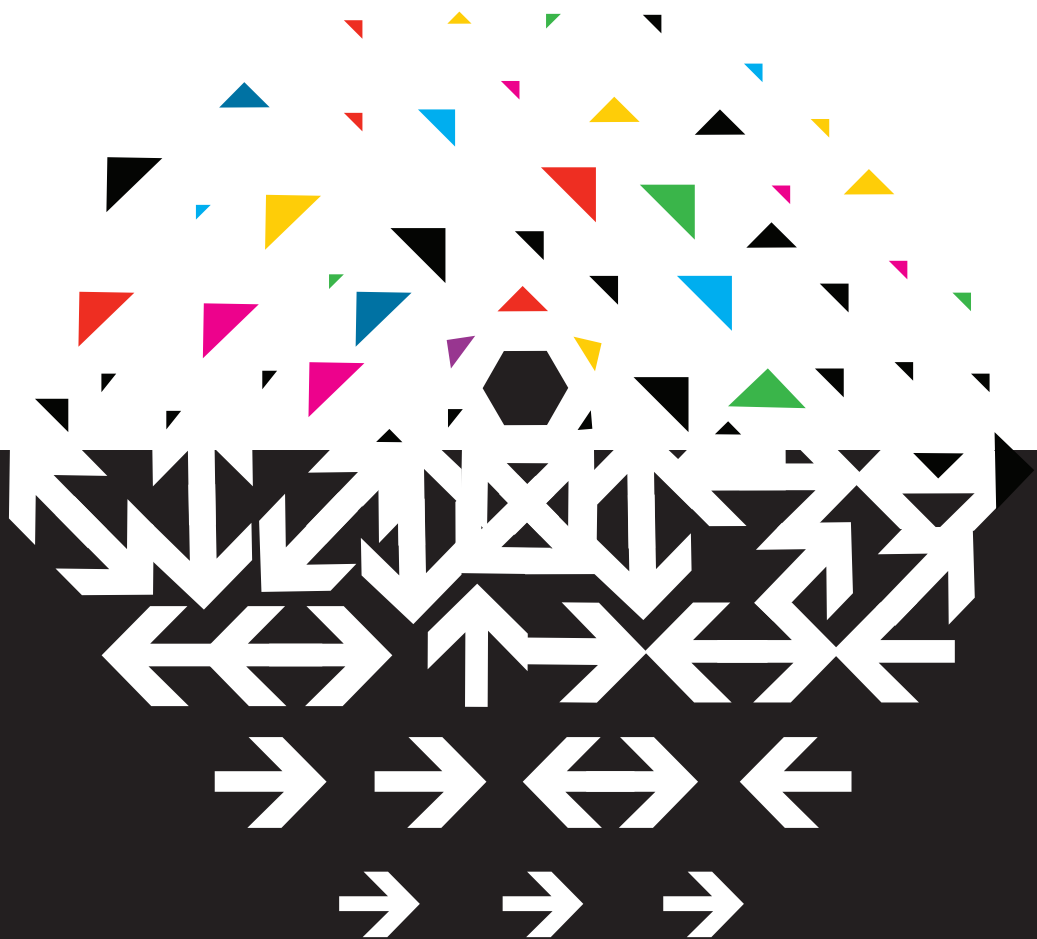


THE
MISSING
MANUAL

EVIDENCE-BASED MULTICHANNEL

DELIGHTING PHARMA CUSTOMERS
IN THE OMNICHANNEL AGE
















Ruud Kooi
Fonny Schenck
Beverly Smet

About the book

Delighting pharma customers in the omnichannel age is the quintessential guide for anyone who is looking to optimize customer experience of and engagement with healthcare professionals (HCPs) and patients. This unique book is the crystallization of many years of hands-on experience and workshops of the 3 authors, whose joint experience in this area totals over 50 years. The 13 chapters are filled with tons of valuable insights, the most recent statistics and trends as well as many best-practice case studies.

About the chapters

-  **1 From Multichannel Ecosystem To Strategy**
... closing the loop with HCPs and patients.
-  **2 Website Engagement**
... building and maintaining customer relationships through website activities.
-  **3 Search Engine Marketing**
... promoting websites and content pages through search engines.
-  **4 Email Engagement**
... building long-term customer relationships through email.
-  **5 Display Advertising**
... activating HCPs and patients through online advertising.
-  **6 Mobile Engagement**
... creating seamless, mobile customer experiences.
-  **7 Teledetailing**
... engaging remotely with healthcare professionals.
-  **8 Tablet Detailing**
... adding digital impact to your F2F conversations.
-  **9 Social Media Engagement**
... building customer relationships through online conversations.
-  **10 E-medical Education**
... maximizing the value of medical education and communication.
-  **11 Patient-centric Multichannel Marketing**
... engaging with patients through multiple channels.
-  **12 Impact Measurement & Analytics**
... using data to describe, predict and prescribe long-term customer relationships.
-  **13 The Future Of Customer Engagement**
... an outlook on the future of omnichannel within the pharma sector.

About the authors



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About Across Health

Across Health is a trusted advisor to senior leaders of innovative multinational healthcare organizations. With a focus on customer engagement in the digital age, they partner with clients to design, develop, execute and measure digital-second strategies and companywide digital readiness programs – for the short, medium and long term

More information

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Pre-sales: sign up for the book now to receive it immediately upon publication. Visit a-cross.com/health for more details.



‘... engaging
remotely with
healthcare
professionals.’



Teledetailing

The HCP engagement model of the future?

Teledetailing—also referred to as ‘remote detailing’ or ‘web calls’—comes down to conducting **an interactive, online, real-time meeting** with a healthcare professional (HCP).

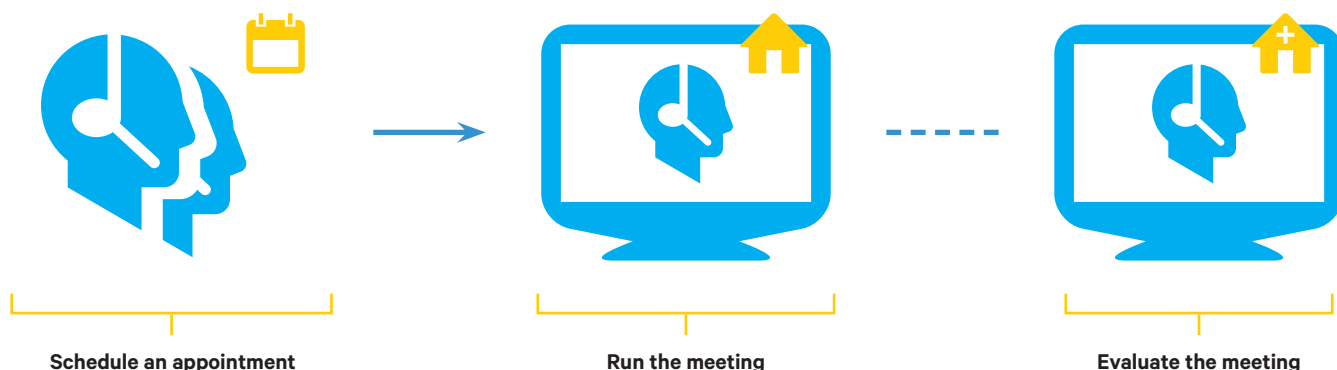
The standard process of teledetailing, as it is applied within pharma, typically begins with an appointment with the HCP scheduled upfront, followed by a remote call 1 or 2 weeks later. At the end of each call, an evaluation survey is triggered.

As technologies such as Skype and Facetime have become an integral part of our personal communications, remote professional communications between pharma companies and HCPs are

expected to increase further. Teledetailing will increasingly be adopted as a significant complement to face-to-face (F2F) visits, especially towards digital native HCPs.

This trend will also accelerate as **physician access is becoming increasingly difficult**. In some (northern) European markets, sales reps do as few as 2 calls per day. Additionally, in markets like the Netherlands and Sweden, reps are only allowed access to present a new product after an explicit request by a physician.

Teledetailing is a great way to extend reach or contact frequency and create impact.



The metrics of teledetailing

50%

... of HCPs find the timing of normal F2F calls inconvenient.

15%

Only 15% of pharma sales reps actively use teledetailing. The adoption rate decreases to under 10% for medical science liaisons.

20%

... is the average acceptance rate for teledetailing among general practitioners.

15'

15 minutes is the average length of a remote call, which is 3 times as long as the average F2F visit.

30%

... is the average acceptance rate for teledetailing among specialists.

90%

...is the retention rate of teledetailing for those customers that have accepted it the first time. Satisfaction levels are typically very high for HCPs that participate in it.

Teledetailing strategies

In general, there are 5 different strategies that explain why pharma companies engage with physicians via remote detailing.

- 1 **Coverage:** teledetailing can be a means to extend the reach towards customer groups that are currently not seen by the field force. Because the physicians are difficult to reach or because they are part of a secondary (lower focus) target group.
- 2 **Frequency:** with teledetailing, the number of calls a sales rep can perform, can be increased compared to F2F meetings. The assumption behind this strategy is that a remote call can take place every 30 minutes, which would be very challenging to realise in the field.
- 3 **Distant or vacant territories:** teledetailing can be an efficient tactic to cover vacant territories.
- 4 **On-demand service:** companies can offer physicians the online possibility to request a remote call to address a specific need. This model is often used in a medical context by Medical Science Liaisons (MSLs).
- 5 **Differentiated messaging:** in a hybrid scenario, where reps alternate between F2F calls and remote calls, the latter is sometimes used to talk about other products or to focus on specific services that aren't discussed during a F2F call.

Tip



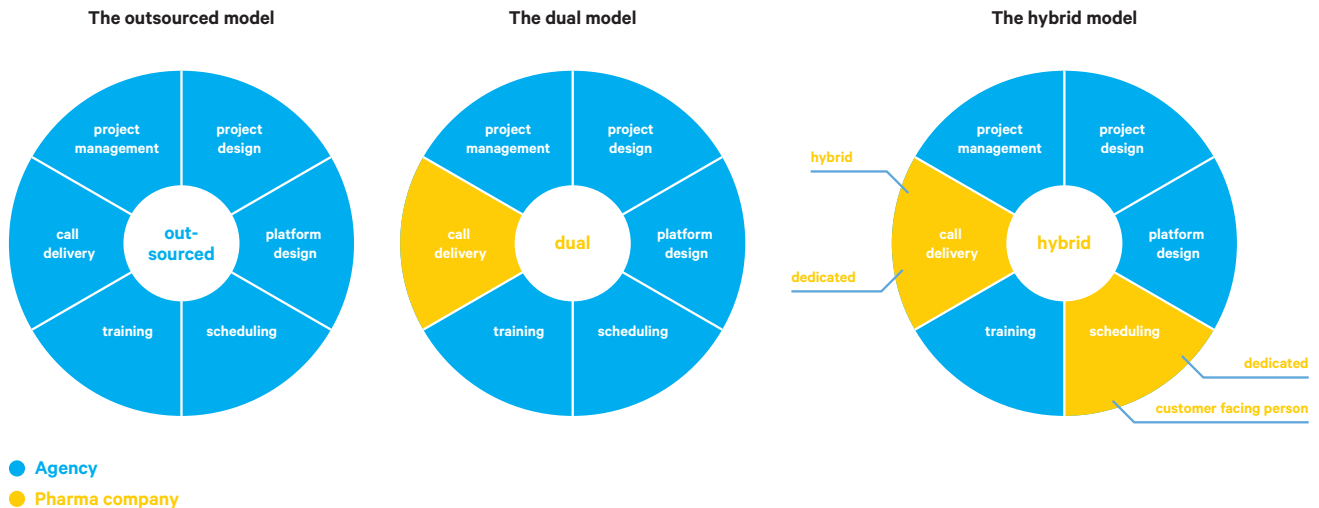
VoIP or telephone?

Although most remote detailing platforms offer the possibility to deliver voice communication over the internet (VoIP), it is advisable to still use the telephone for audio support. This is less prone to interference and best practices show most HCPs feel more comfortable with this.



The business models of teledetailing

In general, three business models of teledetailing are applied by pharma today, the main difference being the level of outsourcing and implementation complexity.



1. The outsourced model

In the outsourced model, all components of teledetailing are managed by **an external agency**: ranging from project design and platform configuration through to scheduling and executing the calls with customers.

In this model, **external sales reps** are contracted with the explicit intent to perform remote calls. As a result, few internal objections can be expected, and there's no change management needed..

The big benefit of the outsourced model is that it can be **set up in no time**. It also allows you to get a significant coverage or frequency in a short period of time, as external reps are often paid per call.

If your company has **no prior experience** with teledetailing, then the outsourced model is probably the easiest to implement with limited change management issues.

Tip



Which technology should I select?

When selecting a teledetailing technology, it is extremely important to choose a platform that doesn't require any plug-in downloads on the side of the HCP. Especially in hospital environments, firewalls will block the download and, as a result, the call cannot be executed. A technology that is frequently used by many pharma companies is Adobe Connect, as it only requires a browser and an internet connection.

2. The dual model

With the dual model, most activities are still done by an external agency, including the scheduling of calls. The only component that is managed by the pharma company, is the actual **call delivery**: an activity that corresponds closest to the core competency of the field force.

Especially in a start-up phase, it can be quite challenging to ask customer-facing staff to spend less time in the field and replace that by remote calls. If they are **not properly trained** or the value proposition isn't clearly explained to them, they might be reluctant to schedule remote calls when they have the opportunity to see their contacts face-to-face.

One way to overcome this, is by having the calls scheduled by an external, professional call agent. When calls are scheduled, it is important to take into account that 1 out of 2 calls are postponed or cancelled on the day they are supposed to take place. As a general rule, during a normal working day, 16 calls should be scheduled upfront (one every thirty minutes) in order to have at least 8 effectively executed calls and, thus, make the model cost-effective compared to the F2F setting.

For companies that have little prior experience but still want to use their own field force, the dual model may be the most appropriate one in a start-up phase.



1 in 2

1 in 2 scheduled calls gets cancelled or postponed on the day it is planned.

“ Start with
volunteers
first and then
use them as
ambassadors to
convince the rest
of the field force. ”

3. The hybrid model

Pharma companies that already have an initial experience of teledetailing can consider implementing the hybrid model. In this model, only the set-up, training and platform configuration is done by an agency, while the **call scheduling and execution is done internally** by company employees.

A couple of combinations are possible:

- In an initial phase, it is advisable to have **a dedicated person** within the company or the service centre to schedule the calls. That way, field reps can focus on their core competency: making calls to customers. Resistance to this type of change can be very high at the beginning of the project. By having the remote calls scheduled by someone else, you ensure that the call volumes are significantly high which allows the field force to gain experience with the new model.
- Over time, when the field force has begun to understand the value of teledetailing for themselves and their customers, call scheduling too could be **transitioned to the field force**. After all, most of them are also scheduling the appointments for their F2F visits.
- Some pharma companies decide to hire **dedicated agents** for the sole purpose of planning and making remote calls. Especially if you want to start quickly, book success in the short term and avoid change management issues, this could be a good approach.

The hybrid model is the most difficult model to implement as it requires a fair amount of change management and training efforts. It is certainly not the model to apply if your aim is to create short-term business impact. Given the 'social' nature of the field force, many of them will be **reluctant at first** when asked to be in the office for 1 or 2 days a week.

If you want to adopt the hybrid model, it is advisable to **identify volunteers first** before asking everyone to make remote calls. Volunteers are often younger people that are already using technologies such as Skype in their daily lives. They are more comfortable and confident about using the technology and many of them also like the flexibility of the model, allowing them to work from home.

Once these volunteers are generating their first successes with the model, they can act as **ambassadors** to convince the rest of the field force.

The outsourced vs. the hybrid model

Outsourced model	Hybrid model
Little prior experience with teledetailing is required	Some initial experience is required
Preferably used towards target customers who are not seen by the reps (to avoid channel conflicts)	Can be used towards new as well as existing (and already visited) target customers
Works well to cover vacant territories	To differentiate field force's activities from its competitors
Complement internal reps when low capacity to reach all target customers	To optimize field force resources (increase productivity)
Works best for early PLC stages: to cover target groups not seen by internal reps	Works at all stages, also in the mature stage (because of established relationship with rep)
Short term (one or a few waves)	Long term (integrated waves)

Healthy snack



A case study on the implementation of the hybrid model

The situation: a top-10 pharma company in Europe, specializing in vaccines, had limited experience with teledetailing but believed it could be a good addition to their communication and marketing mix.

Its primary target audience were specialists who had already been visited face-to-face by a field force. The secondary target audience were GPs who had not been visited before by the reps.

The challenge: in a first phase, the dual model was used, with an external call agent scheduling the calls. After this initial experience, the firm switched to the hybrid model, using a dedicated outbound service agent (an employee on the company payroll) to schedule all the calls for the reps. Reps were asked to dedicate 20% of their time (1 day per week) to teledetailing.

After each remote call, physicians were asked to evaluate the web call on three levels: the quality of the content, the technology and the presenter. They could also indicate their intention to be contacted again via teledetailing and the extent

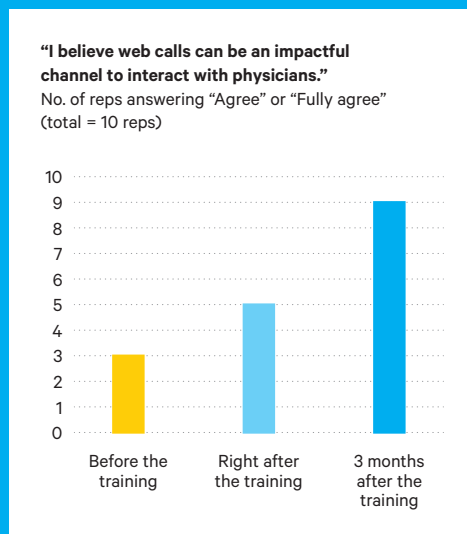
to which they would recommend teledetailing to their peers (Net Promotor Score).

The approach: the company worked with a professional call centre to schedule the appointments for the reps. Both GPs and specialists were contacted and asked for their opt-in.

The result: the firm was able to greatly extend its reach while the HCPs were very positive about teledetailing. The overall satisfaction score for teledetailing was 8.1 on a scale of 10 with a positive Net Promotor Score (the extent to which physicians would recommend teledetailing to their peers) of 11%.

71% of all contacted specialists had a preference for a combination of rep visits and teledetailing and 23% even stated that they only wanted to have remote calls moving forward. Of the GPs—who were not contacted before—8 in 10 indicated a preference for being contacted through teledetailing in future.

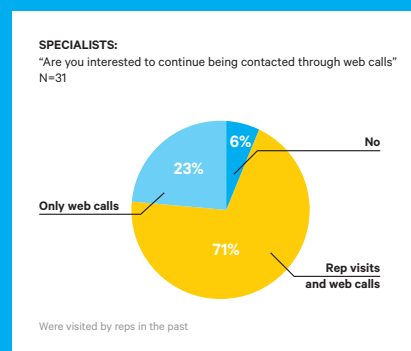
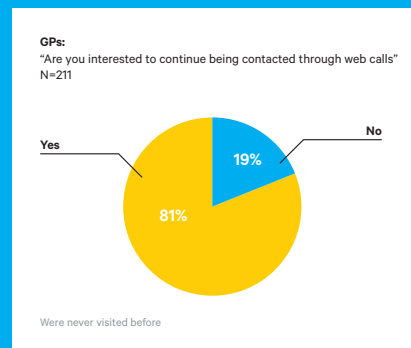
Initially, the sales reps were very sceptical about teledetailing, but after taking the training course and having seen the customer satisfaction numbers, rep enthusiasm increased rapidly.



I did not really believe in it, even after 2 days of training. I was convinced I was going to miss the personal contact with the HCP. But after 3 days of web calls, I felt the enthusiasm of the physicians. Now I enjoy my "web call day", it is a nice variation compared to our usual field rep work.

During teledetailing, physicians are much more focused on our messages, and interactions are typically a lot more scientific in nature.

I am happy that I have acquired a new skill that I can put on my CV. I feel ready for the future in pharma.



Web calls in a medical context

While adoption of remote detailing in a promotional context in pharma is only 15% today, it is even **lower in a medical context**.

This is surprising for 2 reasons:

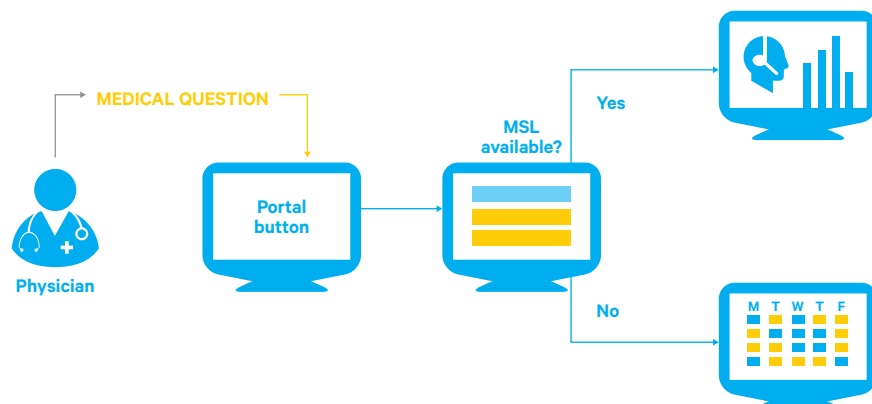
① Research indicates that the **interest of physicians** to talk remotely with MSLs is higher compared to their willingness to talk to sales reps (36% versus 22% respectively). So, from a customer point of view, web calls executed by MSLs make sense.

② Also, from an internal point of view, equipping MSLs with web call technology is the sensible thing to do. Most companies have a lot more reps than MSLs. As a result, **fewer MSLs have to cover much bigger territories to address customer needs**. This should make the value proposition of web calls more apparent for MSLs, as it can significantly **reduce their travel time while shortening the time to fulfilment**.

Web call technologies for MSLs usually consider the following 2 models:

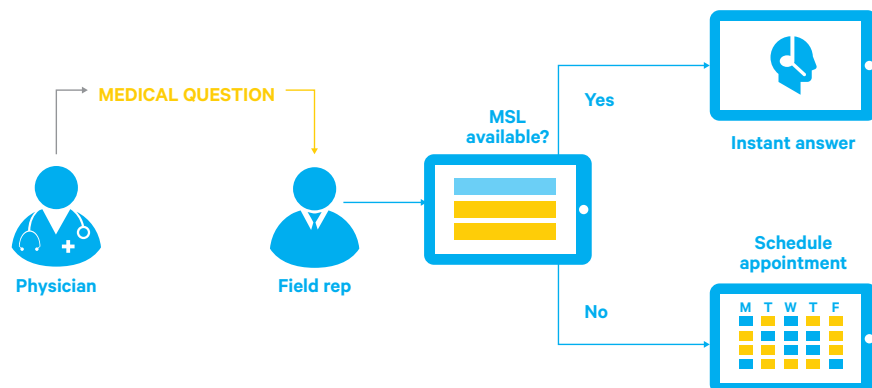
1. eMSL on-demand

Offering an e-MSL service on a pharma-owned website. Physicians with a medical question can **connect straight away online with an MSL**, or schedule a time slot in a calendar functionality.



2. In-office e-MSL activation

Imagine a sales rep in a physician's office, confronted with a medical question. (S)he can **check via a tablet** the availability of a remote MSL who can address the question immediately or suggest a slot upon which the physician can be called back.



Tip



How to use the webcam?

Although both the rep and the HCP can switch on their webcams, in most cases it is only the rep who will do this.

Some reps will not feel comfortable with switching it on during the entire conversation. In that case, a solution can be to only switch it on during the introduction and then switch to a static picture for the rest of the discussion. This also helps to keep the focus of the HCP on the content of the presentation.

Measuring the impact of teledetailing

As is the case for any channel, the impact of a teledetailing project too should be closely monitored, both quantitatively and qualitatively. The qualitative dimension can be added by triggering a **default evaluation survey** at the end of each web call. The evaluation survey should collect feedback on 3 dimensions : content, technology and presenter.

Additionally, there are a lot of quantitative things that can be tracked. Some KPIs to take into consideration:

Internal KPIs

- % of a field force that is **actively performing web calls** versus target
- % field force **productivity increase** in reach and/or frequency versus baseline

Customer satisfaction KPIs

- **Technology NPS**: to what extent is the HCP willing to recommend remote detailing to a peer?
- **Repeat intention**: would a HCP agree to be contacted again in the future via a web call?

Impact KPIs (apart from financial metrics)

- % of doctors **accepting** a remote call invitation
- % of doctors **participating** in a remote call versus those invited
- % of target customers having done **more than 2 web calls**
- Intent to Rx / brand NPS versus other HCPs

The importance of training

Training is a **critical factor** for any successful teledetailing project. As the physician is not physically sitting in front of the sales rep, this requires a **new form of interaction**, which most reps do not feel comfortable with initially.

Training should be done on **3 levels**:

1 Content

Just like when presenting with a tablet, so too must the field force be trained on **how to present content in a remote setting** and which messages they should focus on.

2 Technology

For reps who are unfamiliar with technologies like Skype, training on how to use the technology correctly is essential. This can range from manipulating the webcam, using the audio headset, giving physicians access to the meeting room to sharing content in a secure way.

3 Remote communication

Reps will often not be able to see the physician with whom they are interacting. They should therefore be taught **how to communicate well remotely**. E.g. how can you ensure that physicians are paying attention to the presentation instead of doing something else ?

A good way to conduct a training is by using **role play in a group session**. It is also best to do at least three **remote simulation sessions** before reps try it out for real. Simulations can be done with a trainer or reps can practice on each other. It is also strongly advised for reps to do their first real sessions with physicians they know really well. They will feel more at ease and possible mistakes may be more easily forgiven.



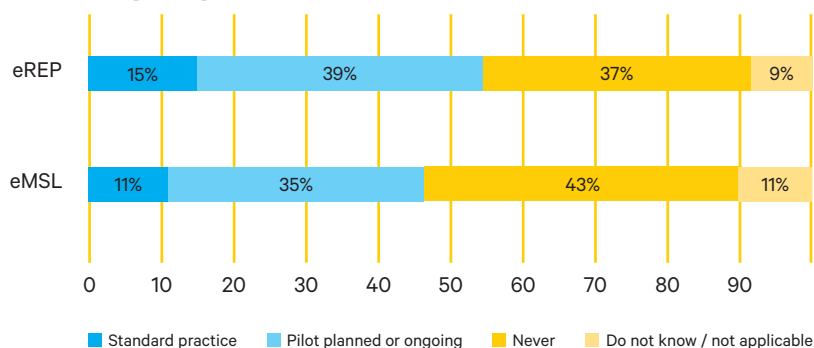
The maturity level of teledetailing

Only 15% of pharma marketers state that teledetailing is a standard practice in their company. With an 18th place on the list of the 25 most commonly used pharma marketing tactics, it clearly is not yet a top tactic for many pharma companies.

And this low adoption rate drops even more for eMSL (#21 on the list): only 11% of pharma marketers indicate that this is a standard practice.

With more and more digital native physicians entering the arena and remote technologies becoming common practice for a growing group of customers, the case for teledetailing in a promotional as well as a medical context seems clear.

How actively do you use eREP and eMSL?



Source: The Across Health Multichannel Maturity Meter 2015 | N = 223 | EU scope

Which HCPs engage in teledetailing?

Research has shown that there is a strong relationship between teledetailing participation and the following factors :

- **Age:** in general, HCPs who engage with teledetailing are slightly younger compared to the general population (mean age: 45).
- **Device ownership:** physicians who own a tablet or smartphone are more likely to accept a teledetailing invitation.
- **Relationship:** physicians are 3 times more likely to accept a remote call if they already have a good relationship with the rep.
- **E-savviness:** physicians who visit pharma-owned websites or who are active on social networks for professional purposes are twice as likely to accept a teledetailing call compared to those who don't.

Having insights into one of the above factors for your target audience, can help you make the recruitment process more cost-effective. Especially in a start-up phase where you don't yet know which customers will accept your invitation.

To conclude

Teledetailing remains a big opportunity for most pharma companies and a good alternative or complement to F2F visits. Especially as access to physicians is becoming increasingly more difficult and more and more customers are becoming familiar with remote technologies.

Customers who are open to it, report high satisfaction levels. But bear in mind that most customers also indicate that they prefer a combination of remote calls and F2F visits.

According to the Across Health Navigator study, those customers who are open to the model actually attribute higher impact levels to a remote call than a F2F visit in most markets and specialties.

While internal adoption of teledetailing can be a lengthy process that does not happen overnight, with proper training and solid change management, every pharma company can make it work.

Are you delighting your pharma customers in the omnichannel age? This book gives you all the insights you need to build long-term relationships with healthcare professionals and patients alike.

Despite the fast rise of digital, life sciences companies are still struggling to change their traditional go-to-market model into a truly omnichannel customer engagement approach. By combining their extensive experience in this matter, the authors have developed a unique approach that can help every life sciences company make great strides in today's digital world.

