

Med Reps Survival Post-Covid-19

MARKET INSIGHTS SERIES (#15)

Vision & Recommendations

"Give people what they need and not what you want"

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Position Paper

August 2020



Introduction

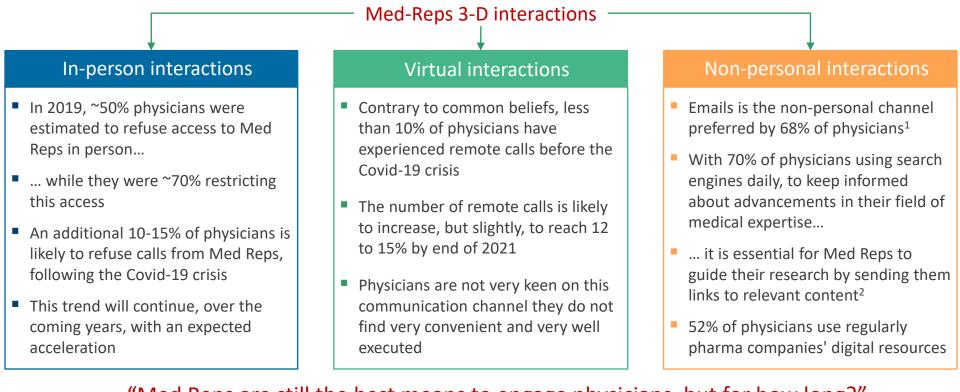
The Covid-19 crisis should lead, more than ever, pharma companies to rethink the short-term effectiveness of their sales forces and anticipate, or even participate to, their mid-term evolution

- Over the past 15 years, the number of med reps has fallen by 40 to 50%
- The **downsizing** of pharma companies' sales forces is mainly **explained** by:
 - 1. The **portfolio structure** shift from primary care to secondary care products, mainly prescribed by GPs and by specialist physicians, respectively; the latter being fewer and therefore requiring fewer med reps to be called upon
 - 2. The increasing number of **physicians limiting** or **forbidding medical calls** because they have easily access to high, and even better, **quality** drug-related **information** on **Internet** and are overloaded with an **ever-increasing** number of **patients**
- This **trend** should not only continue but **accelerate** as a result of the Covid-19 crisis
- In this context, pharma companies should redefine the activity and size of their sales forces and for so doing, Smart Pharma Consulting proposes to answer the two following questions:
 - **1.** How to maintain effective interactions with physicians (2020 2021)?
 - 2. How to anticipate / participate to Med Reps' job evolution (2021 2024)?



Situation Analysis (1/3)

In-person interactions are decreasing and more and more complemented by remote interactions and/or non-personal interactions orchestrated by Med Reps



"Med Reps are still the best means to engage physicians, but for how long?"

Sources: Smart Pharma Consulting – FirstWord Pharma study carried out in March 2020 in the USA and EU5 countries at 245 physicians – "Why it's hard to reach physicians", BlueNovius, 2018

¹ Pharma companies may use rep-triggered email software (e.g. Veeva), especially following a medical call – ² Such as patient education content, latest RWE data, etc.



Situation Analysis (2/3)

To keep on convincing physicians to prefer the brands they promote, it is essential for Med Reps to maintain effective in-person interactions

Why do Med Reps meet Physicians?

- Ultimately, Med Reps meet physicians to convince them to prescribe, whenever they have an opportunity, the product they promote, but in the best interest of their patients and within the scope of the SmPCs¹
- Thus, during medical calls, Med Reps:
 - Highlight information regarding the features of their products (i.e. indications, efficacy, safety, dosage forms, dose regimen, price, reimbursement conditions)
 - Propose services facilitating the use of their products (around-the-pill) or related to the disease or the patient care (beyond-the-pill)

Why do Physicians meet Med Reps?

- To get new and useful information regarding the products promoted by Med Reps
- To get information related to the disease addressed by the promoted product
- To get materials (e.g. Apps, leaflets) and services (e.g. website addresses, hotline access) for patients and or to help them better interact with and manage their patients
- Because they have good historical relationship with Med Reps and/or know that their job is at risk, and they do not want to jeopardize their future

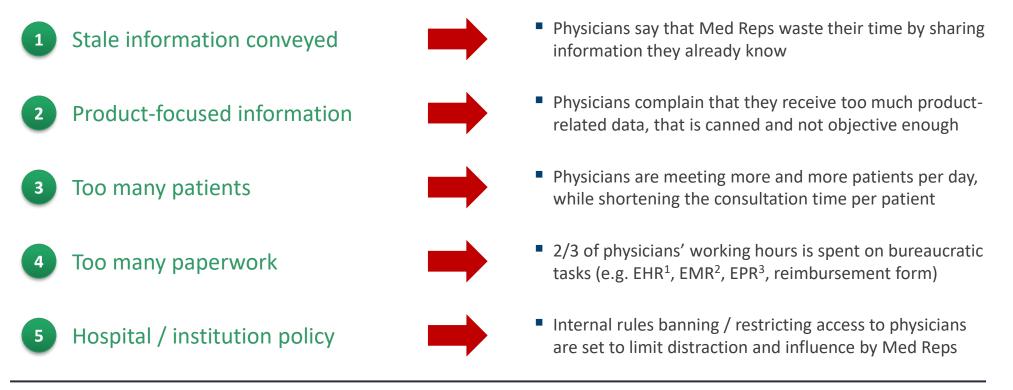
¹ Summary of Product Characteristics



Situation Analysis (3/3)

Several studies have shown that the number of physicians refusing to meet Med Reps in person is increasing, for multiple reasons, reaching in 2019 an average of more than 50%

Barriers to physicians in-person access



Sources: Smart Pharma Consulting – "Why it's hard to reach physicians", BlueNovius, 2018 – DRG's 2019 ePharma Physician Report

¹ Electronic Health Record – ² Electronic Medical Record – ³ Electronic Patient Record



Recommendations (1/6)

It is possible to remove some barriers to in-person access, but the impact is likely to be limited to a small proportion of physicians and for a limited period of time

Removal of barriers to physicians in-person access **Barrier Removal Barriers** Provide physicians with new proprietary clinical and RWE Stale information conveyed data that are useful and of interest to them Deliver unbiased product-related information and **Product-focused information** relevant non-promotional content¹ Help physicians better manage their time (e.g. offer a Too many patients training on time management)² Propose a specific support to manage more efficiently Too many paperwork their administrative work (e.g. software and/or training)² Develop / co-develop services around- or beyond-the-pill Hospital / institution policy in exchange of a privilege access to physicians³

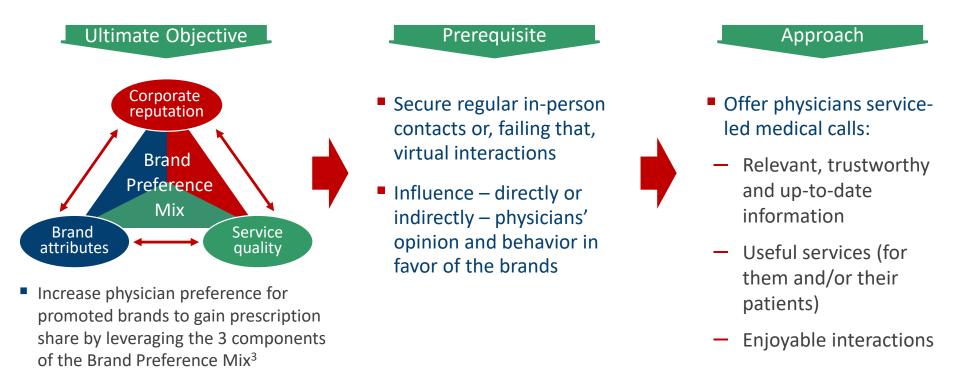
Sources: Smart Pharma Consulting – "Why it's hard to reach physicians", BlueNovius, 2018 – DRG's 2019 ePharma Physician Report ¹ Related to diseases, patient care, etc. -² Depending on national regulations, hospital / institution policies and pharma companies' compliance rules -³ Especially for key account hospitals / institutions. See our position papers: <u>https://smart-pharma.com/wp-content/uploads/2019/07/KAM-KIM-Relationships-in-Regions-VW.pdf</u> and <u>https://smart-pharma.com/wp-content/uploads/2019/07/Best-in-class-KAM-VF.pdf</u>



Recommendations (2/6)

If well designed and executed, medical calls may offer physicians an outstanding experience¹ that will help Med Reps secure regular and impactful interactions

Creation of service-led medical calls²



Sources: Smart Pharma Consulting

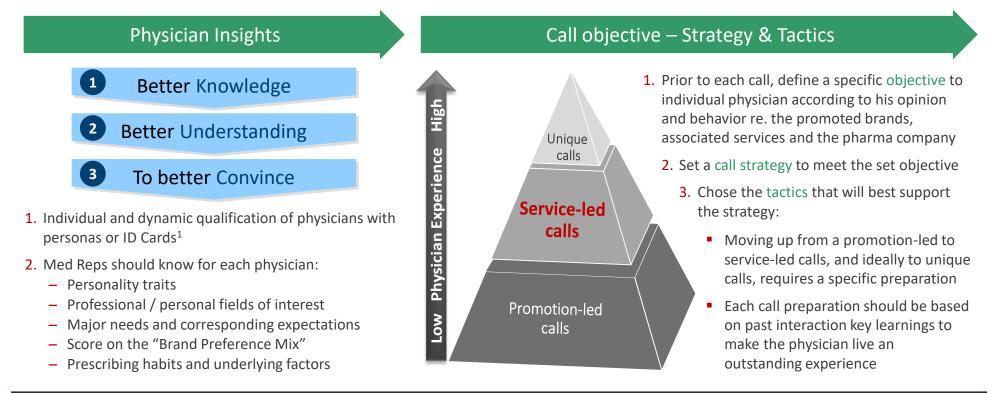
See our position papers: ¹ https://smart-pharma.com/wp-content/uploads/2019/10/Outstanding-Physician-Experience-EV-VW-1.pdf – ² https://smartpharma.com/wp-content/uploads/2019/12/Service-led-Medical-Calls-VW.pdf_ and https://smart-pharma.com/wp-content/uploads/2019/07/Create-impactfulinteractions-with-prescribers-Web.pdf – ³ https://smart-pharma.com/wp-content/uploads/2019/10/Outstanding-Physician-Experience-EV-VW-1.pdf



Recommendations (3/6)

While preparing each call, Med Reps should ask themselves what benefits the physician is likely to get from it

Creation of service-led medical calls – Preparation





Recommendations (4/6)

Medical calls should be implemented so that to be perceived by physicians as interesting, useful and well executed to be positively remembered and have a preferential impact on their behavior

Creation of service-led medical calls – Execution

Hook Grab attention & Interest	Argument Demonstrate & Convince	Engagement Persuade	
Conditioning time	Brand contextualization	From a preferential opinion to	
 Express enthusiasm to meet the physician¹ 	 Cover a medical topic after checking 	a preferential behavior	
	the physician's interest or	 Recall the points of agreement 	
 Vary the way of starting the call: 	 alternatively propose a service for 	 Summarize arguments put forwards to convince the physician 	
 Recall of previous interactions and 	him or his patients		
provision of new information	 If appropriate, highlight the benefits of 	 Engage the physician to: Attend a medical meeting Participate to an advisory board Try the brand on a specific patient Share his experience with the 	
 Testimonies of colleagues 	the brand with robust evidence		
 Discussion re. healthcare news, the pipeline of the marketing company, 	 Manage questions / objections in a 		
	rigorous manner		
a new service proposed, etc.	 Pay attention to what the physician says to enrich the Med Rep's insight^{2,3} 		
 Start the call by covering a subject of interest or a specific need 		brand during the next call — Etc.	

¹ Be natural, sincere and genuine –² I.e. The Med Rep knowledge and understanding of what the physician says and do ⁻³A regular update by questioning the physician is essential



Recommendations (5/6)

Med Reps should measure once a year, during a face-to-face meeting, the opinion of each physician, and its evolution, regarding the quality of their interactions

Creation of service-led medical calls – Follow-up

Evaluation of the physician perception

- Auto-evaluation by the Med Rep after each call with a 5-point scale, completed by the rationale supporting the mark
- Evaluation of the calls, by each physician, once a year, on a 10point scale, completed by the rationale supporting the mark, during a medical call carried out by the Med Rep, completed by the rationale supporting the mark

Analysis and summary of key points of the call

- Evaluate if the objective has been met or not; and why
- Write down the key learnings:
 - New specific information collected re. the physician (e.g. his fields of interest, problems, needs, expectations, opinion, behavior), his patients' profile, the institution where he works
 - Reasons underlying these facts
 - Engagements of the physician and the Med Rep ones (services)

Objective and strategy setting for the next call(s)

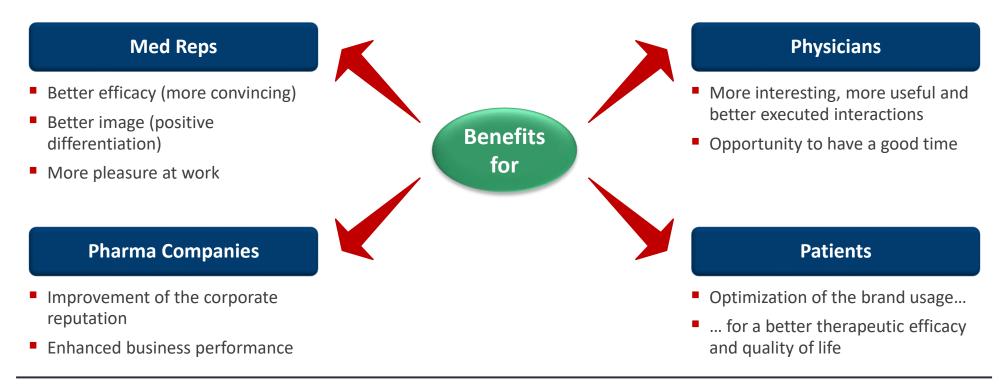
- Set the objective(s) of the next call(s) and / or interactions (e.g. follow-on emails) based on the new information collected and analyzed; ideally as soon as the call is over
- Anticipate and plan the searches to be carried out or the material to be gathered to implement – during the next call – the strategy which would have been set



Recommendations (6/6)

Service-led medical calls will benefit not only physicians and Med Reps but also patients through services delivered; and the pharma companies by enhancing their reputation

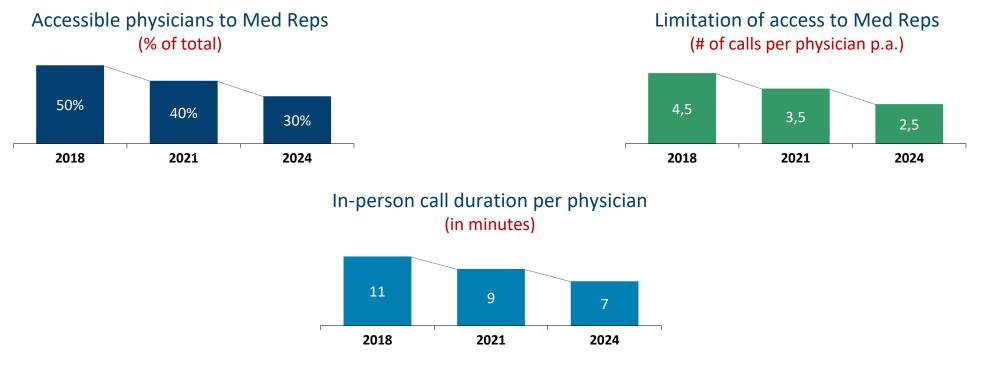
Creation of service-led medical calls – Expected benefits





Vision

The drop of physicians accepting in-person calls, along with their more drastic limitation and the shortening of their duration, would lead to the disappearance of Med Reps, unless they evolve



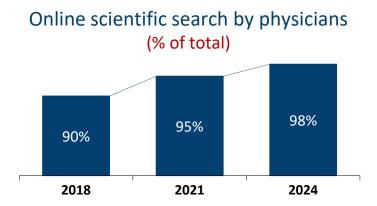
If the Covid-19 pandemic is not going to disrupt the pharma companies' commercial model, it is going to accelerate the need to downsize sales forces and raise the issue of their efficacy and efficiency

Sources: Smart Pharma Consulting estimates and analyses based on multiple historical studies (e.g. DRGs – ZS – McKinsey)



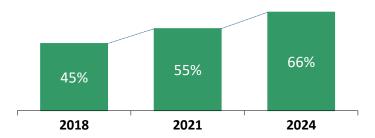
Vision

For scientific data, including those related to products, online websites is the first source of information, while pharma companies' websites are gaining credibility with physicians



- Physicians becoming more familiar with Internet, they are increasingly finding information online, as needed
- The Covid-19 crisis has accelerated the usage of digital channels by physicians to find scientific information
- Product-related is the most accessed website resource

Credit given to pharma websites by physicians (# of total physicians)



- 50% or more physicians using search engines, rely on pharma companies' digital resources
- Most of pharma companies have designed product-related websites, with objective and well-presented information
- Thus, these websites exert a certain influence on physicians' prescribing decision

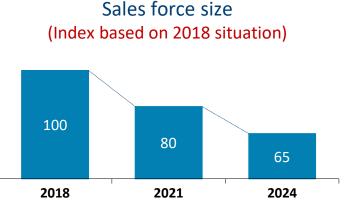
Med Reps are not considered by physicians as a robust, updated and convenient source of information re. products, which means that they must bring high-value services to stay connected to them

Sources: Smart Pharma Consulting estimates and analyses based on multiple historical studies (e.g. DRGs – ZS – McKinsey)

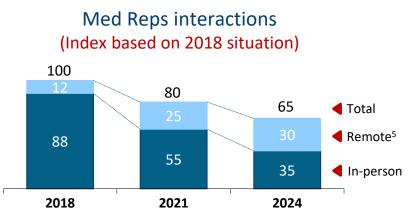


Vision

The number of Med Reps should be reduced by 35% over the 2018 – 2024 period, while remote interactions should account for ~46% of the total interactions carried out by Med Reps in 2024



- The increasing difficulties for Med Reps to carry out in-person calls will force pharma companies to reduce over the 2018-2024 period their sales force size by ~1/3
- The sales force size evolution will vary significantly according to the countries¹, the therapeutic areas², the profile of prescribers³ and their mode of practice⁴



- We assume that the total number of interactions per Med Rep will remain constant at 750 p.a. over the period
- The number of in-person contacts should be reduced by 60% while remote interactions by Med Reps will grow by 150%
- Remote interactions include phone calls, web / video calls, text messaging, emails, etc., carried out by Med Reps

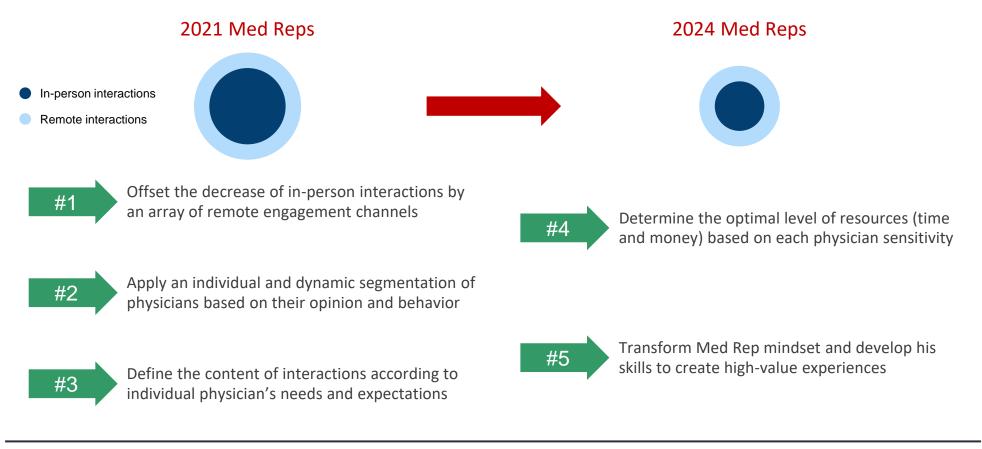
Med Reps will still play an essential role in 2024, despite their decreased number, provided they take into consideration physicians preferences in terms of channels and needs in terms of content shared

Sources: Smart Pharma Consulting estimates and analyses based on multiple historical studies (e.g. DRGs – ZS – McKinsey) ¹ The decrease will be more important in the USA and Southern European countries than in Northern European countries –² In oncology and hematology where many innovation are expected, the number of Med Reps may increase while in pulmonology or diabetes it will be the opposite –³ According to their age, to their opinion vis-à-vis pharma companies sales forces in general –⁴ Independent, in an hospital or institution



Recommendations – Principles (1/3)

To survive, Med Reps need to become the special partners of each individual physician by sharing high-quality information¹ and offering essential services¹, fulfilling his needs and expectations



Sources: Smart Pharma Consulting

¹ For the physicians, the patients, the hospitals and other relevant stakeholders (e.g. payers, pharmacists, nurses)

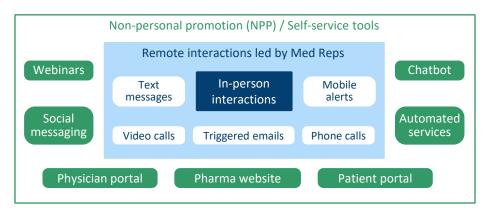


Recommendations – Principles (2/3)

Med Reps need to shift from physical to digital channels and online platforms to engage with physicians, while maintaining the right balance according to individual physician portrait



Offset the decrease of in-person interactions by an array of remote engagement channels



- Remote interactions led by Med Reps can amplify and / or complement the impact of in-person interactions
- Combination of in-person and digital channels lead to more touchpoints and thus ensure a more regular level of interactions
- Med Reps should be able to find the right balance, per physician, between in-person calls, remote interactions and NPP channels



Apply an individual and dynamic segmentation of physicians based on their opinion and behavior

	Expectations / Priorities / Preferences					
Physicians	In-person calls	Information	Services	Digital channel	Frequency of interactions	
А	No access	Patient & disease only	HCP- focus	Personalized emails	10 p.a.	
В	Limited access	Product & disease	Patient- focus	Remote detailings	12 p.a.	
С	Unlimited access	No limitations	Institution- focus	HCPs portals	< 20 p.a.	

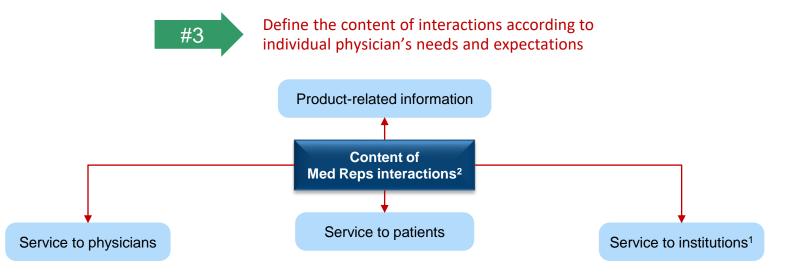
- Segment each individual physician based on his needs and wants¹ regarding his interactions with Med Reps
- For so doing, pharma companies should collect insights with the help of its in-field collaborators (med reps, MSLs, KAMs, etc.) and if necessary, the external support of a market research company
- A continuous collection of data will enable regular adjustments

¹ For more details, see our position paper "Outstanding Physician Experience": <u>https://smart-pharma.com/wp-content/uploads/2019/10/Outstanding-Physician-Experience-EV-VW-1.pdf</u>



Recommendations – Principles (3/4)

When interacting with Med Reps, physicians expect a better quality and balance between product-related information and services proposed to them, their patients or their institution¹



- Product-related information should focus on bringing new clinical or RWE data useful for the physician's practice
- Services to physicians could, for instance, consist of:
 - Helping them manage the huge amount of scientific data available
 - Providing them guidance on telemedicine
 - Inviting them to attend webinars or peer-to-peer virtual meetings
- Services to patients are mainly educational materials (presentations, brochures, Apps, etc.) – that can be downloaded – to improve their adherence, their quality of life, their overall care
- Services to institutions, that are today the responsibility of KAMs³ should be handled by Med Reps in their new role of service provider to help them meet their long-term objectives (e.g. increase the number of patients, simplify processes, reduce costs)

Sources: Smart Pharma Consulting

¹Hospital, healthcare center, group practice, etc. $-^{2}$ Either in-person or remote interactions $-^{3}$ Key Account Managers



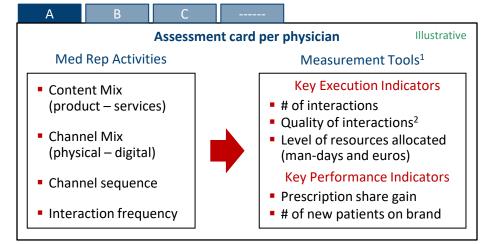
Recommendations – Principles (4/4)

#5

The judgment of Med Reps, based on rigorous analysis is important to determine the right orchestration of interactions to be executed and evaluated with each physician



Determine the optimal level of resources (time and money) based on each physician sensitivity



- Resource allocation needs to be optimized by adjusting content, channels, sequence and frequency of interactions – to lead to a tangible and sustained impact on brand preference
- Coordination with medical and marketing departments is required



Transform Med Rep mindset and develop

- Med Reps should have a good knowledge and understanding of the healthcare system, the patient journey and the physician needs
- The evolution of the job will require an adaptation of Med Reps' profile and the set up of specific training programs

¹ Quality of execution and performance can be measured by Key Execution Indicators (KEIs) and Key Performance Indicators (KPIs), respectively. See our position paper regarding KPIs & KEIs: Sources: Smart Pharma Consulting as described in the following position paper "Outstanding Physician Experience": <u>https://smart-pharma.com/wp-content/uploads/2019/07/Smart-Management-Series-KPIs-KEIs-VW.pdf</u> – ² Such as the Brand Preference Mix Index (BPMI) or the Net Promoter Score (NPS) as described in the following position paper "Outstanding Physician Experience": <u>https://smart-pharma.com/wp-content/uploads/2019/10/Outstanding-Physician-Experience-EV-VW-1.pdf</u>



Recommendations – Implementation

To implement the paradigm shift required to maintain, or even boost, the efficacy and efficiency of Med Reps while interacting with physicians, Smart Pharma proposes the following approach

Proposed approach

Identification of individual physician portrait

- For each physician, the pharma company will collect, store and analyze data on the physician:
 - Position re. current interactions with Med Reps
 - Expectations from Med Reps:
 - Information sharing (productand/or non-product related)
 - Service offering to him, his patients, his institution, etc.
 - Preferred communication channels (in-person / digital)
 - Frequency of interactions

Development of an interaction plan per physician

- Design an interaction plan per physician to engage them
- Develop a short-term plan (< 1 year) per physician, formalizing:
 - The objective set
 - The engagement strategy
 - The tactics expressed in terms of:
 - Information sharing
 - Service offering
 - Channel mix and frequency
 - Metrics to measure the quality of execution and the performance¹

Execution of an Individual interaction plan

- Execute the individual interaction plan while emphasizing the importance of the quality of execution
- Allocate enough time to prepare and follow up the interactions carried with each physician (either in-person or digital)
- Measure and analyze carefully and regularly the quality of execution and the impact of the interactions¹ to ensure a continuous optimization
- Coordinate Med Reps activities with medical and marketing departments

Sources: Smart Pharma Consulting

¹ Quality of execution and performance can be measured by Key Execution Indicators (KEIs) and Key Performance Indicators (KPIs), respectively. See our position paper regarding KPIs & KEIs: <u>https://smart-pharma.com/wp-content/uploads/2019/07/Smart-Management-Series-KPIs-KEIs-VW.pdf</u>



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Issue #15 Med Reps Survival Post-Covid-19

Vision & Recommendations

 Smart Pharma Consulting addresses in this position paper the two following questions:

Part 1 – How to Maintain Effective Interactions with Physicians?

- Med-Reps 3-D interactions
- Barriers to physicians in-person access
- Removal of barriers to physicians in-person access
- Creation of service-led medical calls

Part 2 – How to anticipate / participate to Med Reps' job evolution?

- 2021 2024 vision: limitation of access physical vs. digital interactions – sales force size
- Recommendations: 5 principles
- Approach to implement the recommendations

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Best regards

Jean-Michel Peny