



BIOPHARMA APPLIES NEW SERVICE AND SUPPORT MODELS AMID COVID-19

By Friedemann Wolf, Stephen Waddell, Susan Schriver, and Ulrik Schulze

BIOPHARMA COMPANIES HAVE LONG served health care professionals and patients through well-established channels that rely heavily on in-person interactions. But what happens at a time of crisis, when these channels no longer function? When health care professionals are dealing with the impact of an epidemic? When patients delay seeking diagnosis, treatment, or even picking up medicine at a pharmacy because of the perceived risk of contracting COVID-19?

How can biopharma companies continue to deliver treatments, and provide information and education on their use, to health care professionals and patients?

Throughout the industry, companies are already innovating and setting up new service solutions and delivery modes. For the short-term response, for example, they are providing support through lab capacity and staff for coronavirus testing and making medical staff available to provider organizations locally. Most have built virtual infrastructures for communication and en-

gagement with health care professionals. They are thinking through where they can add value as the coronavirus spreads and adjusting their outreach activities according to such factors as the type of care involved (primary, hospital, and specialty), patient access, treatment limitations, and supply restrictions. New issues require attention, such as how patients can get their medicine when transportation options to pharmacies or alternative treatments sites are few or nonexistent and how to support health care providers adopting telemedicine solutions for counseling and diagnosis of patients. Some companies are now starting to consider how the COVID-19 pandemic will change the health care industry and are beginning to plan for the longer term.

It is still early days, but our work with industry leaders shows that it helps to think in terms of three stages:

- The near-term crisis, in which the goal is to serve patients and help hospitals and clinicians do the best job they can to care for patients while ensuring the

safety of their own employees

- The medium term, in which companies can begin to adjust to, and act on, what is likely to be a changed customer-supplier relationship
- The longer term, during which companies can accelerate toward building new capabilities and managing change

Navigating the Near Term

None of us have experienced an environment like this one—normal demand, supply, and support patterns do not apply. Nevertheless, there are still a few constants we can count on. Demand for anything COVID-19-related will run high for the next several months at least. For some non-COVID-19 diseases and conditions, prescribing may slow down as hospital and clinic visits decline, especially for care that is not time sensitive. Doctors, hospitals, and clinics are reporting drops in non-COVID-19 patient volumes, in some instances by 50% or more, although screenings and treatments for serious conditions continue. A department head at a leading German academic hospital told us that they are temporarily redeploying up to roughly 75% of their physicians and nursing staff to the ICU and that a significant share of the lab staff working on research programs with pharma companies has been temporarily redeployed to support lab testing for the virus. An infectious-disease specialist in Utah said, “Right now, [hepatitis C virus] screening hasn’t been affected.... The lab is still open, and treatment is not getting delayed...but we are starting to reschedule nonurgent patients.” Some drug sales will fall as physicians delay nonessential treatments.

Adherence to treatment routines will likely suffer as patients shy away from visiting health care facilities in an effort to avoid exposure to COVID-19. One Los Angeles area urologist told us, “Right now, we still have patients come in for injections.... If someone misses by a week or two, it’s not catastrophic.” But patients will continue to renew prescriptions and refills for treatments

for chronic diseases. Brands with a strong base of renewals and refills need to meet continued demand. Companies can use these assumptions to do a rapid top-down assessment of the likely demand patterns for the products in their portfolio and adapt their sales and service offerings accordingly.

As COVID-19 cases overwhelm more of the health system, caregivers and patients with other conditions are going to need extra support. As some patients are forced to delay procedures, they may require extra treatment for symptoms, discomfort, or pain. Others may be just starting treatments on recently launched drugs and be unfamiliar with the protocols or procedures they should be following. As everyone focuses on COVID-19, information and assistance for other medical matters could be hard to come by.

Pharma companies can use digital channels to make it easy for patients and clinicians alike to get access to information. Web-based content, produced for patient consumption, can answer lots of questions. Videos and live webinars using readily available digital tools, such as Zoom, are efficient ways to provide educational content on more complicated or in-depth subjects, although concerns among physicians about HIPAA compliance may need to be addressed.

Doctors are expressing broad interest in telemedicine in situations where seeing a patient in person is either unnecessary or unwise because of risk of contagion. There is plenty of variability in the actual level of adoption at this point, however. One medical practice in the western US is looking into telemedicine options, but it is still unclear which platform it will use. A midwestern oncology practice is using telemedicine in place of routine visits but reports issues with reimbursement and billing. A number of providers say that questions about compliance with regulations have slowed adoption. A gastroenterologist in the metro New York area said that a dramatic drop in the number of office visits, which had totaled more than 20 a day, has been substantially offset by 10 or more telemedicine sessions.

Lessons gained from early crisis hotspots can help in places where volumes are now building. In China, the top ten pharma companies worked together, using WeChat, to help patients find needed medicines and clinics. In the US, one company is reacting dynamically to changes in site-of-care demand for infusion products as patients become less willing to go to locations with high concentrations of COVID-19 cases and hospitals shift drug infusions to new places. Another company has tasked small teams of data scientists with assessing the impact of different engagements across channels. The company has therefore been able to gain deeper insights, act on them, and produce results faster than if it had used a large, machine-learning, multichannel engine.

Several leading health systems are working with biopharma companies and data aggregators to improve clinical workflows to ensure that the highest quality of care is provided in an environment with diminishing resources.

A New Normal

Depending on how long the crisis lasts, and how the associated social-distancing measures affect long-term behaviors and habits, we are likely to see lasting changes in how the health care system works and how various participants interact. For example, some health systems, in an effort to limit potential patient interactions in the face of COVID-19, have used electronic algorithms to remotely triage patients with other ailments. The use of digital communication channels can be expected to continue, changing patient pathways and presenting new and different opportunities for interactions between sales representatives and clinicians.

We can also expect that circumstances will vary by region, health system, and treatment area. When and how hospital access restrictions are lifted, and how demand and information needs change, will depend on the treatment area. What's more, patients and customers may be in very different situations and struggle with very differ-

ent questions. Pharma companies will need to build out scenarios for what the recovery in their individual areas will look like.

More hospitals, for example, may significantly restrict access to biopharma field representatives (joining a growing number that made this shift pre-COVID-19), therefore requiring new forms of engagement. Some providers have already indicated that they prefer to access disease and product information through online and remote channels, thus freeing up time for patients, and save direct interactions with pharma reps for discussions regarding patient services.

In the immediate aftermath, however, it is unlikely that the pace of activity will decrease as patients push to address deferred needs and delayed procedures.

Whatever their ultimate shape and nature, these changes will affect how the biopharma industry will interact with providers going forward. For one thing, we can expect much more omnichannel interaction as doctors and hospital staff seek time to rest, recharge, and then deal with pent-up demand. Some will also view digital interaction as more convenient. Sales and marketing teams will need to generate digital-first content to support virtual outreach, especially content geared for use in videos as well as in webinars, email, and other virtual channels. This content will need to be personalized to individual health care providers' needs. Doctors and others in the sector also have told us that they value personalized interactions with biopharma staff with whom they have relationships, even if virtual, and that knowing who to reach out to at biopharma companies for immediate support will continue to be important in the future.

It will take time to restore the disrupted calendar of in-person professional conferences, meetings, and conventions. But because the need for information exchange and professional interaction will not go away in the meantime, companies should also look to more broadly leverage new tools and techniques—such as digital learn-

ing factories, digital patient support programs, and other forms of virtual engagement—that may have been used productively in the COVID-19 context.

There also will be a need for almost all companies to rethink product launches, whether they took place in the weeks and months before the crisis hit, have been delayed, or are planned for the immediate future. This involves assessing specific circumstances, evaluating risks, identifying options (such as optimal timing or pursuing a virtual launch), developing the necessary business cases, and adjusting plans accordingly.

As pharma companies adapt their existing plans to digital and remote engagement models, they should take time to sufficiently understand how customer preferences and needs are changing. For example, providers may raise the bar for engagement, in effect requiring companies to focus on the quality rather than the quantity of interactions and to transform content and activities (either temporarily or permanently) for such virtual channels as videoconferences and webinars.

All that said, the paradigm shift from the in-person connection to the virtual connection will need to be closely monitored. Other industries that have made similar shifts all report a steep learning curve for their customers, at least in the near term. Significant investments to support the change—including training, transparent communication, and continuously optimizing engagement for both customers and sales forces—will be necessary to reduce customers' frustration and dissatisfaction.

Accelerating Change

Crises often contain silver linings, of course. Some come in the form of accelerating changes already underway or in pointing the way toward entirely new ways of doing things. We believe that for biopharma the positive experiences of increasing virtual engagement may support a longer-term shift in how companies and customers interact. A BCG survey conduct-

ed this year from March 22 to March 27, as the virus took hold of the US economy, found that the vast majority of investors (more than 90%) believe it is important for healthy companies to prioritize building key business capabilities to create advantage, drive future growth, and be better positioned for recovery—even if this means delivering lower earnings per share or earnings below consensus expectations in the near term.

Biopharma companies can accelerate toward data-driven, digitized engagement by investing now in the transition to an omnichannel marketing and sales model. This involves developing the tools necessary to analyze the interaction of all channels in real time and provide dynamic recommendations for engagement. Our experience has shown that implementing a fully data-driven and digitized commercial model can improve the top line by 10% to 15%.

Biopharma companies should focus their efforts on four areas:

- **Precision Targeting and Segmentation.** Moving from targeting based on traditional analyses of historical prescription data to artificial intelligence-driven segmentation and adaptive call plans that predict the likelihood of prescribing behavior on the basis of characteristics of the health care practitioner (HCP) and the influence of physician networks.
- **Personalized Messaging and Microsegment Campaigns.** Replacing broad, general messages (which are often one-size-fits-all) with personalized messaging using predictive analytics and individual content tailored to microsegments—ideally, segments of one.
- **Dynamic Multichannel Orchestration.** Moving away from full exposure of customers to all available channels regardless of individual preferences, and toward real-time, dynamic multichannel optimization based on the predicted ROI of specific combinations

of commercial tactics and messages modeled on predefined types of HCPs.

- **Next-Best-Action Engines.** Streamline next-best-action engines to deliver fewer insights per day or week so that sales reps will actually act on them. Actions should be assessed against proven ROI criteria that reps are familiar with.

Because of the time and investment required for such initiatives as acquiring new skills and improving data and technology, early movers that develop both an omni-

channel roadmap and the required capabilities will have an advantage.

CURRENTLY, THE PRIORITY is to support customers, treat patients, and keep staff safe. But pharma companies also should recognize that fundamental changes are taking place. Those that take the time to understand the ongoing evolution in how care will be delivered—including shifts toward more remote care and tele-medicine, treatment prescription, and home delivery programs—will be best positioned as the crisis recedes.

About the Authors

Friedemann Wolf is a managing director and partner in the Hamburg office of Boston Consulting Group. You may contact him by email at wolf.friedemann@bcg.com.

Stephen Waddell is a managing director and partner in the firm's Chicago office. You may contact him by email at waddell.stephen@bcg.com.

Susan Schriver is a managing director and partner in BCG's New York office. You may contact her by email at schriver.susan@bcg.com.

Ulrik Schulze is a managing director and senior partner in the firm's Zurich office and leads BCG's work in biopharma. You may contact him by email at schulze.ulrik@bcg.com.

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