENDENT, GENERAL MEDICAL WEBSITES	8%	38%	30%	19%	5%
LOCALISED, INDEPENDENT, GENERAL MEDICAL WEBSITES	1%	38%	36%	20%	5%
SOCIAL MEDIA	5%	33%	44%	15%	2%
YOUR OWN GLOBAL HCP WEBSITES	13%	24%	37%	23%	4%
MOBILE APPS	10%	20%	39%	19%	12%
PODCASTS	6%	13%	51%	23%	7%

CHANNELS FOR DISCOVERY

HCPs consider **scientific meetings, search engines and emails** most important for discovering scientific information. They consider pharma **field forces** and online **banner advertising** least important. However, pharma rely most heavily on **field forces** for making HCPs aware of scientific content.
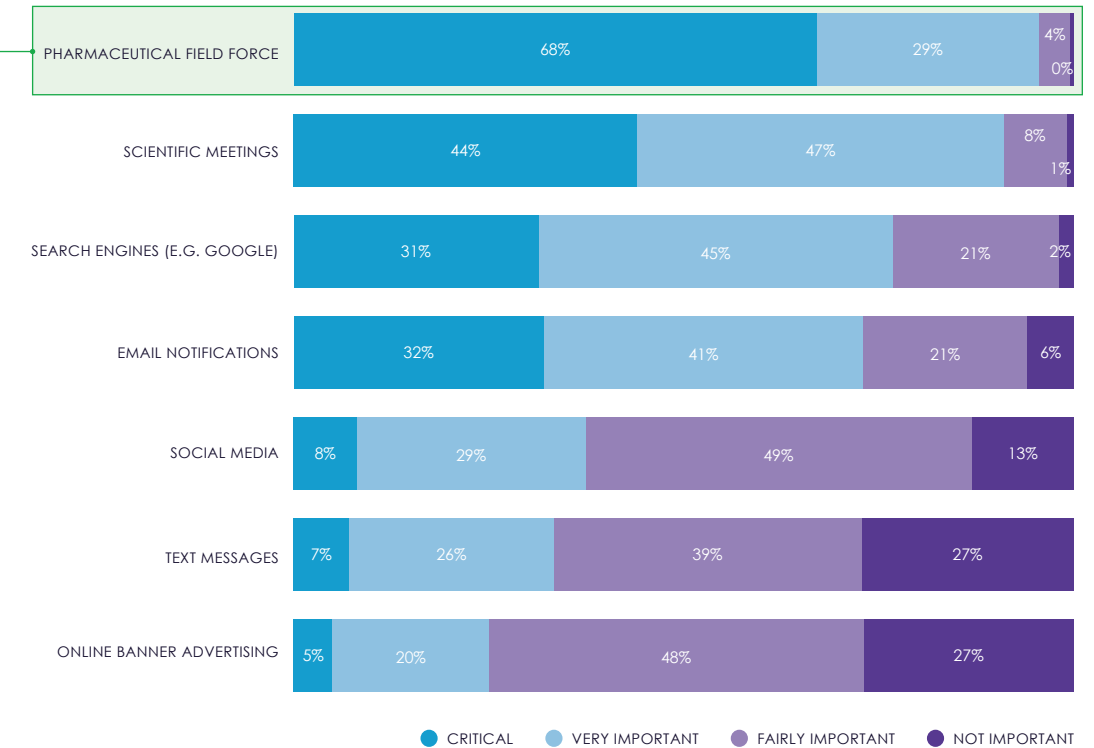
4%
of HCPs and

68%
of pharma consider pharma field force activities critical for discovery of scientific content.

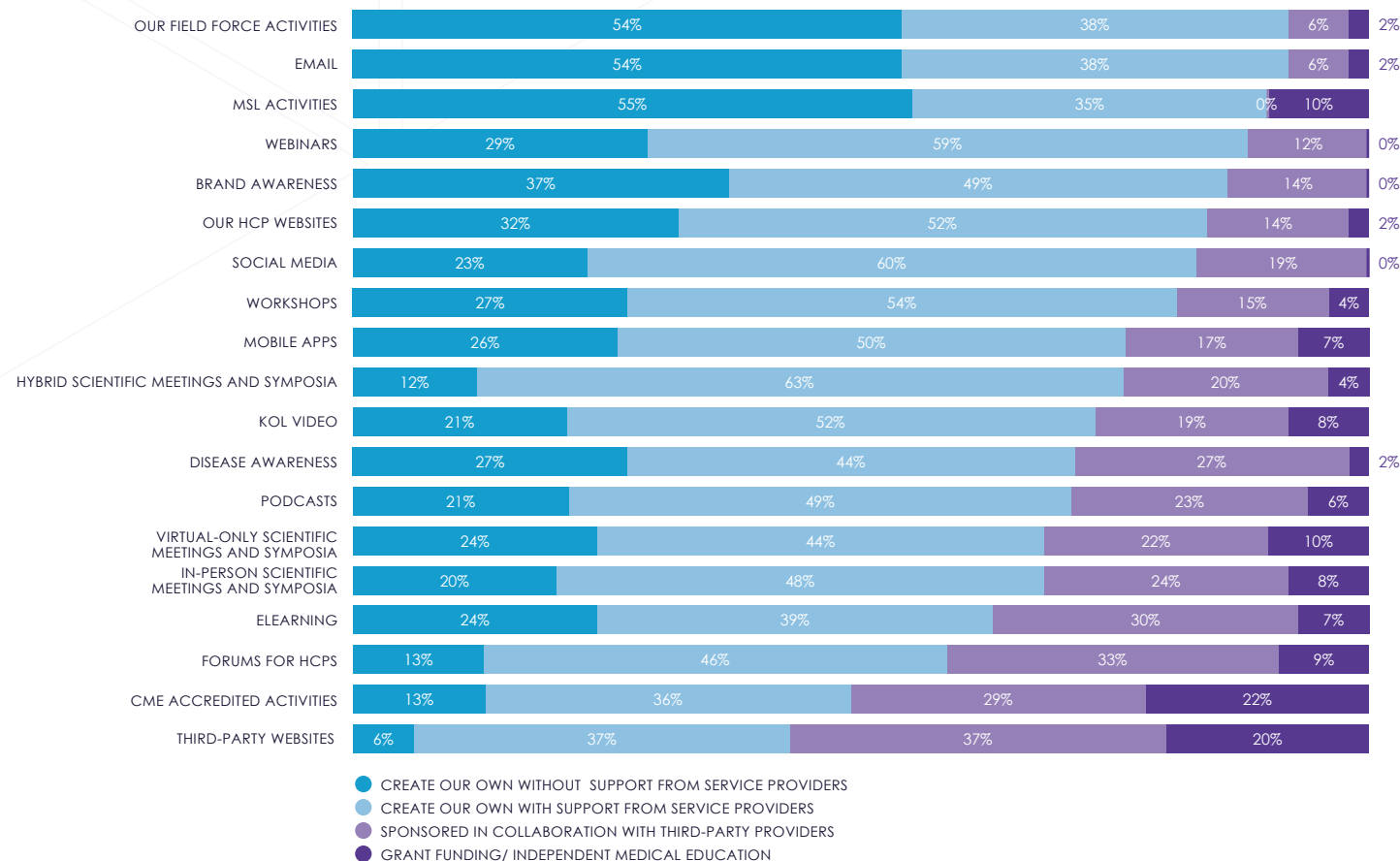**HCP** How important are the following for discovering scientific content?

	CRITICAL	VERY IMPORTANT	FAIRLY IMPORTANT	NOT IMPORTANT
SCIENTIFIC MEETINGS	34%	54%	10%	1%
SEARCH ENGINES (E.G. GOOGLE)	31%	48%	19%	2%
EMAIL NOTIFICATIONS	13%	48%	35%	3%
TEXT MESSAGES	4%	38%	41%	17%
SOCIAL MEDIA	6%	31%	43%	20%
PHARMACEUTICAL FIELD FORCE	4%	28%	37%	30%
ONLINE BANNER ADVERTISING	3%	28%	36%	33%

● CRITICAL   ● VERY IMPORTANT   ● FAIRLY IMPORTANT   ● NOT IMPORTANT

PHARMA How important are the following in how you help HCPs find your scientific content?

	CRITICAL	VERY IMPORTANT	FAIRLY IMPORTANT	NOT IMPORTANT
PHARMACEUTICAL FIELD FORCE	68%	29%	4%	0%
SCIENTIFIC MEETINGS	44%	47%	8%	1%
SEARCH ENGINES (E.G. GOOGLE)	31%	45%	21%	2%
EMAIL NOTIFICATIONS	32%	41%	21%	6%
SOCIAL MEDIA	8%	29%	49%	13%
TEXT MESSAGES	7%	26%	39%	27%
ONLINE BANNER ADVERTISING	5%	20%	48%	27%

● CRITICAL   ● VERY IMPORTANT   ● FAIRLY IMPORTANT   ● NOT IMPORTANT

CHANNEL FUNDING MODELS

> **>80%**
> **of pharma create their own:**
> - **Webinars**
> - **HCP websites**
> - **Social media**
> - **Workshops**

With the exception of **CME** and **third-party websites**, pharma funding is directed primarily into pharma's own channels **own channels** (rather than sponsoring or grant-funding third-party/independent channels) and mostly with support from service providers.

PHARMA What funding model dominates supply of the following for HCPs?

	Create our own without support	Create our own with support	Sponsored in collaboration	Grant funding / IME
OUR FIELD FORCE ACTIVITIES	54%	38%	6%	2%
EMAIL	54%	38%	6%	2%
MSL ACTIVITIES	55%	35%	0%	10%
WEBINARS	29%	59%	12%	0%
BRAND AWARENESS	37%	49%	14%	0%
OUR HCP WEBSITES	32%	52%	14%	2%
SOCIAL MEDIA	23%	60%	19%	0%
WORKSHOPS	27%	54%	15%	4%
MOBILE APPS	26%	50%	17%	7%
HYBRID SCIENTIFIC MEETINGS AND SYMPOSIA	12%	63%	20%	4%
KOL VIDEO	21%	52%	19%	8%
DISEASE AWARENESS	27%	44%	27%	2%
PODCASTS	21%	49%	23%	6%
VIRTUAL-ONLY SCIENTIFIC MEETINGS AND SYMPOSIA	24%	44%	22%	10%
IN-PERSON SCIENTIFIC MEETINGS AND SYMPOSIA	20%	48%	24%	8%
ELEARNING	24%	39%	30%	7%
FORUMS FOR HCPS	13%	46%	33%	9%
CME ACCREDITED ACTIVITIES	13%	36%	29%	22%
THIRD-PARTY WEBSITES	6%	37%	37%	20%

- ● CREATE OUR OWN WITHOUT SUPPORT FROM SERVICE PROVIDERS
- ● CREATE OUR OWN WITH SUPPORT FROM SERVICE PROVIDERS
- ● SPONSORED IN COLLABORATION WITH THIRD-PARTY PROVIDERS
- ● GRANT FUNDING/ INDEPENDENT MEDICAL EDUCATION

HCP VIEWPOINTS

❝ Independent content is more likely to have accurate guidelines."

❝ Company websites will always be regarded as pure advertisement."

❝ To be medically independent, they can collaborate with others."

❝ Independent eliminates bias in providing medical knowledge."

16
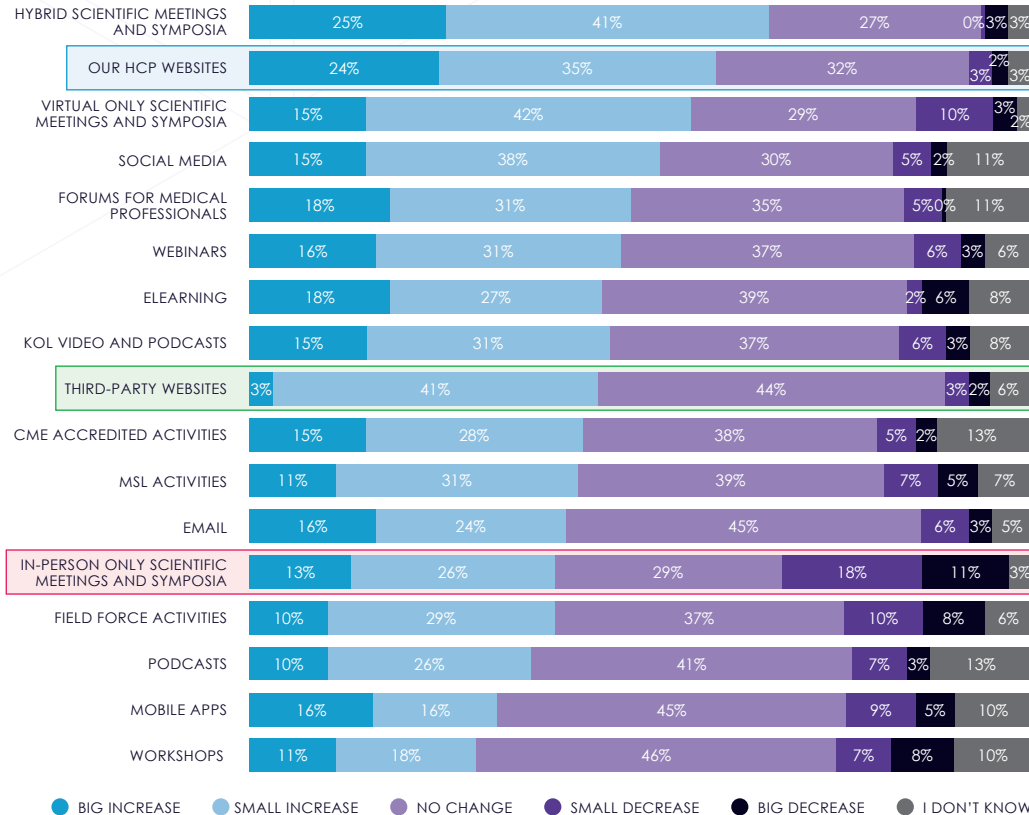
© EPG HEALTH
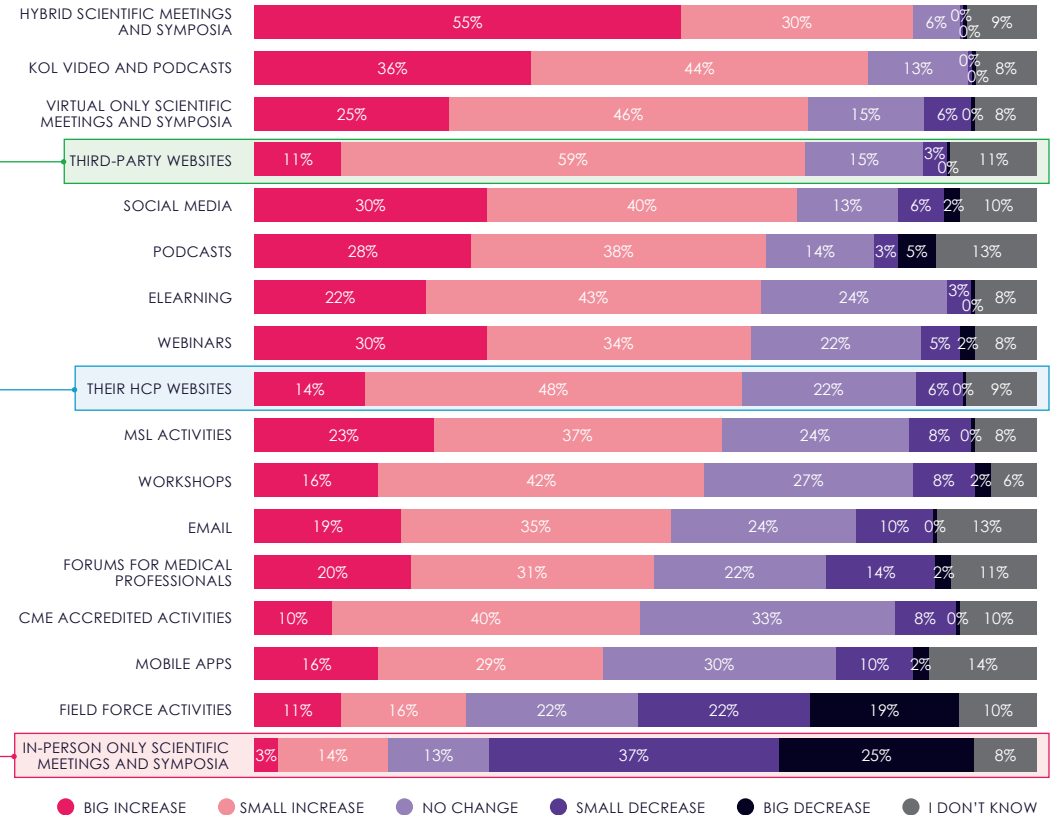
CHANNELS BUDGET CHANGES FOR 2022

>half
of pharma expect an increase in budget for hybrid and virtual scientific meetings, their own websites and social media in 2022.

Pharma expect budget increases across every channel. Service providers appear to be overestimating pharma budget increases in general but are underestimating the focus pharma has on their **own websites** and a return to **in-person meetings**.

PHARMA — How do you anticipate budgets will be allocated next year?

Channel	Big Increase	Small Increase	No Change	Small Decrease	Big Decrease	I Don't Know
HYBRID SCIENTIFIC MEETINGS AND SYMPOSIA	25%	41%	27%	0%	3%	3%
OUR HCP WEBSITES	24%	35%	32%	2%	3%	3%
VIRTUAL ONLY SCIENTIFIC MEETINGS AND SYMPOSIA	15%	42%	29%	10%	3%	2%
SOCIAL MEDIA	15%	38%	30%	5%	2%	11%
FORUMS FOR MEDICAL PROFESSIONALS	18%	31%	35%	5%	0%	11%
WEBINARS	16%	31%	37%	6%	3%	6%
ELEARNING	18%	27%	39%	2%	6%	8%
KOL VIDEO AND PODCASTS	15%	31%	37%	6%	3%	8%
THIRD-PARTY WEBSITES	3%	41%	44%	3%	2%	6%
CME ACCREDITED ACTIVITIES	15%	28%	38%	5%	2%	13%
MSL ACTIVITIES	11%	31%	39%	7%	5%	7%
EMAIL	16%	24%	45%	6%	3%	5%
IN-PERSON ONLY SCIENTIFIC MEETINGS AND SYMPOSIA	13%	26%	29%	18%	11%	3%
FIELD FORCE ACTIVITIES	10%	29%	37%	10%	8%	6%
PODCASTS	10%	26%	41%	7%	3%	13%
MOBILE APPS	16%	16%	45%	9%	5%	10%
WORKSHOPS	11%	18%	46%	7%	8%	10%

SERVICE PROVIDERS — How do you anticipate pharma budgets will be allocated next year?

Channel	Big Increase	Small Increase	No Change	Small Decrease	Big Decrease	I Don't Know
HYBRID SCIENTIFIC MEETINGS AND SYMPOSIA	55%	30%	6%	0%	0%	9%
KOL VIDEO AND PODCASTS	36%	44%	13%	0%	0%	8%
VIRTUAL ONLY SCIENTIFIC MEETINGS AND SYMPOSIA	25%	46%	15%	6%	0%	8%
THIRD-PARTY WEBSITES	11%	59%	15%	3%	0%	11%
SOCIAL MEDIA	30%	40%	13%	6%	2%	10%
PODCASTS	28%	38%	14%	3%	5%	13%
ELEARNING	22%	43%	24%	3%	0%	8%
WEBINARS	30%	34%	22%	5%	2%	8%
THEIR HCP WEBSITES	14%	48%	22%	6%	0%	9%
MSL ACTIVITIES	23%	37%	24%	8%	0%	8%
WORKSHOPS	16%	42%	27%	8%	2%	6%
EMAIL	19%	35%	24%	10%	0%	13%
FORUMS FOR MEDICAL PROFESSIONALS	20%	31%	22%	14%	2%	11%
CME ACCREDITED ACTIVITIES	10%	40%	33%	8%	0%	10%
MOBILE APPS	16%	29%	30%	10%	2%	14%
FIELD FORCE ACTIVITIES	11%	16%	22%	22%	19%	10%
IN-PERSON ONLY SCIENTIFIC MEETINGS AND SYMPOSIA	3%	14%	13%	37%	25%	8%

Legend: ● BIG INCREASE ● SMALL INCREASE ● NO CHANGE ● SMALL DECREASE ● BIG DECREASE ● I DON'T KNOW

PHARMA VIEWPOINTS: Channel evolution

EPG HEALTH ▶ IN PARTNERSHIP WITH **im**patient

SOCIAL MEDIA **We are witnessing a watershed moment for social**

❝ We now **generate half of our traffic** through social media and the other half through personalized message from the rep."

❝ **We are doing paid ads** on Twitter, Instagram and even Clubhouse with HCPs. We aren't doing this just because of the pandemic, but ... What the pandemic did was teach us how to be faster as an organization - and our social media has grown massively."

❝ One of the other small projects we started was sharing tweets that are developed by our company and approved through our legal regulatory process. And then we have a few opinion leaders share that tweet. We're at the point where **our MSL could share approved tweets** too. For us, that was a pretty big step."

❝ We had an interesting advisory board recently - and **we are bringing in younger people** - there's a big demand for more social content."

REPS **Digital is transforming roles in pharma**

❝ You absolutely still need a sales force. **So now think: when would you implement a sales force?** Traditionally, we implemented a sales force to do outreach, awareness, disease education, and also selling the product. I think there's an opportunity to use as much of the digital channel space to do the earlier part of the customer journey, then when a sales representative is in front of a customer, **they can actually just focus on sales** ... Perhaps this is our opportunity to truly invest in their training, in their selling skills, and their negotiation skills."

WEBSITES **Digital engagement is getting more personalised**

❝ With our platform, we've also built in quite an **advanced search engine** that enables us to better understand the interest of the person that's searching [and] provide or curate information for them. If they opt in, they can then receive a newsletter [to] notify them when there's something else they may be interested in."

EVENTS **Digital meetings are capable of reaching more customers**

❝ We're using [virtual meetings] for many more customers ... Of course, the pandemic sped up the rate of adoption of webinars and digital live events increased. We now **package our events to reuse the content** a second and third time around. We've learned a lot about how to do it. Social media use went through the roof too."

SELF-SERVE **The balance between push and pull will shift**

❝ There will be a better balance of 'push' and 'pull', where HCPs will be able to go and get more stuff on their own terms ... in a **self-service type manner** ... deciding when they want to call about something with an easy way to engage - like an online chat function. The aim is to fit the engagement with them, and be less defined by the rep. It will involve a field force that are thinking in a different way about engagement and developing a different set of skills, moving to more of a **customer experience mindset**. It's no longer about who shouts loudest and swamps [the] market with reps. It's about the quality of that interaction maybe with fewer reps."

LEARNINGS

KEY FINDINGS

The priority that pharma give to **field force activities** is far removed from the value that HCPs attributes to them.

HCPs favour **websites** as a source of medical information.

HCPs **value independent channels** more highly than pharma channels but pharma strongly prioritises investment in owned channels.

HCPs rely most heavily on **search engines** to find medical content and consider banner advertising and pharma reps less important for accessing content.

KEY REQUIREMENTS

1 **Evolve field force activities** to achieve more meaningful interactions and value for HCPs **or divert efforts** to channels that HCPs value more.

2 **Increase focus on medical websites** to support HCP needs for clinical information.

3 **Use independent channels** to provide HCPs with the trusted educational content that they value.

4 **Optimise your content (SEO)** for online discovery. Don't rely on **banner advertising and field forces** as a credible or effective methods of distribution.

EPG HEALTH ▶

SCIENTIFIC MEETINGS

The value of on-site, virtual and hybrid meetings

AN ASSESSMENT OF:

• The perceived value of in-persona, virtual and hybrid meetings for both attendees and providers

• Features that add value to events

• How resource and delivery will continue to evolve post-pandemic

TYPES OF SCIENTIFIC MEETINGS

Most HCPs consider all types of scientific meeting to be very important. **Congresses** and **symposia** are considered more important than **workshops** and **webinars**.

In-person events are perceived as being of slightly more importance than **virtual** and **hybrid events**. However, the differences are not very significant and most find virtual/online events just as good for learning as in-person.

>70%
of HCPs consider ALL types of scientific meeting critical or very important to their practice.

28%
believe in-person events are better for learning than virtual attendance.

HCP **How important to you are the following types of scientific meeting?**

	CRITICAL	VERY IMPORTANT	FAIRLY IMPORTANT	NOT IMPORTANT
IN-PERSON CONGRESSES AND SYMPOSIA	29%	49%	18%	3%
IN-PERSON WORKSHOPS	29%	45%	24%	3%
VIRTUAL CONGRESSES AND SYMPOSIA	27%	43%	26%	5%
HYBRID MEETINGS	24%	46%	24%	6%
VIRTUAL WORKSHOPS	18%	52%	27%	3%
WEBINARS	17%	54%	25%	4%

● CRITICAL ● VERY IMPORTANT ● FAIRLY IMPORTANT ● NOT IMPORTANT

HCP **"I find that attending conferences virtually/online is as good for learning as attending in person"**

55% - AGREE
28% - DISAGREE
17% - UNSURE

FEATURES OF SCIENTIFIC MEETINGS

HCPs attribute highest value to **CME-accredited events** and **on-demand videos** from events. Pharma and service providers consider **real-time Q&A** with faculty and **live case study discussion** more valuable than HCPs do (perhaps because they have less impact when accessed on-demand).

9 out of 10
HCPs attribute high value to both CME accreditation and on-demand videos for events.

HCP What value do you think the following features add to scientific meetings/events?

Feature	High Value	Medium Value	Low Value	I don't know/I have never used
CME ACCREDITATION	52%	36%	9%	2%
VIDEO AVAILABLE ON-DEMAND/POST EVENT	52%	36%	9%	2%
LIVE CASE STUDY DISCUSSION	48%	40%	10%	1%
CONFERENCE HIGHLIGHTS	46%	43%	10%	1%
REAL TIME Q&A WITH THE PRESENTERS/FACULTY	41%	45%	12%	2%
CONFERENCE/MEETING APP	35%	44%	17%	4%
PHYSICAL ON-SITE EXHIBITION	37%	39%	22%	2%
ONLINE PORTAL HOSTING OUTPUT FROM THE EVENT	24%	51%	21%	5%
VIRTUAL/ONLINE EXHIBITION	30%	42%	24%	4%
AUDIENCE POLLS	22%	40%	30%	8%
EVENT HASHTAGS AND SOCIAL MEDIA	14%	30%	35%	21%

- HIGH VALUE
- MEDIUM VALUE
- LOW VALUE
- I DON'T KNOW/ I HAVE NEVER USED

PHARMA What value do you think the following features add to scientific meetings/events?

Feature	High Value	Medium Value	Low Value	I have never provided/used
REAL TIME Q&A WITH THE PRESENTERS/FACULTY	75%	15%	2%	8%
LIVE CASE STUDY DISCUSSION	70%	24%	2%	4%
VIDEO AVAILABLE ON-DEMAND/POST EVENT	51%	42%	4%	4%
CME ACCREDITATION	51%	34%	8%	8%
CONFERENCE HIGHLIGHTS	31%	46%	15%	7%
AUDIENCE POLLS	38%	37%	15%	10%
PHYSICAL ON-SITE EXHIBITION	33%	33%	26%	7%
ONLINE PORTAL HOSTING OUTPUT FROM THE EVENT	23%	40%	21%	17%
EVENT HASHTAGS AND SOCIAL MEDIA	19%	39%	26%	17%
VIRTUAL/ONLINE EXHIBITION	17%	40%	34%	9%
CONFERENCE/MEETING APP	23%	28%	34%	15%

- HIGH VALUE
- MEDIUM VALUE
- LOW VALUE
- I HAVE NEVER PROVIDED/USED

22

POST-PANDEMIC DEMAND FOR SCIENTIFIC MEETINGS

HCP demand for **virtual and hybrid events** will remain much higher than pre-pandemic levels, while **in-person events** will have similar demand to pre-pandemic levels. Both will be important and both pharma and service providers anticipate that situation.

2 in 3
HCPs have much higher demand for virtual events than pre-pandemic but only

1 in 4
have lower demand for in-person attendance.

HCP Post pandemic, what do you expect your demand will be for the following?

VIRTUAL ONLY SCIENTIFIC MEETINGS AND SYMPOSIA	63%	28%	9%
HYBRID SCIENTIFIC MEETINGS AND SYMPOSIA	54%	37%	9%
LARGE INTERNATIONAL CONGRESSES	28%	41%	31%
LARGE NATIONAL MEETINGS	26%	50%	24%
SMALL NATIONAL MEETINGS	24%	62%	14%
IN PERSON ONLY SCIENTIFIC MEETINGS AND SYMPOSIA	24%	51%	25%

- ● MUCH HIGHER THAN PRE-PANDEMIC
- ● SIMILAR TO PRE-PANDEMIC
- ● MUCH LOWER THAN PRE-PANDEMIC
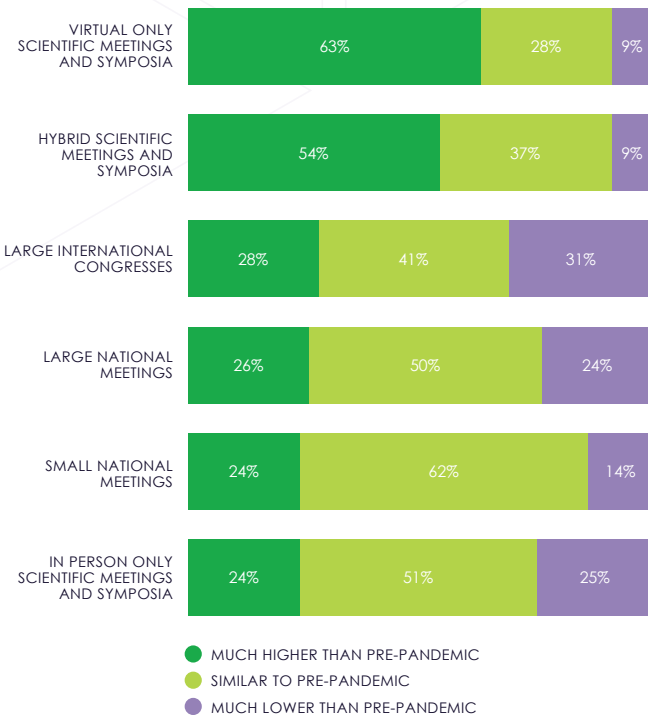
PHARMA Post pandemic, what do you expect HCP demand will be for the following?

HYBRID SCIENTIFIC MEETINGS AND SYMPOSIA	85%	13%	2%
VIRTUAL ONLY SCIENTIFIC MEETINGS AND SYMPOSIA	75%	16%	10%
SMALL NATIONAL MEETINGS	21%	54%	25%
LARGE NATIONAL MEETINGS	13%	46%	40%
LARGE INTERNATIONAL CONGRESSES	12%	46%	42%
IN-PERSON ONLY SCIENTIFIC MEETINGS AND SYMPOSIA	10%	51%	39%

- ● MUCH HIGHER THAN PRE-PANDEMIC
- ● SIMILAR TO PRE-PANDEMIC
- ● MUCH LOWER THAN PRE-PANDEMIC
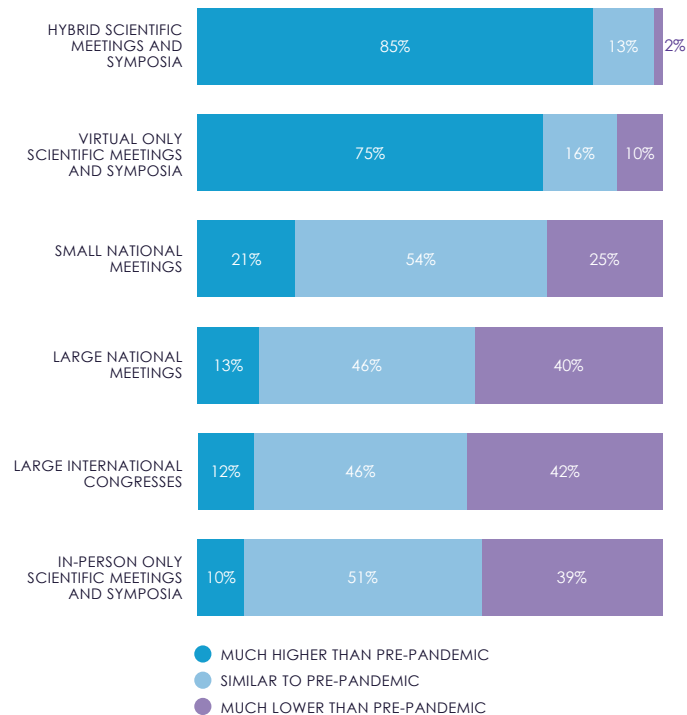
SERVICE PROVIDERS Post pandemic, what do you expect HCP demand will be for the following?

HYBRID SCIENTIFIC MEETINGS AND SYMPOSIA	86%	11%	3%
VIRTUAL ONLY SCIENTIFIC MEETINGS AND SYMPOSIA	73%	21%	6%
IN-PERSON ONLY SCIENTIFIC MEETINGS AND SYMPOSIA	9%	34%	57%
SMALL NATIONAL MEETINGS	18%	62%	20%
LARGE NATIONAL MEETINGS	9%	41%	50%
LARGE INTERNATIONAL CONGRESSES	5%	40%	55%

- ● MUCH HIGHER THAN PRE-PANDEMIC
- ● SIMILAR TO PRE-PANDEMIC
- ● MUCH LOWER THAN PRE-PANDEMIC
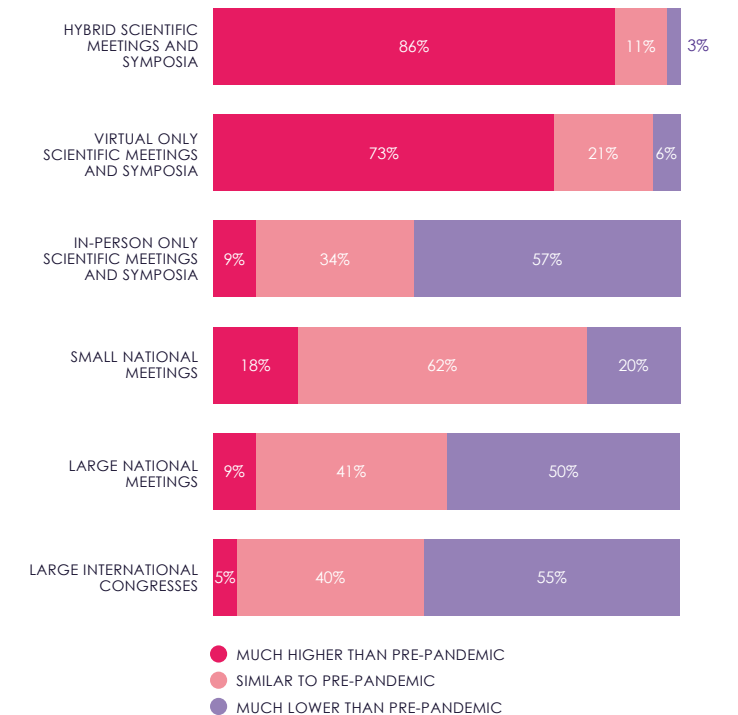
CHANGING BUDGET AND KPIs FOR SCIENTIFIC MEETINGS

2 in 3 pharma expect budget increases for hybrid meetings in 2022.

61% have developed new KPIs.

Most pharma respondents expect greatest **budget increases for hybrid meetings** in 2022 and a significant proportion expect a **reduction in budget for in-person events**. Most have developed **new Key Performance Indicators (KPIs) for virtual events**.

PHARMA How do you anticipate budgets will be allocated next year?

	BIG INCREASE	SMALL INCREASE	NO CHANGE	SMALL DECREASE	BIG DECREASE	I DON'T KNOW
HYBRID SCIENTIFIC MEETINGS AND SYMPOSIA	25%	41%	27%	0%	3%	3%
VIRTUAL ONLY SCIENTIFIC MEETINGS AND SYMPOSIA	15%	42%	29%	10%	3%	2%
IN-PERSON SCIENTIFIC MEETINGS AND SYMPOSIA	13%	26%	29%	18%	11%	3%

- BIG INCREASE
- SMALL INCREASE
- NO CHANGE
- SMALL DECREASE
- BIG DECREASE
- I DON'T KNOW

PHARMA We have developed new KPIs for virtual conferences and meetings

61% - AGREE
22% - DISAGREE
17% - UNSURE
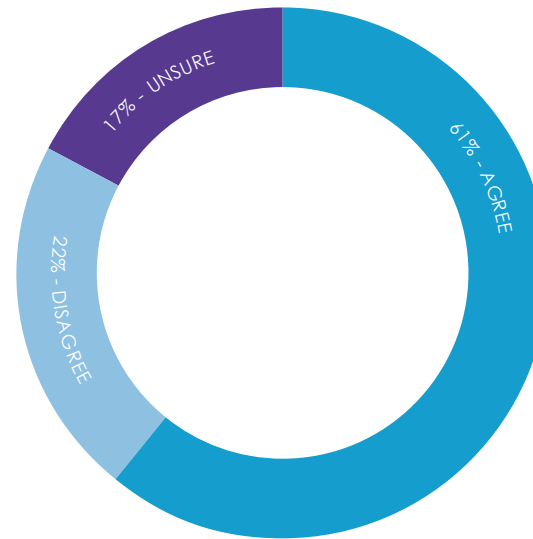
PROS AND CONS OF VIRTUAL/HYBRID EVENTS

PHARMA:

TOP 3 (OF 8) BENEFITS OF VIRTUAL/HYBRID EVENTS OVER ON-SITE:

Reach a wider geographic audience
94% agree

Reach a higher volume of HCPs
85% agree

Save on cost and resource
73% agree

TOP 3 (OF 10) REASONS FOR NOT SUPPORTING MORE VIRTUAL EVENTS:

Lack of demand/participation from HCPs
55% agree

Difficulties measuring engagement/value/outcomes
49% agree

Competing priorities
39% agree

HCP VIEWPOINTS: (A representative sample of survey responses)

PROS

❝ Easier, cheaper, can be done from the comfort of your home whenever you have time as the content is usually available to download for 3 months."

❝ I can learn so many things from home without wasting much time for travelling. The only necessary thing is internet connection."

❝ I think there is better time management."

❝ This year I had the chance to attend a lot more conferences, as they were available online, and that is certainly a lot better than not attending at all."

CONS

❝ I am completely fed up with virtual trainings after > 1,5 years."

❝ When you attend a virtual conference, you tend to be less focused than with a physical one."

❝ I just think virtually you are just listening, whereas in person when questions are answered it opens up the discussion more."

❝ If I could attend in person I would, it is certainly better to dedicate your time and concentration to the conference."

❝ I like the personal interaction with colleagues, it stimulates more debate."

THERE IS STRONG POLARITY ON THE TOPIC OF SCIENTIFIC MEETINGS

Some are happy to stay virtual forever, and others are desperate for real-life connection. So events are likely to remain hybrid; not as well-attended (in person) as pre-pandemic but much better attended online.

Many medical societies didn't realise until the pandemic how many HCPs were interested online attendance; it's only when they stripped away the need to travel that they discovered how much bigger their audiences were.

PHARMA VIEWPOINTS: The evolution of scientific meetings

EPG HEALTH▶ IN PARTNERSHIP WITH *im*patient

Building relationships is tough when engaging remotely

" A hybrid model is difficult especially when you are dealing with a new therapy area or having to build up relationships and you don't know the customer base. Asking a clinician to do something different is particularly challenging. Why would you attend in the evening and on a Zoom meeting? It all comes back to the value it adds for customers."

Lacking the value of inter-personal engagement

" We had way more participants than at a physical congress, but it was so hollow. There was no real discussion or engagement. The question is how do you try to capture some of the vibrancy of face-to-face congresses in a digital setting? One of the problems is that people get distracted and multi-task while attending online."

Money saving and time saving, virtual allows more and smaller

" We are now **doing more roundtables, with smaller groups**. Previously we might have done one roundtable, now we are doing six."

Understanding what HCPs value

" It's interesting to understand the digital behaviour of people, like, you know, physicians are connecting between nine and 11 at night ... [but] we keep trying to do webinars at five o'clock. We did one yesterday - which should have been really good - we had 9 participants live, but then within 3 hours, we got 400 **on-demand** views."

People fear an outbreak

" We will **stay in a semi hybrid role**. These big meetings will be very hard to justify. If just one of these meetings triggers an outbreak, they will all be killed. We will have meetings - but much less for each region."

Universal praise of virtual advisory boards

" Virtual advisory boards are working well [remotely]- **everyone saves time and money** not having to travel and the insights from them are richer - with richer dialogues."

" We have a much richer advisory board than before. We can get global expertise and save money. The work we would have done in two days was spread out so they did not have to take time off. It was easy for me to present something. I don't see any disadvantages. **We will never go back.**"

There is more to learn about a hybrid model

" It's not going to be easy to get the right balance. Imagine facilitating a workshop with a mix of virtual and face to face.. How do you maintain the same quality of experience for both and include people through those different mediums? That is something we have not truly experienced yet. **There will be another round of learning** when there are no restrictions on face to face and you can layer the virtual settings on top of that to see what works and what doesn't work. Some events might be exclusively F2F with others given access virtually in plenary sessions. It will be a case of working out what works and what doesn't."

Focussing on the right KPIs

" [The challenge] is actually engaging HCPs and not securing attendance."

LEARNINGS

KEY FINDINGS

Demand for in-person events remains high but demand for virtual access is higher and expected to remain so.

Virtual engagement allows all stakeholders to engage more, and cost-effectively, but increased volume and choice causes saturation and competitiveness in the meeting landscape.

Virtual congresses don't replace face-to-face networking.

Dedicating time and attention is more difficult for virtual meetings.

HCPs cite CME accreditation as the best way to add value to scientific meetings.

Post-event, on-demand access to meetings and their output is important to HCPs.

KEY REQUIREMENTS

1 **The hybrid model must be optimised** to address the pros and cons of in-person and remote access.

2 **Experimentation and innovation** will be important to add value in a landscape that competes for HCPs' limited time.

3 **Personal interaction** within virtual meetings needs focus.

4 **Customer experience** is important to keep HCPs engaged.

5 **Use CME accreditation** as an incentive and value-add.

6 **Plan enduring materials** pre-event for swift dissemination, extending the reach, value and life of scientific meetings.

WEBSITES

**The types/sources of medical websites
used by HCPs and supported by pharma**

AN ASSESSMENT OF:

- The perceived value of medical websites by type and source

- Pharma's resource allocation policy and budget for HCP websites

- Pharma-owned versus third-party portals

WEBSITES: VALUE BY TYPE/SOURCE

80% of HCPs rate medical association websites high or very high value versus

33% for pharma brand websites.

HCPs rate all types/sources of **third-party medical websites** more highly than **pharma medical educational and brand websites.**

HCP In general, how would you rate the value of the following to you in clinical practice?

Website Type	Very High	High	Medium	Low	Very Low
MEDICAL ASSOCIATION/SOCIETY WEBSITES	45%	35%	17%	3%	0%
JOURNAL PUBLISHER WEBSITES	44%	35%	15%	5%	1%
INDEPENDENT MEDICAL WEBSITES	33%	35%	27%	5%	0%
GOVERNMENT OR INSTITUTION WEBSITES	32%	34%	25%	5%	4%
PHARMACEUTICAL COMPANY EDUCATIONAL WEBSITES	18%	24%	35%	18%	5%
PHARMACEUTICAL PRODUCT/ BRAND WEBSITES	13%	20%	38%	22%	6%

● VERY HIGH ● HIGH ● MEDIUM ● LOW ● VERY LOW

HCP

If you could design the perfect website for all your medical content/education needs, what would it be like?

❝ **Reliable** and **unbiased**, clear, **free**, **updated**, has videos and texts and **interactive** sections."

❝ **Free** to access with free training. Lots of educational and lots **relevant** up coming studies and how they are doing **current** and new medication available with **up-to-date** data."

❝ I love to see the slides and listen. That is the way I learn."

❝ Some general **free** CME and more specialized fee for content CME."

❝ **Short, high-quality** content not copy-paste or long articles. For **all specialties**."

❝ One that would be full of **short** new information, **new** guidelines and videos and can lead people to all others with particular content, so it would be **easier to find** what one is looking for."

❝ It will **include objectives** of what information I will [gain], **interactive sessions** and opportunities for questions and answers."

WEBSITE INVESTMENT: BUDGET & POLICY

Pharma are more likely to invest in their own websites than third-party websites, with many imposing policies for such. Most anticipate a **significantly greater increase in investment for their own websites in 2022**, though many do also expect budget increases for third-party websites.

24%
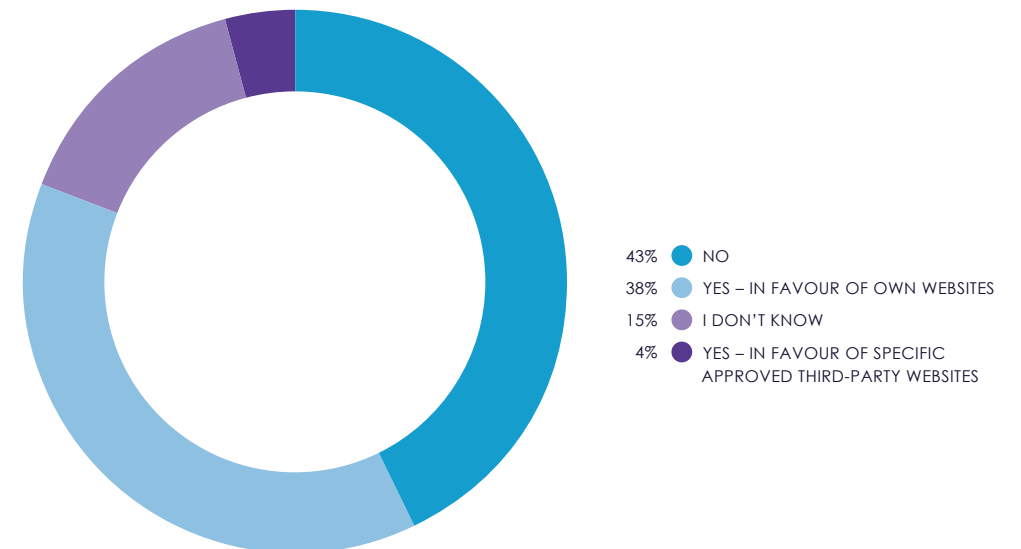of pharma expect a 'big' increase in budget allocation for their own websites in 2022 compared to

3%
for third-party websites.

PHARMA How do you anticipate budgets will be allocated next year?

YOUR HCP WEBSITES
| 24% | 35% | 32% | 3% | 2% | 3% |

THIRD-PARTY WEBSITES
| 3% | 41% | 44% | 3% | 2% | 6% |

● BIG INCREASE ● SMALL INCREASE ● NO CHANGE ● SMALL DECREASE ● BIG DECREASE ● I DON'T KNOW
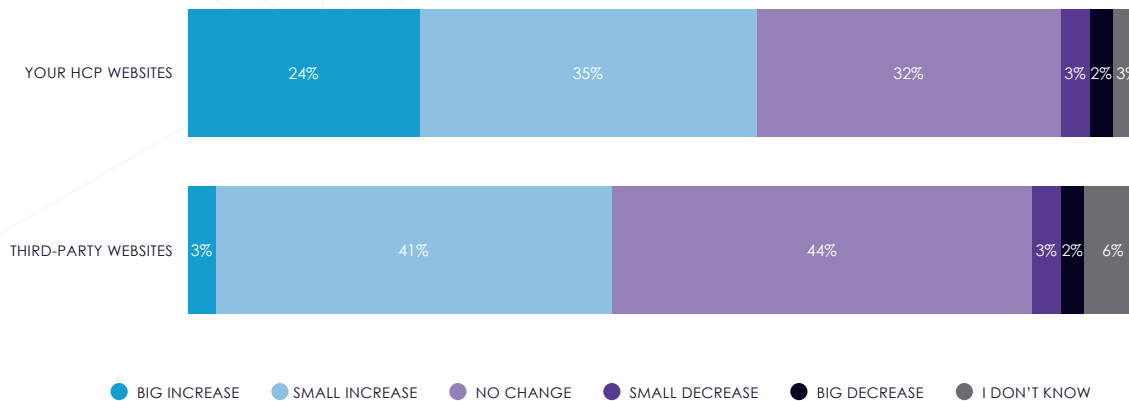
PHARMA Does your organisation impose policy or preferences related to investing in own and/or independent HCP platforms?

43% ● NO
38% ● YES – IN FAVOUR OF OWN WEBSITES
15% ● I DON'T KNOW
4% ● YES – IN FAVOUR OF SPECIFIC APPROVED THIRD-PARTY WEBSITES

DECISIONS TO PARTNER WITH THIRD-PARTY WEBSITES

98% of pharma cite 'customer experience' as important in their decision to partner with third-party platforms.

The vast majority of pharma and service providers believe all 19 factors listed are important in their decision to partner with third-party websites. Most important are **credibility, reach, customer experience, data/insight and speed.**

Service providers underestimate the importance of data visibility and speed of execution.

PHARMA How important are the following factors/capabilities in your decision to partner with third-party platforms?

Factor	Very Important	Fairly Important	Not Important	I Don't Know
CREDIBILITY AND TRUST	83%	14%	3%	0%
AUDIENCE REACH/ACCESS	81%	19%	0%	0%
CUSTOMER EXPERIENCE (ON THEIR PLATFORM)	78%	20%	2%	0%
DATA VISIBILITY (AUDIENCE AND ENGAGEMENT INSIGHT)	77%	18%	0%	5%
AGILITY AND SPEED OF EXECUTION	73%	22%	5%	0%
DIGITAL CONTENT EXPERTISE	70%	28%	2%	0%
BEHAVIOURAL INSIGHT CAPABILITIES (IMPACT)	70%	27%	0%	3%
CHANNEL INTEGRATION CAPABILITIES	60%	35%	5%	0%
HCP RECOMMENDATION	60%	27%	8%	5%
PERSONALISATION/AI CAPABILITIES	50%	40%	7%	3%
GEOTARGETING	50%	38%	10%	2%
COST	46%	44%	7%	3%
DATA AND RELATIONSHIP OWNERSHIP	46%	42%	3%	8%
WELL-ESTABLISHED (LENGTH OF OPERATION)	45%	40%	13%	2%
ABILITY TO DELIVER INDEPENDENT MEDICAL EDUCATION	43%	43%	12%	2%
LOCALISATION (LANGUAGE AND CONTENT)	43%	40%	17%	
FLEXIBLE/BESPOKE DELIVERY OPTIONS	42%	55%	0%	3%
BRANDING OPPORTUNITIES	37%	45%	17%	2%
PHARMA RECOMMENDATION	20%	48%	25%	7%

SERVICE PROVIDERS How important do you think the following factors are in pharma clients' decisions to partner with third-party platforms?

Factor	Very Important	Fairly Important	Not Important	I Don't Know
AUDIENCE REACH/ACCESS	88%	11%	0%	2%
CREDIBILITY AND TRUST	73%	25%	0%	2%
CUSTOMER EXPERIENCE (ON THEIR PLATFORM)	65%	25%	5%	4%
CHANNEL INTEGRATION CAPABILITIES	64%	25%	7%	4%
HCP RECOMMENDATION	61%	28%	6%	6%
BEHAVIOURAL INSIGHT CAPABILITIES (IMPACT)	58%	29%	7%	5%
DATA VISIBILITY (AUDIENCE AND ENGAGEMENT INSIGHT)	55%	39%	4%	2%
DIGITAL CONTENT EXPERTISE	54%	38%	7%	2%
DATA AND RELATIONSHIP OWNERSHIP	53%	40%	2%	5%
FLEXIBLE/BESPOKE DELIVERY OPTIONS	53%	38%	5%	4%
COST	47%	36%	15%	2%
AGILITY AND SPEED OF EXECUTION	46%	48%	4%	2%
LOCALISATION (LANGUAGE AND CONTENT)	46%	32%	14%	7%
BRANDING OPPORTUNITIES	45%	32%	16%	5%
PERSONALISATION/AI CAPABILITIES	38%	39%	18%	5%
ABILITY TO DELIVER INDEPENDENT MEDICAL EDUCATION	37%	48%	9%	6%
GEOTARGETING	34%	46%	11%	9%
PHARMA RECOMMENDATION	24%	50%	15%	11%
WELL-ESTABLISHED (LENGTH OF OPERATION)	22%	58%	15%	5%

Legend: VERY IMPORTANT | FAIRLY IMPORTANT | NOT IMPORTANT | I DON'T KNOW

PHARMA–HCP ENGAGEMENT VIA THIRD-PARTY WEBSITES

The majority of pharma 'supported' **third-party websites** in 2020-2021, but largely to promote their own **campaigns**, with **eDetailing** and **banners**.

While **independent activities** on third-party websites are rated highest at meeting pharma objectives, and **banner advertising** lowest, support of banner advertising was almost double that of independent education in 2020 to 2021.
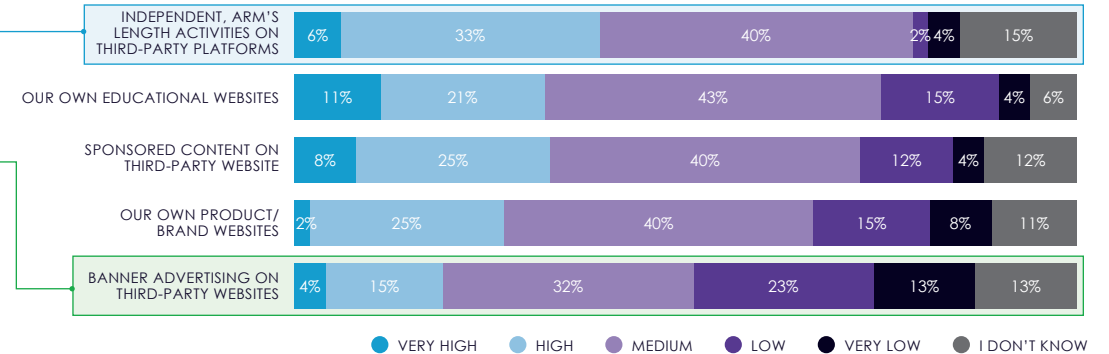
More pharma provided eDetails (62%) and banner advertising (62%) on third-party websites than supported CME (58%) or eLearning (47%).

PHARMA Have you supported the following types of content via third-party websites in the last year?

Content	YES	NO	I DON'T KNOW
WEBINARS	72%	23%	6%
EDETAILING	4% / 62%	28%	9%
BANNER ADVERTISING	62%	27%	12%
ACCREDITED MEDICAL EDUCATION (CME)	58%	32%	9%
CONGRESS AND SYMPOSIA OUTPUT	58%	31%	12%
SOCIAL MEDIA CAMPAIGNS	55%	36%	9%
BRAND LED INFORMATION	54%	34%	12%
NON-ACCREDITED MEDICAL EDUCATION	51%	37%	12%
ELEARNING ACTIVITIES	47%	38%	15%
SPONSORED (INFLUENCED) EDUCATIONAL CONTENT	38%	48%	13%
INDEPENDENT, ARM'S LENGTH EDUCATIONAL CONTENT	35%	46%	19%

PHARMA How would you rate your HCP web activities in terms of meeting your business objectives?

Activity	VERY HIGH	HIGH	MEDIUM	LOW	VERY LOW	I DON'T KNOW
INDEPENDENT, ARM'S LENGTH ACTIVITIES ON THIRD-PARTY PLATFORMS	6%	33%	40%	2%	4%	15%
OUR OWN EDUCATIONAL WEBSITES	11%	21%	43%	15%	4%	6%
SPONSORED CONTENT ON THIRD-PARTY WEBSITE	8%	25%	40%	12%	4%	12%
OUR OWN PRODUCT/ BRAND WEBSITES	2%	25%	40%	15%	8%	11%
BANNER ADVERTISING ON THIRD-PARTY WEBSITES	4%	15%	32%	23%	13%	13%

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RESOURCE ALLOCATION FOR WEBSITES

HCPs and service providers believe that **pharma companies should focus less resource on their own websites and more on independent websites**, while pharma believes it should focus more on owned websites.

31% of pharma believe they should focus resource primarily on their own websites.

Just **13%** of HCPs and **10%** of service providers agree.

Should pharmaceutical companies focus more resource on their own websites or on supporting third-party/independent websites that create and curate scientific content?

HCP
- 38% - BOTH EQUALLY
- 35% - INDEPENDENT
- 13% - OWN
- 14% - NOT SURE

PHARMA
- 48% - BOTH EQUALLY
- 17% - INDEPENDENT
- 31% - OWN
- 4% NOT SURE

SERVICE PROVIDERS
- 43% - BOTH EQUALLY
- 44% - INDEPENDENT
- 10% - OWN
- 3% NOT SURE

34
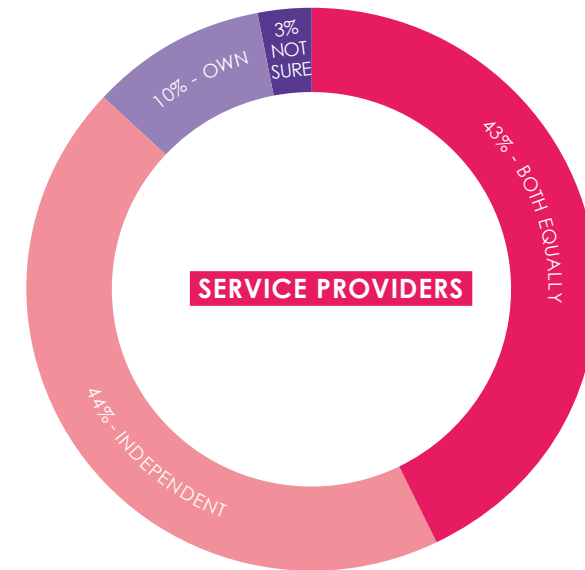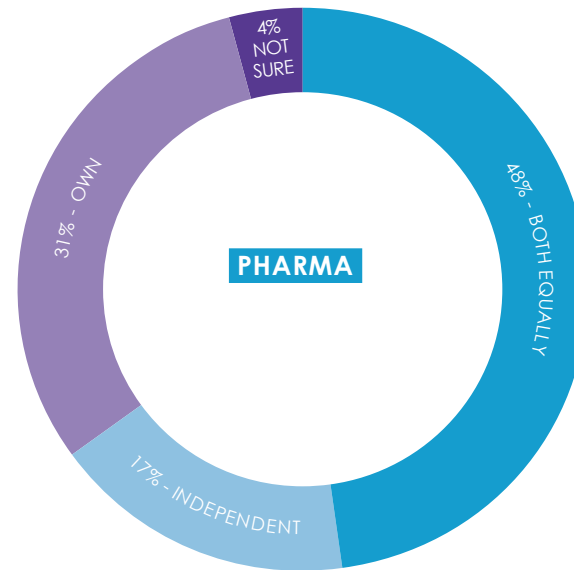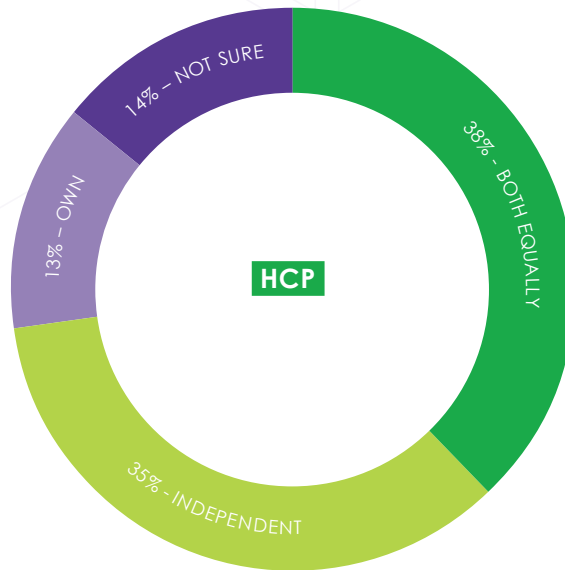
MULTI-STAKEHOLDER VIEWPOINTS:
Own versus independent websites

Pharma reflects on the demand and benefits of independent platforms, but recognition is matched by reluctance to act because customer centricity conflicts with brand focus.

HCPS

" It is getting very hard to motivate pharmaceutical companies to give **unrestricted educational grants** (my view as the treasurer of the National xxx Society)."

" Independent content more likely to have **accurate** guidelines. Need company sites for **dosing** options."

" Company websites will always be regarded as pure **advertisement**."

" To be medically **independent**, they can **collaborate** with others."

" Independent eliminates **bias** in providing medical knowledge."

" They can add **value** for other sites with their knowledge."

PHARMA

" Own websites are important for housing resources and building **brand recognition**. Independent sites build **authenticity**."

" Internal websites are **too numerous** …HCPs are swarmed. They cannot and will not adopt all of them. Independent websites that can **aggregate content** are of higher value as "**one stop shops**" for HCPs."

" Pharma is not **impartial** in the eyes of the customer - this will never change."

" There is also a need for pharma companies to gain some sort of **accreditation or trust status** so that materials they provide can appear as trusted and **unbiased**."

SERVICE PROVIDERS

" Pharma needs to have **quality** websites that it **controls with the message** (brand or disease state related) that it needs to get across. However, it must also convey that message elsewhere where HCPs are already going. An HCP may visit a brand website 1x, but a clinical reference website 10x so pharma **needs to be present** at some level on that 3rd party site."

" Pharma must make info available via their sites but need to recognise that HCPs will always expect a bias … which may limit their trust in what is there....unless it is **regulated**."

" **Promotional** should be on their own websites, **medical information** on 3rd party websites and supported with meetings."

A BRAND AND 'MINE' FOCUSED MENTALITY

There is a push and pull internally on branded hubs versus third-party platforms, with a heavy focus on delivering own content and channels. Digital leaders, who understand that HCPs care less about brand, don't see long-term value, but currently invest in their own hubs anyway.

Due to a lack of time and a wealth of other digital options, HCPs are unlikely to create space for such pharma hubs. The long-term trend is towards educational, non-promotional and independent platforms.

LEARNINGS

KEY FINDINGS

HCPs rate the value of all types of medical website higher than pharma's education and brand websites.

Pharma and service providers rate independent arm's-length activities on third-party websites higher at meeting business objectives than their own websites.

Pharma cites credibility and trust as the most important factor when working with third-party websites.

HCPs and service providers believe that pharma should focus more on independent websites than their own.

HOWEVER, PARADOXICALLY...

Budget increases will favour pharma-owned websites, with many having organisational policies in place to support that approach.

Pharma supports more promotional activities via third-party websites than independent education.

KEY REQUIREMENTS

There may be cause for some pharma to **re-evaluate policies and approaches around website investment.** This research suggests:

- Pharma are acting against not only HCP demands, but some of their own objectives and outcomes.

- **Own websites** should be prioritised for product information and brand awareness.

- **Third-party websites** should be used for education rather than promotion.

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DIGITAL CAPABILITY AND MATURITY

How pharma organisations and their individual functions are evolving digitally

AN ASSESSMENT OF:

- The perceived digital HCP engagement maturity of pharma (by function) and service providers

- Measures of digital engagement success

- Strategic priorities and challenges for digital engagement

INDUSTRY'S DIGITAL EXPLORATIONS

While most pharma respondents reported experimenting with digital pilots during the pandemic (trialling new approaches), closer inspection through interviews with key **decision-makers** indicated that the **breadth, scale and impact of those pilots were limited**.

PHARMA Have you experimented with digital HCP engagement pilots during COVID?

24% - NO
76% - YES
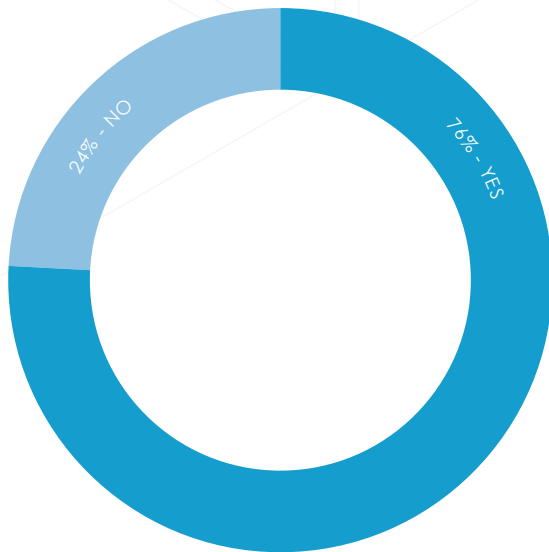
" It's taking us a long time to go from idea to implementation. Part of this is it's hard to get the right vendor partners, also it's because externally we are more on the conservative side."

FINDINGS FROM INTERVIEWS WITH 17 PHARMA DECISION MAKERS:

***im*patient**

Very few companies have fully leveraged this opportunity to experiment, with only a handful of executives attempting the transition into digital strategies and technologies that would bridge the gap left by loss of face-to-face engagement with customers.

Only about half of all interviewees reported successful digital engagement interventions. In fact, many respondents lamented the **'lack of learning'** from the implementation of digital solutions.

When prompted on what 'learning' meant, many spoke about the ability to build digital profiles based on attitudinal and behavioural data to personalise content.

Nearly all have stressed the immediate **need to shift their focus towards digital adoption across all pharma functions**, including medical and commercial activities.

DIGITAL MATURITY OF HCP ENGAGEMENT

Most pharma do not consider their HCP engagement as digitally mature. **They lack cohesive, scaled strategy and measurements of success.**

Most service providers do consider their own organisation's HCP engagement as digitally mature.

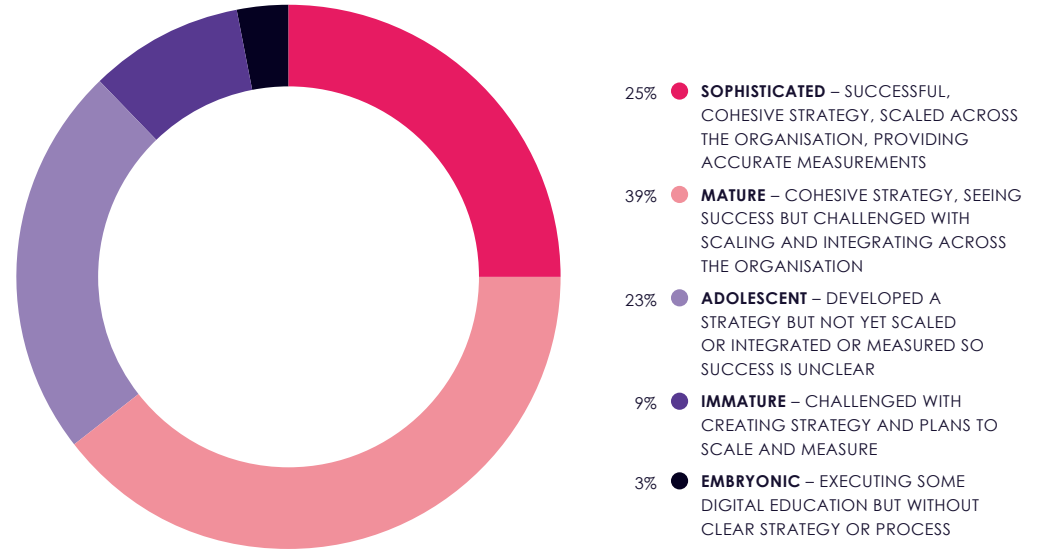**One third** of pharma rate their digital HCP engagement as mature or sophisticated compared to **two thirds** of service providers.

PHARMA **Rate your organisation's digital HCP engagement maturity**

4% ● **SOPHISTICATED** – SUCCESSFUL, COHESIVE STRATEGY, SCALED ACROSS THE ORGANISATION, PROVIDING ACCURATE MEASUREMENTS

29% ● **MATURE** – COHESIVE STRATEGY, SEEING SUCCESS BUT CHALLENGED WITH SCALING AND INTEGRATING ACROSS THE ORGANISATION

43% ● **ADOLESCENT** – DEVELOPED A STRATEGY BUT NOT YET SCALED OR INTEGRATED OR MEASURED SO SUCCESS IS UNCLEAR

18% ● **IMMATURE** – CHALLENGED WITH CREATING STRATEGY AND PLANS TO SCALE AND MEASURE

6% ● **EMBRYONIC** – EXECUTING SOME DIGITAL EDUCATION BUT WITHOUT CLEAR STRATEGY OR PROCESS

SERVICE PROVIDERS **Rate your organisation's digital HCP engagement maturity**

25% ● **SOPHISTICATED** – SUCCESSFUL, COHESIVE STRATEGY, SCALED ACROSS THE ORGANISATION, PROVIDING ACCURATE MEASUREMENTS

39% ● **MATURE** – COHESIVE STRATEGY, SEEING SUCCESS BUT CHALLENGED WITH SCALING AND INTEGRATING ACROSS THE ORGANISATION

23% ● **ADOLESCENT** – DEVELOPED A STRATEGY BUT NOT YET SCALED OR INTEGRATED OR MEASURED SO SUCCESS IS UNCLEAR

9% ● **IMMATURE** – CHALLENGED WITH CREATING STRATEGY AND PLANS TO SCALE AND MEASURE

3% ● **EMBRYONIC** – EXECUTING SOME DIGITAL EDUCATION BUT WITHOUT CLEAR STRATEGY OR PROCESS

DIGITAL MATURITY BY FUNCTION

Both pharma and service providers consider **global functions** to be more digitally mature than **local functions,** and **marketing** functions more so than **medical affairs**. Pharma consider their **field forces** to be the least digitally mature along with **legal** and **procurement**.

Digital communications will lack successful decentralisation if it is siloed or lacking capability/confidence at the local level and within certain functions.

44%
of pharma consider global marketing teams to be digitally mature compared to

15%
for local marketing.

PHARMA How would you describe the digital maturity of the following functions?

	SOPHISTICATED	MATURE	ADOLESCENT	IMMATURE	EMBRYONIC	I DON'T KNOW
GLOBAL DIGITAL	11%	34%	45%	4%	4%	2%
GLOBAL MARKETING AND BRAND	4%	40%	38%	6%	4%	6%
LOCAL DIGITAL	11%	19%	26%	28%	11%	6%
GLOBAL MEDICAL AFFAIRS	6%	23%	38%	19%	13%	2%
LOCAL MARKETING AND BRAND	6%	9%	53%	15%	6%	11%
LOCAL MEDICAL AFFAIRS	2%	13%	45%	21%	13%	6%
FIELD FORCE	2%	9%	32%	32%	14%	11%
LEGAL AND REGULATORY	2%	13%	25%	31%	23%	6%
PROCUREMENT	2%	15%	25%	19%	25%	15%
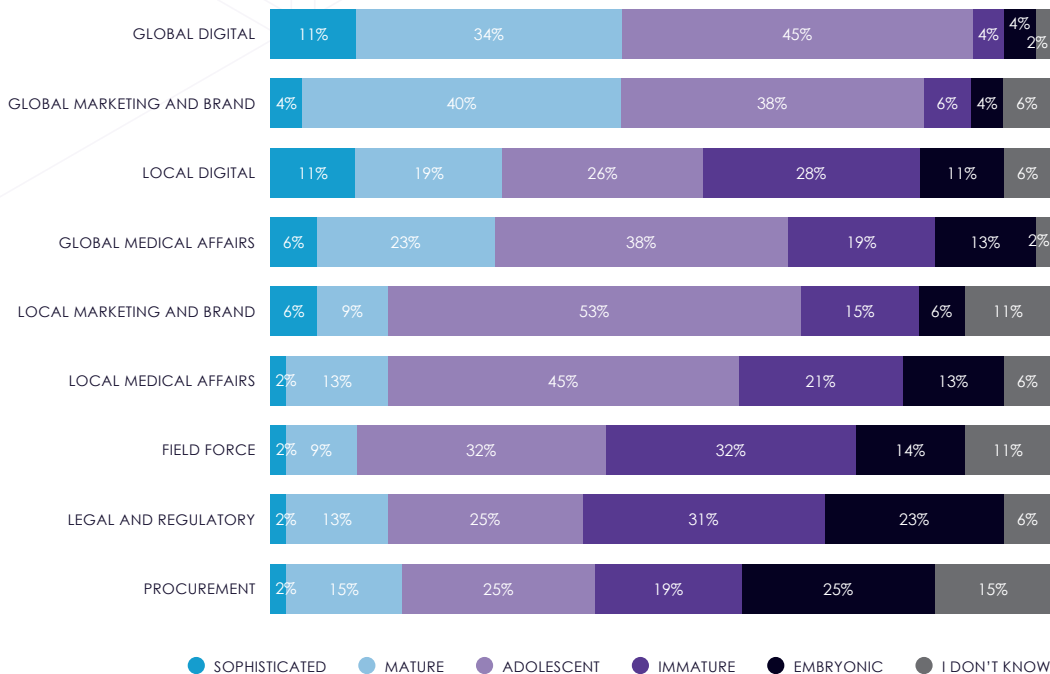
SERVICE PROVIDERS How would you describe the digital maturity of the following functions?

	SOPHISTICATED	MATURE	ADOLESCENT	IMMATURE	EMBRYONIC	I DON'T KNOW
GLOBAL DIGITAL	14%	41%	25%	14%	2%	5%
GLOBAL MARKETING AND BRAND	8%	38%	31%	17%	2%	5%
LOCAL DIGITAL	8%	33%	31%	17%	6%	5%
LOCAL MARKETING AND BRAND	6%	31%	38%	19%	2%	5%
.FIELD FORCE	5%	22%	30%	30%	11%	2%
GLOBAL MEDICAL AFFAIRS	5%	15%	40%	18%	14%	8%
LOCAL MEDICAL AFFAIRS	3%	18%	22%	32%	15%	9%
LEGAL AND REGULATORY	6%	12%	23%	22%	23%	14%
PROCUREMENT	3%	18%	20%	11%	32%	15%
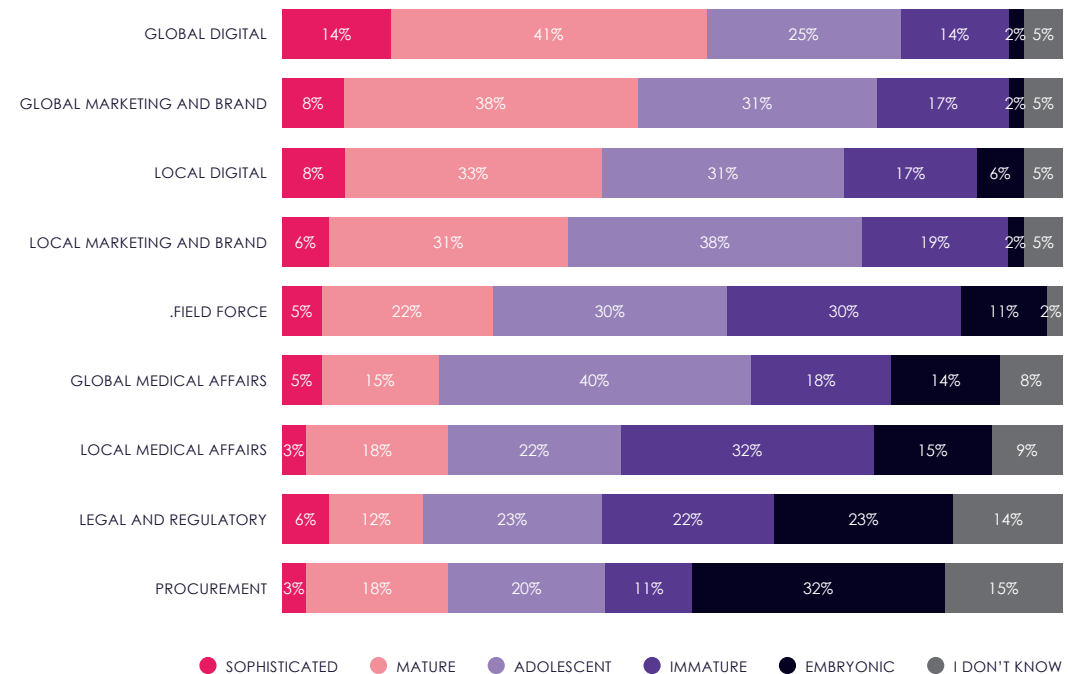
DIGITAL MATURITY, DATA AND INSIGHT

Most pharma measure their digital engagement but **lack insight into the impact** on HCPs, patients or the business. Service providers believe they have slightly better insight across most KPIs/metrics, so are they providing adequate visibility to their pharma clients?

>60%
of pharma and

>50%
of service providers have little or no insight into impact on HCP behaviour, patient outcomes and ROI.

PHARMA Overall, what level of insight are you able to achieve for your digital HCP education activities?

	EXCELLENT	GOOD	POOR	NO
VOLUME OF ENGAGEMENTS	25%	56%	19%	0%
CUSTOMER JOURNEYS/TOUCHPOINTS	14%	45%	33%	8%
DEPTH OF ENGAGEMENT	13%	42%	42%	2%
CUSTOMER SATISFACTION/VALUE	13%	40%	40%	6%
CONVERSIONS/GOALS	8%	39%	35%	18%
NEW CONTACTS/CUSTOMERS	8%	39%	35%	18%
IMPACT ON BEHAVIOUR	10%	29%	45%	16%
ROI	12%	27%	33%	27%
PATIENT OUTCOMES	12%	20%	33%	35%

● EXCELLENT INSIGHT ● GOOD INSIGHT ● POOR INSIGHT ● NO INSIGHT

SERVICE PROVIDERS Overall, what level of insight are you able to achieve for your or your client's digital HCP education activities?

	EXCELLENT	GOOD	POOR	NO
VOLUME OF ENGAGEMENTS	35%	55%	7%	3%
CUSTOMER JOURNEYS/TOUCHPOINTS	25%	54%	19%	3%
DEPTH OF ENGAGEMENT	19%	57%	22%	3%
NEW CONTACTS/LEADS/CUSTOMERS	9%	57%	26%	7%
CONVERSIONS/GOALS	10%	53%	29%	7%
CUSTOMER SATISFACTION/VALUE	19%	36%	39%	6%
IMPACT ON BEHAVIOUR	13%	32%	44%	10%
ROI	13%	33%	41%	13%
PATIENT OUTCOMES	10%	28%	38%	24%

● EXCELLENT INSIGHT ● GOOD INSIGHT ● POOR INSIGHT ● NO INSIGHT

42
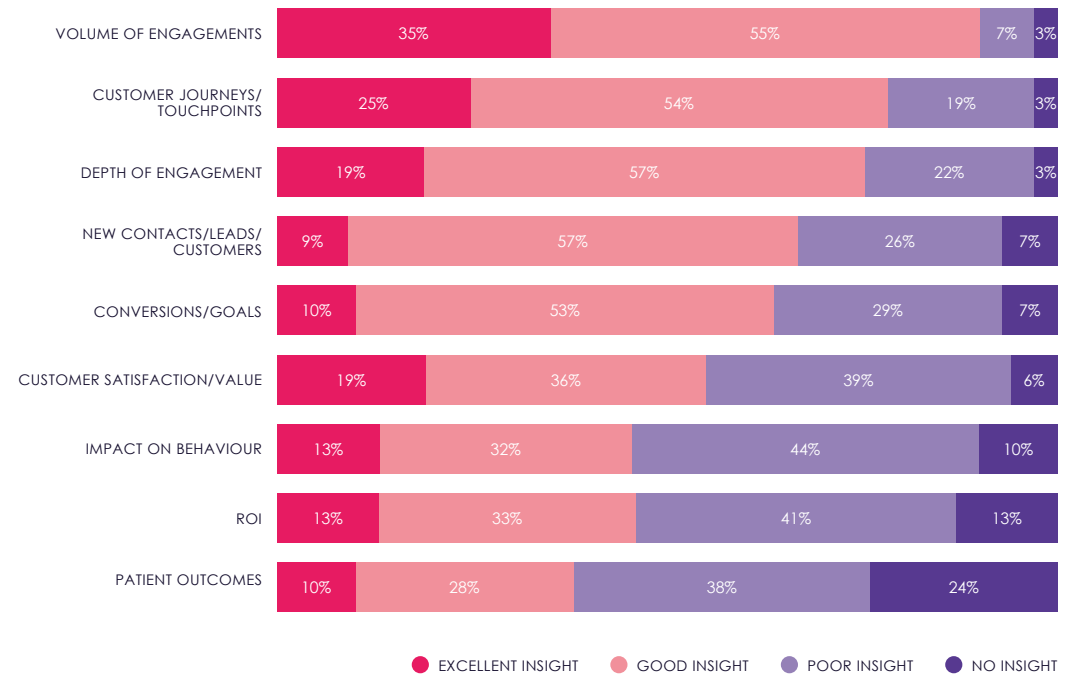
DIGITAL HCP ENGAGEMENT CHALLENGES

77%
of pharma and

68%
of service providers find 'providing real value' a MAJOR CHALLENGE for digital HCP engagement.

Both pharma and service providers consider **'providing real value' to be the greatest challenge** (of twenty-three options) and view **third-party channels/collaboration the least challenging**. However, pharma and service provider ranking of other challenges differ significantly, so effective collaboration between the two could help to overcome their respective challenges.

PHARMA To what extent do the following factors pose a challenge for you in relation to digital HCP engagement?

Factor	MAJOR CHALLENGE	MINOR CHALLENGE	NO CHALLENGE
PROVIDING REAL VALUE	77%	22%	
DEMONSTRATING ROI	77%	22%	
HCP/PATIENT OUTCOMES	67%	27%	6%
AGILITY AND SPEED OF EXECUTION	65%	31%	5%
CUSTOMER EXPERIENCE	63%	32%	5%
MEASURING/DEMONSTRATING	63%	38%	0%
OPTIMISING CONTENT FOR DIGITAL CONSUMPTION	60%	35%	5%
CHANNEL INTEGRATION	60%	35%	5%
ACQUIRING AUDIENCE	60%	34%	6%
DIGITISING FIELD FORCE ACTIVITY	59%	30%	11%
DIGITAL CULTURE/MINDSET	58%	32%	9%
HCP INSIGHT (NEEDS AND BEHAVIOUR)	55%	41%	5%
CHANNEL DATA (ENGAGEMENT INSIGHT)	52%	37%	11%
REGULATORY/COMPLIANCE HURDLES	48%	42%	11%
LACK OF INTERNAL EXPERTISE OR GUIDANCE	46%	38%	15%
STRATEGIC FOCUS	43%	42%	15%
CREDIBILITY/TRUST	40%	45%	15%
INTERNAL STRUCTURE AND COLLABORATION	38%	51%	11%
INTERNAL PROCESSES FOR APPROVAL	38%	45%	17%
YOUR COMPANY'S OWN DIGITAL CHANNELS	37%	48%	15%
BUDGET/RESOURCE	35%	51%	14%
THIRD-PARTY COLLABORATION AND PARTNERSHIP	22%	51%	28%
THIRD-PARTY DIGITAL CHANNELS	13%	66%	22%

SERVICE PROVIDERS To what extent do the following factors pose a challenge for you in relation to digital HCP engagement?

Factor	MAJOR CHALLENGE	MINOR CHALLENGE	NO CHALLENGE
PROVIDING REAL VALUE	68%	17%	15%
DIGITAL CULTURE/MINDSET	66%	25%	8%
DEMONSTRATING ROI	62%	25%	13%
HCP/PATIENT OUTCOMES	58%	28%	13%
ACQUIRING AUDIENCE	55%	35%	10%
CHANNEL INTEGRATION	55%	40%	5%
STRATEGIC FOCUS	55%	22%	23%
AGILITY AND SPEED OF EXECUTION	53%	37%	10%
INTERNAL PROCESSES FOR APPROVAL	52%	35%	13%
REGULATORY/COMPLIANCE HURDLES	50%	47%	3%
MEASURING/DEMONSTRATING	48%	35%	17%
HCP INSIGHT (NEEDS AND BEHAVIOUR)	47%	39%	14%
DIGITISING FIELD FORCE ACTIVITY	45%	52%	3%
BUDGET/RESOURCE	45%	48%	7%
LACK OF INTERNAL EXPERTISE OR GUIDANCE	42%	29%	29%
CUSTOMER EXPERIENCE	42%	47%	12%
INTERNAL STRUCTURE AND COLLABORATION	40%	48%	12%
CREDIBILITY/TRUST	39%	39%	22%
PHARMA'S DIGITAL CHANNELS	38%	55%	7%
CHANNEL DATA (ENGAGEMENT INSIGHT)	37%	54%	8%
OPTIMISING CONTENT FOR DIGITAL CONSUMPTION	37%	45%	18%
THIRD-PARTY DIGITAL CHANNELS	27%	53%	20%
THIRD-PARTY COLLABORATION AND PARTNERSHIP	22%	62%	17%

PHARMA VIEWPOINTS:
What are your greatest challenges to digital engagement?

Agility

❝ We are very much still continuing on the digital journey, there is a lot to do, the industry is not agile enough. On a regional level, or on a country level, you can be quite agile, because you just move forward with what you need. But, as with many companies, right now, there is a further kind of centralization and globalization, it leads to such a slow machine, because it's just not rapid enough to respond."

Customer data and insight

❝ The biggest struggle at the moment is to get quality real-time data to understand how HCP needs are changing and to have this data in house - not only external data, but your own internal data. Consumer companies are doing this and really provide what [consumers] need."

Impact

❝ My major challenge is optimizing the content, the channel and measuring the Impact and ROI."

Personalisation

❝ Delivering personalized digital engagements to HCPs through their preferred channels of engagement [involves] lots of legal, technological and compliance barriers to overcome."

Digital saturation

❝ Saturation of the digital channel. To add value all the Pharmaceutical industries are doing similar things."

Compliance

❝ Compliance constraints are not suitable for digital engagement."

Reluctance to change

❝ Inertia - power and mindset is biased toward personal promotion/field teams – there is desire to get back to pre-pandemic activities."

❝ People are still hesitant to really listen to the data around where HCPs are now 'playing' and are reluctant to review and amend their channel mix accordingly. Pharma has always been slow to adopt digital, and though this year has expedited that somewhat, I think there is still a long way to go."

❝ Companies keep thinking digital will reduce once folks get vaccinated. Not sure how seriously they are taking digital."

Credibility and trust

❝ Demonstrating that we are providing useful information rather than promotional materials … being able to do this in an integrated cross-pharma way that can build trust."

Implementing global strategy locally

❝ The challenge at a global level of creating campaigns which harnesses all of our channels, but then requiring implementation throughout the markets who are still at a very new stage of understanding what they can and can't do … The challenge was creating a process that can scale, regardless of country."

Culture and mindset

❝ Digital culture and mindset - conveying the message that the changes of the past 2 years are mostly here to stay, and they must be embraced. They are not significantly cheaper than face-to-face engagement if done properly but can have significantly more value if done properly … face-to-face as we knew it is never coming back."

LEARNINGS

KEY FINDINGS

While digital maturity varies by function, pharma accepts it has a long way to progress generally.
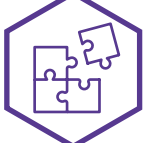
For most, digital strategies are developed but **not fully scaled and integrated**.

Engagement is measured but most **lack data and insight** into customer needs and impact.

Speed of progress is hampered by the many major obstacles to overcome, to the extent that pharma is torn on whether to pursue digital innovation or outsource it.

KEY REQUIREMENTS

Focus on collaboration with other functions, service providers and HCPs themselves, to develop:

1 **Culture** – a shift in digital mindset

2 **Insight** – customer preferences and behaviour

3 **Strategy** – cohesive and scalable

4 **Expertise** – for new engagement models

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RESOURCE, ROLES AND COLLABORATION

What functions, collaborations and budgets are driving digital HCP engagement

AN ASSESSMENT OF:

- Resource requirements and responsibilities for digital HCP engagement by function

- Communication and collaboration between functions, global and local

- Requirements for strategic partnerships, internally and externally

RESOURCE LEVELS FOR DIGITAL HCP ENGAGEMENT

There is **divided opinion on whether to internalise digital innovation or outsource it**.

Most pharma believe they are well-resourced for digital HCP engagement, generally (with the tools, people and money required).

PHARMA **How well resourced are you currently for digital HCP engagement?**

- 2%
- VERY BADLY
- 19% - VERY WELL
- 30% - BADLY
- 49% - MODERATELY WELL
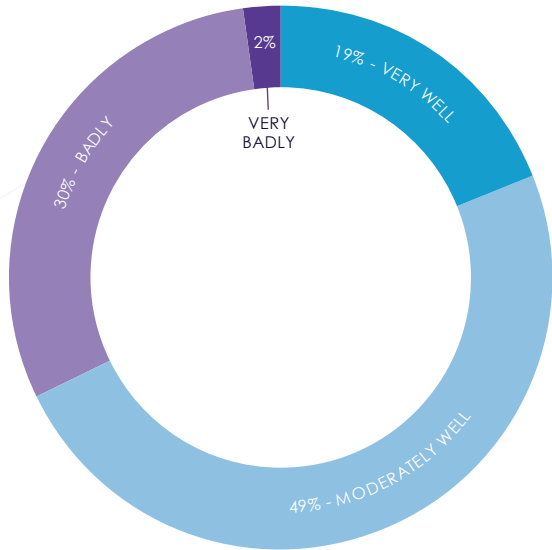
PHARMA **'Pharma should focus on medical innovation and outsource digital innovation.' Do you agree with this statement?**

- 11% I DON'T KNOW
- 40% - YES
- 49% - NO
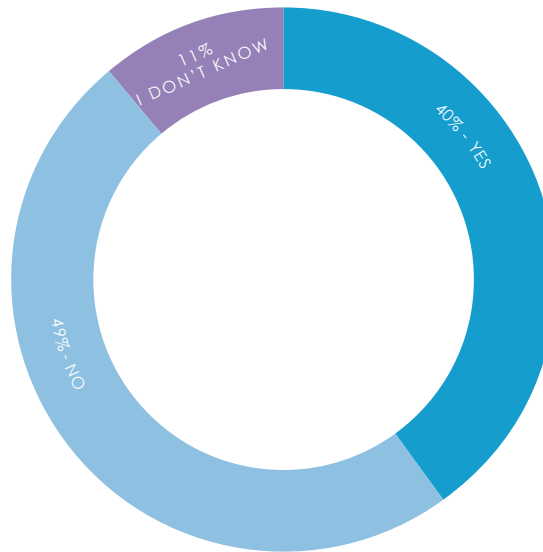
1/3
of pharma believe they are poorly resourced for digital engagement.

40%
of pharma believe they should focus on medical innovation and outsource digital innovation.

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EVOLVING RESPONSIBILITIES BY FUNCTION

Most global and local functions within pharma have been allocated **additional responsibility and budget** for digital HCP engagement during the pandemic. **Digital teams** have taken on most responsibility, followed by **marketing/brand**. However, **field force** and **MSL** activities have seen some of the highest 'significant' increases, suggesting a strong bounce back for face-to-face roles.

Pharma have also allocated slight increases in digital responsibility and budget to **third-party providers**, although less than they have to internal teams.

Over half
of pharma Medical Affairs and MSLs have been given additional responsibility and budget for digital HCP engagement in 2021.

PHARMA How has responsibility and budget for DIGITAL HCP ENGAGEMENT activities changed by function in the past year?

Function	Significant Increase	Slight Increase	No Change	Slight Reduction	Significant Reduction	I Don't Know
GLOBAL DIGITAL	43%	35%	12%	2%	0%	8%
LOCAL DIGITAL	31%	41%	12%	2%	4%	10%
GLOBAL MARKETING AND BRAND	27%	39%	16%	8%	0%	10%
LOCAL MARKETING AND BRAND	30%	34%	24%	4%	2%	6%
LOCAL MEDICAL AFFAIRS	22%	34%	28%	4%	0%	12%
FIELD FORCE ACTIVITIES	35%	20%	20%	16%	2%	8%
GLOBAL MEDICAL AFFAIRS	20%	34%	34%	6%	0%	6%
MSL ACTIVITIES	27%	27%	31%	6%	2%	8%
GLOBAL THIRD-PARTY PROVIDERS	12%	30%	30%	6%	2%	20%
LOCAL THIRD-PARTY PROVIDERS	8%	34%	32%	10%	2%	14%

● SIGNIFICANT INCREASE   ● SLIGHT INCREASE   ● NO CHANGE   ● SLIGHT REDUCTION   ● SIGNIFICANT REDUCTION   ● I DON'T KNOW

INTERNAL RESOURCE AND COLLABORATION REQUIREMENTS

>90% of pharma want to see improvements in digital expertise within every function.

Most agree that digital expertise, collaboration and communication **needs improvement across all functions**, global and local. Cultural changes are needed to support better collaboration on digital initiatives.

PHARMA In relation to digital HCP engagement, do the following need to be improved within your organisation?

Category	YES - SIGNIFICANTLY	YES - SLIGHTLY	NO	I DON'T KNOW
DIGITAL EXPERTISE WITHIN EACH FUNCTION	58%	37%	3%	2%
BUDGET CYCLES CHANGES TO SUPPORT LONGER TERM INITIATIVES	48%	34%	11%	6%
COLLABORATION BETWEEN MEDICAL AND MARKETING TEAMS	44%	30%	26%	0%
COLLABORATION BETWEEN GLOBAL AND LOCAL TEAMS	44%	32%	18%	6%
COLLABORATION BETWEEN MARKETING AND SALES TEAMS	43%	35%	15%	7%
COMMUNICATION ABOUT LOCAL INITIATIVES	42%	48%	8%	2%
COLLABORATION WITH DIGITAL TEAMS	42%	45%	13%	0%
COLLABORATION BETWEEN SALES AND MEDICAL TEAMS	41%	36%	15%	8%
COMMUNICATION ABOUT GLOBAL INITIATIVES	25%	54%	16%	5%

● YES - SIGNIFICANTLY ● YES - SLIGHTLY ● NO ● I DON'T KNOW

FINDINGS FROM INTERVIEWS WITH 17 PHARMA DECISION MAKERS:

*im*patient

For some, cross-functional teams and cross-collaboration is person- or project- dependent.

For example, one executive spoke about leading a cross-functional team consisting of commercial, medical, market access, regulatory, medical affairs, ethics, and compliance departments; all working together to develop modular content. Whilst many were eager to collaborate, some executives reported the **need to build the capacity of their teams to collaborate effectively** and others illustrated work culture differences between medical affairs and commercial, emphasising that the two departments **"don't speak the** same language."

Another executive spoke about having different **"subcultures" which posed significant challenges when collaborating on cross-functional projects**. Despite these challenges, the pandemic has blurred the boundaries of departments. In particular, **medical and commercial teams are relying more on each other to develop a better understanding of HCP preferences** and behaviours to effectively engage in their roles during COVID-19. This means **ensuring that the systems and platforms they use are cross-functional** and are easily accessible across departments.

EXTERNAL RESOURCE AND COLLABORATION REQUIREMENTS

Most pharma are heavily reliant on all types of strategic partners to support their digital HCP engagement. They require **third-party networks and technologies** slightly more than they need external support with developing their own.

80%
of pharma consider technology providers critical or very important for their HCP engagement.

PHARMA **What type of strategic partners do you need to support digital HCP engagement?**

	NETWORK ORCHESTRATORS	TECHNOLOGY PROVIDERS	SERVICE PROVIDERS	ASSET BUILDERS
NOT IMPORTANT	11%	7%	7%	7%
FAIRLY IMPORTANT	18%	13%	28%	23%
VERY IMPORTANT	36%	49%	37%	48%
CRITICAL	34%	31%	28%	23%

NETWORK ORCHESTRATORS (PLATFORMS THAT CONNECT HCP CONSUMERS WITH PROVIDERS E.G. AMAZON OR AIRBNB MODEL)

TECHNOLOGY PROVIDERS (LICENCE TECHNOLOGY/ SOFTWARE FOR YOU TO USE, E.G. ANALYTICS, WEBINAR FUNCTIONALITY)

SERVICE PROVIDERS (OUTSOURCING THEIR PEOPLE/EXPERTISE, E.G. MEDICAL WRITING, CONSULTATION)

ASSET BUILDERS (DEVELOP BESPOKE TOOLS FOR YOU TO OWN/USE, E.G. BUILD YOUR WEBSITE OR APP)

| INDUSTRY VIEWPOINTS: On resource, roles and collaboration

EPG HEALTH IN PARTNERSHIP WITH *im*patient

Field forces lack support in new ways of working

" I haven't had the required platform/information or support to enable meaningful conversations. It's a shitshow and few will feedback the reality - yes I do speak to many many colleagues from this and other companies… many toe the line, put up and shut up, take their salary and bury their heads, then no doubt will be promoted and carry on the same two-faced feedback scenarios."

" Digitizing the sales force and them adopting this new way of behaving [is a challenge, as is] collaborating and aligning so many different channels (owned by different parts of the org) to provide a cohesive customer experience at pace."

Collaboration on omnichannel experience

" Achieving a true omnichannel customer journey - in order to achieve this there must be collaboration between pharma and external medical education stakeholders (societies, third-party medical education channel providers, independent medical education providers, etc.)."

Re-evaluating resource infrastructure to break down silos

" Procurement approach continues to fraction and isolate activities into smaller and smaller silos making integration and seamless customer journeys/experiences almost impossible to achieve."

" Internal alignment on digital strategy need to eliminate internal siloes!"

Medical's new role in digital

" We've done a huge amount of digitalization and transformation. We ourselves in medical have built an engagement platform, which is awesome. It's centralizing engagement and continuing engagement throughout the year, as we run webinars or advisory boards - they're not then siloed. They are things that connected people can return to… you build more of a community."

" Doctors are still willing to have a discussion with medical, because it's usually reactive and regarding a specific inquiry. They understand that it is non promotional. Where the intention is promotional, some HCPs might see this as non-essential and they'd rather it progress on a different channel."

PHARMA MUST GET ENTREPRENEURIAL WITH PARTNERSHIPS

Innovation has been hampered by a fundamental lack of internal capacity coupled with a time-lag for reorganisation. But customer experience requires increased cross-functional collaboration to leverage digital assets among teams.

There has been increased willingness to work with external partnerships. Ultimately though, pharma reverts to 'own', in the attempt to internalise HCP relationships and data. This is not the place HCPs want to be so pharma will need to shift that mindset to get ahead.

| LEARNINGS

KEY FINDINGS

Digital, marketing, medical and commercial functions have all taken on additional responsibility and budget for digital HCP engagement during 2021. Most feel well-resourced, though too many still don't.

While 'digital leadership' is falling mainly on **global digital teams** (who are still figuring out strategies), **local teams** are also more in control.

COVID-19 has brought about a real **transition to commercial and medical teams** across the industry, seeing unique value in digitisation since the opportunity for face-to-face engagement is no longer feasible.

External collaboration, with platforms, technologies, service providers, medical societies and associations, has been viewed favourably and, in many cases, essential in driving meaningful HCP engagement.
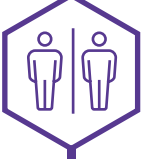
HOWEVER, silos and poor collaboration still limit progress.

KEY REQUIREMENTS

Digitally upskilling and resourcing all internal functions at a local and global level will have limited impact on HCP engagement effectiveness, without:

1 **Breaking down siloed infrastructure** – centralise engagement with HCPs, including systems, processes and data visible across all functions.

2 **Cross-functional collaboration** – build multi-stakeholder teams to communicate about digital initiatives, challenges, insights and successes.

3 **External collaboration** – leverage strategic partners to expedite digital HCP engagement strategy.

4 **Capacity building strategy** – a key business function and framework for future growth.

EPG HEALTH

BEYOND THE PANDEMIC

How obstacles and strategies for HCP engagement are evolving

AN ASSESSMENT OF:

- The impact of COVID-19 on HCP access to scientific information

- Industry's HCP engagement successes and learnings during the last year

- Strategic priorities for digital HCP engagement beyond the pandemic

IMPACT OF THE PANDEMIC ON ACCESSING INFORMATION

Most HCPs agree that the **quality of medical information has improved** during the pandemic and that they can **find what they need.** However, there is **"too much"** (especially branded), and they **lack time** to access it.

HCP How has the pandemic influenced your access to scientific information and support?

Statement	Agree	Neutral	Disagree
LACK OF TIME IS A CHALLENGE TO ACCESSING INFORMATION	56%	33%	11%
THE QUALITY OF DIGITAL MEDICAL INFORMATION HAS IMPROVED	54%	34%	12%
I WILL CHOOSE VIRTUAL MEETINGS OVER IN-PERSON MEETINGS POST-PANDEMIC	50%	34%	15%
I WILL CHOOSE TO ATTEND LESS CONFERENCES IN-PERSON POST PANDEMIC	49%	30%	21%
I AM SEEING MORE STREAMLINED, INTEGRATED CHANNELS FOR ACCESSING INFORMATION	48%	42%	10%
THERE HAS BEEN TOO MUCH BRANDED CONTENT AND ADVERTISING	41%	46%	13%
THE VOLUME/FREQUENCY OF MEDICAL INFORMATION SHARED WITH ME IS TOO HIGH	39%	46%	15%
I INCREASINGLY SOURCE INFORMATION WHEN I NEED IT RATHER THAN VIEWING CONTENT WHEN IT IS SHARED WITH ME	36%	58%	6%
THERE IS A LACK OF QUALITY SCIENTIFIC CONTENT ONLINE	33%	38%	29%
I HAVE FOUND IT CHALLENGING TO USE NEW TECHNOLOGIES	33%	37%	31%
POOR ONLINE USER EXPERIENCE AND FUNCTIONALITY IS A COMMON ISSUE	29%	45%	26%
PHARMACEUTICAL COMPANIES ARE PROVIDING MORE VALUABLE SUPPORT THAN BEFORE	29%	41%	30%
I HAVE FOUND IT MORE DIFFICULT TO FIND THE INFORMATION I NEED	19%	39%	42%

● AGREE ● NEUTRAL ● DISAGREE

54% of HCPs agree that the quality of medical information has improved.

Only **29%** think that pharma have provided more valuable support.

41% report too much branded/advertising content.

56% lack time to access it.

HCP What would be your main observation or recommendation in relation to how pharmaceutical companies are supporting your information needs?

❝ Respect of our time."

❝ ...not only advertising their products but bringing in new knowledge in other topics."

❝ Support independent access to scientific information."

❝ I prefer short, clear and real-life related data."

❝ Online training meetings may have been organized even more than necessary."

❝ Same science, same presenters, same content, different way."

INDUSTRY VIEWS ON PROVISION DURING THE PANDEMIC

42% of pharma believe their HCP engagement became more successful during the pandemic, **22%** did not.

Pharma is divided on whether **HCP engagement** has improved during the pandemic. They attribute greatest success to **field force activities**.

PHARMA How would you rate the overall success of your HCP engagement versus pre-pandemic levels?

Donut chart:
- 42% - MORE SUCCESSFUL
- 22% - LESS SUCCESSFUL
- 20% - NO CHANGE
- 16% - IT'S NOT CLEAR
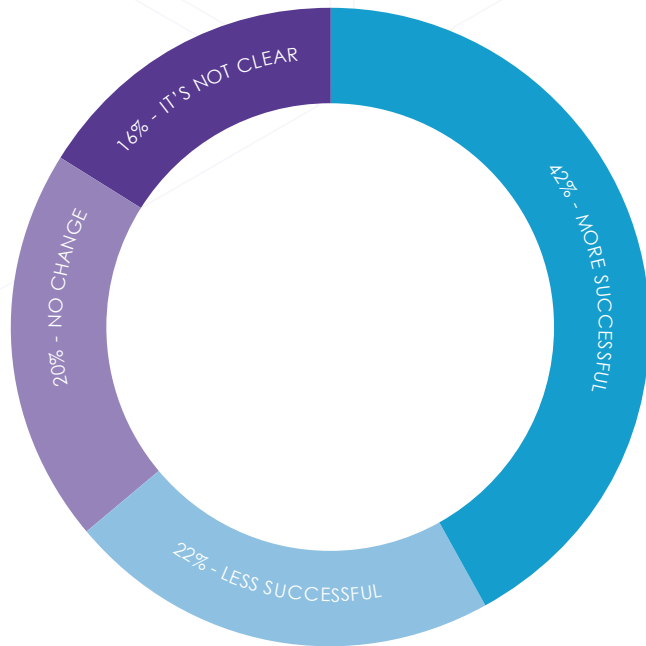
VOTED TOP 5 (OF 16) MOST EFFECTIVE TYPES OF ACTIVITY IN THE PAST YEAR:

Field force activities
65% agree

Virtual scientific meetings and symposia
56% agree

Webinars
45% agree

Email
36% agree

KOL videos/podcasts
35% agree

INDUSTRY VIEWPOINTS: On the last years' biggest learnings about HCP engagement

PHARMA

" One theme that came up often was people identified that what you get from **Netflix or Amazon is simplicity** - 'you watched this, you might be interested in that'. It shows the importance of being able to take some complex stuff from behind the scenes and to present it simply at the customer interface. That was an outside-in learning for us."

" We **cannot use the F2F KPIs** to evaluate digital interactions."

" Level of engagement has fallen once **customers got tired** of only virtual/ digital tools being offered."

" **Branded content isn't getting cut through** and reaching. Hard to assess performance of campaigns due to lack of integrated marketing."

" **Two-way communication** is desired and missing."

" No one in pharmaceutical Legal Regulatory or Medical Affairs knows what content HCPs consume. They pretend to know but they do not and put **ridiculous rules in place**."

" We are seeing that the **quality of the customer experience is more important now**. It is now playing as important a role as the product or the relationship history with the HCP."

SERVICE PROVIDERS

" **Need to move HCPs** from self-directed on-demand interaction to live virtual or hybrid interaction."

" Virtual has changed the tone and tenor of engagement and there is a great need for innovative content and structures. **Compliance must engage new ways** of looking at terms previously very broadly defined."

" To make things more **bite-size** and use more 'at-a-glance' or engaging formats, not standard/long didactic presentations, but short videos, infographics and other more visual data executions."

" More and more crowded for the screen time of HCPs. Quality programs could get traction 2-3 years ago, but now **its very competitive** to get the time of HCPs whose "inbox" is jam packed. (By "inbox", I mean anything that requires the HCP to look at a screen)."

" That the industry's reluctance to change has been **driven more by internal barriers** than what / how HCPs want to engage."

" HCPs are easily bored by the constant virtual learning, thus **keep content fresh and relevant** and in short bursts."

" You really **need compelling reasons** to engage and ability to reach across multiple digital channels. Also, using f2f representatives in more hybrid engagement of their HCPs."

STRATEGIC PRIORITIES BEYOND THE PANDEMIC

75%
of pharma expect to prioritise a shift in digital culture/mindset in 2022.

Looking forward to 2022, most pharma respondents expect to have strategic focus in four main areas;
A shift in digital culture/mindset, optimising content for digital consumption, HCP insight and customer experience.
However, third-party channels and collaboration is low priority.

PHARMA Where do you expect to prioritise strategic focus in the year ahead?

Category	%
A SHIFT IN DIGITAL CULTURE/MINDSET	75%
OPTIMISING CONTENT FOR DIGITAL CONSUMPTION	64%
HCP INSIGHT (NEEDS AND BEHAVIOUR)	55%
CUSTOMER EXPERIENCE	53%
OUR OWN DIGITAL CHANNELS	38%
CHANNEL INTEGRATION	35%
DEMONSTRATING ROI	29%
DIGITISING FIELD FORCE ACTIVITY	25%
CHANNEL DATA (ENGAGEMENT INSIGHT)	24%
INTERNAL STRUCTURE AND COLLABORATION	20%
OVERCOMING REGULATORY/ COMPLIANCE HURDLES	20%
THIRD-PARTY COLLABORATION AND PARTNERSHIP	16%
THIRD-PARTY DIGITAL CHANNELS	7%

SERVICE PROVIDERS Where do you expect pharma to prioritise strategic focus in the year ahead?

1. **A shift in digital culture/mindset**

2. HCP insight (needs and behaviour)

3. Their own channels

4. Customer experience

PHARMA VIEWPOINTS: On driving value beyond the pandemic

EPG HEALTH ▶ IN PARTNERSHIP WITH **im**patient

A communications funnel to direct and personalise engagement

" The companies which will be successful in this game, going forward will have two technologies at their disposal for customer engagement. One is the platform, learning from past customer requests. And then a follow-on direct engagement - with someone who has access to the wealth of information and can truly personalize to what the customer wants."

The (far?) future of 'hybrid' engagement

" In the future, you will have people who still proactively engage customers, and then you'll have some people who will fulfil the customer needs in the background. And the transition between these can be fluid. That's the hybrid I see in the future."

Digital content is king … optimise it

" I believe life science companies will need to adopt a more defined and strategic approach to providing content to HCPs. Currently everyone is jumping on the digital bandwagon, but the content is not adapted to the channels or to HCP expectations. Companies that stay like this will become irrelevant as others start to integrate HCP needs and desire into their approach."

" The content will be more concise/easy to digest (similar to social media) and leveraged through multiple channels for greater reach. Also designed to support the HCP's clinical needs. For instance, designed to assist with reimbursement or patient education."

Delivering real value

" Delivering value from a HCP perspective rather than from the pharma industry perspective."

" Independent, trusted, personalized, hybrid, short, self-directed content."

A post-COVID hybrid model

" There is a sense of omnichannel engagement preference. While F2F is the strongest preferred channel at a high level, when we asked about overall engagement preferences, we saw strong (and consistent across countries) interest in a mix of virtual channel, remote detailing and self-led engagement."

Agency models that will thrive in the future

" The agencies which will survive this will change away completely from promotional … to customer needs. So that you have a chatbot that feels like it is delivering customized content, even if it isn't actually custom created. The agencies that manage to break content to bite size pieces and then combine with a learning algorithm - will win."

Innovate to overcome digital fatigue

" Keeping HCPs engaged in this virtual [world] is going to be difficult due to virtual fatigue. We have to keep innovating and find newer avenues of engaging HCPs."

LEARNINGS

KEY FINDINGS

Pharma has made **significant progress** with digital evolution since 2020, citing **a broad range of learnings**.

Perhaps still overwhelmed by the scale and volume of ongoing objectives and challenges, pharma **fails to fully embrace the progress or act on lessons learnt**.

While HCPs approve of the direction of travel with digital engagement, their **main challenge is time** to deal with the volume of interactions. **Unbranded, educational, fast facts** cut through the competitive digital landscape most effectively.

Pharma expresses intent to focus on HCP needs as a strategic priority, however, continues to prioritise **digitization of own, traditional and brand-focused** channels which HCPs lack time for.

KEY REQUIREMENTS

1 **Maintain momentum and focus** on digital mindset and culture shift. Beyond the pandemic, digital engagement will continue to evolve quickly.

2 **Act on learnings and prioritise HCP demands** to remain relevant in a competitive online space.

3 Prioritise the funding, generation, approval and sharing of, **high-quality, compliant, bite-sized education** over high-volume promotion, brand and pharma- led digital interactions.

4 **Innovate and experiment** with content and channels that are unbranded and independent.

EPG HEALTH

PARTICIPANTS

This report is based on an independent study, designed and delivered by EPG Health in 2021

SURVEYS WERE CONDUCTED WITH THREE STAKEHOLDER GROUPS (SPANNING MULTIPLE FUNCTIONS, GEOGRAPHIES AND SPECIALTIES):

- Healthcare professionals   n = 246

- Pharmaceutical companies   n = 82

- Life science service providers   n = 84

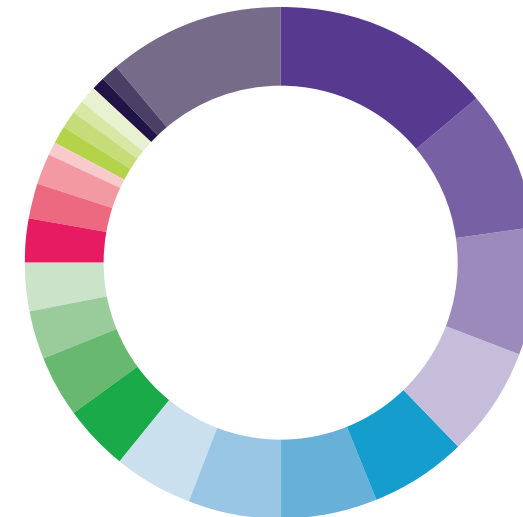- Additional pharmaceutical industry interviews were conducted by Impatient Health, n=17

HEALTHCARE PROFESSIONAL PARTICIPANTS

HCP participants (n = 246) **span all continents** (largely Europe) and **over thirty medical specialties**.

HCP **In what region do you mainly practice/study medicine?**

59% Europe
27% in EU5

7% US and Canada

3% Central and South America

Asia
Asia Pacific
Oceana **11%**

Middle East **9%**

Africa **8%**

Other **3%**
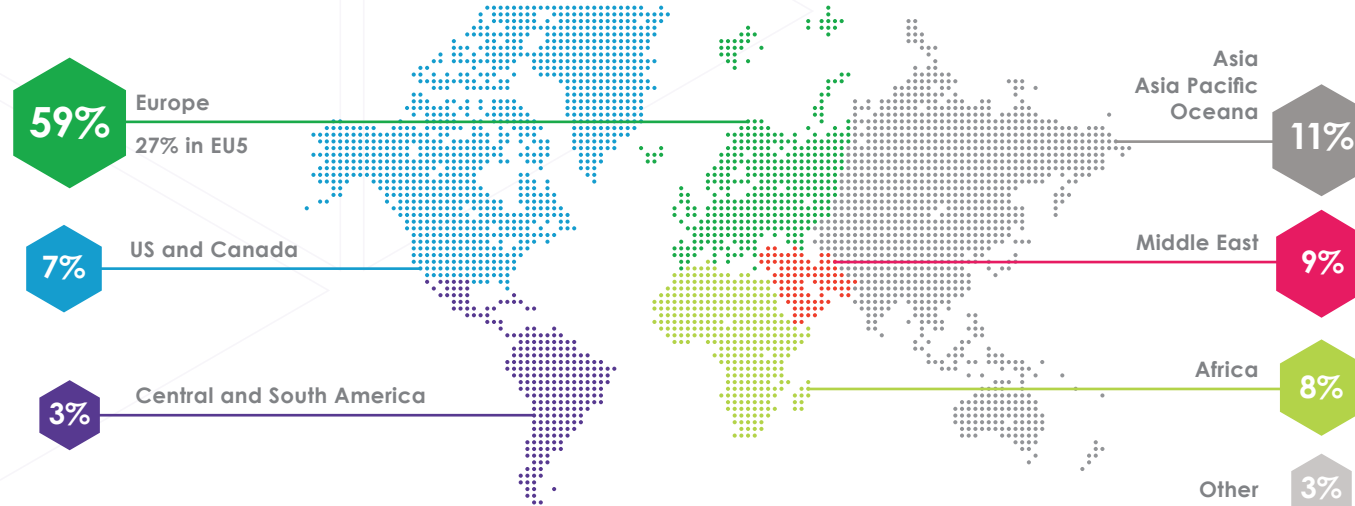
HCP **What is your primary medical speciality?**

14%	DERMATOLOGY	3%	INFECTIOUS DISEASES
9%	NEUROLOGY & CNS	2%	ANAESTHESIOLOGY
8%	CARDIOLOGY	2%	PSYCHIATRY/MENTAL HEALTH
7%	GENERAL PRACTICE/PRIMARY CARE	1%	SPORTS MEDICINE
6%	PAEDIATRICS	1%	PREVENTIVE MEDICINE
6%	ONCOLOGY	1%	PATHOLOGY & CLINICAL LABORATORY
6%	SURGERY	1%	ALLERGY/CLINICAL IMMUNOLOGYE
5%	GASTROENTEROLOGY & HEPATOLOGY	1%	GERONTOLOGY/GERIATRICS
4%	NEPHROLOGY	1%	HAEMATOLOGY
4%	INTERNAL MEDICINE	1%	ENDOCRINOLOGY
3%	RESPIRATORY	11%	OTHER OPTION
3%	CRITICAL CARE/INTENSIVE CARE		

HCP **When were you born?**
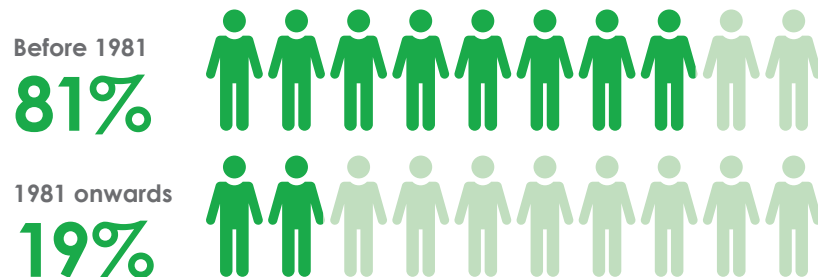
Before 1981
81%

1981 onwards
19%

RELEVANCE? 'Born from the 1980's onwards 'Millennials have grown up with the internet and can't imagine a world without it' (Cambridge Dictionary)
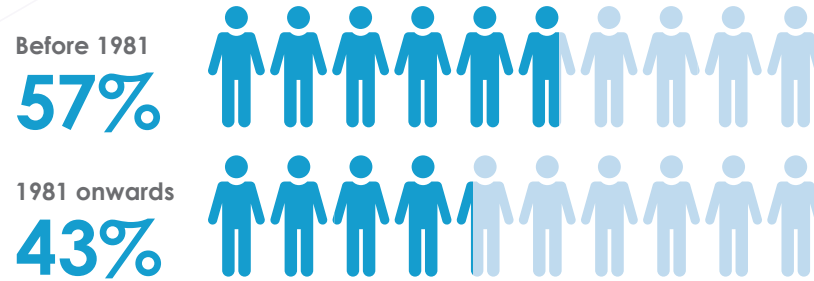
PHARMA PARTICIPANTS

Participants (n = 82) represent **more than fifty companies, a broad range of functions and territories.**

PHARMA Function

28% MARKETING
20% MEDICAL AFFAIRS
18% DIGITAL
18% SALES/COMMERCIAL
6% OPERATIONS
4% CORPORATE COMMUNICATIONS
7% OTHER

PHARMA Geographic area of responsibility

26% GLOBAL
16% NATIONAL LEVEL OUTSIDE OF EUROPE
14% LATIN AMERICA
14% ASIA PACIFIC
12% EUROPE
12% NATIONAL LEVEL - IN EUROPE
7% NORTH AMERICA
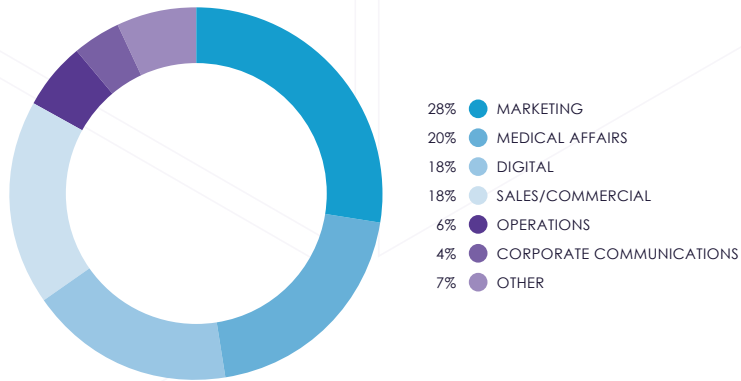
PHARMA When were you born?

Before 1981
57%

1981 onwards
43%

RELEVANCE? 'Born from the 1980's onwards 'Millennials have grown up with the internet and can't imagine a world without it' (Cambridge Dictionary)
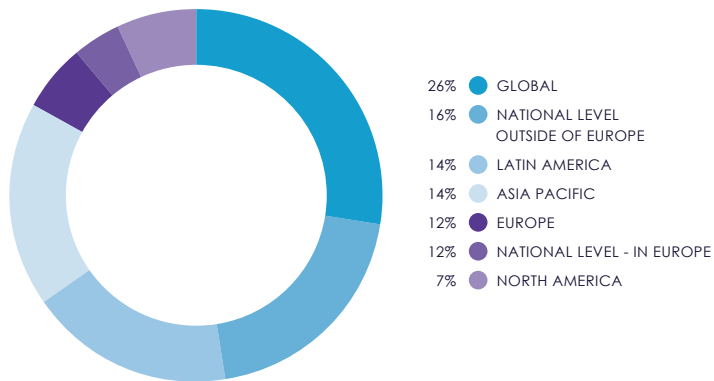
17 semi-structured interviews were conducted by Impatient Health with decision makers across Europe and America:

***im*patient**

- Chief Commercial Officer
- Head of Global Commercial Operations
- Executive Director Commercialization
- VP of Sales, Specialty
- VP, Global Medical Affairs
- Head of Medical Affairs
- Deputy Director, Medical Affairs Excellence
- Digital Communications and Marketing
- Global Director of Digital Marketing

- Global Head of Digital
- Global Digital Lead
- Global Medical Affairs Rotation
- Global Strategic Marketing
- Senior Director of Digital Strategy
- Country Medical Director
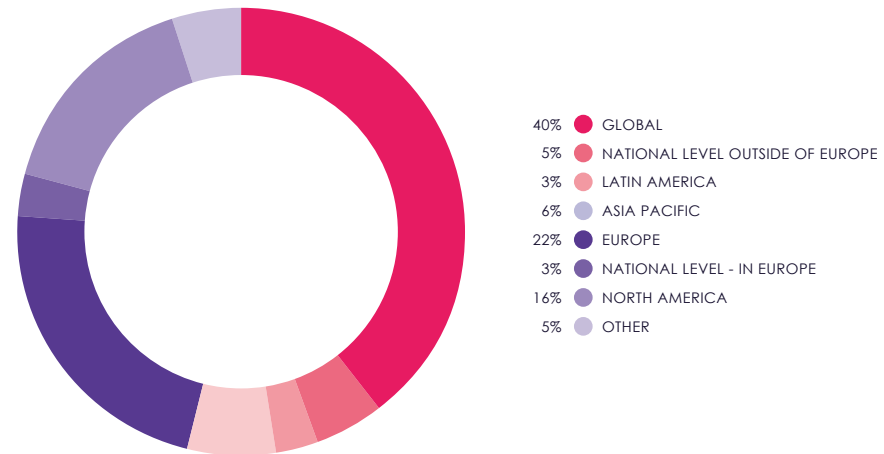- Global Medical Director
- Medical Director

SERVICE PROVIDER PARTICIPANTS

'Service providers' (n = 84) support pharmaceutical-HCP engagement. They represent **more than 65 companies, a broad range of territories and four core service categories**; agency, asset builder, technology provider, network orchestrator.
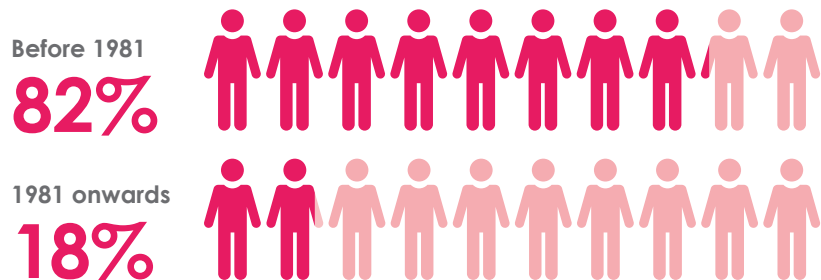
SERVICE PROVIDERS Service providers by type

- 41% MEDICAL COMMUNICATIONS AGENCY
- 21% CONSULTANCY
- 15% TECHNOLOGY PROVIDER
- 5% MEDIA AGENCY
- 5% MEDICAL ASSOCIATION, SOCIETY OR INSTITUTION
- 4% PUBLISHER
- 10% OTHER
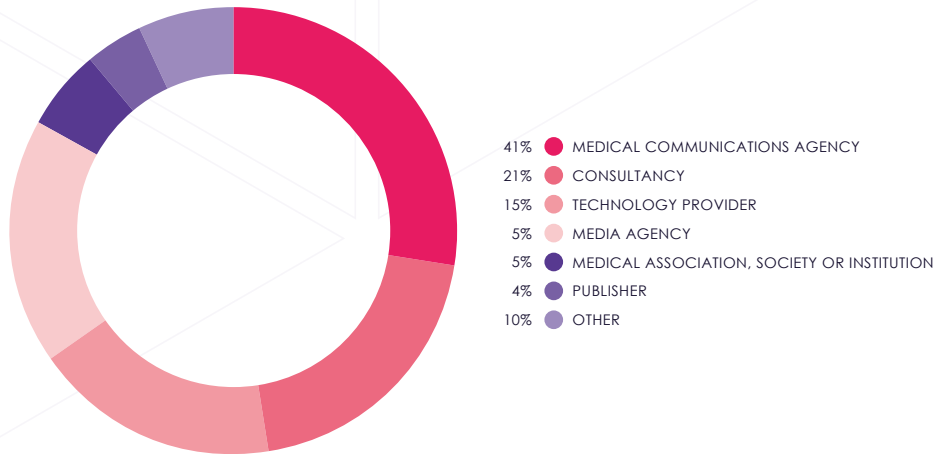
SERVICE PROVIDERS Geographic area of responsibility

- 40% GLOBAL
- 5% NATIONAL LEVEL OUTSIDE OF EUROPE
- 3% LATIN AMERICA
- 6% ASIA PACIFIC
- 22% EUROPE
- 3% NATIONAL LEVEL - IN EUROPE
- 16% NORTH AMERICA
- 5% OTHER

SERVICE PROVIDERS When were you born?

Before 1981
82%

1981 onwards
18%

RELEVANCE? 'Born from the 1980's onwards 'Millennials have grown up with the internet and can't imagine a world without it' (Cambridge Dictionary)

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EPG HEALTH ▶

ABOUT EPG HEALTH

EPG Health is the publisher of Medthority (www.medthority.com), an independent website for healthcare professionals. Supporting modern digital behaviour and preferences, Medthority provides a personalised and trusted learning environment, with convenient access to content that supports better patient management and treatment decisions.

With an actionable reach of over 1.8 million healthcare professionals globally, we provide pharmaceutical companies with an integrated toolset to reach and engage target audiences with key educational messages, while measuring the outcomes.

Our multistakeholder market research helps us understand and provide the best possible service to our HCP audience, pharmaceutical customers and partnering service providers. As a service to the industry, we make our research reports freely available here.

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17 PHARMACEUTICAL INDUSTRY INTERVIEWS WERE CONDUCTED BY IMPATIENT HEALTH

Don't want to wait for the future of health? Neither do we. The team at Impatient Health believes that patients need better now, and the life science industry is a young sector – full of unfulfilled potential.

Impatient Health is a cross between a consultancy and a think tank, helping pharmaceutical and medtech companies execute more ambitious and creative projects. Founded by Paul Simms, the company uses design thinking, speculative design, qualitative research and patient co-creation to help realise these ambitions.

Read our bold industry predictions at impatient.health/2021.

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