

How a **GP initiated engagement model** could be the way forward for the pharmaceutical industry



ADG.

AUSTRALIAN DOCTOR GROUP

Introduction

To use a medical analogy, the acute digital disruption caused by COVID-19 is likely to have chronic implications for the way life sciences companies engage with GPs in the future. The pandemic led almost all business leaders to digitise at least some part of their operations, and those digital innovations are likely to remain in place and gain traction after the pandemic has ended.

As life returns to normal, face-to-face field force visits will continue to increase. However there's no going back to the way things were pre-COVID.

GPs have tasted the future and, for many, interactions with pharmaceutical companies will continue to be more pull and less push. That means engagements when and where they want it, often digital and with fewer face-to-face meetings. Why? Virtual-led interactions have the potential to take less time and are seen by many doctors as being more convenient and better suited to addressing questions on demand.¹

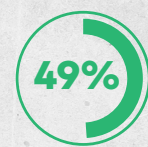
In the words of a GP:

"The traditional way of representatives rocking up to the practice without an appointment and just sitting there with no one talking to them is not helpful. Most of us just don't have time during a busy day."

"It is probably better to do things online. Maybe if they have a website where GPs can request information that we want or request a sample. That would save time for both parties."

A survey conducted by ADG and Medicines Australia during the early stages of the pandemic showed that in a post-pandemic world, only 49% of GPs planned to resume their previous level of engagement with pharmaceutical sales representatives.²

IN A POST-PANDEMIC WORLD, ONLY

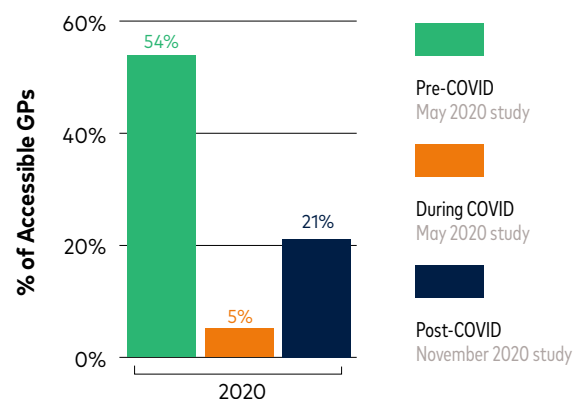


OF GPs

PLANNED TO RESUME THEIR PREVIOUS LEVEL OF ENGAGEMENT WITH PHARMACEUTICAL SALES REPRESENTATIVES.

That does not necessarily mean the other 50% will not engage with pharmaceutical companies, only that they will do it on their terms.³

Impact of COVID on Sales Rep Face-to-face Engagement with GPs^{2,3}



The lasting impact of COVID-19

“Everyone’s been talking about digital for years, but they haven’t really embraced it and now they’ve been forced to”

“Everyone’s been talking about digital for years, but they haven’t really embraced it and now they’ve been forced to,” says Dr David Grolman, executive member and past-president of the Australian Pharmaceutical medical and scientific Professionals Association (APPA).⁴

COVID-19 has put increasing pressure on a declining model of pharmaceutical engagement with GPs. One that has for decades been based on a pre-determined call cycle that suits the needs of pharmaceutical companies rather than doctors.

See ADG whitepaper <[The future of the pharmaceutical and GP engagement model](https://adg.com.au/inside-healthcare/)>.
<https://adg.com.au/inside-healthcare/>

A common complaint, even among GPs who enthusiastically engage with pharmaceutical companies, is that sales representatives will visit even if they don’t have anything new to say. Another concern is that the relationship often starts from scratch each time a new sales representative is appointed, with little customer information passed from one to the next.⁵

That may explain why the majority of GPs surveyed had a preference to access drug information from a pharmaceutical sales representative they know.⁶ Many GPs interviewed for this paper indicated that although they value many of their face-to-face sales interactions with representatives, they will be more discerning in future.

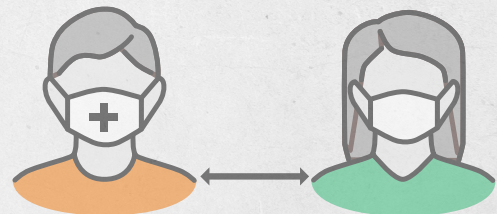
In the words of a GP:

*“Anyone can read the product information.
I like the reps who let me own the learning process.
They don’t insist on giving you the whole spiel
but are happy to answer your specific questions
about a product, like when a patient
has a side-effect.”*

Pharmaceutical companies are well aware of the devastating decline in face-to-face interactions.

According to the ADG-Medicines Australia survey, only 5% of GPs reported having a visit in person from a sales representative during the initial period of social distancing.⁷

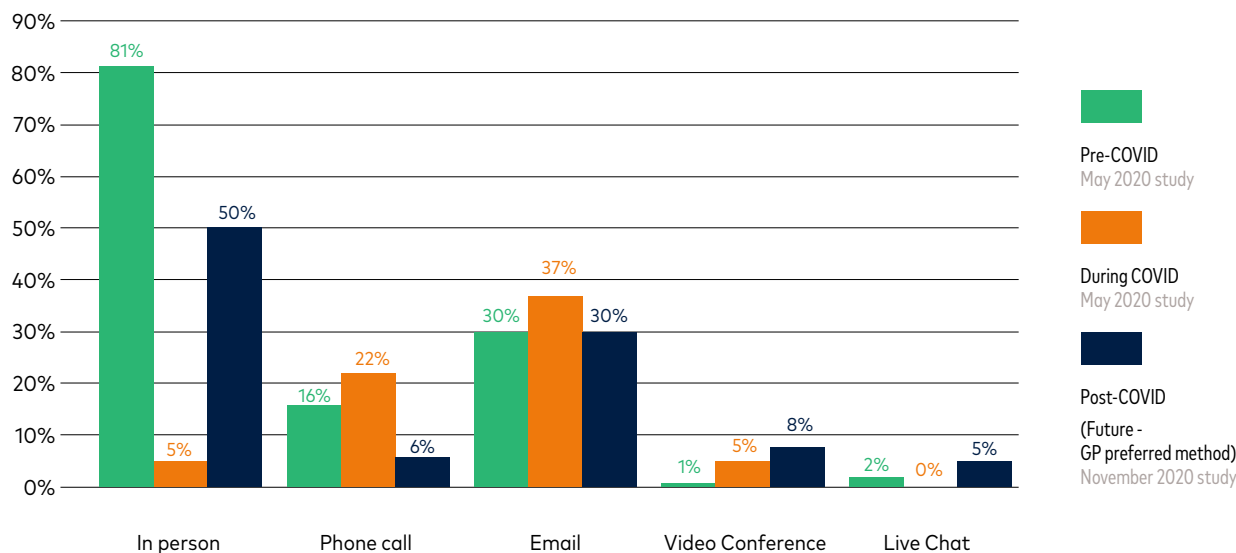
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Instead, field staff moved quickly to attempt to contact GPs by existing virtual channels including phone (22% compared with 16% in the prior year) and email (37% up from 30%).⁸

A more significant change was the uplift in the use of video conferencing and live chat, with 13% of GPs indicating that virtual communication was their preferred way of being contacted in the future (up from only 3% pre-COVID).

How Pharmaceutical Sales Representatives attempt to communicate with GPs^{2,3}



Despite the so-called Zoom boom, only 5% of the survey respondents report that they have been communicating with pharma sales representatives via video conferencing.⁹ E-mail is still the predominant tool of choice for both pharmaceutical representatives and GPs, along with mailing out or dropping off flyers and brochures at reception.^{10,11}

This could be explained by many GPs still being unsure about what new virtual solutions best suit their needs. More than 50% of GPs surveyed said they were still undecided about how effective new virtual channels have been in meeting their information needs.¹²

“Digital channels are becoming more established, but I don’t see new channels,” says Peter Stephenson, Managing Director of West 53rd St Digital Services and the former Asia Pacific Digital Transformation Lead at MSD.

“What I see is old channels now becoming a priority. Channels such as Veeva Engage and rep-triggered email have become crucial.”

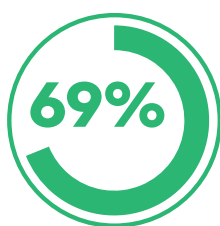
While these new virtual channels have gained some prominence, the data suggests that there is still further to go in getting them right.

Why pharmaceutical information remains crucial to GPs

In the words of a GP:

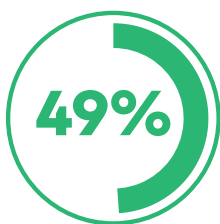
“The challenge is to keep up as the field is expanding so quickly, so to get up to speed and stay up to speed is hard.”

Many GPs value interaction with pharmaceutical representatives, according to the ADG-Medicines Australia survey. These are the **top three nominated reasons for seeing a sales representative**.¹³



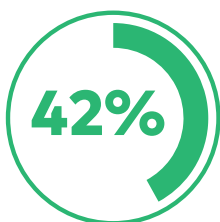
1.

**Keeping up to date
about new products**



2.

Obtaining samples



3.

**Getting an answer
to a question about
a treatment or product**

Other reasons include access to research (23%) and invites to dinner events (22%). It also appears that GPs are missing their pre-COVID sandwiches, as “having lunch” still ranks among the reasons they see reps (23%).

In the words of a GP:

“I value my relationships with the reps that I see, especially when we build up trust over years. They have good knowledge about their medications and always come back to me with an answer when I ask a question. Sometimes they follow up their visit with a useful email that sums up what they told me.”

Does this create a new opportunity for a GP initiated engagement model?

“ The future model will be very much on-demand ”

“The future model will be very much on-demand,” says Tsumi Smith, Head of Multichannel Marketing at AbbVie. “But it appears there is still a long way to go.”

“As pharma companies, we often say we are customer-centric and customer-first, but we often don’t listen enough and respond to what doctors truly want and need. There’s still a space for us to inform doctors about new products because they do want to hear about it. But it needs to be on their terms.”

Smith’s vision is for 24/7 real-time access that provides doctors with the information they need when they need it.

Most GPs already agree with Smith. In a recent survey, 67% of GPs supported the statement that: “New information solutions that are available on demand and in an easy-to-consume format that I need to support my professional knowledge should be part of all pharmaceutical educational and marketing plans.”¹⁴ A further 27% were undecided, leaving only 5% who are not looking for an on-demand information solution.

When asked how interested they would be in an aggregated directory of all pharmaceutical drug product information that they could access directly and whenever they needed, 77% of GPs responded positively to the idea.¹⁵

Companies already have many of these assets available to be delivered in different ways, including new virtual channels, to better meet the needs and preferences of the healthcare profession.



A further 67% of GPs were interested in the idea of an aggregated directory of all pharmaceutical sales representatives that they could directly contact virtually (e.g., email, phone, video conferencing and live chat) or from whom they could request a visit.¹⁶

“The doctor will chat with someone in real-time, who will give them what they need immediately without having to jump through multiple hoops to get there. They won’t have to wait for a rep/MSL to call them back,” says Smith.

“We will still need personal relationships built, but it is going to be driven by the doctor as to when and how they want to get in contact.”

Stephenson also sees an opportunity for pharmaceutical companies to understand how their channels fit the health professional’s preferences and to match the channel and content mix to their needs.

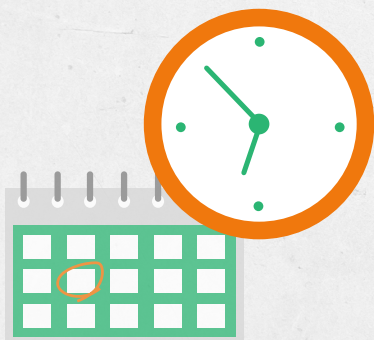
“It always comes back to understanding what the strategic requirement is. What you are trying to achieve and what the customer wants to get out of it.

“Too often, the industry will engage in push marketing, which is pushing messages in channels to customers in the blind hope that they will engage.”

In a US study of physicians and their virtual interactions with pharmaceutical representatives, many reported reacting positively to these virtual interactions and note that “*virtual interactions take less time and are generally more convenient*”.¹⁷

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A reason for this could be that doctors are notoriously time poor and often goal driven for specific information, with many consuming medical content and completing CPD modules on weekends or late at night.¹⁸



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Pharmaceutical companies need to accommodate their preferred time of engagement, which is often out of traditional business hours when GPs don't have their clinic patient traffic. In fact, by not doing so, companies already risk falling behind.

In the words of a GP:

“Night time is focused on family rather than medical matters. However, this is also when I get to study and catch up with new clinical studies and other critical information.”

“Night time and weekends I use any spare time to catch up with reading new clinical studies or continuing my studies.”

Chat bots to provide immediate 24/7 responses with machine learning-backed logic may be some time off, but they will inevitably become part of the armoury of every major pharmaceutical company's go-to-market offering.

Guy Munro, Head of Innovation and Technology at health care agency Paper and Spark, says the pharmaceutical industry has an opportunity to deploy bots powered by artificial intelligence to support doctors.

“They can enable doctors to ask complex questions about their medicines and the diseases they treat, and to receive summarised insights where and when they need them without having to wait for a response from a sales rep or medical science liaison officer. This can be via online chat, voice or even email.”

Data suggests that on-demand solutions would be well-accepted by doctors, with 32% of GPs currently using pharmaceutical representatives to answer immediate time critical questions.¹⁹

Developing new strategies for online engagement with GPs

The first step is to do some soul-searching about your value proposition. What's so compelling about your offering compared with everyone else competing for a doctor's attention?

In the words of a GP:

*"There is a lot of competition out there already.
So, it has to be beneficial to us.
We are not starved of information."*

Stephenson believes the pharmaceutical company of the future will have a really strong analytics and data capability. They will understand customer behaviour on different channels, their content preferences, where they are in the prescribing continuum, and they will be able to match their content and support to whatever point the doctor is in their career.

He says it's not difficult to understand the potential benefit of omni-channel marketing engagement with healthcare professionals.

"The challenge is being able to access data from the different ecosystems of engagement to get a single customer view and to then understand how to adapt and customise the channels to meet each customer's needs."

Stephenson suggests building the basics first and accelerating from there.

"If the foundational capabilities and requirements are not in place, you are not able to do the walking, running and flying."

Smith says companies are making progress, but it's in pockets rather than consistent throughout the organisation. For example, they could have built an impressive HCP website but be let down by the way they are driving customers to visit it.

She advocates customer-first thinking. That includes being able to collect customer feedback and respond to questions in an aligned way.

"Often, it can take us three months to provide what the customer wanted and by that time it's irrelevant."

This means internal systems are needed for more agile content development and med-reg approval.

"That includes things like tagging our content optimally so that we can identify what's resonating and what's not. There are a number of things we can do. They are not all quick wins. They may involve new infrastructure, but that must be addressed to achieve optimal customer-first thinking and then delivering on this."

"We need to know what a customer has done previously and predict what they expect next. Customer expectations are always rising. They are going to expect the same from pharma as they experience from consumer organisations they use in their daily lives."

"The utopia I would like to see is us moving to think of how we can make things as easy as possible for our doctors. They have the same beliefs and expectations as all of us do when we are having an interaction with a brand or company. Make this interaction as simple and painless as possible."

Stephenson says a practical challenge for companies is to build an opted-in database to be able to activate their owned media channels.

"When it's done really well, it becomes a very powerful tool because it enables direct communication and allows members of the field force to trigger a rep-triggered email through CRM, and that delivers a whole level of additional customer engagement."

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Evolution to a new 'Hybrid Sales Representative'

There is always going to be a role for sales representatives with established, trusted relationships with doctors and other HCPs across the country, says Dr Grolman.

The changing landscape created by COVID-19 has already caused the traditional face-to-face sales model to go hybrid. Hybrid sales representatives are representatives who interact with customers not only through traditional in-person visits but also through an increasing mix of digitally led channels including video conferencing, phone calls, text messaging, email, and even live chat.

While based on an analysis of broader business-to-business industries, a new study reported that 85% expect hybrid sellers to be the most common sales role in their organisation in the next three years.²⁰

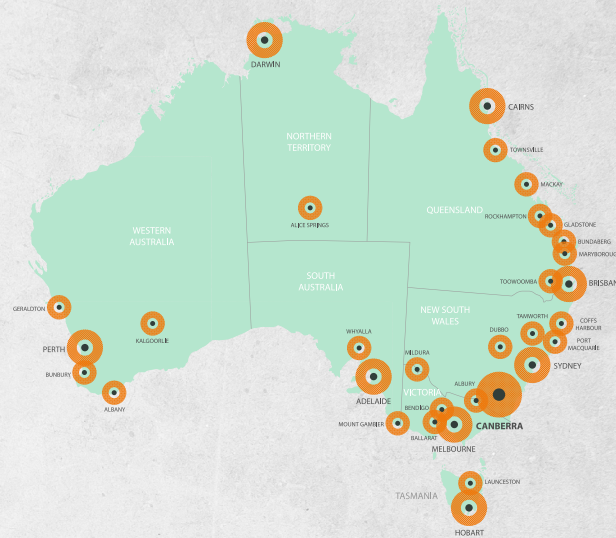
85% EXPECT
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In the words of a GP:

"The mode of how I see reps is irrelevant to me if I have a good relationship with them. When you talk to them on the phone it is like ringing a medical specialist for information. But with a new rep, it is probably easier to meet them face-to-face the first time. It is important that they understand your interests and requirements."



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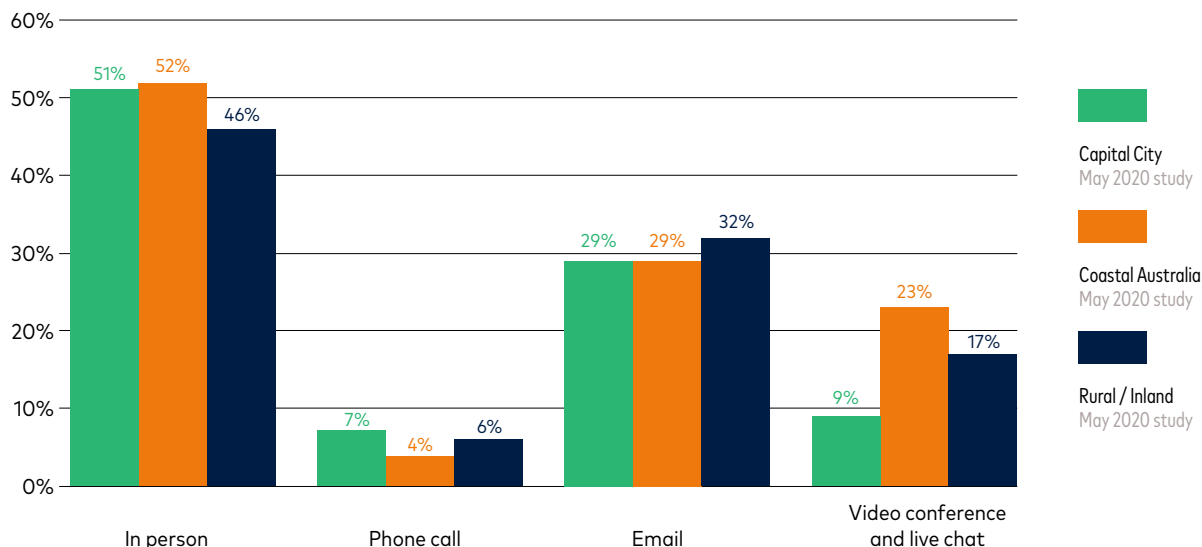
Digital engagement has also enabled pharmaceutical companies to reach new HCPs, many of whom were previously not accessible face-to-face.

"The increased use of digital does have one big advantage for the field force: it helps overcome geography. When we're actually engaging doctors face-to-face, it seems to be a Melbourne, Sydney or Brisbane thing," says Dr Grolman.

*"Companies don't have the field force or head counts to be able to go to those smaller places like the Townsvilles and the Bendigos. Even Canberra - it's the capital city, but it's a small centre and we don't get there very often. Whereas once you do things remotely and digitally you can get to everyone easily - everything is online."*²¹

“ The mode of how I see reps is irrelevant to me... ”

GP Preference for communication with Pharma Sales Representatives – By GP Location^{2,3}



In the words of a GP:

“I rarely get to see reps, more because we are out in the country and they don’t come by very often. When they do, we try to make time and take the opportunity to learn and get some free samples to give to our patients in need.”

However, all the changes needed to take advantage of the new opportunity to engage HCPs won’t be simple to implement.

The creation of the new hybrid sales representatives means that pharmaceutical companies need to confront the structural changes that are playing out. This involves the real and urgent task for pharmaceutical companies to “prepare for a reformed landscape.”²²

Building and integrating new communication technologies that support two-way engagement between doctors and pharmaceutical companies will be critical. Key enablers include the ability for GPs to book time in a rep’s calendar, a secure system for messaging between a rep and a doctor and the ability of companies to triage inquiries and respond quickly to those that are time-critical.

Pharmaceutical companies have a wealth of relevant information. However, making that information more easily accessible and discoverable by doctors is crucial. This isn’t as simple as putting it up on a brand website

and hoping that doctors will find it. The critical success factor is a system and processes that function across different digital channels and across devices.²³ The strategy also needs to be future-looking and be able to accommodate new information requirements as and when they happen.

These changes require a review of budgets and investment in new technology platforms, with the possible need for increased investment in new data and analytics capabilities. One example would be new data analysis tools to interpret how HCPs engage with companies and consume their information. The knowledge gained would help marketers optimise the content they produce and the delivery mechanisms they use.

More confronting questions include what this new hybrid-rep means for the structure and size of the field force, keeping in mind there would be a need to create new roles and redeploy staff to support the on-demand GP model. This could include medical science liaisons and senior customer service representatives moving across to new roles.

Another question will be how to measure the impact of these new channels.

“Softer skills are really coming to the fore in medical,” say Matthew Britland, vice president of APPA. *“Historically the first thing people looked at was your qualifications. But if you’ve not got communication skills, emotional intelligence and business acumen, the qualifications are completely academic.”*²⁴



PHARMACEUTICAL COMPANIES HAVE A WEALTH OF RELEVANT INFORMATION. HOWEVER, MAKING THAT INFORMATION MORE EASILY ACCESSIBLE AND DISCOVERABLE BY DOCTORS **IS CRUCIAL.**

New strategies for online engagement with GPs

Future solutions must accommodate and empower all doctors to continue to engage and self-educate, but more on their own terms and at a time, digital destination and information format that suits them.

Marketers know from experience that one of the greatest challenges is encouraging busy doctors to engage with their offering. The myth of “build it and they will come” is well proven but only if its relevant and providing them with a clear benefit. This means that pharmaceutical companies not only need access to an opted-in, engaged database of GPs, but they must also make the experience both beneficial and painless for their audience.

The environment is currently fragmented and there are few companies that sufficiently coalesce all of the requirements into a single ecosystem that satisfies both the pharmaceutical company and their GP customers.

However, that is not to say that the gap isn't rapidly closing, with significant innovation and investment being prioritised in this area.

Segmenting broadly on how they are approaching building a solution for better GP engagement, from more effective sales enablement tools to CRM and improving scheduling preferences and efficiencies, or that of an all-encompassing HCP collaboration platform where GPs and specialists can come together to safely share, learn and connect, here are nine companies that are employing new technologies to better empower GPs.

While none covers all bases on their own and some lack a critical mass in Australia, they are already being mixed and matched to provide a compelling launchpad into the brave new world of GP initiated and empowered engagement.

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How nine companies are employing new technologies to better empower GPs

Access.PLUS

ADG's Access.PLUS was launched in 2018 with the vision of offering Doctors the 24/7 opportunity to self-detail and engage with highly valuable pharmaceutical promotional and educational content via hosted eDetails. This empowers doctors to continue to engage and self-educate but on their own terms, at a time and place that suits them.

They can subsequently opt-in for more information, request samples, sign up for virtual events or join client-owned platforms.

These kinds of tools have already been adopted in markets like Japan where the majority of the HCP community have transferred to online engagement and service support.

TELAREP

US based, TelaRep is a digital healthcare communications solution that is embedded within the EHR clinical workflow that gives prescribers a “one-click” ability to reach out to the right pharma contact any time they have a need, without needing to leave their electronic workflow.

TelaRep sends a text message directly from the EHR to a predetermined pharmaceutical sales representative or MSL in real-time. It can initiate an automatic trigger of your internal workflow via your CRM, prompting your team to schedule time with an inquiring prescriber.

IQVIA

IQVIA uses data, technology, and advanced analytics to support pharmaceutical companies. Its HCP engagement offers to help marketers achieve precise targeting, more effective message frequency and more strategic channel selection.

RXTRO

RxTro enables doctors to create their own profile that informs representatives who want to communicate with them, including those from pharmaceutical companies, how best to service them. This includes being able to nominate the times when pharmaceutical sales representative can book to communicate with them.

VEEVA

Veeva's Engage app is a popular tool for remote interactions between pharmaceutical sales representatives and GPs and other HCPs. The app is embedded in the Veeva CRM and makes it easy for sales representatives to schedule meetings with GPs. GPs can join via any device without the need for complicated software installations. It helps ensure content shared by a sales representative is compliant and can even capture a GP's signature for a remote sampling request.

M3

With operations across multiple continents, M3 has been at the forefront of driving the change to better empower HCPs to stay informed and connected through a peer-to-peer communication platform that enables members to collaborate and share information and knowledge.

MD Linux supports physicians to stay current with the latest journal articles in their specialties in just five minutes a day. Pharmaceutical companies are able to engage through hosting content pages (such as microsites) and eDetails that HCPs can select when they want.

SERMO

Another US-centric company with reach into the Australian market, Sermo facilitates HCP-to-HCP debate and allows promoted content from pharmaceutical companies to be shared. The company claims to have over 830,000 users globally.

Interestingly, one of the features is peer-to-peer medicines ratings allowing pharmaceutical companies to understand HCP perspectives along six vectors - preference, efficacy, safety, tolerability, accessibility and adherence to help support the most effective commercial strategy.

DOXIMITY

Predominantly a US solution, Doximity claims to have over 70% of US doctors on its platform and offers HCPs the ability to message any healthcare provider or physician instantly. They can search medical information, including commercial content, and receive personalised news feeds. They can also search for specialists in their area and push referrals via the platform.

All this is done with end-to-end encryption with no local data stored on the device, thereby meeting the US HIPAA/HITECH compliance requirements.

How nine companies are employing new technologies to better empower GPs

Strategies for On-Line Engagement	HCP Initiated Need	Digital Solution	ADG	OPTIMISE RX	IQVIA	HAHN	VEEVA	M3	SERMO	DOXIMITY
			AusDoc + Access.PLUS	TELAREP	ONEKEY	RXTRO	ENGAGE	CLINACCESS	INTELLIGENCE	DIALLER
Sales Enablement		eDetailing	✓	✗	✗	✗	✗	✗	✗	✗
	Enhance therapy area & product knowledge	Online CPD education modules	✓	✗	✗	✓	✓	✓	✓	✗
		Digital downloadable patient aids	✓	✓	✓	✓	✓	✓	✓	✓
	Novel expensive drug new to market / New patient testing	Sample request	✓	✓	✓	✓	✓	✓	✓	✓
Scheduling	Enhance therapy area & product knowledge	Sales Rep / MSL - Face-to-face visits	✗	✓	✓	✓	✓	✓	✓	✓
		Sales Rep / MSL - Virtual meetings	✓	✓	✓	✓	✓	✓	✓	✓
		On-Line key influencer education / events	✓	✓	✓	✓	✓	✓	✓	✓
Direct & Instant Communication	Enhance therapy area & product knowledge	Direct message between Sales Rep / MSL & GP	✓	✗	✗	✗	✗	✗	✗	✗
		Virtual engagement (e.g. Zoom)	✓	✓	✓	✓	✓	✓	✓	✓
HCP Collaboration Platform	"Doctors coming together to safely share, learn and connect eg. how colleagues may approach a patient case"	Online peer controlled discussion forums	✓	✓	✓	✓	✓	✓	✓	✓
Data, Technology & Analytics	Enhance therapy area & product knowledge	Timely, qualified & accessible information online	✓	✓	✓	✓	✓	✓	✓	✓



Conclusion

There's no going back.

There's no question that COVID-19 has created opportunities for pharmaceutical companies to find new ways to engage with GPs.

Face-to-face rep visits are likely to remain an integral part of the mix. However, it's clear that increasingly time-poor GPs are seeking synthesised, relevant insights in a timely manner and want to drive the engagement on their terms.

Companies that are able to use their internal channels while leveraging new technologies, analytics, and third-party channels in a way that's more agile and

customer-centric will be in a stronger position to meet GPs' needs more effectively.

However, a new focus on truly understanding and prioritising the needs of all GPs will be critical to keep their attention. In moving from a push to pull model in which GPs make the decision to engage or not, pharmaceutical companies must have a strong value proposition. If they can successfully integrate their field forces with their digitally led solutions in a single customer view, the opportunity to engage and inform the medical community is bigger, better and stronger than ever.

A white paper from Australian Doctor Group (ADG)

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About ADG

Australian Doctor Group (ADG) is the largest and most widely read independent healthcare publisher in Australia, specialising in educating and informing healthcare professionals for more than 30 years.

With leading titles including *AusDoc*, *Australian Doctor*, *Medical Observer*, *How to Treat* and many more, we enable healthcare professionals to stay better informed with the latest news, opinion and clinical information relevant to the medical community.

ADG believes that informed, connected medical practitioners are a fundamental pillar of Australian society – promoting health and wellbeing, inspiring trust, and enabling all members of the community to live their best lives.

To learn how your brand can benefit from a digitally led engagement model, contact:



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8. Information sources for GPs pre and post COVID-19; ADG & Medicines Australia Survey, May 2020, n= 393.
9. Information sources for GPs pre and post COVID-19; ADG & Medicines Australia Survey, May 2020, n= 393.
10. Information sources for GPs in the new COVID world; ADG Survey, November 2020, n= 296. Q10: "Over these last 3-months, how have pharma sales representatives been attempting to communicate with you during this period of social isolation? Select all that apply."
11. Information sources for GPs in the new COVID world; ADG Survey, November 2020, n= 296. Q12: "And in the future, how would you prefer pharma sales representatives to communicate with you? Select all that apply."
12. Information sources for GPs in the new COVID world; ADG Survey, November 2020, n= 296. Q11: "Which of these channels do you consider to have been the most effective in meeting your information needs?"
13. Information sources for GPs pre and post COVID-19; ADG & Medicines Australia Survey, May 2020, n= 393. Q13: "Please indicate any of the reasons why you currently or plan to see a pharma sales representative. Select all that apply."
14. Information sources for GPs in the new COVID world; ADG Survey, November 2020, n= 296. Q19: "Please rate your level of agreement with the following statement. New information solutions that are available on-demand and in an easy to consume format that I need to support my professional knowledge should be part of all pharmaceutical educational and marketing plans."
15. Information sources for GPs in the new COVID world; ADG Survey, November 2020, n= 296. Q21: "How interested would you be if you could access an aggregated directory of all pharmaceutical drug product information pages that you could directly access to find the information you need or to answer any questions you may have?"
16. Information sources for GPs in the new COVID world; ADG Survey, November 2020, n= 296. Q20: "How interested would you be if you could access an aggregated directory of all pharmaceutical sales representatives that you could either directly contact virtually or request a visit from?"
17. <https://blog.zoomrx.com/meeting-physician-demand-for-virtual-interactions/> June 2020.
18. Google Analytics, Sept 2020 – Feb 2021, ausdoc.com.au
19. Information sources for GPs in the new COVID world; ADG Survey, November 2020, n= 296. Q4: "Do you typically use pharmaceutical sales representatives to answer immediate time critical queries or more to build your overall knowledge on a particular drug?"
20. "Omnichannel in B2B sales: The new normal in a year that has been anything but"; Liz Harrison, Dennis Spillecke, Jennifer Stanley and Jenny Tsai; McKinsey & Company, March 2021.
21. Quote: Dr David Grolman at Pharma Australia "Australia's field force: evolving on fast forward", October 2020.
22. "How COVID-19 changes the game for biopharma in China"; Sizhe Chen, Franck Le Deu, Gaobo Zhou & Josie Zhou. McKinsey & Company; April, 2020.
23. "6 things that doctors want. And how technology can provide it"; Agnito.
24. Quote: Matthew Britland at Pharma Australia "Australia's field force: evolving on fast forward", October 2020.
25. The digital imperative for pharma companies in Japan. Michele Raviscioni, Raymond Chan, Jan van Overbeeke and Yusuke Nishikawa, McKinsey & Company, 2018.