

EPG HEALTH 

A MULTI-STAKEHOLDER STUDY

THE FUTURE OF HCP ENGAGEMENT IMPACT

CLOSING THE GAPS BETWEEN HEALTHCARE
PROFESSIONAL DEMAND AND PHARMACEUTICAL
INDUSTRY SUPPLY OF MEDICAL INFORMATION

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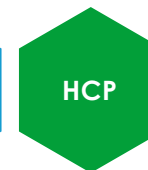
To gain deeper insights and help tell the story behind the survey data, EPG Health conducted detailed interviews with 7 industry leaders spanning a range of roles and functions within pharmaceutical and service provider companies.

Participants were asked for their opinions on selected survey findings, emerging trends and the outlook for pharma-HCP engagement. To encourage candid responses, their comments have been kept anonymous within this report.

All opinions expressed belong to the individual and do not represent the positions of their employer, or of EPG Health. Interviewees received no compensation for the information shared and did not share any insider information about their organisations.



Pharma



HCP

Comparative insights



Demographic breakdowns



2021 data comparisons



Key insight



Third party research

I INTRODUCTION

How have healthcare professional (HCP) engagement trends, challenges and impact outcomes evolved over the last 2 years? What have been the lasting effects of the pandemic, and what does the future hold now the dust has settled?

A follow-up to [EPG Health](#)'s 2021 report on [The Gaps Between HCP Demand and Pharma Supply of Medical Information](#), this 2023 study provides an up-to-date picture of the HCP engagement landscape.

The objective was to highlight progress made, identify where gaps have persisted or emerged, and inform the next steps to help shape pharmaceutical (Industry) communication strategies.

Drawing on quantitative and qualitative data from multiple stakeholder surveys, the report compares HCP demand with Industry supply of medical information.

Data from 2021 are highlighted throughout to show how trends have evolved over the last 2 years, while demographic breakdowns and third party research are surfaced where they add useful context to the findings.

OVERVIEW OF SURVEY PARTICIPANTS

HCPs

n = **291** (39% Europe; 17% Asia; 13% North America; 31% other)

PHARMA

n = **134** (43% Medical Affairs; 24% Marketing; 32% other)

SERVICE PROVIDERS

n = **109** (37% MedComms agency; 22% Consultancy; 41% other)



KEY FINDINGS

An overview of conclusions drawn from this research into the future of HCP engagement impact



DIGITAL INROADS MADE BUT MUST BE MAINTAINED

Accelerated by the pandemic, pharma's shift in digital mindset is being recognised by HCPs, who report improvement in digital content provision over recent years. However, there are signs of a back-to-normal mentality creeping in, with pharma's own channels dominating future investment plans while emphasis on virtual meetings, webinars and social media is set to reduce in the year ahead, limiting opportunity for interaction.



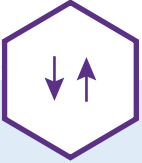
REACHING HCPs THROUGH A DIVERSIFIED CHANNEL MIX

HCPs are embracing a broader range of digital channels than ever, including mainstream and on-demand options. Independent websites continue to be the preferred source of information for HCPs but are placed lower among pharma's priorities, whose focus on field force and own channel activities outweighs HCP demand. Pharma is often leaning on service providers to deliver content via channels other than their own.



CUT THROUGH WITH CREDIBLE, RELEVANT AND ACCESSIBLE CONTENT

The discoverability of digital content is a growing challenge for HCPs and Industry alike, due to a cumulative effect of content overload and lack of channel optimisation. Priority is for independent, bite-sized and interactive engagement opportunities. To effectively engage, pharma must focus on being relevant and add value where it does not already exist, creating unique content that is easy to find, and work towards an omnichannel approach offering personalised journeys for discovery.



THE ONGOING RISE OF MEDICAL AFFAIRS

Overtaking sales force as pharma's primary driver of HCP engagement, medical affairs functions are rivalling the marketing function for digital airtime. Being relatively new to digital engagement tools and techniques, the learning curve is steep, but progress has been recognised by HCPs. Budget and resource are considered a significant limitation by the medical function (when compared with marketing) perhaps hampering focus on the longer-term tactical and less inward-looking initiatives that deliver greatest value.



PHARMA SHIFTS FOCUS TOWARDS EDUCATION

HCPs have high demand for educational content and pharmaceutical companies are increasingly looking to serve it, with planned growth of investment in their own educational websites, and MSIs now replacing sales reps as their primary HCP engagement channel. However, emphasis on providing product information remains higher than for disease information, which reduced in focus for pharma over the past 2 years, despite HCPs having higher demand for it.



GREATEST IMPACT COMES WITH RELINQUISHED CONTROL

Industry reports greater impact for activities leveraging independent and third party sources, which are trusted, valued and used more by HCPs. However, pharma's future plans continue to overwhelmingly focus on creating its own content via its own channels. For delivery of educational content, meeting HCP needs will require support for third party sources. Relinquishing some control of message and delivery may be necessary to build credibility and impact.



HIGH DEMAND FOR VIRTUAL MEETINGS IS NOT DIMINISHING

While HCP on-site attendance of scientific meetings has resumed at close to pre-pandemic levels, frequency of virtual attendance is even higher and demand remains elevated. Meanwhile, pharma is shifting away from support for virtual and back to on-site congresses and symposia, seeking physical networking with HCPs. Opportunities to engage a larger and wider online audience during and after the event are vast and currently under served.



A DATA SHIFT TO DEMONSTRATE IMPACT

As an Industry, we report satisfaction with the overall effectiveness of our HCP engagement despite also reporting that educational activities are not routinely measured or analysed. This is a major challenge and area of focus for the future, with 'vanity' metrics aligned to reach set to be replaced with more sophisticated methods of assessing and demonstrating HCP learning needs, knowledge gain, behaviour change and impact in clinical practice.



LACKING LONG-TERM VIEW AND RESOURCE PROVISION

Current strategic focus on short-term initiatives (and associated resource provision) is not only misaligned to HCP needs but also the objectives of pharma. Commitment to longer-term initiatives is important to build trust, sustained engagement and impact. With the younger generation of HCPs exhibiting the greatest volume, breadth and frequency of digital engagement, and higher receptiveness to pharma interactions, a focus on their needs will serve pharma well into the future.

CONTENT

Healthcare professional demand and pharmaceutical industry supply of medical information

AN ASSESSMENT OF:

- Content provision and consumption by type, format and source
- Disease versus brand information and independent versus pharma-led
- Evolving budget and resource allocations, funding models and processes

I INFORMATION TYPE

Guidelines for patient management and treatment remains (since EPG Health's 2021 research) the information type rated highest by HCPs in terms of need for better access. Most also want better access to **diagnosis information, accredited learning activities (CME), clinical trial information, disease information** and **journal articles**.

In comparison with HCP demand, pharmaceutical companies place low priority on providing diagnosis information and accredited learning, while rating **prescribing information** significantly higher for supply than HCPs do their demand.

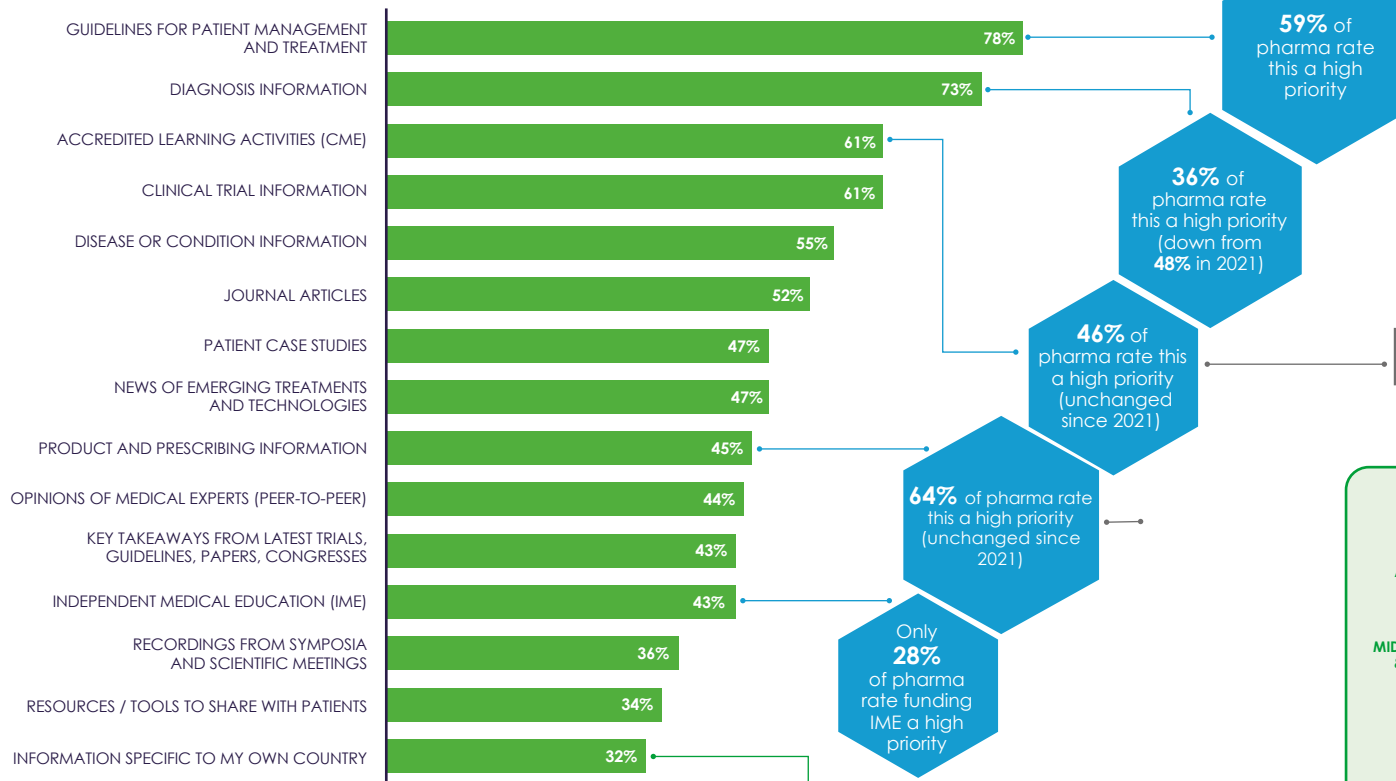
In Asia, HCPs report greater need for **information specific to their country** than their peers in Europe and the USA.

73%

of HCPs demand better access to diagnosis information. Only 36% of pharma rate this a high priority for provision

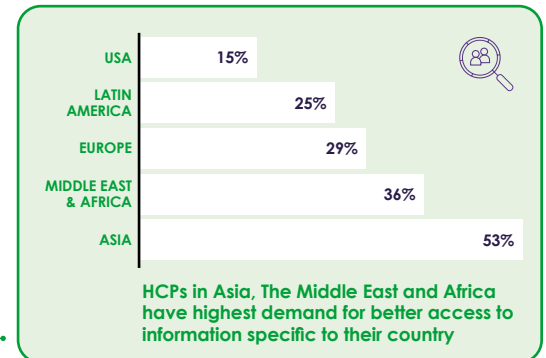


HCP What information types do you need more or better access to?



Sermo 2023 research finds that treatment information is HCPs' second most searched for topic (after medical research / data), with 60% doing so regularly.

Reuters / Elsevier 2023 research finds that 82% of pharma were highly likely invest in CME in 2023, representing 9% growth on their 2021 survey.



I PREFERRED SOURCES

HCPs prefer to receive all fifteen information types listed from **independent sources** than from **pharmaceutical companies**. Globally, HCPs are twice as likely to select an independent source, although HCPs in Asia consider independence less important than those in the USA and Europe.

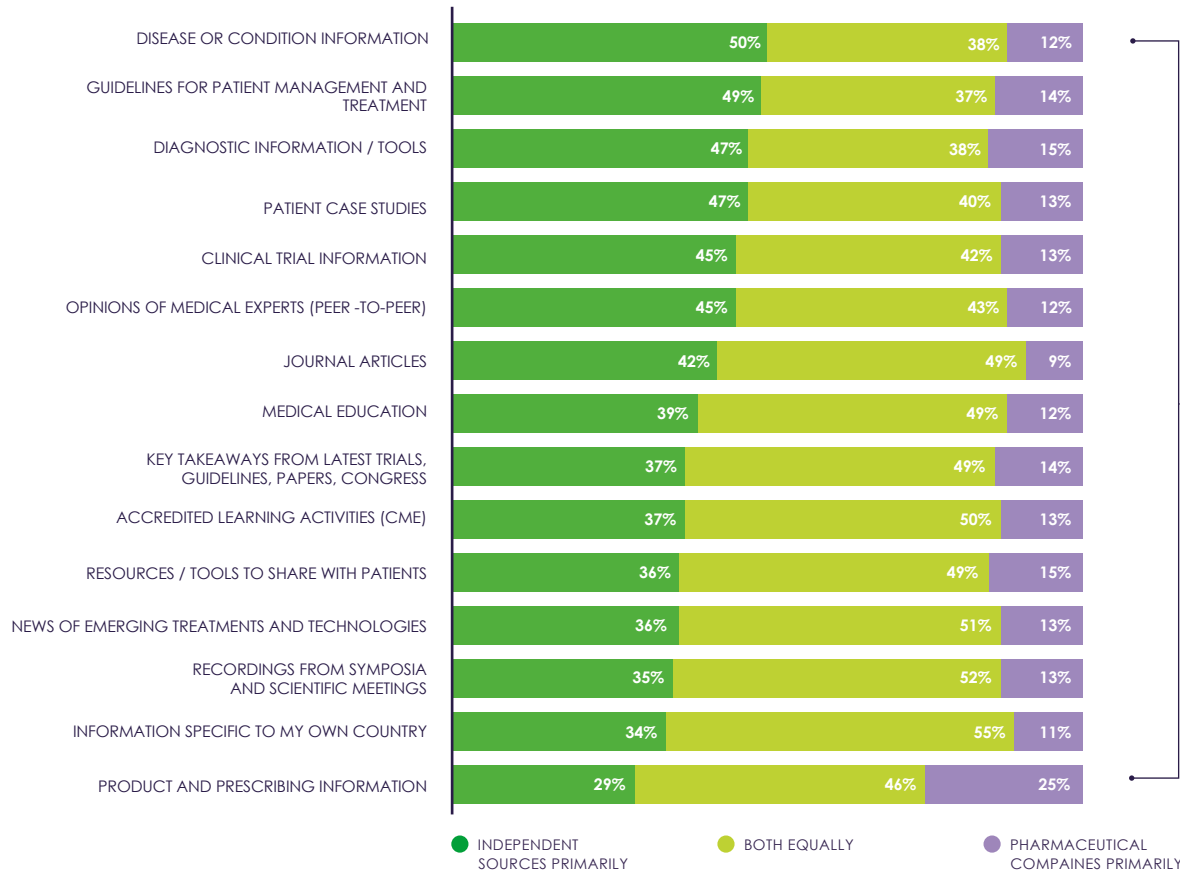
Of all information types, HCPs are most willing to accept **product and prescribing information** from pharma, though equally likely to opt for an independent source. For all other types of information, **only 15% or fewer HCPs prefer pharma sources**.

7x

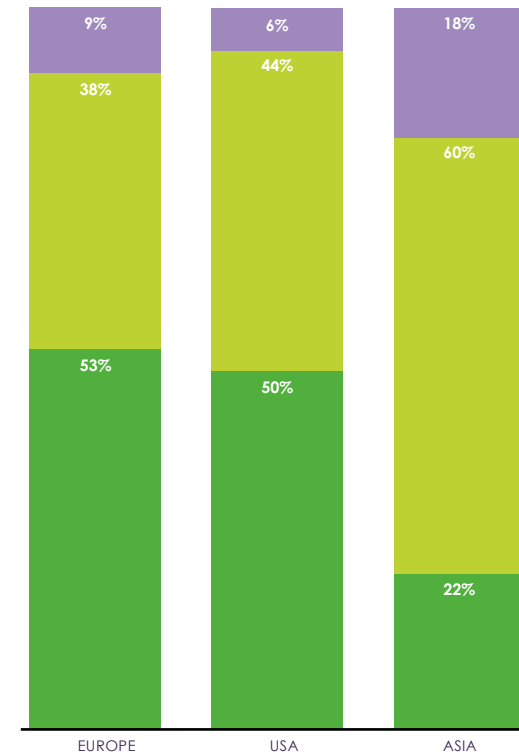


more HCPs prefer independent sources of content than favour pharma sources (in Europe and the USA)

HCP Would you prefer to receive the following types of information primarily from pharmaceutical companies, independent sources or both?



HCP Preferred source across all content types by geographic location of practice



I PHARMA AS A SOURCE

Nearly one-third of HCPs report that pharmaceutical companies are the source of most disease and treatment information shared with them.

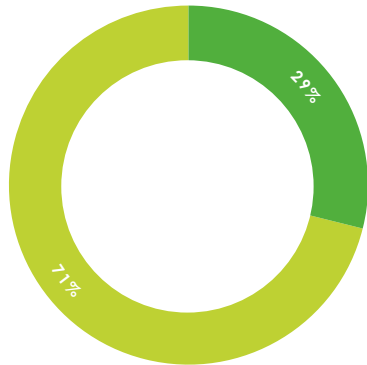
The majority of HCPs consider communications and content from pharma to be **easy to access and consume** and **improves their knowledge**, however, nearly half consider most pharma communications and content to be **promotional**, and one-third believe them to be mostly **biased**.

49%

of HCPs consider most pharma content to be accurate and trustworthy

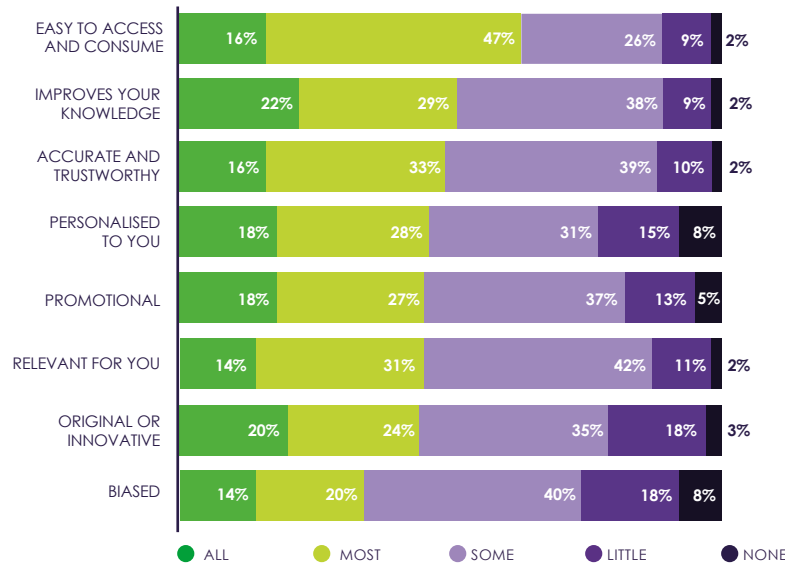


HCP What proportion of disease and treatment information shared with you is from pharmaceutical companies?



● MORE THAN HALF
● UP TO HALF

What proportion of the communications / content from pharmaceutical companies do you consider to be the following?



● ALL ● MOST ● SOME ● LITTLE ● NONE



Sermo 2023 study found that **66%** of HCPs globally view pharma as a credible source of disease state information. However, **34%** feel pharma does not understand their needs, and **73%** are more likely to engage with content that is personalised.

HCP VIEWPOINTS

Outline any changes you would like to see in the content shared by a pharmaceutical company

- “ Involve more **clinically relevant** topics in their presentations and **less research**.
- “ I enjoy when **products are compared**, even if they are from a different manufacturer. Good information for patients.
- “ How to treat **adverse effects**.
- “ I really appreciate accurate and **independent CME** and would like more of it.
- “ Less about product “success” and more honesty about side effects and **patient experiences** in exchange for “no disease progression”.
- “ More peer reviewed, randomised controlled clinical trials showing **outcomes compared to standard treatment**.
- “ Continued shifts in consumer **behaviour and attitudes**.
- “ **Fresh and relevant** content.

I DISEASE AND BRAND AWARENESS

27%

of pharma expect a big increase in budget for disease awareness

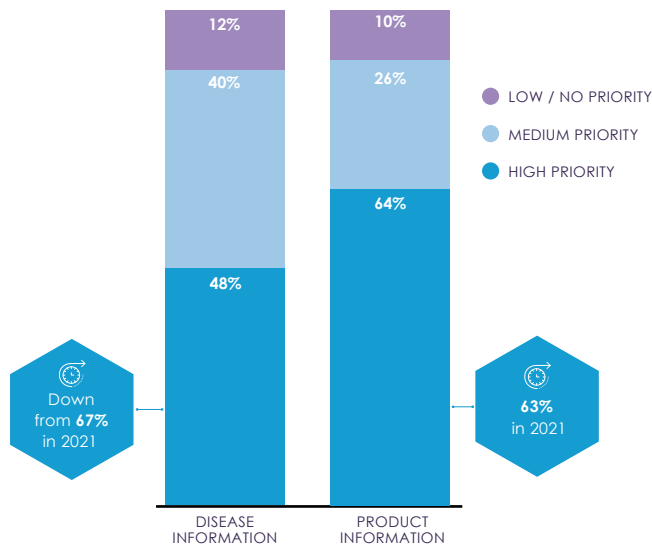


Contrary to HCP demand for better access (which is higher for **disease information** than **product and prescribing information**), pharma respondents are giving less priority to disease information than to product information, with prioritisation of the former falling significantly between 2021 and 2023.

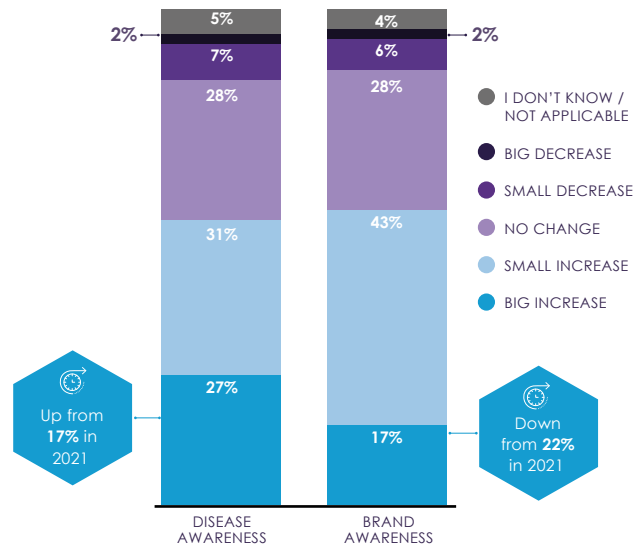
However, this study indicates the likelihood of a slight shift back in the future. The proportion of respondents expecting increases in **budget and resource allocation** for disease awareness is comparable to that for brand awareness (**58%** and **60%** respectively), but those anticipating 'big increases' for disease awareness are up since 2021 while those expecting 'big increases' for brand awareness are down.

Pharma supply of both brand and disease awareness is heavily dominated by **creating their own content**, with or without support from external suppliers. Funding of **independent or collaborative disease awareness content** accounts for less than **20%** despite most HCPs preferring to receive this from independent sources.

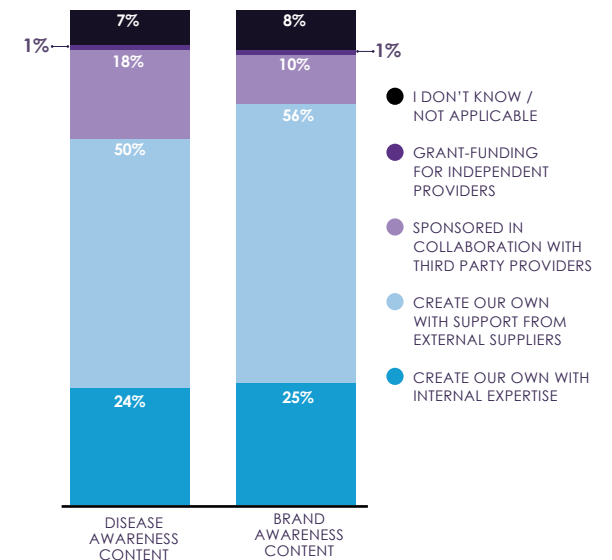
PHARMA How much priority do you currently give to providing or funding the following?



What future change in budget or resource allocation do you expect for the following?



What funding model dominates your supply of the following for HCPs?



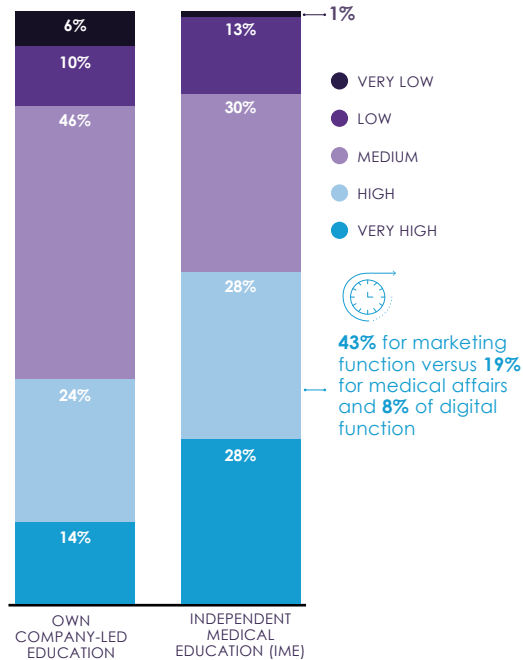
Reuters / Elsevier 2023 research finds that **69%** of pharma leaders expect to increase investment in education and CME by 2026.

I PHARMA LED VERSUS INDEPENDENT

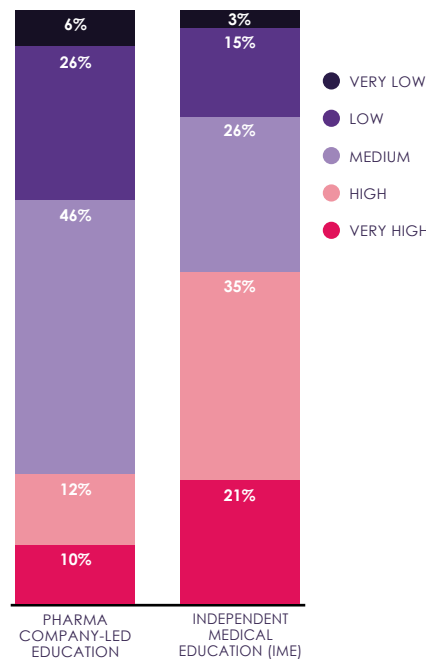
Over 80% of pharma respondents report levels of impact for both **independent medical education (IME)** and **company-led** education to be medium to very high, however, they see the impact for IME as being greater. Service providers see the impact of **pharma-led education** as significantly lower than described by pharma. Within pharma, there is lack of agreement (an even split) on what proportion of HCP education should be independent versus company-led. Those working in medical affairs lean more heavily towards independent, and those in marketing lean towards company-led.

38% of pharma see high or very high levels of impact for company led education, versus **53%** for IME

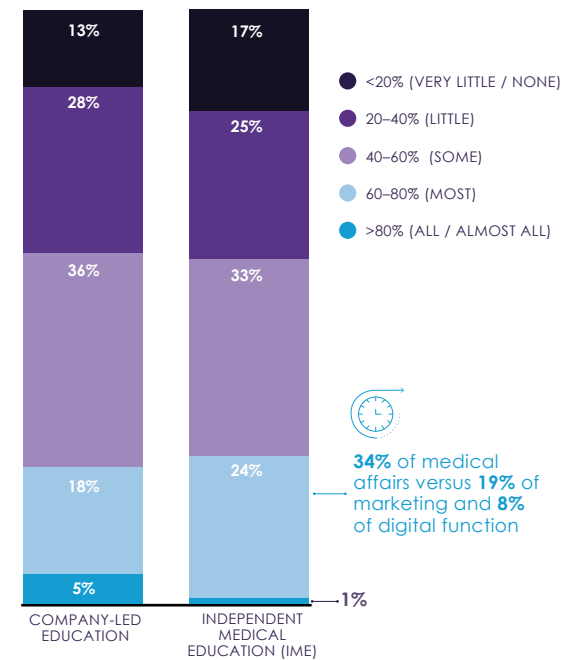
PHARMA What level of impact are you seeing for the following?



SERVICE PROVIDERS What level of impact are you seeing for the following?



PHARMA In your opinion, what proportion of HCP education funded by your company should be the following?



SOURCES Roles of independent and pharma owned channels

“ Third party channels are still underutilised in the industry. I would argue that there should be **more emphasis on independent channels and content earlier on in the product lifecycle**, whereas for a late-stage mature product, more owned channel activity could be appropriate - the product is well known, it's well established, there will be lots of real-world clinical experience using that product and prescribing it, so there is probably less need for extensive third party / independent content on it.”
 Head of Commercial Excellence (Pharma)

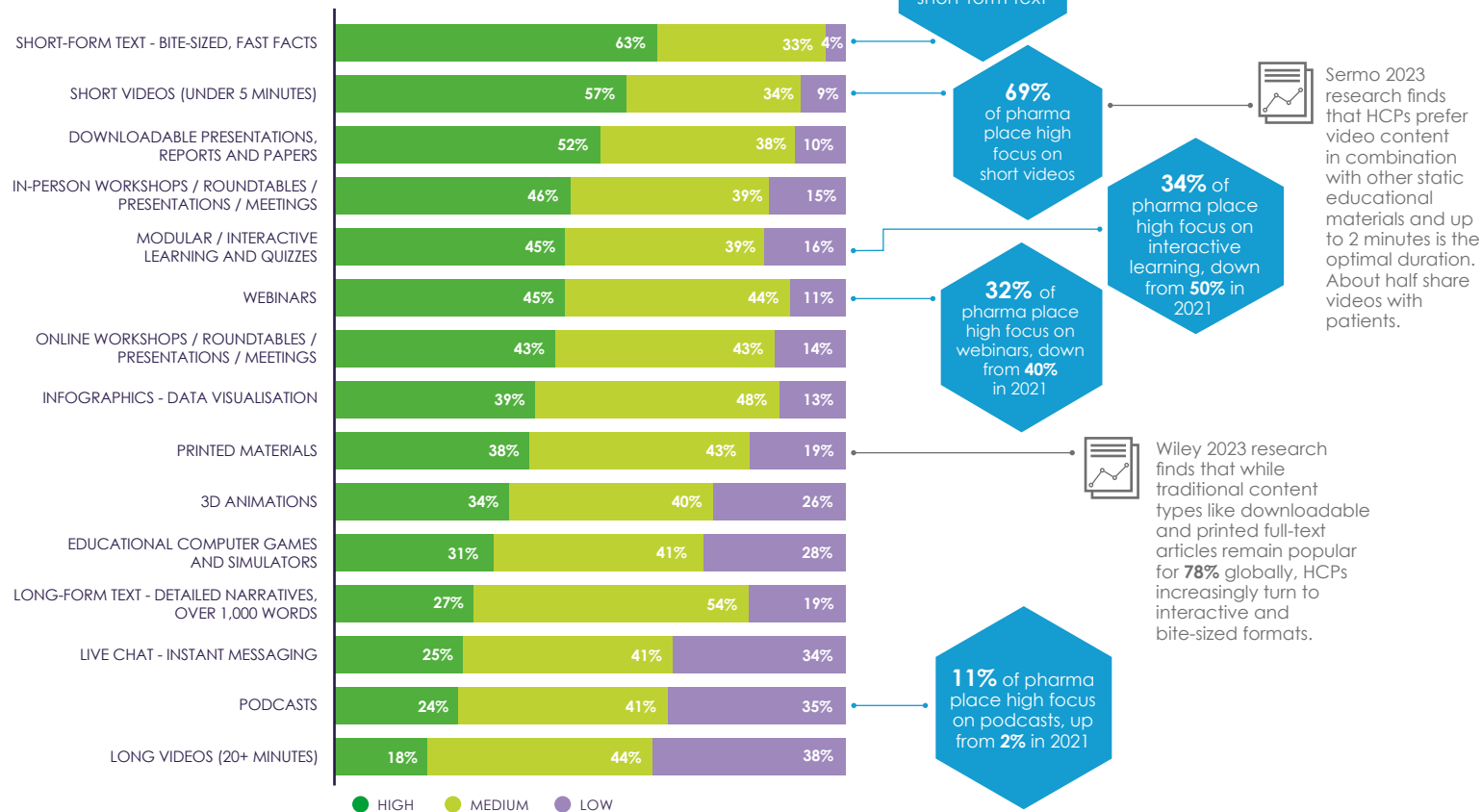
I CONTENT FORMAT

Over two-thirds of HCPs want access to each of the fifteen content formats listed, with insignificant change globally since 2021. **Short-form** and **downloadable content** formats remain in highest demand for most.

Pharma focus on content formats is closely aligned to HCP demand. **Marketing and digital functions** report higher focus on short form content than **medical affairs** do. Since 2021, there has been a slight drop in focus on **interactive learning** and **webinars**, and an increase in focus on **podcasts** (although still not matching HCP demand).

>90%
of HCPs want short form text and videos of <5 minutes (the two highest ranking content formats)

HCP Rate your DEMAND FOR the following content formats and tools



HCP VIEWPOINTS

Outline any changes you would like to see in the content shared by pharmaceutical companies.

- “ Provide downloadable leaflets outlining the success of the drug, mechanism of action, side effects and guidelines.
- “ More concise information, to the point.
- “ Less snail mail.
- “ Easy access and understanding with illustrations and video.

I FINDING AND CONSUMING CONTENT

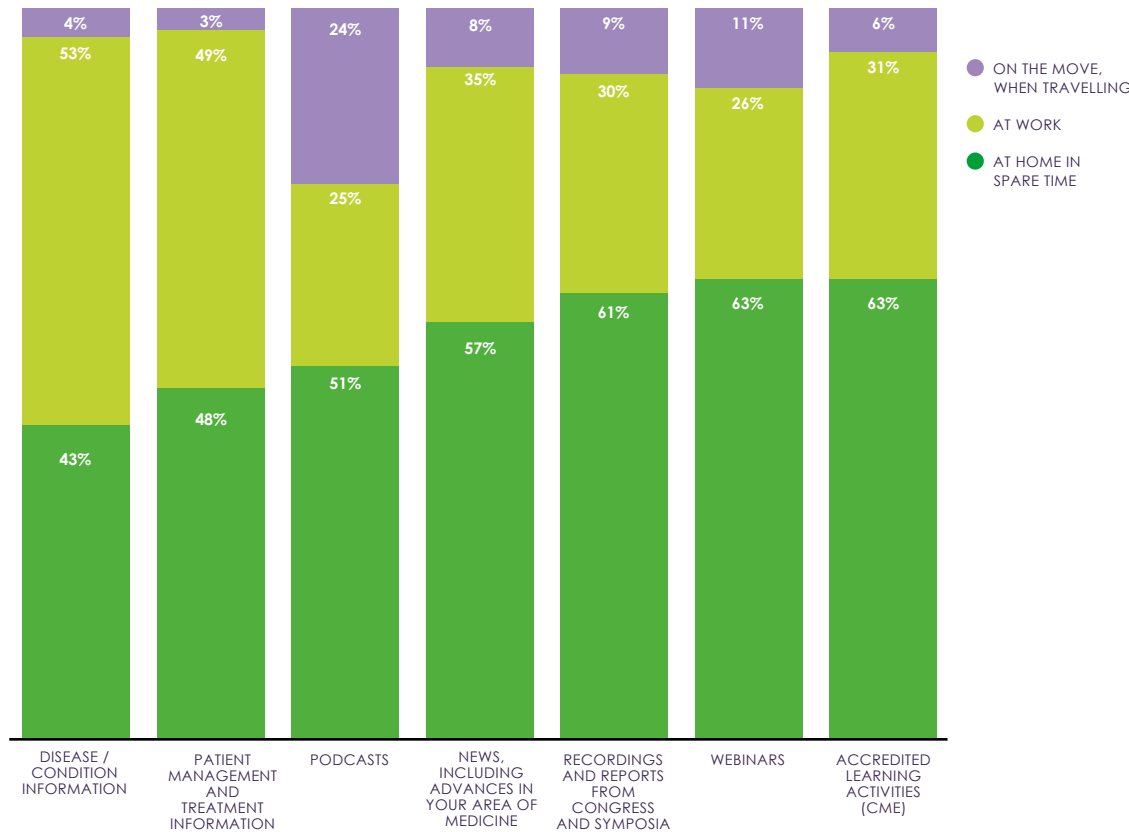
Most medical information is consumed by HCPs **at home in their spare time**, except for disease information and patient management and treatment information, which are primarily consumed **at work**. In **Asia**, however, HCPs are more likely to consume disease and condition information at work than their peers in the **USA** and **Europe**.

A quarter of HCPs report listening to podcasts primarily **when travelling**, with 1 in 10 also consuming webinars and recordings from scientific meetings on the move.

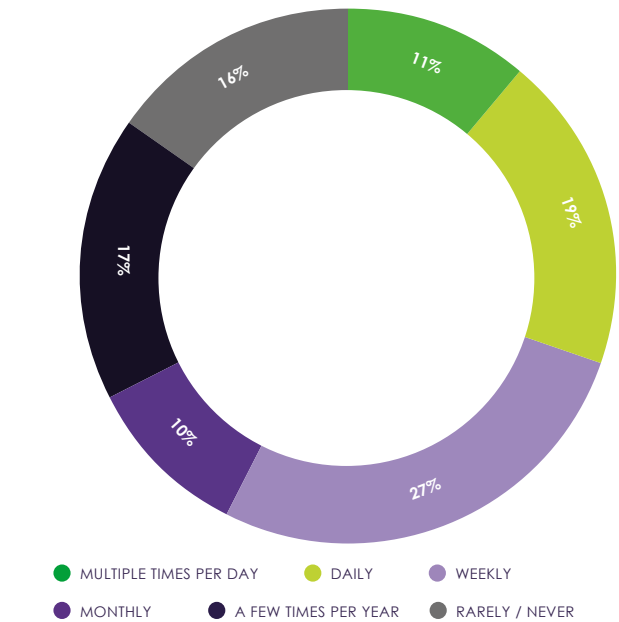
When searching for content, **57%** of HCPs have **difficulty finding the information** they need in clinical practice at least once a week (most HCPs seek out content weekly).

2 in 3
HCPs access webinars, congress output and CME at home in their spare time

HCP When do you primarily seek or consume the following types of medical information?



How often are you unable to find the information you need in clinical practice?



Wiley 2023 research finds that **80%** of HCPs actively seek out content on a weekly basis, up from **72%** in 2022.

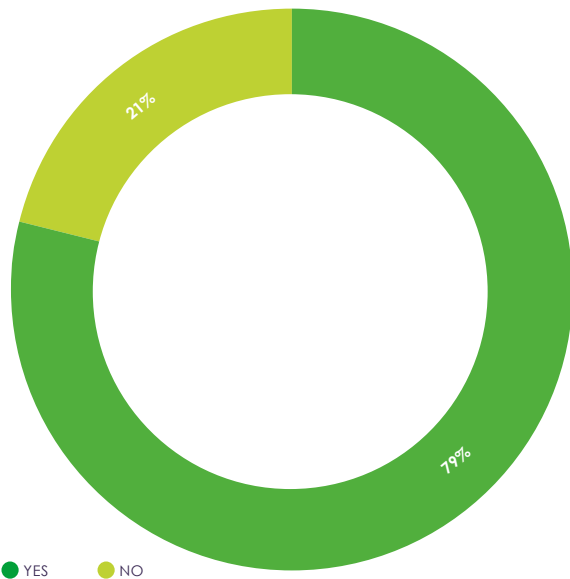
I REQUESTING INFORMATION

Over three-quarters of HCPs believe there are adequate ways to request specific information they need. They are most likely to do so at or after sessions such as **educational activities**, **congresses** and **webinars**. They are least interested in asking **sales reps** or using **live chat help desks**.

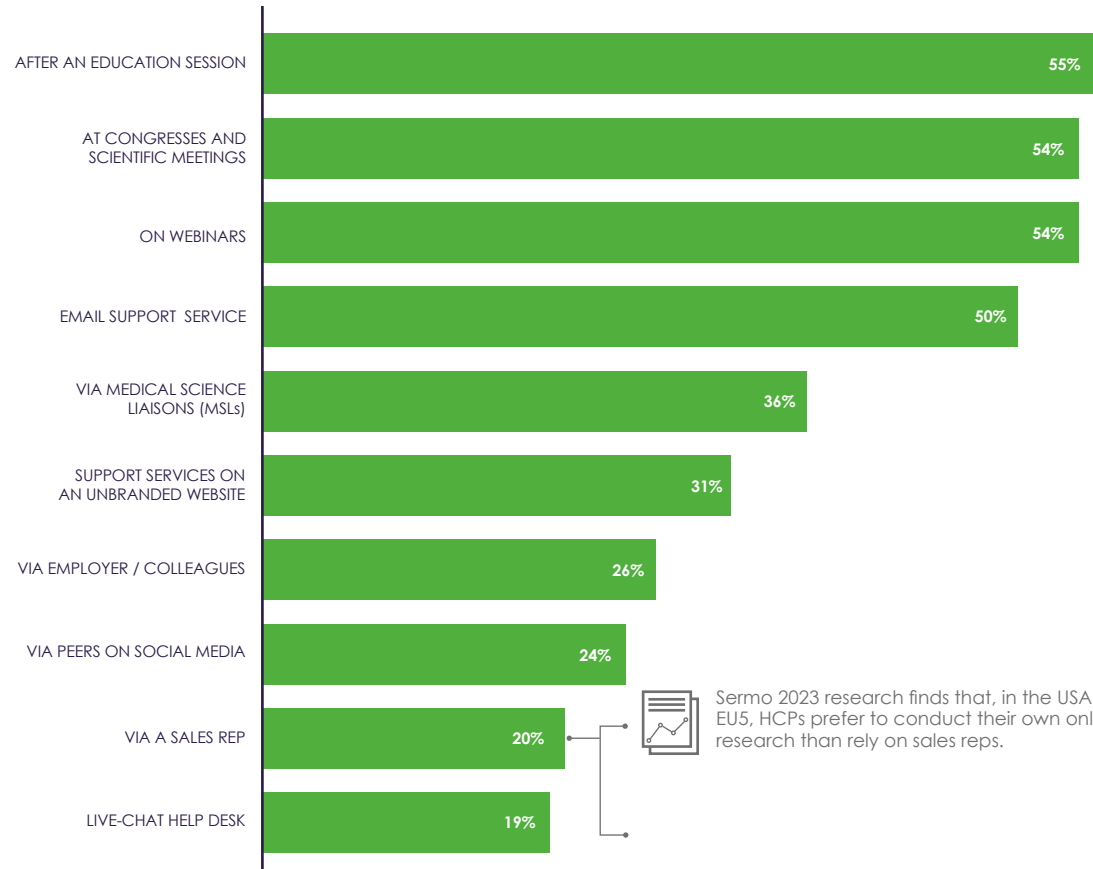
HCPs are more likely to seek information from peers on social media than ask a sales rep or use a live chat tool



HCP Do you feel there are adequate ways to request the information you need?



How do you want to be able to request information?



Sermo 2023 research finds that, in the USA and EU5, HCPs prefer to conduct their own online research than rely on sales reps.

I PHARMA ADVANCES

Though most are still in **the early stages**, three-quarters of pharma respondents report that their organisation provides a **central / shared repository for content** and is **creating modular content**, both approved for multiple purposes / channels. However, around half lack **clear guidance for digital content creation** and **personalised engagement**.

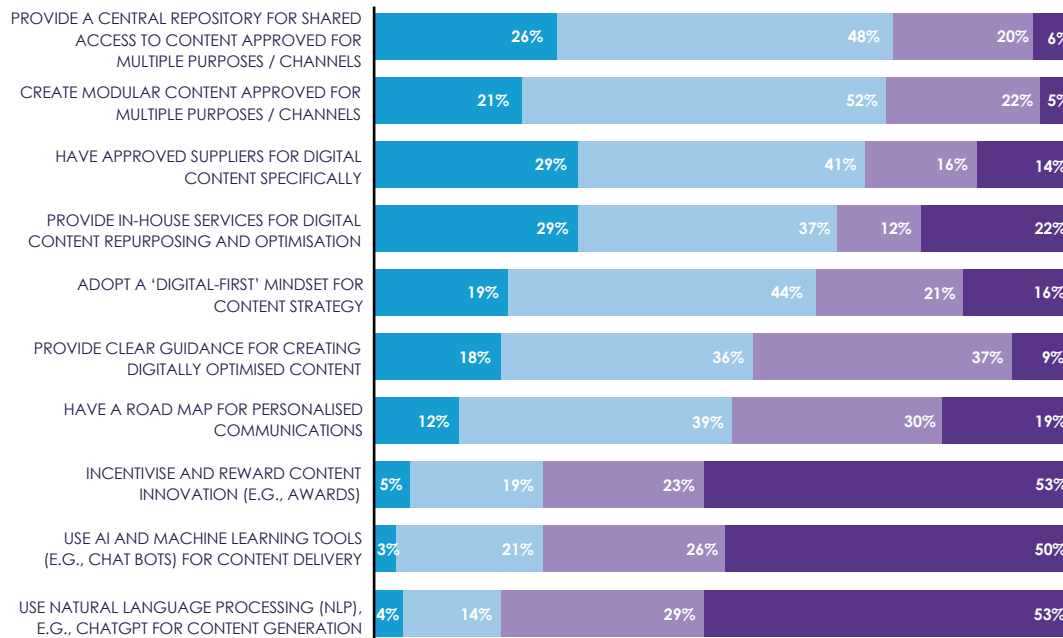
Use of **AI, machine learning and natural language processing (NLP)** is in progress for some, but most are not aware of any plans to use them in relation to their HCP engagement. Those in digital and medical affairs functions are more likely to have plans to use these tools than colleagues in marketing.

<20%



of pharma have a well-established 'digital first' approach to content creation

PHARMA In relation to HCP content, does your organisation do the following?



● YES, WELL ESTABLISHED ● YES, IN EARLY STAGES
● NO, BUT THERE IS A PLAN IN PROGRESS ● NO, AND I AM NOT AWARE OF ANY PLANS TO



Reuters / Elsevier 2023 research finds that >88% of pharma have witnessed a change in the content they offer. When deciding what educational content to leverage, quality of content, physician information needs and availability of metrics to track effectiveness rank most highly for pharma.



42% of those in a digital function and 32% in medical affairs have plans to use NLP, compared with 5% in marketing.

PHARMA VIEWPOINTS

Outline any changes you expect to see in your delivery of content for HCPs in the coming 2 years.

- “ Use of NLP to reduce production costs. Drive to re-use global content in local affiliates.
- “ More and more short bite-sized content available in several formats - podcasts, videos, downloadable leaflets etc.
- “ In 2 years, the external world may see changes but for the love of Pete, people are still celebrating a chatbot. Very slow internal processes, not hiring creative thinkers, no incentive for long-term changes but instead we focus on quick, non-sustainable solutions.
- “ Greater HCP access to customisable, personalised content.
- “ I think we will consider more and more the newest generation of HCPs, with their different needs and expectations.
- “ More proven scientific data, independent peer review, innovative digital formats, integrated communication plan, tailored approach according to HCP and patient needs.

I INTERVIEWS



DISEASE EDUCATION Is product-centricity on the decline?

“ Pharma companies spend 24/7 thinking about their particular products and treatments, but the industry is sometimes not focused enough on **providing the big picture to physicians**, particularly around the burden of disease and treatment while providing holistic information and support to their patients.”
 Scientific Solutions Director (Service provider)

“ Medical education (led by medical departments) shouldn't be about getting the HCP to prescribe your product, it's about **giving them the right knowledge and confidence** in the data. If they choose not to then prescribe your product that's completely up to them, but our job is to educate and ensure they have the relevant pieces of information available in order to make an informed decision about what's best for their patient.”
 Global Medical Education Lead (Pharma)

“ We need to provide the content that our customers are asking for. That means **moving away from the pure promotional content towards more scientifically-driven information**. I think we and the entire industry are driving in this direction already, because the understanding is there, but there is still some way to go.”
 Global Head of Medical Customer Excellence (Pharma)

DIGITAL Personalisation will combat content overload

“ We learned a lot about customer experience during the pandemic. Very early on it became clear that healthcare professionals were being bombarded with content from across pharma, because no one could go out and see them in person anymore and there was a lot of competition for their attention in the digital space. We believe **quality of customer experience will be a clear differentiator within the market in the future**. Omnichannel and personalised content is the way to go.”
 Global Head of Medical Customer Excellence (Pharma)

FORMAT Time-poor HCPs need bite-sized information

“ Physicians are under pressure to see more patients than ever, they're having to devote a lot of time to inputting electronic medical records, so **bite-sized content is really important with the ability to read more if they want**.”
 Chief strategist (Service provider)

TRUST Tackling the Industry's image problem

“ There are a lot of companies that are really earning the trust of physicians, but as an industry we have a long way to go. **Trust starts with listening to your audience**, hearing what they need and responding to it. When we are getting study after study about physician burnout, there's no question that pharma is part of that.”
 Chief Strategist (Service provider)

“ **The industry has a PR problem that is very difficult to reverse**. Some of it is fair and warranted, some of it is not, and we're not the only industry to suffer from this issue. Every company would tell you it already does everything it can and should be doing to build trust, but **I don't think any of us have the silver bullet**.”
 Head of Commercial Excellence (Pharma)

“ We in the industry should stop questioning ourselves for doing what we do, because our promotional content just tries to share the benefits of our medicines to help patients. In many other sectors, you can promote whatever you want without any valid / certified reference. We don't do that, we are not allowed to commercialise and promote anything without the right references and scientific data, so we should keep explaining that **the way we promote is completely transparent** - any communication is always based on evidence and there are very strict review controls before it is distributed.”
 EMEA Brand Director (Pharma)

I LEARNINGS

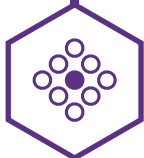
KEY FINDINGS



HCP demand for short-form, interactive, visual and easy-to-digest content formats continues, and is somewhat being fulfilled. Pharma is innovating content creation processes and practices behind the scenes.



HCPs select content based on information type (relevance) and source as well as format. Each factor is important in their decision to consume it.



HCP needs for disease awareness are not currently being fulfilled in general, nor being prioritised by the pharmaceutical industry with its primary focus on brand awareness.



While HCPs see value in content provided by pharma, most proceed with caution based on ongoing perceptions of promotion and bias.



The information types HCPs report needing better access to are those preferred from independent sources and those which pharma often give limited focus to.

KEY REQUIREMENTS

1

Use a wide variety of content formats to support personalised discovery and improve the likelihood of consumption. The approach is as important as the science.

2

Focus on being relevant and adding value where it does not already exist; simply creating the information you want to deliver in the format HCPs prefer will not cut through the noise, particularly if pharma is the source.

3

Focus on clinically relevant disease and brand awareness with original, fair-balanced content that cannot be found elsewhere, including comparing treatment options, patient experiences, side effects and how to manage them.

4

Relinquishing some control of content and message may be necessary to build credibility, share of voice and a connection with your brand.

5

Support independent content that delivers value in clinical practice, including information types that HCPs report are lacking but are less likely to trust from pharma sources.

CUT THROUGH WITH CREDIBLE, RELEVANT AND ACCESSIBLE CONTENT

The discoverability of digital content is a growing challenge for HCPs and Industry alike, due to a cumulative effect of content overload and lack of channel optimisation. Priority is for independent, bite-sized and interactive engagement opportunities. To effectively engage, pharma must focus on being relevant and add value where it does not already exist, creating unique content that is easy to find, and work towards an omnichannel approach offering personalised journeys for discovery.



CHANNELS

Evolution in the use of channels to provide and access scientific information

AN ASSESSMENT OF:

- HCP channel preferences and frequency of interaction
- Industry channel focus, resourcing and alignment to demand
- Commentary on the gaps, challenges and future priorities

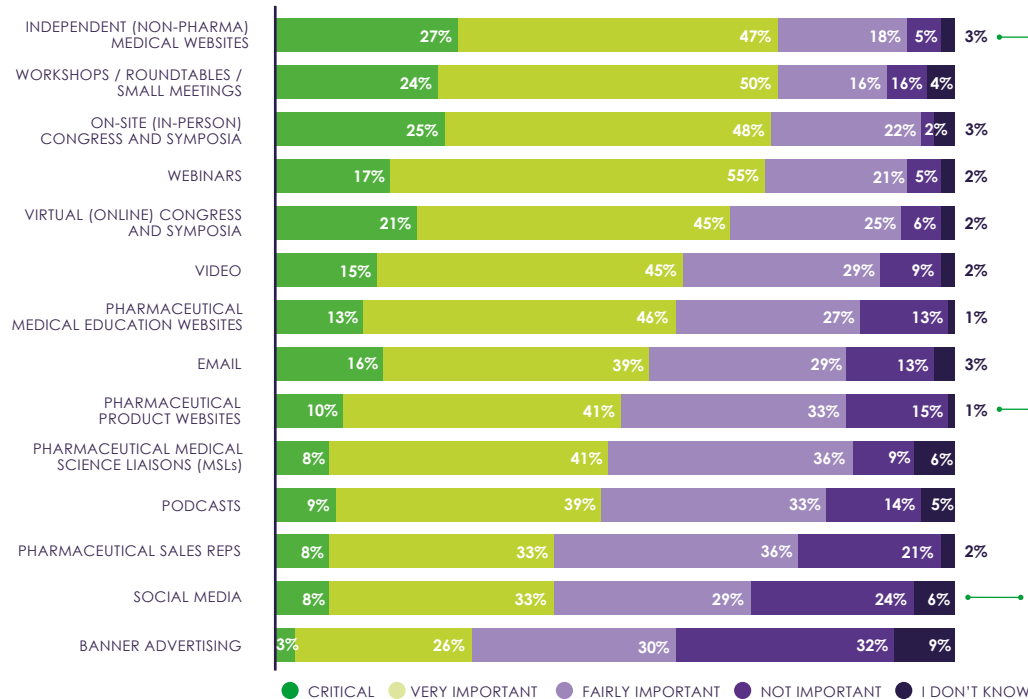
HCP CHANNEL PREFERENCES

The importance attributed by HCPs to individual channels for accessing scientific content has changed minimally since EPG Health's 2021 research, indicating that any shifts in channel utilisation during the COVID pandemic have largely persisted.

Independent medical websites, congresses, workshops and webinars remain the most important channels for accessing information, with around three-quarters of HCPs considering each 'critical' or 'very important'.

There have been small increases in demand for **pharma brand websites** and **social media** since 2021, though they continue to be channels of lesser importance to HCPs. For these and other channels that HCPs generally consider less important, opinion differs quite significantly by age and geographic region, with HCPs born since 1990 (under 34 years of age) and those in Asia placing greater importance on pharma channels and social media than their counterparts.

HCP How important to you are the following channels for accessing scientific content?



BY GEOGRAPHY

More HCPs in the USA (**52%**) consider independent websites 'critical' than HCPs in Europe (**25%**) and Asia (**9%**).

40% said this was 'critical / very important' in 2021 (up 11 % points)

Fewer HCPs in Asia (**3%**) than the USA (**30%**) and Europe (**23%**) consider pharma brand websites 'not important'.

33% said this was 'critical / very important' in 2021 (up 8 % points)

More HCPs in the USA (**41%**) consider social media 'not important' than in Europe (**30%**) and Asia (**15%**).

Wiley's 2023 research found that **74%** of HCPs access scientific content via social media.

74%



of HCPs consider independent websites and smaller meeting types 'critical' or 'very important' for accessing scientific content



Sermo's 2023 research found that **congresses and events** are the most influential channel on treatment decisions (**63%** of HCPs cite these as an influence), followed by **HCP-only medical platforms (46%)**. Just **20%** say **pharma brand websites** influence their treatment decisions.



BY AGE

Proportions of HCPs that consider the following channels 'critical' or 'very important' differ significantly based on age.

CHANNEL	BORN BEFORE 1990	BORN AFTER 1990	% POINT DIFFERENCE
PHARMA PRODUCT WEBSITES	47%	67%	20
MSLS	46%	63%	17
PODCASTS	46%	56%	10
SALES REPS	38%	58%	20
SOCIAL MEDIA	37%	64%	27

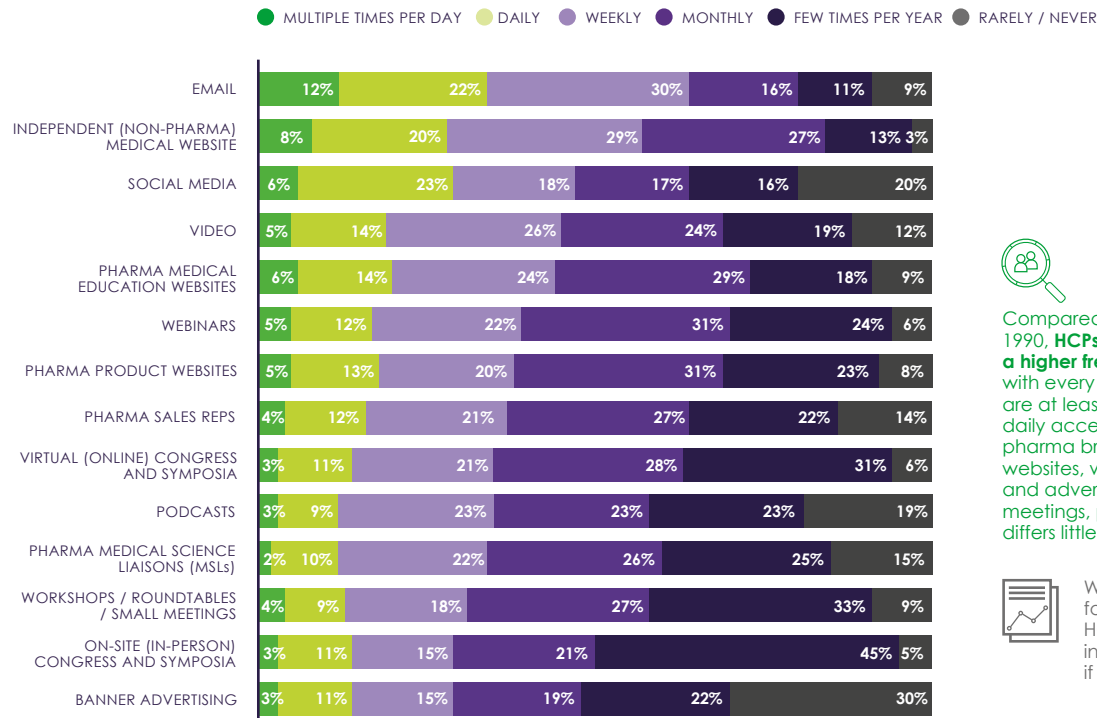
HCP CHANNEL FREQUENCY

With the exception of **banner advertising**, at least half of HCPs want to interact with each of the 14 channel types listed once per month or more frequently for work purposes. More than a quarter of HCPs want to interact with every channel at least once a week.

Email, **independent websites** and **social media** are the channels they prefer to use most often, with more than a quarter ideally doing so at least once per week. However, HCPs are divided on their ideal frequency of interaction with social media, with over a third rarely using it.

At least two-thirds of HCPs only want to interact with a **pharma brand website** and **pharma sales rep** once per month at most.

HCP What is your ideal frequency of interaction with the following sources of information for work purposes?



Compared with HCPs born before 1990, **HCPs born after 1990 prefer a higher frequency** of interaction with every channel listed. They are at least twice as likely to want daily access to sales reps, MSLS, pharma brand and education websites, webinars, social media and advertising. For scientific meetings, preferred frequency differs little by age.



Wiley's 2023 research found that **80%** of HCPs look for medical information weekly, if not daily.

47%



of HCPs want to access information via social media for work purposes at least weekly

HCP VIEWPOINTS

What changes in channel provision would benefit you most and why?

- “ Social media, podcasts, and webinars. I'm exposed to them every day and they are most influential to my practice.
- “ Having one portal / channel for all the most relevant scientific information. Convenience!
- “ Anything that can be done without leaving a carbon footprint and that I can rewatch if necessary. Also, it is nice to be able to ask questions.
- “ Pharma Medical Science Liaisons can provide a wider range of medical sites to explore for information.
- “ On demand video and audio improves my ability to engage.

PHARMA CHANNEL PRIORITIES

Medical Science Liaison (MSL), **sales force activities** and **scientific meetings** continue to be the most important HCP engagement channels for pharmaceutical companies. However, the importance placed on sales forces has declined since 2021 and been replaced in the top spot by MSL activities. This is a shift closer to HCP preferences, although the emphasis placed by pharma on field force activities remains significantly greater than HCP demand.

An equal proportion of pharma consider on-site congress and symposia to be as critical or important as MSL activities, with a shift in importance away from **virtual events** towards **on-site (in-person)** events. This shift does not mirror HCP demand, which remains almost equal for both virtual and on-site.

No. 1



MSL activities replace sales force as pharma's most important channel for delivering scientific information



IQVIA's 2022 research found that **58%** of HCPs rate **MSL** interactions as more valuable than **sales rep** visits, with an additional **18%** rating MSL interactions as much more valuable.

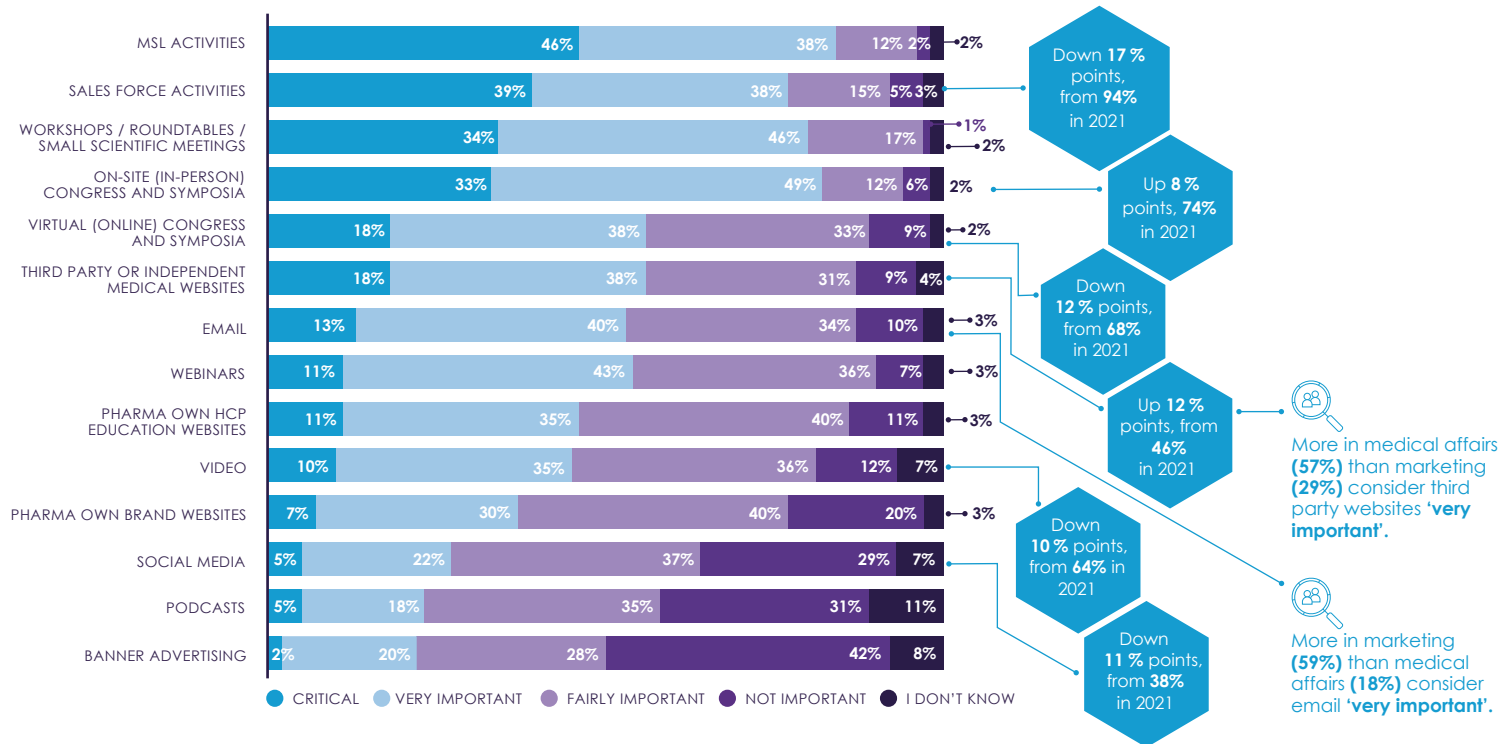


Veeva's 2023 research found that **91%** of HCPs say visits by MSLs are very effective but underused by biopharma.



Standard Media Index found in 2022 that pharma prescription product advertising spend fell **2%** on 2021.

PHARMA How important are the following channels for your delivery of scientific information to HCPs?



More in medical affairs (**57%**) than marketing (**29%**) consider third party websites 'very important'.



More in marketing (**59%**) than medical affairs (**18%**) consider email 'very important'.



“ In our observation, there is a growing cohort of physicians who don't want to see reps at all. They might want to see more MSLs because they can discuss a broader spectrum of topics, whether it is upcoming indications, trials, patient support programmes etc... With reps they can only discuss very briefly what is on the label and results from clinical trials.”

Scientific Solutions Director (Service provider)

COMPARING HCP AND PHARMA CHANNEL FOCUS

While HCP and pharmaceutical company priorities are broadly aligned for many of the channels used in scientific content provision, there are some standout gaps.

For independent websites, podcasts, webinars and social media, the demand from HCPs outweighs the importance placed on these channels by pharma. In the case of **independent websites** and **podcasts**, the gap has narrowed since 2021 due to increasing importance placed on them by pharma. Regarding **webinars**, the increased gap is due to a drop in the importance placed on these by pharma. For **social media**, the increased gap is due to a combination of growing HCP demand and a drop in importance for pharma.

The importance placed by pharma on **MSL** and **sales force** activities remains significantly greater than that cited by HCPs. However, in the case of sales force activities, the gap has nearly halved since 2021.

41%

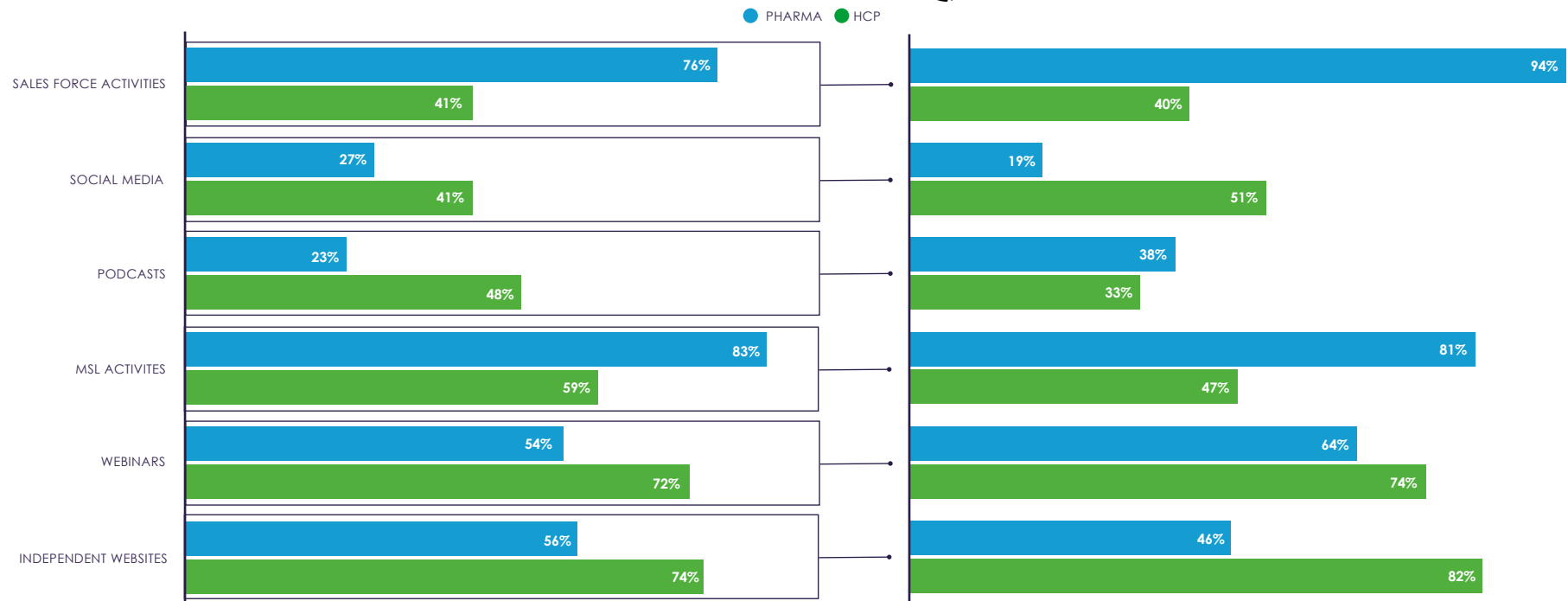
of HCPs (and rising quickly) consider social media 'critical' or 'very important' versus just 27% of pharma



Key divides in the proportion of HCPs and pharma considering channels 'CRITICAL' or 'VERY IMPORTANT' (presented on [page 22](#) and [page 24](#))



2021 study comparison



CHANNEL RESOURCE

More than a third of pharma respondents predict budget or resource increases for each of the 14 channels listed, with the exception of **banner advertising**, for which pharma expects an overall decrease.

Overall, fewer pharma respondents predict budget and resource increases than did so 2 years ago. The biggest increases are anticipated for **pharma educational websites**, **MSL activities**, **social media** and **smaller scientific meetings**. More expect increased investment in **pharma educational websites** than for **brand websites**. While outweighed by those anticipating an increase, around a quarter of pharma foresee budget decreases for **congresses (on-site and virtual)** and **sales force activities**.

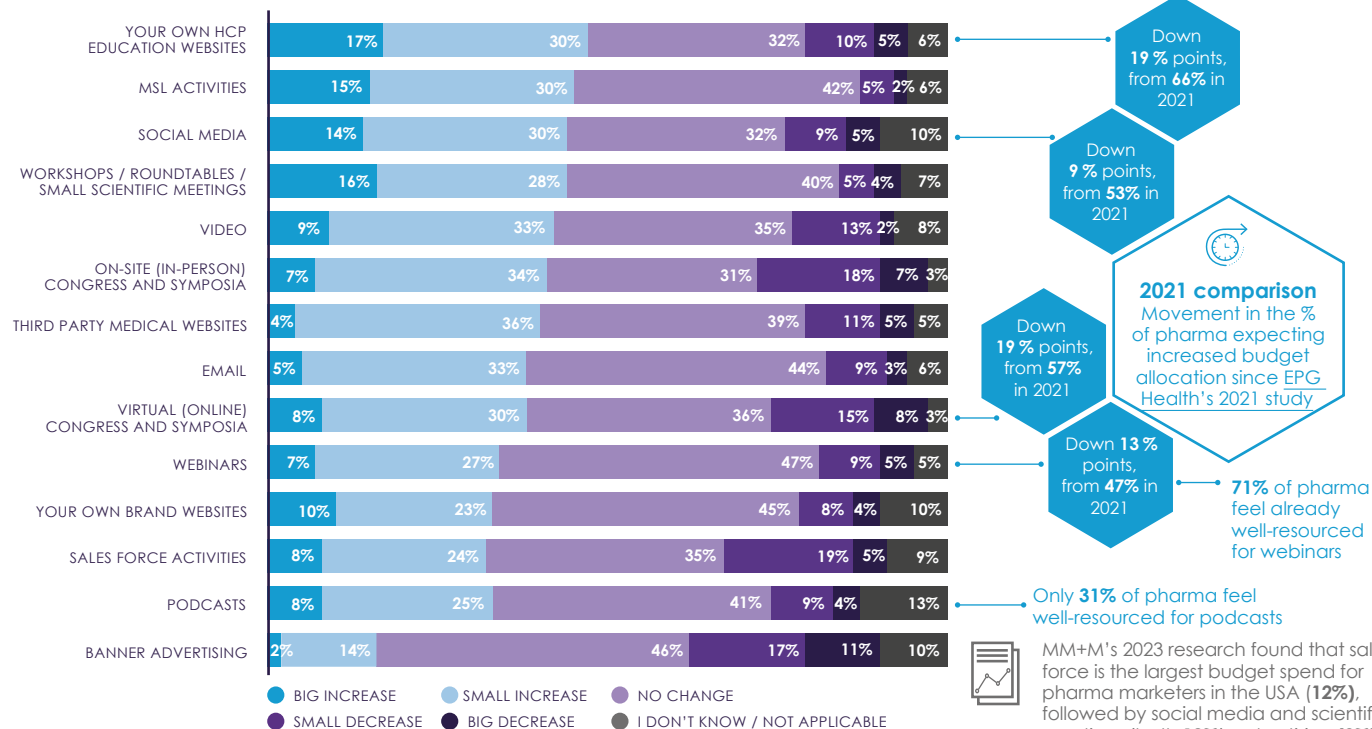
Qualitatively, pharma views on current and future channel requirements vary significantly, although most indicate that resource allocation is aligned to an observed evolution in HCP demand perceived to be COVID related.

47%

of pharma expect increased budget / resource for their HCP education websites



PHARMA What future change in budget or resource allocation do you expect for the following channels?



PHARMA VIEWPOINTS

What are the main reasons for any 'big' changes in budget allocation?

- “ End of COVID, things back to normal.
- “ Post pandemic era will move toward one-on-one interactions.
- “ Company travel restrictions will have a huge negative effect on face-to-face interactions.
- “ Need to gain market share and customers have changed their channel preferences since COVID.
- “ Post-COVID has brought a new way of interaction and HCPs are more available to interact online than F2F.
- “ Adapting our proposal to HCPs requirements that are more and more embracing an omnichannel model.

CHANNEL SUPPORT

At least half of service providers report 'moderate' to 'significant' involvement in 10 of the 14 HCP engagement channels listed, with the most significant involvement being for **email, webinars, pharma educational websites** and **video**.

The extent of service provider involvement in each channel does not correlate closely with the importance placed on those channels by pharma ([see page 24](#)) but does align with the gaps in HCP demand.

Service providers report experiencing a significant increase in focus on **social media** and **podcasts**, despite these remaining among the channels ranked least important by pharma. And, while pharma considers **virtual events** less important than **on-site events**, service providers report more involvement and growing focus on the former.

Service providers have also witnessed a shift in focus from **sales force** activities to **Medical Science Liaison (MSL)** activities.

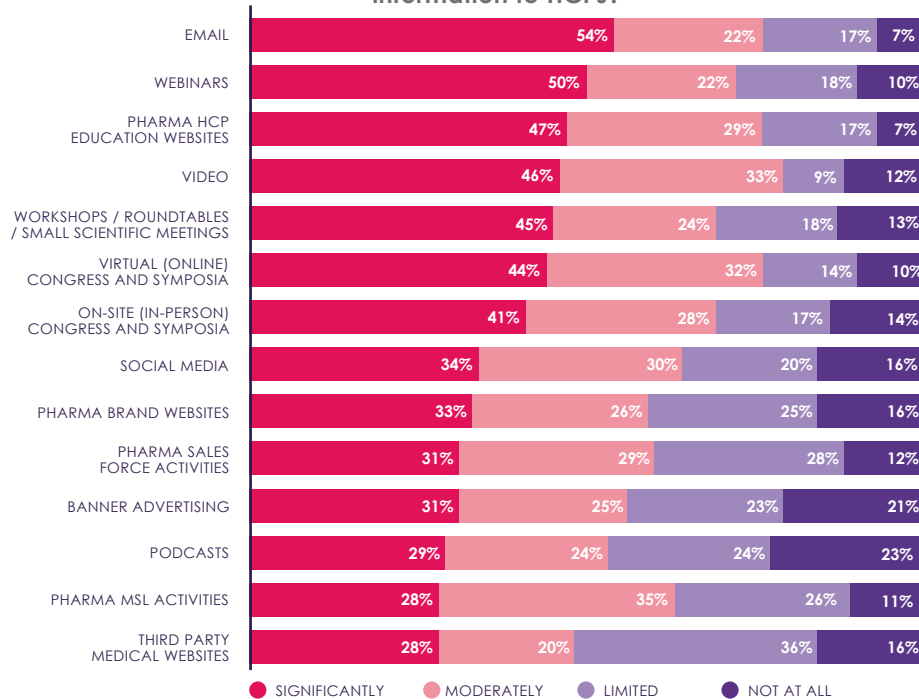
47%



of service providers report 'significant' involvement in pharma education websites and **60%** report an increase in pharma focus on these in the last 2 years

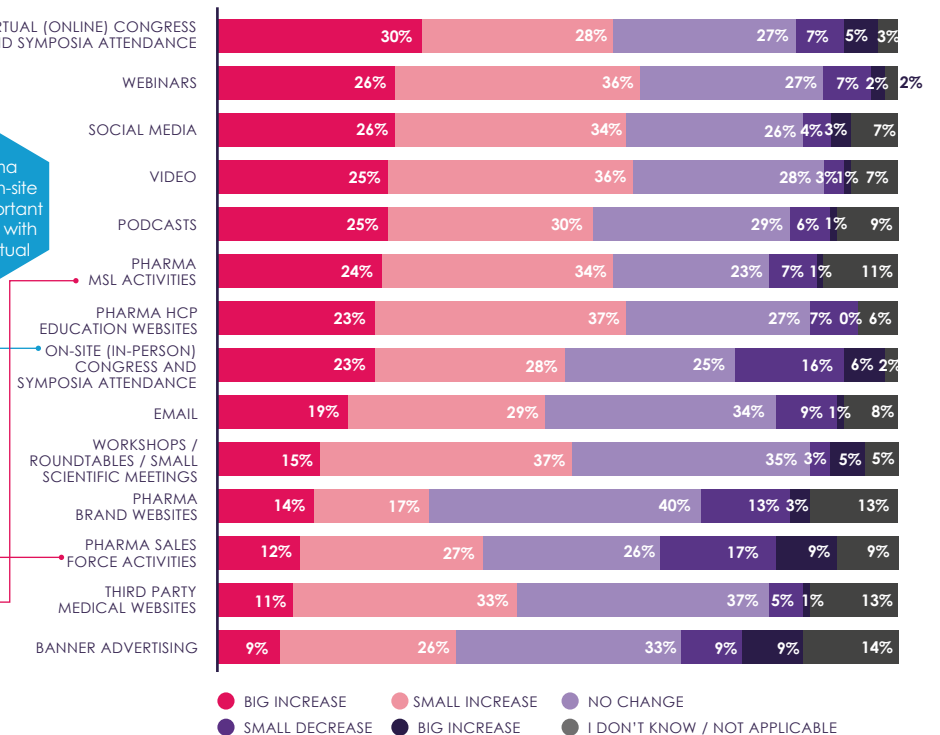
SERVICE PROVIDERS

To what extent is your organisation involved in the following channels for delivery of scientific information to HCPs?



82% of pharma consider on-site events important compared with 56% for virtual

What shift in channel focus have you experienced with your pharmaceutical customers in the past 2 years?



SERVICE PROVIDER VIEWPOINTS

What changes in provision of the channels listed above would benefit pharma-HCP engagement most and why?

- “ Pharma has regressed from leveraging all the **digital HCP engagement** tools and learnings that arose through the challenging period of COVID-19 lockdowns and reverted to the old ‘**F2F sales** is the only strategy’ model. Going back and leveraging those digital additions to build out a stronger HCP led GTM plan would be a strong strategic decision.
- “ More focus on above-brand content or sponsored content through **third-party media**. Pharma keeps investing in **owned channels** but lacks the resources or skills to make the content trustworthy or engaging. Companies also typically lack the opted-in databases needed to adequately target the content at appropriate HCP cohorts.
- “ Orchestration of the channels will be key to increase the engagement and CX. The right **channel mix** needs to be customised to HCP archetypes and segments. Increasing the digital push without coordination will not pay off. It will be important to combine **human and digital engagements** and the right content in the right format.
- “ Pharma **MSL** and **third party websites**. The MSL can answer questions, overcoming barriers to prescribe, gathering meaningful insights and improving patient care. The quality of MSL interaction has to be excellent to justify the HCP time as they are so time-poor. Third party websites and **social platforms** can provide the fair balance and the audience that pharma need.
- “ It's important not to “overshoot” HCPs as they move to digital. They are still very much peer-oriented and while **congresses** may remain “hybrid” we don't see them going away.
- “ More **social media** where HCPs are going for real time info, real world evidence and to engage with peers.
- “ **MSLs, third parties, videos, social media** - these seem to be the channels HCPs are most interested in.
- “ Pharma is becoming more mainstream in their behaviour. Where before it was publications, or academic sites, they can now go to mainstream for a lot of their needs, so we are doing more mainstream activity like **podcasts** and **video** that may be on medical sites but also on **Apple Music, Spotify, TikTok** or **YouTube** for example.
- “ More on demand educational resources, e.g. **downloadable** content, **webcasts** and **podcasts** to fit around variable time availability.
- “ **Workshops**: share different ways of working, points of view and discussions about complex issues. **Podcasts**: easy to consume. **Social media**: everybody is in, good way to identify Digital KOLs or influencers of the pathologies, clinical studies, products, patients. **Email**: lets you know the interest of your customer in which content, lets you create a journey.



INTERVIEWS

HCP DEMAND Changing preferences are here to stay post-pandemic

“ Prior to the pandemic, reps were the main source of information but due to COVID, physicians got busier, very often they were not in the office and they were **exposed to more digital content and interactions**, which they realised works very well in their favour. They can review whatever information they want to review in their own time, through various channels and devices rather than being bound to a particular time slot and location.”

Scientific Solutions Director (Service provider)

“ There is a **generational shift in HCP attitudes towards how they would like to receive information** now compared to 10 years ago. Now increasingly consultants grew up with the internet. That puts a very different lens on the whole customer expectation piece.”

Head of Commercial Excellence (Pharma)

FIELD FORCE The importance of sales reps is dwindling

“ During the pandemic customers learned that basic product information can be found from sources other than the sales rep. Very often if they want to have a more in-depth discussion around the science, they would rather see someone from medical than from commercial, so I believe the **overall trend will continue towards more medical engagement and less commercial** in the future. We could potentially see an ‘in-between’ type of solution combining these roles to give ‘one face’ to the customer.”

Global Head of Medical Customer Excellence (Pharma)

“ Due to reduced access to physicians and a more challenging commercial environment, we are seeing a **contraction in the size of field forces**, and the job of the sales reps is much more multi-disciplinary than it used to be and requires broader skills and experience.”

Head of Commercial Excellence (Pharma)

“ There is a gap between when a clinical trial reads out and when drugs from those trials are available in the market. In that period, the only team that can speak about those medicines is the MSL / medical team, therefore due to the interest that the medical community has in those new drugs and breakthrough therapies, clinicians may have expressed higher interest to meet with MSLs rather than reps.”

EMEA Brand Director (Pharma)

SOCIAL MEDIA Collaboration could help solve compliance challenges

“ Due to regulations and different policies between the US and in Europe, **it is very tricky for pharma to put anything out on social media**, because you can't control where it will be read which leads to **compliance problems**. On the other hand, physicians take part in social media discussions where there is a growing trend of ‘Digital Opinion Leaders’ (DOLs), who are credible and have high numbers of followers. Pharma companies could potentially collaborate with these DOLs – though of course they cannot fully influence them – to help get important information out to their followers.”

Scientific Solutions Director (Service provider)

“ Social media provides really great insights into what gaps and informational unmet needs are out there. I think we as an industry should be leveraging / exploring that and then **collaborating with Digital Opinion Leaders to create content that is relevant** for them and their peers. It has to be a collaboration and I see social media playing a massive role in medical education moving forward. It democratizes knowledge and access to information.

“There also **needs to be some rules and governance around medical education on social media** – we don't have that at the moment – to show how we can carefully and compliantly harness the power of social media and really use it for the good of medical education.”

Global Medical Education Lead (Pharma)

“ A lot of pharma companies are realising that scientific discussion is really what is valued by the physicians. Probably they would be happier having less people call on them, giving them deeper information about what they really care about. **If you are delivering value and understand what your physician needs, eventually relationships build.**”

Chief Strategist (Service provider)

I LEARNINGS

KEY FINDINGS

The evolution of HCP channel preferences and behaviour accelerated in response to factors influenced by the COVID pandemic. While this evolution has slowed since, there is no sign of reversion. **HCPs are widely embracing a broader range of channels than ever before, especially digital.**

Pharma has reacted and adapted in some significant ways, primarily through their own channels, with a **shift away from reliance on sales force towards MSL activity**, and investment in their own websites. These trends look set to continue.

Adoption of other channels, that HCPs often have greater demand for, has been slower. There remain **significant gaps between HCP demand and pharma utilisation of more mainstream and on-demand channels** including third party websites, webinars, podcasts and social media.

With lack of agreement on what the future looks like or how to adapt, and some still **not reacting to post-pandemic calls for hybrid scientific meetings**, pharma focus on virtual and on-demand interaction has not stepped up to meet ongoing HCP demand.

Future resource allocation expectations do not indicate firm focus on the channels where pharma is under-serving HCP demand. Though there is some evidence of outsourcing provision via such channels to service providers, **pharma is largely confining priorities to their own channels and expertise.**

Generational differences in channel use, with **younger HCPs seeking information more widely and frequently**, suggest that Industry has more potential to support and influence this group with a focus on understanding and catering to its needs.

KEY REQUIREMENTS

Undertake to **explore the full breadth of channels** used and valued by HCPs because limiting your focus to 'own' channels will also limit the volume, frequency and value of audience interactions.

Build growth of new channel expertise into your channel strategy and avoid being confined by the expertise that already exists within your organisation. Yes, select service providers to fill competency gaps, but **if those gaps relate to high HCP demand, be prepared to prioritise resource for them.**

Diversify through more mainstream and on-demand channels that your customers are using. Leveraging the well-established audiences, proven methods and support of third party platforms will ease discovery, build credibility and deliver valuable insight.

Focusing on the needs and preferences of the younger generation of HCPs is a tactic that would serve pharma well into the future. They are the most in need and receptive to pharma interactions across all channels and will also steer the future of pharma interaction practices.

See Digital Maturity chapter on page 47 for insight and discussion around omnichannel strategy

SCIENTIFIC MEETINGS

The value of on-site, virtual and hybrid meetings

AN ASSESSMENT OF:

- The perceived value of in-person, virtual and hybrid meetings for both attendees and providers
- Evolving healthcare professional demand and Industry supply of congresses and other meetings
- Congress coverage and output beyond the event
- Current requirements, impact, benefits and challenges

EVOLVING SUPPLY AND DEMAND

Overall demand for **international, national and regional scientific meetings** is largely unchanged since 2020. However, over half of HCPs indicate a significant increase in demand for **hybrid and virtual meetings**, while under one-third report reduced demand for **in-person attendance** – so most want the option to attend online or in-person.

While pharma and service provider respondents indicate that their support for international and national scientific meetings has resumed at slightly lower levels than pre-pandemic, industry support for hybrid and virtual scientific meetings is now much higher for half of respondents.

59%
of HCPs report much higher demand for virtual access to scientific meetings versus pre-pandemic

Compared with half of pharma, two-thirds of service providers involved in scientific meetings report much higher post-pandemic involvement in the provision of virtual and hybrid meetings

HCP What is your current demand for the following compared with 3 years ago (before the COVID pandemic)?

- MUCH HIGHER THAN PRE-PANDEMIC
- SIMILAR TO PRE-PANDEMIC
- MUCH LOWER THAN PRE-PANDEMIC
- NOT APPLICABLE

These findings accurately reflect the predictions of HCPs in 2021, when over half expected their post-pandemic demand for virtual access to be much higher than pre-pandemic (see 2021 report, page 23).

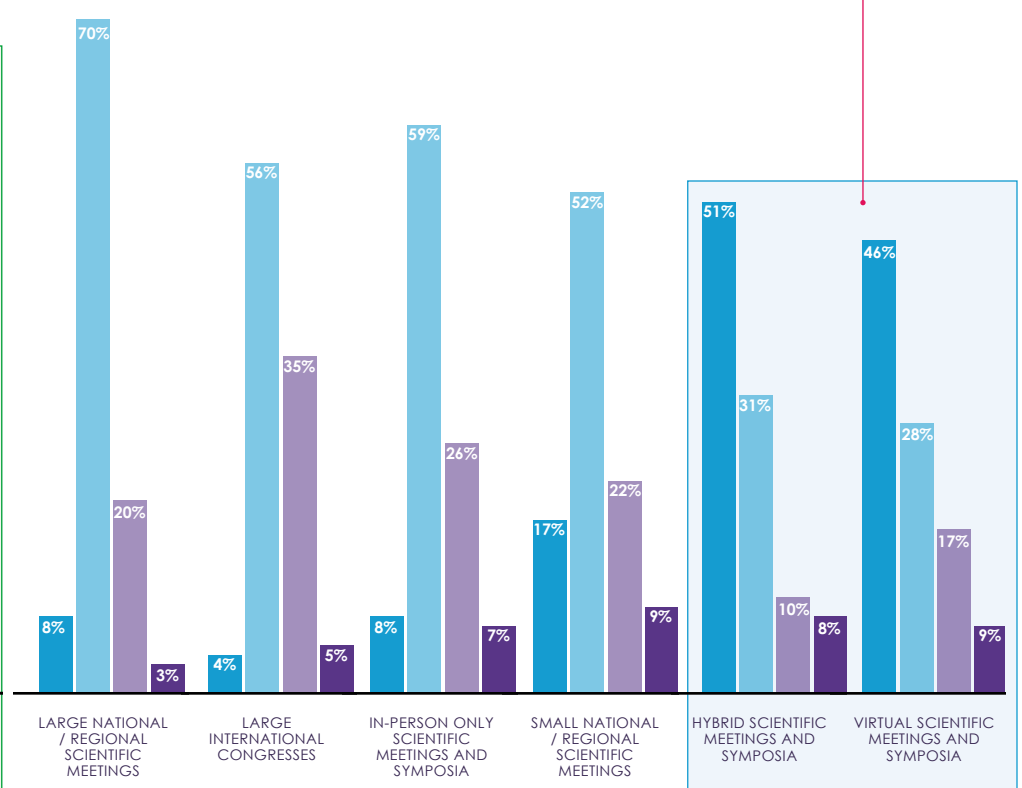
Demand for virtual or hybrid meetings varies minimally by age or region.

50% of HCPs born after 1990 reported greater increases in demand for in-person attendance compared with 21% born pre-1990, while 42% of HCPs in Asia reported increases in demand compared with 15% in Europe and 25% in USA.



PHARMA How is your provision or support of scientific meetings different now versus 3 years ago (before the COVID pandemic)?

- MUCH HIGHER THAN PRE-PANDEMIC
- SIMILAR TO PRE-PANDEMIC
- MUCH LOWER THAN PRE-PANDEMIC
- NOT APPLICABLE



VIRTUAL AND IN-PERSON ATTENDANCE

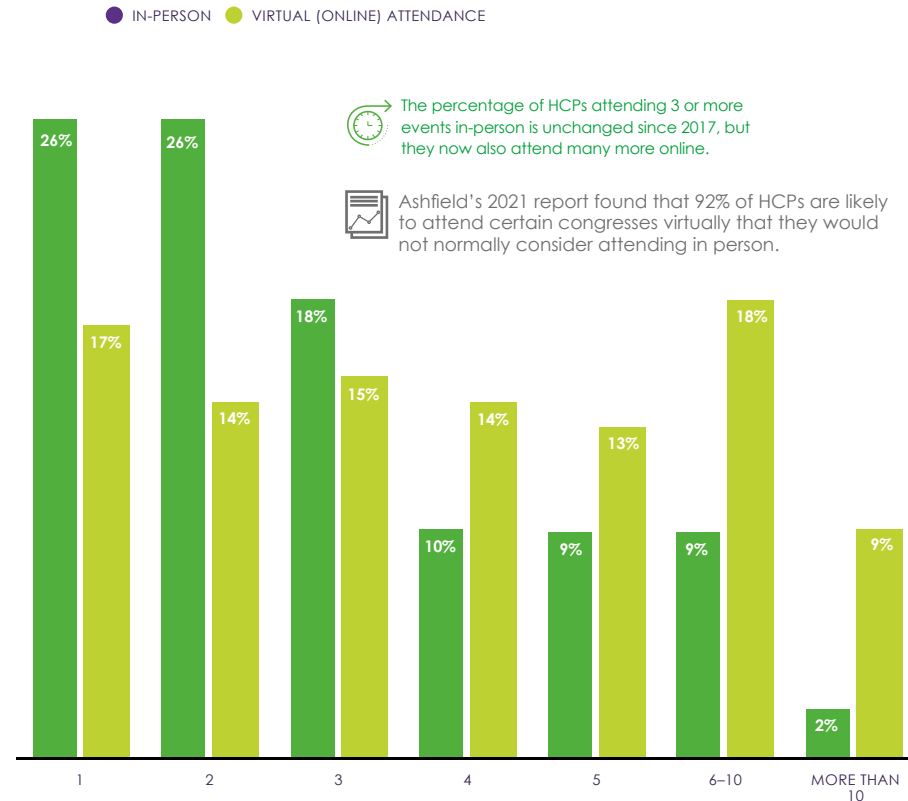
87% of HCPs reported attending congresses.

Between 2022 and 2023, HCPs attended more congresses virtually than they did in person. Less than one-third attended four or more conferences in person, while over half attended four or more virtually and over a quarter attended six or more conferences virtually.

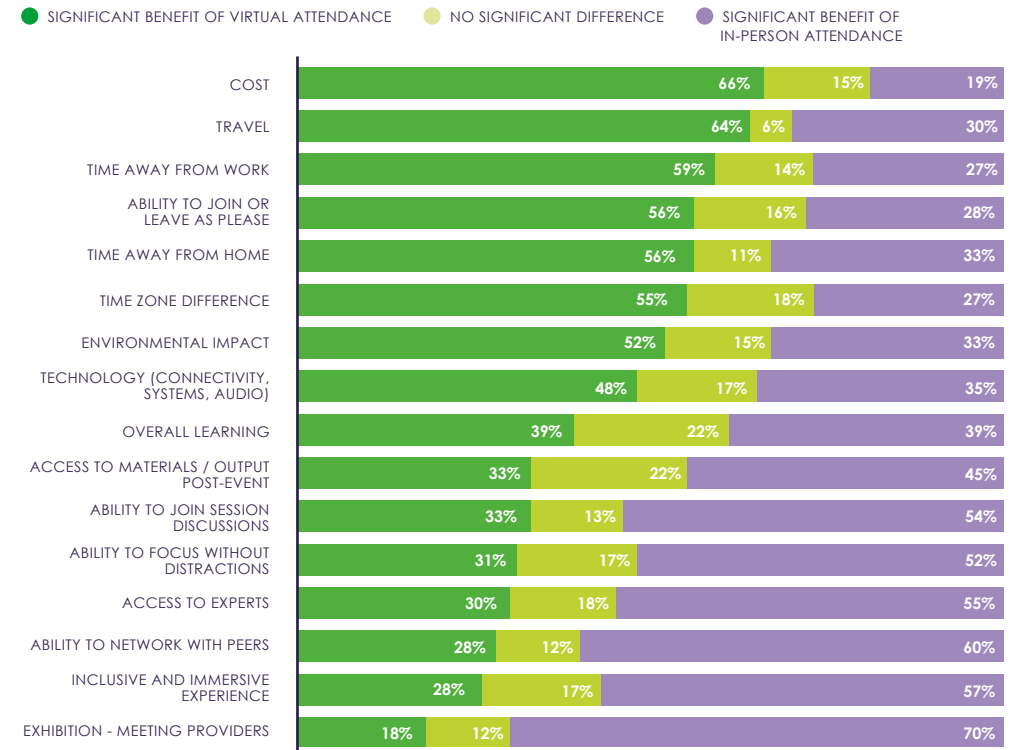
Virtual attendance is considered beneficial for factors related to practicalities and convenience, while in person attendance is considered more beneficial for factors related to networking. However, the benefits of each are evenly matched on the whole and **virtual attendance matches in person attendance for 'overall learning'**.

54% of HCPs attended four or more scientific meetings virtually, compared with **30%** that did so in-person

HCP How many medical conferences have you attended in the last year?



Do you consider the following factors a benefit of virtual or in-person attendance for scientific meetings?



HCPs born after 1990 consider virtual attendance to be more beneficial for all factors except exhibitions and access to materials post-event.

HCPs in Asia consider technology-related issues and exhibitions greater benefits of in-person attendance than those in USA and Europe.

INDUSTRY EXPERIENCES

With virtual and hybrid scientific meetings in the past year, most pharma respondents have experienced a **larger reach, wider geographic and broader specialty audience**, as well as **better opportunities for follow-up** and **overall success**.

However, at least half of pharma have also experienced challenges, including **competing views and priorities; difficulties measuring engagement, value and outcomes; and internal lack of knowledge / expertise**.

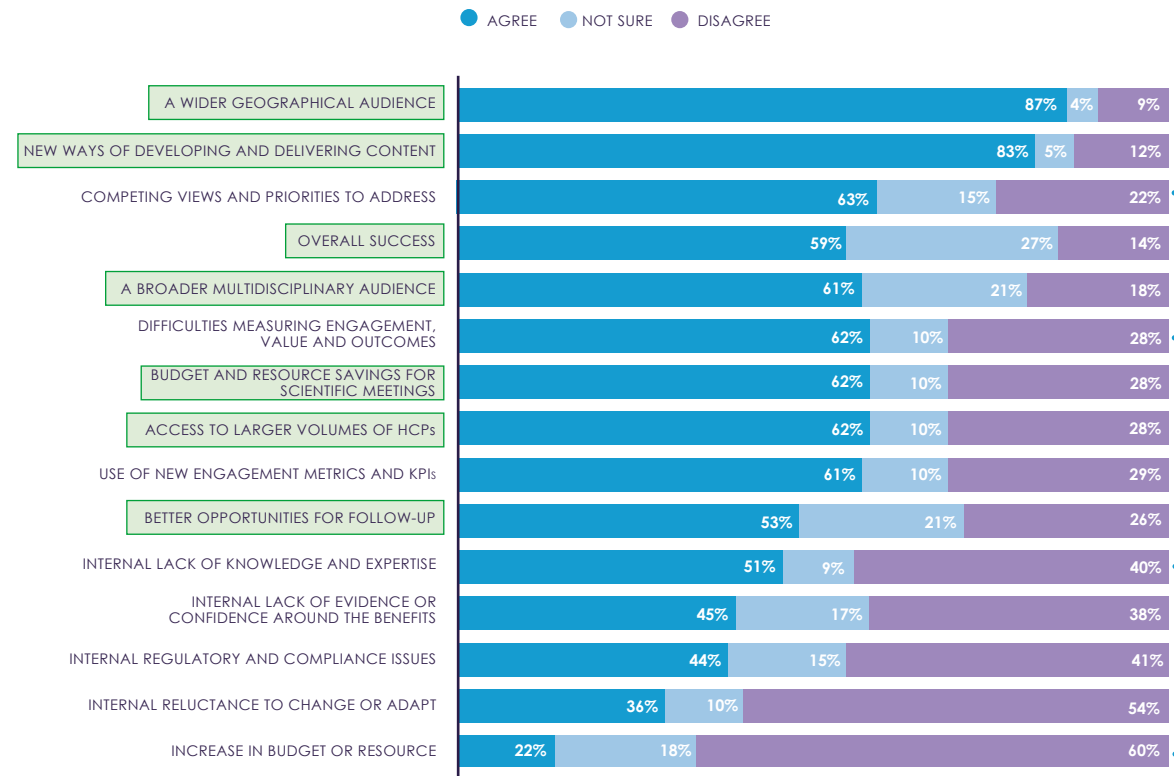
Many more are experiencing these challenges now than in 2021, despite a reported reduction in internal reluctance to change and internal lack of evidence or confidence around the benefits of virtual meetings.

87%

of pharma respondents report a wider geographical audience due to virtual attendance



PHARMA With virtual and hybrid scientific meetings in the past year, we have experienced...



SERVICE PROVIDERS

The experiences of service providers are broadly aligned to that of pharma, with over three-quarters having new ways of developing / delivering content and the majority seeing overall success

2017 comparison

The percentage of pharma reporting these to be an obstacle has increased significantly since EPG Health's 2017 study



In 2021, 57% were expecting to allocate more budget to virtual meetings

* Benefits experienced by most pharma respondents

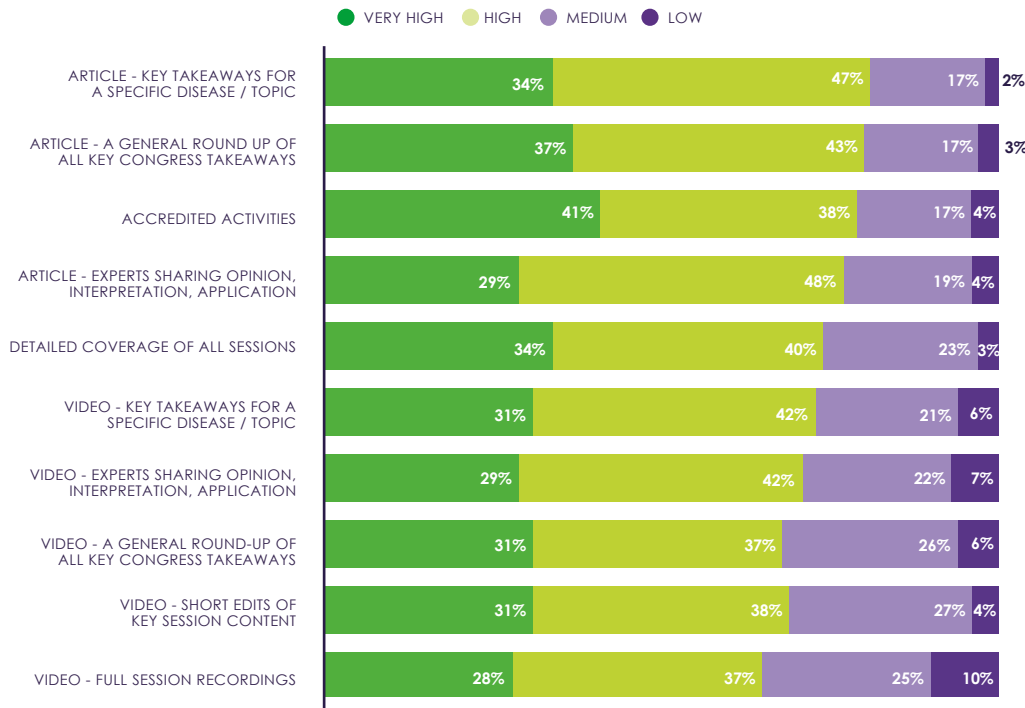
CONGRESS COVERAGE AND OUTPUT

More than three-quarters of HCPs report high or very high demand for **key takeaways by disease / topic**, **expert opinion**, **general round-ups** and **accredited activities** from congresses and symposia that they cannot attend. Both article and video formats are highly valued, with highlights valued more than full-session reports or recordings.

The high demand for output from congresses HCPs were unable to attend is not currently being matched by Industry provision, with its greater support of output for HCPs that attended. However, future intent is there for most.

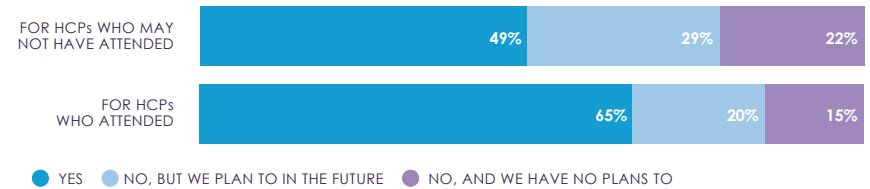
81% of HCPs have high demand for key disease topic takeaways from events they did not attend

HCP What is your demand for accessing the following output for congresses, symposia and meetings you are unable to attend?

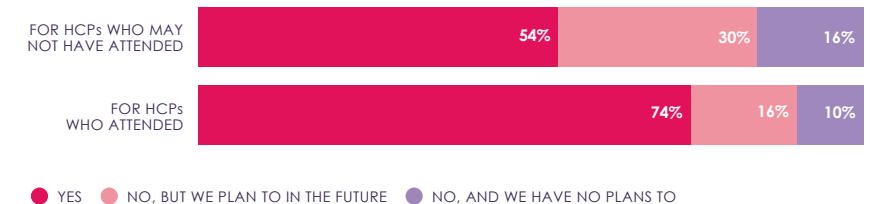


Demand for all types of congress output is highest for HCPs born after 1990.

PHARMA Have you supported post-event provision of congress and symposia coverage or highlights in the last year?



SERVICE PROVIDERS Have you supported post-event provision of congress and symposia coverage or highlights in the last year?



WHAT FUTURE CHANGES WOULD YOU LIKE TO SEE IN THE PROVISION OF SCIENTIFIC MEETINGS?

HCP VIEWPOINTS

- “ The pharma industry should intervene to lower the **costs / fees** of virtual attendance for participants.
- “ I hope they continue to be **hybrid**.
- “ Virtual is the way to go, making sure to offer access on more than one **date / time**.
- “ More **hands-on** skill developing workshops.
- “ Make **CME** credit available for 60 days after conference ends.
- “ **Knowledge-sharing** when attending academic conferences is an invaluable opportunity to gain new perspectives and broaden your horizons. Give this greater focus.
- “ **All articles should be available beforehand** so we can prepare in advance. This will give more opportunities to handle scientific issues in detail at the meeting and review again after.

PHARMA VIEWPOINTS

- “ Better training programs for staff attending / managing virtual meetings and comprehensive planning for **strategic follow-up** with attendees (live and virtual).
- “ A better identification of the appropriate congresses and scientific meetings where **large investments**, like symposia, are warranted for the budget.
- “ We see “virtual fatigue” and expect interest in in-person events at large congresses to increase and therefore plan to offer these types of events (not cut back), but also the provision of **enduring digital materials** which can be leveraged post-meeting for those who did not attend.
- “ Access getting harder. **On-demand** and omnichannel engagement will be key.
- “ **Reduced duration**. More snackable in size. More frequent. Accreditation.
- “ Enhanced virtual collaboration tools for on-demand content, data-driven insights, **sustainability** considerations.

SERVICE PROVIDER VIEWPOINTS

- “ Educating virtual delegates about the nature of funding and hope they will then choose to engage with sponsors. (There is an expectation that sponsorship will include this or companies may not see the ROI needed).
- “ Greater use of company-owned and independent channels to **extend reach** and follow-up.
- “ Symposia providers need to work hard on embracing **digital processes**, there's a lot that lacks still.
- “ A continued evolution of **hybrid attendance options**. The pandemic proved more HCPs can be engaged with virtual access to meetings which will only benefit the quality of patient care.
- “ There is a buzz around getting back to in-person events, but we must really try not to lose the **democratisation of access** that we achieved during the pandemic. There is also the environmental impact and moral issue to consider - we have encountered experts who are unwilling to fly and companies imposing limits on numbers.



INTERVIEWS

MEDICAL SOCIETIES HCP preferences are taking a back seat

“ I think what a lot of the congress organisers are doing is determining what they think HCPs will want instead of ‘**co-creation**’ - that would be really valuable in the sense of having a steering committee to understand what the HCPs really want from the congress experience.”
[Head of Digital Strategy \(Service provider\)](#)

HIGHLIGHTS Cost is limiting pharma's post-congress output

“ There is a gap here. Pharma always wants to talk to the healthcare professionals, so you'd think they would want to open up all avenues of communication, but it seems like they are a little bit delayed in sharing that information (post-congress output) if they are sharing it at all. I'd suggest it's probably due to cost - **everything you do has cost ramifications** and if they're not seeing the benefits they don't necessarily want to pay for this. There are a lot of layers of extra work involved.”
[Head of Digital Strategy \(Service provider\)](#)

“ I think most companies would have interest in offering on-demand congress highlights (to non-attendees). The problem is that the proposals we usually receive (from third parties) are very expensive. Creating content for the digital landscape cannot be as expensive as it was for the printed version. Therefore **we need to become very selective** and decide carefully when we invest in that content, and what deserves to be developed as on-demand content.”
[EMEA Brand Director \(Pharma\)](#)

FLEXIBILITY Offering a hybrid experience for attendees

“ Before the pandemic, when you were at a congress, you were 'at a congress'. Now you could be on site and need to dial into a call, so you have to step away and miss one of the sessions that you planned to be at. Having access to that recording right after is key. Even if you've been a part of the congress and taken notes, there are so many different sessions you're attending and people you're networking with that **being able to revisit what you heard** is helpful.”
[Head of Digital Strategy \(Service provider\)](#)

DISSEMINATION Adding value with enduring content

“ A lot of congresses restrict the availability of on-demand content to those people who have attended the congress, and it is usually only available for a limited time. This is where sometimes pharma can play a role to support enduring content, but it is important to **think about what the HCP journey looks like.**”

“In terms of their knowledge state, different HCPs are going to have different informational needs so there is not a blanket one-size-fits-all resource that we should be providing. Not everyone will want everything from congress; we have to start thinking about what sort of content can we provide to address the needs of those specific HCPs, what will resonate and what would actually help and what information they would find valuable and relevant to their role.”
[Global Medical Education Lead \(Pharma\)](#)

FORMAT The pros and cons of in-person versus virtual

“ Virtual meetings have the advantage of being able to reach a wider range and number of people, but this is more about the push of information. I think if you are looking for interaction and to connect with people, **face-to-face** is still what needs to happen, and I don't think scientific organisations will move away from face-to-face meetings completely any time soon.”
[Global Medical Education Lead \(Pharma\)](#)

“ The main issue we have with the virtual congress platforms is the **lack of interest from clinicians attending online to interact** with us. In the end the main reason for us to attend congresses is to get access to our customer. If that is something that is not taking place in the virtual environment, the channel will be of limited interest to pharma.”
[Head of Digital Strategy \(Service provider\)](#)



“ Millennial and Generation Z doctors will comprise the largest share of the medical profession by 2030 and both cohorts view climate change as the single most important issue facing humanity. It is not too fanciful to predict that, together, they will aggressively drive medical societies to switch to virtual-only 'Nearly Carbon-Neutral' congress formats by the end of the decade.”
[Len Starnes, article on Pharmaphorum, 2022](#)

LEARNINGS

KEY FINDINGS



HCPs have resumed in-person attendance of scientific meetings but additionally **now attend more events virtually**, viewing this option as having certain advantages and equal opportunity for learning.



Industry is experiencing some benefits with virtual congresses, including better audience reach, but is challenged with adapting to the required **shift in approach to delivery**.



HCPs want **on-demand access** to congress materials post-event; for those they attend but also for those that they do not attend.



Cost is a challenge for both HCPs and Industry in relation to capitalising on the growth in opportunities that hybrid access presents, with delivery models not yet well adapted.

KEY REQUIREMENTS



Collaborative efforts are required to forge new delivery models and fee structures for scientific meetings that optimise the significant and proven new opportunities and benefits for all stakeholders involved.



A variety of new, revised and adaptable options are needed to support the exchange of valuable content before, during and after the event, whether on-site, virtual, live or on-demand.



A collective consolidation and review of the requirements and challenges affecting all stakeholders (HCPs, medical associations / societies, pharmaceutical companies and supporting suppliers) must become a priority if they are to each achieve their individual objectives and the shared objective to improve patient outcomes.



For pharma, the immediate requirement is to **explore the opportunities that already exist for greater HCP reach and impact**. Seek out examples of how and where novel approaches have succeeded – there are many – and apply them on specific needs-case bases.

WEBSITES

HCP and Industry use of pharma-owned and third party digital platforms

AN ASSESSMENT OF:

- Sources, preferences and user demographics differences
- The evolving role of mainstream social media
- Pharma expectations, resource and priorities for investment

I HCP WEBSITE PREFERENCES

For accessing **disease and condition information**, HCPs in Europe, the USA and Asia are much more likely to favour independent websites over pharma websites. For HCPs born after 1990, the preference for independent websites is slightly less significant than it is for their older peers.

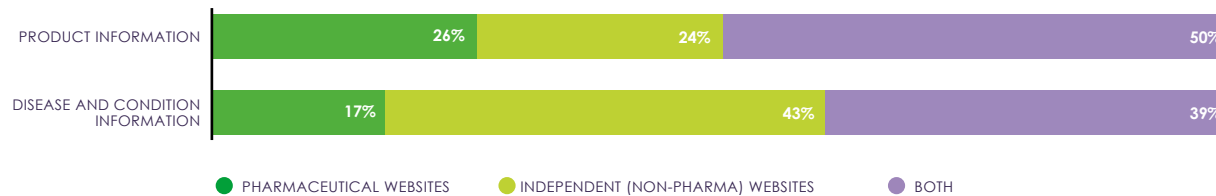
For accessing **product information**, HCPs overall indicate little preference between pharma websites and independent websites. However, those in Europe and the USA are more likely to prefer independent websites than HCPs elsewhere.

62%

of HCPs in Europe prefer to access disease and condition information from independent websites versus 28% for pharma websites

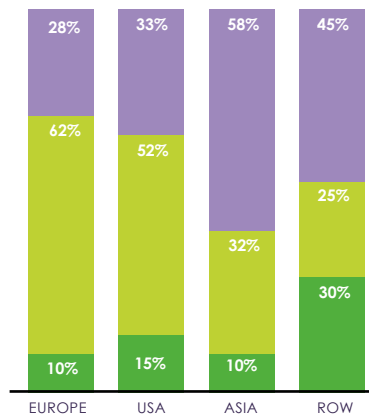


HCP Which websites do you prefer to access the following information from?

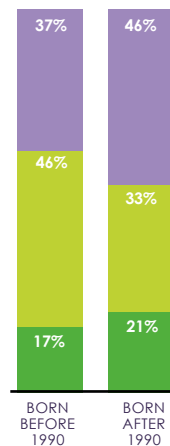


48% of pharma expect budget increases for their **own education websites**, versus 34% for **product websites** and 41% for **independent websites** (see page 26)

Disease and condition information by region



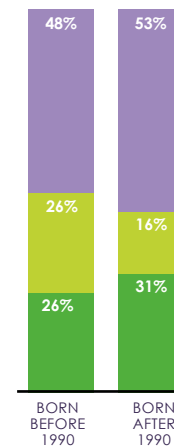
Disease and condition information by age



Product information by region



Product information by age



HCP VIEWPOINTS

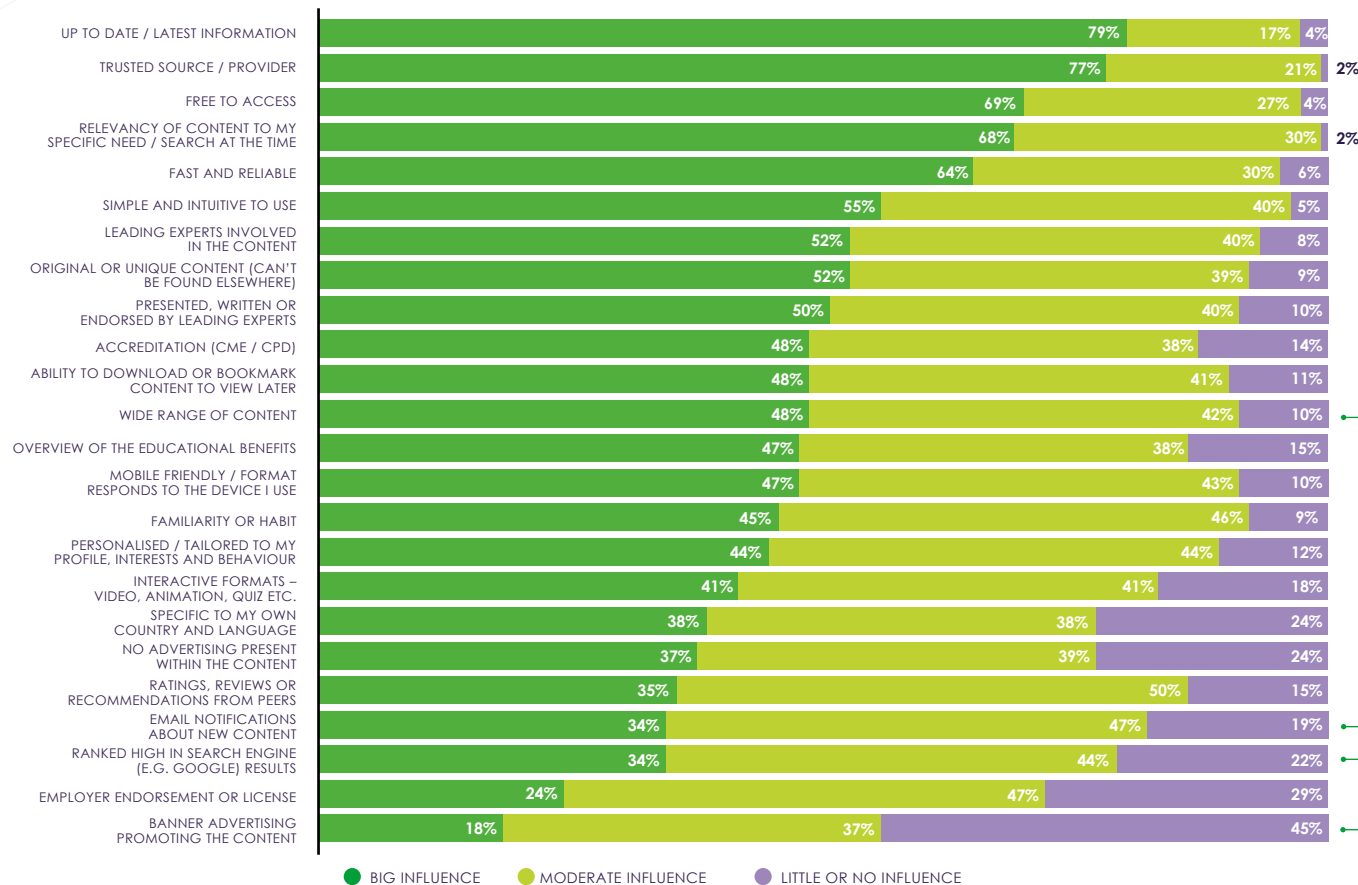
- “ Everything can be found online now, it's just a matter of finding the most **reliable sources**.
- “ There should be **less pharmaceutical intervention** in medical education online.
- “ I think that the **independent non-pharmaceutical** sites can do more to spread and select the right medical information in the future, because they are less under the influence of commercial choice.
- “ There is increasing **video** education on pharmaceutical products – that's good.

FACTORS INFLUENCING HCP WEBSITE USE

Most HCPs are significantly influenced by a broad range of factors when deciding to access information on particular websites. Over three-quarters are heavily influenced by whether it is **up to date** and a **trusted source**. Other important factors include the website being **free to access**, as well as its **relevancy**, **speed**, **ease of use**, **expert involvement / endorsement** and **originality**.

Of lesser importance to HCPs is whether a website ranked high in search results, was **introduced via email or banner advertising** or **recommended by an employer or peer**.

HCP How much do the following factors influence your decision to use a particular website?



4 in 5

HCPs are heavily influenced by how up to date and trustworthy a website is



Deloitte's 2022–23 Medical Affairs Benchmark Study found that **83% of pharma respondents implement physician-only medical information portals** and, "while HCPs generally view physician portals as necessary, few manufacturer-supplied portals are in line with their preferences and **do not meet the fundamental requirement to find all information in one central location.**"



The influence of these factors varies minimally by region, but **HCPs born after 1990** are more likely than their older peers to be influenced by:

→ **A wide range of content** (72% consider a big influence)

→ **Search engine ranking** (59% consider a big influence)

→ **Employer endorsement** (46% consider a big influence)

→ **Banner advertising promoting the content** (36% consider a big influence)

PHARMA USE OF THIRD PARTY PLATFORMS

Approximately half of pharma respondents have supported the provision of most content types or features (13 out of the 20 listed) via third party platforms.

While one-third support **longer-term initiatives** (over 1 year), half support **shorter-term initiatives** (under 3 months). They are equally likely to support **brand-led information** compared with **independent content** and **CME**.

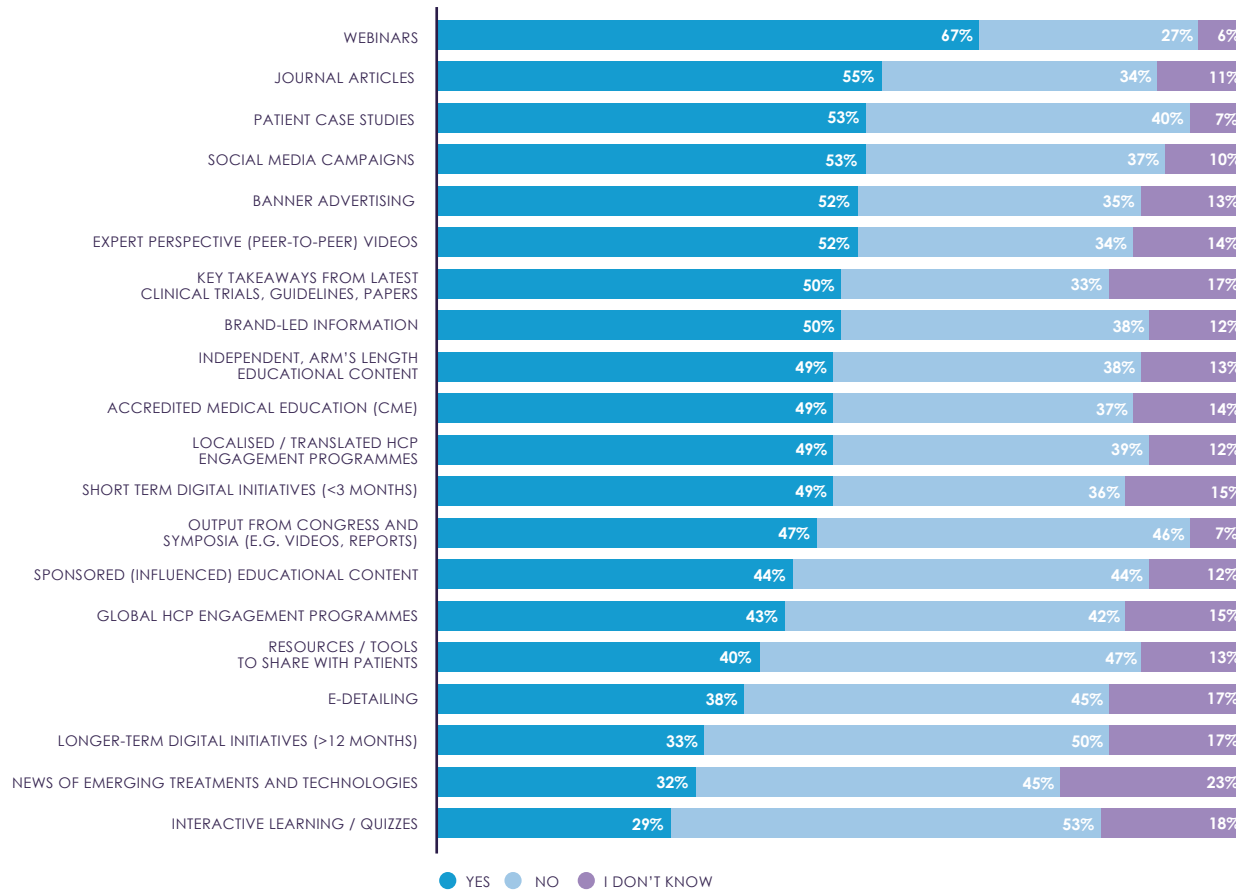
67%

of pharma have provided webinars via third party websites but only **29%** have provided interactive learning and quizzes



PHARMA

Have you supported provision of the following for HCPs via THIRD PARTY WEBSITES in the last year?



Those in **medical affairs** are more likely than their colleagues in **marketing** to support **global initiatives** via third party websites but less likely to support **longer-term initiatives**.

38% of pharma feel poorly resourced for longer-term digital initiatives

PHARMA EXPECTATIONS OF THIRD PARTY PLATFORMS

40%

of pharma are not having their expectations around impact insight reporting met by third party platforms



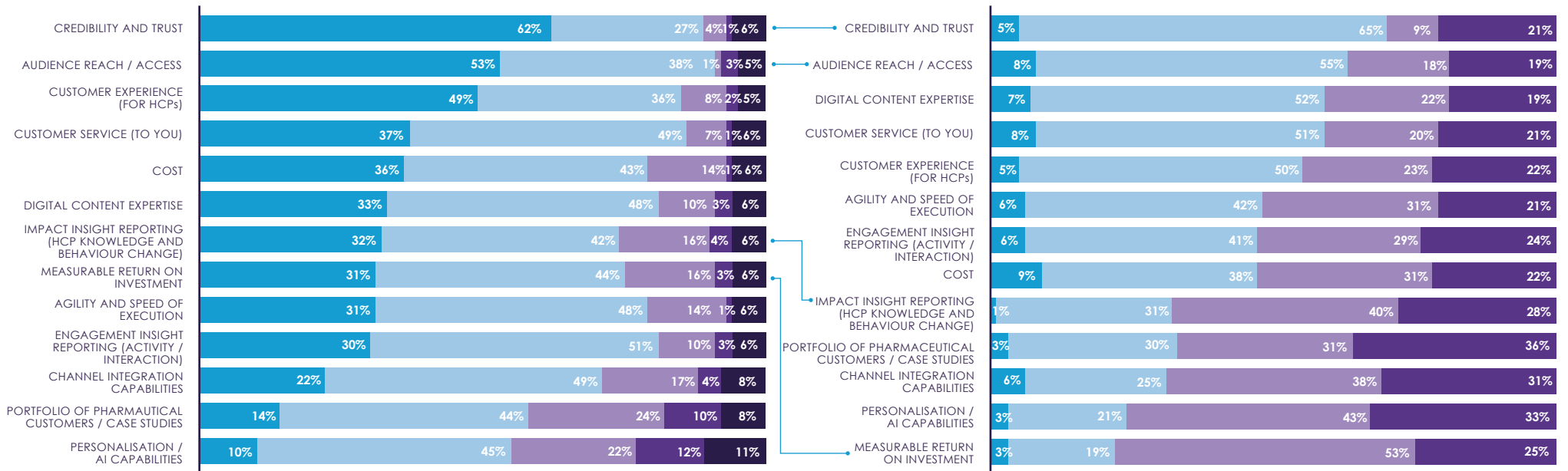
Pharma respondents cite **credibility** and **audience reach** as the most important of 13 factors listed when selecting a third party platform for HCP engagement.

Third party platforms are largely delivering on pharma's expectations and main reasons for working with them, but falling short in some important areas. Expectations for **HCP impact insight reporting** and **measurable return on investment** – factors that three-quarters of pharma consider very important – are not being met for around half of pharma.

PHARMA

How important are the following factors / capabilities in your decisions to partner with third party HCP engagement providers?

Are your third party HCP platform providers delivering on the following expectations / objectives?



● CRITICAL ● VERY IMPORTANT ● FAIRLY IMPORTANT
● NOT IMPORTANT ● I DON'T KNOW / NOT APPLICABLE

● EXCEEDING EXPECTATIONS ● MEETING EXPECTATIONS
● BELOW EXPECTATIONS ● NOT RELEVANT

HCP AND PHARMA USE OF SOCIAL MEDIA

The mainstream social channels used most frequently by HCPs for accessing scientific information are **YouTube and Facebook**, with two-thirds doing so weekly. However, less than 20% of pharma and service providers use these channels at all to engage with HCPs.

LinkedIn is the third most used mainstream social channel by HCPs, with almost half doing so on a weekly basis. For Industry, it is the most used channel by far for engaging HCPs, with over one-third doing so.

Instagram and **Twitter** are used by slightly fewer HCPs than LinkedIn, however a similar proportion do so on a daily basis; around a quarter. And while **TikTok** is the least frequently used by HCPs and pharma, over a third of HCPs now do so for work purposes.

HCP use of social media varies significantly by age and region, with the most active users being the younger generation and those outside of the USA.

40%

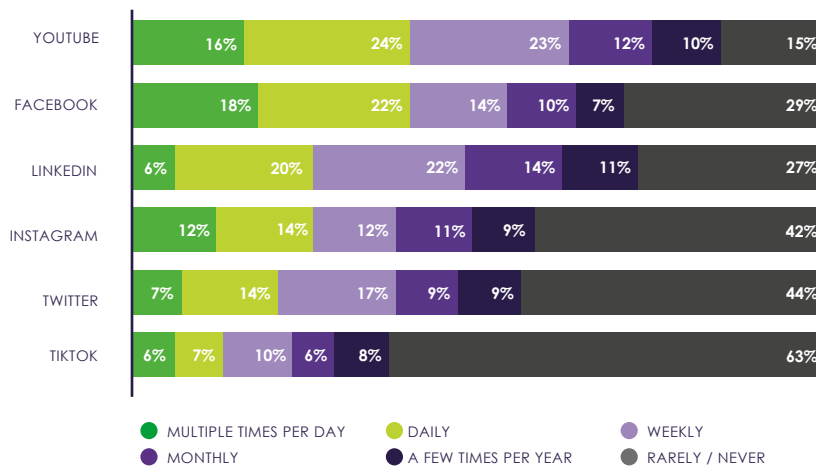
of HCPs use YouTube and Facebook daily to access scientific information



41% of HCPs consider social media very important for accessing scientific information in 2023, compared with 33% in 2021 (see page 22)

Only 27% of pharma consider social media very important for delivering scientific information, compared with 38% in 2021, and budget increases have slowed (see page 24)

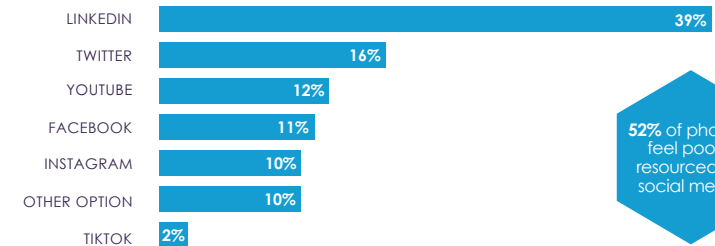
HCP What mainstream digital channels do you use to keep up to date with scientific information?



HCPs in the **USA** report using all social networks least frequently and HCPs in **Asia** report using them most frequently. Only **18%** of HCPs in Asia rarely or never use Facebook to access scientific information, compared with **56%** of HCPs in the **USA** and **37%** in **Europe**.

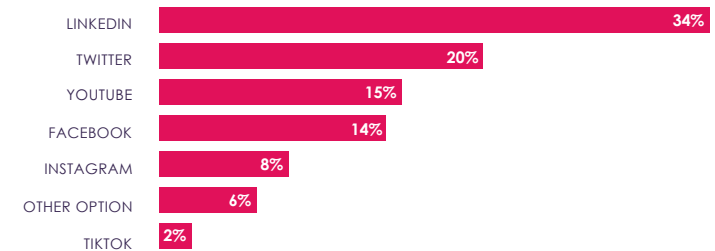
>**30%** of HCPs born after 1990 report using Facebook, Instagram and YouTube multiple times per day for scientific information, compared with under **15%** for LinkedIn and Twitter. Only **34%** rarely or never use TikTok.

PHARMA What mainstream digital channels do you use to engage HCPs with scientific information?



52% of pharma feel poorly resourced for social media

SERVICE PROVIDERS What mainstream digital channels do you use to engage HCPs with scientific information?



I INTERVIEWS



DEMAND Why are HCP preferences for independent sources not more strongly acted on?

“ Some HCPs will prefer to use pharma websites and others will prefer the independent websites, which are seen as more trustworthy, so we need to be on all of those. **It is a different way of working with those external platforms** to make sure your content is there, but it is a very important element of the entire picture. The challenge with the external solutions from our perspective is that we **do not generate the insights that we can with internal solutions**, which allow us to learn about individual customer behaviour.”

[Global Head of Medical Customer Excellence \(Pharma\)](#)

“ There is a place for both company-led and third party-led medical education, it's just about what the content is, and which part pharma should own – for me it's **education about our data** – versus what can third parties own – **disease education, expert perspectives**. There is no reason why the two shouldn't co-exist.”

[Global Medical Education Lead \(Pharma\)](#)

“ This is a challenging commercial environment, and the upshot is that companies are **being asked to deliver more with less** and make choices and **trade-offs as to where they invest**. That's leading I think to higher investment in brand marketing.

“Investing in those third party channels could feel a bit more risky, because you have **less** control over your ability to drive engagement with your content than you do on your own channels. When you have only got a finite budget, it's human psychology that we are probably going to **travel a well-known path rather than take a more calculated risk.**”

[Head of Commercial Excellence \(Pharma\)](#)

“ It's hard for pharma to give up the reins. At the end of the day, they are tasked with **driving revenue** - even though they care about the science and the patients, that's all soft in comparison to the **hard numbers**, so they are probably resistant to doing anything where they **don't have the control** and the **brand recognition** that they get when they do it themselves, even if they know it (independent) is more effective.”

[Head of Digital Strategy \(Service provider\)](#)

MARKETING Brand websites are an ongoing focus for pharma

“ During the pandemic we had to invest a lot in digital channels, and websites and microsites became relevant in that landscape. Now, **just because we are back on the field with reps and MSLS, that doesn't mean we abandon that investment** - it is the opposite, we are trying to optimise the way we utilise digital channels. We are trying to train our reps and MSLS to utilise all digital channels more, including microsites where many tools and content are available.”

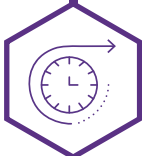
[EMEA Brand Director \(Pharma\)](#)

I LEARNINGS

KEY FINDINGS



While HCPs prefer independent websites, and most in the pharmaceutical industry also recognise them as more important than their own, **future increases in resource provision are to be more heavily focused on pharma-owned educational websites** than third party ones, with prioritisation of brand websites declining since 2021.



Pharma is using third party websites for a wide range of purposes and finding considerably more credibility and value in them than their own. However **short-term third party initiatives are more common** than longer-term ones.



Reporting on insights, **impact and ROI is considered a drawback of third party sites** by pharma, as well as the lack of control.



Mainstream social media channels are increasingly popular with HCPs, particularly the younger generation, with those under 33 years of age using a variety of social networks on a daily basis. Meanwhile Industry focus on social media has reduced in the last 2 years and **does not reflect the specific channels used most frequently by HCPs**.

KEY REQUIREMENTS

1

While HCPs view pharma websites as an important source of brand information, this is not generally the case for disease and condition information. To increase audience exposure and meet the demands of HCPs, **pharma will need to prioritise trusted third party websites**.

2

Sustainable HCP engagement, trust and behaviour change comes with longer-term initiatives that provide opportunities for re-engagement in line with evolving HCP needs and learning objectives. To deliver maximum impact, **third party website activity should not be confined to one-off, short-term initiatives**.

3

Third party platform providers need to improve what and how they report to pharma in terms of HCP engagement, behaviour and impact if pharma is to understand the value and invest in more of the types of information that HCPs are calling for.

4

Utilisation of mainstream social media will be increasingly important in the future. **Pharma must focus more attention on the specific social networks that HCPs use most** and overcome the challenges of using them, otherwise they will lose share of voice and become less relevant to HCPs' daily practice.

DIGITAL MATURITY

Healthcare professional and Industry perceptions of the evolving digital landscape

AN ASSESSMENT OF:

- Advancements in the provision of digital resources
- Ongoing digital HCP engagement challenges and trends
- Strategic priorities for the future of digital HCP engagement

HCP OPINION ON DIGITAL ADVANCEMENT

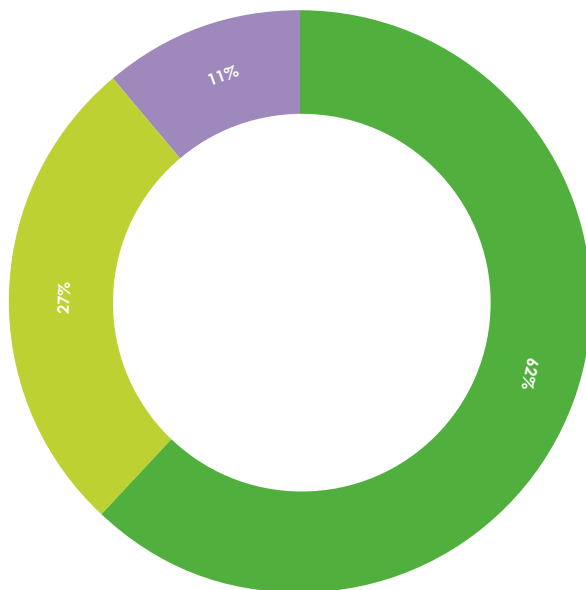
While the majority of HCPs acknowledge **significant improvements in the provision of scientific information via digital sources** over the past 2 years, this varies significantly by region (with US-based HCPs reporting the lowest improvement) and many highlight that the increased volume of digital content has **not been accompanied by improvements in relevancy, accuracy or value.**

89%



of HCPs have noticed improvements in the digital provision of scientific information since 2021

HCP In the last 2 years, have you noticed an improvement in the provision of scientific information via digital sources?



● BIG IMPROVEMENT
● SMALL IMPROVEMENT
● NO IMPROVEMENT



75% of HCPs in **Asia** report a big improvement in digital sources compared with **55%** in **Europe** and **33%** in the **USA**.



Accenture 2021 research found that **64%** of HCPs felt the volume of digital communications from pharma was too great, and **65%** felt "spammed" during the COVID pandemic.



IQVIA 2022 research found that **61%** of physicians identify greater personalisation as the main differentiator for making medical engagement more valuable.

What changes have you noticed?

HCP VIEWPOINTS - POSITIVE

- “ I am relatively new to **social media** (joined in the last 5 years) but have noticed more medical info coming relative to my practice.
- “ Clearer, more **animation**, better flow, less waffle and time wasting. Clear, simple **diagrams and images**.
- “ Everything is online now, and if you miss a **conference / webinar** you can usually **find highlights** afterwards.
- “ The content is out **really fast**.

HCP VIEWPOINTS - NEGATIVE

- “ The amount of fake, **spam** “scientific” information on social media dramatically increased.
- “ The info is **too much** and mostly not to the point.
- “ The amount of information has increased but not the **relevancy**.

SERVICE PROVIDER OPINION ON DIGITAL ADVANCEMENT

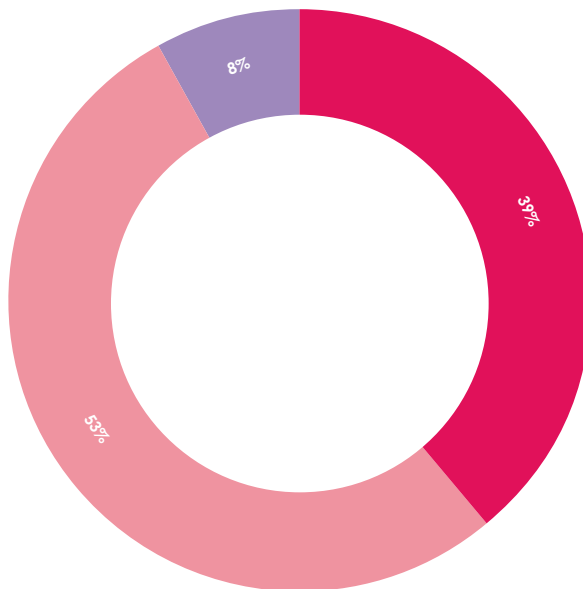
The majority of service provider respondents have witnessed an improvement in Industry provision of digital resources since 2021, with a third considering these 'big' improvements. Nevertheless, when asked to comment on the improvements, many focused on what has not improved.

92%



of service providers believe there have been improvements in Industry provision of digital resources since 2021

SERVICE PROVIDERS In the last 2 years, what change have you noticed in pharmaceutical industry provision of digital resources?



- BIG IMPROVEMENT
- SMALL IMPROVEMENT
- NO IMPROVEMENT

What changes have you noticed?

HCP VIEWPOINTS - POSITIVE

- “ There is much more focus on performances, and KPIs are not **vanity KPIs anymore**.
- “ There have been **refinements to processes**, both relating to compliance and technology, that have improved provision somewhat.
- “ Steps towards omnichannel (or advanced multichannel) are driving a **focus on audience need, silos are in some cases being dissolved** across commercial and medical.
- “ There are **some brands fully digitising** but some are still in the website-as-hub mentality.

HCP VIEWPOINTS - NEGATIVE

- “ There was a **brief shift**, but now it looks and sounds much like it did before!
- “ There is recognition and movement towards improvement but it's **not moving fast enough**.
- “ Still **too much of an emphasis on company websites** to attract wide audiences.
- “ A recent study found oncologists receive 150 **digital ads** per month! 1800 a year! What impact could that possibly have?
- “ There is a greater quantity but **questionable quality**.
- “ I sense there is ongoing hunger for digital but still **some confusion** about how to do this well and compliantly.

PHARMA OPINION ON DIGITAL ADVANCEMENT

The majority of pharma respondents have seen some level of improvement across all strategic areas listed. The greatest improvements have been seen in the areas previously reported (in 2021) as future priorities, including **shifting digital culture / mindset** and **optimising content for digital consumption**.

For 2023–24, key strategic areas that were previously prioritised and improved upon have been replaced by others, including **HCP insight** and **demonstrating ROI**.

Focus on pharma's **own digital channels** has become less of a priority while focus on **third party digital channels** remains a very low priority.

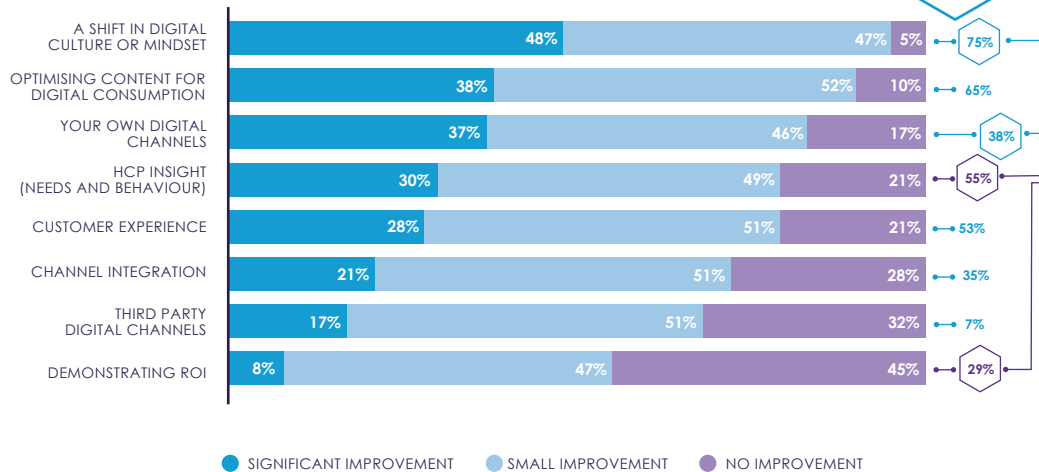
48% of pharma report a significant shift in digital culture and mindset since 2021

42% of pharma believe their organisation's digital function has contributed most to digital transformation in the past 2 years, 25% credit marketing, 16% for commercial and 6% for medical affairs

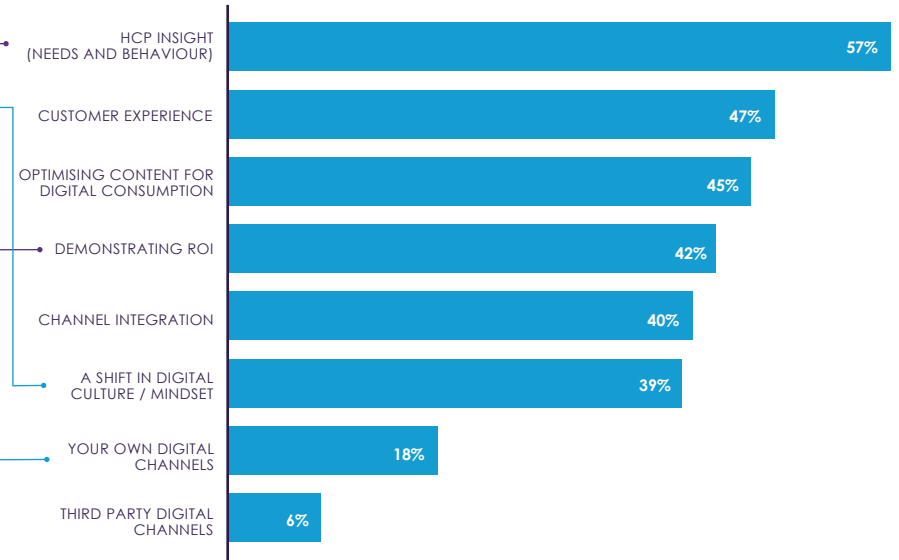
PHARMA What level of improvement have you witnessed within your organisation over the past 2 years in the following strategic areas?

60% of marketing and 55% of medical affairs report significant improvement in digital culture, versus only 31% of those in a digital function.

Reported by pharma in 2021 as a strategic priority for 2022




Select your top 3 digital priorities for strategic focus in the year ahead



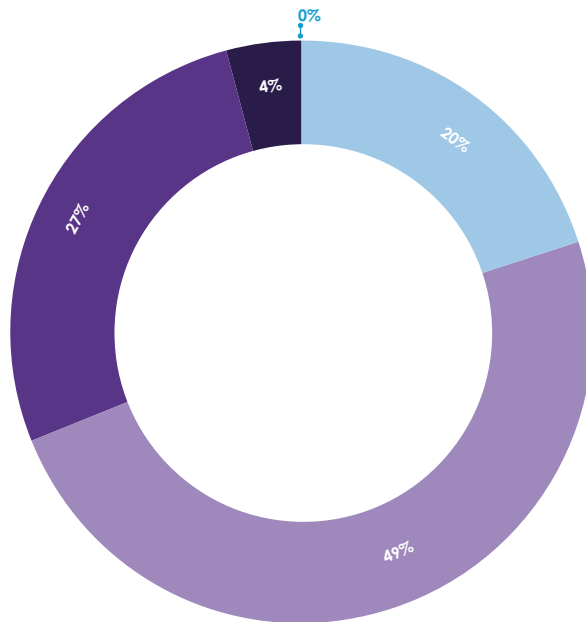
PHARMA DIGITAL MATURITY

Based on the definition of 'digital maturity' provided, only one in five pharma survey respondents consider their organisation to be digitally **'mature'** and none feel their firm is **'sophisticated'**. **80%** of pharma describe their digital maturity as **'adolescent'** at best. Meanwhile, half of service providers rate their own organisation as digitally sophisticated or mature.

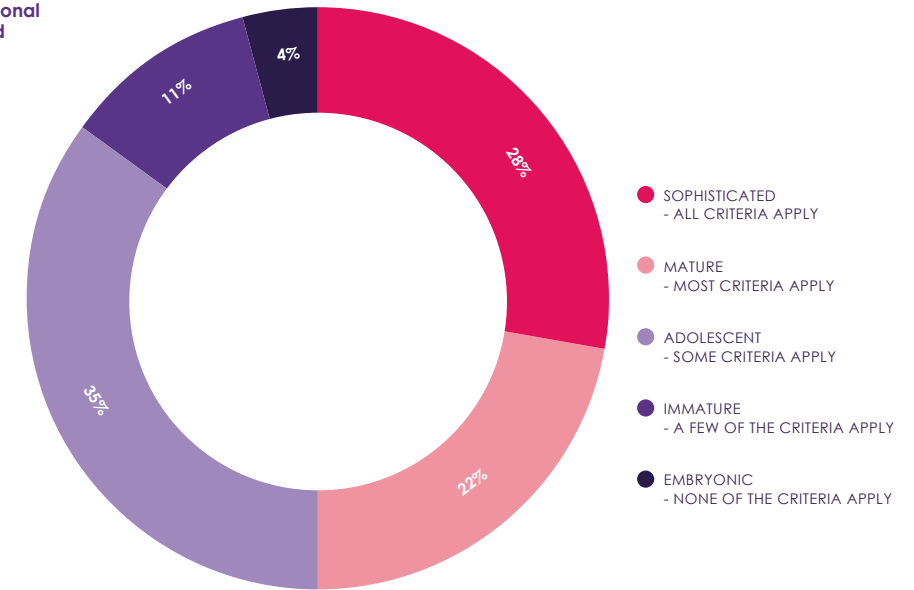
80% of pharma consider their organisation's digital maturity **'adolescent'** at best, compared with just **50%** of service providers



PHARMA Rate your organisation's digital HCP engagement maturity



SERVICE PROVIDERS Rate your organisation's digital HCP engagement maturity



DIGITAL MATURITY CRITERIA DEFINITION
 The digital strategy, culture, organisational governance, process, technology and data / insight are clear, cohesive, dependable and effective.

- SOPHISTICATED - ALL CRITERIA APPLY
- MATURE - MOST CRITERIA APPLY
- ADOLESCENT - SOME CRITERIA APPLY
- IMMATURE - A FEW OF THE CRITERIA APPLY
- EMBRYONIC - NONE OF THE CRITERIA APPLY

- SOPHISTICATED - ALL CRITERIA APPLY
- MATURE - MOST CRITERIA APPLY
- ADOLESCENT - SOME CRITERIA APPLY
- IMMATURE - A FEW OF THE CRITERIA APPLY
- EMBRYONIC - NONE OF THE CRITERIA APPLY

68% of those in **medical affairs** selected **'adolescent'** compared with **43%** in **marketing** and **50%** in a **digital function**.

PHARMA CHANNEL INTEGRATION

Only 15% of pharma consider their HCP engagement to be **omnichannel** (with centralised content and data management to enable fully integrated channels).

While some are still using entirely **isolated channels**, half describe their current HCP engagement as **multichannel** (delivering touchpoints with some consistency of strategy, content and experience) and a third are leveraging **cross channel** (connected journeys across multiple channels).

The majority believe they are well resourced for omnichannel activities but over half consider integrating their digital channels a major challenge ([see page 53](#)).

85% of pharma do not consider their HCP engagement to be omnichannel, but **63%** believe they are well resourced to achieve this



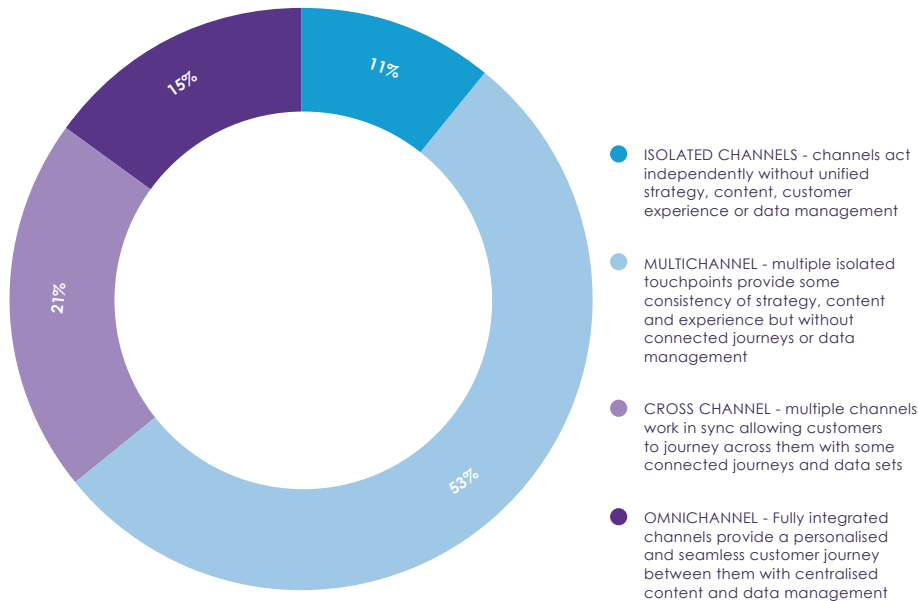
Aktana and DHC 2022 research found that **98%** of pharmaceutical executives feel it is important to create and implement an omnichannel strategy for their organisation.



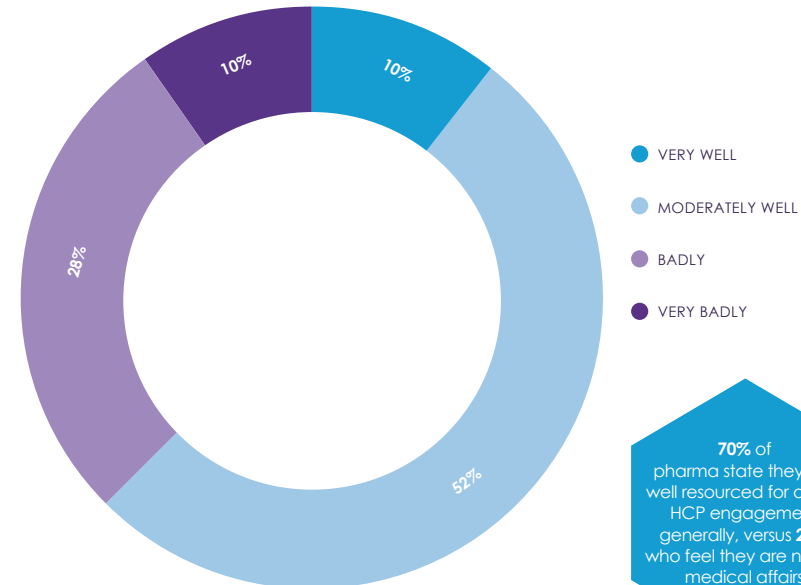
IQVIA's 2022 report on 'Medical Affairs' next frontier' identified the top 3 gaps in omnichannel maturity as:

- Integrated engagement planning
- Building the enabling technology infrastructure
- Generating deep customer (HCP) insight

PHARMA Which of the following best describes your current HCP engagement channel integration?



How well resourced do you think your organisation is currently for omnichannel activities?



70% of pharma state they are well resourced for digital HCP engagement generally, versus **28%** who feel they are not for medical affairs

PHARMA DIGITAL CHALLENGES

Eight of the 15 factors listed are described as a 'major challenge' for digital HCP engagement by over half of pharma respondents. **Demonstrating ROI** is rated the biggest challenge, which was also the case in 2021 when less than a third considered it a strategic priority for the future, compared with 42% now ([see page 50](#)).

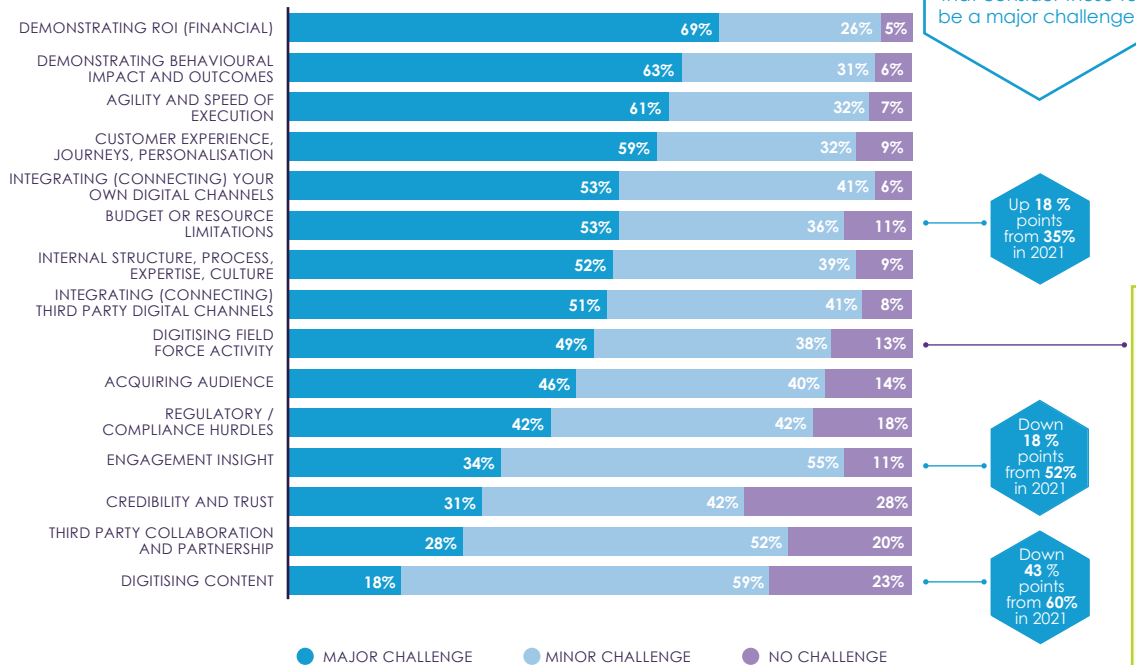
Budget and resource limitations and **internal structure, process and expertise** are both considered a greater challenge than they were 2 years ago (though viewed differently by medical affairs and marketing). But overall, there has been a reduction in the scale of the challenges faced over the last 2 years, most notably in **digitising content** and obtaining **engagement insight**.

2 in 3



pharma describe demonstrating ROI and behavioural impact / outcomes as a major challenge

PHARMA To what extent do the following factors pose an ongoing challenge for you in relation to digital HCP engagement?



68% of **medical affairs** respondents consider **budget / resource limitations** a major challenge compared with 40% of **marketing** respondents.

70% of **marketing** respondents consider **internal structure, process and culture** a major challenge compared with 40% of **medical affairs** respondents.

80% of **marketing** respondents consider **customer experience, journeys, personalisation** a major challenge compared with 40% of **medical affairs** respondents.



INTEGRATION Are field forces reluctant to embrace digital?

“Very often pharma reps see digital channels as the enemy; they will not fully engage with them because they feel that the more they prove the digital channels work, the more likely they will be replaced by them. I don't think the role of the rep will be replaced, but **those reps who cannot fully handle digital channels will be replaced with those who can.**”

Scientific Solutions Director (Service provider)

WHAT WILL BE THE NEXT BIG TREND OR GAME CHANGER IN HOW PHARMACEUTICALS REACH, ENGAGE OR MEASURE THEIR HCP AUDIENCES?

SERVICE PROVIDER VIEWPOINTS

- “ When pharma, as well as other life science companies, realise that the **patient and physician are the centre of the ecosystem**, not themselves. So, for example, every pharma company, every lab, every payer has its own portal. How is a physician supposed to manage that?
- “ Less reliance on sales force and more reliance on digital and automated tools for engagement, e.g. Chatbots and conversational tools.
- “ I hate to say it because it's rapidly becoming a cliché, but the application of **AI is going to shake things up**.
- “ Shift in budget allocation towards scientific exchange and **third party content**.
- “ We will see **an explosion in true omnichannel strategies** and solutions at the heart of customer engagement. As always, pharma is slow to the table, but they recognise the hurdles in their way, regulatory (and approval of content to be used in a modular fashion is critical) is always risk averse but they are beginning to come around. Investment is key to change; in people, in technical infrastructure, and education. With these areas supported, true omnichannel is possible and we are seeing pharma clients making huge strides.
- “ The **“hubless network”** will be a huge change. As we push engagement opportunities to the edge of the “wheel”, the hub is not as important. We can deliver content and education directly on social media for example rather than always linking to the website (yes **AI** and **ChatGPT** will factor in somehow but not sure it will completely change HCP communications in the next year).

PHARMA VIEWPOINTS

- “ The trend I will be curious to see play out is the **utilisation of field sales reps and medical science liaison teams**. Will the role of the MSL become more important over time? Is pharma meeting the needs of how HCPs want to consume and learn information? Another game changer is **how companies adapt to personalisation and HCP journey**.
- “ Integrating **AI to analyse data** and help in company's strategies.
- “ **AI** will provide a huge shift in how we **produce content** to speed up the process and identify HCP needs. I also see a **period of consolidation** (vs a big major shift) where new approaches such as omnichannel become more widely used and understood.
- “ When we really start being **customer-centric**. Not selective customer-centric (aka give them what they want, if we also want it) and playing Steve Jobs on the way (customers don't know what they want until you show them).
- “ Driving a **pull model** where HCPs are willing to get content on pharma websites.
- “ Making use of **artificial intelligence** to support, guide and monitor HCP engagement.



I INTERVIEWS

OMNICHANNEL Getting a handle on personalised HCP engagement

“ Omnichannel is about figuring out how you can **create something once and have different iterations of it** throughout the ‘surround sounds’. I don’t think the industry has mastered it. It should be: ‘you read this here, **you’re going to see something else next time to continue on that journey**’.”
 Head of Digital Strategy (Service provider)

“ It is clear the time of HCPs is precious, and we want to make sure we are there at the right time, via the right channel with the right content. That can be delivered with an omnichannel approach. We have come a long way over recent years to activate more channels, start integrating them together and better understand our customers and their behaviour. But **I question whether what we do today is really omnichannel, we are not there at the moment as an industry.**”
 Global Head of Medical Customer Excellence (Pharma)

“ Omnichannel is very loosely defined - we are all figuring it out piece by piece. What we do know is that **the ‘mono channel’ we came from is not going to fly anymore; equally the ‘spray and pray’ approach isn’t going to work**, so we’re all on the pathway to something more sophisticated.”
 Head of Commercial Excellence (Pharma)

“ Having words on a website is important, but a physician in between patients may have 3 minutes and want to hear audio while they are walking around, or they might want to watch a video while they are eating their lunch. You have to have different modalities and I think pharma hasn’t gotten there in terms of how to produce all of this really fast. **With AI coming into play, there are ways to speed up that process.**”
 Head of Digital Strategy (Service provider)

AI Opportunities, use cases and concerns

“ The concern I have is that, once we become more advanced with these tools it will become even easier to develop content - **we need to be careful that we don’t overwhelm our customers with that content and ensure there is real value** in what we provide.”
 Global Head of Medical Customer Excellence (Pharma)

“ My fear with AI is that we generate so much content because it is easy, that it becomes noise - even if you have something important to say and you think you’ve got great content, **it is lost in the sea of all this other stuff.**”
 Chief Strategist (Service provider)

“ Anyone who doesn’t see AI as a generationally disruptive force that will rattle through ours and many other industries is just not paying enough attention. Equally there are many concerns because we will try stuff and fall short, and it will create potential risk. The first thing to do is **gain a better grasp on how the technology can be used safely, responsibly and effectively.**”
 Head of Commercial Excellence (Pharma)

“ **Chatbots or virtual assistants** have been around for a really long time, but with the furthering of AI technology we’ll be able to create better experiences for HCPs to get the content they want. For example, if you’re looking for something on a brand website and can’t find it, with a virtual assistant you could say ‘what is the prescribing information’, and right away that comes up. I think **that’s where we’ll see leaps and bounds** in the next 6-18 months.”
 Head of Digital Strategy (Service provider)

“ Imagine if there was **an AI tool that could tell us what a physician’s interests are**, which websites they use, which conferences they attend - that could be really helpful in tailoring content and channels to personal preferences.”
 Scientific Solutions Director (Service provider)

A DATA SHIFT TO DEMONSTRATE IMPACT

As an Industry, we report satisfaction with the overall effectiveness of our HCP engagement despite also reporting that educational activities are not routinely measured or analysed. This is a major challenge and area of focus for the future, with 'vanity' metrics aligned to reach set to be replaced with more sophisticated methods of assessing and demonstrating HCP learning needs, knowledge gain, behaviour change and impact in clinical practice.



I LEARNINGS

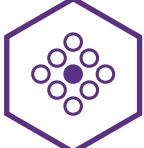
KEY FINDINGS



While all healthcare stakeholders believe digital provision is improving access to scientific information, most agree there are some clear **challenges must be overcome to optimise digital effectiveness and experience.**



The sheer volume of digital content and communication is making it difficult for both HCPs and providers to cut through the noise with ease, relevance and quality of digital interaction.



Pharmaceutical companies have worked hard on their own digital mindsets, cultures and channels; however, they are **yet to effectively adopt and integrate channels or garner valuable insights and ROI from them.**



Effectively **implementing omnichannel and AI-assisted engagement is the nirvana**, but few believe their organisations are realistically capable of achieving this in the foreseeable future.

KEY REQUIREMENTS

To achieve greater success with digital interactions and fully realise their potential, pharmaceutical companies must **prioritise HCP demand** by delivering **original and high value content**, in the right format and **optimised for the right channel mix.**

Collaborative alignment between internal functions – as well as third party channels and suppliers – is required to deliver **data-driven insights** and build HCP personas, which can in turn be leveraged to develop omnichannel engagement capabilities, strategies and tactics that achieve personalised and impactful customer journeys.

Emerging digital tools and **technologies (including AI)** should be embraced on a **case-by-case basis** where they help to overcome specific challenges hampering digital HCP engagement effectiveness, but **focus must be maintained on getting the basics right.**

INSIGHT, IMPACT AND OUTCOMES

How data are collected and used to assess the impact of HCP engagement

AN ASSESSMENT OF:

- Types of measurements and the extent of their use
- HCP perception of impact assessment approaches
- Current challenges and strategic priorities for the future

HCP ENGAGEMENT EFFECTIVENESS

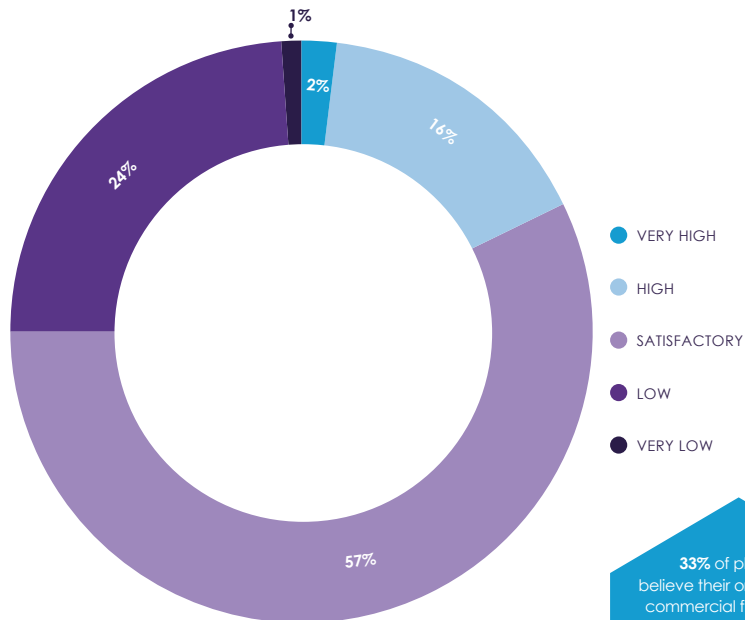
Three-quarters of pharmaceutical company respondents and 90% of service provider respondents consider the **overall effectiveness of their HCP engagement** to be at least 'satisfactory'. However, more pharma respondents say effectiveness is **low** (25%) than **high** (18%). These ratings vary little by function.

18%

of pharma consider their HCP engagement effectiveness to be high or very high

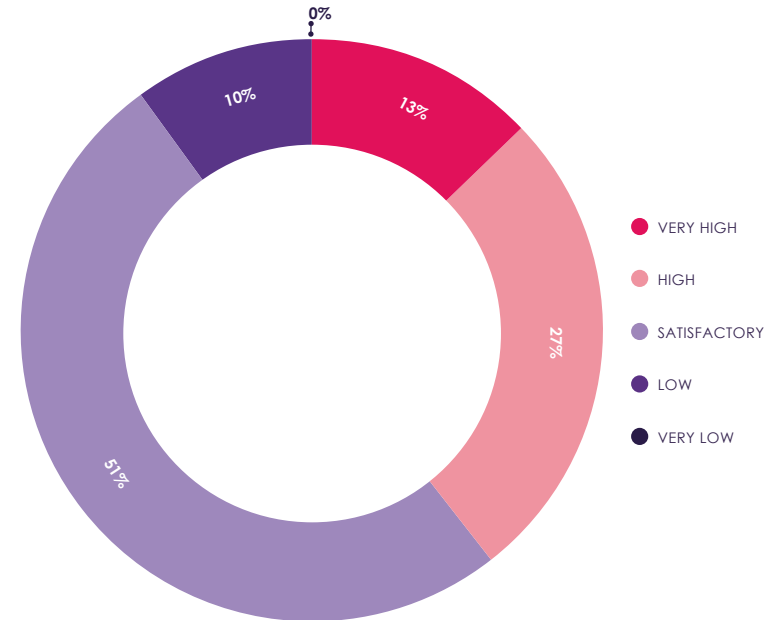


PHARMA How would you rate the overall effectiveness of your HCP engagement activities?



33% of pharma believe their organisation's commercial function has contributed most to HCP engagement effectiveness in the past 2 years, 23% credit medical affairs, 17% for marketing and 12% for digital function

SERVICE PROVIDERS How would you rate the overall effectiveness of your HCP engagement activities?



I DATA COLLECTION AND USE

While most pharma and service provider respondents confirm they are **giving high priority to data and analysis** when it comes to HCP engagement activities, nearly three-quarters consider this a **big challenge** – more than did so 2 years previously.

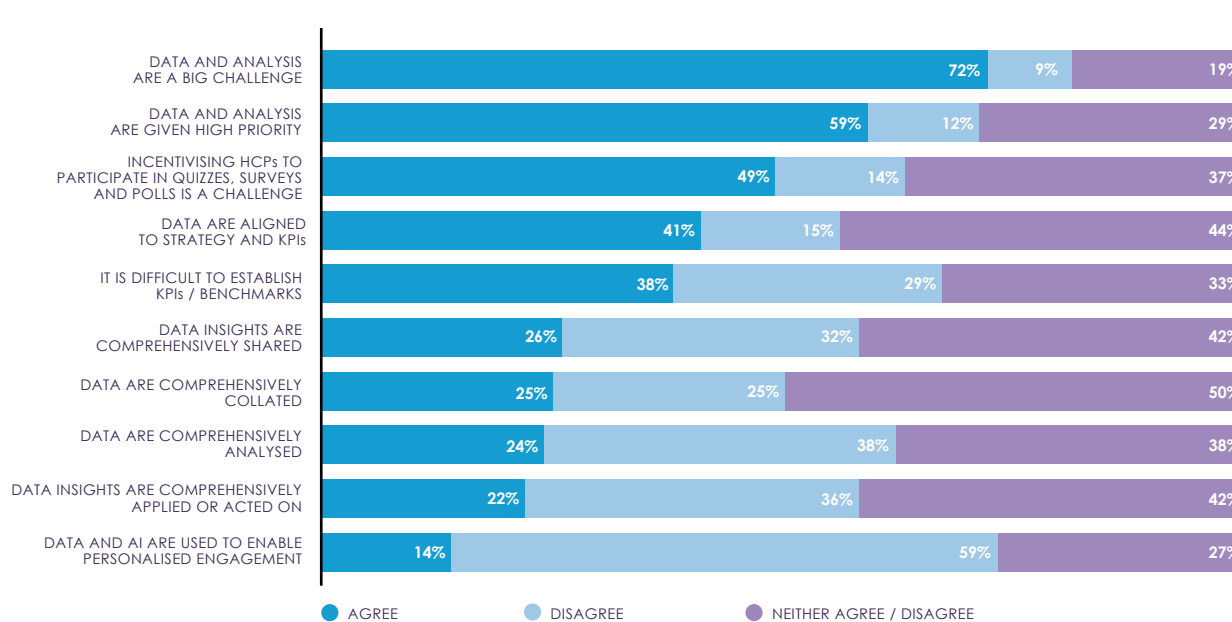
Only a quarter of pharma and one-third of service providers are **comprehensively collating, analysing, sharing and acting on the insights from collected data**, and even fewer are using data to enable **personalised HCP engagement**.

Only 24% of pharma agree that HCP engagement data insights are comprehensively analysed



Reuters and Within3 2023 research found that **79%** of professionals in pharma and biotech organisations use less than **50%** of the data they collect to generate insights.

PHARMA Do the following statements currently apply in relation to your HCP ENGAGEMENT activities?



Up 7% points from 65% who agreed in 2021.

Percentage that agree is unchanged since 2021.

Responses from service providers on the same question are broadly aligned to those of pharma

33% of pharma believe their organisation's medical function has contributed most to HCP engagement insight in the past 2 years, 19% credit marketing, 18% for commercial and 14% for digital function

HCP insight (needs and behaviour) is pharma's no.1 strategic priority for 2024 (see page 50)

Demonstrating behavioural impact and outcomes is a major challenge according to 63% of pharma (see page 53)



While 35% of pharma marketers confirm that data and insights are comprehensively acted on, this drops to 18% for medical affairs.

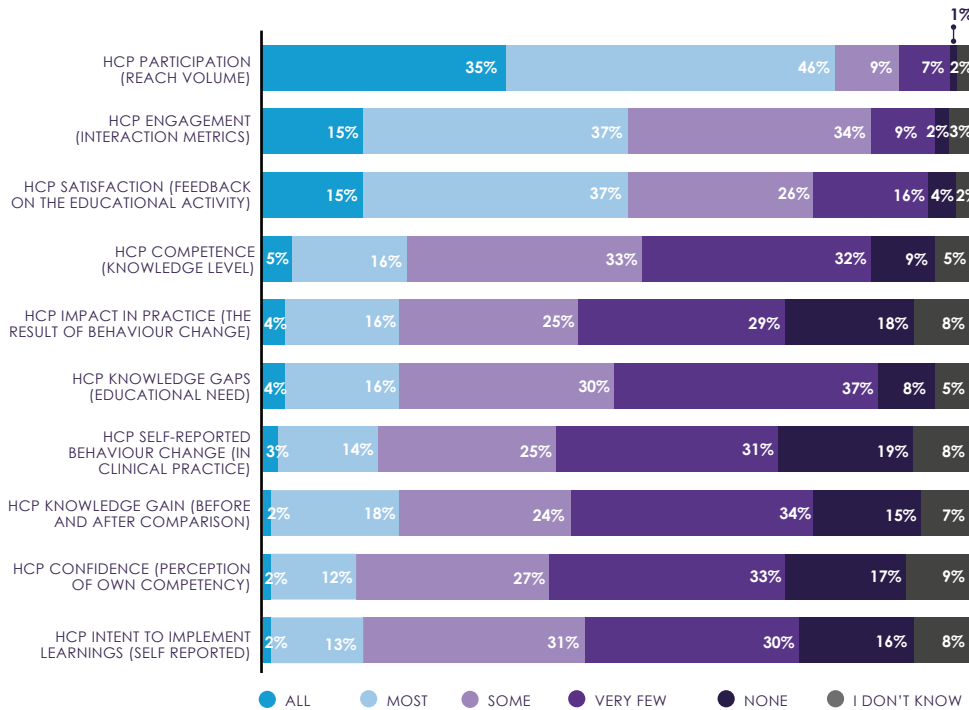
INDUSTRY MEASUREMENT OF EDUCATIONAL IMPACT

The Industry has limited insight into the impact of the educational programmes it supplies to healthcare professionals.

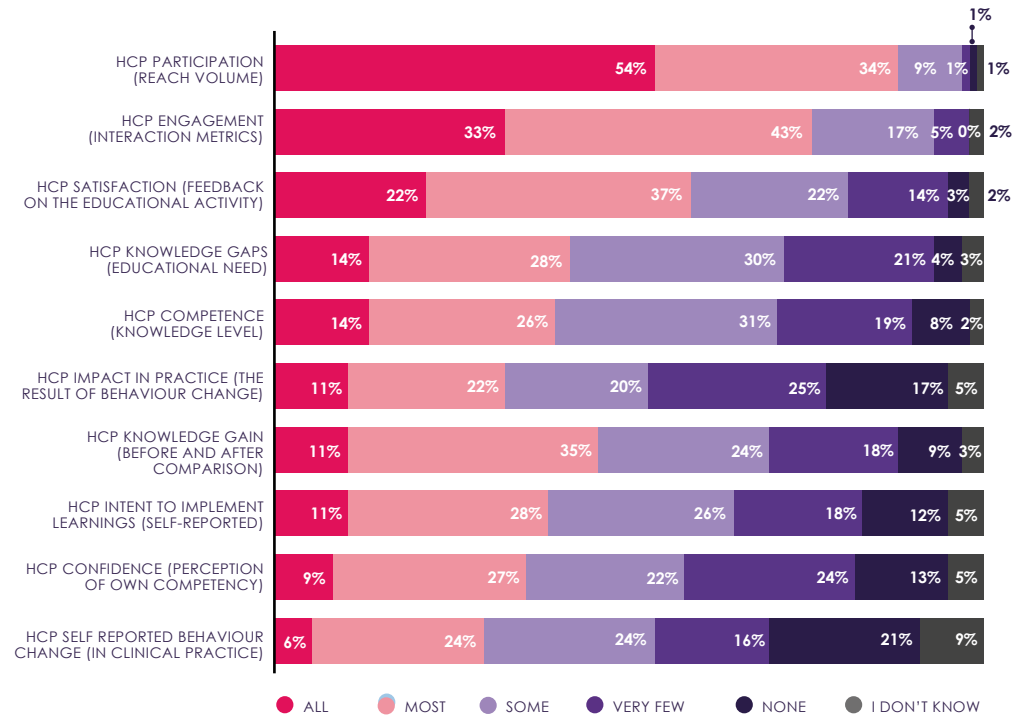
The majority of pharma and service providers measure **reach, engagement** (interaction metrics) and **HCP satisfaction** for most of their HCP education activities. However, only 1 in 5 pharma routinely measure **knowledge gain, behaviour change** and **impact in practice**. This rises to 2 in 5 for service providers.

20% of pharma measure HCP knowledge gain associated with most of their education activities, compared with **46%** of service providers

PHARMA What proportion of your HCP education activities include measurement of the following?



SERVICE PROVIDERS What proportion of your HCP education activities include measurement of the following?



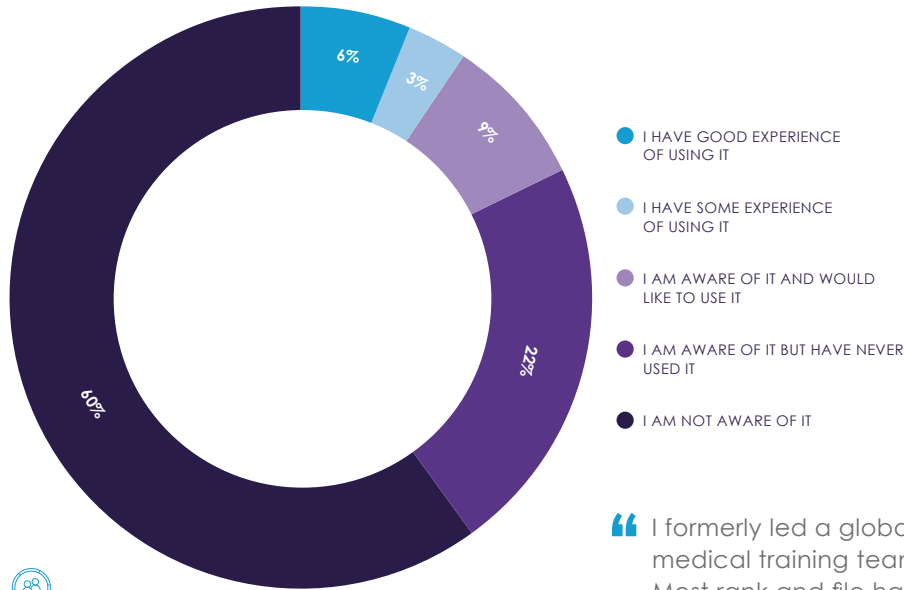
USE OF MOORE'S LEVEL OUTCOME MEASUREMENT

Moore et al. (2009) developed a structured approach to planning and assessing medical education, setting out a series of outcomes levels with emphasis on measuring the progress of learners to reduce or eliminate identified gaps in knowledge, competence and performance.

Most respondents from pharma (including half of those in medical affairs) and also service providers have no awareness of Moore's outcomes assessment, and its practical use within the Industry is very limited.

Only 9% 
of pharma and **17%** of service providers have ever used the Moore's Level outcomes assessment method

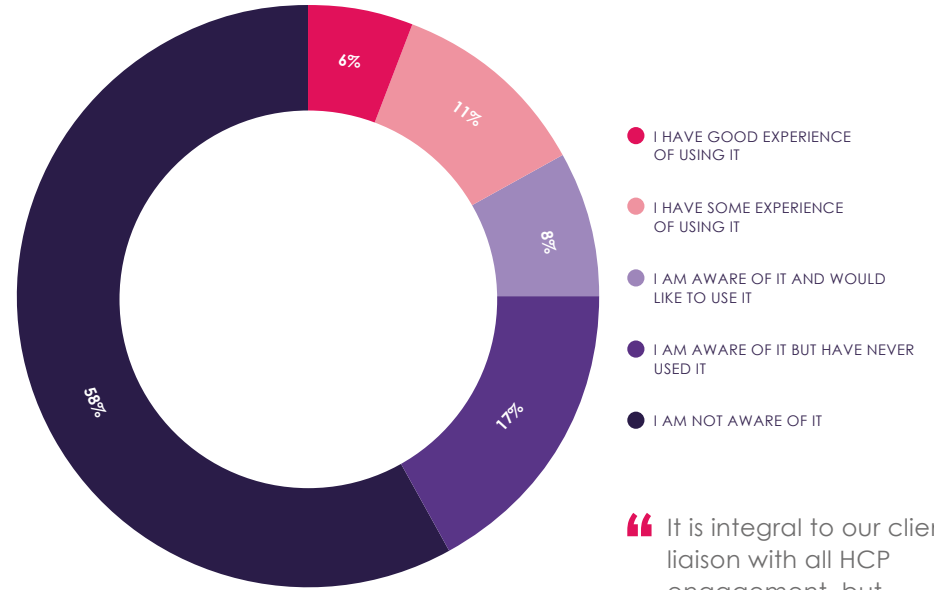
PHARMA What is your awareness of Moore's Level outcomes assessment?



51% of those working in medical affairs and 75% of those in marketing are unaware of Moore's Levels.

“ I formerly led a global medical training team. Most rank and file have no knowledge of Moore's Levels.”
(Pharma respondent)

SERVICE PROVIDERS What is your awareness of Moore's Level outcomes assessment?



“ It is integral to our client liaison with all HCP engagement, but interestingly many clients know nothing about this.”
(Agency respondent)

HCP PERCEPTION OF EDUCATIONAL IMPACT ASSESSMENT

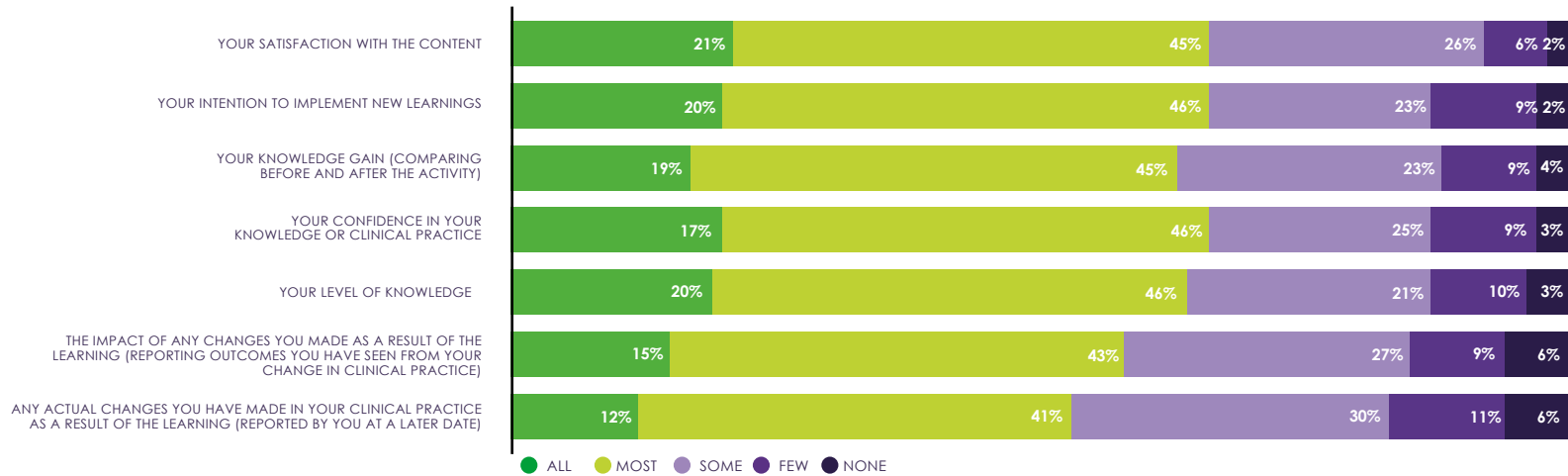
Over half of HCPs believe that most of the learning activities they participate in include methods to assess their **satisfaction, knowledge, confidence, behaviour change** and **impact in clinical practice**.

Two-thirds of HCPs report that they **intended to implement learnings** for all or most of the educational activities they participated in during the past year. Half of HCPs claim that they **actually implemented learnings** for most learning activities. Just 5% report not implementing any learnings.

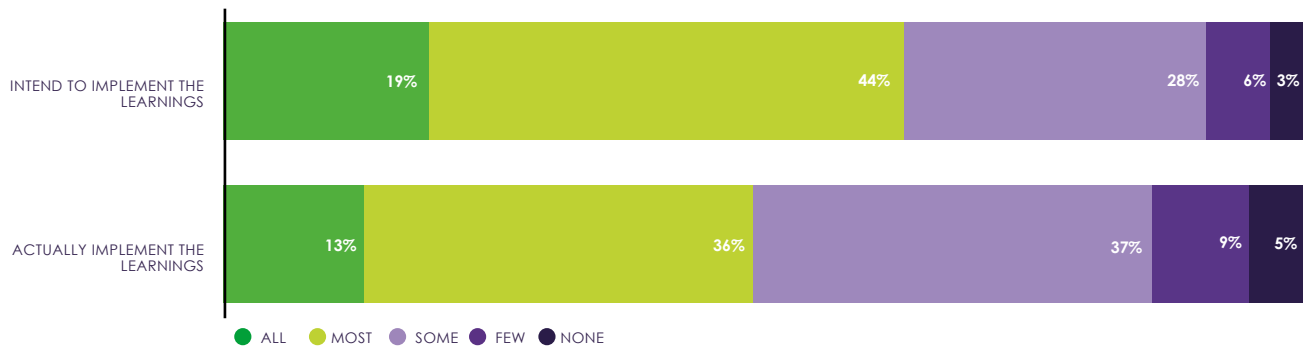
64%
of HCPs believe their knowledge gain is being assessed for most of the learning activities they participate in



HCP How many of the learning activities that you participate in include methods to assess the following?



For what proportion of educational / learning activities that you participated in during the last year, did you ...

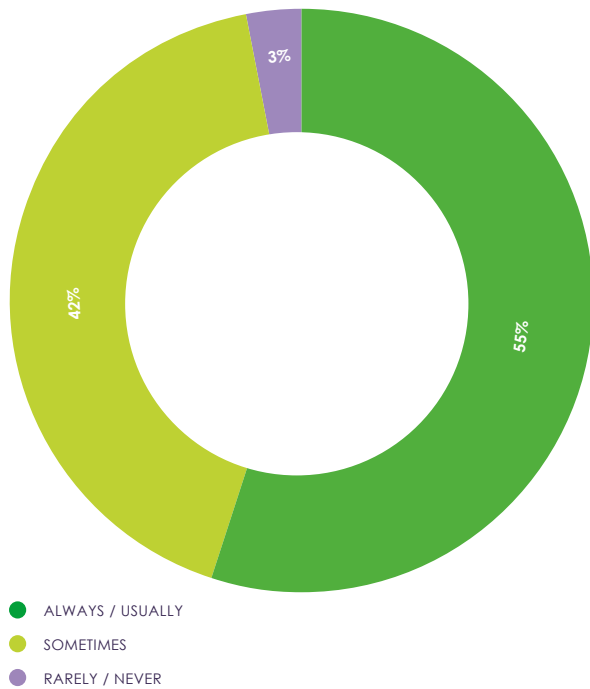


HCP PARTICIPATION IN MEASUREMENT METHODS

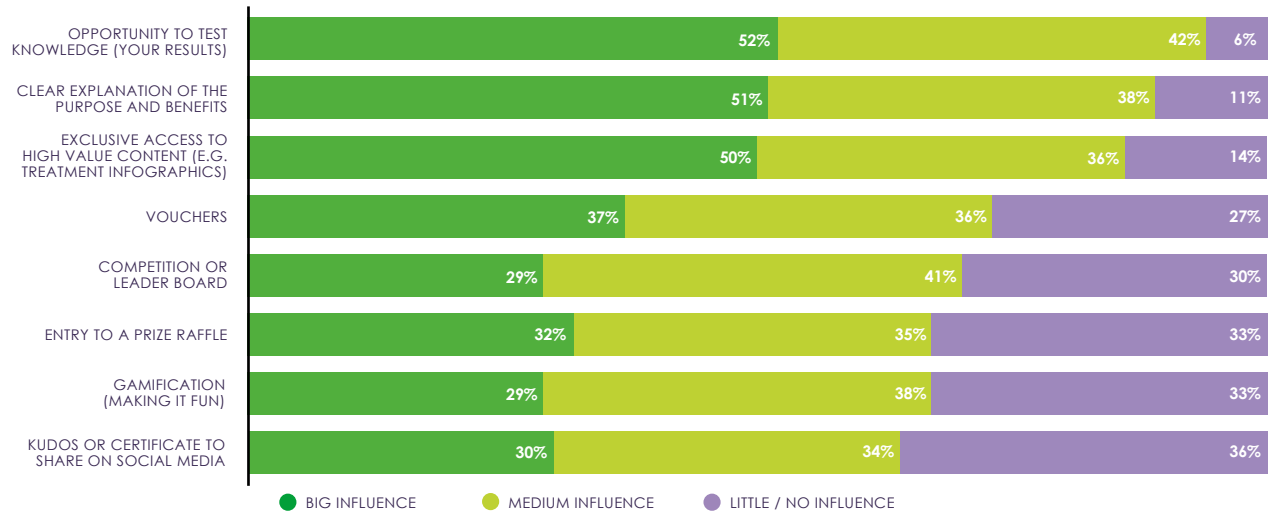
When requested, most HCPs claim they will usually or always provide information aligned to (but not part of) the learning activity. They are most likely to do so when there is a **clear explanation of the purpose and benefits, an opportunity to test their knowledge** and / or **access to valuable content**, although a range of other incentives are also influential for most, especially in regions outside of the USA and Europe.

55% of HCPs generally participate in measurement methods aligned to learning when invited to do so

HCP When asked to participate in a quiz, poll or survey before / during / after an educational or learning activity, how often do you participate?



To what extent do the following factors influence you to participate in quizzes, polls, questionnaires and feedback surveys?



The above incentives are more likely to influence HCPs outside of the **USA** and **Europe**.

INDUSTRY INCENTIVISATION OF MEASUREMENT PARTICIPATION

Aligned to the factors described as most influential by HCPs (see previous page), just over half of pharma respondents have incentivised HCP participation in measurement methods by **explaining the purpose and benefits** and **providing the opportunity to test their knowledge**. However, most report limited success with these and other incentives.

While a slightly higher percentage of service providers say they employ the tactics listed, they also report limited success in most cases.

Two-thirds



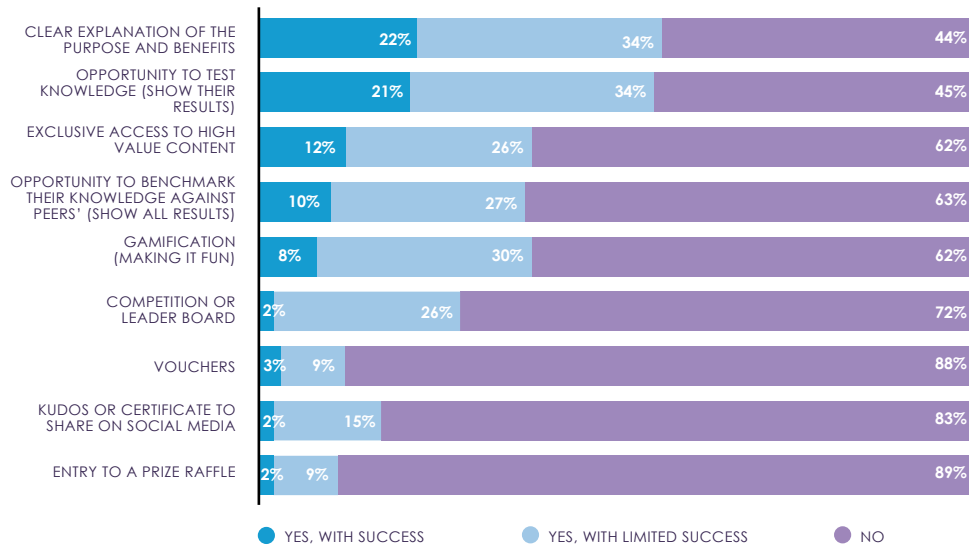
of pharma have never used 7 of the 9 tactics listed to incentivise HCP participation in measurement methods



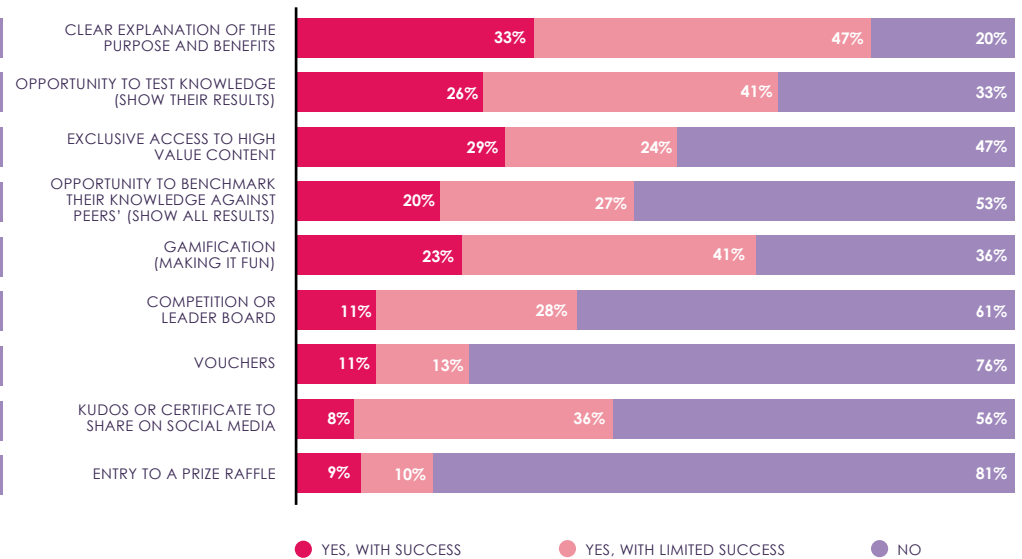
Medical affairs are almost twice as likely to have employed **gamification** as colleagues in **marketing**.

Service providers are three times as likely to have employed **gamification** as pharma.

PHARMA Have you employed the following tactics to incentivise HCP participation in quizzes, polls and surveys?



SERVICE PROVIDER Have you employed the following tactics to incentivise HCP participation in quizzes, polls and surveys?



I INTERVIEWS



OUTCOMES Demonstrating impact continues to challenge medical affairs

“ It's difficult to measure ROI on medical education because it is not intended to move an HCP along an advocacy or prescribing ladder. From my perspective it is there to improve confidence, knowledge, and **we need to be thinking about ultimately what impact are we making on patient outcomes**. There are some metrics you could measure to reflect that, such as change in basic level of knowledge and impact on clinical practice, and we will probably need to follow up in 6 months to see have they actually made the change.

“I think in pharma **sometimes, we want to get information out there quickly because we feel it is important, but we forget about the 'so what' afterwards**, so it's really important to measure the impact of what we are doing.”

[Global Medical Education Lead \(Pharma\)](#)

“ **Impact measurement is a big challenge** for medical departments. We do not measure success by sales - ultimately the impact we want is to change clinical practice and make sure more patients are benefitting from our medications, but availability of data is the number 1 challenge. **We are looking into how we can correlate an activity's engagement with outcome**, and some are doing this by showing impact on the diagnostic of a specific disease, or on the knowledge of the HCPs.”

[Global Head of Medical Customer Excellence \(Pharma\)](#)

“ **Pharma should always select a cohort of physicians who will be consulted before and after a training session** to track: was there any change in their knowledge, and also whether it has changed anything in their practice. That's super important because **people can rate a session saying it was 'highly engaging', but if the next day they are not thinking about treating patients in a different way, then the whole session was wasted.**”

[Solutions Director \(Service provider\)](#)

HCP DEMAND Lack of audience insight leads to content overload

“ As an industry we are still not doing a good enough job to remember that the HCPs are dealing with a lot of different pieces. You may have the best content, but you are one of many and the physicians are saying 'I don't have the time, I am inundated, I am overwhelmed'. **I don't think we are paying enough attention to our end user and asking how we could better serve them.**”

[Chief Strategist \(Service provider\)](#)

METRICS Call to focus on engagement with content, not channel

“ Pharma and biotech focus too much on the channel and we have a bit of a channel obsession. I think if you look at almost any other industry, whether in a B2B or B2C context, the whole discipline of sales and marketing has moved away from being very channel led to being a lot more content led. **I think we are too obsessed with the engagement we achieve through the channel versus the engagement we get with the content** in this industry.”

[Head of Commercial Excellence \(Pharma\)](#)

I LEARNINGS

KEY FINDINGS



While most **pharmaceutical companies and service providers are satisfied with the overall effectiveness of their HCP engagement activity**, this is based primarily on interaction metrics and satisfaction surveys from HCPs; deeper metrics related to impact are rarely obtained.

The challenge of data collection and use has increased in the past 2 years, possibly because methods of communicating with HCPs have transformed, and along with it the metrics that drive and measure success.

In relation to HCP education specifically, only a **minority of pharma are comprehensively collating, analysing or using data to generate insights into impact on HCP knowledge, behaviour or clinical practice**. There are some established methods for measuring deeper metrics, for examples, Moore's level outcomes reporting, but they are not widely known about or used within the Industry.

HCPs believe assessments for such outcomes are conducted for most of the learning activities that they participate in, but **this is often not the case for education provided by pharma**.

HCPs also indicate their willingness to participate in impact measurement methods, but few in pharma are incentivising this participation aligned to learning.

KEY REQUIREMENTS

1

Industry must **stop assessing educational impact based primarily on engagement metrics** and consider how to measure more meaningful outcomes that align to educational objectives for HCP clinical practice and patient outcomes.

2

Pharma should do more to familiarise itself with existing concepts for insight and impact measurement and **work towards developing standardised approaches with benchmarks**.

3

Since many third parties and service providers are ahead of pharma on this, **collaboration with those that have established measurement frameworks could prove beneficial**.

4

It is important to measure HCP engagement and satisfaction to determine if they derive value from these initiatives. However, it is critical to understand the actual efficacy and impact beyond the initial engagement. **This requires a data mindset shift, and time to build measurement methods into all activities**.

5

Data is only powerful if it is analysed, shared and used to evolve and improve HCP engagement and support. **Internal collaboration (and possibly external support) is needed to ensure the data collected are available and can be understood and acted upon by different functions**.

PARTICIPANTS

This report is based on an independent study, designed and delivered by EPG Health in 2023

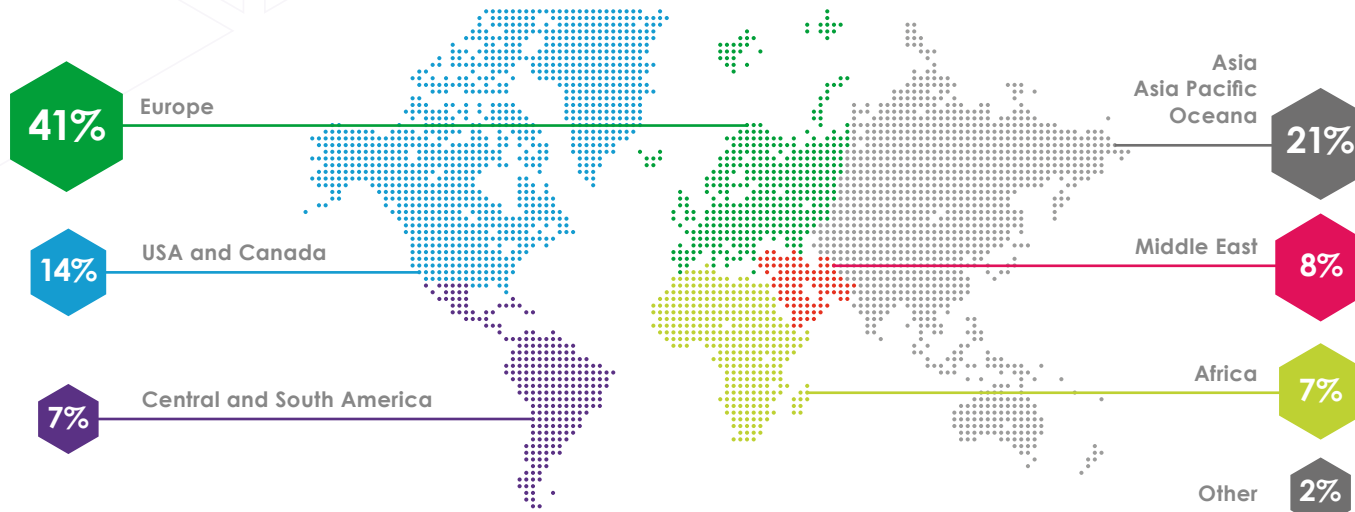
SURVEYS WERE CONDUCTED WITH THREE STAKEHOLDER GROUPS (SPANNING MULTIPLE FUNCTIONS, GEOGRAPHIES AND SPECIALITIES):

- Healthcare professionals **n = 291**
- Pharmaceutical companies **n = 134**
- Life science service providers **n = 109**
- Additional pharmaceutical industry interviews were conducted **n = 7**

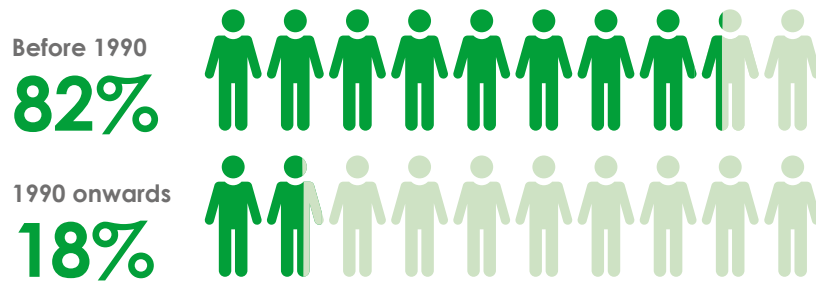
HEALTHCARE PROFESSIONAL PARTICIPANTS

HCP participants (n = 291) span all continents and over 40 medical specialties.

HCP In what region do you mainly practice/study medicine?



HCP When were you born?



RELEVANCE? Responses to some survey questions in this study differ by age, and it was decided, for maximum insight, to highlight the differences between HCPs born before 1990 and those born after 1990.

HCP What is your primary medical speciality?

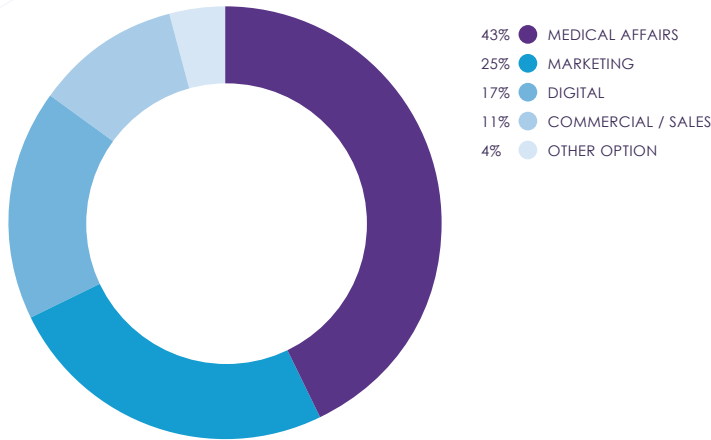


- 6% INTERNAL MEDICINE
- 5% CARDIOLOGY
- 5% GENERAL PRACTICE / PRIMARY CARE
- 4% ONCOLOGY
- 3% NEUROLOGY AND CNS
- 3% INFECTIOUS DISEASES
- 3% EMERGENCY MEDICINE
- 3% GASTROENTEROLOGY AND HEPATOLOGY
- 3% SURGERY
- 3% ENDOCRINOLOGY
- 3% PREVENTIVE MEDICINE
- 3% PHYSIOTHERAPY AND REHABILITATION
- 3% PAEDIATRICS
- 3% SPORTS MEDICINE
- 3% RESPIRATORY
- 3% CRITICAL CARE / INTENSIVE CARE
- 3% MUSCULOSKELETAL DISORDERS
- 3% SEXUAL HEALTH
- 3% ALLERGY / CLINICAL IMMUNOLOGY
- 2% DERMATOLOGY
- 2% OPHTHALMOLOGY
- 2% GERONTOLOGY / GERIATRICS
- 2% IMMUNOLOGY
- 2% PSYCHIATRY / MENTAL HEALTH
- 2% HAEMATOLOGY
- 2% MEN'S HEALTH / ANDROLOGY
- 2% PALLIATIVE MEDICINE
- 2% UROLOGICAL AND KIDNEY DISEASES
- 2% RHEUMATOLOGY
- 2% NEPHROLOGY
- 2% ANAESTHESIOLOGY
- 2% EAR, NOSE AND THROAT
- 2% OBSTETRICS / GYNAECOLOGY AND WOMEN'S HEALTH
- 1% RADIOLOGY
- 1% TROPICAL MEDICINE
- 1% MEDICAL GENETICS
- 1% PATHOLOGY AND CLINICAL LABORATORY
- 3% OTHER OPTION

INDUSTRY PARTICIPANTS

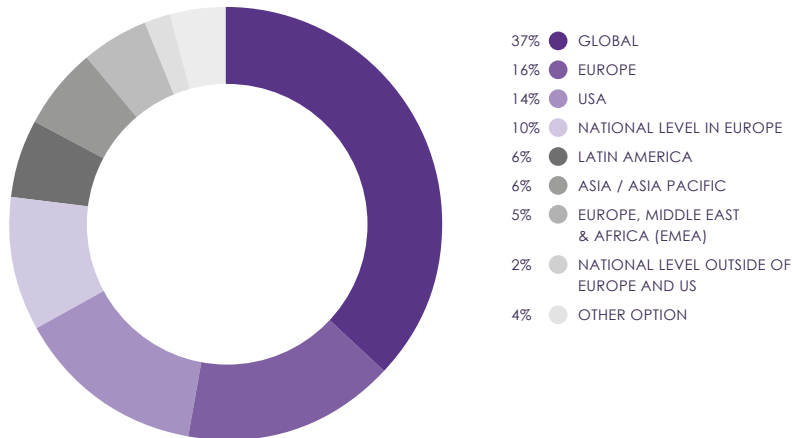
Industry participants (pharma n = 134 and service providers n = 109) span more than 50 companies, all major Industry functions involved in HCP engagement, and a broad range of geographic areas of responsibilities.

PHARMA Function



PHARMA AND SERVICE PROVIDER

Geographic area of responsibility



PHARMA AND SERVICE PROVIDER

When were you born?



RELEVANCE? 'Born from the 1980s onwards, Millennials have grown up with the internet and can't imagine a world without it'
(Cambridge Dictionary)

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Meeting the digital content preferences of time-poor HCPs, Medthority is a trusted learning environment providing personalised and convenient access to behaviour-changing medical education that supports better disease management and treatment decisions.

With an actionable reach of over 1.8 million HCPs globally, our pharmaceutical and life science partners benefit from integrated solutions that effectively reach and engage target audiences, while measuring Impact Outcomes aligned to learning objectives.

Our multistakeholder market research helps us understand and meet the evolving needs of our HCP audience, pharmaceutical customers and partnering service providers. As a service to the industry, we make these reports freely available on our website.

CONTACT US

☎ [+44 \(0\) 1892 577 706](tel:+4401892577706)

@ contact@epghealth.com

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