

HCPs: "We Want Partnerships with Pharma"

An eyeforpharma whitepaper



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HCPs Show Strong Desire for Pharma Involvement

Applications for adherence, greater involvement with patients, the leveraging of technology, the provision of educational material, and strong partnerships with sales reps; these were the strongest and most vocal requests from HCPs, declared in a survey conducted by eyeforpharma and M3 EU of 549 European healthcare providers (HCPs).

In answer to the core question, 'What can pharma do to improve patient care?' responses revealed a strong desire for pharma not to remain on the sidelines. In an apparent vindication of pharma's recent efforts to provide value-added services and stronger partnerships, doctors now appear open to stronger collaboration and assistance from the pharma sector. Many HCPs are actively looking to work with pharma towards the shared goal of quality patient care and improved patient outcomes.

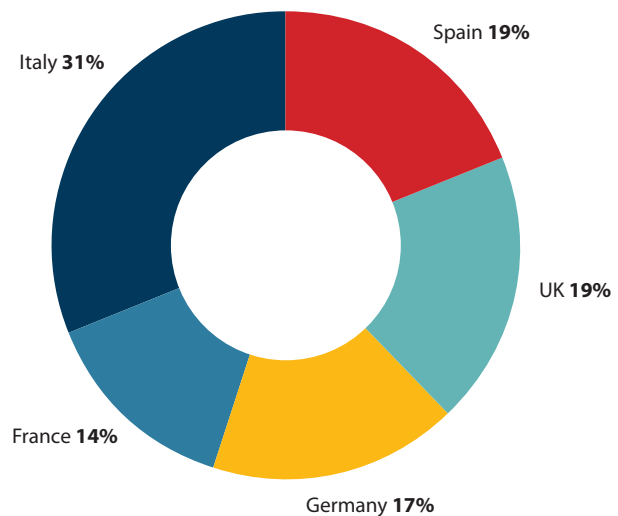
A summary of key findings is as follows:

- HCPs want pharma to leverage new technology to improve patient care
- They desire help to improve adherence and want pharma to generally be more involved with patients
- HCPs require pharma to provide information and education
- They want to develop partnerships with sales reps
- HCPs want help with unmet clinical needs, rare diseases and require more innovative research

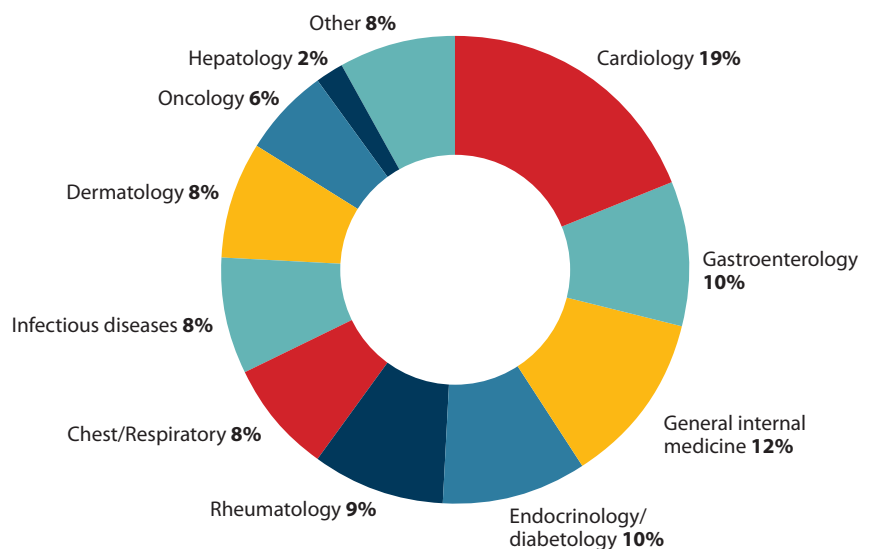
The implications of these findings are discussed in this report, with insights from pharma and general practice.

Survey Respondents at a Glance

The survey was completed by 549 HCPs from:



Specialties include:



What Can Pharma Do to Improve Patient Care?

Provide HCPs with better services!

The primary aim of this survey was to identify how pharma can better assist HCPs to improve patient care. While cost is important, services and partnerships are even more important. In particular, HCPs want pharma to leverage new technology in order to increase and enhance service provision, be more involved with patients, help improve adherence, and provide information and education to them and their patients. Let's take a closer look at each of these desired services.

KEY FINDING 1: HCPs want pharma to leverage new technology to improve patient care

HCPs want pharma to make more use of new technology to help them improve the quality of care they provide to patients. This varies from facilitating administration via electronic documentation, online consultations, and the delivery of care at the bedside, at home, or via telemedicine. In terms of using technology to assist with chronic conditions, HCPs are keen for pharma's assistance in developing tools for individual follow-up and for enhancing self-management, apps for self-management tracking, and devices to help patients better understand their problems. There was also strong emphasis on improving communication with new technology, such as two-way communication between doctor and patient.

According to Dr Julian Spinks, who has been a GP for approximately 30 years, "We've got to add real value. There needs to be a move towards intelligent or smart apps – not 'dumb' apps that just give information, but ones that also tell you what to do with that information. For chronic conditions, we need something that tells patients how to rectify the problem identified by the app."

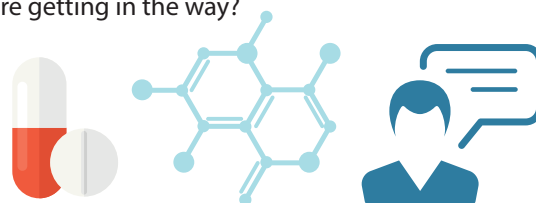
Such apps aren't just about empowering the patient, but also about saving time and reducing pressure for HCPs. "From my perspective, smart apps can also stop false alarms and unnecessary visits to the GP. Apps that work with drugs, how people use them, and side-effects are more useful than patient information leaflets. Something intelligent that monitors patients can, in many ways, mimic doctors."

"We've got to add real value. There needs to be a move towards intelligent or smart apps – not 'dumb' apps that just give information, but ones that also tell you what to do with that information. For chronic conditions, we need something that tells patients how to rectify the problem identified by the app."

Dr Julian Spinks, GP

"The fashionable tactics amongst pharma companies are building promotional websites and giving iPads to reps, but that isn't enough," offers Tim Ringrose, CEO of M3 EU. "HCPs expect pharma to be using technology in all aspects of their business, not just as gimmicks."

He also points out that utilising technology to assist HCPs is about proving better communication: "Many surveys show that HCPs are spending around 20 hours a week online and that at least half of this is for professional purposes. So, there is an amazing opportunity for pharma to engage customers online. Sadly, many of pharma's digital initiatives to date have been thwarted by two things – failure to fully understand what the customer is actually looking for and a lack of responsiveness (usually due to regulatory procedures)." Pharma are clearly tackling the first barrier, but could more be done to address regulatory procedures that are getting in the way?



non-adherence extremely seriously.³ As an example, AbbVie have developed an online support program for patients who have been prescribed Humira®, Veikirax® and Exviera® in an effort to help patients get the most out of their treatment, as well as to help reduce the impact of symptoms – a key driver for non-adherence.

KEY FINDING 3: HCPs really do want pharma to be more involved with patients

HCPs clearly want pharma companies to be more involved with patient care, particularly in terms of empowering patients. Indeed, the very concept of patient empowerment was perceived positively, on average, as a means to increased patient choice and self-care. Individualised therapy and the availability of new diagnostic and therapeutic options which allow for a patient-oriented customisable healthcare were also cited as positive moves.

Despite this positivity, over half of respondents also expressed that the so-called empowered patient poses some degree of challenge. Spinks explains, "Empowered patients are more likely to challenge GP's recommendations. There needs to be a change in attitude really. Traditionally, the doctor-patient role was one of parent-child, whereas today it is two adults. The difficulty I face is when I have a patient who has been empowered but not necessarily with good information. For me, empowerment is overall a positive thing, so in situations like this you need to counter by giving the patient new, better information."

In terms of whether respondents feel that patients will have more control in the future, over half believe this will be the case, compared to a small proportion who believe it won't. "Patients are starting to behave like consumers, using the Internet to research products and purchases. They try and find what's going on and then come to us [the GP]", according to Spinks.

The increasing prevalence of patient empowerment poses a significant challenge for the medical community. How might pharma assist with this dilemma? "It can be fantastic when patients do their own research," says Spinks, "but sometimes they have been to websites with no scientific basis. How you deal with that is tricky, and pharma could assist with this by providing information that is credible and non-promotional that GPs can give to patients."



KEY FINDING 4: HCPs want pharma to provide information and education

The information age, which provides easy access to literature and better information to patients about their disease and new medications, is generally seen as an important component of improved quality of care. Greater access to patient information and education is also seen to facilitate greater exchange of opinion between HCPs and pharma.

Generally, HCPs want pharma to show improved communication in the form of the provision of information material for patients, disease education, and better education regarding the effectiveness of treatment, including evidence-based guidelines. They want pharma companies to become health educators and to ensure the information they provide is accessible to everyone, including professionals and patients, by publishing online, in print or even DVDs for disease understanding and prevention.

Spinks says of the pharma industry's role in information provision, "They remain an incredible source of information and certainly in general practice they are still providing a lot of the education GP's receive. The need is to pitch it right. If the information they provide is purely promotional, people don't interact."

There is evidence of pharma companies, such as Boehringer Ingelheim, going to great efforts to be more involved in information provision and public health education.⁴ This has been achieved by partnering with the government at a local level in order to raise awareness. Such efforts appear to be successful, leading to disease prevention and earlier diagnosis.⁵ Therefore, this certainly seems an area ripe for more input from pharma.

KEY FINDING 5: HCPs want partnerships with sales reps

As many as 80% of respondents are still seeing sales reps. Among those who don't, there is a strong preference for receiving information at conferences, in peer-reviewed journals, and online via an independent medical website. The least popular alternatives are direct mail, online via a government website, and looking at information online while talking to a rep. The UK and Germany express most strongly the desire for wider adoption of technology within their interaction with sales reps.

The desire for partnerships came out particularly strong when HCPs were asked which pharma companies they favoured. Responses were heavily focused on having a supportive, long-term relationship with well-informed sales reps. By well-informed, HCPs want sales reps to be able to educate them on the research behind the products they are trying to sell and why they are better than other products; they want to hear about research on efficacy. Furthermore, they want this information to be trustworthy and non-biased.

When asked how companies and sales reps could be more trustworthy, the emphasis is on increased relationships based on partnerships and aligned goals. Dave Pinnington, Marketing Excellence and Digital Lead at AbbVie, observes, "Often, the customers already know all about the products. People don't like to be sold to. We have a shared objective of better patient outcomes, and our products and services can play a part in helping the customer achieve this."

Spinks believes a trusting relationship between HCPs and sales reps can be gained by allowing reps to stay in one place long enough to build partnerships with individual HCPs. This makes sense, since respondents varied considerably on the type of contact they wanted from reps.

Some wanted face-to-face contact, while others found this intrusive and wanted more electronic communication. As highlighted by Spinks, "A one-size fits all approach doesn't work well anymore."

The advice provided by Spinks is: "The opportunities are much less. Make sure reps stay in an area long enough. I believe you never sell on the first visit. You get the facts in the first meeting and the second visit is when to sell." He adds, "I can see practice meetings becoming more popular – coming to talk to groups of doctors. Relationships with practices and departments might be more useful than relationships with individual GP's." Another piece of advice is, "There is a big chunk of doctors that don't get seen – locums and those who move around – pharma need to consider how to reach those."

KEY FINDING 6: HCPs want help with rare diseases

Unmet needs include allergies, autoimmune diseases, cancer, cardiovascular and heart disease, diabetes, eczema, gastrointestinal, hepatology, HIV, hypertension, infectious diseases, mental health, neurology, obesity, rare diseases, rheumatology, and tuberculosis.

Rare diseases crowned the list of unmet needs, especially in Germany and Italy. Respondents were asked what pharma companies that focus on rare diseases can do to assist with the understanding and awareness of those diseases. Communicate, spend more money on developing drugs, organise seminars with focus on the disease, better information for the public, and the development of products that will help educate doctors, were among the suggestions. Investments, even if no return is advised, and sponsorship to support medical experts, expert centers, and self-help groups, were also recommended. There was also the feeling that collaboration between pharma companies is important and that data should be shared between companies.

There is a lot of scope for pharma to help HCPs tackle rare diseases – not only by continuing to invest in researching the diseases and their treatments, but also through informing and educating HCPs and their patients about such diseases. One respondent suggests pharma, "Make online learning modules through mycme.com," and another that they, "Train GP's and specialists on how to deal with these rare diseases."



Pinnington says on the matter of how pharma can help with rare diseases, "Rare disease support is a commercial and philanthropic business decision. As commercial organizations, it is a balance between what they do and what they can fund." Indeed, as Nieuwenhuis says of Boehringer Ingelheim's efforts to tackle rare diseases, "Every company has a certain area where they do more research. One of our focus areas is the respiratory field and idiopathic pulmonary fibrosis. We also look at rare diseases in the metabolic area. You can't do everything, but we are interested in meeting high unmet needs, especially in the smaller populations."

"Pharma need to be very serious in addressing smaller disease areas, not just the big areas that everyone else is addressing. Research should be driven by a need and if there is a strong unmet medical need that fits our research expertise than this is a more attractive area for us."

KEY FINDING 7: HCPs want more innovative research

HCPs expressed that they want pharma to invest more time and money into research and new drugs. "Investment in research into new drugs, devices, and technology - the greatest satisfaction as a doctor has been living in the beginning of a new generation of drugs that has changed the course and prognosis of many diseases," shared one respondent.

Research investment should, according to HCPs, be focused on phase 4 studies, new molecules, mixing drugs into a simple pill, tolerability, antibiotic development, and innovation in techniques that allow better communication.

More innovative research could be argued as being a greater focus on real-world evidence (RWE). However, over half of respondents believe that RWE is less valuable than randomized clinical trials (RCTs). Reasons were primarily related to lack of control and randomization in RWE and a sense that RWE lacks power and validity.

Nieuwenhuis says, "Of course, if you look from a scientific perspective, by definition a highly controlled trial is more scientifically correct. However, the real world isn't a clinical trial. We are in a highly uncontrolled environment." Subsequently, he believes that RWE will gradually become



more of a trend and will gain favour as healthcare providers recognize the benefits of working with the real world. He adds, "Interestingly, if you look at RWE from the FDA analysis of Pradaxa, the findings are remarkably close to what was being found in clinical trials."

Since innovation in the form of RWE is gaining increasing popularity in the world of pharma,⁶ there appears to be a need to communicate the value of RWE to HCPs. Indeed, Nieuwenhuis' final words on the matter are, "I think RWE is something we just need to accept because that is what we live in and what we deal with in real life."

Where Pharma are Doing it Right

Another way to gauge what HCPs want or need from pharma in terms of customer experience is to look at who their favourite companies are and why. The top pharma companies, as perceived by the HCPs in this survey, are:

- 1st:** Pfizer

- 2nd:** Sanofi and Novartis

- 3rd:** Novo Nordisk, MSD, and AbbVie

- 4th:** Bayer, BMS, Gilhead, GSK, Janssen, Lilly, and Roche

- 5th:** Boehringer Ingelheim and AstraZeneca

In all countries, trust in the sales rep was top of the list of reasons for favouring a company, followed closely by trust in the company as a whole. Trust appears to be especially important in France. "Trust is developed by an approach," says Pinnington. "A shared goal, not a hidden desire to push and sell. Our products form part of a solution and we should go supporting the HCP in the narrowness of our indications."

Pinnington believes HCPs favour AbbVie and Pfizer, both companies where he has acted as Digital Marketing Director, due to the relationship with their local rep and the support services they offer. "It comes down to pharma offering a good value proposition to the HCP," he says. "Reps don't just push a key message; they engage, support, befriend, and help. It's pharma's challenge to generate a greater multichannel value proposition."

When Nieuwenhuis was informed that Boehringer Ingelheim came out as one of the most popular pharma companies among survey respondents, he was keen to know the reasons why. It wasn't enough to be in a favoured position. "We aren't just interested in what is happening, but why it is happening," he said, perhaps explaining why they are a favoured company; their position in terms of popularity is less important than how they ended up in that position, and there is a genuine desire to learn what they are doing right (and wrong) for their customers.

"We are trying to become better in considering our key customers as individuals and not just as one of a target group or segment," Nieuwenhuis explains further. "The way we engage with customers and the content of engagement is more and more based on preferences and needs of customers. We aren't so advanced that we have a uniform approach in every country, but we are moving with a certain vision in mind that we want to increase the value we offer to our customers. To do that, it is important to listen to customers and engage with them about the topics they are interested in."

According to Nieuwenhuis, this customer-centric vision is still work in progress, but he believes they are moving in the right direction. Pinnington echoes this when asked what measures the team at AbbVie are taking in terms of customer experience: "This is still work in progress and something that will become an increasingly important priority." This is clearly another component of good customer service - continually striving towards a vision that offers customers value.



Giving HCPs Services with Added Value

The aim of this survey was to identify the components of good customer experience, as indicated by HCPs. Interestingly, many of the changes in healthcare that have assisted HCPs in delivering better quality care, are also what they want more of from pharma, including utilising technology and being more involved in both patient and doctor information provision and education.

One of many significant revelations identified within this survey is that many HCPs are asking for help with services, adherence, and information, but those people are not the respondents asking for reduced prices. Therefore, pharma companies shouldn't focus so much on cost and instead spend more time on value, service provision, and partnerships. Indeed, the best way to make patients aware of services is through high credibility partnerships with healthcare professionals, leveraging digital as a complementary channel.

"This should be like gold dust to pharma marketers," says Ringrose, of the survey revealing that partnership is what HCPs are looking for. "HCPs actually want to hear more from pharma and, what's more, they want to see pharma as a partner in solving problems for their patients. Technology can really help here by assisting pharma to deliver personalised information to each HCP – there really is no excuse to be delivering the same message to all customers - that's blunt 'push' marketing and HCPs now expect a lot more from the pharmaceutical industry."

It can be concluded that pharma companies need to rethink how they conceive, launch, support, communicate, and coordinate their services with HCPs. There are a number of issues that HCPs wish pharma were more involved in, but which pharma are, in fact, investing in. Yet these investments need to be better communicated to HCPs; indeed they want to be fully involved in what the industry is doing since they have a common goal – to help the end user, the patient.

Pharma services need to integrate within the ecosystems and not skirt the periphery. Conversations need to shift from products to overall patient value and health

system outcomes, as well as how the combination of products and services can help achieve those goals. Indeed, the insights gained from this survey support the need for Value Added Services; value in the form of health outcomes and services in the form of the unique interactions with the customer – in this case, unique interactions with HCPs.⁷ In this sense, there is a need to move away from being product-centric, towards being customer-centric, with customer-centric in this context being one of partnership formation.

“HCPs actually want to hear more from pharma... they now expect a lot more from the industry.”

Tim Ringrose, M3 EU

"My suggestion is that there is a great opportunity to start conversations with HCPs and ask them questions – that means taking time to listen to the customer and understand their needs and situation and then see how it can deliver solutions to help them," advises Ringrose. Indeed, it is clear from this survey, and from many others, that most doctors still value the interaction with reps, and want an interaction that is based on trust and a common goal. In the words of Ringrose, "The reps are the human face of the industry and doctors want pharma to be more human."



Meet the Experts

Gratitude is expressed to the experts who offered their insights into this survey.

Theo Nieuwenhuis, Corporate Senior Vice President and Head of Commercial Operations, Boehringer Ingelheim

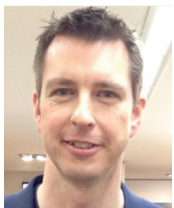


A pharmaceutical executive with broad experience in general management, global and regional sales and marketing functions, strategic planning, market access, and commercial development. He has successfully launched new drugs on a local and global basis, turning around pharmaceutical operations and consistently improving sales growth and profitability. His specialties include country management, global marketing, global and local product launches, strategic planning, pricing & reimbursement, negotiation, market access, field force effectiveness, and KOL development.



Follow @Boehringer

David Pinnington, Marketing Excellence and Digital Lead at AbbVie



An international marketer specialising in digital strategy, marketing communications, transforming business, and building online communities. He has extensive experience working with pharma, FMCG, online communities, SME and startup companies, working on B2B, B2C and C2C initiatives. He is also a recognised authority in pharma marketing, communication, commercial and digital strategy, with a proven track record in transforming business. A frequent international congress speaker and industry thought leader, customer experience is one of his key passions.



Follow @davepinnington

Julian Spinks, General Practitioner and Chairman of Kent Local Medical Committee



Julian Spinks, full time General Practitioner for 20+ years and Chairman of Kent Local Medical Committee, has over 200 publications and has made many appearances on radio and TV. He has experience of clinical guideline writing both for NICE and commercial companies, and is GP Advisor to a professional organisation and a national charity. He is also involved in NHS clinical management and medical politics. His specialist areas within general practice include continence care and restless legs syndrome.



Follow @julianspinks

Tim Ringrose, CEO, M3 EU Ltd.



Leads a trusted global provider of digital services in healthcare that has a reach of more than 2.5 million physicians worldwide, via services including www.doctors.net.uk, www.mdlinx.com, www.m3.com and www.networksinhealth.com – making it the world's largest network of physicians. At M3, Ringrose provides data-driven, global programmes that use local knowledge, and harness technology to maximise efficiencies and deliver measurable outcomes.



Follow @timringrose

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About eyeforpharma



What do eyeforpharma do?

eyeforpharma provides a hub for senior-level pharma executives, patient advocacy groups and other health experts to exchange ideas and stay up-to-date with shifting trends and practices. We provide commentary, events, reports, and other valuable expert-driven content. We want to facilitate positive change through discussion and debate, enable dialogue and drive the positive benefits that pharmaceuticals can offer. We actively respond to the aims and interests of our audience, so please get in touch if you think we can do even more.

Our mission is to make pharma more open and valued.

The ultimate driver for the pharmaceutical industry's health is meeting the needs of patients, otherwise it will cease to matter. For healthcare to be as good as it could be, the strength, skills and resources of our industry need to be fully integrated into health outcomes and we need pharma experience at the decision-making table.

We believe the industry must focus on a business model combining service with product, with patients at the center.

About M3



M3 is a global healthcare company with a reach of over 2.5 million doctors in Asia, USA and Europe. M3's services for healthcare include market research, medical education, ethical drug promotion, clinical development, job recruitment, and clinic appointment services.

It is a publicly traded company on the Tokyo Stock Exchange with offices in Tokyo, Fort Washington, Beijing, Seoul, and the UK (M3 EU).

M3 activities in Europe include M3 Global Research, MDLinx, Doctors.net.uk and medeConnect (custom research). eyeforpharma worked with M3 Global Research to collect the data for this report.

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