

Pharmaceutical and medtech companies are continuing to embrace the power of digital innovation, point-of-care messaging, programmatic advertising, and even Al-directed engagement models. At the same time, social media is emerging as a stronger channel for the industry — as companies learn to navigate regulatory restrictions, and technology advancements enable more personalized engagement. This trend is good for patients, physicians, and the companies themselves as the industry adapts to a macro healthcare shift toward proof of outcomes, more integrated care, patient advocacy and personalized care. More than ever, it's about the patient — not just the treatment.

Our independent research survey of 120+ primary care physicians and specialists shows that they are actively seeking information across a wide variety of digital and in-person channels; however, they still experience gaps in the amount, type, clinical focus, and timing of brand information they need to make fully informed patient care and prescribing decisions. What's more, they express clear preferences about when, where, and how they want to receive life science brand information.

Solutions that use AI and RWD to deliver precision-timed, clinically relevant information can fill this important need. An immersive, omnichannel approach can align with the patient care journey to drive a "next-best action" strategy for HCPs in a way that's more efficient, valuable, and actionable than other multi-channel marketing, or account-based marketing strategies — including those that simply use AI insights to formulate strategy.

# THE NEED TO BE EVERYWHERE

Life science industries have moved past the days of marketing through a few traditional channels or investing significant resources in field sales staff to work leads. Change in media habits is coming fast to the industry, and what may work today could be less efficient or miss its mark tomorrow, driving a need for real-time adaptation in engagement.

In our survey, we found physicians are actively encountering clinical or brand information on more than 10 types of media and communications. The heaviest concentrations are a mix of digital and in-person channels.



Percentages are the number of physicians ranking these sources in their top three choices:

Email	74%
Journal articles	73%
Sales rep visit	71%
EHR systems	68%
Medical conferences	63%
Medical science liaison visit	58%
Brand-sponsored speaker events	57%
Social media	53%
Third-party websites	52%
Company website	45%
HCP-only social platforms (e.g., Doximity,	Sermo)34%
Podcasts	31%

#### Digital increasing, sales visits decreasing

Looking closely within just their digital preferences, our survey showed incredible diversity. When asked about their choices for "staying up to date on treatment options," all but one digital channel surveyed ranked in the top three for 50% or more of physicians and specialists.

Medical Journals	80%
HCP-only social platforms (Doximity, Medscape, Sermo)	69%
Online third-party medical info providers(Up-to-Date, Medscape, WebMD, Healio)	64%
EHR platforms	59%
Online CME courses	59%
Specialty-specific, third-party information providers	s <b>57</b> %
Email	55%
Social media	52%
Product website	51%
Podcasts	50%

At the same time, the traditional field rep visit has declined in recent years, a trend exacerbated by the pandemic. In fact, other sources have found that fewer than half of sales representatives are able to move past the office receptionist and speak with a physician, and only 7% of these visits last longer than two minutes.<sup>1</sup>

# Physicians in our survey confirm reductions in this type of brand interaction:

#### Pharma rep visits

27% decline in frequent/very frequent visits, lower than pre-COVID

35% increase in "limited interaction" with sales reps

**100%** increase in the physician practices that have closed door policies

#### **Medtech rep visits**

39% decrease in frequent/very frequent

The long and still valuable sales rep tradition may be vulnerable to pandemic-era changes in office protocols or simply to a lack of time as patients increase and the number of HCPs remains stagnant. But based on the physician preferences in our research, field reps are not being replaced so much as joined by a multitude of other, primarily digital, sources of information. And this channel activity is not homogenous — it varies and combines depending on a brand's unique HCP mix. Brands are striving to align this "offline" engagement with digital engagement, but the progress is still in its early stages.

The breadth of channels and digital activity revealed in our research tell a clear story: physicians are picking up information everywhere, and brand information needs to be everywhere as well.



# AN ARRAY OF CHANNELS — BUT ARE THEY HELPING PHYSICIANS?

When physicians in our research describe what and how much information they're seeing, frustration and information gaps become clear — gaps which could ultimately affect treatment. Consider the example of a patient with a rare neurodegenerative disease who might be helped by a medication that has been newly approved or cleared for clinical trials. Unfortunately, neither the patient nor the doctor is aware. Missed opportunities like these have a direct impact on quality of life and longevity.

#### Less selling, more relevance

When asked to list "the other types of information that you would like to **have less of**," physicians wrote in answers such as "pure marketing, biased information," "advertising," "marketing," and "direct to patient advertising." They also deem certain non-marketing information of less immediate value; e.g., a dermatologist wrote in "dated clinical trial data" and cardiologists and primary care physicians indicated they did not need "formulary changes." Some said they want research trial data that's "summed up with less text."

In contrast, when asked what information they want more of, respondents showed interest in a range of more immediate, tangible types of information such as insurance coverage and drug pricing, upcoming clinical trials, safety, and as one doctor wrote in, "clinical success stories and quality of life improvements."

Physician responses to the question "would you like to see more, less, or the same level, of different types of information on drug treatments and disease management from life sciences manufacturers:"

Patient affordability	48% want more
Prior authorization (PA) process	43% want more
Patient eligibility	33% want more
Formulary	33% want more
Specialty prescribing guidelines	33% want more
Clinical results	29% want more
Product info for patients	28% want more
Pharmacy distribution	18% want more

It's also evident that physicians aren't always getting what they need from existing channels and information, to the extent that a significant number prefer to conduct their own research online to search for answers. Their own research is largely focused on more detailed clinical results, leaving little time for searching for patient access information. This insight can guide life sciences organizations on how to focus engagement messaging across channels.

For example, what's the clinical headline that doctors should understand about your treatment? That's the message that should be pushed in social. It's an opportunity to help physicians focus their research on the most valuable aspect of your treatment. Additionally, tangible patient access information is extremely valuable in the EHR and on social media because physicians don't have time to search for it online.

Percentage who conduct their own research online to stay up to date, by topic:

Clinical results	57%
Eligibility/ideal patient profile	56%
Financial assistance	48%
Formulary status	43%

They go on with the same, same, same, same [ads] ... it becomes like they're promoting the drug rather than educating you. I want the relevant information which helps me as a clinician to help my patients."

- Oncologist, survey interview

The primary care doctors and the group of diverse specialists we surveyed make it clear that they want *less* marketing content. But that doesn't mean they want less messaging in general. They want *more* tangible clinical and patient access content to support their decision making and patient care. Information gaps can have a real impact on the ability of physicians to make informed choices.

# ENGAGEMENT DEEPENS WHEN PERSONALIZED, RELEVANT INFORMATION AND THE PATIENT JOURNEY ALIGN

We see physician presence across multiple channels and a need for more relevant, actionable content. But what constitutes "relevant" drug or device messaging for today's physicians?

Our research showed that a high percentage of HCPs believe information provided by life science brands is most valuable — and therefore most likely to increase adoption — when it is: 1) aligned with their current patient population; 2) provides non-clinical info relevant to their patients, such as formulary status, prior authorization requirements, or financial assistance; and 3) clearly communicates clinical benefits over existing treatments. What's more, 40% of all physicians agree that when the information is "generic and not personalized to their current needs," they are less likely to engage with it and less likely to adopt a new drug or device.

40%

Percentage of physicians who strongly or very strongly agree with the statement "when the information provided by a life science manufacturer feels generic/not personalized to my current needs I am less likely to engage with it"



# Highly ranked information is clinical, personalized, and aligned with patients

Percentage of physicians who strongly or very strongly agree with the statements shown:

**59%** 

66

Information provided by life science manufacturers is more valuable when it is closely aligned with my current patient population/ patients I am actively treating.

54%

"

My comfort with adopting a new product is impacted by non-clinical factors like formulary status, prior authorization requirements, or availability of financial assistance programs.

49%

"

My comfort with adopting a new product is increased when life science manufacturers clearly communicate their product's clinical benefits over existing treatments.

#### Timed delivery: the key to engagement

Our research also identified a clear trend toward preferring timely information, as immediate as pre-visit or when the patient is in the room. This is a critical finding because it confirms that it's not just what brands say and what channels they use, but when they say it. The responses suggest that the window before, during and after the visit presents a significant opportunity for brands. And yet, patient visit timing is not even an option with most marketing strategies.

And while the percentages are lower, it should be noted that a fair number of physicians cited a need for information outside of the visit, while they are conducting their own independent research.

# During the process of treating a patient, when is it important to have the following information?

Clinical results on the company's product(s)

50%

Pre-visit/when reviewing the patient chart

Patient eligibility criteria/ideal patient profile information

51%

**During the patient visit** 

Information on the prior authorization process/requirements

49%

Post-patient visit

Formulary information, including formulary changes, for the company's product

45%

During the patient visit

Patient affordability program information

**52%** 

During the patient visit

Product information to share with the patient

69%

During the patient visit

Specialty medication prescribing guidelines

**52%** 

During the patient visit

Pharmacy distribution information, such as limited distribution networks

48%

Post-patient visit

We're seeing physicians in a kind of informational rut, because many brands are still relying on older modes of interaction such as email, reps, or websites. Physicians are not seeing the info at a time when they can make immediate use of it. But it's now possible to deliver contextual messaging to them *in the present*."

- Aaron Noll, MD, MS,
OptimizeRx Senior Al Solutions Engineer

Physicians don't just need information that's highly relevant and personal, they need it at the time that's most helpful and tied closely to the patient's visit.

#### **Aligning Information Channels in the Care Journey**

#### Pre-Visit

Online and specialty third-party information providers, social media (public and HCP-only), medical journals, podcasts, email, MSL/ sales reps

#### **During Visit**

EHR platforms, product website, online and specialty third-party information providers

#### Post-Visit

Product website, EHR platforms, email, MSL/ sales reps

#### Meeting physician and patient needs:

# THE CASE FOR A DATA-DRIVEN OMNICHANNEL APPROACH

The numbers speak for themselves. For example, we found that 85% of dermatologists and endocrinologists need patient support and adherence information, while 75% of oncologists need to know about patient eligibility. And 45% of PCPs need formulary status and prior authorization steps.

These responses suggest there's a much-needed shift from marketing messaging to information delivery. They make the case for a data-driven omnichannel approach that can deliver highly relevant clinical, access, and adherence-oriented information, and deliver each at the times that are most helpful.

Consider a few other key findings on physician preferences from our survey that suggest a data-driven omnichannel approach offers life sciences companies an opportunity that far surpasses traditional strategies:

#### Omnichannel searching:

Physicians ranked *many* sources for getting care and access information such as patient support, formulary status, financial assistance:

Medical journals	72%
Company sales rep	70%
Colleagues	67%
EHR platforms	64%
Product Website	58%
Email	56%
HCP-only social platforms	57%
Company Medical science liaison	52%
Online third-party information	52%
Their own online research	47%

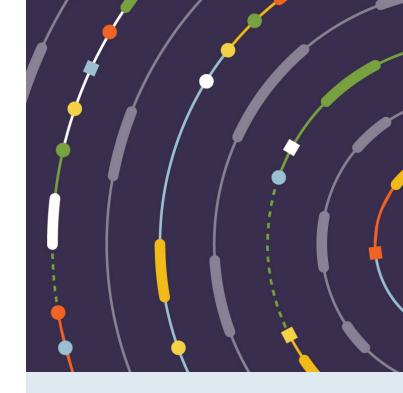
Life science brands and manufacturers they consider effective at engaging them are rated highly for:

53% - Sharing clinical data in a clear and concise manner

48% - Providing clear PA guidance and support

44% – Providing timely, relevant information on newly launched products

It's no longer about generic or promotional placements on select channels, but an *immersive* strategy that surrounds physicians with relevant information wherever they are and whenever they are actively treating eligible patient populations. Physicians are already looking and reaching out — brands can meet them where they are and give them the kind of support that matters.

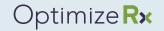


# The role of Al/RWD in achieving an omnichannel clinical-engagement program

To drive digital engagement further, we're seeing that brands must link information type, channel, and timing — across EHRs, third-party medical sites, social and other channels. Thanks to the power of AI, that challenge is less formidable than it might seem. AI is the way in which machines "learn" all available data; it can predict when the right elements come together to surround physicians with a message.

When executed properly, Al can be a game-changer for pharma and medtech brands looking to better reach and engage physicians — it's one of the only ways to deliver the timeliness, tied to the patient visit, that our research has shown physicians want and need in their brand experiences.



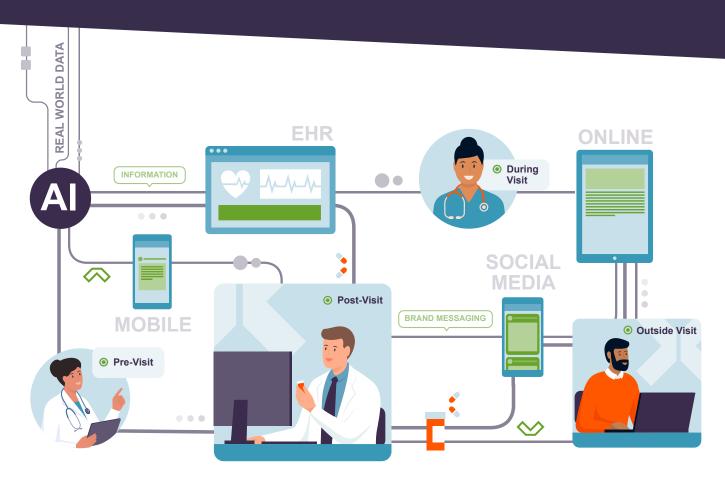


## **HOW IT WORKS**

A software platform that uses AI can create specific custom models or algorithms for a drug or device's ideal patient profile. This AI model can apply patient or HCP demographics, patient treatment history, claims data, EHR data, treatment algorithms, and utilization management data to identify patients — especially hard-to-find patients — who are eligible today for the brand's drug or device. The most advanced, effective models are built with clinical input and oversight to ensure they reflect a physician's needs and point of view.

Al can use NPI numbers, geographic, specialty and other data to locate the physicians/potential prescribers actively treating those patients, via channels including medical sites, EHRs or social platforms like Instagram or Facebook. It can guide a message delivery platform to immediately push brief messages (usually fewer than 10-15 words) of relevant information such as savings, insurance info, pharmacies where available, formulary messaging and diagnosis tips, trial enrollment, patient support programs, clinical benefits, or competitor and treatment comparisons — based on each brand's specific needs and engagement goals.

This predictive analytic approach breaks new ground over all other types of targeting in that it automatically identifies potential prescribers of a medication, access hurdles, or adherence risks based on the current care events that the prescriber is seeing every day. Traditional marketing strategies, and Al models relying on past prescribing behavior and static NPI-list targeting, can't predict prescribing behavior because they don't account for current care events.



A Data-Driven Omnichannel Approach that Predicts Prescribing Behavior



#### Identifying the physician's "next best action"

The right technology solution can combine the predictive power and timing of AI with open- and closed-source real world data (RWD) to identify specific care milestones to time relevant message delivery on the right channel. In this way, the solution not only finds the right patient and the patient's relevant physician, but it can fill information gaps in the patient journey by identifying the "the next best action" for physicians and delivering pharma content at that moment. For example: if, in the next two weeks, a doctor will likely see a patient who is qualified for a therapy, the doctor will receive clinically relevant messages about that therapy. The right solution can predict these touchpoints.

"Brands spend a lot of time filling the bucket with patient and provider leads, and that gets us to a written prescription. But in many cases, the next steps don't happen. Al can use provider behavior data, serve them with the right message, and prevent patient leakages in 'the last mile' of the sales funnel."

- Aaron Noll, MD, MS,
OptimizeRx Senior Al Solutions Engineer

#### A host of benefits for pharma and medtech

Rather than volume media placements and generic promotion, an Al/RWD-driven, clinically relevant omnichannel program offers more for building positive brand experiences.

Pharma and medtech companies can lean on smaller, nimbler Al companies to stay ahead of the innovation curve and drive clinical engagement with benefits that include:

- Maximizing marketing dollars with Al-driven precision engagement vs. blanket advertising and "channel rut"
- Improving relationships with physicians by offering an easier, better brand experience
- Enhancing adoption, functionality and utilization of any programs or initiatives already in place
- Identifying and onboarding hard-to-reach patients by helping HCPs identify hidden eligibility markers
- Driving earlier diagnosis & prescribing recognition with supercharged, clinically relevant, broad brand awareness
- Increasing opportunity for direct physician connection with digital sales support (with enhanced features)
- Supporting higher volume of scripts by delivering affordability resources to the HCP

## Conclusion

The physician voices and information needs that come through in our research clearly show that the digital future is an omnichannel one. It offers great opportunities for brands that leverage Al/RWD to create a clinically relevant, immersive experience that serves up the content HCPs need most in each moment via their preferred channel.

However, it's important to keep in mind that not all omnichannel solutions are created equal. The predictive power and timing enabled by Al is significant, but it must be part of a messaging delivery platform with robust technology capabilities. Often, solution-providers have the data insights but not the right platform or approach to enable true real-time information delivery.



#### **OptimizeRx Point-of-Care Messaging**

OptimizeRx, a digital health company, offers a patent-pending Al-powered omnichannel approach to challenges in awareness, access and adherence among providers and their patients. With integrated needs-based modules designed for your most pressing use cases, our clinical experts can help brands find hard-to-reach patients and their doctors, deliver clinically relevant information at the right time to the right HCP, and send affordability and access information to help first fills and later adherence in the most efficient, most cost-effective way possible.

This patent-pending predictive targeting capability identifies potential patient need for specific therapies within the current U.S. population. We build a custom machine-learning model based on client business rules including, but not limited to therapy prescribing requirements and/or brand-specific patient access conditions which is then applied to real-world data assets obtained outside the EHR to identify the appropriate conditions under which to message HCPs.

To learn more about OptimizeRx's omnichannel solutions for life science manufacturers, or to request a demo of our Al-driven omnichannel platform, visit us at OptimizeRx.com

#### About our research

OptimizeRx partnered with REACH, an independent research company, to conduct quantitative primary market research with 123 U.S. physicians between February 25 and March 3 of 2023. Respondents included dermatologists (n=20), endocrinologists (n=20), cardiologists (n=20), primary care physicians (n=20), oncologists (n=23) and neurologists (n=20). Respondents reported their practice setting as follows: Office-based practice (58%), academic hospital (35%), community hospital (7%). Insurance coverage for patients treated at their practice was reported as follows: Commercial/private insurance (48%), Medicare/Medicaid (42%), uninsured (5%), other/unknown (4%).

REACH also conducted qualitative primary market research to inform the quantitative survey instrument. Three 60-minute interviews were conducted with a neurologist, primary care physician, and oncologist between February 9 and 13, 2023.