THE AFTERMATH: COVID-19 INSIGHTS & RECOMMENDATIONS

How the Pandemic Will Forever Change Pharma Sales & Marketing

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

INTOUCH GROUP AND DHC GROUP

About the Research – Methodology
In the spring of 2020, Intouch Group and DHC Group partnered to undertake quantitative and qualitative research to explore how the COVID-19 pandemic will change pharmaceutical sales and marketing in the not-so-distant future of Q1 2021. In April and May 2020, interviews with 30 senior-level stakeholders were conducted; surveys were fielded to 50+ pharma executives (via DHC), 112 physicians (via Sermo: 30% generalists, 60% specialists), and 157 patient influencers (via WEGO Health); and thought leaders provided extensive input in order to complete this report — the most comprehensive, forward-looking paper on the topic to date. Intouch Group and DHC Group would like to express their special thanks to Sermo, WEGO Health, and the thought leaders [see page 67] who generously contributed their time and expertise to this whitepaper.

About Intouch Group

Intouch Group is a privately held full-service agency network, providing creative and media services, enterprise solutions and data analytics globally through seven affiliates in eight offices, including Intouch Solutions, Intouch Proto, Intouch International, Intouch Media, Intouch B2D, Intouch Analytics and Intouch Seven. Collectively, Intouch Group employs more than 1,000 people. With a dedication to the life sciences, Intouch Group operates with the belief that there is no challenge too big to cure. Contact Intouch Group at info@intouchg.com or visit them on the Web at intouchg.com.

About DHC Group and the Digital Health Coalition

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

COVID-19 has transformed nearly every aspect of life as we know it; no other event in recent memory has so pervasively affected our lives. From work to family to home and social lives, practically every aspect of our day-to-day activities has been profoundly altered.

Everything has changed.
COVID-19 has changed literally every aspect of life for every person in the country, not just pharmaceutical companies.

— Dale Cooke, President, PhillyCooke Consulting

How different will our worlds look six, 12 or 24 months from now? This whitepaper specifically sets out to delve into the longer-term implications for U.S. pharmaceutical commercial organizations.

What changes to healthcare will affect our industry? How drastically will the point-of-care experience change? How will consumer behavior evolve? What will the pharma brand launch of the future look like? What permanent shifts will we see in sales-rep access?

The overall impact of the COVID-19 pandemic cannot be understated — it is a human crisis of global scale. At the time of this writing, the United States has documented approximately 1.3 million cases and 86,000 deaths (WHO); those numbers will likely continue to grow. We recognize the tremendous sacrifices of those on the front lines: healthcare workers, first responders, logistics and supply chain, grocery store, and other essential workers and their families who have risked their own lives to keep others safe. We also acknowledge that the steadfast tenacity of our own industry is greater than COVID-19, and not only will our industry be essential in solving this crisis, we are confident we will come out on the other side stronger.

I don’t think we are going to go back to how we managed our business pre-COVID. The changes have set in too long and had such a significant impact on our lives; during this time, we had to adapt quickly and try a lot of new things to support our business. I expect when things open back up, we will have to make tough decisions on how we reengage our customers with personal promotion and how to better supplement those efforts with non-personal promotion.

— Rob Adamoski, VP Medical Affairs, Provention Bio
How do we build a new, post-COVID-19 world in which healthcare professionals are able to diagnose and treat patients, patients receive the medications they need, and pharmaceutical companies remain viable, profitable partners in the healthcare exchange? We will explore these questions and more in this comprehensive report on what your pharmaceutical marketing peers, physicians and patients are saying and doing now, and how they’re preparing for what’s next. Through original research, stakeholder surveys, and 30 thought-leader interviews, Intouch Group and DHC Group provide the blueprint for pharma sales and marketing organizations: best practices, opportunities and insights, and actions to take today to secure your brand’s future tomorrow.

**Recognizing the unique challenges that physicians are facing as well as their patients and offering solutions to solve for them is a huge opportunity.**

— Roberto Ascione, CEO, Healthcare Group

**Assumptions: Our New Normal**

If there is anything certain about the impact of COVID-19, it is that our future is largely uncertain. But in conducting our research and writing this whitepaper, our authors and contributors needed to agree upon certain assumptions about where we would be by our stated timeframe, Q1 2021. Those agreed-upon assumptions included:

- Virus-spread mitigation factors have advanced, allowing a partial, gradual reopening of the country and economy, including:
  - Social distancing has become common.
  - Medical centers and physicians’ offices have reopened for patients, but telemedicine is still highly encouraged.
  - Most health and government authorities recommend no gatherings of >100 people and avoiding specific rotating geographic hot spots.
- Conferences, major sporting events and concerts are not expected to return until fall 2021.
- Some level of contact tracing is in place.
- Contact-free and “touchless” transactions will become the norm for payments and data transfers, including healthcare.
- Several promising vaccine candidates have been identified and are in the final phases of testing, but widespread availability is still months away. Several treatments to reduce disease burden have become available and are helping successfully manage the severity of COVID-19-infected patients.
- Low-wage workers impacted by mass unemployment and the economic stall-out are struggling financially and remain un- or under-insured.
- Fifty percent of the nation’s small-to-mid-size businesses have gone out of business, including small physician practices. At the same time, new types of companies begin to emerge.
- The travel industry is slow to re-start; some airlines and hotels require health checks at check-in. Business travel has been dramatically reduced.
Entire books will be written on the behavioral, cultural and economic impact of COVID-19 on our world. Here, we do not attempt to delve into the overall societal shifts, but instead focus on the impact, specifically, on the business of pharmaceutical sales and marketing.

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**Executive Summary**

The impact of the COVID-19 pandemic cannot be understated — it has changed everything. The entire model of care — including the role of pharmaceutical sales and marketing — is being transformed before our eyes. Many of these changes are likely to endure. While the impact on each brand will be unique, the findings of our whitepaper can serve as a guide for pharma marketing and sales teams.

**Point of Care and Telemedicine**

- Telemedicine has quickly become ingrained in the healthcare ecosystem. The momentum is in place for ongoing, increased use of telemedicine by patients and their providers, and the overall impact to the pharmaceutical industry is expected to be positive.
- Making telemedicine a consistently effective substitute for face-to-face visits will take time. Pharmaceutical companies will have a role in helping professionals and patients make the transition to telemedicine less painful while supporting a broader shift to an overall ecosystem of connected health.

**Healthcare Professionals, Sales Reps and the Sharing of Scientific Information**

- COVID-19 affected physicians and their practices dramatically. While the impact varied across specialties, every practicing physician felt the effects and will continue to do so for some time. The temporary shutdowns caused by...
the pandemic will have **lasting public health implications.**

- Pharmaceutical sales reps pivoted to more **virtual engagements** with physicians, and these patterns, to some extent, will likely be retained.
- Ultimately, the **differentiated value** a sales rep brings to the personal relationship with a healthcare provider (HCP) will be the **greatest gauge** of how their access to HCPs will be impacted. This value can be measured on a continuum from "high-touch" to "low-touch" services.
- The **new role of the pharmaceutical sales rep** will include supporting physicians in their care for patients and easing their transition to a more technology-driven practice.
- Restrictions on large gatherings and travel bans will remain for some time and have been a powerful trigger that will accelerate the **lasting adoption of new methods of scientific information sharing.**

The Adverse Impact on Patients and How to Help

- Pharmaceutical marketers reported that they believed **patients are the group of stakeholders at greatest risk of being affected by COVID-19,** and they rated that threat as "significant."
- The pandemic and its shutdowns brought dramatic disruption to patient care by not only **delaying care,** but also by driving high unemployment rates and with that, loss of health insurance coverage for many. Pharma will need to work with payers to better manage new dynamics and help keep patients adherent.
- **Patient care backlogs will not clear quickly,** but new technologies will help drive recovery and shape better care in the future.
- **Patient support programs (PSPs) are a critical support point** for patients during the pandemic and should evolve to ease even more of the patients’ financial burden, improve the patient experience, and assist with patients’ overall well-being through beyond-the-pill models.

- The pandemic has created opportunities for pharmaceutical manufacturers at the convergence of health and technology:
  - **We will see improvements in the access to and the use of data,** as privacy barriers decrease and interoperability increases. This will aid in the pivot to more **data-driven media.**
  - Wearables, artificial intelligence (AI), chatbots, contact-tracing tools, and other **health technologies will become a larger component of the health ecosystem,** presenting opportunities for pharmaceutical manufacturers to create alliances.

**Clinical Trials and the Post-COVID-19 Launch**

- The COVID-19 pandemic has forced biotech and pharmaceutical companies to suspend or delay hundreds of clinical trials. Despite easing of government restrictions, the **impact on pipelines could still be dramatic.**
- **Trial sponsors must rethink their trial approaches,** seek opportunities to streamline and combine trials, improve real-time monitoring, and implement remote-trial protocols.
- **Contingency and scenario planning are critical** for brands whose launch timing falls in 2020 and 2021; the launch-readiness spectrum can help teams assess their approach based on their brands’ unique factors.
- **Rep access will vary by brand and market situation.** Highly differentiated products fulfilling an unmet need will have the best outlook for rep access at launch. Companies can **maximize reps’ success** through considering new approaches to hiring and training, and enhancing and expanding virtual engagement options.
- **National sales meetings will largely go virtual,** though some regional meetings will take place.
- With physician access and opportunities for scientific exchange hindered, **DTC channels may now play a larger role** than ever before in a new brand’s success.
Change Management

- COVID-19 brought about organizational changes that happened at a depth and pace many had never witnessed before. In pharma, many saw this as an opportunity to reframe how decisions are made in the future — for the better.
- Company leaders must embrace ambiguity, move quickly, and remain nimble to excel.
- The rapid, widespread scale of work-from-home/remote teams has forced organizations to make decisions faster — even, perhaps, with less information. This dynamic will enable teams to avoid the “analysis paralysis” that can accompany pilot programs — pilots that may otherwise never scale due to lack of movement and overthinking by teams and their leaders.

Digital Transformation

- COVID-19 is serving as a wake-up call for pharmaceutical manufacturers to evaluate their own digital maturity and ability to serve customers with personalized experiences.
- Digital transformation is inevitable and imminent.
- When assessing an organization’s modern marketing readiness, three key drivers should be evaluated:
  - Leveraging data to drive business and marketing strategy.
  - Creating individualized customer experiences.
  - Applying technology to deliver on customer expectations.
- As companies shift to more and more remote engagements, they should be careful not to overwhelm physicians with “digital congestion.”

Never allow a good crisis to go to waste. It’s an opportunity to do the things you once thought were impossible.

— Rahm Emanuel, former Chicago mayor, former White House Chief of Staff under President Barack Obama
POINT OF CARE: EVOLUTION OR REVOLUTION?
At the height of the pandemic, the concept of point of care — defined here as the points in time during which HCPs interact with patients — was completely upended by COVID-19. Physicians’ offices closed; appointments drastically decreased; elective surgeries were put on hold; and patients avoided going to the hospital, even for what would normally be considered emergency events, for fear of contracting the novel coronavirus (Bernstein). Physicians, worried about both their patients and their practices, quickly pivoted to telemedicine as rules relaxed and payers broadened reimbursement (Kanski). Beyond the rapid shift to telemedicine, we expect many aspects of the pre-COVID-19 point-of-care experience to drastically change.

**Telemedicine Takes Off**

COVID-19 generated rapid acceptance of telemedicine as an effective form of healthcare. By April 2020, 85% of physicians surveyed by DHC Group reported supplementing their appointments with telehealth, and 73% of them saw this as a trend that would continue (DHC Physician Survey). Rates of adoption have varied by physician age and specialty, with — not surprisingly — the youngest and those treating the immunocompromised among the most prolific users of telemedicine (Decision Resources Group). Even after being somewhat forced into their new reality, 59% of physicians reported being satisfied with telemedicine patient visits as a proxy for live appointments, clearly indicating early acceptance of the channel (Figure 1). At the same time, physicians felt their patients were satisfied with the experience, too (Figure 2).

**The momentum is in place for ongoing, increased and ingrained use of telemedicine by patients and their providers.** "The concept of patients scheduling an appointment, taking two to three hours off from work to drive to their doctor’s office, sit in the waiting room for 30 minutes, wait again in the exam room for another 15-30 minutes, and then finally see their physician has fast become outdated," said Paul Ivans, Founder and CEO of Evolution Road. "I don’t think that people going forward will approach seeing their doctors the same way as they have in the past. Pre-pandemic, option ‘A’ for seeing a doctor was via an office visit. Moving forward, option ‘A’ might be a remote visit first via telehealth or some other distributed digital modality."
Specialists report that they will still seek to limit exposure after stay-at-home guidelines are relaxed, mainly through the use of telemedicine, limiting patients in waiting rooms and screening before visits.

"I think telemedicine will continue to be a part of routine care, which I think is a good thing. Patients don’t have to take time off work and doctors can work from home certain days."
— Hospital-Based Dermatologist

"Less overbooking so that the waiting room will be less crowded. Wider spacing in the waiting room between chairs, and more disinfecting the rooms."
— Hospital-Based Cardiologist

"Will screen people for fever/URI before visits – there’s no reason as a neurologist for me to see non-urgent clinic patients who are also sick with an infectious disease."
— Hospital-Based Neurologist

Source: InCrowd Novel Coronavirus (COVID-19) Non-Frontline Specialist Tracking Report – Wave 1
Pharmaceutical executives predicted an overall positive impact of telemedicine on the industry, with 45% expecting the impact to be “positive overall,” compared with 22% “no impact” and 16% “negative impact” (Figure 3).

**Benefits and Challenges**

When it comes to the impact on HCPs and patients, we believe the increased volume of telemedicine appointments will lead to:

- **Reclaimed time** in HCPs’ schedules that can be used to see more patients or to improve the quality of in-person visits.
- **Increased reliance by physicians on nurse practitioners, physician assistants, registered nurses, and other non-physician HCPs**, who will field pre-screening appointments, write more scripts, and manage patient follow-ups, using telemedicine.
- **More choice for patients**, extending their provider selection beyond traditional options and geographic boundaries.
- **The need for a better-organized patient flow.** Expect electronic health record (EHR) platform enhancements that provide integrated and automated scheduling, appointments, reminders and billing to reduce administrative burdens.
- **Integrated prescription order flow within virtual visits** has the potential to include benefits verification, co-pay and patient assistance program information, patient education, plus, submission to a pharmacy of choice in real time.

The entire patient journey is evolving before our eyes. We must actively understand that evolution and help shape it in new and innovative ways.

— Serina Fischer, VP, Neurodevelopment Franchise, Takeda

While the momentum for telehealth is undeniable, the system is not perfect. Telemedicine is not the panacea for everyone in every situation — **barriers and challenges** will remain:

**Coverage gaps.** Although many payers have broadened COVID-19 telehealth coverage, there are still gaps in coverage, and reimbursement can be complex.

**Regulation and licensing uncertainty.** While authorities relaxed restrictions on the use of audiovisual technologies for telemedicine, complicated regulations remain, and the future of the relaxed restrictions is uncertain. In addition, providers are calling for clarity on state licensing provisions for telehealth. Data showing the positive impact of relaxing licensing requirements across state lines during the pandemic will be critical for government and health insurance companies to campaign for the continued use of telemedicine, irrespective of an HCP’s physical location or licensing at the time of the virtual visit.

![Figure 3: Impact of Telemedicine on the Industry](source: DHC Pharmaceutical Survey)
**Awareness.** A survey conducted by G&S Business Communications in late March found that 82% of Americans did not believe that telehealth was available to them (Kanski).

**No-shows.** Missed appointments are expensive for our healthcare system to handle, and some data shows telemedicine no-show rates to be twice as high as in-person visits (WELL).

**Workflow and adoption struggles.** Current workflows and processes are built around face-to-face contact between multiple staff members. HCPs will need to quickly adjust, and some will be slower to adopt new technologies.

**Technical difficulties.** Fear of technology, poor usability, challenges in connectivity and other technical issues will limit adoption.

While there are some trade-offs, pharmaceutical companies must recognize telemedicine as a critical new point-of-care channel that can provide enhanced patient education and support, reach physicians with valuable information within the treatment flow and enhance speed to prescription.

**Telehealth Support for HCPs and Patients**

Making telemedicine a consistently effective substitute for face-to-face visits will take time and practice. HCPs and patients alike will require support to foster successful adoption. Therein lies an opportunity for pharmaceutical companies to step in and step up.

To understand physicians’ needs in this new environment, it’s first helpful to understand the key areas of interest and diagnoses discussed by physicians in the context of telemedicine (Figure 5, Figure 6).

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*Figure 4: Rethinking the Patient Journey Through Teledmedicine Interaction Points*

*Figure 5: HCPs Discuss Teledmedicine With Peers — Top Areas of Interest*
Pharma must work to **create their ecosystem around this new channel.** Opportunities include:

- **Driving awareness** of the availability of telemedicine by providing patients and HCPs with **tools to connect.**
  - This includes re-evaluating existing **doctor locators and discussion guides** to ensure telemedicine options are included.
- **Supporting telemedicine interactions** by ensuring HCPs have easy access to shareable **patient education, financial assistance and extended support materials** that they can share during and after telemedicine appointments.
- **Revisiting and revising patient journeys** to identify integration points with telemedicine where patient assistance is most needed.

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**Figure 6: HCPs Discuss Telemedicine with Peers — Top Diagnosis Mentions**

Source: SERMO HCP anonymized conversations
Visualization: Cognitive Core™ content analysis — Intouch Sermo portal (May 2020)

<table>
<thead>
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<th>Disease</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>250</td>
</tr>
<tr>
<td>Neurological disorders</td>
<td>200</td>
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<tr>
<td>Pneumonia</td>
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<tr>
<td>Neoplasm</td>
<td>100</td>
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<tr>
<td>Hematologic diseases</td>
<td>75</td>
</tr>
<tr>
<td>Influenza</td>
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<tr>
<td>Asthma</td>
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<tr>
<td>Respiratory disease</td>
<td>20</td>
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<tr>
<td>ADHD</td>
<td>15</td>
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<tr>
<td>Acquired Immunodeficiency Syndrome</td>
<td>10</td>
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</tbody>
</table>
Telemedicine as a channel is still coming of age. A wide range of telemedicine platforms exist, with little consistency between them. As we experienced with EHRs historically, we predict a few of the larger and more robust platforms will naturally emerge as leaders. We recommend pharma sales and marketing executives — and their partners — focus energy on these largest providers for early success, and that they explore partnerships with platforms that provide media, education and EHR integration opportunities. “This is like the emerging days of EHRs, except telemedicine is, at least to some degree, letting partners in,” advised Joe Meadows, Founder and CEO of The Think Patients Companies. “We have to start somewhere, so we recommend picking a few leading suppliers and making things happen.”

While telemedicine is not yet fully integrated with EHRs, the wheels are in motion, with benefits to both the professional and patient. EHR provider Cerner and telemedicine platform AmWell partnered in 2016 to embed Amwell’s telemedicine services into Cerner’s EHR systems (Amwell). Now, they are seeing additional opportunities to “put the consumer’s health in their own hands that we haven’t seen before,” said Amber Mead, Director, Clinical Product Management at Cerner. Another large EHR provider, Epic, integrates with Zoom through an app called Epic app for Zoom Meetings. Together, Epic and Cerner account for more than half of the EHR market.

True integration between telemedicine platforms and EHRs will enable much greater ease of use for patients, physicians and staff, providing more trackable results and useful data to the industry (Sneader) (Han) (Kocher). (All parties should remain mindful of legal concerns that may affect the future of some partnerships [Muoio].)

Where Connected Health Goes From Here

The rise in the use of telemedicine exposed one significant resistance point: New patient starts declined across many therapeutic areas. This shows that while HCPs were able to continue relationships with diagnosed patients, they did not adapt to diagnosing new patients or on-boarding treatment for naïve patients in a virtual setting.
“One of the largest impacts of the pandemic has been that the speed at which patients are getting diagnosed is definitely coming down,” said Soma Gupta, CCO, G1 Therapeutics. “If you consider people who think they are having heart attacks and strokes not going to the ER as readily, it portends the larger issue.”

The adoption of telemedicine is only the first phase of a larger movement toward a future state of overall "connected health." In addition to providing basic patient pre-screening and consultations via telemedicine, physicians will move toward a next phase of virtual care that will include more at-home diagnostics and remote patient monitoring. These components will integrate to provide a more seamless (and more virtual) connected health experience.

“The notion of distributed care, remote care, telehealth — that broader concept of pushing care to where the patient is — is a tremendous opportunity. It’s uncharted territory for most pharma organizations, and we believe it has massive potential as a game changer for life sciences,” Paul Ivans said. These advancements will provide the pharmaceutical industry opportunities to influence the connected-health paradigm in a number of ways.

**At-Home Diagnostics**

Not all therapeutic categories will be able to take advantage of home diagnostics. But for the disease categories that support it, pharma should investigate partnerships with diagnostics companies working within areas relevant to their brands. At-home diagnostics options are rapidly expanding, and helping HCPs sort through the plethora of available choices will ease their path to adoption. And many home-diagnostic companies provide patient education — both digital and print — along with their tests. Pharma can help create an environment where patients get diagnosed sooner and more accurately, so they can be treated more effectively and with greater benefit.

"Many At-Home Diagnostics Are Now Available"

**Exact Sciences’ Cologuard** was the first noninvasive home screening test for colorectal cancer.

**EverlyWell** has over 30 at-home kits including fertility, food sensitivity and thyroid.

**Medline** offers at-home diagnostic tests for blood pressure, cholesterol and glucose monitoring.

**OraSure Technologies’ OraQuick** provides at-home oral HIV test results in 20 minutes.

**Roche’s CoaguChek** measures the time for a patient’s blood to clot.

**Pixel**, the consumer arm of LabCorp, now offers at-home COVID-19 testing to consumers.
Remote Patient Monitoring

In a time when physician offices will be less open to traffic, those who treat chronic conditions will benefit greatly from increased remote monitoring of patients’ symptoms and actions. Support behind electronic patient recorded outcomes (ePRO) will increase. Reliability of, and familiarity with, wearable and portable devices has increased enough to help speed this change. The question for pharma becomes: how can they contribute to this loop?

An initial contribution could come from the myriad tools and technologies that brands already provide to patients: symptom trackers, injection trackers, onboarding apps, medication and refill reminders. The data captured by those tools currently sits in a tightly closed loop. Finding ways to gather permissions to share this information with patients’ chosen healthcare providers could be a first step.

Many innovations are coming to this space, leading toward a future where algorithm-powered insights from these tools will help with early identification of health issues, disease onset and disease progression.

INR [international normalized ratio] self-testing is much more convenient and less anxiety-driving than having to go to the lab twice a week.

— Patient who used CoaguChek (The benefits of INR self-testing)

Our industry’s opportunity to support this connected health future will help drive a stronger and less burdensome health ecosystem for patients and empower HCPs to enhance remote care.
PUTTING YOUR HCP SUPPORT INTO OVERDRIVE
SUPPORTING HCPs

INTRODUCTION

When the pandemic hit businesses hard across the United States, it did not spare healthcare providers.

Stay-at-home orders came quickly, and most physicians found themselves in survival mode. HCPs such as E.R. physicians on the front lines of fighting COVID-19 faced overwhelming working conditions, exhaustion and — despite heroic efforts — some experienced cuts in hours, pay and benefits. Other physicians struggled with the rapid drop in patient visits and necessary transition to working remotely, including telemedicine. Due to the closing of clinics and low patient volume, many were forced to furlough staff or suspend their practices altogether.

*Healthcare spending declined at an annualized rate of 18% in Q1 2020, according to Commerce Department data released in May. This represents the largest reduction since the government began keeping records in 1959 (Frankel).*

In addition, those who could find the time for medical education were faced with the challenge of medical conferences being cancelled or shifted, with some difficulty, to virtual formats. Other in-person events designed to educate and inform physicians on new treatments were absent for months.

*The absence of in-person promotion and scientific meetings is reducing awareness and flow of information.*

— Frederik Bay, Head of Digital Strategy for Healthcare and Life Sciences, Adobe

The overwhelming disruption to patients’ care drove physicians’ concern that patients weren’t getting the medical care they needed, and that they were less likely to remain adherent to prescribed treatments, putting long-term outcomes at risk.

Shut downs Will Have Broad Public Health Impacts

**Scott Gottlieb, MD**
@ScottGottliebMD

Data from community cancer practices shows sharp drops in oncology visits, including up to 17% decline for chemotherapy in Northeast, while cancellations and no-shows nearly doubled, up to 80%; an indication shutdowns will have broad public health impacts. cancerletter.com/articles/20200...

May 5, 2020
Next, we will explore the dramatically changing role of the pharmaceutical sales rep, how pharmaceutical companies can support HCPs in the shift in their practice, and how they can still reach physicians in the absence of medical meetings.

Sales and marketing teams in 2021 will deal with a much different U.S. health system that was stretched way beyond capacity in 2020 and did not return to its previous shape. Many hospitals and practices will either be gone or financially unstable, and those that survive will have remade their priorities and policies on interactions with biopharma personnel.

— Joe Shields, President & Co-founder, Health Accelerators

Physicians also expressed concern around the fact that many of their patients faced dire financial situations due to job loss, and with that the loss of health benefits (DHC Physician Survey). At that stage, understandably, one of the last things physicians worried about was getting information from their sales rep (Figure 7).

Over time, the pendulum will swing back toward normality: Physicians will return to their clinics to tend to patients as their practices return to a new normal. But what will that new or “next” normal look like? In addition to changes to how they treat patients, there will be changes to other aspects of their everyday interactions. Rep access to HCPs will open back up. But at what level? What will the future role of the rep look like? What will the future medical conference look like?

What happens when physicians take three months off and rethink their role with the sales force? ... What should pharma marketers be thinking about? Where should pharma marketers double down? Triple down?

— Mark Bard, Co-founder, DHC Group

Figure 7: Are Physicians Seeking to Fill an Information Gap Created by Lack of Reps?

Source: DHC Physician Survey
The Evolving Role of the Pharma Sales Rep

It’s no secret that pharma sales force access to physicians prior to the pandemic had been on a steady decline. When COVID-19 began to spread, understandably, the doors of physician practices closed to nearly all pharma reps. While stakeholder opinions varied, most of those interviewed believed some level of this restricted access will continue, based largely on the specialty area and disease state. Physicians agreed (Figure 8).

In-person exchanges,” said Mark Bard. One respondent to the DHC survey of pharmaceutical marketers, who wished to remain anonymous, noted, “Non-personal promotion and engagement will not be an afterthought anymore. The relevance of the field force will not go away, but the balance between personal and non-personal promotion will be more equal, to match the newly formed behaviors and expectations of HCPs, patients and payers coming out of the global COVID-19 experience.”

Fifty-eight percent of physicians surveyed also reported interest in “increased use of digital tools to interact with sales reps,” indicating that while some sales rep access will remain, we can anticipate the change in the role of the rep and the manner in which they interact (DHC Physician Survey).

“Patterns developed during the pandemic will be dialed back — but still retained — as digital engagements with reps will overtake traditional,

In-person promotion is likely to remain restricted, if not banned. Though the industry will have made some progress in adopting virtual and digital approaches, effectiveness will likely remain reduced compared to the pre-COVID era. The impact will be largest for launches and growth products, as well as for products in highly competitive areas with limited differentiations, such as immunology.

— Frederik Bay, Head of Digital Strategy for Healthcare and Life Sciences, Adobe
When I think about oncology practices, I can see a world where customers may limit reps in their buildings, lowering the potential of bringing in the virus to their practice for those exceptionally at-risk populations. It does provide an opportunity to pause and re-evaluate what these customers truly need from us and reimagine the model with that in mind.

— Soma Gupta, CCO, G1 Therapeutics

As we emerge from the immediate impact of COVID-19, commercial organizations will need to evaluate their response to the changing role of the sales representative and closely consider their own approach to fostering HCP relationships moving forward. Even in areas where rep access may return to some sense of pre-COVID-19 normality, it will be necessary to change HCP engagement strategies. For instance, addressing the question of how a sales rep can walk an HCP through a digital sales aid while maintaining some semblance of social distancing may require rethinking and implementing technologies that allow the sales reps to control the digital sales aid remotely, even while they are in the same room.

When asked about their concerns surrounding the reduction in rep access at the height of the crisis, physicians in our survey were most concerned about samples, followed by drug information updates, professional education and clinical trial updates (Figure 9).

Ultimately, the differentiated value a sales rep brings to the personal relationship with an HCP will be the greatest gauge of how their access to HCPs will be impacted. This value can be measured on a continuum from “high-touch” to “low-touch” services.

One lens for assessing the impact of COVID-19 on the relationship between reps and HCPs is to

![Figure 9: Physicians’ Concerns Regarding Limited Rep Access](image-url)

Source: DHC Physician Survey
THE AFTERMATH: COVID-19 INSIGHTS & RECOMMENDATIONS

value proposition. What HCPs need from their relationship with the rep and the brand shifts from disease state and clinical education to operational support within the HCP practice.

High-Touch Access

Particularly in specialty areas and rare diseases, pharmaceutical reps will continue to play an important role due to the unique relationship and value that they can offer to HCPs. Reps have an opportunity to be engaged with, and provide support to, HCPs, including:

- Patient product access.
- Patient identification and disease education resources.
- PSP enrollment and treatment training/onboarding.
- And, in some cases, practice management resources and support.

The top-right quadrant of the graph indicates where reps have an opportunity to provide a high level of personal touch (potentially in person) and can deliver high value with respect to disease state and clinical information.

Disease states/practices represented in the lower-right quadrant indicate a lower level of personal touch (most-likely restricted).

As the disease state/practice moves from right to left on the x-axis, this shift is indicative of the value proposition. What HCPs need from their relationship with the rep and the brand shifts from disease state and clinical education to operational support within the HCP practice.

Figure 10: High-Touch/Low-Touch Service and the Value Opportunity Continuum

![Figure 10: High-Touch/Low-Touch Service and the Value Opportunity Continuum](image)

Source: Intouch Group
There will always be a need for direct face-to-face interaction, to build relationships and trust.

— Mark Rus, CEO, Sophren Therapeutics/Atlas Venture

As medical conferences get canceled or turned virtual, the field force, together with medical science liaisons, will likely be more necessary than ever to keep HCPs informed.

— Asaf Evenhaim, CEO, Crossix

I think we’ve all seen the market research that there is still nothing more impactful than a rep and that relationship — that face-to-face contact.

— Larry Downey, Principal, Insignia Strategies LLC

Mid-Level Access

Even in a diminished capacity, reps can still play an important role in maintaining relationships with HCPs. Hiring and training reps for the skills that will allow them to be effective across multiple channels will be key.

In this scenario, in addition to some face-to-face engagement, a significant amount of communication will come via digital channels where the rep will remain as the face of the relationship, such as:

• Virtual HCP discussions related to the brand.
• Concierge-style service, handling requests for information, connections and samples.
• Invitation and facilitation of virtual key opinion leader-related events and speaker conferences.
• Orchestration of non-personal promotion (NPP) with a personal touch.

We’re starting to see signals that MSLs [medical science liaisons] are in more demand. This was happening already, but we expect to see that demand continue to increase as MSLs are viewed as a more neutral and informative voice than traditional reps.

— Roberto Ascione, CEO, Healthware Group

Zero Access

In some practice areas, access to HCPs will be vastly restricted in a manner not previously experienced — or reduced to zero access. In zero-access areas, data-driven strategies designed to understand individual HCP needs and deliver value can be automated. Nevertheless, we still see an opportunity to place a human face — the rep — within these engagements. Combining these approaches with HCP self-service portals and the ability to reach out
I know the value of a really good rep, and honestly it is very hard to replace. This event in time may simply force us all to change. Suddenly, capabilities like the ability to analyze local sales data, personalize messages and tools, and optimize digital channels go from nice-to-haves to got-to-haves. And if we do it well, it could theoretically enable them to become more effective and maybe cover bigger territories, especially in the face of reduced travel.

— Soma Gupta, CCO, G1 Therapeutics

HCP Success Is Your Success

The time for pharmaceutical companies to aggressively push hard-sell, brand-centric messages to physicians is behind us, and may not return for quite some time, if ever. Roberto Ascione said, “It is imperative that pharma focuses on educating and supporting physicians on digital solutions, as well as the impact of stress, anxiety and depression on those suffering from chronic conditions (as well as physicians themselves) and offering tools to help alleviate those mental health concerns.”

In the near future, pharmaceutical manufacturers should refocus their commercial marketing efforts on the immediate needs of the HCP. Opportunities include helping HCPs support and serve their patients, focus on long-term outcomes and practice transformation to become more digitally centric.

I think if COVID continues for a while, then some companies, especially small companies with financial concerns, may consider creative cost savings and innovative solutions. Perhaps smaller teams and increased focus on virtual engagements will become more popular going forward.

— David Johnson, CCO, Global Blood Therapeutics

Significant training and change management will be critical to help the field adapt to the new situation and effectively leverage virtual channels.

— Frederik Bay, Head of Digital Strategy for Healthcare and Life Sciences, Adobe

and initiate conversations with either a rep or MSL can create an ecosystem of support designed to meet the individual needs of an HCP’s practice and which approximates support given by a personal sales rep.

When asked what pharma marketing and sales professionals should be most concerned about, one vice president of commercial business of an emerging biopharmaceutical company (who wished to remain anonymous) worried about mature brands. "Customer engagement for mature brands, where there is little-to-no new clinical information, is most likely to be impacted, if the prescriptions were largely driven by share-of-voice sales rep engagement (i.e., diabetes and immunology)."
Help HCPs Help Their Patients

HCPs have expressed much concern for their patients during the pandemic. In our interviews, pharmaceutical industry thought leaders expressed concern as well, and sought to turn that unease into action. “It’s incumbent upon pharma to understand how the needs of chronically ill patients have evolved during the pandemic and help assist physicians in dealing with those unique challenges,” said Roberto Ascione.

Our survey revealed what that can look like: One-third of physicians reported an interest in physician portals provided by pharmaceutical companies (DHC Physician Survey). Pharmaceutical companies can develop or revise existing portals with an eye toward reducing operational burden. Manufacturers have additional opportunities to meet the unmet needs of HCPs:

- 76% of those surveyed would like to see enhanced patient assistance programs, including co-pay and financial support (DHC Physician Survey).
- Physicians reported interest in enhanced compliance and adherence programs for patients (46%) (DHC Physician Survey).
- Sampling remains an important opportunity for pharmaceutical companies to connect with and support HCPs. When asked what their concerns were about the reduction in pharma sales rep access, prescription sample access was cited as the highest concern (50%) (DHC Physician Survey).
- If they haven’t already, wherever possible, sampling programs should move to an online, self-service format.

Ease Their Transition to Digital

HCPs will undoubtedly face many new challenges as they need to transform their practices into much more interconnected, digitally driven businesses. This transition will already be challenging for many HCPs, but the added pressure of the speed of change required to adapt to the challenges of COVID-19 makes the effort even more daunting. Many of the technologies involved, such as telemedicine platforms, are still in relative stages of immaturity. As these technologies rapidly evolve and become more integrated, there will emerge many opportunities for pharma to step in and augment the transition to digital within an HCP’s practice.

Our biggest opportunity is to use this pause to contemplate redesign of our customer-facing model to remove the potential inefficiencies and really ask ourselves as an industry what are the truly value-added areas to our customers. If we were all being honest, we would know that every call from every rep does not bring value to them.

— Soma Gupta, CCO, G1 Therapeutics

First and above all else, we need to respect the customer’s wishes, needs and time.
— David Davidovic, Founder, pathForward Strategic Consulting
Like EMR/EHR platforms of the recent past, telemedicine platforms lack standards for data integration. One of the first steps will be integrating these platforms into EMR/EHR platforms, which will assist in the management of patient information within the practice. However, there exists a middle ground of opportunity involving the creation of a “circle of care” around the patient between these two platforms. This circle of care would provide many opportunities for pharma, including:

- Payer integration and access with changing telemedicine regulations.
- Patient education and onboarding.
- Patient assistance programs.
- Specialty pharma integration.
- Building a patient’s personal care network.

All of these services and others would sit between the integration of these practice platforms and go beyond the prescribing of the pharma product.

Keith Burke, VP of Marketing at Merz Therapeutics said, “Sales forces will need to evolve their thinking and offering. It’s not just about selling a product, but it truly will be about selling a service. What can a rep do for their customer to help build efficiencies in the office with patients, with payers? HCPs will be looking for a business-partner mentality versus the traditional ‘let me tell you about my product.’”

Pharma can refocus sales and marketing efforts on the immediate needs of providers by creating tools and services that are explicitly designed to assist in restarting and re-building momentum in the HCP practice.

The number-one need for field forces is emotional intelligence. 2021 is not going to be like 2019. We will be in a new world, with new societal norms. We will need to understand our customers, their priorities and preferences more than ever.

— VP, Commercial, emerging biopharmaceutical company
Mitigating the Loss of Medical Conferences

The medical community (HCPs, scientists and pharmaceutical manufacturers alike) has long relied on conferences, congresses, symposiums and other live meetings to share new scientific information and engage with each other. As practically every major medical conference of spring and summer 2020 — and likely beyond — is being cancelled or shifted to a virtual event, what are the opportunities for pharma to still be a part of the conversation?

Several thought leaders we interviewed felt the threat of the loss of medical conferences was among the largest COVID-19 pain points for pharma. “Just think of the number of conferences and the medical teams which normally attend them. Some of these, like ASCO, have gone virtual,” said Paul Tunnah of pharmaphorum. “But many smaller conferences have been pushed back or eliminated altogether. We’ve lost that real opportunity to connect with researchers and physicians, to have that direct feedback — and that’s a big loss.”

The COVID-19 pandemic — specifically, the restrictions on large gatherings and travel bans that accompanied it — has been a powerful trigger that will accelerate the lasting adoption of new methods of scientific information sharing.

COVID-19 will change the world as we know it. I had my first virtual ad board this week … Once the infrastructure is in place, I think all but the biggest conferences will be virtual.

— Oncology KOL

In-person medical events and conferences were cited among pharmaceutical marketing executives as experiencing the **largest decrease in budget allocation in 2020**, while budgets for **online** medical events and conferences were expected to increase (Figure 11, Figure 12, Figure 13).
The best approach? Be prepared to **shift scientific content to the right format quickly** so it can be shared effectively across digitally driven events. At the time of this writing, a lack of consistency across platforms poses a technical challenge, but not one that cannot be overcome. Initially, options for meetings and virtual booths are largely being dictated by the meeting facilitators:

- **Smaller conferences** — including live and recorded — are being facilitated using simple, standard video conferencing platforms such as Zoom, Pando, WebEx and Google Hangouts, with Zoom being by far the most popular choice.
- **Larger events** such as ASCO are partnering with providers such as Event Pro to facilitate flow.
- In terms of managing pharmaceutical companies’ virtual booths, each conference has been dictating the platform and rules of engagement. For ASCO, a brand’s sponsorship level dictated the amount of control and customization possible for their virtual booth.
- In the future, we expect to see **more consistency** between meeting platforms as leading providers emerge.
Interactive content to allow HCPs to engage with data, such as visualizations that allow viewers to interact with and manipulate datasets.

Forums and chats to facilitate discussions.

Interactive kits that can be shipped to high-profile HCPs to engage with information and each other. These can include virtual reality tools such as Oculus Rooms and Rumi, in which attendees use headsets to interact with each other and with dynamic content (such as posters or MOA animations). Virtual worlds can be designed to look like auditoriums or multi-level convention centers.

**Other Live Events**

Beyond scientific conferences, marketers should consider the best technology options for live and on-demand experiences, creating a secure, regulatory-approved space to engage with HCPs and KOLs. These can include:

- **Multichannel campaigns** to create awareness and excitement and to facilitate networking, including paid social media, private social media networks, print and direct mail, CRM, and MSL and rep communications.

- **Webinars** for scientific exchange, peer-to-peer programming, or moderated roundtables with live Q&As.

As we emerge from this crisis, we will have new norms regarding social distancing, business travel, conferences, etc. Some of the “old” ways of engaging customers will likely never return.

— Tom Swanson, Head of Industry Strategy and Marketing — Health & Life Sciences, Adobe
FAILING OUR PATIENTS IS NOT AN OPTION
A global pandemic is termed as such because it literally impacts the entire world in myriad ways.

We are experiencing massive changes in the way people seek, experience and engage with the healthcare ecosystem, including providers, payers and pharmaceutical companies. It’s clear there will be worldwide health fallout from the COVID-19 pandemic far beyond the virus itself, as patients delayed diagnosis and treatment, and struggled to pay for their care.

“30 million Americans lost their jobs, and for most people in the country, that means that they also lost their health insurance. That health insurance was helping them manage their diabetes and their high blood pressure ... Now that's gone,” said Dale Cooke, President, PhillyCooke Consulting.

Figure 14: Patient Influencers’ “Grade” of Pharma Response to Pandemic

Source: DHC Patient Influencer Survey
Patients will need assistance, and so far, they’re not overly satisfied with what the biopharmaceutical industry has provided to date. When asked in the survey by DHC Group and WEGO Health what grade they would give pharmaceutical companies in the overall response to the COVID-19 pandemic, 57% of patient influencers give pharma a C or lower (Figure 14).

Perhaps sensing this gap, multiple pharma executives we interviewed indicated that pharma simply cannot fail our patients during this crisis, or the long-term repercussions could be profound. That includes developing effective COVID-19 treatments and vaccines — yes — but also eliminating financial barriers, supporting telehealth and committing to supportive, educational and nonpromotional content.

What do people really need right now?
— Mark Rus, CEO, Sophren Therapeutics/Atlas Venture

The Threat to Patients Is Significant
Echoing the concern of physicians (see section, Putting Your HCP Support Into Overdrive), pharmaceutical executives expressed concern for patients’ future well-being in the wake of the COVID-19 crisis. In the DHC Group survey of pharma marketers, respondents reported they believed the greatest threat of COVID-19 to all stakeholders is to patients (Figure 15), and they largely rated that threat as “significant” (Figure 16).

When it came to what, specifically, they were concerned about with regard to patients, pharma marketers’ greatest concern was that patients were avoiding the doctor for routine visits — 46% reported it is a significant concern (Figure 17). A close secondary concern was the inability of patients to pay for their current prescription given the economic impact (Figure 18).

*With 30 million Americans filing for unemployment benefits, there may be a large shift away from commercial insurance to Medicaid; however, states

![Figure 15: Level of Threat of COVID-19 to Various Stakeholders](source: DHC Pharmaceutical Survey)

![Figure 16: Level of Threat of COVID-19 to Patients](source: DHC Pharmaceutical Survey)
This dynamic also makes it increasingly difficult for manufacturers to gauge production and proper supply chain management, with such dramatic fits and starts to inbound patients, and inevitably, prescription writing. "For many inline brands, wholesaler inventory stocking has inflated end-1Q and 2Q sales," said a vice president of commercial at an emerging biopharmaceutical company. "This will have an impact on future sales (topline) as wholesalers ‘de-stock’, thereby reducing inventory and slowing purchasing from manufacturers."

Next, we will look at how to address these worrying patient health trends.

**Limited Access to Care**

During the COVID-19 pandemic, patients with other serious diseases — diagnosed and undiagnosed — had, understandably, been avoiding physicians’ clinics and hospitals (Feuer). Hospitals were forced to pause elective procedures for safety reasons, creating more backlog, resulting in more delays in care (Leonhardt). For pharma, this means patient adherence will suffer, and treatment-naïve patients may not be able to connect with the HCPs they need. The longer these delays drag on, the more likely patients are to get sicker.

Companies such as LeanTaas are developing tools like the Elective Surgery Backlog Recovery Calculator, to help hospitals develop models to provide insight about how long it will take to get through the backlog, as well as the additional resources required.

Pharma will need to work more closely with HCPs and hospitals in order to build and connect new care models like telemedicine and remote health to handle the backlog and beyond. Through the use of technology and better planning, newer patient
intake methods and triage, the entry points to care will change dramatically — and ultimately, we hope — for the better.

**Reinventing the PSP**

According to the survey of patient influencers by DHC Group, in conjunction with WEGO Health, when it comes to information and support regarding the pandemic, patients most often turn to their communities. In fact, pharmaceutical companies ranked last as a source, with only three votes — less than 1%. Clearly, there is room for improvement.

“There are opportunities for companies to focus on patient support during this time,” said David Johnson, CCO, Global Blood Therapeutics. The PSP can be reinvented by focusing on three areas: (a) helping ease the financial burden of the patient in a post-COVID-19 era, (b) improving the overall patient experience and (c) focusing on mental health.

**Easing the Patient Financial Burden**

In our recent survey of over 100 physicians, more than 75% asked for better PSPs. Seventy-six percent of HCPs asked for enhanced patient assistance programs and financial support, while 46% asked for better adherence programs (Figure 19).

Moving forward, pharmaceutical companies have the opportunity to more closely partner with payers, as well as offer more comprehensive copay programs to take the burden off the patient, especially as insurance premiums are likely to continue to rise.

Some companies like Novo Nordisk and Eli Lilly made early moves to provide free or deeply discounted medication to patients who lost healthcare coverage due to COVID-19 through insulin affordability programs. Bristol-Myers Squibb expanded its PSP to offer any of the company’s medications for free to anyone who lost their health intake methods and triage, the entry points to care will change dramatically — and ultimately, we hope — for the better.

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**Figure 19: What Physicians Would Like to See From Pharma**

| Enhanced compliance and adherence programs for patients | 46% |
| Enhanced patient assistance programs (co-pay, financial support) | 76% |
| Increased use of digital tools to interact with sales reps | 58% |
| Increased use of digital tools to interact with MSLs (medical science liaisons) | 46% |
| Additional content in social media for consumers | 27% |
| Additional content in social media for health professionals | 14% |

Source: DHC Physician Survey
Experiences ranging from work, concerts, travel, theatres, etc., may never be "back to normal," and remote versions of those experiences may supplant them. Understanding the mental impact this has on patients will be key in treating them.

"How can we be of greater service, to come together for the good of the patients?" asked Tricia Brown of Merck. Serina Fischer, VP, Neurodevelopment Franchise of Takeda, is also seeking ways to help consumers. "We are concerned for our patients — for their overall health, their mental health, their access to coverage and care," she said. "How can we step up to be there for them in new and meaningful ways?"

The DHC patient influencer study offered some answers. When asked to rank the greatest concerns among patient communities since the outbreak, mental health was ranked second (Figure 20).

A sound digital foundation will enable pharma to stay in step with consumer demands as digital adoption and self-service options, direct transactions, and virtual engagement become the expectation and not the exception.

— Tom Swanson, Head of Industry Strategy and Marketing — Health & Life Sciences, Adobe

Taking Care of Mental Health

The isolation, desperation and hopelessness felt during the COVID-19 pandemic will have a lasting impact for years to come, especially as the daily activities we all took for granted will be limited.

<table>
<thead>
<tr>
<th>#1 Getting and/or keeping appointments with their healthcare provider.</th>
</tr>
</thead>
<tbody>
<tr>
<td>#2 Feeling isolated or other mental health issues arising from the pandemic.</td>
</tr>
<tr>
<td>#3 Ensuring they’ll have enough of their medications.</td>
</tr>
<tr>
<td>#4 Getting adequate food and supplies while sheltering in place.</td>
</tr>
<tr>
<td>#5 Paying for their medications.</td>
</tr>
</tbody>
</table>

Source: DHC Patient Influencer Survey
Patients who are feeling depressed or hopeless are far less likely to be adherent and proactive about their treatment. This illustrates a major gap that will need to be filled by more expansive and engaging PSPs. The PSP of tomorrow will need to be about more than patient assistance and copay management — it will need to be about connections, too.

Arthritis patient leader Heather Aspell shared this with WEGO Health, in regard to the need for connection: "Connecting with other people by phone, video chat and text is really the key for me right now! Being chronically ill and disabled, I already am prone to feeling isolated, so I’m making sure to continue to reach out to others on social media, using the Marco Polo video chatting app, organizing Zoom video meetings with friends, and calling and texting with my friends and family to keep myself calm during these uncertain times!"

An inclusive PSP will need to take into consideration the overall well-being of the patient, certainly including their mental health. Pill-plus programs that emphasize more complete care will win the admiration, attention and loyalty of patients and HCPs alike.

Murky Market Access
As part of the Families First Coronavirus Response Act (Ludwig), Congress eliminated patient cost-sharing for COVID-19 diagnostic testing services provided under employer-sponsored group health plans. In addition, many payers waived the costs of COVID-19 hospitalization and treatment. All this is good for patients in the short term, but the long-term effects have yet to be felt. COVID-19 has put payers in a scenario where they will inevitably have to pass the added costs to patients in the form of substantially higher premiums. Some predict healthcare premiums will rise as much as 40%, which could break the entire system (The New York Times Magazine).
Further complicating the matter is a new rule announced by the U.S. Department of Health and Human Services in January 2020 allowing insurers to use copay calculators. This means that only the portion of the copay paid by the patient (not the amount paid by pharma via the copay card) is attributed to the patient’s deductible. This, too, will result in more money coming out the pockets of patients.

Pharma will need to work with payers to better manage this new dynamic in order to keep patients adherent and on brand-name treatments. Pharma will need to restructure rebate programs — especially if those rebates are not being attributed to patient deductibles.

Data Privacy and Interoperability

One aspect of the COVID-19 pandemic that some have not considered is data privacy. Either the government or private sector is expected to ask individuals to give up some level of privacy in order to enable contact tracing to help people move more freely around the country. In a rare partnership, Apple and Google announced in April they were creating a framework for Bluetooth-based contact-tracing that would work on both iOS and Android devices (Bond); China and South Korea are already using smartphone apps for monitoring purposes (Knight). The CDC is using multiple surveillance systems to monitor COVID-19 disease. Similar to post-September 11, privacy boundaries are being pushed to enable faster decision making in the name of public safety (CDC).

The privacy regulations we have been preparing for as marketers may not be as immediate or wide-reaching as we originally planned. Privacy regulations like those resembling GDPR or CCPA will be adjusted as personal data-sharing will be critical in tracing not only for COVID-19, but emerging diseases and viruses of the future. Some of the proactive actions marketers have taken, like preparing for a cookie-less internet, may not be necessary for years. We should continue to plan to serve advertising that is as targeted as possible, not only to maximize performance and minimize waste, but also to provide consumers with the best experience possible.

Beyond data privacy is the concept of data interoperability. All of the data that will inevitably be connected by either government or private enterprise will need to be stored somewhere. We believe what will ultimately happen is a scenario where that data is de-identified and open-sourced for academia and healthcare, including pharma. This will be a critical tool in solving not just future pandemics, but chronic diseases and other maladies that are heavily impacted by regionality and environmental factors. This national health index will serve as a tool that pharma can tap into to better understand treatment outcomes at the population level.

We’re going to have more integrated data — I don’t see a world where it’s less. Interoperability of health data will increase, and that’s potentially a really good thing for pharma.

— Mark Bard, Co-founder, DHC Group
Health Tech Will Take a Front Seat

From wearable health tracking devices that alert patients to changes in their baseline health metrics, to beacons for tracking exposure and contact tracing, to at-home disease detection, companies are racing to accelerate development of products and software that will address the need to keep patients, especially sick ones, away from doctor’s offices for as much of the treatment experience as possible.

Wearables, at-home testing, and Bluetooth or beacon-enabled tracing will help determine individual health benchmarks, and when these data deviate, a person will be proactively alerted to make a live or virtual visit appointment with their HCP. This would prevent the spread of many conditions by catching them early and help keep patients out of HCPs’ socially distanced clinics.

Technology like chatbots, artificial intelligence and wearables are already practically ubiquitous, and will begin to become even more so in the context of healthcare and prevention. Ambient computing (all the technology that runs in the background of one’s everyday routine by removing points of friction and cumbersome interfaces) will be a key focal point for technology companies. The less a person needs to actively think about things like monitoring their blood pressure, for example, the greater the likelihood these tasks will be completed consistently and accurately. In addition, the ability to complete tasks like checking in at a doctor’s office, or paying a copay, without having to touch anything like a pen or computer screen, will be critical. Pharma has opportunities now to forge smart partnerships with health tech companies to encourage better integration, improved access to data and enhanced patient health.

Seismic Changes to the Media Landscape

COVID-19 has impacted advertising dramatically, with overall media spends across industries down 50% in March 2020 (Statista). Where pharma has historically relied upon broadcast television to do
the lion’s share of awareness work and has sacrificed targeting for reach, access to more personalized data will become attractive. What’s more, premium inventory is now more widely available as travel, retail and CPG have scaled back spends. To take advantage of that data, however, better targeting is needed to avoid using valuable budgets on irrelevant audience segments.

For many pharma companies that have relied on more traditional media vehicles like broadcast and print, we will see a strong pivot to more data-driven media. Even launch brands that have traditionally conceded to a “spray and pray” approach can still get the scale they need to build awareness, but with greater degrees of targeting. To do this, they will need to work closely with their media agencies and analytics teams to amp up targeting and measurement through the use of data-management platforms and ad tech stacks. Programmatic and connected TV allow a high degree of personalization and targeting to ensure that the right people are being reached and ROI remains high. Paid social will also continue to grow as a pivotal media vehicle as usage, even post-COVID-19, will continue to be high and targeting capabilities are robust.

While advertising media spending was dropping during the height of the pandemic, not surprisingly, social media use skyrocketed (Perez) (Swartz).

"WEGO Health’s patient-influencer members tell us their role is changing and growing as consumers look to each other to cut through the media noise," said Jack Barrette, CEO of WEGO Health. "Consumers will rely more on each other via social media." Brands should keep an eye on consumer media and social media use trends and adjust their channel mix accordingly.

In order to hit the ground running in 2021, brands should be experimenting with multiple digital channels this year and learning which are most effective with their targets and the weighting of each. Also prioritizing market research with their target physicians and patients to understand how their needs have shifted and how they can best be supported. This way, they’ll be prepared with messaging that resonates and channels that are most effective.

— Roberto Ascione, CEO, Healthware Group

WEGO Health asked patient influencers …

Q: Which digital media should get MORE pharmaceutical advertising support NOW to better reach the right people?
A: Facebook far outranks all other digital media for where pharma should focus their ad spend to best support and reach the right people. Patient communities and patient influencer marketing rank second and third respectively.
NEW REALITIES FOR BRAND LAUNCHES
As sales rep access was hindered dramatically and large gatherings like national sales meetings (NSMs) came to a halt companies rightfully feared they might miss their chance to make the biggest impact at brand launch, traditionally driven by sales force activity and engagement with HCPs.

To launch, or not to launch — or some new reality in between? Whichever you choose, the patent clock is ticking. “Every day, every week, every month, every year that you lose time on a product being in-market, you’re losing significant revenue because it’s on the tail of the product, not just the front end,” said Dan Seewald, Founder and CEO, Deliberate Innovation.

When we asked pharmaceutical industry thought leaders what they believe had been the biggest impact of COVID-19 on the pharma industry so far, a number of them cited the impact on clinical trials, pipelines and launches. “Looking at longer-term repercussions, pharmaceutical companies have had to delay clinical trials and brand launches, which will delay access to much-needed treatments for patients,” said Asaf Evenhaim, CEO, Crossix.

Jack Barrette of WEGO Health agreed, citing the unknown nature of what’s to come. “The wildest of cards is the impact on pipelines,” he said. “Clinical trial dates are almost all out the window, and even market-ready, approved new product launches are being delayed.”

Clinical Trials Delayed

The COVID-19 pandemic has forced biotech and pharmaceutical companies to suspend or delay hundreds of clinical trials. Americans have been sheltered in place to prevent spreading the virus, and some clinical site locations — often major academic medical centers — are overwhelmed with triaging COVID-19 patients. As a result of the impact of COVID-19, at the time of this writing, more than 70 companies have reported an interruption to at least one clinical trial, with smaller biotechs among the most impacted (Fidler). By mid-April, GlobalData reported that more than 700 trials had been disrupted (GlobalData Healthcare), and an April 6 Medidata report found that clinical trial enrollment in the United States had dropped 67% from the same time the previous year (Medidata). An April 2020 survey by the American Cancer Society found that more than half of the cancer research that had been underway prior to the pandemic had been at least temporarily halted (HealthDay News).
The majority of disrupted clinical trials, as reported by GlobalData Healthcare, were in phase II (45%), followed by phase I (26%). Twelve percent were pivotal/registrational, which indicates that there will be an ongoing impact on regulatory approvals (Figure 21).

**Figure 21: Clinical Trial Disruption by Phase**

![Clinical Trial Disruption by Phase](image)

Of these trials, 12% are pivotal/registrational, indicating impact on regulatory approval in the future.

**KEY**

- Phase I
- Phase III
- Phase II
- Phase IV

Source: GlobalData Pharma Intelligence Center (accessed April 15, 2020)

It's critical that we keep our supply chain running, and our research and clinical trials moving as much as possible.

— Tricia Brown, Chief of Staff for CDO/CIO, Merck

To help stop the disruptions, the U.S. Food and Drug Administration (FDA) and European Medicines Agency issued new guidance for sponsors to be able to continue research while protecting patients and healthcare workers. The new guidance has also opened doors to protocol flexibility in order to maintain the integrity of research underway.

A Glimpse of Tomorrow’s Trial

How can companies that need to get their products to patients who need them move forward in this new landscape? Johns Hopkins University advises the following when considering how to proceed with trials, categorizing them by impact (Johns Hopkins University):

- **Tier 1: High patient impact.** Continue enrollment and convert to remote protocols as much as possible.
- **Tier 2: Moderate patient impact.** Suspend enrollment with strong push to 100% remote protocols.
- **Tier 3: Non-essential.** Trial enrollment should be suspended and all visits conducted remotely.
This approach supports March 2020 FDA guidance recommending sponsors use alternative methods for safety assessments such as "phone contacts or virtual visits" (U.S. Food & Drug Administration). Moving forward, we will see increased use of digital tools to replace more traditional data collection and monitoring methods in clinical trials.

"With COVID-19, I expect we will see a cycling of infection until an effective pharmaceutical intervention is approved," said Greg Hersch, VP, Digital Process Enabling, Novartis. "That reinforces the need for us to make foundational digital investments, particularly in the area of remote site monitoring, home visits, home nursing, and direct-to-patient drug shipments. And we expect patients will have more openness to online registration and participation in clinical trials as well."

We are seeing the industry beginning to embrace modern digital approaches such as remote monitoring with the use of telemedicine, connected devices, mobile platforms and smartphones to ensure patients and care providers remain connected. In one trial for the investigational COVID-19 treatment colchicine, patients were monitored via telehealth consultations (Castaneda). We’ll see even more of this to come.

These dynamics point to a need for clinical trial sponsors to:

- **Streamline.** Implement flexible and less-burdensome protocols for patients; for example, consider decreasing the number of visits needed for a trial.
- **Go remote.** Implement remote, digital components into all clinical trials. This does not eliminate all site visits in all trials but helps balance in-person and virtual visits.
- **Combine and conquer.** Consider strategies for sites to combine diverse types of trials, e.g., patient populations, geographic locations.
- **Rethink drug distribution.** Advance the distribution of investigational drugs to homes and pharmacies so that patients can continue to volunteer to be part of a study.
- **Keep close watch.** Invest in real-time data monitoring and forecasting methods to manage the impact of COVID-19 on the quality of trial data to ensure studies remain nimble and able to adjust at the site level.
New Brand Launch Considerations

Despite the challenges addressed above, many clinical trials will persevere and conclude; new drug applications will be submitted to the FDA; and products will be approved. Then what? **What will the product launch of 2021 look like?** The majority of pharmaceutical marketers who were surveyed — 61% — felt there would be a negative impact on product launch strategy (Figure 23).

By the beginning of 2021, the factors that impact a product launch will look vastly different from the way they did pre-COVID-19. Pharma companies will be faced with complex decisions about whether to launch immediately upon approval of their product, or if a delayed launch is a smarter choice.

Contingency and scenario planning will become critical for brands whose launch timing falls in 2020 and 2021. "The smartest brand teams will be those who build their brand plans with scenarios, instead of just building the brand plan they want," advised Kim Gariepy, Head of Marketing — Oncology at Pharmacyclics. "If 'A,' take this road. If 'B,' take another road. And maybe there's even a plan 'C'. We will need to be a lot wiser about our opportunities."

Joe Shields, President and Co-founder of Health Accelerators, agreed: "I recommend biopharma brand marketers take annual brand planning even more seriously for 2021, and really think through contingency and continuity plans as a hedge against these uncertain times."

The new consideration set for pharma launches falls along the launch-readiness spectrum (Figure 24), highlighting many new factors that had not previously affected launch decisions (i.e., virtual capabilities). Each of these considerations carries a different weight of impact on launch timing and will need to be taken into account based on each brand’s unique situation.
Assessing Launch Readiness

In the past, when a pharma company completed Phase III trials and submitted its data to the FDA, the planning for how to market and promote the product upon approval was well underway. In this new world, the pathway to commercialization will require a new checkpoint — a launch-maturity scorecard. This scorecard involves an assessment of many factors that now have an impact on launch and evaluates the launch readiness for a pharma brand.

The following theoretical example (Figure 25) shows a pharmaceutical company considering whether to launch a product as planned or to delay timing. After completing the scorecard evaluation as illustrated, the results point to the need for a timely launch, and it appears the infrastructure and processes are in place and ready to support it.

**Figure 24: The New Launch Readiness Spectrum**

**Figure 25: The New Launch Maturity Scorecard**

**KEY**
- Supports need for launch
- Some gaps
- Does not support need for launch

*Source: Intouch Group*
Considering Sales Force Deployment at Launch

Because the sales force can play such a critical role for the HCP and pharma company when introducing a new brand to the market, historically, rep access at launch exceeded industry norms. At launch, sales reps serve to inform HCPs about the product data and brand narrative, provide critical connections to PSPs and advocacy, and are among the first to garner early feedback from HCPs in the field.

As noted in the section "Putting Your HCP Support Into Overdrive," COVID-19 has led to a major shift in how sales reps are able to interact with their customers, with major increases in no-see and low-see HCPs across nearly all territories. Only 18% of physicians surveyed expected rep access to return to the same levels (DHC Physician Survey).

While the fundamental need for information and support around new products remains, it is a reasonable expectation that this downward trend in rep access will apply for launch brands to some degree, as well. However, we fully expect rep access to vary by brand and market situation; for example:

- **Highly differentiated products** fulfilling unmet needs will continue to be met with the highest rep access granted.
- Launches targeting the primary care market will be particularly vulnerable.
- Less-differentiated or "me too" products and label expansions will struggle with access and physician attention.
- Launching into new therapeutic categories with new sales forces may prove particularly challenging, as the opportunity to develop personal relationships will be hindered.
- **Sales force longevity** with the HCP audience matters, too. Longstanding rep/HCP relationships will yield more HCP attention while newer reps will struggle to engage HCPs.
- **Regionally**, variations in rep access will exist not only as seen in rural areas compared with densely populated ones, but also, as COVID-19 hot spots rise and fall, access will wax and wane accordingly.

Due to these variations in access, launch plans should be designed to support both personal and NPP or virtual engagements augmented by even stronger NPP.

One company that decided to **power forward with a product launch** at the height of the pandemic is New York-based biopharmaceutical company UroGen, which won its first U.S. approval in mid-April 2020 for a treatment for a rare form of urothelial cancer. The company reported it was preparing for a "virtual launch" and insisted that this can still be carried out successfully. The product is expected to launch on June 1 (Weintraub). Novartis also announced an omnichannel digitized launch following a mid-pandemic approval for its lung cancer medication, Tabrecta (Helfand).
Setting Up Reps for Success

Brand teams looking to launch in the wake of COVID-19 will likely take a more remote or virtual approach but can also continue to keep the rep at the center of the interaction. The goal is to readily provide information to HCPs at launch while keeping the rep informed and empowered to provide meaningful physician support.

Recommendations for setting up the launch field force for success include:

- **Hire right:** Wherever possible, reps should be hired with the expectation they will be operating in a more digital environment.
- **Some traditional “outside” reps can be re-trained** to act as “inside” reps, augmenting their skill set.
- **Encourage reverse access:** Open up all communication channels for the HCP to reach the rep at launch — phone, text, request-a-rep, email and more.
- **As administrators of the HCP experience, provide reps with the data** and allow them to interact meaningfully with their customers.
- **Leverage tools such as Veeva Engage CRM for Portals or similar platforms to enable easy HCP access to launch materials** while still keeping the rep top-of-mind.
- **Give HCPs the ability to receive samples** through virtual engagement tools like Veeva Engage.
- **Make starter kits easily available at launch**, including the option to ship directly to patients to help ease access and onboarding barriers.
- **Re-think the nature of day-one assets** with the inclusion of a contact-a-rep feature and registration for virtual programs such as regional/local KOL programs facilitated by the field force.
- **HCP-to-rep conversations can be encouraged through targeted NPP and media buys** with prominent placement of sales rep contact information. Engagement data can be fed back to the sales rep, who continues to act as the administrator of experiences with their target HCPs for launch.
The Future of the NSM at Brand Launch

The NSM is a hallmark event of any drug launch — an opportunity to educate, prepare and energize a hungry sales force in advance of launch. But large meetings and traditional, in-person programs like speakers’ trainings are unlikely to return in the near future, resulting in the need to explore alternative ways of achieving launch readiness:

• **NSMs will go virtual**, with focused agendas supporting the widespread and consistent needs of the rep — including interactive visual aids, key messaging and product training.

• **Smaller, regional meetings** will be held to home in on the specific needs of each region, accounting for anticipated access and the role of going remote within their area.

• Companies should also be prepared to provide **specialized training** that prepares reps for the role of being the administrator of remote HCP experiences.

• Organizations should continually **assess and address HCP channel preferences** by therapeutic area, to inform digital preferences, virtual technology adoption and the anticipated sales force access at launch.

DTC Considerations

Direct-to-consumer (DTC) advertising, as it always has, can help inform and empower patients who will benefit from a new medication. With limited access to HCPs, future launch brands should look at DTC with an atypical lens. Marketers may consider shifting focus and funds to DTC as a way to drive awareness and adoption with HCPs — directly (HCPs are consumers, too) and indirectly — through patient awareness and requests. In fact, **patients and caregivers may now play a larger role than ever before** in a new brand’s success.

Launch teams should ensure that:

• Patients feel **educated and empowered** to speak with their HCP about new treatment options.
  • Ensure a **full arsenal** of patient materials at launch, including FAQs, discussion guides, patient videos and more.
  • Engage with **patient influencers** early and often.
  • Provide the resources necessary to support a dialogue with their HCPs, including **telemedicine-friendly doctor locators**.
  • Convey strong patient support and access, front and center, in all DTC materials.

• **Media, social and advocacy teams and tactics work together** to foster consumer awareness and consideration.

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The foundation of all product launches must be digital. **Build the infrastructure and processes to deliver product information and patient support in a contactless manner** — including patients without access to broadband or a smartphone.

— Joe Shields, President & Co-founder, Health Accelerators
EXTRAORDINARY CHANGE: EMBRACE IT
EMBRACING CHANGE

INTRODUCTION

COVID-19 brought hefty amounts of uncertainty, and it brought it fast.

When rapid change was needed in response, pharmaceutical manufacturers rose to the challenge across healthcare. Even pharma and biotech professionals who were not directly involved with the development of COVID-19 treatments or vaccines saw decision making happening at a much faster pace. Media plans were modified. Helpful new resources were rapidly deployed for patients. New technologies were embraced to stay connected to customers and coworkers. Change was happening at a depth and pace many had never witnessed before.

I’m seeing this great willingness to focus on customer experience. This sea change – this new and immediate willingness to change – how do we bottle this?
— Tricia Brown, Chief of Staff for CDO/CIO, Merck

Change is happening — in many cases, for the better.
— David Davidovic, Founder, pathForward Strategic Consulting

With COVID-19, companies have a real opportunity to rally leadership and the organization to dramatically accelerate change and gain a long-term advantage.
— Frederik Bay, Head of Digital Strategy for Healthcare and Life Sciences, Adobe
1. **Unknown is the new normal.** Most agreed that change will come gradually, or in waves. Change may not be perfectly linear and may, at times, retrench. Leaders must embrace ambiguity; they must become comfortable with living in the gray area between black and white, and with not having all the answers.

2. **A need for speed.** Some addressed the traditionally conservative, risk-averse culture of pharma companies, which results in slow decision making. They also referenced an occasional inability to pivot quickly, creating pockets of paralysis.
   - But respondents needed their companies and colleagues to find speed, to make decisions faster, execute new technology faster, update communications faster.
   - The need to move quickly was indicated among many different contexts, including fully funding patient financial support, adopting new technology and adjusting channel activities.

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There’s an opportunity for companies who don’t play victim to reframe what’s in front of them. The leaders who embrace change and uncertainty will win.

— Dan Seewald, Founder and CEO, Deliberate Innovation

We’ll have to become more comfortable incorporating novel approaches, knowing that they may or may not work. It’s a change in mindset. Try new things. If you fail, fail fast, move on, and try something new based on what you just learned. This is a concept that the pharmaceutical industry as a whole has struggled with.

— Rob Adamoski, VP, Medical Affairs, Provention Bio
3. Nimble will win. Some prognosticated that the organizations that can be nimble, move quickly and change as needed over time will be the ones that excel. Some felt that this may result in smaller, less-complex organizations having an advantage.

COVID-19 has created a scenario where there’s no choice but to work differently. What we have seen culturally is that people have been flexible and willing to try something that isn’t perfect, because we can only do so much in so many days — so that what we can get done in that amount of time, all of a sudden seems pretty darn good.

— Jacqueline Dioguardi, VP, Global Commercial Business Technology Solutions, AbbVie

Life sciences companies have acted incredibly fast as a result of this crisis – pharma has shown an agility we’ve not seen before. They’ve been able to make decisions much faster, with incomplete or ambiguous information, and with less hesitation. I’m hopeful that this experience will give them new confidence, and that they will continue to make those fast and nimble decisions.

— David Davidovic, Founder, pathForward Strategic Consulting
DIGITAL TRANSFORMATION IS IMMINENT, INEVITABLE
When we asked pharmaceutical leaders what they felt was the biggest opportunity for the industry in the wake of COVID-19, a number of them cited the chance to *catch up to other industries* in their use of digital communications — to improve digital engagement infrastructure and platforms.

Paul Tunnah, CEO of industry media company pharmaphorum, pointed out the disruptive opportunity that the virus has brought: "COVID-19 has forced pharma to evolve its digital engagement in a way that other sectors have already done. Coronavirus could be the industry's ultimate disruptor — it could force pharma marketing’s Kodak moment." As opposed to nostalgia, Tunnah is referencing when companies make the mistake of failing to evolve with their customers’ behaviors and preferences.

While there is limited data available on the impact of COVID-19 on digital transformation in general and pharma companies specifically, digital transformation seems to remain a concern across most industries. In an April 2020 OpsRamp survey of 137 diverse IT managers, 61% of respondents reported they plan to accelerate their digital transformation spending in light of COVID-19 (OpsRamp).

The survey’s authors stated on ZDNet that, "Digital products and services can help firms cope with an unprecedented slowdown, build a foundation of customer trust, and ensure customer loyalty when things get back to normal." (McKendrick) One could argue that nowhere is this more important than in healthcare.

The time is now for pharmaceutical companies to **double down on digital transformation**. "The pharma industry has been talking about digital transformation for years," said Faruk Capan, CEO, Intouch Group. "But now, it must happen out of necessity, faster and more completely than anyone predicted or was ready for."
We suspect that the teams that focus on practical ways to engage their customers through newer channels ... will be the ones that come out of this better than their peers. We suggest getting very good at technology, NOW.

— Joe Meadows, Founder and CEO, The Think Patients Companies

I think industry, in general, has been moving toward digital. So that we’re not in a situation as an industry of having to convert everything from hardcopy and paper to digital. So hopefully, whether it’s been digital visual aids or websites or other social channels, companies have been moving in that direction; the industry maybe not as quickly as other industries, but certainly we’re there.

— Mark Gaydos, VP & Head, North America General Medicines & Established Products / U.S. Advertising & Promo, Sanofi

Mastering Modern Marketing

COVID-19 should serve as a wake-up call for pharmaceutical manufacturers to evaluate their own digital maturity and ability to serve customers with personalized experiences that demonstrate they truly understand and care about their needs. Addressing the shifting roles and needs of sales reps, HCPs, patients and caregivers requires an honest assessment of modern marketing maturity and a prioritization of improvements. When making this evaluation, marketing leaders must consider how capable their company is across three key drivers:

1. Leveraging data to drive business and marketing strategy.
2. Creating individualized customer experiences.
3. Applying technology to deliver on customer expectations.

Of course, readiness in each of these areas should be measured against the business objectives of the commercial brands and should be prioritized accordingly. In fact, an organization’s modern marketing readiness is a continuum of evolution across the combined maturity of the three pillars of data, customer experience and applied technology. When viewed in this manner, it becomes readily apparent where an organization’s capabilities stand today. With that insight, it is possible to plot a course of rapid evolution to meet the needs of tomorrow.
Pathway to Modern Marketing Readiness

<table>
<thead>
<tr>
<th>DISCONNECTED</th>
<th>DISTRIBUTED</th>
<th>OPTIMIZED</th>
<th>DYNAMIC</th>
<th>TRANSFORMED</th>
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<tbody>
<tr>
<td>Marketing strategies are siloed, tactical activities focused on maximizing performance in individual channels.</td>
<td>Marketing strategies span multiple channels but are focused on creative consistency across touchpoints.</td>
<td>Marketing strategies are the culmination of customer preferences and segmentation based on data collection and profiling.</td>
<td>Marketing strategies leverage data to create orchestrated experiences that are customized to micro customer segments and evolve across all touchpoints based on engagement.</td>
<td>Marketing strategies are developed to enable the anticipated and predictive delivery of value to individual customers.</td>
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1. Data

Data is at the heart of modern marketing. Brands that use data to drive experiences win over their customers by accurately anticipating their needs and delivering relevance. We live in a world of personalization — personalized medicine, personalized consumer advertising, personalized and self-owned experience. Customers expect nothing less every time they engage with the world today — and customers expect nothing less from pharma.

Leveraging data as a strategic driver, pharmaceutical marketers can work toward modernizing their marketing approach by:

- Enabling targeting and micro-segmentation.
- Orchestrating and automating customized and dynamic customer journeys.
- Establishing and intuitions of preference.
- Measuring, learning and optimizing their programs for continuous improvement.

The importance of leveraging data in this manner as the glue that drives our strategies is never more apparent than in today’s current environment. Data can play a very important role in creating more opportunities to deliver value in a personalized manner in this heightened world of virtual engagement. Data will be the means to identify the special needs of our customers to engage with us digitally and will enable us to track that engagement across multiple touchpoints.
Q: Will pharma really be able to improve its data capabilities?

A: I’m optimistic for several reasons. First, the ability to do it; the technology has improved tremendously. Second, through better use of data and by partnering with HCPs and others holding the keys to data, pharma can better show how it benefits society by improving outcomes. This will, in turn, help recover the public’s trust. If we don’t squander this chance, then we can get to a place of improved consumer confidence, where the benefits to society become more visible and accepted.

— David Davidovic, Founder, pathForward Strategic Consulting

2. Customer Experience

The expectation of personalization is met with customer experiences — experiences that recognize and speak directly to customers’ current needs in a privacy-conscious, highly compliant fashion, delivering value and relevance, anticipating needs and giving them control of the experience.

A company’s relationship with its customers is built on these experiences. To begin to understand customer needs, marketers must consider:

- What is the definition of value in the customer’s eyes?
- What is relevant to them at this moment in time?
- How will we leverage data to anticipate their needs?
- How will we empower them?
- What will it take to create strong ties and relationships?
- How can we measure true impact of the experiences we create for our organization and brands?

The impact of COVID-19 has ushered in rapid changes in patients’ and consumers’ experiences of healthcare. These changes provide new opportunities for healthcare marketing to drive increased value by exploring innovations in telemedicine, increasing patient support services and advancing self-service HCP portals. Each of these innovations will require some inward reflection on an organization’s ability to respond to identified customer need with agility and relevance.

3. Technology

Applied technology creates the foundation to move at the speed of customers’ expectations. The technology solutions and platforms companies adopt make it possible to use data to create the customer experiences.

Technology platforms, implemented strategically, offer the power to be dynamic, hyper-relevant, cross-channel.

Selecting, deploying and driving internal adoption of the right tools is what makes it possible to:

- Reduce time to market.
- Govern and manage change with agility.
- Scale with the growth of our organizations.
- Integrate across touchpoints seamlessly.
- Align with overall commercial brand strategies.

Conversely, the wrong platforms — or, the right platforms used incorrectly — limit everything: efficiency, growth, adaptability and success. The new era of modern marketing demands seamless integration across customer engagement strategies. Meeting the rapidly changing demands of our customers, particularly in the new post-COVID-19 world, will require the complete removal of barriers, in technology and organizationally, across all channels of customer engagement. It is this integration of the technology, led by the foresight of commercial brand strategies, that will enable marketers to take full advantage of data to drive each engagement and bring our customer experience vision to life.
Beware of Digital Congestion

One word of caution: Be mindful as everyone faces digital congestion (an excellent term coined by David Davidovic, Founder, pathForward Strategic Consulting). Davidovic explained the warning this way:

"Brands are going to rush out and try anything and everything in the second half of 2020, resulting in overload." He suggests asking these questions to help break through this congestion: "Are you saying anything new? Are you just taking old content from six to 12 months ago and making it digital? Is that relevant and valuable to your customer? Are you doing anything to stand out from all the other coming onslaught of digital content? ... Actually, these are exactly the same principles that apply to personal promotion — but we risk forgetting them in the new digital exuberance."

When hospitals and physicians’ office doors closed to visitors, they closed to sales reps, too. Veeva moved quickly to help fill the gap by offering its Veeva Engage solutions for free, enabling virtual engagements between HCPs and reps who could not visit them face-to-face. Veeva Engage usage increased by 10 times in just two weeks, Veeva CEO and founder Peter Gassner told CNBC’s Jim Cramer in a Mad Money interview in March (Clifford). Much of this activity was enabling reps to connect with their customers via email. By May, the Wall Street Journal reported that 316,900 remote meetings and 7 million emails were sent through Veeva software in April, compared to 4,900 remote meetings and 1.2 million emails in January (Loftus).

The DHC Group survey of pharmaceutical marketers showed greater future interest by pharma in HCP emails (Figure 27), as well as an expected increase in budget allocation to the channel (Figure 28).
Digital channels break down many of the barriers that pharma sales faced, even in pre-pandemic times — but everyone can do it. And everyone IS. To stand out — to become welcome, even a must-read — you must build trust with a thoughtful approach.

**Assessing Your Marketing Maturity**

Companies have no choice but to start where they are, move forward, and make change happen fast. This begins with assessment and prioritization, and eventually talent up-skilling and an eye for new kinds of hiring:

- Assessment of the current level of maturity.
- Evaluation of current vendors and engagement of deeply experienced partners.
- Prioritization of the most effective next steps.

- Training and up-skilling of sales and marketing teams to become digitally fluid.
- Hiring with an eye for digital-savvy sales and marketing colleagues.

It’s worth noting that pharma companies’ current in-house marketers and existing partners may not have all of the expertise needed right now; what marketers “got by” with in the past will not cut it for the future. Now is the time to get the experts in — to get help, get organized, and get moving. Our interviews suggested strongly that there has never been a better time to make change happen.

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Options or solutions that seemed untenable six months ago don’t seem untenable anymore. Everything’s on the table.

— Jacqueline Dioguardi, VP, Global Commercial Business Technology Solutions, AbbVie

We must be careful to not push too hard too fast on non-personal promotion tactics that result in 12 different manufacturers emailing the same customer on the same day, causing massive opt-outs by HCPs.

— Anonymous, VP, Commercial, emerging biopharmaceutical company

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Who led the digital transformation of your company?

A) CEO  
B) CTO  
C) COVID-19

Source: Who led the digital transformation of your company?  
© by MBA-ish — Workplace Satire
CONCLUSION
By Q1 2021, pharmaceutical sales and marketing will look very different from the way it does today — but it won’t be completely unfamiliar.

In many ways, **COVID-19 has accelerated preexisting trends**: an increase in the use of health tech and telemedicine; a decrease in sales rep access; a focus on customer experience; the momentum of digital transformation across pharma organizations. The pandemic has brought these trends into sharper view and added a sense of urgency; but they were, by and large, already in motion. Rather than putting the brakes on these movements, COVID-19 pressed the accelerator.

At the same time, **the pandemic has revealed new opportunities to upend a stagnant status quo** — to make dramatic improvements in areas that, until now, had not received such focus: opportunities to support telemedicine and a broader ecosystem of connected health; a shift toward a data-driven, customized concierge approach for reps; virtual medical events offering further reach; enhanced PSPs with the patient at the center; more meaningful methods of decreasing the cost burden for patients; a movement toward remote clinical trials and the digitization of product launches; enhanced access to and interoperability of health data. While these approaches may have been found in small pockets of activity in the past, *these are the new trends shaping the commercial organization’s future.*

> How our customers consume information and act with people like ourselves will continue to evolve. *I think we’re going to learn a lot about how to do things more efficiently, more productively, but also more selectively.*

— Rob Adamoski, VP, Medical Affairs, Provention Bio

**How the trends and opportunities play out for each brand will look vastly different**, based upon an infinite number of variables — the characteristics of the condition; the diagnostic journey; where the product is in its lifecycle; competitive landscape; level of differentiation; specialists who treat the condition; commercial resources and beyond. Brand teams will need to re-evaluate nearly every facet of their plans in order to move their brand forward, past the pandemic in a way that addresses and benefits patients, professionals and the various stakeholders for each brand.
The Ultimate Opportunity

Today, we remain in the midst of a crisis, and the world is watching. "Pharma is the ONLY industry that can fix this pandemic," pointed out Asaf Evenhaim. "Whether they develop a vaccine or a full-out cure, pharma companies can come together to show how they benefit society in a big way."

Joe Shields hopes that one impact of COVID-19 on the research-driven biopharma industry is "a more positive public image and public appreciation for the entire U.S. healthcare system, even with its gaps and imperfections."

There is indeed an unprecedented opportunity to positively affect the perception of the pharmaceutical industry, moving toward one that more authentically represents the life-saving, game-changing value the industry brings. Before us is the potential for the renaissance of pharma's reputation — the prospect of moving past the Martin-Shkreli-and-opioid-crisis era into a time when science reigns supreme, schoolchildren renew interest in STEM, and the world experiences an all-new, widespread appreciation of what our industry brings to mankind.

COVID has presented ‘big pharma’ with a goodwill generation opportunity that the industry has not seen in a long time. Pharma companies have a unique chance to build on this position of trust.

— Tom Swanson, Head of Industry Strategy and Marketing — Health and Life Sciences, Adobe

We cannot forget 2020 is an election year, the outcome of which will only add to uncertainties and an ever-shifting outlook. No matter which way the election swings, we can expect a re-emphasis on healthcare reform, pricing pressures and discussions around universal healthcare or a single-payer system. Here, too, pharmaceutical companies will be under the watchful eye of public opinion.

Pharma’s reputation has a once-in-a-lifetime opportunity at redemption. Let us not squander it.

How do you want your efforts and your company to be remembered?

Helping the most you can and doing the right thing.

— Mark Rus, CEO, Sophren Therapeutics/ Atlas Venture
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Heart to Heart International

In appreciation of the stakeholders above who granted interviews for this whitepaper, Intouch Group has donated to Heart to Heart International in their honor.

Heart to Heart International is a global humanitarian organization focused on improving access to healthcare services, and is responding to the COVID-19 crisis with volunteers, medical supplies, medicines, hygiene products and critical personal protective equipment for healthcare facilities, homeless assistance groups, public safety offices and other organizations committed to serving those most in need. Visit hearttoheart.org to learn more, sponsor a #StayHealthy kit, or make a donation to join the fight against COVID-19.
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