



10 Data Trends

show how pharma can work effectively with increasingly overburdened doctors

It will come as no surprise to anyone in the healthcare space that doctors today are under an inordinate amount of pressure. They are managing more, in less time, while trying to keep up with treatment information that is out of date faster than they can learn it.

For instance, in the UK, the waiting list for hospital treatment has increased from ~4.5 million pre-COVID to nearly 8 million at the end of 2023.¹ And in France, while the number of doctors per capita has remained largely unchanged between 2011 and 2021², the proportion of the population aged 65 and over increased from 17% to 21%.³

In this unsustainably busy post-COVID world, how can pharma and life sciences companies best reach out to and educate doctors about new treatments?

M3, a global network of more than 6 million doctors, surveyed 900 doctors in five European countries (France, Germany, Italy, Spain and the UK) to understand today's doctors and how they consume information.

We have distilled that data into 10 insights to help pharma engage meaningfully with today's unprecedentedly busy physicians.

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1 Empathise with your audience

The top-level responses paint a grim picture of life as a doctor in the surveyed countries. Only 26% of doctors surveyed felt that their workload was sustainable in the long run, with 74% saying it was unsustainable or sustainable for a limited time only.

Doctors also see burnout amongst their peers. A staggering 77% agreed that their peers are exhausted or burnt out, and almost the same number saw low morale amongst their peers. 45% said their colleagues are thinking about leaving medicine.

What this means for pharma: Amidst this downtrodden atmosphere, getting doctors' attention is a tall order. For pharma to succeed in connecting with busy physicians, they'll need to think carefully about delivering information in a way that, at the very least, doesn't feel like it's adding to an already full plate.

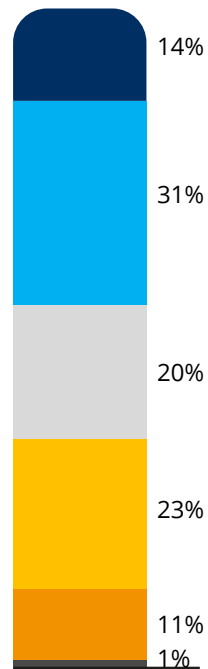
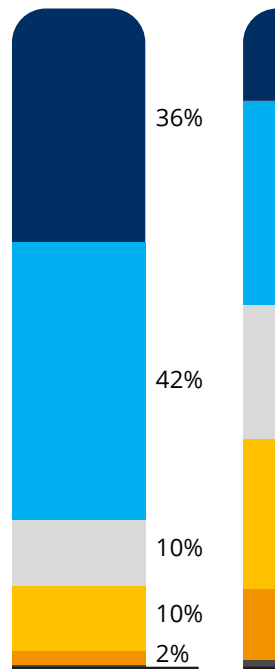
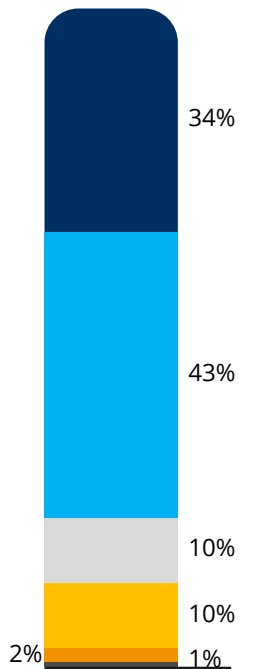
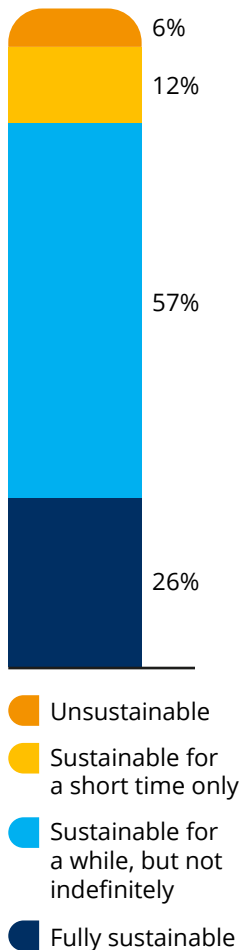
~75% of doctors think their workload has been unsustainable

~75% of doctors agree that their peers are exhausted or burnt out

~75% of doctors agree that their peers have low morale

~45% of doctors agree that their peers are thinking about leaving medicine

% of respondents selecting option (EU5 doctors)



Note: n = 900 doctors. Question(s): Overall, how would you describe your workload during the past 12 months (including the winter period 2022-23)? To what extent do you agree or disagree with the following statements, in relation to the situation at your practice / hospital over the past 12 months (including the winter period 2022-23)?

2 Be aware of how your audience sees you

Just what is it that is contributing to this difficult working environment? Doctors were asked to select from a list of challenges all that applied to them, and to highlight the one they felt was the most important.

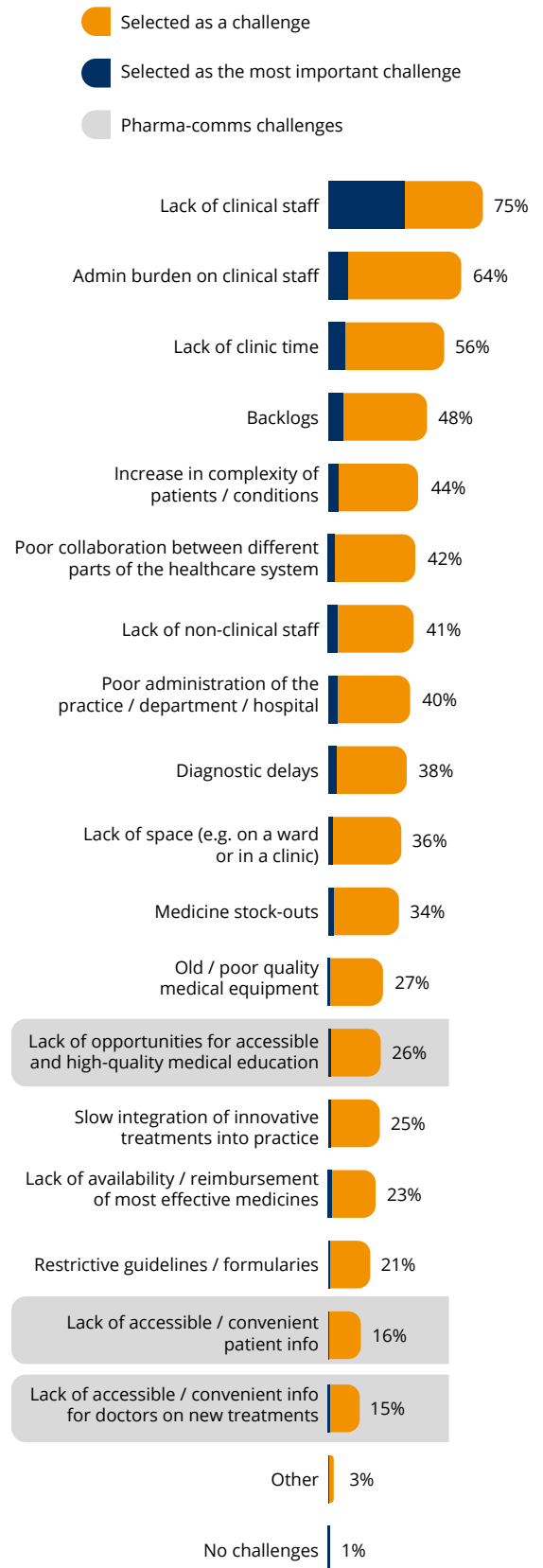
A lack of clinical staff stood far and above as the most pressing challenge, with 75% of doctors selecting it and nearly 40% calling it the most important challenge. Administrative burden on staff and lack of clinic time were strong second and third selections.

By contrast, a key challenge that pharma communicators can address directly, namely a lack of information for doctors on new treatments, scored the lowest, with only 15% of doctors selecting it.

What this means for pharma:

Communication between pharma and physicians, including on new treatments, is critical to successful adaptation of innovations into practice. However, pharma communicators should remember that they are battling for physician headspace in a sea of immediate, systemic challenges.

% of respondents selecting option (EU5 doctors)



Note: n = 900 doctors. Question(s): In your practice / hospital, what do you think are the key challenges going to be to providing optimal patient care over the next 6 months (please select all that are relevant)? Which is going to be the most important one (please select one)?

3 Understand your market, win in your market

When secondary care doctors were asked how often they met with medical or product reps in an average month, doctors in Italy said they had 14 such interactions, and doctors in Spain said it was 17.

By contrast, in France and Germany the number was close to just half of that, at approximately eight interactions per month. In the UK, it was a different story again, with doctors reporting about three rep interactions in total per month – across all pharma companies.

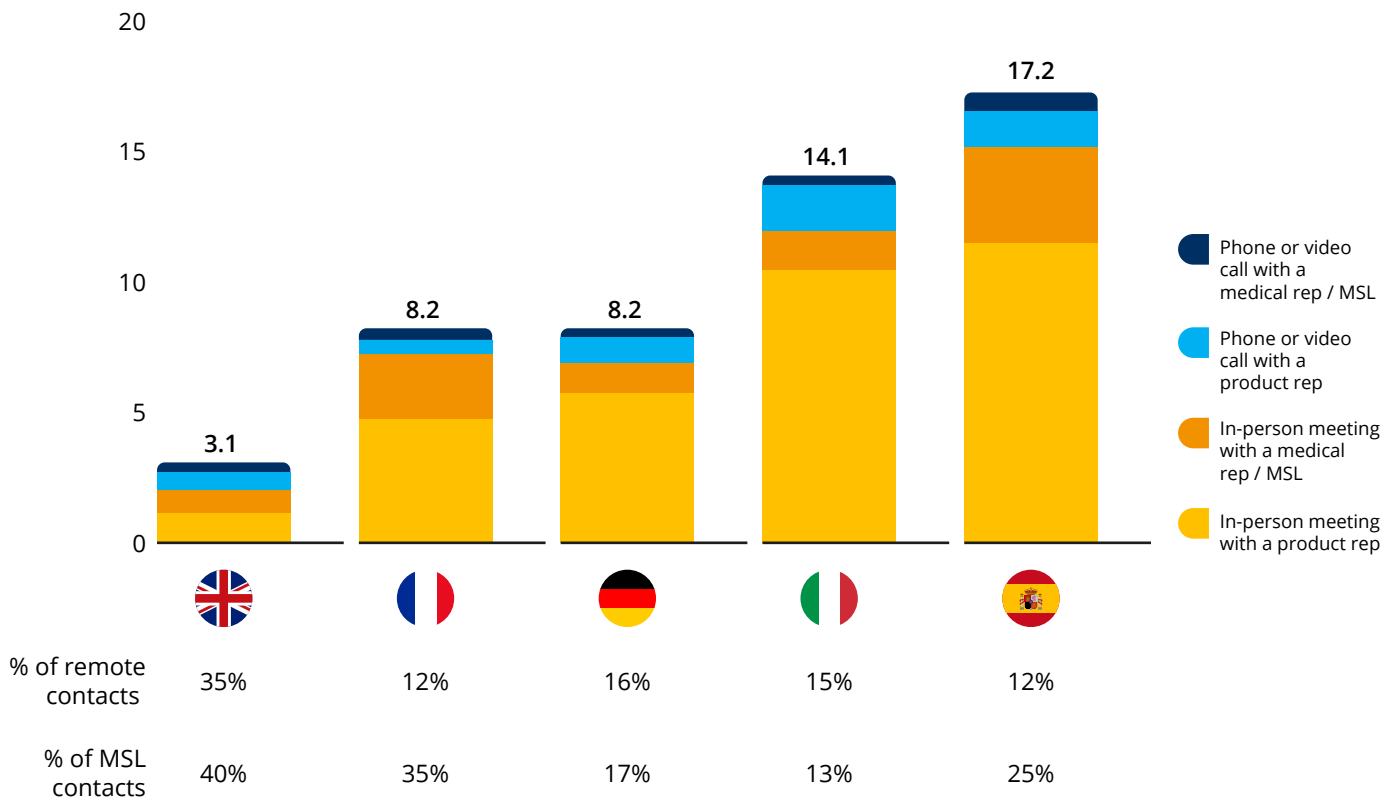
Looking beyond pure volume, outside of the UK a significant number of these meetings reportedly happened in person, with only 12%-16% of contacts being remote in France, Germany, Italy and Spain. In the UK, however, of the few contacts there were with reps, 35% were remote.

The UK also lead in the percentage of contacts that involve a medical science liaison (MSL), as opposed to a product rep, with 40%. By contrast, MSLs seem to have the smallest relative footprint in Italy, where that proportion is just 13%.

What this means for pharma:

Different markets, even within the same geographical region, can have vastly different structures. Some of these differences are relatively obvious, while others can be more nuanced. Across the board, however, they require tailored approaches. Pharma marketers ignore this at their own peril.

Monthly # of meetings with pharma reps for an average secondary care doctor, by market



Note: n = 723 SC doctors (excluding 27 SC doctors from original sample due to data consistency issues). Question: Thinking back over the last 12 months, how many of the following types of interactions would you say you had in a typical month?

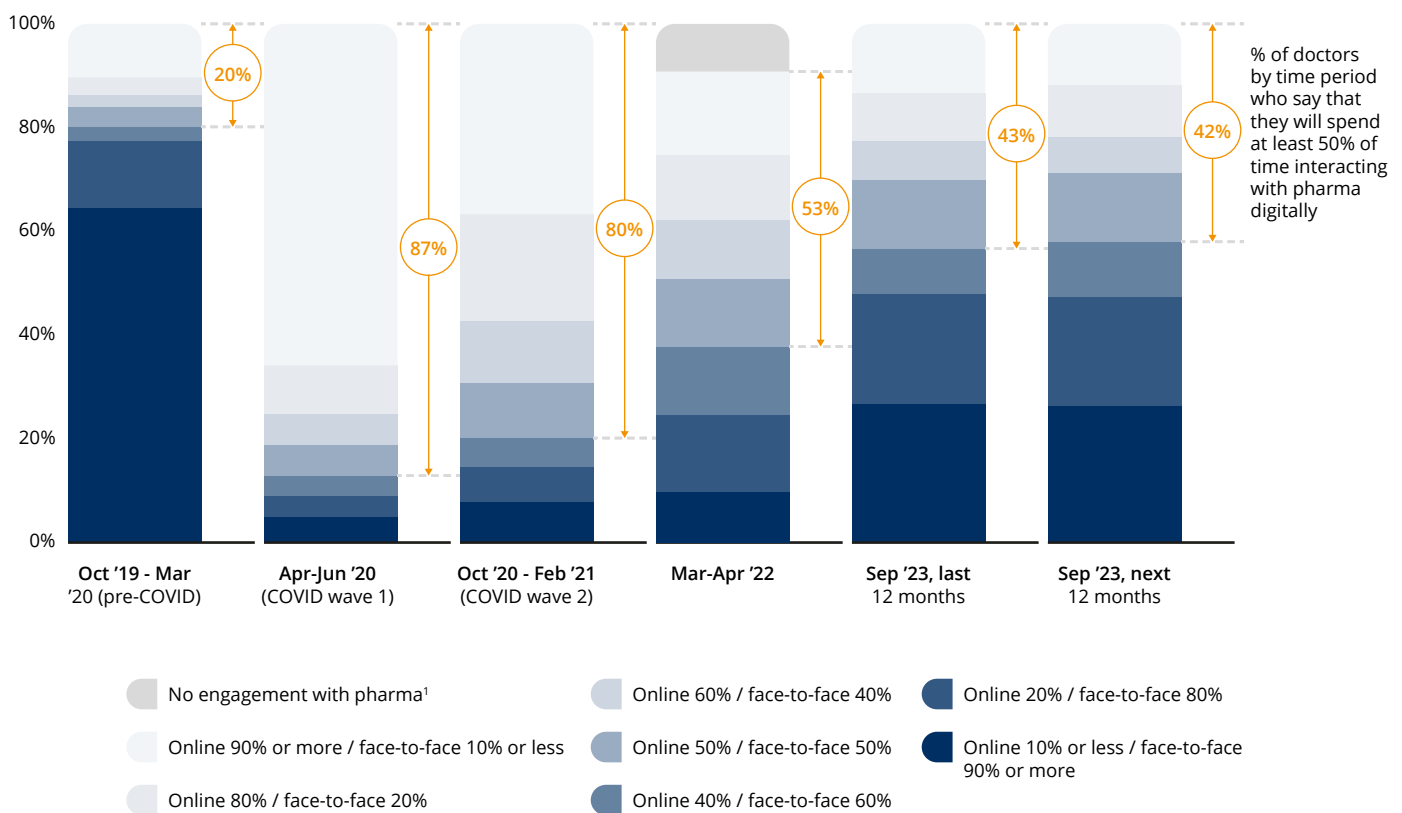
4 Adapt – or fall behind

The story of doctors' online interaction with pharma in 2020 and 2021 is, in part, a predictable pandemic story. Before the pandemic, 20% of doctors said they spent at least half of their pharma-interaction time digitally, but during the pandemic that number skyrocketed to nearly 90%.

Where does that leave the industry now? Across the region, digital interaction has settled close to the middle, with 40%-45% of doctors saying they spent – and intend in the future to spend – at least half of their time interacting with pharma online.

What this means for pharma: The winds of change blow constantly, as audience preferences shift and evolve. To stop adapting is to fall behind. Pharma marketers need to maintain a keen understanding of the constantly changing environment and innovate to stay ahead.

Balance of time on pharma companies' online communication vs in-person contact (EU5 doctors)



Note: First 3 columns: n = 1,034 EU5 doctors, survey conducted March 2021; 4th column: 750 EU5 doctors, survey conducted May-Jun 2022; 5th and 6th columns: 900 EU5 doctors, current survey. 1. Offered as a response option in 2022 survey only. Question: Thinking about the last 12 months and the next 12 months, what would you say was / will be the balance between the amount of time spent engaging with pharmaceutical companies' online communication with you, vs face-to-face (i.e. in person) contact? [Similar question asked in 2021 and 2022]

5 Play to win in digital

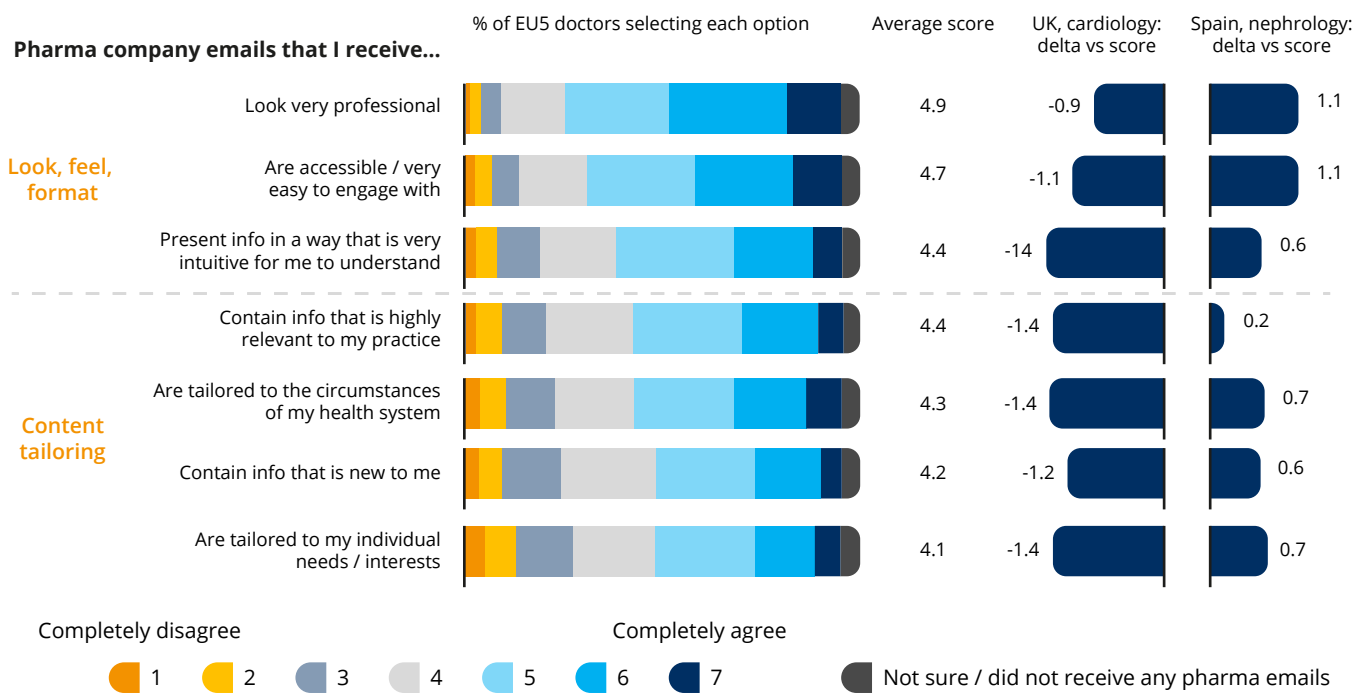
Given the continuing importance of digital engagement, M3 took a deep dive into one common aspect of this, namely, how doctors feel about the emails they receive from pharma companies. (And this can perhaps serve as a proxy for much of the online engagement between pharma and physicians.)

Doctors signalled agreement or disagreement with various statements about the emails they receive from pharma on a scale of 1 to 7. The highest average score was agreeing that emails looked professional (4.9) and the lowest score was for the statement "emails that I receive are tailored to my individual needs and interests" (4.1).

Although the data here is nuanced, there is a lot to learn from it. The average scores are middling, and there is a lot of room for pharma to grow in terms

of physician response to their emails generally. It is telling that statements on content targeting (as opposed to look and feel) scored especially low. Finally, we saw that these scores can vary greatly by geography and specialty. In the figure below we've pulled out two groups, UK cardiologists and Spanish nephrologists, to illustrate the extent of potential deviation from the overall averages.

What this means for pharma: Physician reaction to pharma emails is lukewarm: they report that they are professionally formatted and accessible, but with only moderately helpful content. There are pockets of excellence, but also parts of the market that are not well served. When it comes to winning in digital engagement excellence, it is still all to play for.



Note: 900 doctors. Question: Thinking about the last 12 months, to what extent do you agree or disagree with the following statements, regarding emails sent to you by pharmaceutical companies?

6 Believe that doctors will engage if what you have to say is important

In the previous section we noted that doctors complained that emails had a dearth of new information. M3 also asked doctors what they would want to learn about a brand new treatment and what information would be the most important to them.

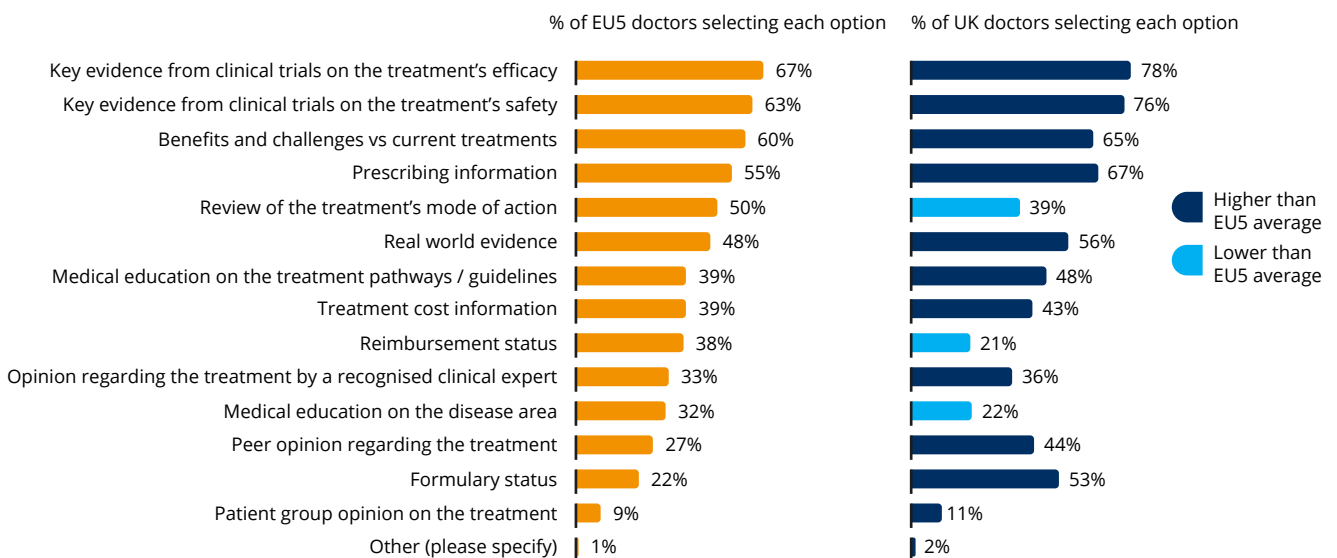
The resulting hierarchy isn't too surprising: physicians prize evidence from clinical trials above all else, with 67% and 63% selecting clinical evidence for efficacy and safety, respectively. After that comes benefits and challenges vs current treatments, prescribing information, information about mechanism of action and real-world evidence.

What is more surprising, perhaps, is that doctors indicated that they would be looking to absorb six 'types' of information on average: despite a heavy workload, if the information is important, they will make the time. Of course, regional differences again emerge: taking the UK as a case study, UK doctors appear to be hungrier for information than

the average across the sample, and with specific preferences too (eg, 44% of UK doctors indicated that they would value "peer opinion about the treatment", vs 27% in the overall sample).

What this means for pharma: Pharma should accept that all information is not equal. If the information is new, valuable and interesting, doctors will make time to engage in depth. The outstanding pharma communicator, however, will not take physicians' willingness to engage for granted but will work hard to create smooth and thoughtful customer journeys, to convey a large amount of important information in an efficient way. Working with third-party specialists to tailor bespoke content to ensure HCPs engage with your message can make all the difference.

Imagine there is a hypothetical new treatment. Before prescribing it to your first patient, what are the most important pieces of information that you would want to have about it?



Note: n = 900 doctors (including 180 UK respondents). Question: Imagine there is a hypothetical new treatment that has been developed in a therapy area that is relevant for your practice. This hypothetical new treatment has been approved and launched in your country. Before prescribing it to your first patient, what are the most important pieces of information that you would want to have about it?

7 Make complexity work for you

M3 asked doctors a number of questions about how they like to learn, and the answers illustrated the diversity of opinions and preferred approaches among physicians.

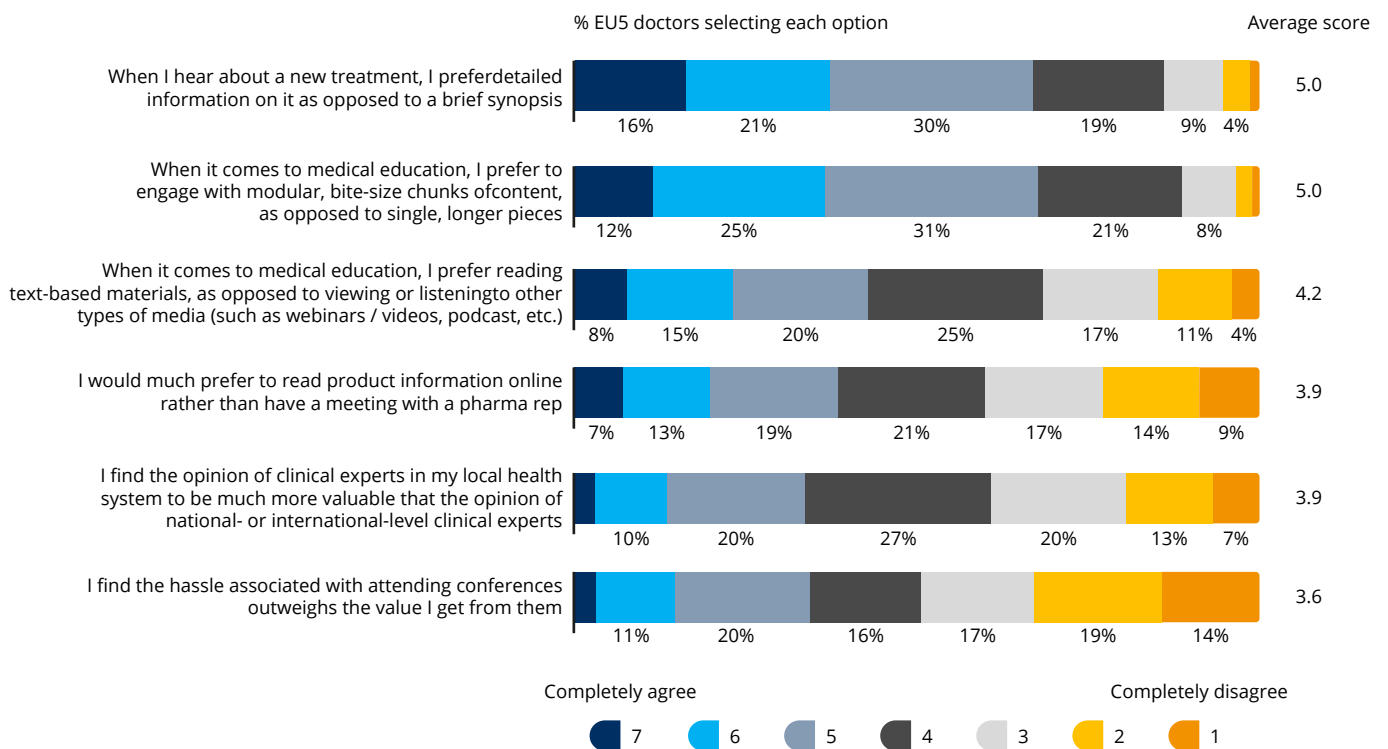
The data did show a meaningful, but by no means overwhelming, preference for detailed information about new treatments rather than brief synopses, with 67% of doctors choosing a five or higher on a seven-point scale. About the same number registered a preference for bite-sized, modular content over longer single pieces of content.

These are insights that can be actioned, though it's important to note that with an average score of just five on a seven-point scale, these preferences are far from unanimous and other questions showed a more even spread in the responses."

But other questions showed a more even spread in the responses.

For example, there was no consensus on whether the value of medical conferences outweighed the hassle associated with attending them. Nor was there much agreement on whether doctors preferred to read product information online, rather than meeting a rep.

What this means for pharma: It is risky to make assumptions about doctors' comms preferences: one size does not fit all. A successful strategy will therefore include the option to cater for multiple preferences. A very successful strategy will harness this complexity to provide a personalised and impactful engagement experience that makes it stand out from other players in the market.



Note: n = 900 doctors. Question: To what extent do you agree or disagree with the following statements?

8 Don't be afraid to go outside of pharma-owned channels

Unfortunately, there's only so much pharma companies can do to reach doctors through their own channels. When asked about their preferred channels for accessing information about a new treatment, only 40% selected reps, 34% selected pharma-sponsored webinars, and 17% and 13% selected pharma emails and websites, respectively.

This was on par, or perhaps even slightly lower, than independent channels, such as independent webinars, conference highlights and third-party medical websites.

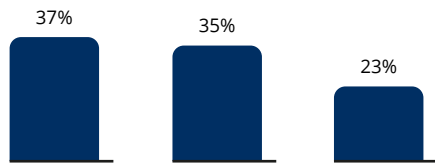
The gap only widened when researchers zoomed in on the 40% of doctors who, in a previous question, reported preferring online product information to

seeing reps. Of this group, only about a quarter said they would want to see a rep, on par with preferring information via third-party medical websites, and behind independent webinars and conference highlights (selected by ~35% of the group).

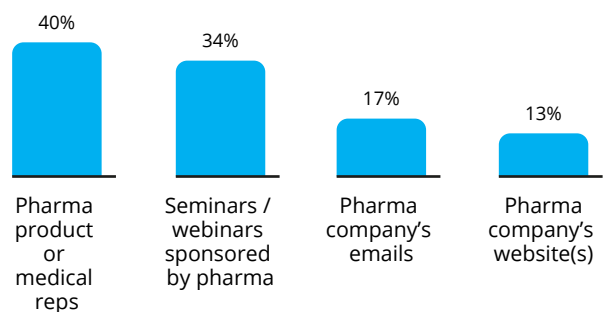
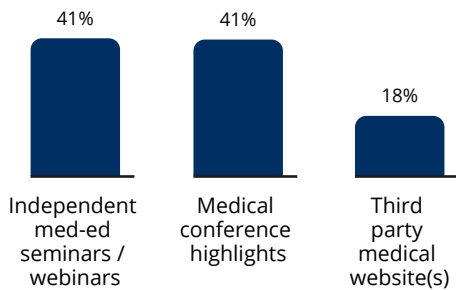
What this means for pharma: To the extent that pharma can partner with independent channels, they should consider that option. They can be a powerful tool for magnifying reach (the number of doctors engaged), depth (the number of touchpoints per doctor) and even the 'delightfulness' of the engagement (ie engaging with the doctors via their preferred media, on their terms).

Imagine there is a hypothetical new treatment. Via what channels would you want to access information about it?

EU5 doctors who prefer online information (~40% of total)



All EU5 doctors



Independent channels

Pharma-owned channels

Note: n = 900 doctors. Question: Imagine there is a hypothetical new treatment that has been developed in a therapy area that is relevant for your practice. This hypothetical new treatment has been approved and launched in your country. Via which channels / media would you want to access information [about it]?

9 Work smarter, not harder

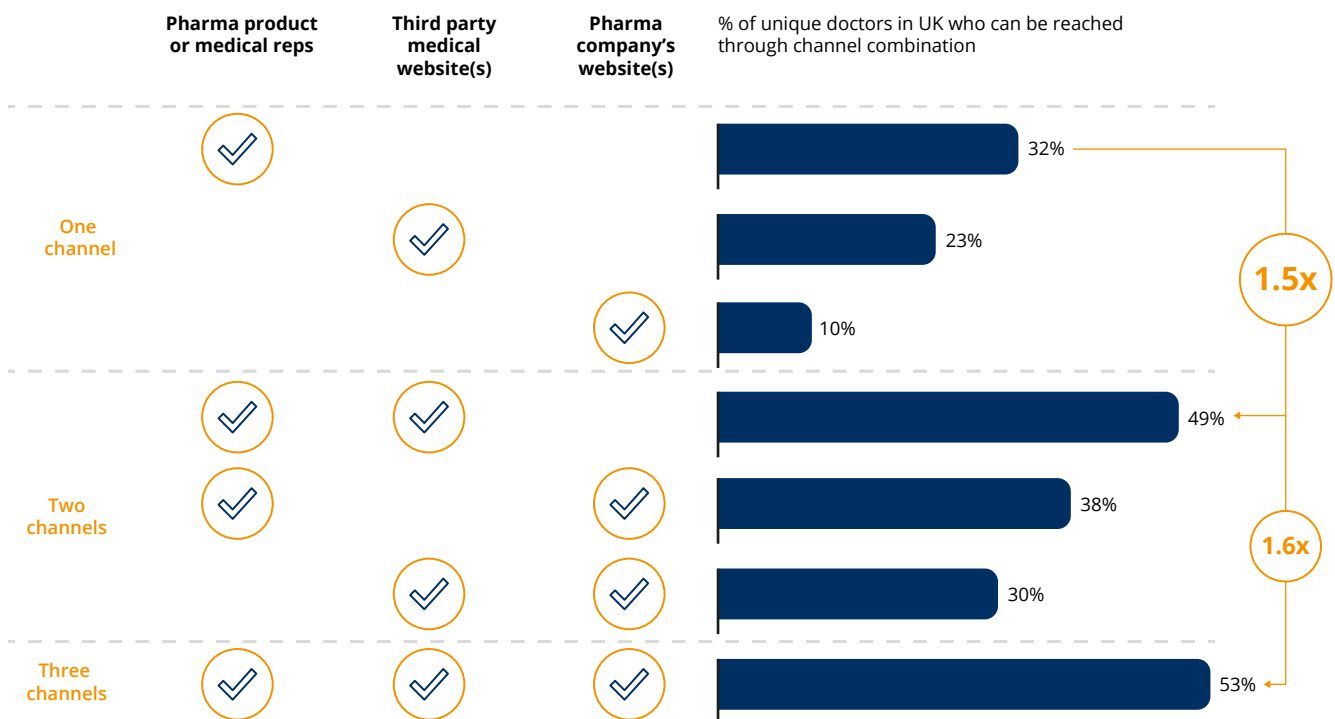
Gone are the days when pharma marketers could fling tactics at the proverbial wall to see what stuck. Tighter competition and budgets require a more scientific approach to ROI. While it stands to reason that using additional channels can expand reach to more physicians, it is less clear what the winning combinations of channels are, in terms of balancing investment with likely return.

The next exhibit, showing data from the UK, illustrates this point clearly. By combining reps with pharma company websites and third-party websites, companies can jump from 32% engagement to

53%. However, combining just reps and third-party websites alone can get engagement to nearly 50%.

What this means for pharma: Following through on this example, whether the resource spend on a pharma website in the UK is worth the additional percentage points of doctor engagement is something pharma marketers would have had to decide in this hypothetical scenario. However, the wider point is perhaps more important: choosing the right channel mix is about knowing your audience.

Imagine there is a hypothetical new treatment. Via what channels would you want to access information about it?



Note: n = 900 doctors. Question: Imagine there is a hypothetical new treatment that has been developed in a therapy area that is relevant for your practice. This hypothetical new treatment has been approved and launched in your country. Via which channels / media would you want to access information [about it]?

10 Plan for longer-term, as well as shorter-term, changes

Is there a generation gap among physicians?

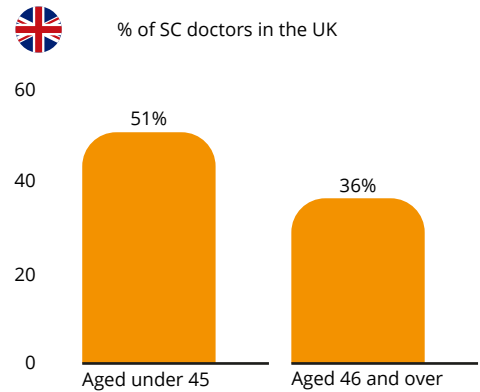
In the UK, secondary care doctors under 45 are 15 percentage points more likely than their over-45 colleagues to want their peers' input before prescribing a treatment. This could simply reflect an increasing sense of surety that comes with age and experience, or it could be a shift in the way newer doctors are thinking about collaboration.

In France, doctors older than 45 are considerably more interested in seeing a pharma rep to learn about a product than their younger counterparts – to the tune of a 20-point difference. This could represent a demographic shift that could be very important for pharma to understand.

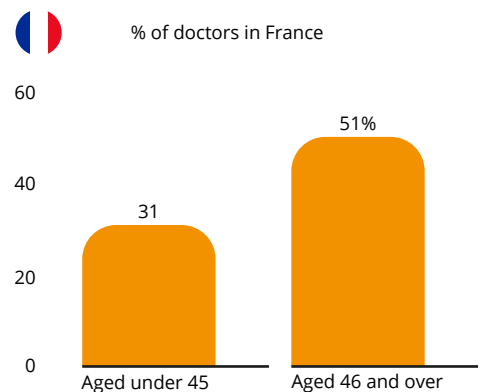
In Italy, we saw another 20-point divide on the issue of whether medical conferences are worth the effort and the hassle. The older doctors were much more likely to say conferences weren't worth their while. Are they simply more jaded and less excited by traveling than their younger peers? Or does this also represent a demographic shift in opinion that will impact the future?

What this means for pharma: It may already seem hard to keep up with the pace of change. However, it's unlikely that there will be any let-up, as younger generations may have very different expectations from their predecessors. To win in the longer-term, pharma marketers need to plan across the right time horizons, as many key capabilities can take years to build and may only be built in partnership with players in the wider healthcare and technology ecosystem.

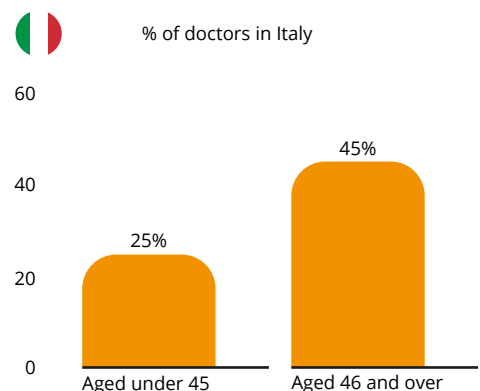
% of SC doctors in the UK who want to know what their colleagues think about a treatment before prescribing it



% of doctors in France who want to see pharma reps to learn about a new product



% of doctors in Italy who think conferences are more "hassle" than they are worth



Note: n = 145 (UK SC doctors, who identified their age), 176 (France doctors, who identified their age), 178 (Italy doctors, who identified their age). Question(s): Imagine there is a hypothetical new treatment that has been developed in a therapy area that is relevant for your practice. This hypothetical new treatment has been approved and launched in your country. Before prescribing it to your first patient, what are the most important pieces of information that you would want to have about it? Via which channels / media would you want to access this information? To what extent do you agree or disagree with the following statements? [I find the hassle associated with attending conferences outweighs the value I get from them]

Conclusion

There's no magic bullet for reaching doctors in today's busy world, but by being genuinely curious about their audience, by investing energy into understanding them better, pharma marketers can continue to make smart decisions that help them maximise value for physicians and health systems, while managing their ROI and costs. And while the future will undoubtedly bring many changes, M3 is genuinely excited about the road ahead.

M3 is the provider of the world's largest network of verified doctors worldwide. A truly end-to-end omnichannel partner, pharma global strategies are applied in local markets to ensure that marketing campaigns are disseminated to doctors in each and every target market.

For more information on how M3 can enhance your marketing objectives contact us at reachdoctors@eu.m3.com

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