

Thriving in the post-COVID-19 world— key areas of focus

At IQVIA Consumer Health we have identified seven key areas of focus that we believe can help consumer health businesses get into a position to succeed both in the short and long term.



5. Strengthen commercial execution by repositioning field force for maximum impact

The restrictions on movement and personal contacts due to COVID-19 have had a major impact on sales force activities and the ability of reps to engage directly with many pharmacists and other healthcare professionals (HCPs).

We can see remote activity, both traditional and digital, has increased to compensate for the reduced ability to engage face to face especially in China, US, Italy and Spain as per Exhibit 1.

However, as well as the obvious and direct impact on sales force activities by COVID-19, there are also a number of in-direct effects driven by wider consumer behaviour changes that are disrupting traditional sales force models.

Exhibit 1: Promotional Activity in Countries Affected Earliest by COVID-19¹

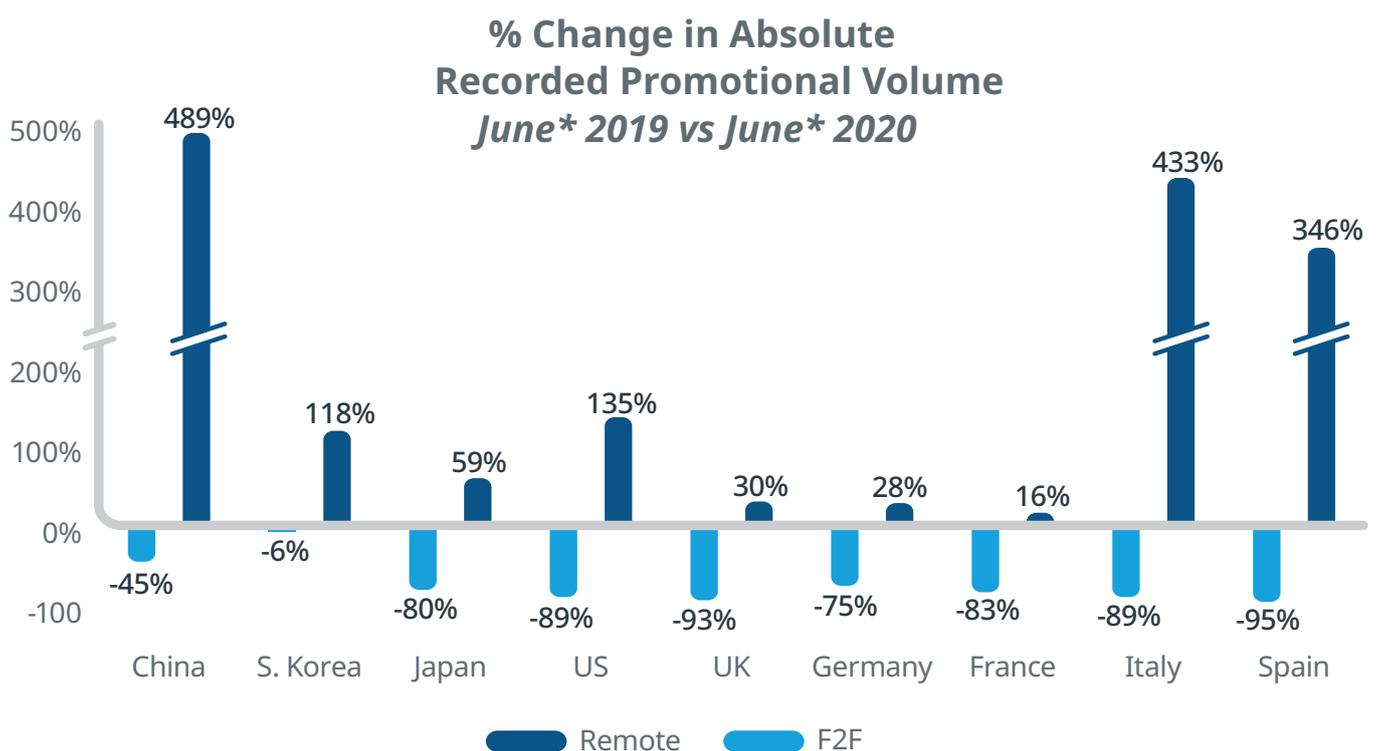
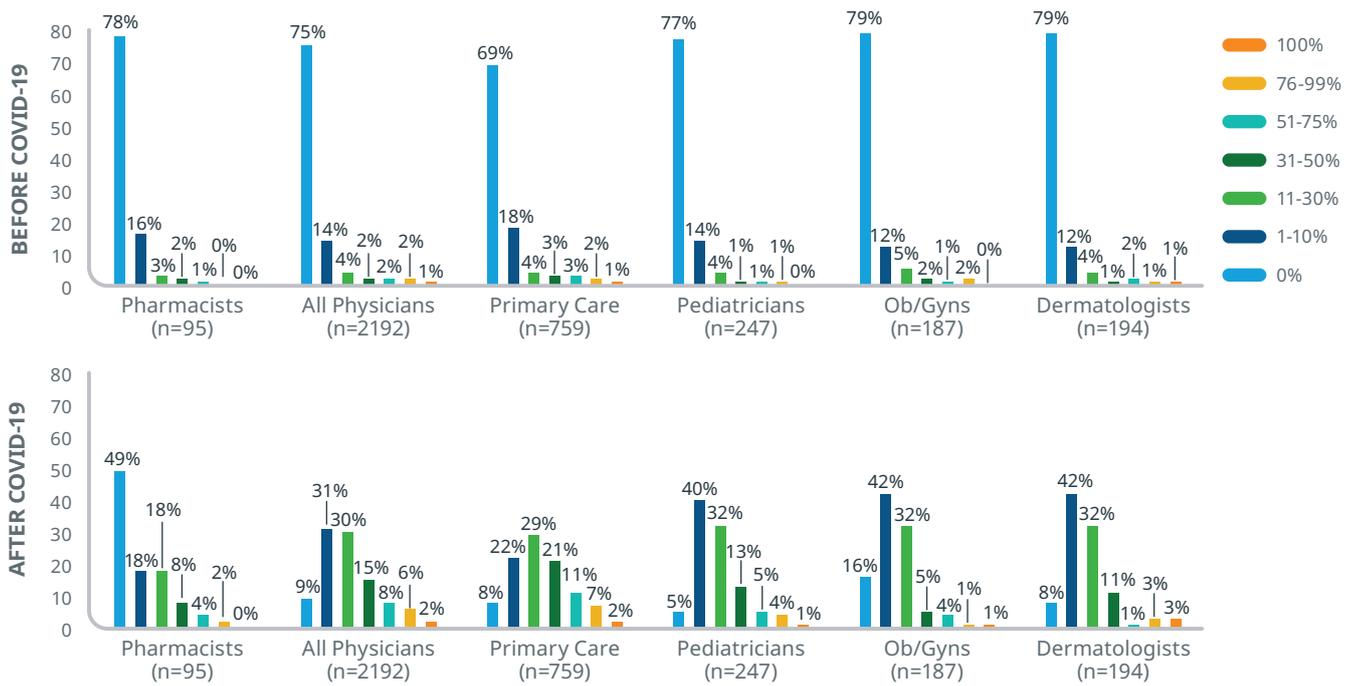


Exhibit 2: Use of Telemedicine Before and After the COVID-19 Pandemic²



	Pharmacists	All Physicians	Primary Care	Pediatricians	Ob/Gyns	Dermatologists
Before COVID-19	3%	6%	8%	4%	4%	5%
After COVID-19	12%	25%	30%	21%	14%	19%

Est. Avg % of Patients Seen Via Telemedicine

A rise in the use of telehealth by both patients/consumers and HCPs, accustoming HCPs to a generally greater level of remote interaction again brings the traditional field sales forces model into question (see Exhibit 2).

Many physician groups expect a continuing increased use of Telemedicine after the pandemic. On one level it could be said to have little impact on Consumer Health—it’s just a different way for people suffering illness to consult with their doctors. However, there could be more significant long-term implications in the way people manage illness, certainly when it is not serious.

It is not unreasonable to envisage a situation where consumers become less dependent on doctor consultations and more ready either to self-treat or to consult pharmacists in-store; and interestingly, while pharmacists also expect the use of telemedicine to increase, it’s by a far smaller amount than doctors.

In many countries, doctors would be happy for this unnecessary burden to be reduced but in traditional practice driven by patients presenting in person for consultations, it’s been difficult to do. In a “new world” where doctors and other HCPs see telemedicine becoming a more significant part of their practice, it is not hard to imagine that this could impact disproportionately on those minor conditions that are suitable for self-treatment in any case, and we can envisage a situation where consumers become less dependent on doctor consultations and more ready either to self-treat or to consult pharmacists in-store.

In either case, there are clear implications for consumer health companies looking forwards, in terms of balancing of resources, including sales force and other commercial activity, between pharmacy, physicians/ other HCPs and Direct-to-Consumer.

HOW TO TACKLE THESE CHANGES

As a result of these changes, consumer health companies will need to reconsider how to deploy their commercial activities and field force operations for maximum impact, meaning balancing maximum effectiveness with maximum efficiency.

A recent IQVIA Consumer Health survey showed that remote engagement is front of mind for many, but that when we asked what organizations were doing to set up remote engagement capabilities we found that most needed to ramp up their efforts to be ready for the post-pandemic world (see Exhibit 3).

However, companies should also take a deep look at the objectives and expectations of all their existing field force delivered customer interactions (along with non-field force delivered interactions)

- Which customer groups need to be engaged: pharmacists, doctors (GPs, specialists), other groups (dentists, nurses, etc.)
- What tasks need to be achieved: product detailing, commercial selling, stock & order, merchandising, implementing promotional activity, new product introductions, etc.

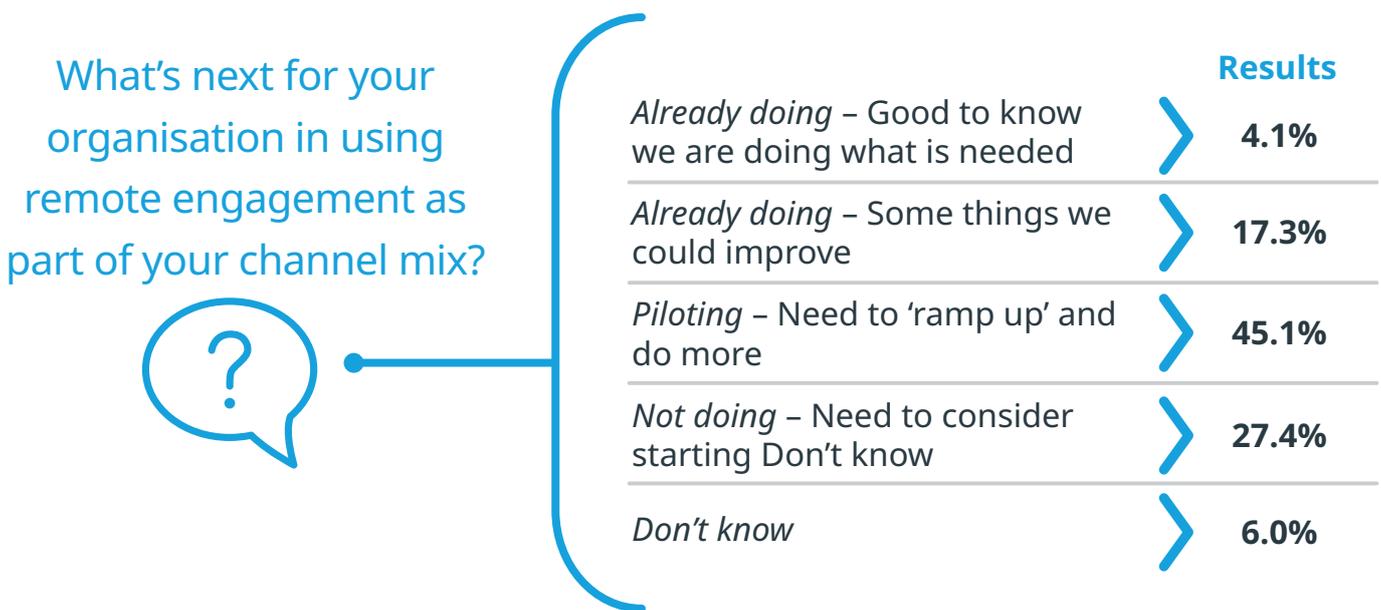
These are all dependent, of course, on the category/country “norms” (e.g. role & importance of doctors vs pharmacists vs DTC in driving different elements of the consumer route to purchase).

It’s clear that a much more “omni-channel” approach is likely to be relevant in the future with a much increased use of digital and virtual approaches, rather than the traditional model relying very heavily on face-to-face field force activity, with other activities as adjuncts.

In each case though, the right mix will be dependent, of course, on the category/country “norms” (e.g. role & importance of doctors vs pharmacists vs DTC in driving different elements of the consumer route to purchase).

It is clear that consumer health manufacturers need to reposition their operations to reboot Consumer Health for the post-COVID-19 world and—as so often with crises—the current challenges can provide a perhaps long overdue opportunity to reassess the role, objectives and activities of the field sales force and to reposition commercial execution from something like a “ground zero” approach to deliver future success.

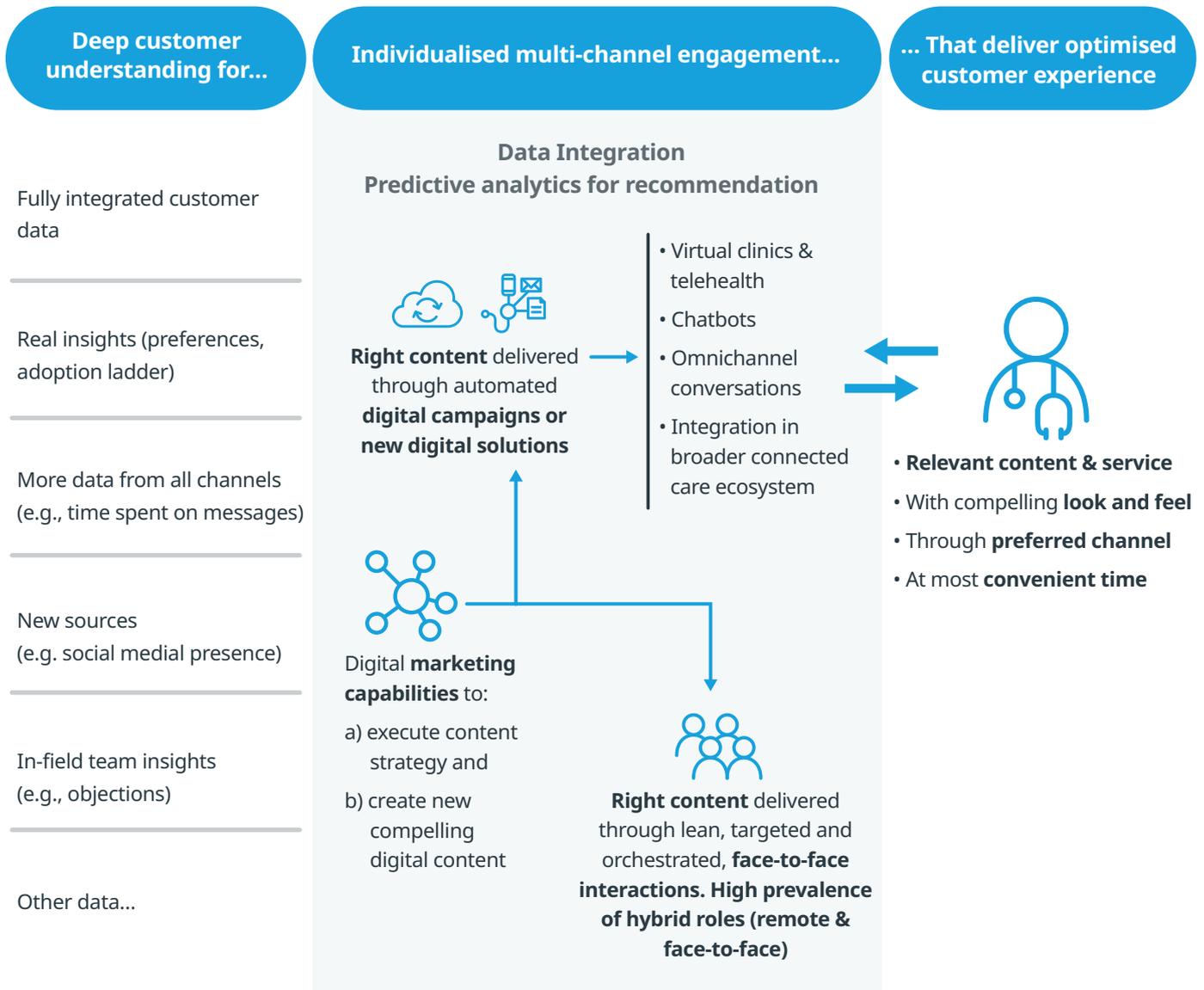
Exhibit 3: Industry response to the question What’s next for your organization in using remote engagement as part of your channels mix?³



Certainly, the future should look very different from the past and the companies that adapt best to the new reality, repositioning their field forces most effectively to deliver maximum impact while achieving maximum

efficiency will be best placed to reboot their CH businesses in the post-COVID situation and to deliver long-term success (see Exhibit 4).

Exhibit 4: Model of Better Customer Engagement Through Multi-channel Engagement¹



References

1. IQVIA
2. IQVIA ProVoice
3. IQVIA Consumer Health Remote Engagement Survey