Reinventing Relevance

New Models for Pharma Engagement with Healthcare Providers in a COVID-19 World

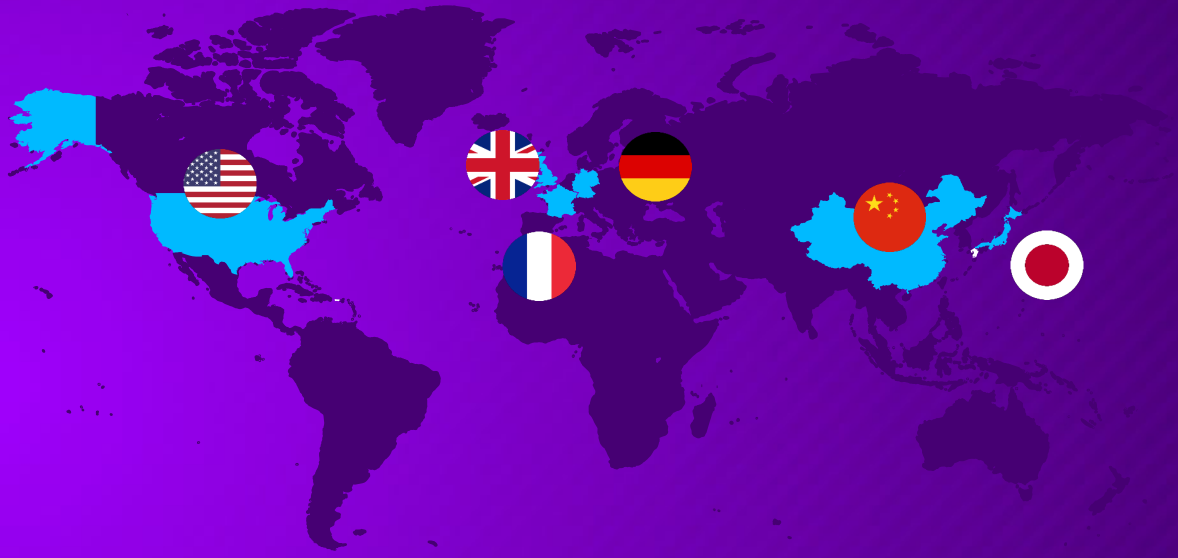
Accenture Healthcare Provider Survey May 2020

COVID-19: What to do Now, What to do Next

NOW NEXT

About the Accenture COVID-19 Healthcare Provider Survey

With this survey, we sought to understand how healthcare provider operations and needs have changed during COVID-19, and which of these changes will have long-lasting implications for how healthcare providers interact with their patients and with pharma companies.



Participants

The survey participants identified themselves as one of the following healthcare disciplines:

25% General Practitioner

25% Oncologist

25% Immunologist

25% Cardiologist

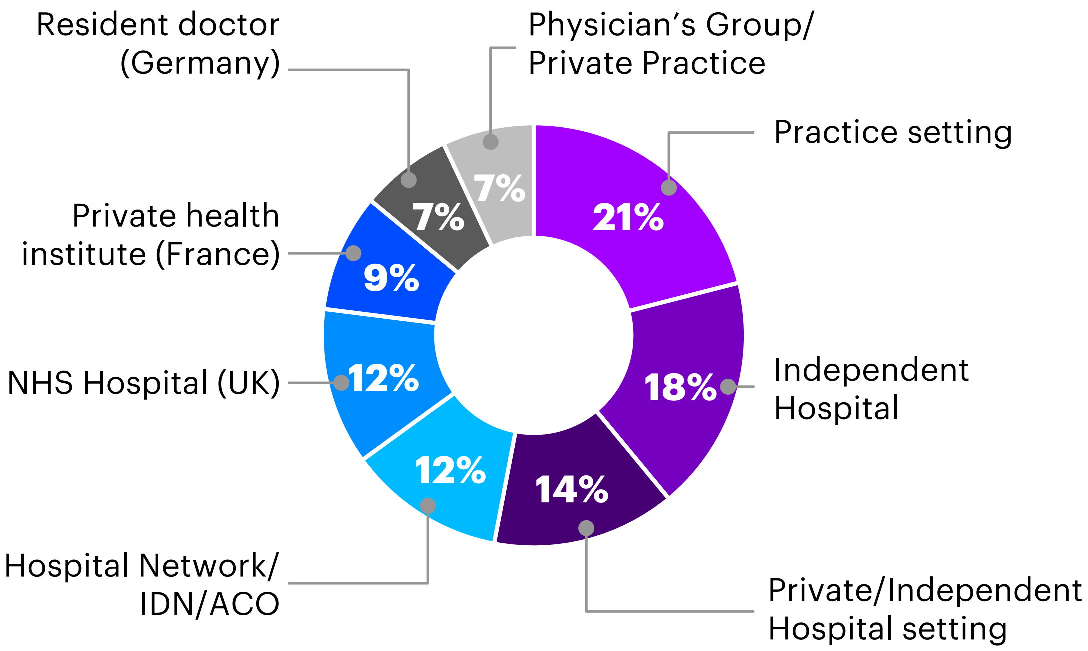
Countries

N = 720
120 participants from each country:
USA, UK, France, Germany, China & Japan.

The survey data was collected in May-June 2020, during a time of COVID-19 restrictions in all 6 countries.

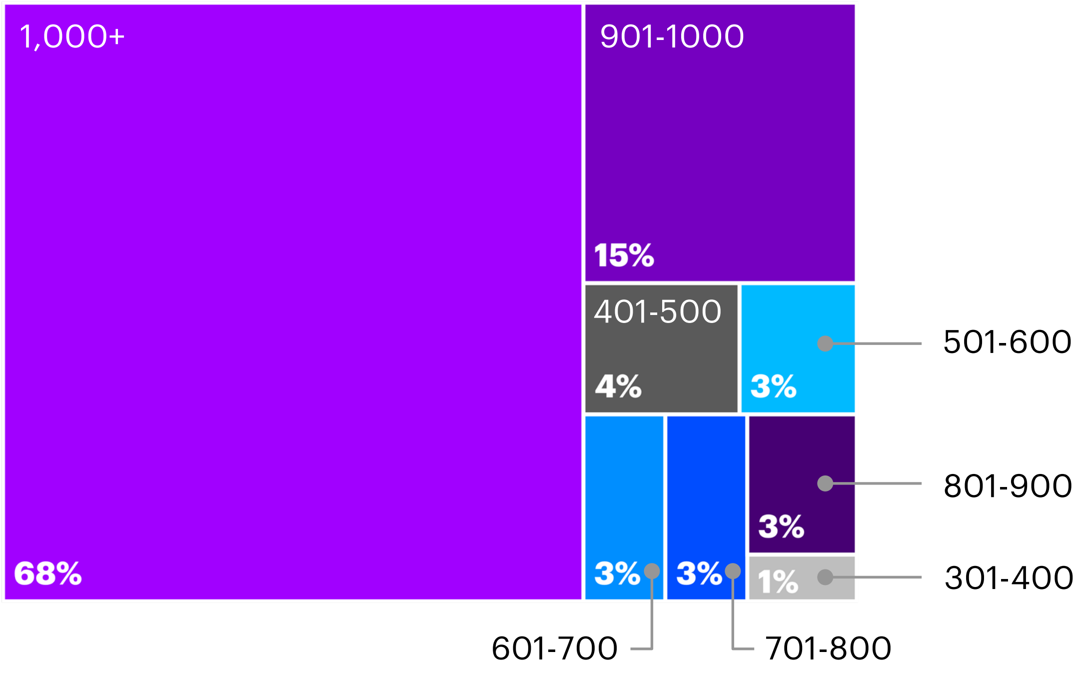
About the Audience Profile

Healthcare setting



Total number of patients treated each year

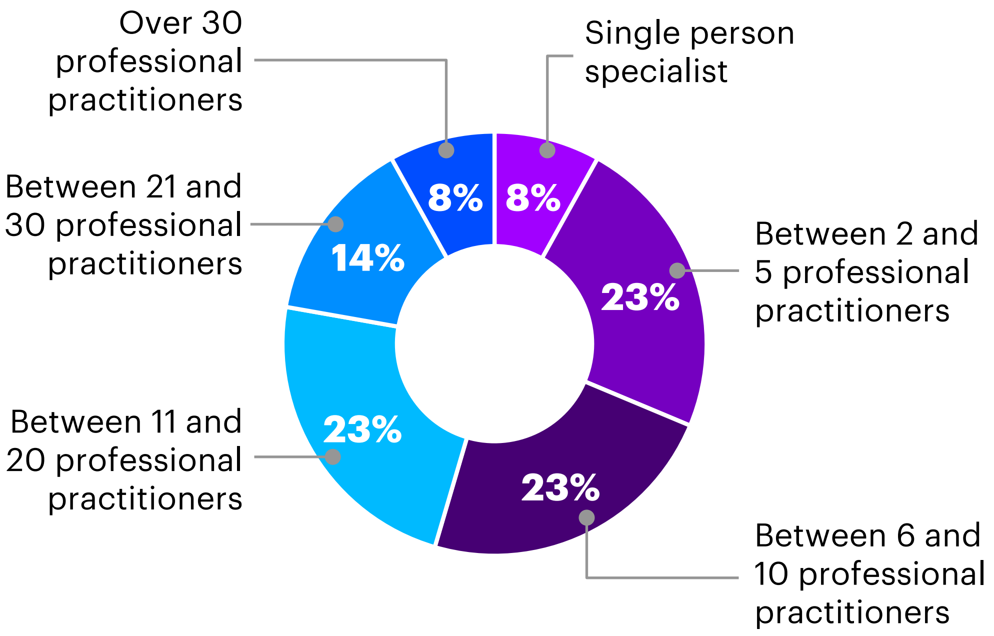
Mean: 1,717 patients



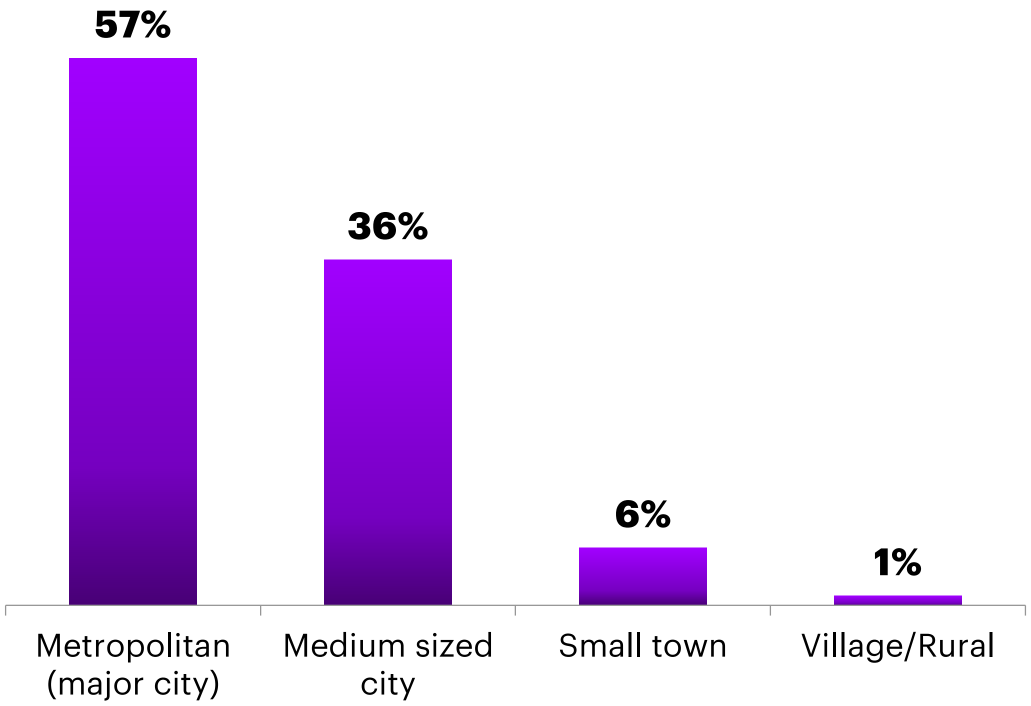
Base: Total respondents (720)

About the Audience Profile

Size of practice



Location of practice



Base: Total respondents (720)

Healthcare providers are operating in a new landscape.

COVID-19 has shifted the daily operations of healthcare providers (HCPs) to more virtual interactions with both patients and pharma companies—and with lasting impact. HCPs see great value in more virtual interactions as do patients.

The vast majority of HCPs have seen pharma companies change what they communicate about beyond just product information. Healthcare providers said the services that pharma companies are offering now are of higher value than before COVID-19. Now is the time for pharma companies to redefine their relevance.

Our survey showed a positive shift in how pharma companies engage with healthcare providers, but they have more to do.

Key Finding #1

COVID-19 is driving lasting changes in what healthcare providers need and value.

Key Finding #2

Pharma companies are starting to redefine their relevance in this new landscape, and healthcare providers are seeing the value.

Key Finding #3

Virtual engagement with pharma field reps is here to stay, requiring new ways of creating meaningful connections.

COVID-19 is driving lasting changes in what HCPs need and value.

COVID-19 has altered the daily operations of healthcare providers.

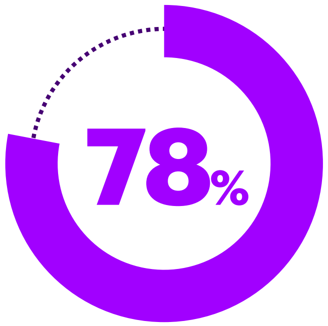
Healthcare providers (HCPs) had much fewer in-person patient visits during COVID-19, with most patients deferring or cancelling a treatment, and many asking to be treated remotely.

70%

of patients we surveyed said they deferred or cancelled treatment[1].

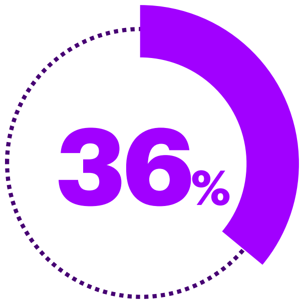
During COVID-19

78% of HCPs saw a decrease in the number of patients visiting their practice during COVID-19.



During COVID-19

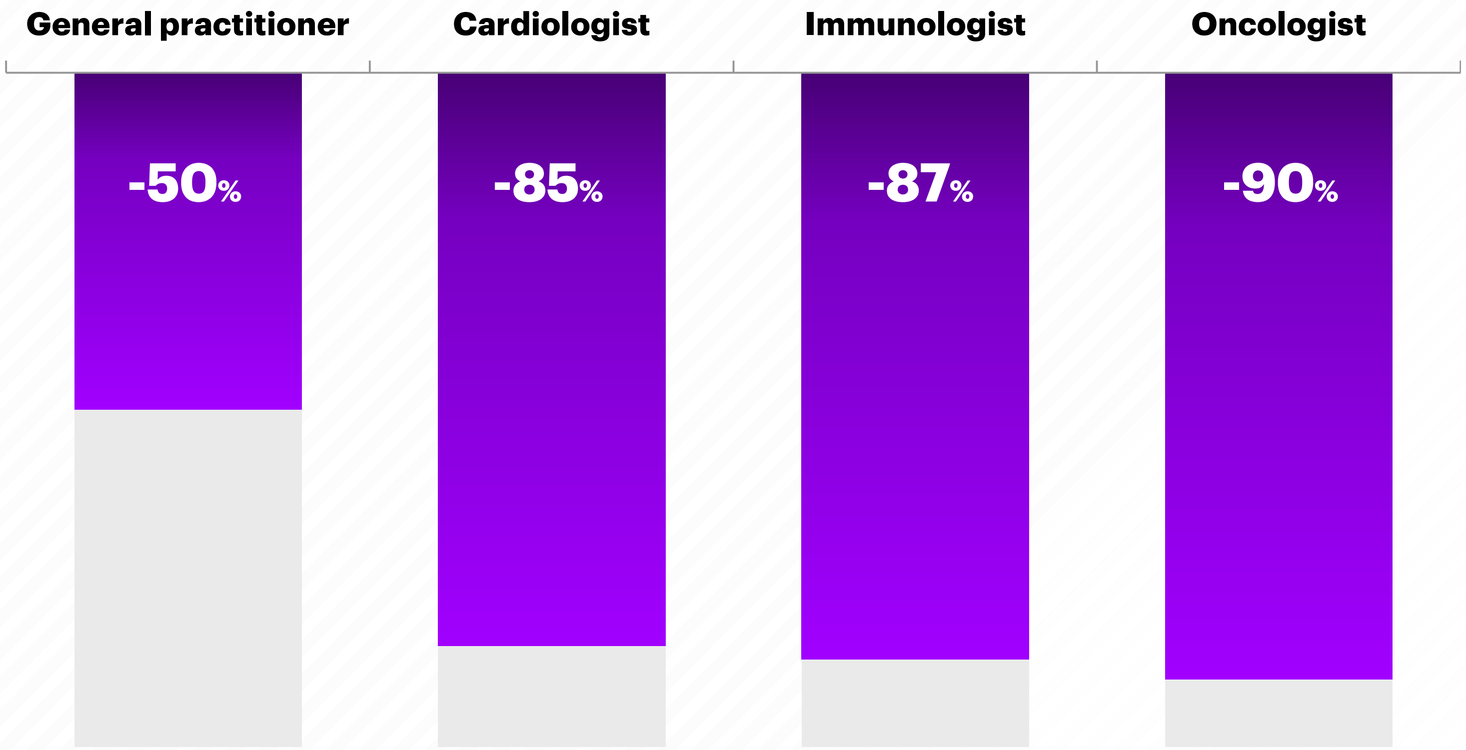
36% of patients asked to have treatment remotely. [1]



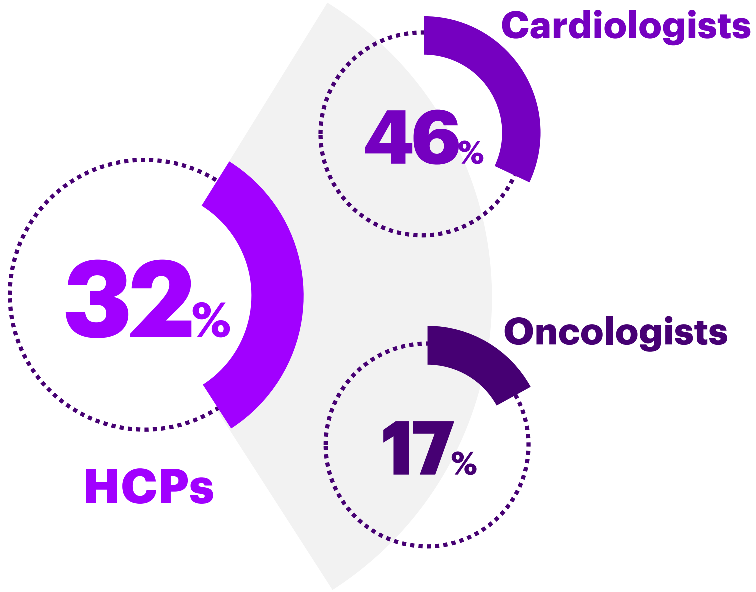
[1] How COVID-19 will permanently alter patient behavior, Accenture Survey of 2700 patients

COVID-19 has altered the daily operations of healthcare providers.

50% of general practitioners had a **decrease** in the daily volume of patients they saw in their practice, but **other therapeutic HCPs** experienced an even **sharper decline:**



32% have been asked to practice outside of their speciality during COVID-19.



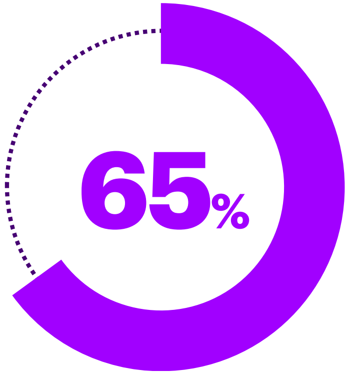
Recognizing new patient needs, healthcare providers are seeing lasting value in bringing care to the patient at home.

Methods and devices that support self-administration and remote monitoring are more valued by healthcare providers now than they were before the pandemic.

Cardiologists were the most likely to place a higher value on self-administration methods (73%) and tools for remote monitoring (67%) than they did prior to COVID-19.

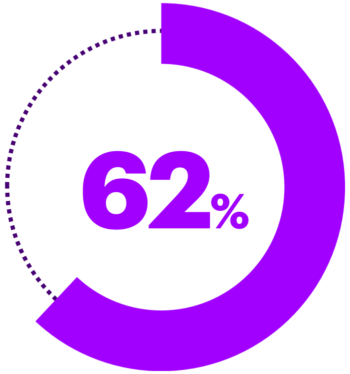
During COVID-19

65% of all HCPs said they value self-administration methods for patients (auto-injectors or on-body devices) more than they did pre-COVID-19.



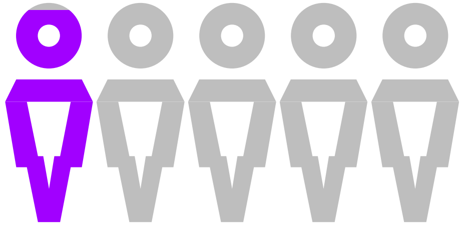
During COVID-19

62% of HCPs said they value tools for remote monitoring of their patients at home more than they did prior to COVID-19.



After COVID-19

Nearly 1 in 5 HCPs (19%) expect that asking patients to self-administer more may be a permanent change.

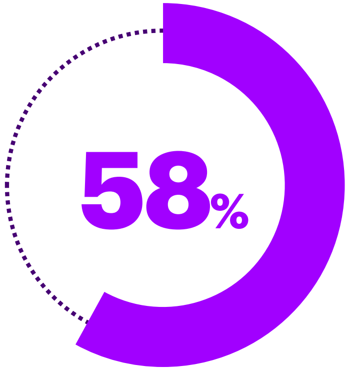


Healthcare may also become more localized with delivery closer to home, or in the home.

Healthcare provision in settings such as community centers or retail locations, rather than a physician's office or hospital, is receiving more interest from patients. Many are looking for care delivery that can take place in their home.

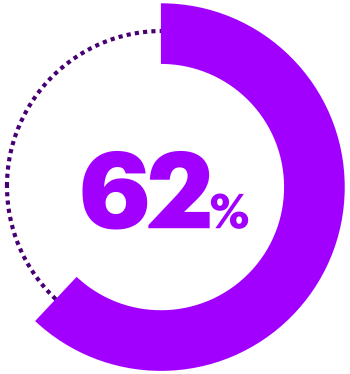
After COVID-19

58% of patients said that after COVID-19 they would be more interested in options for getting treatment without visiting a healthcare provider's office or a hospital.[1]



After COVID-19

62% of HCPs believe patients will be more interested in home-administration of treatment, such as by a visiting nurse who comes to their home.



[1] Accenture Patient Survey, May 2020

COVID-19 has generated an appetite for new treatment regimens and new therapies.

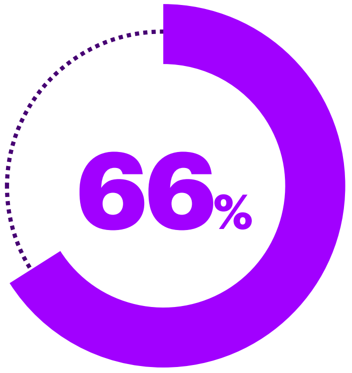
Healthcare providers are guiding patients in selecting new therapies and utilizing new devices and apps in order to adapt to the realities of COVID-19.

Patients said 1 in 5 switched therapy as a result of COVID-19.

44% of patients used **new devices or apps** to help manage conditions during COVID-19 (90% of those wanted to continue using them).[1]

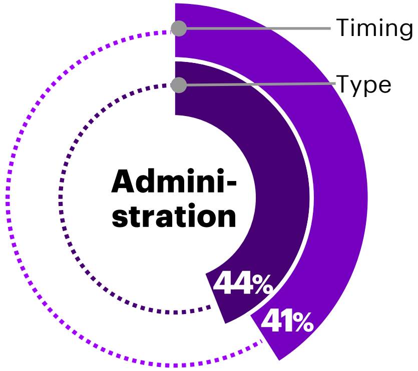
During COVID-19

66% of HCPs have **switched** some of their patients **to a different therapy** driven by a fear of side effects or the impact on their risk of COVID-19 (61%).



During COVID-19

The **timing of administration (44%)** and **type of administration (41%)** were also important considerations in switching patients to a different therapy, especially for oncologists (47% said type of administration was a factor).

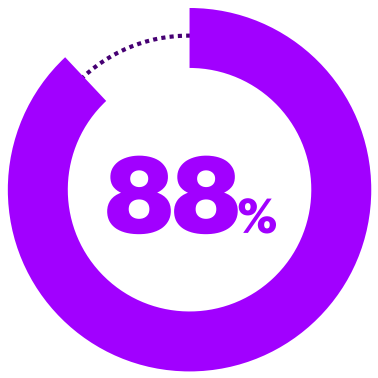


[1] Accenture Patient Survey, May 2020

Healthcare providers are still seeking and some are now more likely to start patients on new treatments.

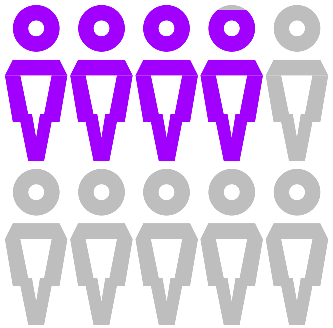
During COVID-19

88% of HCPs want companies to continue to launch new products for conditions they treat despite ongoing prevalence of COVID-19.



During COVID-19

Nearly 4 in 10 (39%) HCPs report that their likelihood of starting patients on recently launched treatments increased since COVID-19. Immunologists had the highest increase (44%), oncologists were lowest (36%).



Over half cited the following reasons their likelihood increased:

1. a greater ability to monitor patient response (56%)
2. greater access to information on newer products. (55%)
3. having more time to learn about new products and indications (53%)

[1] Accenture Patient Survey, May 2020

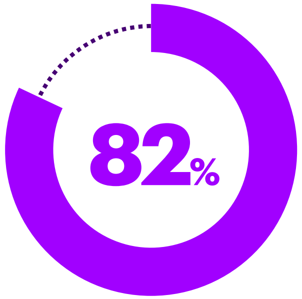
KEY FINDING #2

Pharma companies are starting to redefine their relevance in this new landscape, and healthcare providers are seeing the value.

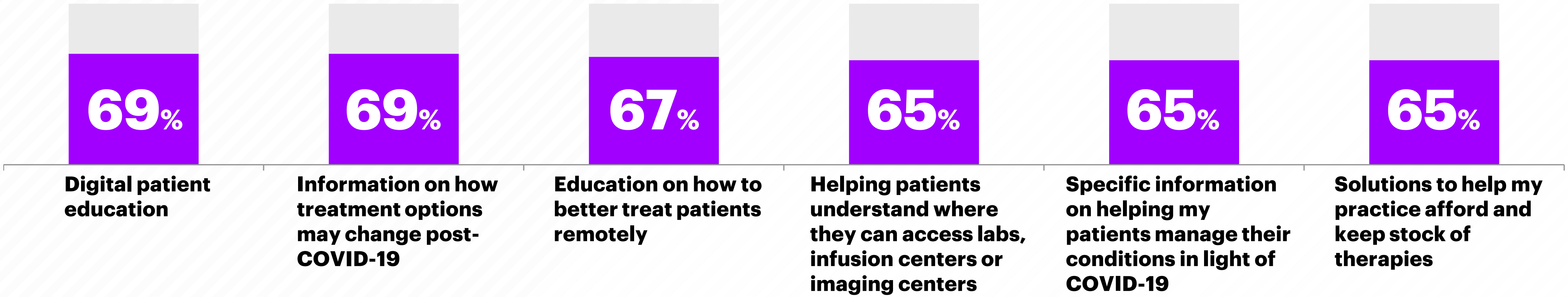
Pharma companies are on the path to greater relevance, but they need to move further, faster.

Healthcare providers are seeing pharma companies diversify their communication beyond product information and are finding more value in additional support services from pharma such as education on remote support and digitized patient information.

82% of HCPs say they have seen pharma companies **change what they communicate about,** delivering not just product information, but support that meets their most pressing needs.

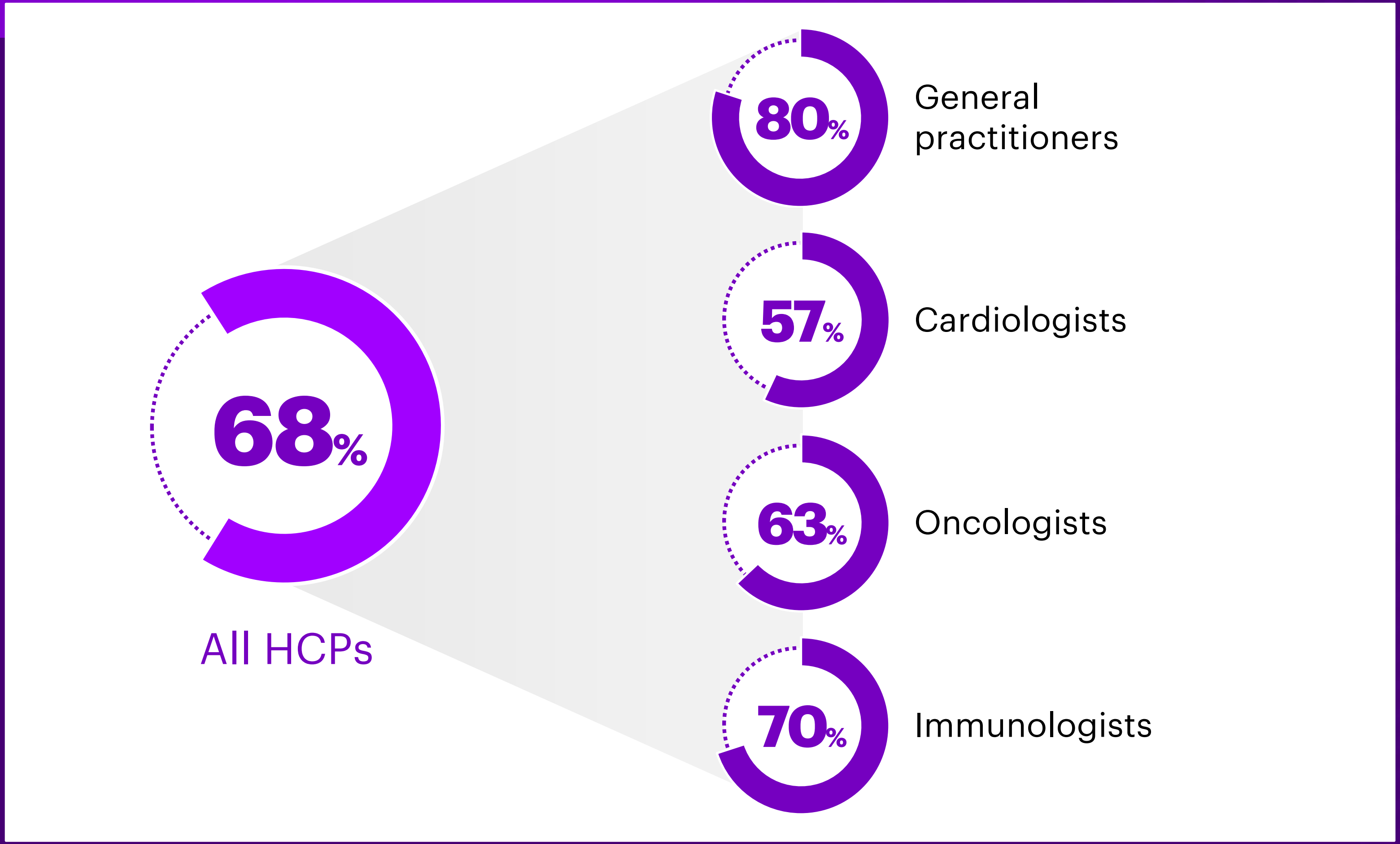


Most HCPs said that these **pharma support services** are **more helpful** now than before the COVID-19 crisis:



In the US, affordability programs for patients are seen as particularly helpful.

HCPs indicated that these **pharma support services** are **more helpful** now than before the COVID-19 crisis:

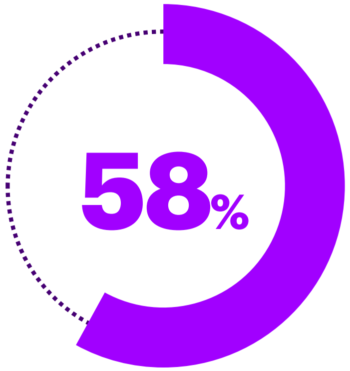


Relevance demands quality over quantity.

While new messages from pharma companies were welcome, healthcare providers are also receiving high volumes of digital content that is less relevant and missing the mark.

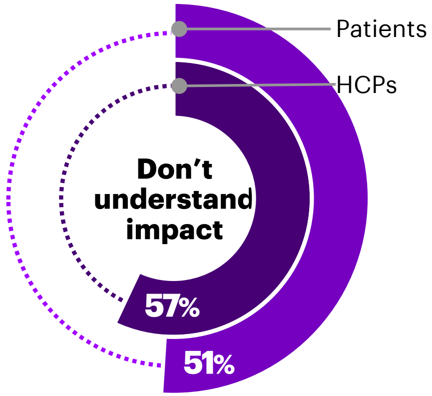
During COVID-19

58% of HCPs agreed that at least one pharmaceutical company has **'spammed' them with digital content** during COVID-19.



During COVID-19

The majority of HCPs maintained the impression that **the pharmaceutical companies don't understand the real impact** of COVID-19 on **HCPs (57%)** and their **patients (51%)**.



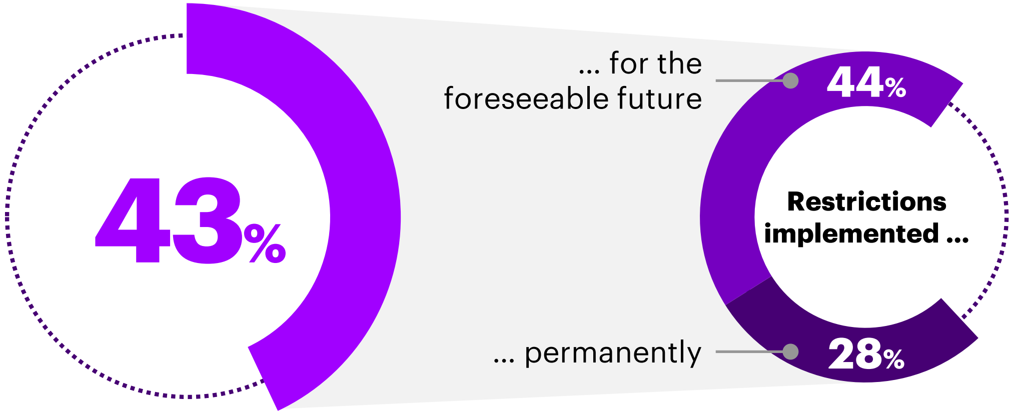
KEY FINDING #3

Virtual engagement with pharma field reps is here to stay, requiring new ways of creating meaningful connections.

Physical access is limited and is expected to stay that way.

Restrictions in access to healthcare facilities will continue for some time—perhaps even permanently.

43% of HCPs said that they are currently restricting who can enter the office for professional reasons (no pharmaceutical reps), especially oncologists (46%) and immunologists (44%).

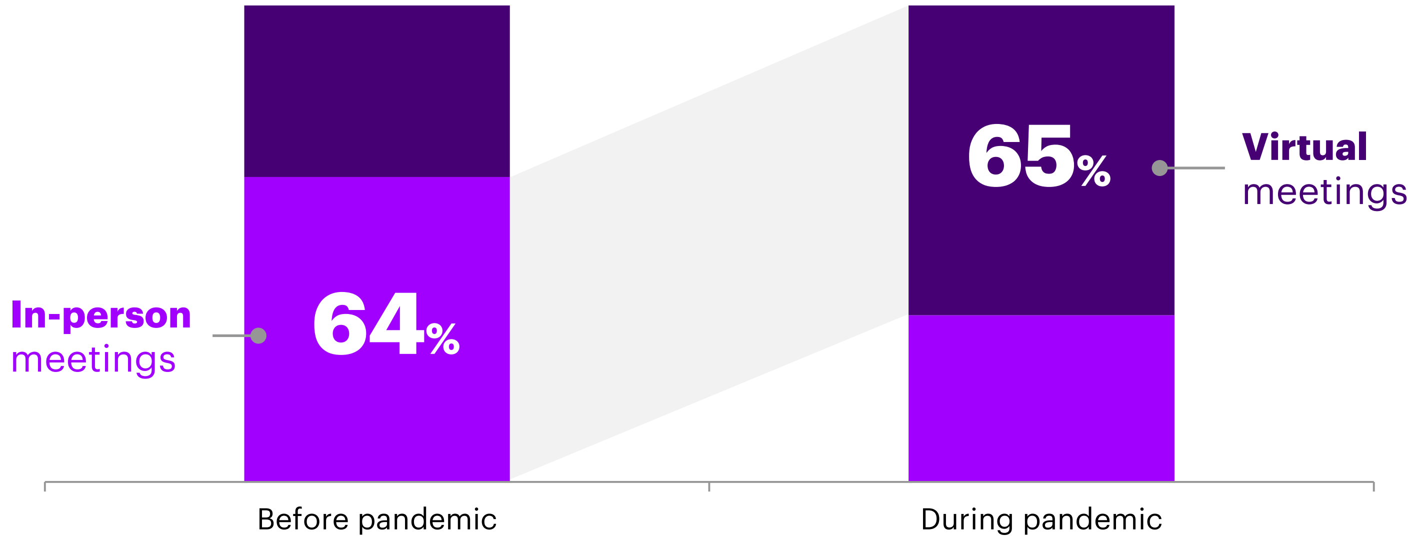


28% of those with restrictions said they believe it is something they may implement permanently and another **44%** said they would keep the restrictions "for the foreseeable future."

Sales rep meetings with HCPs have shifted from in-person to virtual meetings.

The majority of HCP meetings with sales reps are now virtual and are expected to stay that way for the foreseeable future.

Before COVID-19, **64%** of meetings with pharma sales reps were held in person. During the pandemic, this shifted to **65%** of meetings held virtually, consistent across therapeutic areas:



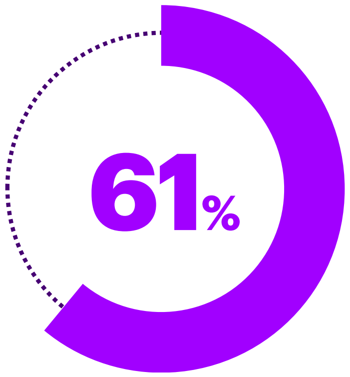
Sales reps are communicating now more than ever, but struggling to be relevant .

The majority of HCPs are interacting with sales reps more than before COVID-19.

However, they want sales reps to have a greater understanding of their needs and expectations.

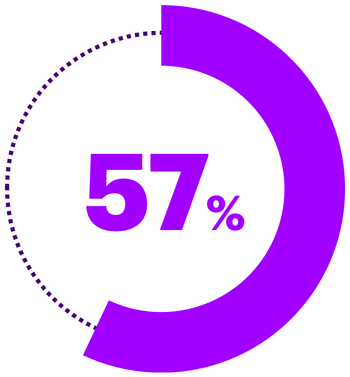
During COVID-19

61% of HCPs said they communicate with pharma sales reps more now than before COVID-19.



During COVID-19

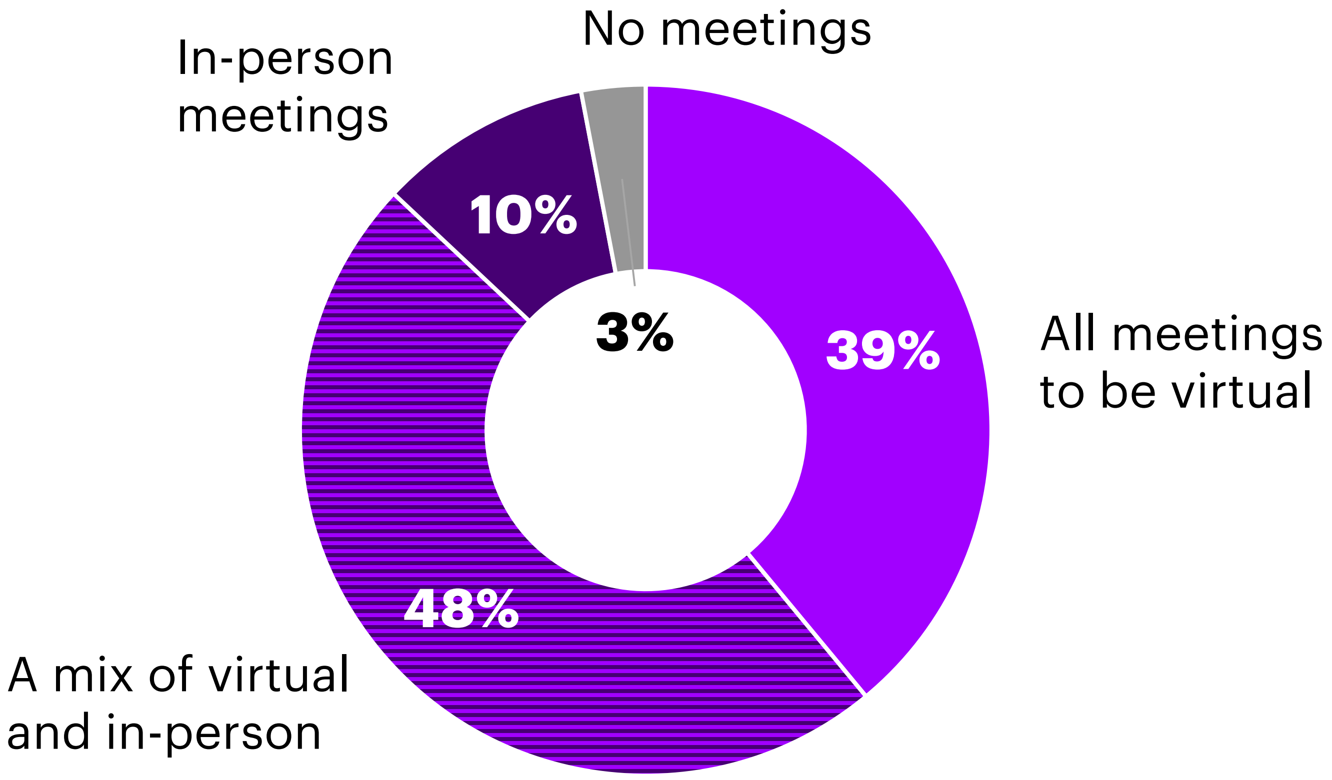
57% of HCPs said pharma sales reps are failing to understand the real impact of COVID-19 on them.



HCPs want the human connection with sales reps in the future, but in different ways.

87% of HCPs
want either all virtual or a mix of virtual and in-person meetings even after the pandemic ends.

Only 10% want to go back
to pre-COVID norms for in-person meetings.



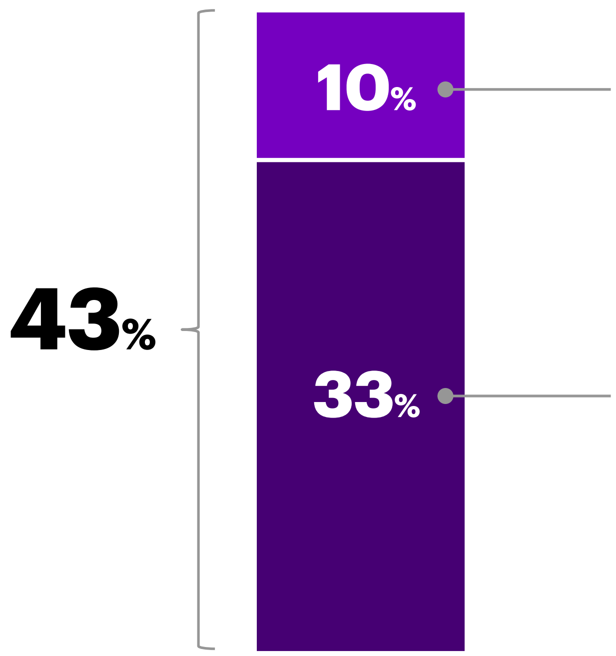
A shift to a more virtual model means that pharma sales reps have to provide more value to HCPs to get on their schedules.

Virtual doctors will emerge as new influencers in patient treatment and a new focus for pharma rep engagement.

As the move to telehealth gathers pace, new engagement strategies will be needed for virtual doctors.

Pharma will need to identify and engage virtual doctors, who may not currently be part of call planning.

43% of HCPs predict the rise of purely virtual doctors that will influence treatment decisions for their patients, especially in oncology (52%):



10% believe that HCPs that treat 100% of their patients virtually will **influence treatment for a large portion** of their current patients.

An additional **33%** believe those virtual doctors will **influence treatment decisions for a small portion** of their patients.

What now?

Reimagining pharma's role

With COVID-19 disruptions to the traditional way of interacting with patients and delivering care, pharma has the opportunity to reinvent its relevance to healthcare providers and rethink its model for engagement.

Now more than ever is the time for pharma to reframe and reinvent its relevance.

Express Empathy.

Recognize and respect the unprecedented human impact of the COVID-19 pandemic today and tomorrow, understanding implications of delayed treatments, patients' ability to afford treatments, and ongoing mental health challenges.

Expand Support Services that Matter.

Extend practical support to deliver care as close to the patient as possible, from providing clear and easy-to-understand instructions for in-home care to providing details about lab testing locations and care sites so patients can save time and reduce travel to access care.

Rethink Messages.

Review and refresh value propositions to draw out key messages that drive more impact in a post-pandemic world – such as highlighting the ease of administration and ability to maintain adherence without visiting a physical facility.

Create Partnerships.

Build relationships with digital health innovators to deliver new solutions that enable the healthcare provider to continue to support patients to achieve improved adherence to treatment.

Empower the field to engage more relevantly...

Pharma must evolve the field model and seize the opportunity to test bold new ways of thinking and working.

Evolve field roles to fuel more meaningful customer engagement strategies.

Pharma companies must consider how reps' unique customer insights and time spent physically off-territory can be repurposed to architecting more personalised and targeted HCP engagement strategies. Selected reps could be assigned new responsibilities alongside their marketing colleagues such as supporting physician journey mapping and helping design the omnichannel experiences that will resonate with their customers best.

Trust the field on how best to use digital and data to know and engage their customers.

Pharma companies must empower their reps to be the centrepiece of the HCP experience at a time when pressures on capacity and access demand more precision and relevance than ever. Granting reps more autonomy over digital touchpoints - such as enrolling their customers in micro-campaigns aligned to their interests - and equipping reps with novel data to enrich the content and impact of their discussions, can help achieve a new level of personalisation and impact.

Plan for operational and talent impacts.

New promotional models require changes to the processes and capabilities underpinning them and pre-pandemic ways of working will require revisiting. Understanding and planning for how customers are now targeted, how reps are now incentivized, and how new competencies and skills are now embedded all require a thoughtful and coordinated approach.

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Appendix

Most countries in this survey reached a peak in new confirmed cases of coronavirus during early April, while new cases in China peaked in February, according to official data. China had government restrictions in place earlier, while the other five countries put various lockdown requirements in place from between late February and mid-March.

Source: European Centre for Disease Prevention and Control/ https://www.ecdc.europa.eu/en/publications-data/download-todays-data-geographic-distribution-covid-19-cases-worldwide

New Daily Cases March – June