

# HEALTHCARE IN THE DIGITAL AGE



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M3

A REPORT FROM  
M3 EUROPE



Tim Ringrose  
*CEO*



Paul Rice  
*COO*

# INTRODUCTION

As increasing workloads threaten to push the health service to saturation point, pharmaceutical companies' role in helping doctors deliver effective and affordable treatments is more critical than ever

Drug discovery is buoyant and innovative technology is pushing medicine forward at unprecedented speed. Exciting developments in immunotherapy and oncology, and huge strides in gene and stem-cell therapy are matched by powerhouse collaborations between academia and industry that point to a golden age for patients and physicians.

Now in its tenth year, the Drug Discovery 2016 conference, being held in Liverpool, bristles with life-science promise and the genuine prospect that medicine can keep pace with the rise of chronic illness and lifestyle conditions which, coupled with the UK's ageing population, are pushing healthcare systems to edge of sustainability.

The statistics are sobering. By 2039, around 23 per cent of the UK's population will be aged over 65 with one in twelve being over 85 years old. By 2030, the number of people in the UK aged over 80 is projected to soar from three million today to almost six million. Their treatment needs will add further strain to a creaking NHS that has been told to find £22 billion worth of savings by 2020.

## HEALTHCARE IN FLUX

The challenge for the pharmaceutical industry is now about steering new therapies through a maelstrom of financial and regulatory uncertainty into the hands of medical professionals.

Navigating the shifting sands of the healthcare landscape is a prime responsibility but understanding the pressure points and competing demands in a physician's daily life is crucial.

It is also vital to be in tune with how physicians consume information. There is obviously a spectrum of technology take-up, but healthcare has been one of the most enthusiastic professions to adopt the iPhone.

Exclusive research by M3 – detailed in “An inside view” on page 4 – provides a perceptive analysis of the trends of thought in a profession experiencing turbulent change.

The financial squeeze felt by all healthcare systems is compounded by seemingly continual service reforms, with many doctors feeling marginalised by procedures that service policy rather than patients.

A growing mountain of bureaucracy does little to shape confidence or give doctors the time for the thought and career development that have been the bedrocks of their calling.

The shift in healthcare demographics is a prime cause for concern with one physician in the survey lamenting: “We are still using a 1948 model for 21st century care, with more complex clinical technology, higher public expectations, a more litigious society and an older population.”

A familiar complaint was that “**there are only so many hours in the day**”.

This is a disturbing view on healthcare today, but also offers vital insights for anyone wishing to engage with physicians. If the landscape has changed, so must the approach.

## UNDERSTANDING DOCTORS' NEEDS

The need to remain relevant and particular to one doctor or group of doctors is emphasised by Dr Thomas Hein, president of the European Pharmaceutical Market Research Association (EphMRA), which is dedicated to promoting research excellence to drive healthcare business.

He believes that physicians have become accustomed to using alternative services, such as networks of physicians, patient associations and the internet, to find information on drugs, both new and established.

“**Physicians want the information they really need at the point in time they need it,**” says Dr Hein, who is also global director customer insights and strategy at medical device company Thermo Fisher Scientific.

“**Over the last ten years, pharmaceutical companies have become more selective, and did more and more segmentation around which GPs they can or shouldn't visit, and which they should reach by other channels. It is simple: if they do not want to talk to a sales rep, why bother approaching them in that way?**”

**Around 67 percent of physicians are predicted to be digital natives by 2020**

*IMS Health Global Pharmaceuticals Marketing Channel Reference 2015*





# AN INSIDE VIEW

With many physicians working flat out day to day, pharmaceutical companies are finding it tougher than ever to create meaningful contact with medics

Time is a precious commodity, and in health it is becoming rarer as demands soar while resources plummet.

A typical GP surgery whirls with frenetic activity throughout the day. Many physicians regularly feel like they're a hair's breadth away from waiting-room insurrection or staff revolt.

**"It is as bad now for physicians as at any time,"** says Dr Richard Stevens, author of *The Vital Signs*, the Royal Medical Benevolent Fund's landmark guide into the impact of stress in the medical profession. **"There is a ten per cent extra workload but a reduced capacity to deal with it, which is accompanied by 'fire-fighting' fatigue, so you can't be creative or inventive – you just feel it's hand-to-hand fighting all day."**

**"If you are running late and the waiting room is in revolt, the staff are threatening to leave, the phone keeps going, you've got six visits and you've got no coffee, then you just tend to deal with what's in front of you."**

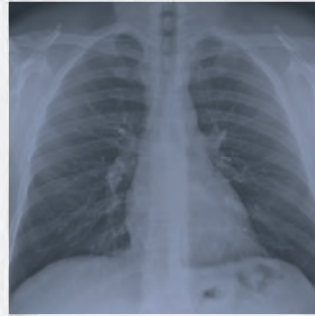
## THE DOCTOR WON'T SEE YOU NOW

Is it any wonder, then, that the doctor's door often seems closed to pharmaceutical companies, and their out-of-office email is burning itself out on repeat?

Physicians value career-enhancing learning opportunities. But, ironically, the popularity of £199 management courses designed to defuse information overload caused by expanding case files, administrative demands and stress caused by changing roles and responsibilities, is growing.

The course mantras of keeping the surgery door shut and uninvited guests out while minimising





“unnecessary” calls is anything but encouraging for a pharmaceutical industry striving to engage with medics.

This bunker mentality is prevailing just as medical and technical innovation is opening the gateway to a bright future for both the profession and patients. Personalised health plans, immunotherapy, digital monitoring and advanced diagnostics can all reduce disease burdens. However, the promised land is difficult to see in the fog of concern over the state of UK healthcare.

Exclusive survey research by M3 reveals the scale of the task to reach physicians, as a staggering 85 per cent of respondents feel their current workloads are unsustainable due to increased demands and expectations, while resources are being reduced and the clerical burden climbs.

Our research uncovers a worrying attitude, with physicians repeatedly branding the future as “gloomy” or “bleak”.

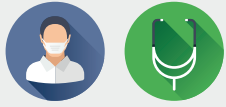
Most physicians are tech savvy and use IT throughout the day to source information and help workflow. Yet engaging with them on any front seems to get tougher by the hour.

A study by IMS Health showed that traditional personal contact between physicians and industry representatives dropped from an average 900 minutes a year in 2011 to 400 minutes in 2015. Over the same time, digital contact had failed to take up the slack.

The big question is how the chasm between physicians and pharma can be bridged.

Keeping the surgery door shut and uninvited guests out while minimising ‘unnecessary’ calls is anything but encouraging for the pharmaceutical industry





# WHAT PHYSICIANS WANT

Understanding – and then meeting – doctors' needs is key to any successful pharma–physician relationship

Understanding need is the key to any successful business relationship, but it is clearly time to recalibrate the dynamic between industry and physicians. Synchronising with a mindset that has been buffeted by escalating demands is not easy for either side. So it is perhaps worth marketers stepping away from their PowerPoint presentations and trying to put themselves in the doctor's chair.

Dr Richard Stevens, a GP for 30 years in Oxfordshire and now a GP trainer for the Thames Valley Professional Support Unit, is as blunt as a doctor should be in his assessment of the alliance.

**"I'm not sure pharma understands the pressures facing doctors,"** he says. **"I'm not sure anyone can, not even the CCGs [clinical commissioning groups]. Everyone involved with dealing with doctors should spend some time in a busy surgery. I know this may be difficult for pharma, but it would benefit both sides."**

**"It would be an eye-opener to see that doctors arrive at 8am and two hours later they are still going at pace having seen 12 to 15 people. There are phone calls to be made, the inbox is bursting and the receptionist is at the door, so to spend ten minutes being bored with something you don't need is a total waste of prime time."**

**"It is harder and harder for doctors to attend things after hours because, to be frank, at 7.30pm I may not have finished surgery and my mind is probably on going home, and I'm afraid a bit of rubber chicken at an event is not enough."**

**"The relationship should be better,"** he continues. **"The big sales forces have gone and they are less about cold calling and more about a service or a project or something more targeted. But it is crazy if people are providing weapons when they don't quite know what the battlefield is."**

## DOCTORS' DILEMMAS

Genuine insight is rare, so the exclusive M3 survey makes for compelling reading. We asked a cohort of frontline physicians how their roles had changed, how confident they feel about the future and about the

Agreed that the role of the physician had changed, and not for the better

92%



*From a July 2016 M3 survey of 100 UK doctors*



# 3

## TOP THREE CHALLENGES

- Lack of resources and overworking
- Political interference and bureaucracy
- Increasing demands from patients

*From a July 2016 M3 survey of 100 UK doctors*

The company that can fuse the personal and the technical is likely to find their message does not get blown away by the typhoon of information and stress swirling around modern physicians

biggest challenges they face. We also gave them the opportunity to articulate their hopes and fears.

The results – including some searingly honest comments – are startling, but could help many healthcare marketers reframe their strategy to make connections that can provide the intelligence that physicians need and want.

The top three challenges are: lack of resources and over-working at 22 per cent; political interference and bureaucracy at 16 per cent; and increasing demands from patients at 7 per cent.

Almost all of the respondents – 92 per cent – agree that the role of the physician had changed, and not for the better. They are concerned that their remit is being stretched into social care, while their influence and power is being eroded, either upwards to management or downwards to nurses.

**“We are no longer gatekeepers or even signposts. We have become doormats,”** said one. Another echoed the sense of loss: **“There has been a transition from being the leaders of healthcare provision to ‘the led’ by managers.”**

Asking physicians how they see the future – looking closely at five years’ time or out to 20 years – drew a gloomy response. With the advent of digital diagnostics and monitoring, many physicians see their role being devalued from clinicians to technicians.

Despite the grey clouds, an important ray of hope remains: the personal element will be pivotal to healthcare in generations to come. **“The human touch is irreplaceable as well as intuition and experience,”** commented one doctor.

Understanding that and what makes an individual GP tick are prime lessons to fold into plans that are increasingly digital. The company that can fuse the personal and the technical is likely to find their message does not get blown away by the typhoon of information and stress swirling around modern physicians.

### A NEW APPROACH

The need for a fresh, considered approach is highlighted by Dr Sarah Jarvis, a practising GP in west London, as well as a medical broadcaster and educator. **“Health has changed and changed a lot. We pretty much had freedom to prescribe what we wanted. If you could convince us that your drug was better then that was the only thing that mattered; we weren’t particularly aware or engaged with how much drugs cost. That could not be more different today. I pay every bit of attention to a drug that is as good but cheaper, and we spend a lot of time with the practice prescribing adviser on actively changing patients onto drugs which are as effective but are a generic or less expensive version.”**

Getting in to see busy GPs such as Dr Jarvis or enticing her to a meeting are difficult. But she holds out a strand of hope, in that physicians now regularly have special interests and are keen to advance their understanding and cutting-edge competence. The practice nurses, who as our survey indicated are much more involved in treatment, are also a good initial point of contact, she says.

**“The idea of popping in and having a chat are gone, so it is much more about looking at the clinical side and knowing what areas interest [the doctor], and being much more on board with that. No one has time to chat anymore, so it is relevant and succinct clinical data that will relate to cost effectiveness,”** Dr Jarvis adds.

**“If pharma is running a meeting, they have to be aware they may get a quarter of the number of GPs they had in the past. These days you will get fewer people but if you get the practice cardiology lead or the CCG diabetes lead, you will get much more from a meeting with ten people than you would have [done] with 30 or 40 people. They have to be targeted.”**

### OPENING THE DOOR

Most observers agree that engaging digital content that goes beyond product promotion is the best route to strengthen the sinews of co-operation between industry and medical practitioners.







“With reduced budget for sales force and more specialised, demanding healthcare professionals as an audience, pharma marketers must leverage state-of-the-art technology and information management systems to deliver rich content and services to their customers,” according to the IMS Health whitepaper on the importance of a multichannel strategy in Europe. “This is best achieved with an orchestrated customer engagement strategy which exploits the full potential of digital platforms.”

But impressive graphics and production values are only part of the solution. Doctors are now experienced digital consumers with forensic qualities, so the need to deliver pertinent information is paramount. Content is king, but it is nothing without insight.

“There are problems out there that need answers,” adds Dr Stevens, pointing to examples of stepwise guidelines for asthma in the 1980s and the introduction of Constella as the first prescription therapy in a new class of treatments for moderate to severe IBS as valuable case studies to interrogate. “There is a fair degree of cynicism about projects that are not-too-well disguised marketing exercises. But genuine and targeted help would be well received.”

“But if they do talk to a sales rep, that rep has to talk

No one has time to chat anymore, so it is relevant and succinct clinical data that will relate to cost effectiveness

Dr Stevens, GP trainer

directly to the needs of the physician: not just taking them through a standard presentation but having the answers to their specific questions.”

“Pharma companies will have to provide the physician with much more than the information on a product,” Dr Stevens concludes. “It has to play to the patients’ perspective and be about healthcare system issues and how to deal with them. If you do that you will find the door open rather than closed more often.”



Pharmacy Stamp  
Pharmacist's  
book & quarterly  
orderformant

No. of days treatment  
N.B. Ensure dose is stated

NP

Price  
Office  
use only

Address

Age 2 under  
12 years  
Yes  No   
Mths

INITIALS AND ONE FULL FORENAME  
C

SURNAME  
Mr/Ms/Mrs  
WILLIAMS

5 X



# FIVE DOS AND DON'TS

## DOS

Keep it short and practical

Look for problems that  
need answers

Have a common sense approach  
that is intelligence driven and  
aware of changing landscapes  
and stresses in the system

Learn about your physicians  
and what channels they like  
to receive information

Collaborate with agencies  
and patient groups  
and make the data drive  
better clinical outcomes

1

2

3

4

5

## DON'Ts

Don't stick to one channel  
of communication

Don't ignore the changing  
dynamics of healthcare

Do not fail to research  
beyond the product and into  
the wider implications for  
physicians and patients

Don't have long term  
strategies without flexibility

Do not lose confidence  
if service changes appear to  
create more walls than doors



# FROM PUSH TO PULL



Increase in the rise of digital channels according to IMS Health Global Pharmaceuticals Marketing Channel Reference 2015



**“Don’t find customers for your products, find products for your customers.”** Seth Godin’s instructive quote could be the mantra for pharma companies looking to forge successful customer relationships

Pharma sometimes appears like it is struggling to escape a marketing straitjacket, while other industries enjoy the creative freedom to innovate their messaging and take it direct to potential clients.

While the full spectrum of creative marketing enjoyed by the likes of BMW, Toyota, John Lewis or Marks & Spencer may never be available because of regulatory frameworks, there are still lessons to be learnt from their approaches.

Glossy concepts and stunning visuals are the currency of the big commercial players, but these have a transitory appeal. Pharma, by contrast, has the power of scientific knowledge, research and insight, qualities that can be every bit as compelling as a Christmas advertising campaign.

The challenge is to learn from the skill of commercial delivery. These days, successful creative high-street campaigns use smaller, niche spin-offs and targeted, almost personal, messages to anyone identified on social media as having even a slight interest in the company or its products.

## CONNECTING WITH CUSTOMERS

Pharma, however, has been slow to seize the opportunities to use social media to back up the work of sales forces, according to Julie Papanek, principal at Canaan Partners, a tech and healthcare venture capital firm with £3.1 billion of assets under management.

**“Is pharma doing enough to connect with physicians? The simple answer is ‘no,’”** she says. **“Going back to the basic premise we know from all industries, you need to reach your customers where they are and there has been a large migration in how doctors spend time.”**

**“Physicians are spending time on phones, computers and tablets, even when they are moving between wards if they are hospital based. I think that the adoption and integration of mobile so deep into our lives is such an opportunity.”**

**“These are the platforms the public and physicians have chosen to use. Pharma has to figure how to engage with it. Doctors were one of the fastest iPhone adopters. That tells you something.”**

Papanek, who worked at Genentech in a variety of positions spanning marketing, development and business development before joining Canaan, says it is too soon to mothball sales forces and says digital can work in harmony to enrich the message.

**“Digital is a big opportunity and I don’t think it is a question of one or the other because they complement each other. It is about**

## Is pharma doing enough to connect with physicians? The simple answer is 'no'

Julie Papanek, Canada Partners

tailoring the message. Choosing the [right] channel to [reach] the customer is important. Some people prefer emails, some people pen and paper; some people want personal contact, others don't. This is the key message for pharma: it must segment rather than having a one-size-fits-all approach."

"With access changing and conversations with payors being more important, you are seeing the emergence of different types of sales forces," she continues. "Conversations with customers have a more academic scope, and field reimbursement managers negotiating with regional payors can help get access to products for patients and physicians."

Papanek also points to the opportunities for pharma to use data from tracking devices to get a more accurate understanding of the performance of medications. That data then becomes a powerful commodity to use to engage both physician and patient, she adds.

"Pharma should consider establishing a more sophisticated set of services around [its] offering to take the hassle away from the physician, making it easier for [doctors] to make the right decisions, by integrating decision support in their workflow and creating clear information for consumers to make informed choices.

"Pharma is in the business of getting paid for great clinical outcomes; that is its purpose and [it] has to prove it."

### NEW PERSPECTIVES

Dr Thomas Hein, president of EphMRA, also sees digital as a positive: "This is a huge opportunity. If you engage you will do well and build clear relationships. A lot of companies now talk about being customer centric – that means, in the first instance, the physician," he says.

"There are good examples, for instance work by UCB that really digs into patient needs to provide a holistic view of the patient. This helps the physician treat them better because they have a greater understanding."

Bayer showed the potency of an innovative approach by enrolling a cameraperson and interviewer to follow patients with chronic obstructive pulmonary disease (COPD) at work and home to see how they were impacted physically, socially and psychologically by the condition.

"It was an eye-opener for physicians. Key opinion leaders said they had never seen that perspective of a patient and could not have imagined what situations they were suffering," adds Dr Hein. "Doctors like this level of feedback as it helps them improve as physicians and it also makes them more open to engagement."

"A physician needs to know a lot about laboratory opportunities, how to test, what to test for and how to interpret the results, as well as knowing about the pharmaceuticals and clinical presentation of patients, so any help in terms of supporting diagnostic or

treatment pathways is going to be welcome. The way forward is to provide richer, more personalised information on disease areas and supporting tools for the physician for a quicker and better diagnosis, rather than concentrating on specific products."

Changes in sales culture are needed as the emphasis switches from visiting doctors, according to the "Rebirth of the Pharmaceutical Sales Force" report from Accenture. It states: "A re-invigorated sales capability requires a change to the traditional sales culture. The activities of the sales team no longer focus on visiting with doctors to share information; the focus is on addressing the needs of a broader network of buyers and influencers."

"This means pharmaceutical companies need to evaluate the marketplace to identify opportunities for the sales organisation to add value, while ensuring they don't introduce regulatory and compliance risk. This, in turn, requires the sales organisation to work with marketing and other functional areas to develop tools, services and programs that stakeholders notice and value. Coordination and collaboration among sales resources and between sales and non-sales functions are critical."

### SUCCESS STORIES

The practical results have been clearly demonstrated in a series of collaborations between major pharmaceutical firms and local healthcare groups, facilitated by the Association of the British Pharmaceutical Industry through its Joint Working Initiatives programme.

AstraZeneca found an added level of engagement with two COPD projects: with Wirral Clinical Commissioning Group and a group of doctors in east Surrey.

In the Wirral, the company provided a data interrogation tool for a disease management exercise that included data-sharing with secondary care and healthcare and patient education. It identified 154 new asthma patients, increased awareness and reduced hospital admissions by 21 per cent. The dividend for AstraZeneca was an enhanced public reputation and an improvement in adherence.

In east Surrey, a new computer-guided consultation software package was used to deliver COPD assessments, which resulted in a range of patients getting condition management plans and others being switched to more appropriate treatments. It was another reputational win for the company and led to increased use of its medicines.

The community-based RIPPLE project in Coventry, funded by the Health Foundation and supported by GlaxoSmithKline and the British Lung Foundation, has been acclaimed for its ability to improve wellbeing and reduce anxiety and low self-esteem experienced by patients with severe COPD.

### TURNING THE SHIP

It is clear that pharma is getting the message as the use of digital channels increased by 30 per cent in 2014, according to IMS Health Global Pharmaceuticals Marketing Channel Reference 2015, which stated: "Sales force upgrades, with a focus on an integrated multichannel approach and provision of rich clinical content, reveal a progressive shift away from influence and advertising towards high-value engagements across multiple touchpoints."

Sales forces increased globally by 0.8 per cent to 444,112 driven by a slew of new compounds and stabilisation after fallout from the "patent cliff". However, direct meetings with physicians were down 25.5 per cent while e-meetings had increased by 54.3 per cent compared to 2013 figures.

# CONCLUSION

Healthcare is changing. By understanding the needs of physicians, and using innovative channels to make meaningful connections, pharma can ensure it continues to enjoy a mutually beneficial relationship with medics

Facebook, Google and even Amazon are in healthcare and they are not going away. Change is now a daily way of life.

Discovery and research and development, scaffolded by regulatory frameworks, will always dictate when you can shift the market significantly. However, innovative marketing that showcases the grass roots' impact of a drug (or, increasingly, now a device) can also have a major effect. Remote monitoring also provides a golden opportunity to create real-world, real-time data to underscore efficacy.

Consider the shift: a sales force can do wonders with high-grade clinical data from Phase III clinical trials and well-crafted observational studies. But marketers can take that to completely new levels – as evidenced by many collaborative examples – when physicians see the changes manifest in their surgeries, rather than in documents and tablet-based flowcharts.

In an era of patient centricity – and that term now has to be extended to the public's increased ability to have a say in their health, as well as it being an industry focus – the potency of being able to demonstrate clear changes in outcomes to both physician and patient cannot be underestimated.

## THE POWER OF DIGITAL

Agile, digital-supported initiatives also have a reputational legacy that can only boost the industry's cause. Worldwide industry investment in pharmaceutical sales force and marketing channels has been estimated at more than £50 billion annually and the tilt towards digital from traditional will continue.

Healthcare venture capital companies need to be clued-up on the direction of travel and Julie Papanek of Canaan is convinced: **"I am excited by the developments, as with Facebook, LinkedIn, Google and other systems we have a much better understanding of who physicians are and how they like to receive contact. That is a positive.**

**"We can now develop facilitating tools that can help with a faster route to prior authorisation and a way to compare and contrast products, making it easier for physicians to do their job."**

It is about looking beyond the sale: examining the mechanics of physicians' work and tailoring contact

accordingly. **"Ask where your customer spends their time and where you can save them time or hassle,"** Papanek advises. **"This then has to be ranged against: 'How do I get this message in front of them and then how do I measure the value of my product and my campaign?'"**

Support lines, call centres and chat bots, which dispense information using artificial intelligence, along with wearable monitoring devices are already part of the landscape, and could have a transformative impact on medication compliance and preventative care.

Industry has never before had the opportunity to sample and analyse so much patient data. Harnessing it across all marketing is the future, both in business and humanitarian terms. Think of the societal benefits if the confluence of drug discovery, patient monitoring and targeted population delivery can move global health a few percentage points to the good.

The creative talent is there and it is clear that industry is being handed the diagnostic and monitoring tools to do the job. It may be a new way of working, but it can deliver sales success and, ultimately, the prime aim of getting the right medicines to the right people as swiftly as possible.

