



GAPSULE

Panel Discussion no. 6

TRANSCRIPT



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



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.

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.

MODE:

Panel Discussion Series

- **Session 6: 12th February 2022**

SPEAKERS:



Dr. Jaideep Malhotra

MD, FICOG, FICS, FIUMB, FICMCH, FMAS, FRCPI, FRCOG
Chair FIGO Committee of Reproductive
Endocrinology & Infertility (REI)
Managing Director of ART Rainbow IVF
Past Member - FIGO Working Group on RDEH / C2TE2
Member - Accountability Group of PMNCH (WHO)
Past President - FOGSI, ISAR, ISPAT, ASPIRE, IMS

Dr. Mangesh Tiwaskar

MD(Med), FRCP(Lon./Ire./Glas./Edin.), FACP, FICP, FCSI
Diploma in Adv. Diabetology (Denmark)
Consultant Physician and Diabetologist
Shilpa Medical Research Centre, Mumbai



Dr. Philip Abraham

MD (Med), DNB (GE), FCPS (Med), FICP
Consultant Gastroenterologist, P D Hinduja Hospitals,
Mumbai

KEY HIGHLIGHTS:

- Pharma medical rep is the sole source of knowledge for Doctors practicing from Tier 3 cities and rural India, but due to the pandemic, this educational system came to a halt.
- Doctors do not have any knowledge gap and are clinically well-versed, but with many pharma companies launching me-too brands, medical reps must create awareness about the drug to the doctor.
- Most Doctors tend to forget the medication brand name as soon as the medical reps leave the clinic. This can be attributed to multiple reasons right from the way name is spelled to not proper detailing by the medical rep or lack of required information about the product, etc.
- Knowledge and relationship gaps are two different areas, and medical reps must understand how both should be addressed with special skill sets.
- Though the majority of Doctors now are quite tech-savvy, even now some doctors still prefer physical copies of LBLs, or the journal literature. The doctors make time to listen to medical reps during the face-to-face meeting. They will still take time to embrace digital channels of learning.
- Doctors believe they have access to all the information they need and don't need the pharma industry to give this knowledge. Supporting the Doctor community via seminars, webinars, or whatever activity, electronic or otherwise, the medical rep has a hidden agenda about selling their product, that's why they are in business. So, the entire concept of pharma companies providing Doctors with knowledge is all wrong.
- Doctors don't want pharma companies to give them knowledge, but to give them information on the drug, like indications, chemical composition, past research data, price point, availability, etc. As this data is crucial for effective patient management.
- The pandemic gave rise to a lot of learning via digital channels, sometimes it was irritating, but this also was helpful as doctors were now able to study from the comfort of their home. The digital shift by Pharma has also helped to save a lot of physical paper, as now these can be shared via pdf copies or animated videos. So, doctors believe digital is the way ahead and pharma should follow the principle of permission marketing, as the HCPs are more receptive when they give an appointment.
- HCPs also felt, most often the medical reps would introduce the drug during detailing, talk about the positives, but often they miss the most important element. Whether the drug is a capsule, syrup or injectable or some other format of delivery to be used and the recommended dosage based on patient age group.

- HCPs feel the older generation of medical reps were more trained, informed, and well-read marketers. Doctors used to spend a huge amount of time learning from them, as this helped to improve their practice. But over the period the quality of medical reps has progressively deteriorated.
- With fierce competition among the pharma companies and more between different divisions within the same pharma company, the number of medical reps meeting the doctors has drastically increased. Subsequently, the doctors also end up meeting different medical reps from the same company promoting a similar product with different product names.
- With a high attrition rate among the pharma sales reps, these people often join competitors and start comparing their earlier brand with the competitor brand.
- Doctors are not able to build relationships with such medical reps community, since their loyalty and knowledge is not in-depth.
- Most doctors are digitally well versed and spend a lot of time doing their own research.
- Doctors feel, the medical rep to HCP engagement should be personalized, currently it is universal in nature. Different doctors have different requirements and the format of literature they wish to receive or seminars they wish to participate.
- The HCP community has also observed some pharma companies employing untrained or unqualified medical reps, they are not scientifically qualified to discuss and conduct the briefing meeting. Sometimes these medical reps are not able to even pronounce the name of the drug or molecule.
- Medical reps and brand managers first try to get mobile numbers from the Doctor during the meeting, and then they start bombarding with information via SMS, WhatsApp, and email. This results in frustration among the HCP fraternity. There have been instances when doctors received more than 10000 messages in a single day from different medical reps,
- The pharma companies need to invest time to understand each HCP requirement and then share the required content, sharing an entire set of content universally can become decremental.
- Doctors nowadays appreciate when any pharma company books an appointment scheduled for detailing. These new-age companies often ensure the call is done within 10 to 15 minutes, they also provide all the required information, instead of reverting some other time.

- Pharma companies need to find the right balance between virtual and face-to-face engagement while recognizing that more virtual interaction is here to stay, but we need to understand that you need to strike the right kind of a balance between online and offline.
- Online webinars need to have an engagement model, a large number of doctors do join, but HCPs hardly get any questions, which raises the question of whether learners are learning or just logging in?
- Doctors expect that the medical reps should be well trained by the pharma companies. They should have proper knowledge about the drug, reactions, research reports, speaking etiquettes and should be able to communicate effectively with the doctors in their language of preference.
- The pharmaceutical companies investing in doctors, should also invest in training sales teams. As they directly impact the last mile, these training can go a long way to make or break the relationship with doctors.



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



Docmode Health Technologies Pvt. Ltd.,

Office No: 201, Kalpataru Plaza, Chincholi Bunder Rd, Nadiyawala Colony 2,
Malad West, Mumbai-400064, Maharashtra

Contact No:- 022 4973 6375, +91 81042 82077

Web:- www.docmode.org