# The truth about telemedicine, HCP engagement and evolving practice dynamics

## A data-based view of emerging trends during the time of COVID-19

May 2020

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# Today's presenter

## Ready to guide you through the truth about telemedicine, HCP engagement and evolving practice dynamics

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D'Arcy King, Ph.D. is a behavioral health psychologist and healthcare strategist in the Ipsos Advisory Group. She is a 20-year agency and strategic consulting veteran, supporting clients in identifying, defining and communicating commercial, launch and brand optimization strategies across the product lifecycle.

Her foundation as a clinical health psychologist uniquely positions her to deliver evidence-based, integrated behavioral insights and strategies to facilitate and motivate patients, healthcare providers, caregivers, and payers to pursue better health outcomes. Her work spans a broad range of therapeutic areas as well as extensive experience with connected health, telehealth and hospital systems.

# Agenda

**1**

The truth about telemedicine

**2**

The truth about HCP engagement

**3**

The truth about practice dynamics

**4**

Thinking NOW about what comes NEXT

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# Methodology

|  | Interviews | E-details evaluated |
|---|---|---|
| **PCPs** | 40 | 42 |
| **Oncologists** | 40 | 36 |
| **Rheumatologists** | 38 | 39 |
| **Dermatologists** | 40 | 30 |
| **Gastroenterologists** | 40 | 34 |
| Endocrinologists | 40 | 49 |
| Neurologists | 40 | 26 |
| Allergists | 40 | 29 |
| Psychiatrists | 40 | 24 |
| Cardiologists | 40 | 33 |
| **Total** | **398** | **342** |

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# The truth about telemedicine

01

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# HCP practices are extraordinarily changed, with a drastic reduction in patient load…

## Mean number of patient appointments per week

**Legend:** ■ Prior to COVID-19  ■ Now

| Category | Prior to COVID-19 | Now |
|---|---|---|
| Total (n=398) | 92.6 | 42.5 |
| PCP (n=40) | 100.0 | 48.6 |
| Onc (n=40) | 81.8 | 24.9 |
| Immunology (n=118) | 101.0 | 32.4 |
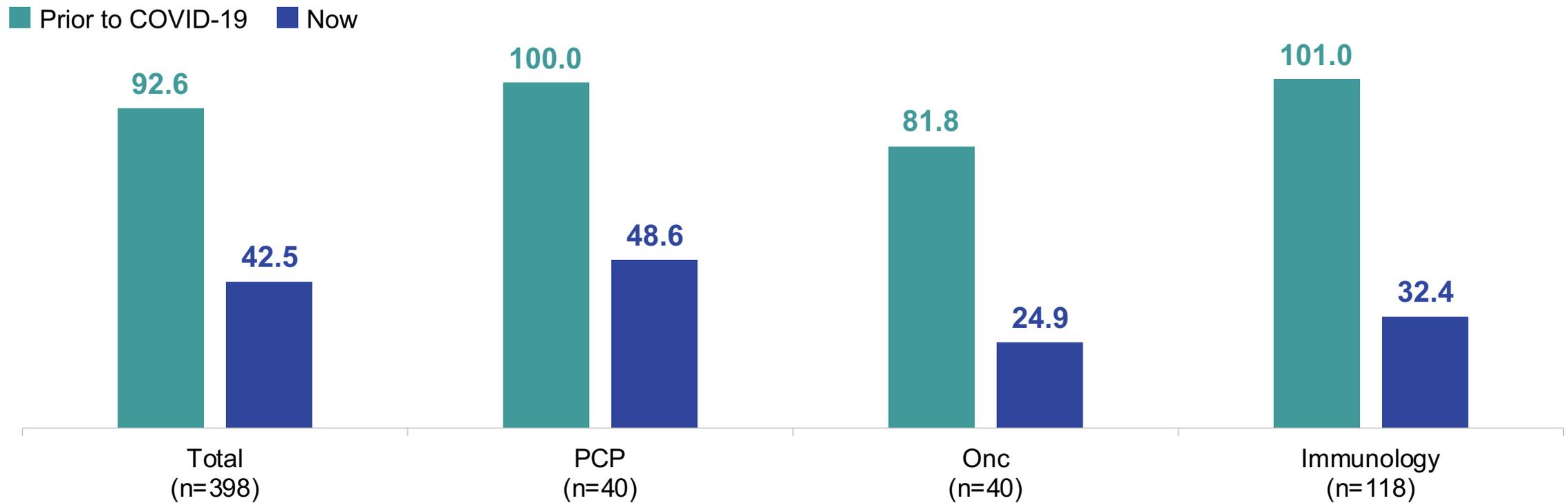
*Q5. Prior to COVID-19, how many unique patient appointments (both in-person and telemedicine) would you have in a typical week? And how many unique patient appointments do you have per week now?*

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# …and a dramatic increase in telemedicine

## Proportion of patient appointments conducted via telemedicine
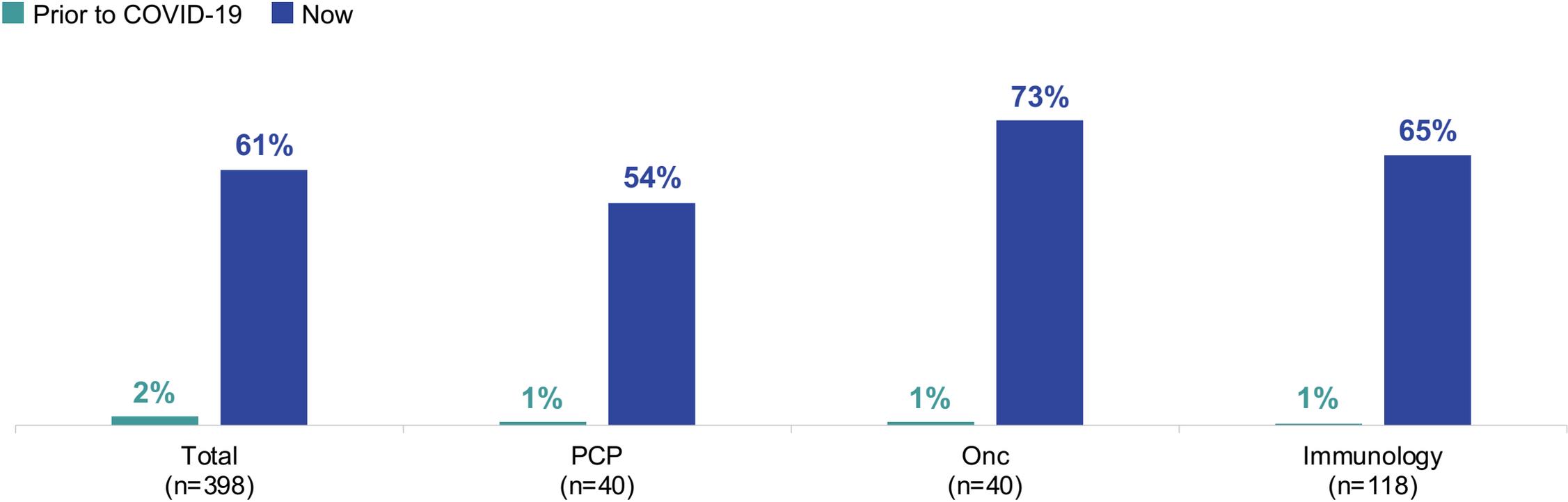
**■ Prior to COVID-19  ■ Now**

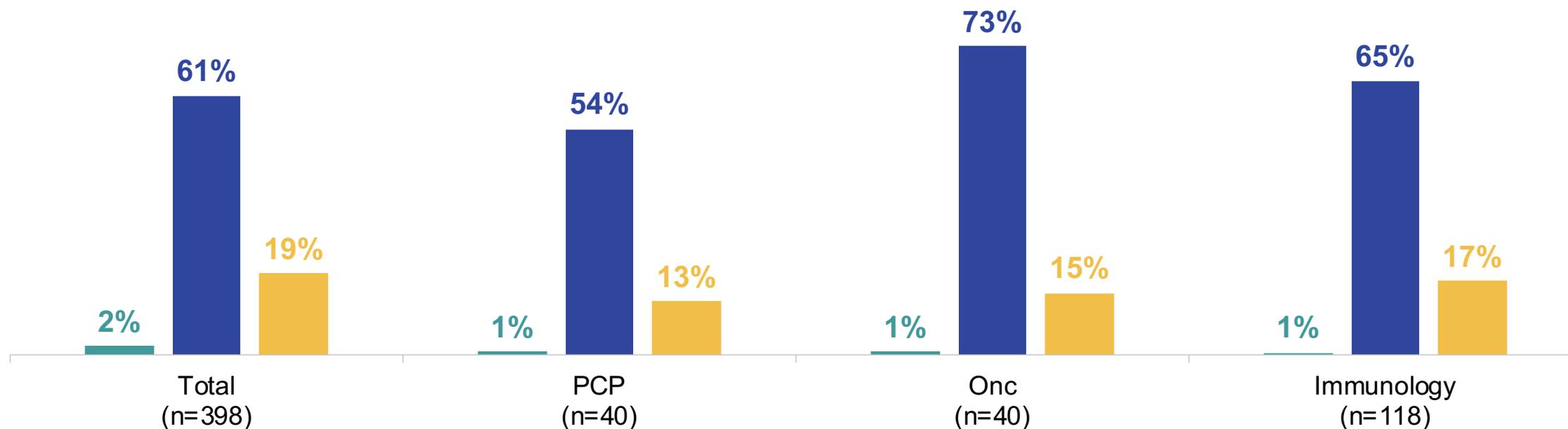| | Prior to COVID-19 | Now |
|---|---|---|
| Total (n=398) | 2% | 61% |
| PCP (n=40) | 1% | 54% |
| Onc (n=40) | 1% | 73% |
| Immunology (n=118) | 1% | 65% |

*Q6. Before and after COVID-19, what proportion of your patient appointments were conducted via telemedicine? By telemedicine, we mean a virtual appointment taken over the phone, videoconference, or some other technology platform*

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# Looking ahead, HCPs anticipate telemedicine will represent one-fifth of their patient interactions...

## Proportion of patient appointments conducted via telemedicine

- ■ Prior to COVID-19
- ■ Now
- ■ Predicted after COVID-19

**Total (n=398)**
- 2%
- 61%
- 19%

**PCP (n=40)**
- 1%
- 54%
- 13%

**Onc (n=40)**
- 1%
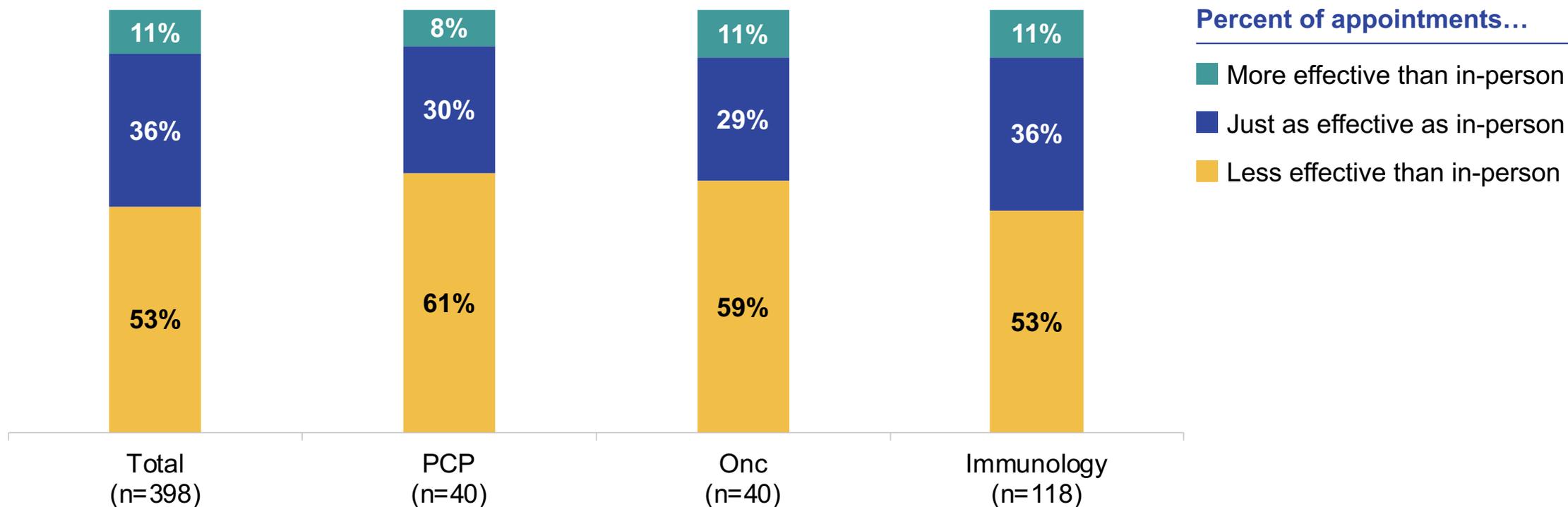- 73%
- 15%

**Immunology (n=118)**
- 1%
- 65%
- 17%

*Q6. Before and after COVID-19, what proportion of your patient appointments were conducted via telemedicine? By telemedicine, we mean a virtual appointment taken over the phone, videoconference, or some other technology platform*
*Q13. After COVID-19, what percent of all your patient appointments do you think will be via telemedicine*

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# …even though HCPs are skeptical about the effectiveness of telemedicine

## Proportion of telemedicine patient appointments that are…



**Percent of appointments…**

- More effective than in-person
- Just as effective as in-person
- Less effective than in-person

| | Total (n=398) | PCP (n=40) | Onc (n=40) | Immunology (n=118) |
|---|---|---|---|---|
| More effective than in-person | 11% | 8% | 11% | 11% |
| Just as effective as in-person | 36% | 30% | 29% | 36% |
| Less effective than in-person | 53% | 61% | 59% | 53% |

*Q7. Thinking of your telemedicine appointments with patients since COVID-19, what percentage would you say are..*

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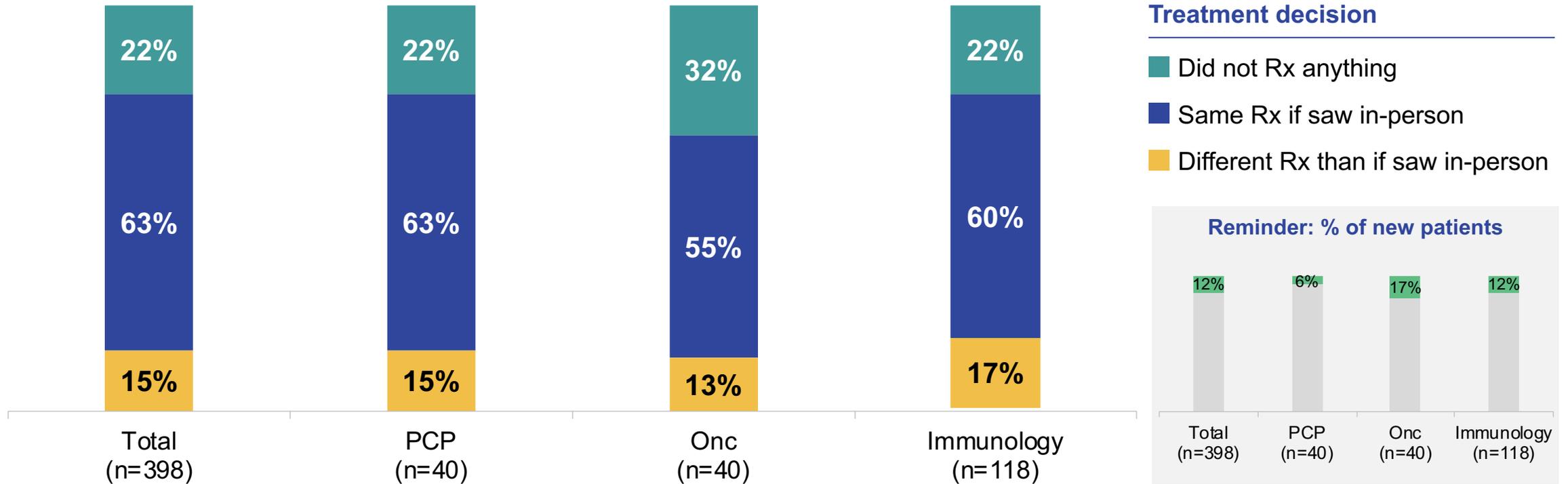# Most telemedicine visits are with current, stable patients; HCPs will see new patients via telemedicine

**Proportion of telemedicine patients that are…**



**Percent of …**

- 🟩 New patients
- 🟥 Current, stable patients
- 🟪 Current patients, not stable

| | Total (n=398) | PCP (n=40) | Onc (n=40) | Immunology (n=118) |
|---|---|---|---|---|
| New patients | 12% | 6% | 17% | 12% |
| Current, stable patients | 69% | 68% | 69% | 66% |
| Current patients, not stable | 20% | 26% | 14% | 22% |

Note: **90%** of HCPs report their practice is accepting new patients

- PCP: 95%
- Onc: 93%
- Immunology: 89%
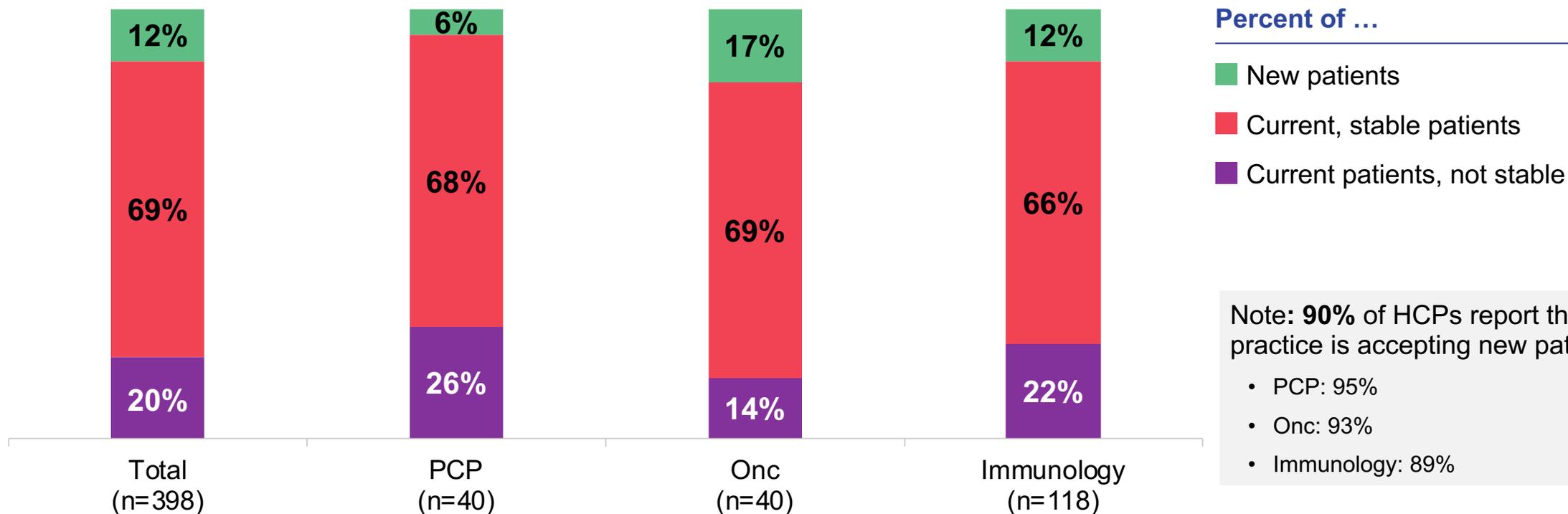
*Q38. Is your practice currently accepting new patients?*
*Q11a. What proportion of your post-COVID-19 telemedicine patients are*

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# 15% of new patients treated via telemedicine receive a different Rx than if treated in-person

**Percent of telemedicine patients that are new**



**Treatment decision**

- ■ Did not Rx anything
- ■ Same Rx if saw in-person
- ■ Different Rx than if saw in-person

**Reminder: % of new patients**

| | Total (n=398) | PCP (n=40) | Onc (n=40) | Immunology (n=118) |
|---|---|---|---|---|
| | 12% | 6% | 17% | 12% |

Chart values:

| Treatment decision | Total (n=398) | PCP (n=40) | Onc (n=40) | Immunology (n=118) |
|---|---|---|---|---|
| Did not Rx anything | 22% | 22% | 32% | 22% |
| Same Rx if saw in-person | 63% | 63% | 55% | 60% |
| Different Rx than if saw in-person | 15% | 15% | 13% | 17% |

*Q11a. What proportion of your post-COVID-19 telemedicine patients are*
*Q11b1. How in turn did you treat them?*

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# Overall, COVID-19 has resulted in more than a quarter of patients being treated differently…

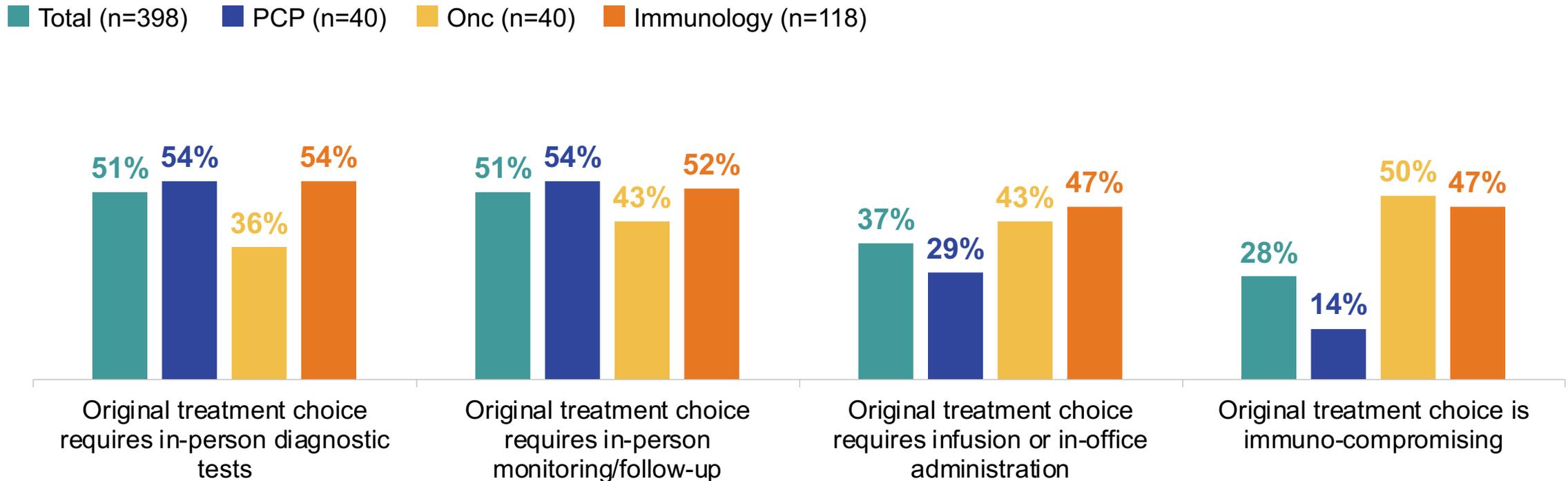## Percent of all patients in past two weeks who received different treatment because of COVID-19

■ Percent of patients who received different treatment

| Total (n=398) | PCP (n=40) | Onc (n=40) | Immunology (n=118) |
|:---:|:---:|:---:|:---:|
| 28% | 27% | 22% | 29% |

*Q17. What percent of all patient interactions you've had in the past two weeks (either via telemedicine or in-person) resulted in a treatment decision that is different than if COVID-19 did not exist?*

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# … because current treatments are incompatible with the new realities of COVID-19

## Reasons why treatment choice was different (in light of COVID-19)

**Legend:** Total (n=398) · PCP (n=40) · Onc (n=40) · Immunology (n=118)

| Reason | Total | PCP | Onc | Immunology |
|---|---|---|---|---|
| Original treatment choice requires in-person diagnostic tests | 51% | 54% | 36% | 54% |
| Original treatment choice requires in-person monitoring/follow-up | 51% | 54% | 43% | 52% |
| Original treatment choice requires infusion or in-office administration | 37% | 29% | 43% | 47% |
| Original treatment choice is immuno-compromising | 28% | 14% | 50% | 47% |

*Q18. Of the patient interactions you've had that resulted in a different treatment choice than if COVID-19 did not exist, which of the following are reasons why your treatment choice was different*

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# The truth about telemedicine

**Virtual care technologies are:**

- Catalysts for improved patient centricity and patient outcomes

- Providing flexibility, immediacy, cost efficiencies and improved care connection

- Revealing new opportunities to anticipate, solidify and roll-out innovation strategies to assist your customers in adapting to this new care delivery norms

**Critical considerations:**

- How will reimbursement and access compare to in-office visits long term?

- How will you support customers in adoption and utilization, while pinpointing accelerators to telemedicine expansion?

- What changes do you need to make to your customer journey to identify new leverage points and stay ahead of the curve?

# The truth about HCP engagements

# 02

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# Pharma companies have diminished opportunities to reach HCPs since COVID-19…

## Mean number of rep interactions in a month (both in-person and e-detail)

■ Prior to COVID-19　■ In the next month

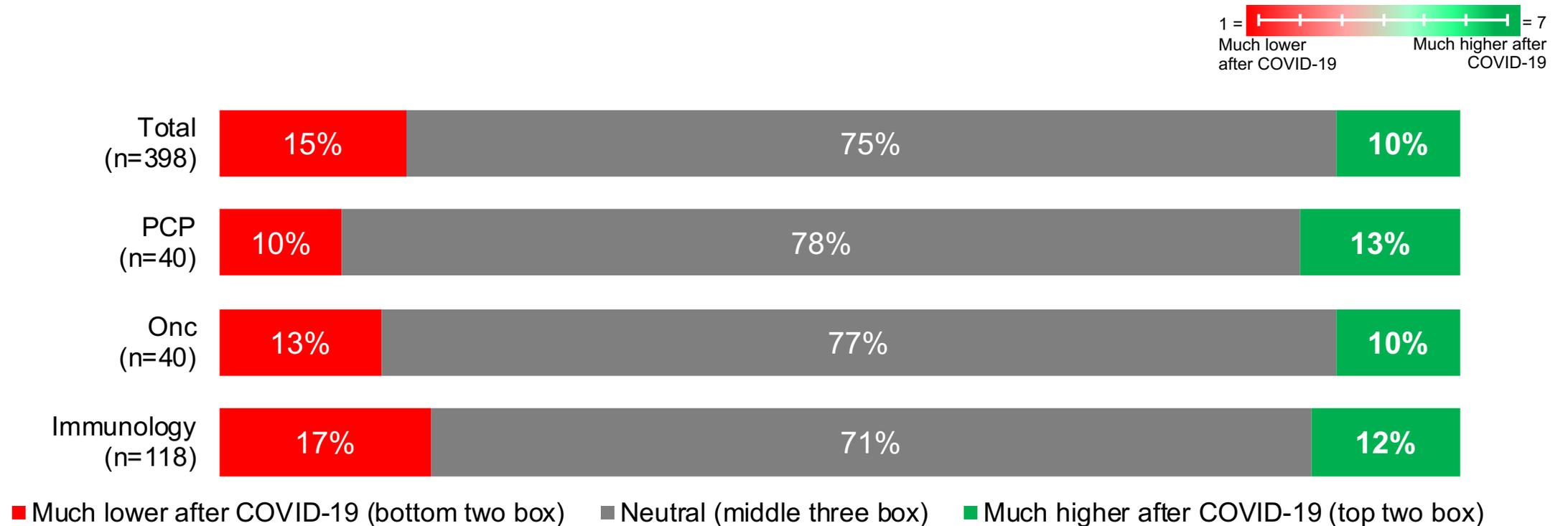| | Prior to COVID-19 | In the next month |
|---|---|---|
| Total (n=398) | 17 | 8 |
| PCP (n=40) | 27 | 11 |
| Onc (n=40) | 12 | 5 |
| Immunology (n=118) | 15 | 7 |
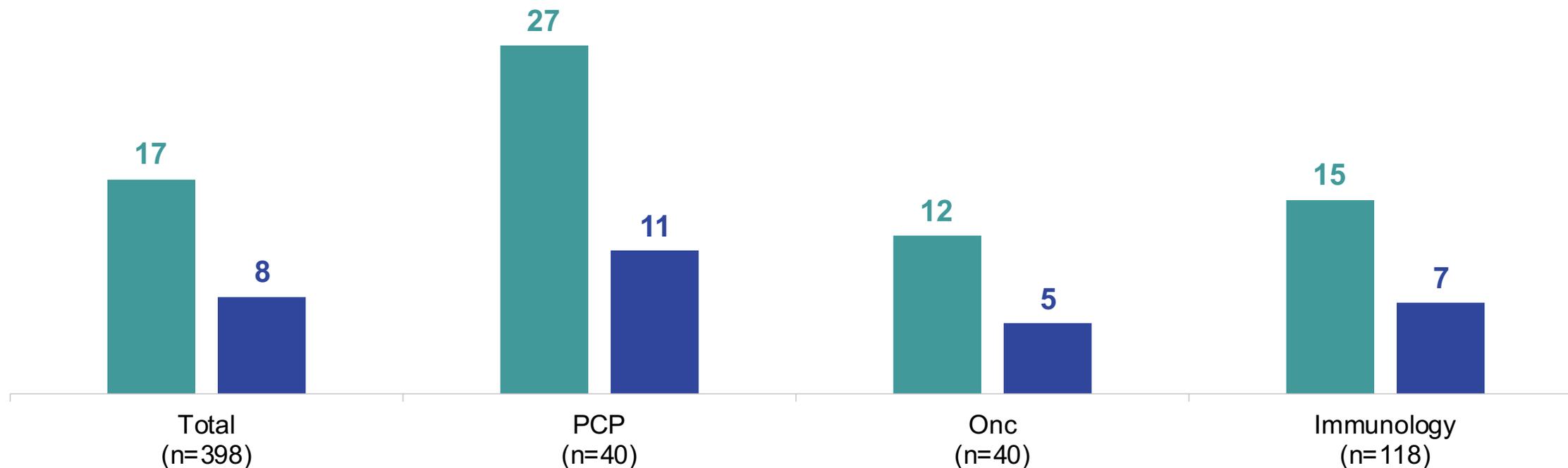
*Q50. Prior to COVID-19, how many pharmaceutical sales reps would you interact with in-person in a typical month, and how many reps do you expect to interact with in-person in the next month*
*Q51. Prior to COVID-19, how many e-details would you have in a typical month, and how many e-details do you expect to have in the next month?*

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# …and there has been a massive increase in e-detail interactions as a proportion of total interactions

**Proportion of rep engagements conducted via e-detail instead of in-person**



Legend: ■ Prior to COVID-19  ■ In the next month

| | Total (n=398) | PCP (n=40) | Onc (n=40) | Immunology (n=118) |
|---|---|---|---|---|
| Prior to COVID-19 | 11% | 8% | 16% | 13% |
| In the next month | 79% | 65% | 82% | 83% |

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# HCPs estimate more than one-quarter of their future rep engagements will be via e-details

## Proportion of rep engagements conducted via e-detail instead of in-person

**Legend:**
- ■ Prior to COVID-19
- ■ In the next month
- ■ Predicted after COVID-19

**Total (n=398)**
- Prior to COVID-19: 11%
- In the next month: 79%
- Predicted after COVID-19: 28%

**PCP (n=40)**
- Prior to COVID-19: 8%
- In the next month: 65%
- Predicted after COVID-19: 19%

**Onc (n=40)**
- Prior to COVID-19: 16%
- In the next month: 82%
- Predicted after COVID-19: 32%

**Immunology (n=118)**
- Prior to COVID-19: 13%
- In the next month: 83%
- Predicted after COVID-19: 31%

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# But few HCPs believe they will have more post-COVID rep interactions compared to pre-COVID

## Prediction of rep interactions post COVID-19

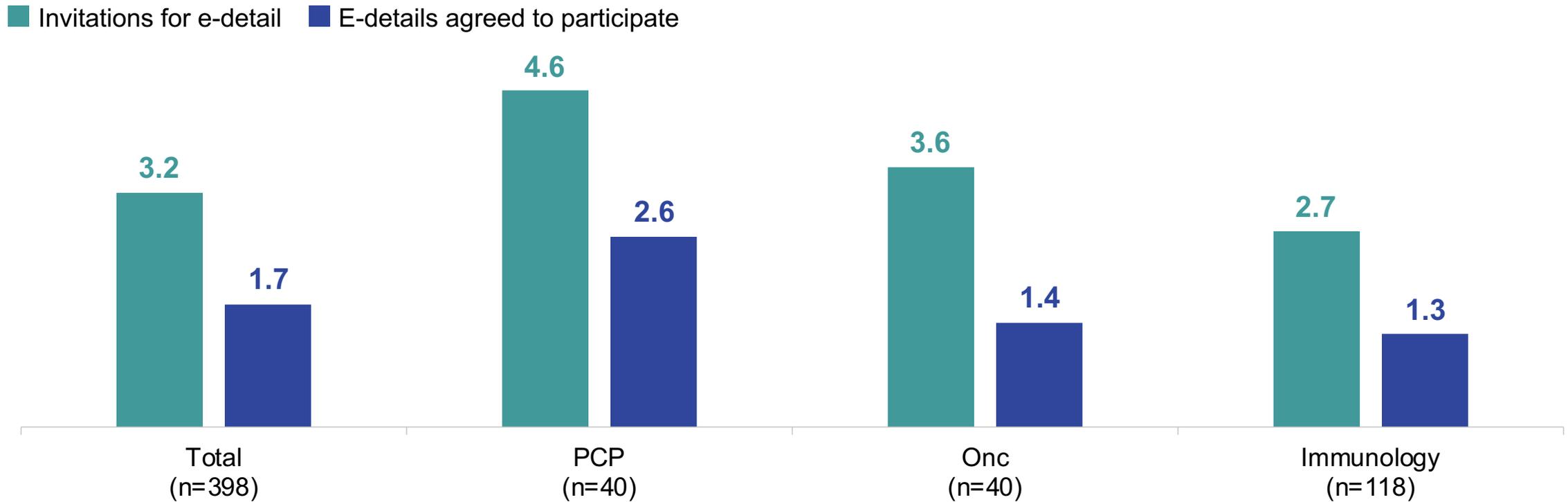1 = Much lower after COVID-19     = 7 Much higher after COVID-19

| | Much lower after COVID-19 (bottom two box) | Neutral (middle three box) | Much higher after COVID-19 (top two box) |
|---|---|---|---|
| Total (n=398) | 15% | 75% | 10% |
| PCP (n=40) | 10% | 78% | 13% |
| Onc (n=40) | 13% | 77% | 10% |
| Immunology (n=118) | 17% | 71% | 12% |

■ Much lower after COVID-19 (bottom two box)    ■ Neutral (middle three box)    ■ Much higher after COVID-19 (top two box)

*Q319 You earlier mentioned you were interacting with an average of [POP-IN NUMBER OF VISITS BEFORE COVID-19 FROM Q50] sales reps per month before COVID-19. How do you think that number of overall interactions per month will change after COVID-19 is brought under control?*

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# Currently, HCPs accept roughly half of the e-detail invitations they receive

## Mean number of e-detail invitations / accepted invitations P2W

■ Invitations for e-detail  ■ E-details agreed to participate

| | Total (n=398) | PCP (n=40) | Onc (n=40) | Immunology (n=118) |
|---|---|---|---|---|
| Invitations for e-detail | 3.2 | 4.6 | 3.6 | 2.7 |
| E-details agreed to participate | 1.7 | 2.6 | 1.4 | 1.3 |

*Q105/Q106 Over the past two weeks, approximately how many times have you been contacted by representatives from pharma companies to participate in an e-detail? And how many of those e-detail invitations did you agree to participate in*

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# Nearly half of HCPs find this amount of invitations to be 'just about right'

**Evaluation of frequency of e-detail invitations**

1 = ⟨Too Many ———— Just About Right⟩ = 7

| | Too many (bottom two box) | Neutral (middle three box) | Just about right (top two box) |
|---|---|---|---|
| Total (n=398) | 8% | 46% | 46% |
| PCP (n=40) | 3% | 45% | 52% |
| Onc (n=40) | 6% | 57% | 37% |
| Immunology (n=118) | 8% | 47% | 45% |

■ Too many (bottom two box)   ■ Neutral (middle three box)   ■ Just about right (top two box)
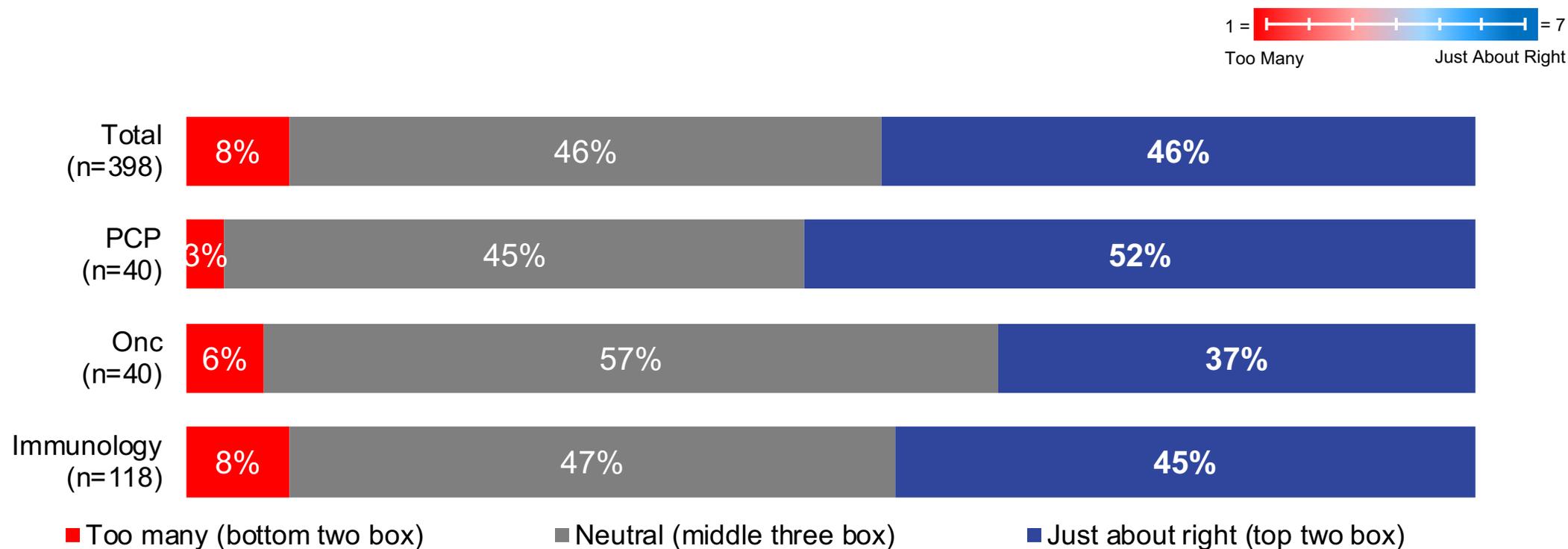
*Q110 - Given how many times you have been contacted, how would you characterize the frequency?*

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# HCPs are now significantly less positive toward their e-details compared to the end of March

## Overall E-detail effectiveness
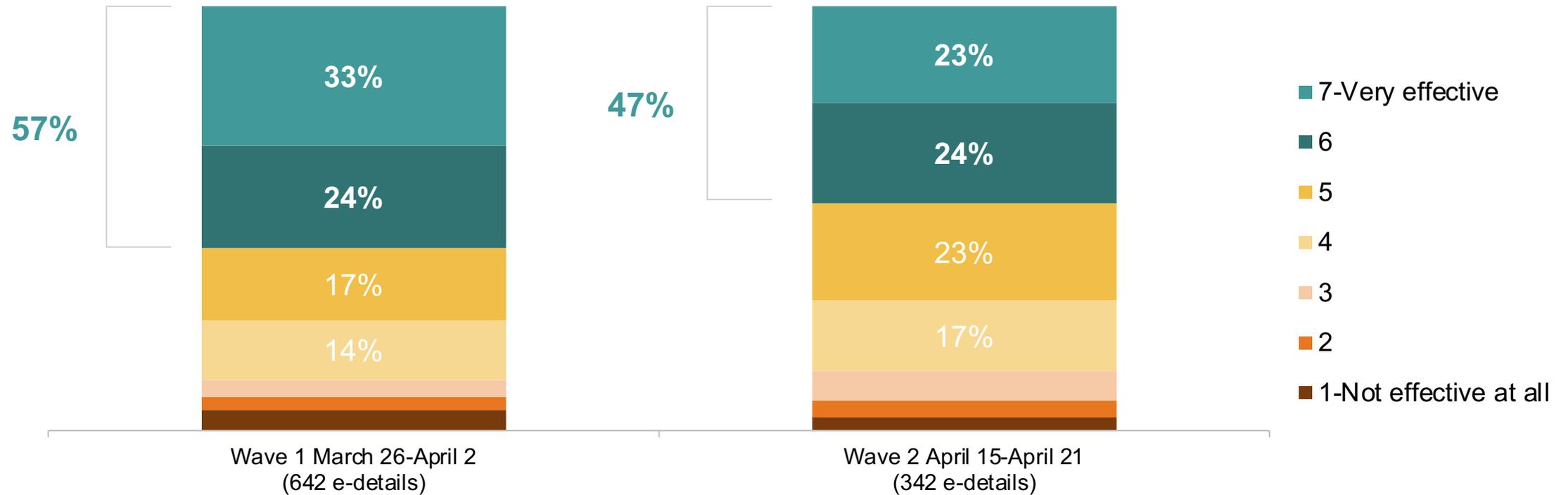


**57%**

Wave 1 March 26-April 2
(642 e-details)
- 33% 7-Very effective
- 24% 6
- 17% 5
- 14% 4

**47%**

Wave 2 April 15-April 21
(342 e-details)
- 23% 7-Very effective
- 24% 6
- 23% 5
- 17% 4

**Legend:**
- 7-Very effective
- 6
- 5
- 4
- 3
- 2
- 1-Not effective at all

*S30 - How effective/valuable did you find the e-detail for each of these products?*

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# Effective e-details are more likely to be delivered via video

## How e-detail was delivered

■ Effective [Top 2 box] (160 e-details)
■ Not Effective [Bottom 5 box] (182 e-details)
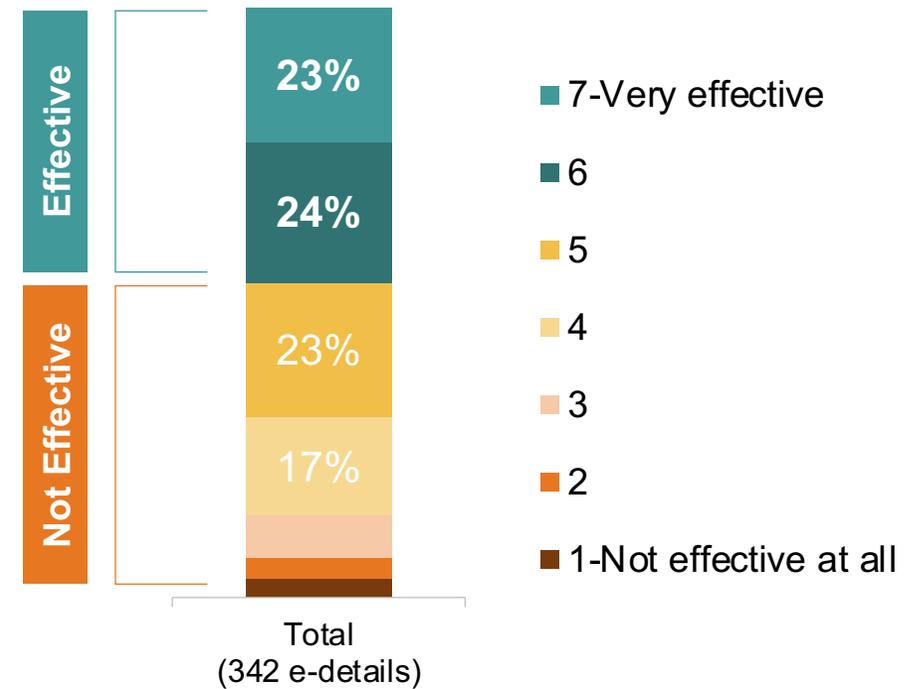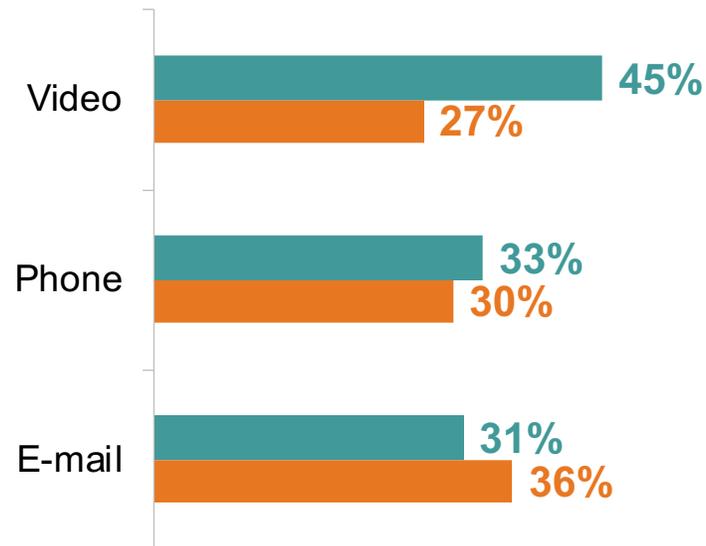
**Video**
- 45%
- 27%

**Phone**
- 33%
- 30%

**E-mail**
- 31%
- 36%

**Effective**
**Not Effective**

**Total (342 e-details)**
- 23%
- 24%
- 23%
- 17%

Legend:
■ 7-Very effective
■ 6
■ 5
■ 4
■ 3
■ 2
■ 1-Not effective at all

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# Effective e-details cover more topics, including clinical trial results

**Information discussed during e-detail (bubble size = % selecting; overlap = items selected together)**
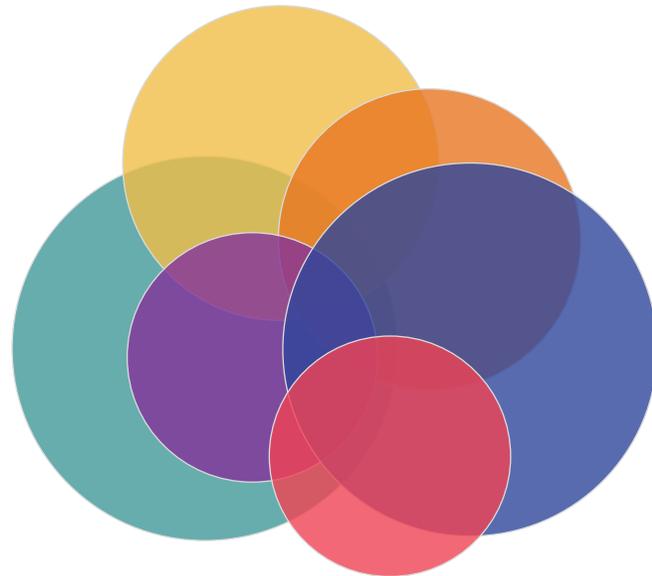
| Effective e-detail | Not effective e-detail |
|---|---|
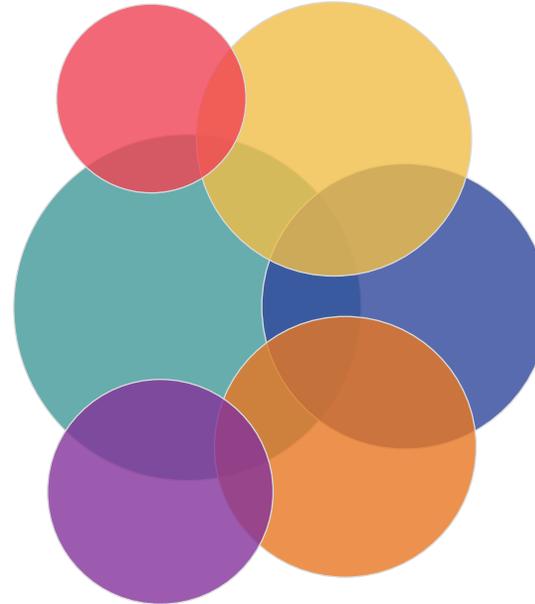


**Information discussed**

- ⬤ Order samples for my office
- ⬤ Clinical trial results
- ⬤ Request advice for specific pt/pt type
- ⬤ Comparison to competitive products
- ⬤ Sales brochures
- ⬤ Online chat

*S30 - How effective/valuable did you find the e-detail for each of these products?*
*Q250. What information did you use / receive during the e-detail?*

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# More effective e-details are more likely to cover new information and are more motivating to Rx

## New information / Information was motivating to Rx



- **Effective [Top 2 box] (160 e-details)** (teal)
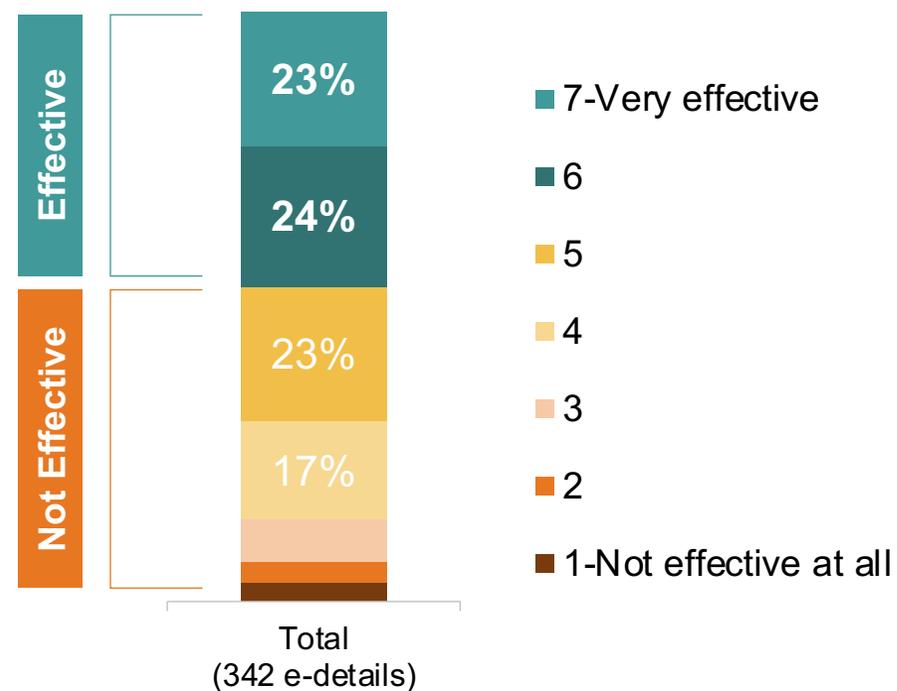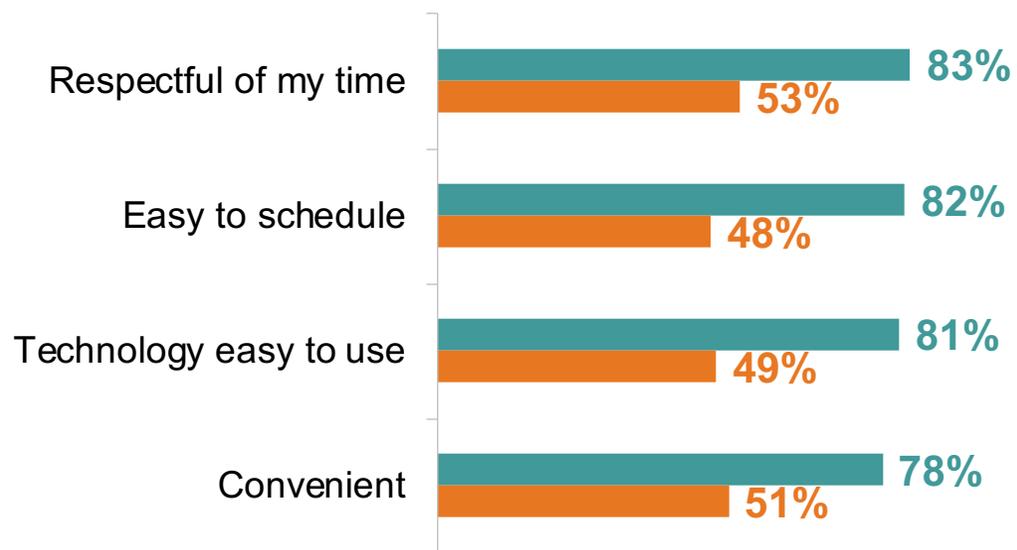- **Not Effective [Bottom 5 box] (182 e-details)** (orange)
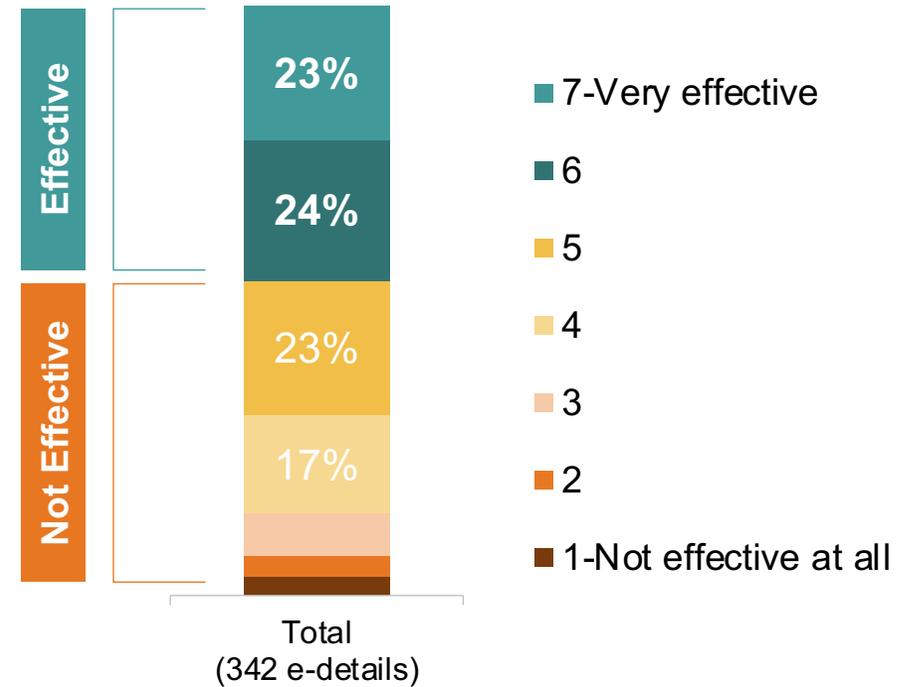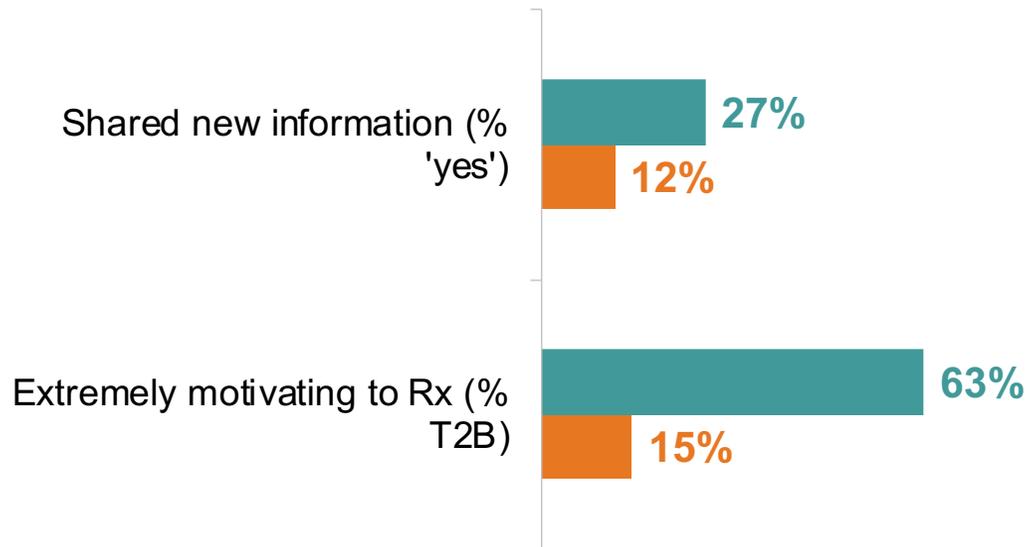
Shared new information (% 'yes')
- 27%
- 12%

Extremely motivating to Rx (% T2B)
- 63%
- 15%

Effective / Not Effective stacked bar — Total (342 e-details)
- 7-Very effective: 23%
- 6: 24%
- 5: 23%
- 4: 17%
- 3
- 2
- 1-Not effective at all

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# Effective e-details are more respectful of the HCPs' time and have a smooth process

## Strongly agree with statement about e-detail (% top 2 box)

■ Effective [Top 2 box] (160 e-details)

■ Not Effective [Bottom 5 box] (182 e-details)

**Respectful of my time**
- 83%
- 53%

**Easy to schedule**
- 82%
- 48%

**Technology easy to use**
- 81%
- 49%

**Convenient**
- 78%
- 51%

**Effective**

**Not Effective**

| Total (342 e-details) | |
| --- | --- |
| 23% | 7-Very effective |
| 24% | 6 |
| 23% | 5 |
| 17% | 4 |
| | 3 |
| | 2 |
| | 1-Not effective at all |

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# Accelerating HCP engagement

## HCP engagement requires:

- The development of an agile, hybrid sales framework responsive to customer sentiment and market conditions

- Assessing e-detail effectiveness and degree of trust in the rep-HCP relationship

- Realigning regional target lists, call plans, segmentation strategies, customer journeys and promotional mix models

## Critical considerations:

- Are you leveraging geo-targeted, hyper-local data to predict ability and willingness of customers to resume F2F office visits?

- How are you assessing receptivity of HCPs to limited sales rep interactions?

- What role will personal and non-persona-promotions serve as we start to move beyond the COVID-19 curve?

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# The truth about practice dynamics

03

# The toll on HCPs, in their own words

"At times overwhelmed and I am not even on front lines. I may have to do hospital work which is a little unsettling because I have done only outpatient work x 25 years. Every day is different with new challenges. this will change medicine in US forever."

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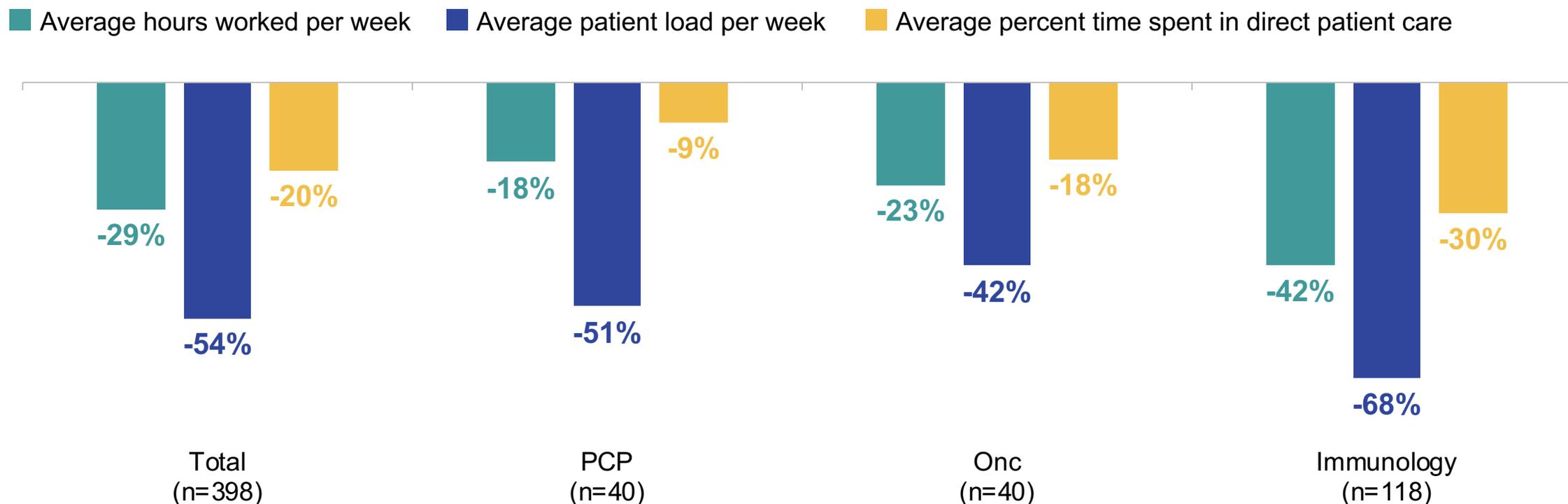# The toll on HCPs, in their own words

Worried about keeping my private practice afloat. Trying to keep in contact with the employees we've furloughed. Worried about my husband who is an anesthesiologist and who has to intubate COVID positive patients."

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# Like many Americans, HCPs face a reduced workload amid COVID-19 and shelter in place orders

## Since COVID-19, percent change in…

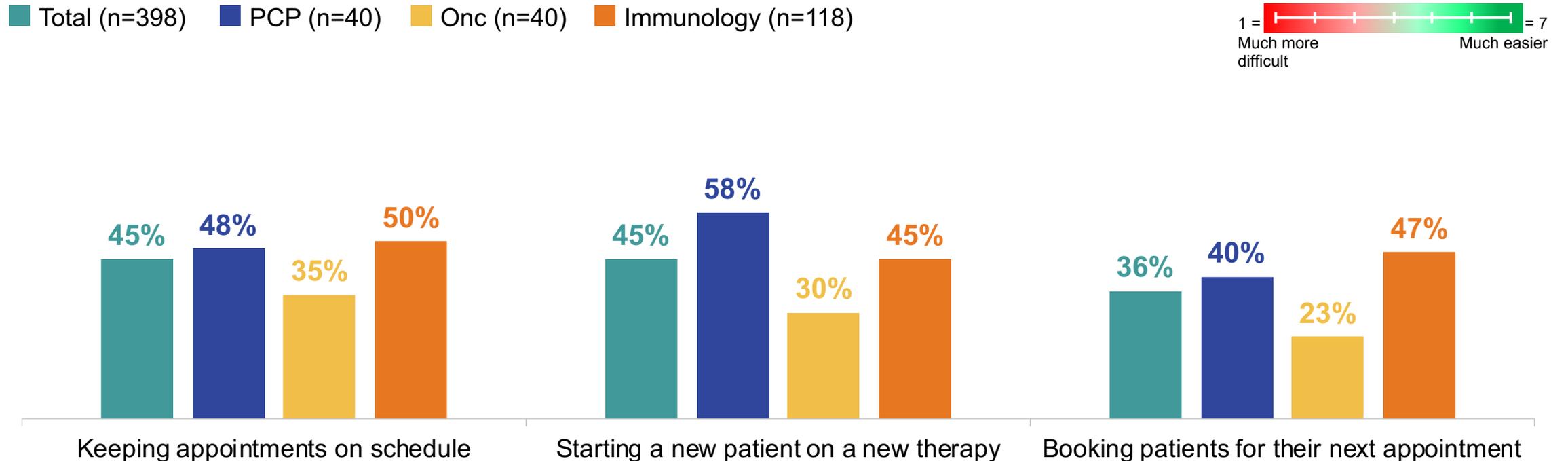■ Average hours worked per week   ■ Average patient load per week   ■ Average percent time spent in direct patient care

**Total (n=398)**
- -29%
- -54%
- -20%

**PCP (n=40)**
- -18%
- -51%
- -9%

**Onc (n=40)**
- -23%
- -42%
- -18%

**Immunology (n=118)**
- -42%
- -68%
- -30%

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# HCPs find many of their regular office-based activities to be much more difficult since COVID-19

## Activities that are 'much more difficult' since COVID-19 (% bottom 2 box)

**Legend:** Total (n=398) · PCP (n=40) · Onc (n=40) · Immunology (n=118)

1 = Much more difficult ——— = 7 Much easier

### Keeping appointments on schedule
- Total: 45%
- PCP: 48%
- Onc: 35%
- Immunology: 50%

### Starting a new patient on a new therapy
- Total: 45%
- PCP: 58%
- Onc: 30%
- Immunology: 45%

### Booking patients for their next appointment
- Total: 36%
- PCP: 40%
- Onc: 23%
- Immunology: 47%

*Q24. Since COVID-19, how have the following activities changed for you and your practice?*
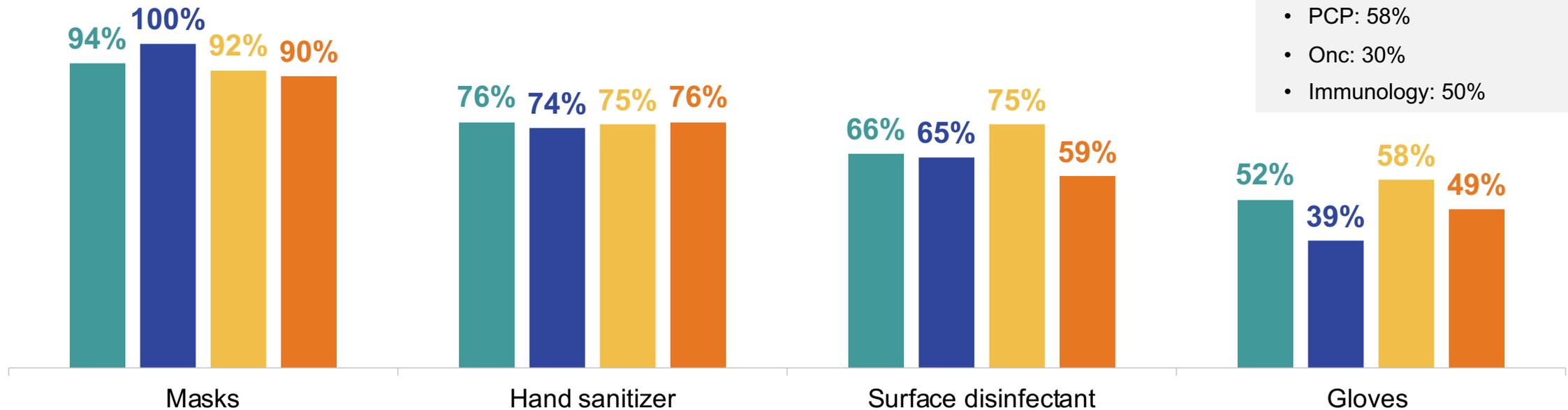
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# Nearly half of HCPs report difficulty sourcing medical supplies for their office due to COVID-19

## Supplies that are difficult to source

**Legend:** ■ Total (n=398)  ■ PCP (n=40)  ■ Onc (n=40)  ■ Immunology (n=118)

Note: **47%** of HCPs report difficulty sourcing supplies
- PCP: 58%
- Onc: 30%
- Immunology: 50%

**Masks**
- Total: 94%
- PCP: 100%
- Onc: 92%
- Immunology: 90%

**Hand sanitizer**
- Total: 76%
- PCP: 74%
- Onc: 75%
- Immunology: 76%

**Surface disinfectant**
- Total: 66%
- PCP: 65%
- Onc: 75%
- Immunology: 59%
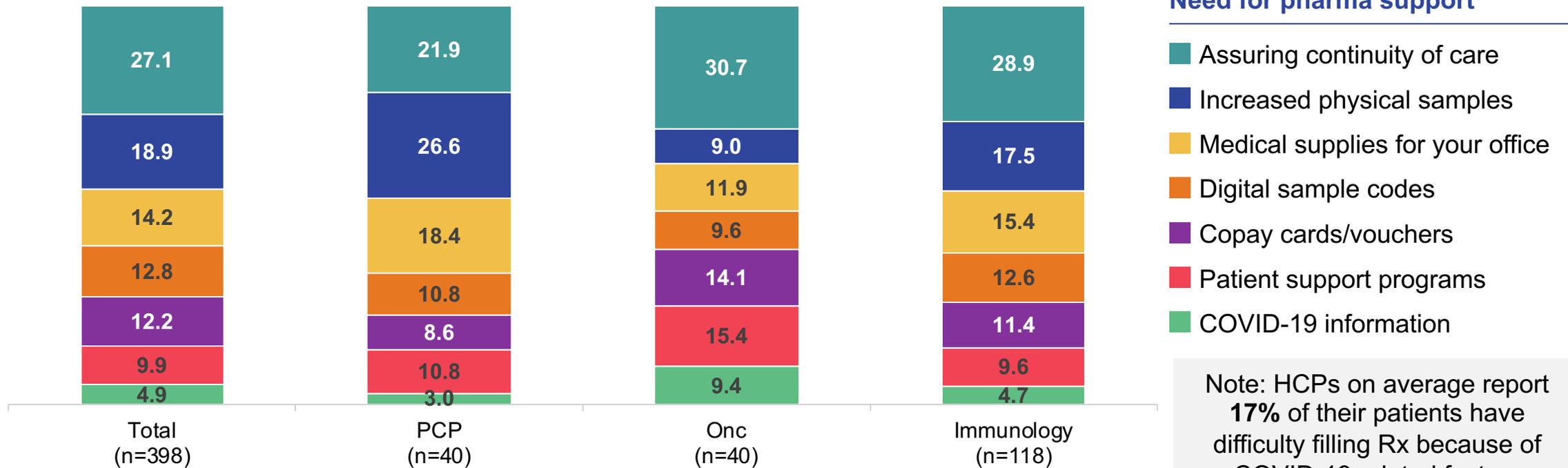
**Gloves**
- Total: 52%
- PCP: 39%
- Onc: 58%
- Immunology: 49%

*Q40. Is your practice experiencing difficulty sourcing general medical supplies due to COVID-19?*
*Q41. Which of the following supplies are currently difficult for your practice to source?*

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# HCPs want pharmaceutical companies to help them keep their patients on medication amid the crisis

## Mean preference score (chip allocation, sum to 100): Preferred support from pharma companies



| Need for pharma support | Total (n=398) | PCP (n=40) | Onc (n=40) | Immunology (n=118) |
|---|---|---|---|---|
| Assuring continuity of care | 27.1 | 21.9 | 30.7 | 28.9 |
| Increased physical samples | 18.9 | 26.6 | 9.0 | 17.5 |
| Medical supplies for your office | 14.2 | 18.4 | 11.9 | 15.4 |
| Digital sample codes | 12.8 | 10.8 | 9.6 | 12.6 |
| Copay cards/vouchers | 12.2 | 8.6 | 14.1 | 11.4 |
| Patient support programs | 9.9 | 10.8 | 15.4 | 9.6 |
| COVID-19 information | 4.9 | 3.0 | 9.4 | 4.7 |

Note: HCPs on average report **17%** of their patients have difficulty filling Rx because of COVID-19 related factors

*Q59. We know this is a difficult time for you and your patients. How can pharmaceutical companies best support you and your patients right now? Please allocate 100 points across the following methods to indicate your preferences. The more you prefer an option, the more points you would give it*
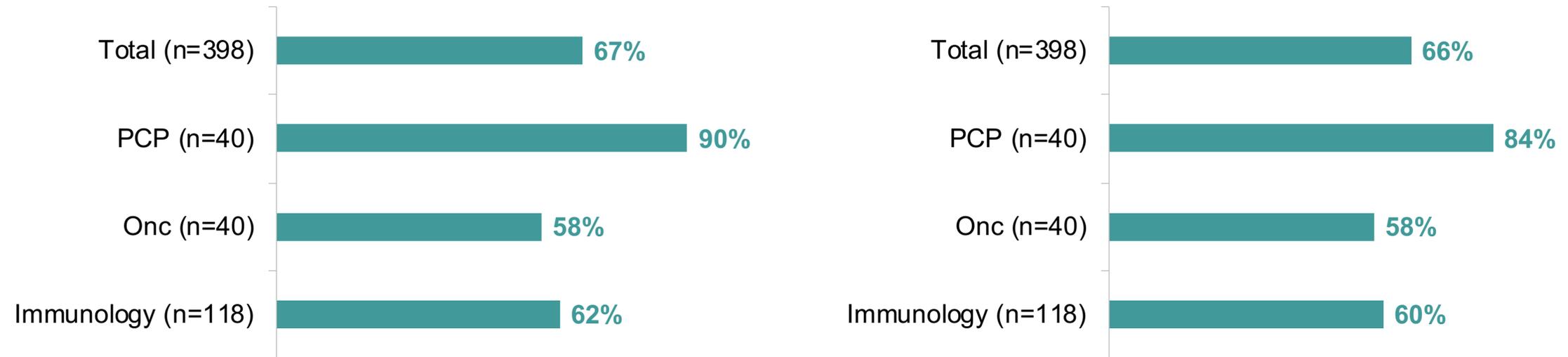
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# Two-thirds of HCPs report having significantly fewer samples now compared to before COVID-19

## Samples during COVID-19

■ % Responding

### We have significantly fewer samples [since COVID-19]

- Total (n=398) — **67%**
- PCP (n=40) — **90%**
- Onc (n=40) — **58%**
- Immunology (n=118) — **62%**

### Patient picks up [sample] at our office [during COVID-19]

- Total (n=398) — **66%**
- PCP (n=40) — **84%**
- Onc (n=40) — **58%**
- Immunology (n=118) — **60%**

*Q21. Which describes your office's supply of samples now compared to before COVID-19?*
*Q22. How are you getting samples to patients in the COVID-19 environment?*

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# Understanding evolving practice dynamics

## Evolving practice dynamics require:

- Maintaining trusted HCP relationships to best support their unmet needs and financial viability of HCPs and practices

- Filling supply chain gaps with new sample delivery options and equipping practices with PPE and other critical supplies

- Redefining the role, structure and offerings of patient access and support programs to ensure continuity of care for patients
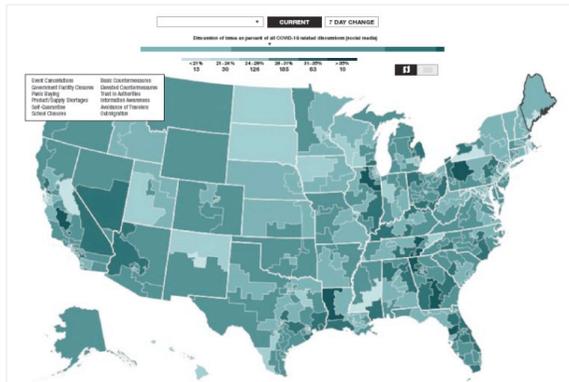
## Critical considerations:

- How can you as a manufacturer support HCP practices now as office staff are being furloughed and financial pressures are forcing practice closures?

- What are you doing to ensure continuity of care with patients?

- Are you prepared for the surge of prior auths that will need to be processed as patients return to work with new insurance?

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# Thinking NOW about what comes NEXT

# 04

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# Accelerating toward a rapid restart

**Detailing the implications** **Developing the strategy**



## Stage 1

Map hyper-local econometric and health indicators data, including mobility, purchasing behaviors, sentiment, and receptivity regarding reopening

## Stage 2

Recruit key customers into advisory panels or as a single pulse survey to provide specific therapeutic area and local market intelligence
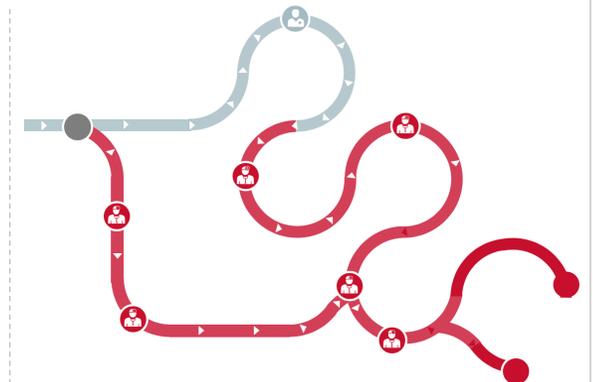
## Stage 3

Mine data to reevaluate customer journey, segmentation call plans and target list adjustments based on e-detail and telehealth adoption

## Stage 4

Develop your **re-start roadmap,** including a geo-targeted field force, communication, and channel/ promotional mix strategy

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# Q&A

# Thank you!