

Industry engagement post-COVID-19 – webinar write-up

Wednesday 3rd June

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Pharma engagement with HCPs and patients during and after the COVID-19 crisis

Industry and agency experts attended the PM Society's webinar on the 3rd June to discuss how healthcare industry engagement will be redefined and shaped by the COVID-19 pandemic.

The webinar was introduced by **Carwyn Jones, PM Society Director and Chief Commercial Officer at OPEN Health**. He began by explaining that the pharma industry faces significant environmentally-driven transformations to its commercial operating model as a consequence of the COVID-19 crisis. As we begin to emerge from the grip of lockdown, the pharma industry must look at understanding how the pandemic has impacted on HCPs and patients in order to re-engage with them.

Dr Samuel Pygall, Head of Strategy and Business Transformation Office Leader at MSD UK, opened with a talk on his personal perspective of how pharma engagement will adapt to the 'new normal'. He explained that observing trends and building them into a strategy plan are critical to understanding where a business is heading, and that in order to create real change, we must apply an Agile 'test and learn' method to our way of working.

Samuel went on to say that pharma and agency engagement with HCPs and patients needs to evolve into a more patient-centric model, and this ties into some of the following transformations:

Changes to the materials we produce:

- Shifting from purely promotional to medical/scientific content
 - HCPs are reaching out and requesting this information. We are seeing an increased appetite for knowledge and facts, which must be incorporated into the materials we produce.
- Through the right channel, at the right time
 - Acceleration of ongoing 'channel shift'. Using a case-by-case approach to decide what we are trying to achieve from materials and the type of channel that is best suited to help us deliver these results.
- Decisions driven by data and insights
 - How we have behaved throughout the pandemic and will continue to behave in the future. We need to gather data and insights to understand what type of content is needed, when to post it, what channel to use, etc.

Changes in the partnerships we form:

- True collaboration with NHS and PHE
 - Pharma have a role to play in the restart/recovery post-COVID-19
- Founded in policy and access
 - Putting the work we do in the context of the external environment. Pharma needs to look at therapy areas – has development in different areas been slowed down by COVID-19 and therefore what do they require? With services moving online, how can they support that? What affects does this have on pharma and their partnerships?
- To solve real patient issues
 - Working with patients to understand their needs/wants. Industry and agencies must work together to engage more with patients. How has COVID-19 affected patients in different therapy areas? Has their treatment been affected? We need to understand what is required of our services moving forward.

Samuel closed the discussion by saying that although these trends are not completely new, there is no doubt that COVID-19 is accelerating transformation in these areas. The pharma industry, as well as agencies, must be aware of these trends and need to devise ways to implement them into their way of working.

Q: With digital providing better access to information for HCPs, they will want/need new content or information. What can agencies do to accelerate content creation to supply the demand?

A: We need to apply Agile principles to material production. We must listen to HCPs and patients, understand what materials are required and which channels to use, and then tweak materials in response to feedback. Pharma has often moved at a slow pace; it needs to start moving at a speed that is required to 'test and learn'. We need to be refreshing information at greater cadence to remain meaningful, in the same way that other industries do.

Q: How do you honour the code of practice digitally?

A: The 2021 code is being discussed at the moment. In this brave new world, there are elements that we need to change; digital points need to be included.

The following presentation, 'HCPs and the COVID-19 channel shift' was delivered by **Neil Reynolds, Director of Research at medeConnect Healthcare Insight**. He presented data gathered between 27th March – 3rd May from 722 online interviews among validated members of *Doctors.net.uk*, the largest professional network of doctors. The respondents included GPs and secondary care doctors from a range of seniority levels and specialities.

The questions and insights from the survey are included below:

1. How often do you visit the *Doctors.net.uk* website and how has this changed since the pandemic hit the UK?

All groups of doctors had been visiting *Doctors.net.uk* more since the pandemic hit the UK. This indicates that their response to the pandemic was to source information from each other, possibly due to confusion about the

mixed messages from senior management, the NHS, the government and the ever-changing guidelines.

2. Prior to the Covid-19 pandemic, which, if any, of the following had you met face-to-face in the six months to the end of February 2020?

A high proportion of the doctors from most specialities had met with product representatives, followed by MSLs and then KAMs. This shows that HCPs were still engaging with the industry as a whole prior to lockdown.

3. How do you think this will change in the medium to long term once the Covid-19 pandemic is over?

One in three doctors are unsure that they will return to seeing representatives; they are more positive about KAMs and MSLs. This begs the question – will face-to-face meetings continue post-COVID-19? The pharma industry will need to look at how they can shift these services onto a digital platform without negatively affecting them.

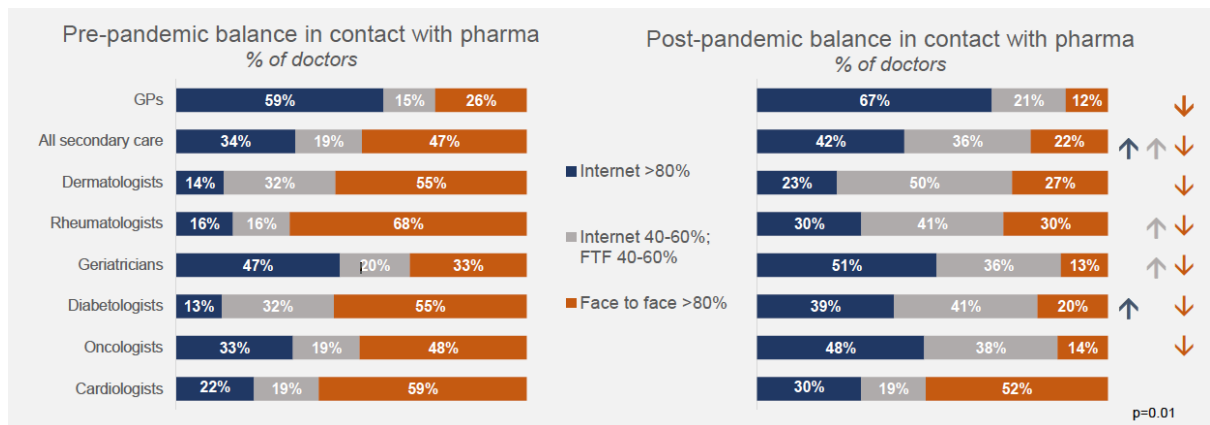
4. Once the Covid-19 pandemic is over, in the medium to longer term do you think conferences will move back to the in-person attendee format, remain virtual or become a mixture of in-person and virtual?

The majority of most specialities believe that international conferences will become a mix of in-person and virtual attendance. There is less consensus regarding national conferences, with a balance between in-person and mixed in-person/virtual attendance. In both cases, it is clear that there is an expectation for conferences to apply a more virtual format post-COVID-19, particularly for international conferences.

5. Prior to the Covid-19 outbreak, what would you say was the balance between the length of time you would spend on pharmaceutical companies' online communication with you and face-to face contact via sales reps and MSLs?

Where do you think the balance will lie once the Covid-19 pandemic is over?

All groups of doctors expect to see a considerable shift in communication with the industry towards an online setting, with a mix of mostly internet-based communication and internet + face-to-face interaction predicted.



The key takeaway from these insights show a communication shift, moving away from face-to-face interaction towards a more digital approach. Pharma and agencies will need to use these insights in their strategy planning and continue listening to HCPs as they move forward.

Q: I have concerns that it is a lot more difficult to engage remotely. Whose job is it going to be to make a virtual congress more digestible remotely?

A: Congress organisers, the pharma industry and agencies will need to work together to make sure a digital approach is digestible to delegates. They will need to remain adaptable as this could happen again in the future; they will need to get better at reacting and adapting.

The third and final presentation was delivered by **Richard Jones, MD of OPEN Health**, and **Mark Duman, Chief Patient Officer at MD Healthcare Consultants**. Together, they discussed how life has changed for patients during this time of uncertainty and what pharma must do to engage with them.

Along with the rest of the world, much of the healthcare industry has been shifted to digital platforms during the COVID-19 pandemic. It is difficult to definitively measure the success of this transformation at the moment; however, surveys have shown a strong patient satisfaction with online services.

For many doctors working outside the immediate COVID-19 sphere, they have seen an overall decrease in the number of consultations with patients. With patients staying at home and avoiding hospitals, there is a concern that they are not being given the care they need, and for those with chronic illness their conditions may be deteriorating. This also causes concern for doctors, especially those in specialities such as surgery who rely on frequent practice to maintain muscle memory, and those at the beginning of their careers whose learning may be interrupted by a lack of patient experience. For both patients and HCPs, having a digital system in place is a necessity.

Mark and Richard also discussed the concern that the implementation of digital channels would add another supply channel that could end up creating more work. Patients and HCPs will still want face-to-face as well as digital consultations, so we need to carefully construct a way of integrating both into the healthcare industry to help make the system more efficient. This starts with evaluating what can be done digitally and how/if diagnostics can be run remotely without forfeiting the ability to accurately assess patients and support their needs. We also need to assess the digital literacy of patients as well as HCPs and make sure there are training systems in place to support them with this transformation.

Mark and Richard went on to discuss a few challenges and opportunities for the pharma industry that have been highlighted by COVID-19:

- The clinical trial space will need to adapt to become more agile; many of them have been stopped under COVID-19. Perhaps we need to look into how we can use digital to help conduct and complete clinical trials.
- There needs to be an increase in post-prescription support to provide a more integrative service for patients. Pharma has a role to play in providing better

support, producing technology to manage adverse events, psychological support, etc. This is particularly important in a time when many patients have been isolated.

- Pharma needs to develop a proper measurement of patient engagement. It is not just about having more patient engagement programmes, they need to produce quality programmes and have a way of disseminating whether these programmes are successful.

Both Richard and Mark agreed that COVID-19 has provided an opportunity for pharma and agencies to shift their way of working, and to show how they can help HCPs and patients to manage chronic conditions remotely. The industry needs to engage more with patients and investing in digital and psychological support for patients is a good place to start. If they can harness this potential, it has the possibility to revolutionise the pharma industry and the services they provide, improve its reputation in the public domain, and benefit patients, HCPs and healthcare services.

Q: Will there be less employment in the pharma industry?

A: I'm not sure about absolute number but there will be a shift in the work that they put their resources into, so I expect to see a skills shift which might affect departments differently.

Q: During the COVID-19 vaccine era we have seen that pharma is collaborating more together. Will this continue?

A: I hope so. The pandemic response has been about what citizens do, not necessarily what medicines and technology do. Pharma needs to see that they can't cure everything, they also need to look at citizen behaviour. Pharma is being more positively viewed now, alongside with healthcare in general. I hope this will help to drive collaboration.

Q: On top of the patients with longterm conditions that haven't been seen, and the loss of expertise among specialists, there will also be a significant mental health/ burnout impact on HCPs who've been working on COVID wards - what if any, is the role of industry in helping to address this?

A: I think it should be considered, but it's difficult to tell how it will play out. It will be interesting to see the role pharma play in the recovery of the system.