Healthcare Professional (HCP) Communication Preferences in the Nordics

Elicited via a large-scale discrete choice experiment

Authors: Jeroen ter Borg[1], Thomas Christensen[1], John Clarke[2], Lalit Batra[2].
[1]IQVIA Nordics, Real World & Analytics Solution department.[2]IQVIA EMEA, Research & Insights.
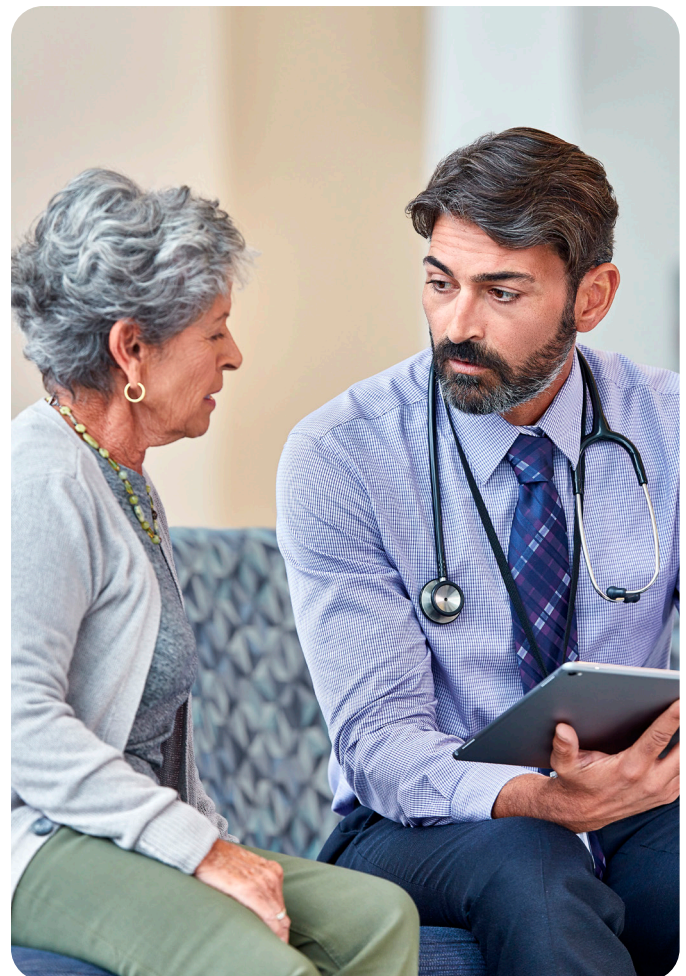
Summary of findings

Pharma can optimize their value for physicians by addressing their individual communication preferences. Customizing communication channels and timing is crucial. HCPs' preferences for face-to-face meetings, webinars (live/remote), and email vary substantially between doctors. Therefore, deploying a one-size-fits-all approach is suboptimal, leading to lower impact and impaired customer experience.

Opportunities for Pharma to get face-to-face interaction with physicians can increase substantially when conducted in the preferred context. Some physicians may have a low preference for product-related information but can be more open to face-to-face meetings about 'new information about a disease area' and 'information about optimizing a patient pathway or patient experience'. This signals that when addressing preferred content topics, the chances of face-to-face interactions increase.

Introduction

Access for Pharma companies to relevant HCPs has become challenging in the Nordics, and this trend was further accelerated by the COVID-19 pandemic. While interaction levels (for all channels combined) between Pharma and HCPs have recovered from the all-time low during COVID, they are still at a lower level than before the pandemic.

This has had a more profound impact on typical in-field sales roles, and to a lesser extent on medical-led engagements such as Medical Science Liaison (MSL). Nowadays, HCP staff face a much higher workload and have diverse and changing communication preferences, making it pertinent that Pharma interactions are relevant, value-adding, and delivered in line with HCP preferences.

Recent research indicated that the current preferences and trade-offs were lacking. Therefore, IQVIA executed a large-scale quantitative market research study to elicit current preferences and variations of preferences among HCPs quantitatively. This article focuses on the outcome of this discrete choice experiment.

Methods

A Nordic study was conducted during August-October 2024 to measure HCP preferences via a mix of monadic questions and a discrete choice conjoint experiment to understand the level of variation in these preferences. In total, 1,726 HCPs were recruited in Denmark, Finland, Norway, and Sweden through various channels to participate in the online survey.

Table 1: Number respondents in the discrete choice experiment

Country	GP	Specialist	Total
Denmark	64	230	294
Finland	131	241	372
Norway	57	149	206
Sweden	223	631	854
Total	**475**	**1,251**	**1,726**

Both general medicine doctors and specialist doctors were invited.

A discrete choice experiment (a form of Choice Based Conjoint study) is a technique where respondents are presented with a set of hypothetical choices that vary systematically across different attributes. Every respondent is randomly assigned to a choice set of specifically designed questions mimicking 10 choice tasks composed of different attributes and their levels. The respondents then select the option they prefer most.

Choices were converted into utility scores using Sawtooth software, which applies Hierarchical Bayesian (HB) utility estimation. Choice sets were presented in four different scenarios to provide respondents with insights regarding the context of the interaction, such as the launch of a new product.

An example of a choice task for respondents is presented in Figure 1.

Figure 1: Example choice task

Please consider the best scenario in which to receive information regarding — **the launch of a new pharmaceutical product**

Please select the best scenario (1 of 10)

	Webinar (Live)	F2F (Group or individual meeting)	Direct mail
Channels			
Frequency of interaction	Once only	With multiple follow up contacts	With a follow up contact
Time scenarios	Morning	Evening	Afternoon
	Select	Select	Select

Results

We found that the attribute "Communication channels" has the highest relative importance at 54%, followed by the "Timing" of the interaction at 27%. Face-to-face meetings (F2F) (in a group of 1-on-1) is by far the most important level within the "communication channels" attribute.

Table 2: Relative attribute importance of HCP preference (utility) across 4 Nordic countries

Attribute	Attribute importance	Attribute levels	Attribute level importance	Overall level importance
Channels	53.76%	E-mail	17.7%	8.9%
		Direct mail	8.3%	4.1%
		F2F (Group or individual meeting)	38.3%	23.0%
		Webinar (Live)	15.1%	8.0%
		Recorded webinar/Educational video	20.6%	10.8%
Frequency of interaction	19.25%	Once only	47.5%	9.8%
		With a follow up contact	30.6%	5.4%
		With multiple follow up contacts	21.9%	3.7%
Time scenarios	26.99%	Morning	15.2%	3.9%
		Midday	34.9%	9.2%
		Afternoon	28.8%	7.5%
		Evening	21.1%	5.6%

One reason why the level "F2F meetings" has such high importance in Channels is due to the considerable difference between respondents with a "high" and "low" utility for this level. Therefore, following a "one-size-fits-all" approach for communication channels is sub-optimal in terms of optimizing HCP utility. Addressing the individual HCP preference leads to a higher level of engagement and customer utility (when assuming everything else is constant, such as content value, execution, and context).

Fig1: Shows the exponentiated part-utility for F2F meetings amongst all respondents
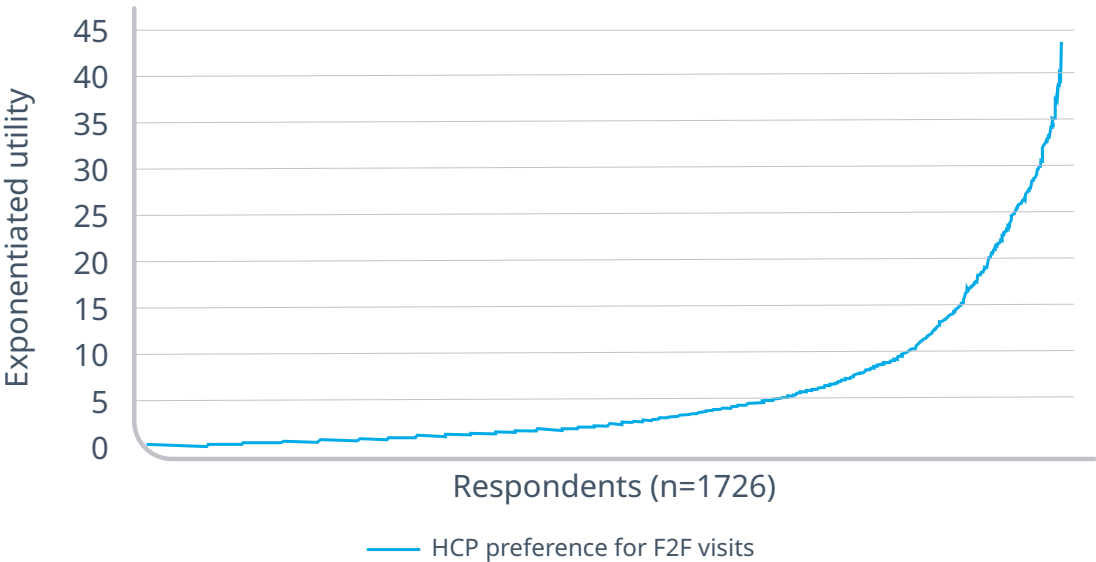
For all Nordic countries combined, the number of respondents showed considerable variation in their preference for face-to-face visits (measured as their exponentiated utility). Utility for face-to-face meetings in Denmark increases substantially when this is done in the context of new information about a disease area and information about optimizing a patient pathway or patient experience, in comparison with information related to medicine products (e.g., launch or existing product). This signals that when addressing preferred content topics, the chances of face-to-face interactions will increase.

Limitations of the study

Preferences have been retrieved via an experiment aiming to elicit preferences. While the findings are in line with earlier research, it is likely that at the individual level, other factors play a role too, such as disease area, patient load, and interest in a specific topic.

About this study

This study has been funded by IQVIA Nordics and independently executed to generate insights into HCP preferences in the Nordics.

For contact: Jeroen.borgter@iqvia.com or Thomas.christensen@iqvia.com

IQVIA

CONTACT US
iqvia.com