IQVIA Webinar Q&A

Customer Expectations Have Changed. Have You?

On October 7th, IQVIA Technologies experts, Susan Hill and Nicholas Laurent, hosted a live discussion around the new frontier of selling in the healthcare marketplace. They discussed the challenges for sales and marketing teams as Patient and HCP journeys become more digitally savvy and best practices for pharma companies to rethink engagement, redefine value, and drive higher performance.

Missed it? Check out the replay here.

Recent Trends

Q: **We have been rolling out remote interactions in my company since the COVID-19 outbreak in March 2020, and it has been quite successful almost everywhere. However, recently we are seeing the overall number of remote calls plateauing. Are you seeing the same trend across all programs and countries?**

A: *While we have seen remote interactions plateauing, they are still at a much higher level than pre-COVID when representatives often did not make more than 6 remote calls per month. We are now seeing an all-time high level of nearly 18 remote calls on average per month per rep, with the number of reps who have tried remote interactions increased by 14x. So, while plateauing, remote interactions still remain at very promising levels.*

Q: **In terms of sales force investments, many reps stayed in the job – why have we not seen huge layoffs?**

A: *The layoffs actually happened all along the 2010's decade, resulting in sales forces cuts nearing 50% here and there. France for instance went from 24,000 reps in 2008 to about 12,000 currently. There have not been any plans to re-engage into increasing sales forces again so far anywhere, but rather to give birth to "augmented reps", thanks to turning them "digitally enabled" with a view at increasing productivity, territories covered, target coverage, brand coverage and share of voice, while keeping the same resources, simply in massively investing in the "digital equipment" and automated orchestration of channels.*

Q: **Why the high degree of variability across countries?**

A: *One of the interpretations we are making is that resistance to change is higher in old, traditional OECD economies than in emerging countries, where reps, MSLs, DMs, MDs and HCPs themselves were all born with new technologies. In those newer economies, technologies are indisputably seen as a great support to well-being, while in older economies, new technologies may often generate mixed emotions from agents who have seen computers jeopardizing jobs in the recent past.*

Q: **In terms of call duration, is there any insight regarding the difference between the Sales Rep (promotional call) vs MSL (more scientific call)?**

A: *Yes, there are many differences – and not only for call duration. If we were to only concentrate on call duration, MSLs' remote interactions are much longer than Reps' promotional calls. The global average call duration for MSLs is nearing 90 minutes with narrow standard deviation and high consistency across regions and therapy areas. MSL adoption of digital channels and namely remote interactions is a challenge though. But reasons for that are clearly identified.*

The COVID Impact

Q: You said the average duration of remote interactions is highly dependent on therapeutic areas, geographies, product lifecycle and HCP roles. What do the discrepancies look like?

A: *Whenever content is adapted to the channel and target, we are seeing the average remote interactions duration range depending on the region. For instance, in LATAM, we are seeing the duration range from 7 minutes for mature prescription products to 13 minutes for mid-life prescription brands with specialist physicians. In Turkey and the Middle East, we see 8:50 minutes with specialist physicians and slightly less with general practitioners (6:33 minutes). In EMEA, remote calls with general practitioners last for an average of 14 minutes, while with specialist physicians they go up to 47 minutes on average. The US pattern is very similar to what we find in the EMEA.*

Regardless of the region, we are also seeing remote details in very specialized therapy areas, such as oncology and rare diseases, lasting for over 75 minutes on average. However, this level of granularity remains insufficiently explanatory, as there are significant variances between diabetes, urology, cardiovascular, dermatology and respiratory. Across all regions, pathologies and product age, the one uniform average call duration we have seen is with pharmacies, where calls last fairly consistently around 43 minutes on average.

Q: Is the uptake in digital channel spend because of pre-COVID low investments and/or channel neglect?

A: *The uptake in digital channel spend has been very slow in the life sciences industry. For years, it has principally been focused on emailing, bulk-mail and the creation of pathology-oriented micro sites. Many thought in the mid 2000's that the revolution would come from self-detailing – however, that was proven not the case in the mid 2010's when it became more apparent that the rep was still the more effective vector of HCP-oriented information. Hence the gradual switch to a "digitally-augmented rep" and omnichannel marketing at large.*

Q: How should you convince a conservative/traditional field force to adopt digital engagement channels?

A: *The success of introducing a new channel is an endogenous variable by design. As such, the best way to demonstrate the value of digital and benefits of adopting remote channels is through consistent change management and coaching protocol. This includes transparent information sharing, consistent soft-skills training, team-based best practice sharing and role-plays, and realistic adaptations to call plans and territory management.*

Q: It looks like HCPs want more of a hybrid schedule with virtual plus traditional channels – but – only about 30% of HCPs want face-to-face interactions. Are reps losing their importance with HCPs?

A: *Reps' importance has been changing in shape, rather than decreasing. Yes, HCP-centricity means that there are and will be less traditional face-to-face calls. However, there will continue to be more remote calls delivered by reps, more remote meetings with external speakers hosted by reps, **and** more compliant emails individually sent by reps to their targeted HCPs. It is not that HCPs want less reps, rather they want more diversified channels of communication from reps.*

Q: Are remote details as effective as face-to-face details?

A: *The majority of recent studies have shown that when analyzing remote details individually, they are far more effective than face-to-face details. What dramatically affected the viability of remote detailing in the past is simply from the lack of data, as the volume of remote details was not sufficient for assumptions to be made, thus it was ruled out across the industry for lack of coverage. However, since 2008, all studies and impact surveys have consistently shown that remote interactions are between 2-5x as effective as face-to-face, while half as costly.*

Behavioral Changes

Q: **You mentioned the average duration of a remote detail call with HCPs is now 11:20 minutes. But, does it rival the same quality in interaction and attention span to reps during shorter face to face meetings?**

A: *Remote detail calls very often garner more HCP attention and retention, as corroborated by dozens of post-campaign impact surveys around the globe. It has been consistently shown over the past 15 years that retention is about 6 times as high as that of face to face calls (spontaneous message memorization of 75% after 3 weeks and 65% after 3 months). However, it is important to note that running a good remote call has many defined best practices that should not be neglected when training and coaching users. And, most importantly, the remote engagement technology used must be able to provide all the necessary features to help reps ensure they engage customers how and when they prefer.*

Q: **Are you advocating the "optimization" of each channel preference per HCP?**

A: *The <u>dynamic</u> optimization, yes, not just the "one-shot" optimization. That is why we think channel optimizations should be supported by AI and ML, in order to dynamically adjust to changing conditions.*

Q: **What is the difference between multi-channel and omnichannel? Is omnichannel related to definite period (month or quarter?) and number of channels (two or three)?**

A: *A multi-channel policy consists of the siloed juxtaposition of multiple channels aiming at as many purposes as the number of channels carried out. An omnichannel policy consists of the dynamically orchestrated combination of multiple channels aimed at one single strategic goal.*

We believe that omnichannel should be envisaged in a time continuum, rather than a discrete sequence without limitations in the number of channels implemented, including those not yet invented.

Technology and Tools

Q: **What is the difference between phone and remote detail? What would a Zoom call be considered?**

A: *Whenever any piece of content is shared online and discussed between a human presenter and one or more human attendees, it is a "remote engagement" (often called remote detail or less accurately, e-detail). Whenever there is only a telephone conversation between two or more individuals and no content is shared online, it is a phone detail.*

*A Zoom call will fall under the first category of a remote engagement **if** the presenter shares a detail aid online while speaking to it. However, if the Zoom call is only oral and nothing is shared, then it is classified as a phone detail. The technology used does not categorize the nature of the call, only the richness of the call does.*

Q: **What types of platforms and technologies are you seeing as gaining the highest HCP engagement?**

A: *Traditionally, commercial teams operate independently and concurrently of each other which can cause "communication silos" and limited data/views on HCP preferences from past interactions. This lack of visibility not only causes operational inefficiencies, but disjointed and unsatisfactory customer experiences – thus, lower HCP engagement.*

The technologies enabling the most successful HCP engagement are the ones that focus on personalizing the experience for the customer. IQVIA's Orchestrated Customer Engagement (OCE) platform does just that. The platform is powered by IQVIA Connected Intelligence™, which integrates real-time data on HCP preferences and past behaviors with the company for more precisely targeted and personalized engagements. In doing so, all customer stakeholders have the tools to engage HCPs in the most contextually relevant and preferred way.