



# GAPSULE

## Panel Discussion no. 1

### TRANSCRIPT



<https://gapsule.docmode.org/>

## **BACKGROUND:**

COVID has disrupted many activities with frequent lockdowns and social distancing. These things haven't even spared the pharma industry, as they experienced closed clinics, restricted face-to-face meetings with medical practitioners, or severe restrictions in travel for a product briefing exercise.

Now in this situation, it is imperative to be part of this entire transformation. This transformation, which is led by technology, ensures a better connection with doctors. And the doctors to connect better with the patients using these emerging technologies. It has become more imperative to understand the areas the pharma industry is missing out on.

One of the areas that really impacted during this pandemic was knowledge sharing. Knowledge sharing includes the production and dissemination of clinical data, scientific breakthroughs to keep the medical practitioner in the loop of new developments which would help them to excel in their practice. But with restrictions between physician and pharma company meetings due to COVID, the knowledge marketing went for a pause period.

This led to the launching of Gapsule by DOCMODE, an effort to just bring in the top experts from different pharma companies for a panel discussion on focus areas where it could be either around the emerging technologies, could be around the emerging trends, or could just be discussing what we together need to do in order to build a better future.

## **WHAT IS GAPSULE:**

Gapsule has been conceptualized to fill the knowledge gap and help to improve the interaction between the pharma companies and medical practitioners.

## **MODE:**

### **Panel Discussion Series**

- **Session 1: 18<sup>th</sup> September 2021**

## PANELISTS:



**Dr. Mahesh Abhyankar**

Vice President - USV Private Limited  
Author of popular book EmoZeal



**Mr. Subhojit Mukherjee**

SBU Head Sales & Marketing -  
Akumentis Healthcare Limited



**Mr. Nikhil Dhamne**

Business Unit Head -  
Sun Pharmaceuticals Laboratories Ltd.

## MODERATOR:



**Ms. Zeenat Saba Khan**

Senior Manager - Commercial  
Communication & Digital - Abbott

## KEY HIGHLIGHTS:

- The biggest impact started with COVID 1.0, as Doctors stopped meeting the pharma industry. As the pharma industry was not able to physically meet the Doctors, they start to connect via digital tools like WhatsApp, Emails, and Webinars. Initially, this strategy worked, but over the period Doctors got frustrated with a bombardment of messages and these same tools became an interruption for doctors. Over the period the pharma industry learned from their own mistakes and focused on less communication and qualitative engagement be it webinars or via WhatsApp.
- Prior to COVID, a medical rep was supposed to meet each doctor more than three times a week, but now meeting once or twice has become very difficult. Now the pharma sales reps are trying to have less physical and more online meetings.
- Post-COVID 1.0, the market started opening and doctors started allowing medical reps for one-on-one meeting. But with social distancing, medical reps had to conduct eDetailing from 3 to 4 feet distance, so the need for a new form of visual aid has arisen since doctors were unable to read or follow any communication shown on iPad from such a long distance. Now the time has come for the visual aid to evolve with less content but quality content.
- Doctors are preferring to meet companies and pharma people who are there to add value to their practice and value to their patients. So, customer relationship management has seen a shift from CRM to customer value management. Doctors are now meeting only those medical reps or pharma companies who can add value to their practice. This also means the pharma company should be more patient-centric.
- Doctors believe in quality care, so the decision-making is based upon the guidelines and the new article references, more on a patient-centric approach, as each patient's treatment is different from another patient.
- Most patients nowadays have access to Google, so prior to doctor consultation most patients are aware of their disease conditions and treatment information. In this changing scenario, it is very important for the doctor to be aware of this knowledge. A Doctor looks at pharma companies as knowledge providers. And this is how the entire brand building happens for the pharma industry. The whole brand building process, customer relationship, perception building, all these happens through sharing scientific knowledge. So, scientific data dissemination becomes an important part of the pharma company.
- For example - After COVID, there are more than 60 different illnesses that can affect COVID patients within the next six months. The pharma companies have access to multiple resources which update them with this knowledge. The research team from pharma companies then tries to identify which molecules can help in the treatment of those illness conditions and add more benefits to the patients.

- Doctors are currently doing evidence-based practice, each piece of knowledge acts as a trigger towards a preferred category of drug or brand. Most pharma marketers thought the relationship (Doctor and Pharma sales rep) was more important, but it was more of a manifestation since doctors value knowledge sharing more important than the relationship with a pharma sales rep. problem was the knowledge gap. Now the biggest challenge for most pharma companies is how to bridge the knowledge gap using digital tools.
- After COVID 2.0 most pharma companies reduced bombarding doctors with too many emails and WhatsApp messages since doctors were ok for face-to-face followed up by a virtual meeting with relevant content.
- Based on a recent survey, earlier 87% HCPs used to prefer medical reps face-to-face meetings. During the peak of the COVID, that has come down to 19% who were preferring visiting medical reps personally. Now the same respondents when they have been asked post-COVID or normalcy situation it is not coming back to 87%, the percentage is now only 55%.
- Now the marketing challenge is how to engage with the 45% HCPs who don't prefer physical meetings. How can we have meaningful engagement with this set of doctors and what solutions, or which technology or which tactics do you see that is working well for you today.
- Digital connect has tremendously increased in the last 18 months or since the 1st lockdown started. Normally the pharma industry is relatively slow to react but in this circumstance, pharma industry was in the fourth and fifth gear.
- Wherever the doctor is present, pharma marketers have to connect with them on that platform, currently, the doctor is on the digital platform, so the need of the hour is to engage them on the digital platform.
- The basics of marketing start with segmentation, targeting, and positioning. In digital space, we can segment into four different categories
  - a. Digital Onlookers - Always have inertia to be on any new platform so need to think about what will motivate this set of doctors and which medium we need to choose for these doctors.
  - b. Digitally Aware - Digitally aware means they have some awareness and are using digital platforms.
  - c. Digital Utilitarian – Digital Utilitarian means the ones who are utilizing and have some influence to make others utilize.
  - d. Digital Experts – Are very aware of digital tools and channels to communicate and exchange thoughts.

- We cannot target all the four categories with a single piece or type of communication, it must be different and personalized.
- It is important for pharma marketers to engage in creating KOL's digital footprint. This will help them understand which social media channels are the KOLs using, when they are using them, how they are consuming content, what they prefer to read, which journals they are referring and where they are doing peer-to-peer discussions. This entire footprint needs to be mapped and developed into personas.
- Once pharma marketers define HCP personas, it will help to develop better marketing strategies and launch content campaigns.
- Pharma sales reps can manage face-to-face doctor meetings very well, but with a digital footprint, the pharma marketers are now aware of which HCP is interested to engage via Whatsapp, which group wants to participate in Zoom webinar, and which group prefers emails.
- Digital profiling is becoming important as most organizations are moving towards permission-based marketing since more stringent rules are being implemented for marketers.
- As pharma marketers, they can go and talk about the product, positioning, composition, unique selling point, to any doctor. But new-age marketing is about storytelling, can we take the doctor in our fold and create a story around it so for storytelling to story-making is the need of the hour.
  - a. Digital evolution – we require digital profiling of a doctor
  - b. Customer value management – create a story around the product which can help to add value to doctor practice
  - c. Digital or visual aid - These can be folders having headlines on each folder organized into another larger folder, these can be merged and separated to form a story.
- Concept testing of one communication, this is working, and being agile to even withdraw and then change it and then push another is something even we will have to pick up. We are then talking about customizing the entire experience and the content to the doctor with the content strategy and agility.
- One of the biggest challenges in the current physician marketing scenario is “Content Strategy” and digital inertia of doctors.
- Clinic effectiveness is changing into digital effectiveness, the medical representative may be having 9/10 for in-clinic effectiveness but on digital effectiveness, he may have 4/10 as this area is still evolving because it is a nascent field.
- Digital competency in the past 6 months is one thing if you see definitely the people have gone from 5/10 to even 7/10 so here I think the emotional competency has definitely increased and the calls, actually the opening of the calls.



- Doctors fear about data being leaked or miscommunication might result in trolls on social media, so they are afraid to join any patient education platforms. So, the biggest challenge is to remove or reduce the fear from the minds of the customers.
- Whether the pharma industry is conducting any e-CME or online round table conference or lectures this biggest question is about doctors attending and engaging with the session. And post this digital engagement is the pharma company able to generate sufficient ROI business.
- With Digital transformation the pharma industry is hopeful that they can map out their efforts to ROI. Since this will help to develop expertise on analytics and use those analytics for future growth. The pandemic expedited the digital evolution in pharma by more than five years which is a good achievement though it may be reactive. While many didn't realize during COVID all types of medicine reached the last mile, all thanks for the distribution system working on lines of Amazon. All the digital professionals in the industry agreed that it was COVID that resulted in digital transformation and what could have taken 2 years took just 6 months to implement.
- Since the industry still has a lot of doubts on how a campaign on a particular platform is helping because it is not just one parameter impacting the end sales, but we are sure digital transformation will help in figuring out the right mechanism.
- Digital competency is going to be a very critical era of virtual supervision will start. Right from how we motivate our team digitally to how we engage with our team of sales reps team.
- A pharma marketer or a pharma company is still working based on a lot of reactive strategies. It is important the future sales training should be immediate, has to be competency-based.
- Here are the three growth drivers in IPM, one is volume, one is a new product, so the volume will always drive the business which is the demand part and new product has a role to play so these growth drivers will remain.
- Companies have come up with different patient education chat boards, patient education websites, and mobile apps as this mostly form B2C and is just an awareness form of communication. But doctor's engagement is B2B and directly repeated to the ROI of business, so it is still evolving field.
- In most pharma circles the most common discussion is about digital. The journey towards transformation has begun but with any transformation, it is not sudden and Rome was never built in a day. So pharma digital transformation will have to be patient-centric, agile, and also give access to Doctors as they are the primary decision-makers. In near future, the FMCG will give examples of how the pharma industry changed overnight during the pandemic and will learn from pharma on "How to build in that agile phygital ecosystem?"



# GAPSULE

## **A First of an Industry Dialogue Series**

**Aimed at Bridging the Knowledge Gap between the Pharmaceutical Industry and Medical Practitioners for Better Treatment Outcomes.**

<https://gapsule.docmode.org/>

*An initiative by*



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