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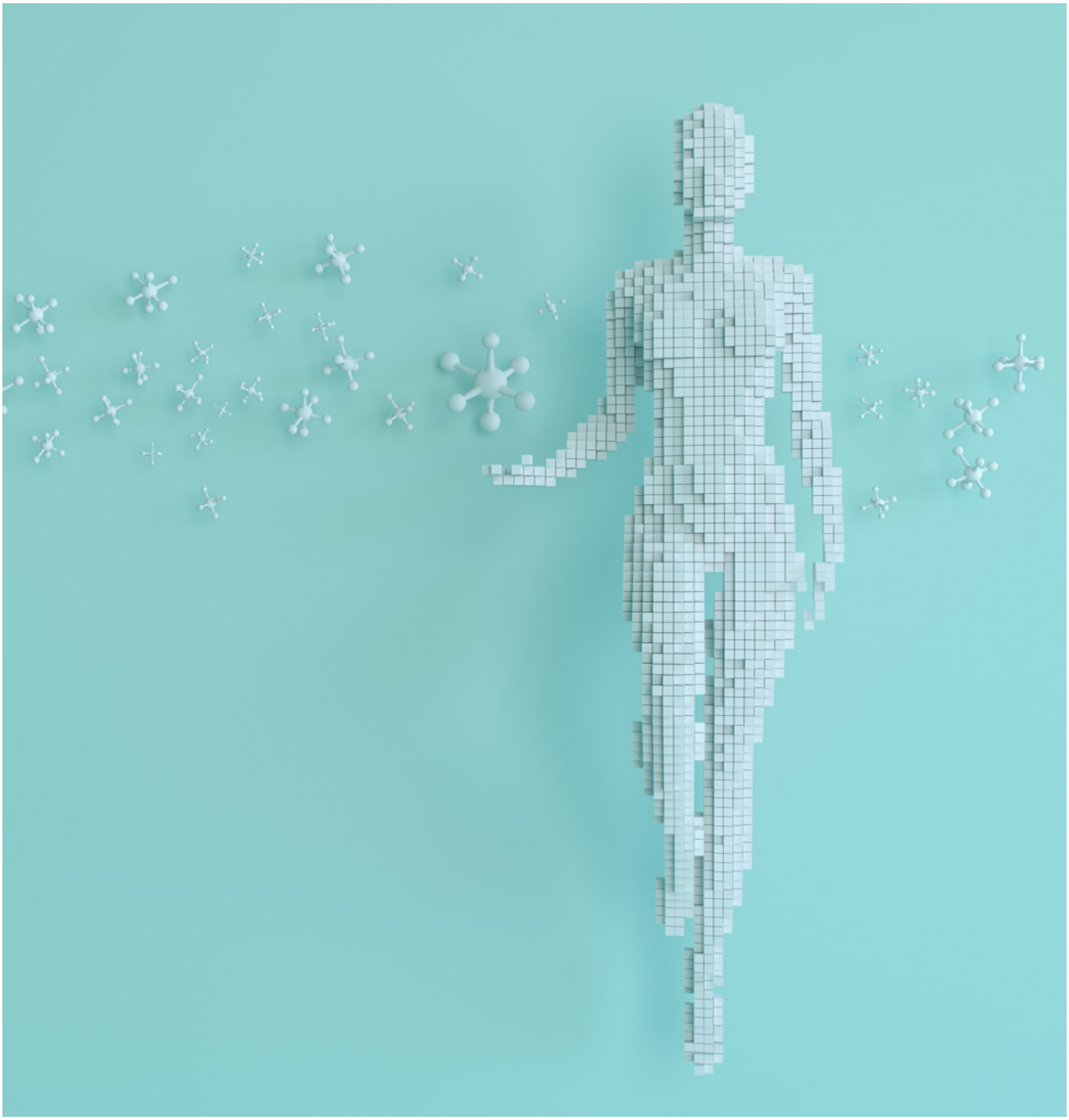
COVID-19: Accelerating digital transformation in life sciences



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Executive summary

COVID-19 has placed the life sciences industry in Europe under extreme pressure, testing it like no other event. Lockdowns have shocked the system and exposed shortcomings, forcing every function to evaluate and adapt its roles and responsibilities almost overnight.

This is all made clear in our April research, comprising 1,363 senior professionals working mostly in Pharma (82.8%) in the EMEA region (73%), with the rest working in biotech, medtech/device, or consumer health companies in other regions (global, Asia, Americas, etc).

The report explores its findings in detail, analyzing them with life sciences professionals who are adapting to this new normal. It looks at the pandemic's impacts and what it all means for the individual industry functions in the coming months and years.

For instance, it explores the Commercial function's ability to deliver virtual engagement, which has been suddenly and unforgivingly tested. It identifies the gaps in the most commonly used CRMs and related customer engagement platforms, as well as in data and analytics capabilities.

It documents how Medical Affairs, has suddenly become the center of attention for its wide ranging expertise, and has had to rethink how it engages with HCPs. It looks at the impacts on R&D, and lays bare the need to obtain RWE in new ways. It explores shifting payer priorities in the light of the pandemic, including performance-based schemes.

The industry's rapid response to the immediate needs of customers and stakeholders during the pandemic is now evolving into a process of deep transformation as it looks beyond to a world of changing customer needs. Those with the right focus and the agility to respond fastest will come out ahead of their peers.

Methodology

Figure 1. Please select the region where you work

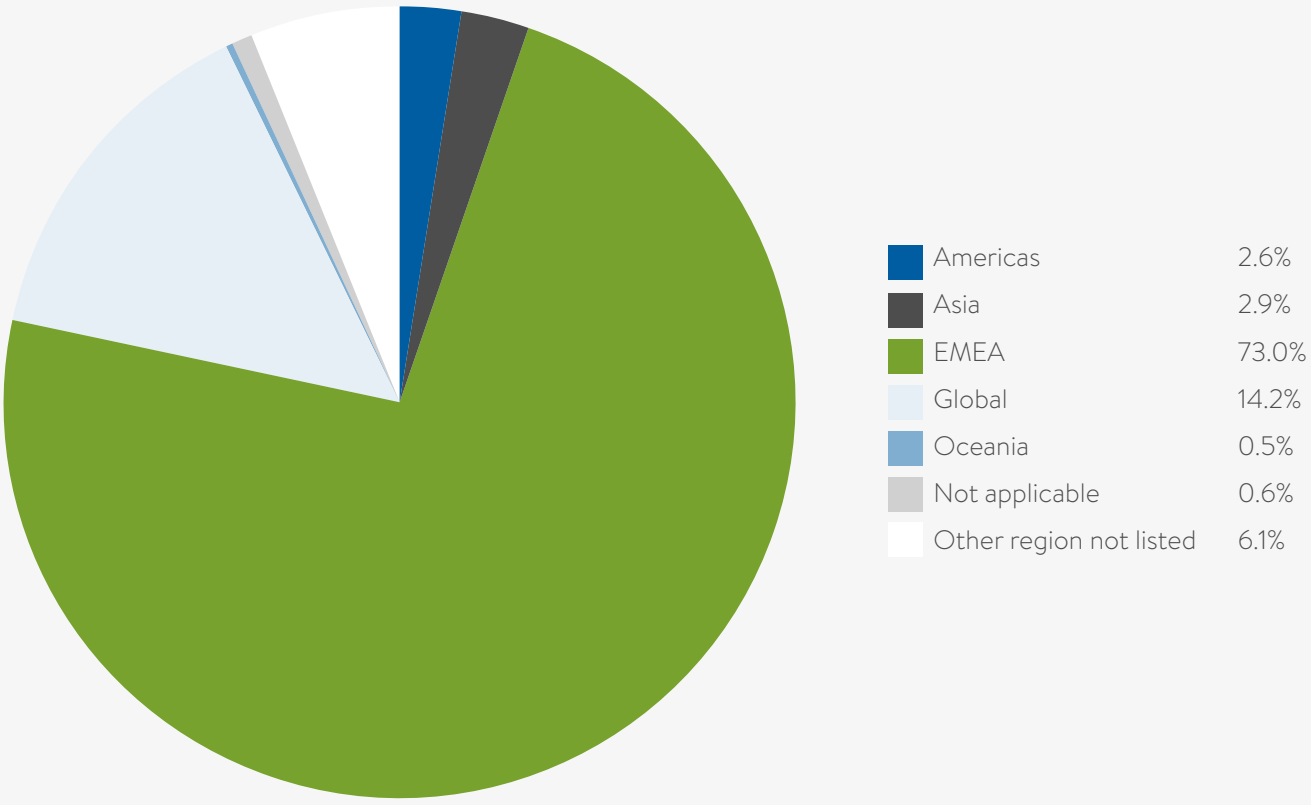
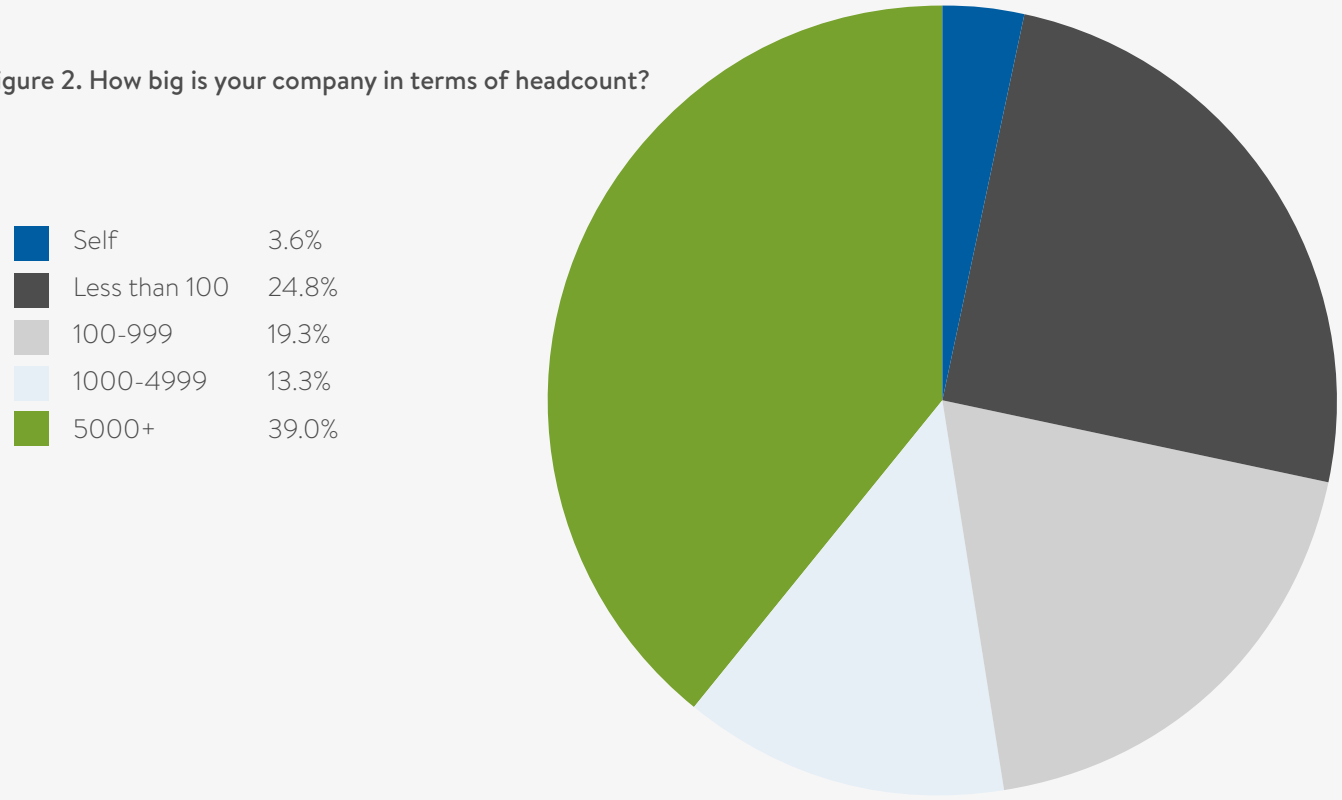


Figure 2. How big is your company in terms of headcount?



Introduction

Our research reveals an industry rocked by the pandemic's sudden impact, racing to adapt to a very different new normal but also looking for the opportunity from the crisis to accelerate innovation.

Among the most notable changes in this respect has been Pharma's rapid digital transformation. What were long-term, multi-year digital plans, are now being executed over months or even weeks.

The pandemic has had other effects too. It has changed the dynamics of internal teams, compelled Pharma to adopt new customer experience strategies almost overnight, and caused companies to redirect their investments.

The impact of COVID-19 on Pharma functions

As the industry responds and adjusts to the new normal, critical transformations have been occurring within Pharma's different functions. In this section, we explore the impacts so far on Commercial, Medical Affairs, R&D, and Market Access from the commercial challenges of a stranded field force and the rise of e-medical affairs to the need for a more digitally-driven R&D process and the need for new ways to engage with payers.

Commercial

Pharma's ability to deliver exceptional virtual engagement and content is being put to the test.

As with other functions, engagement has been an overriding challenge during COVID-19," says Marc Princen, Chief Executive Officer at Mundipharma, a global network of independent companies focused on specialty therapies. "The frequency and length of our engagements has been altered – regardless of market size."

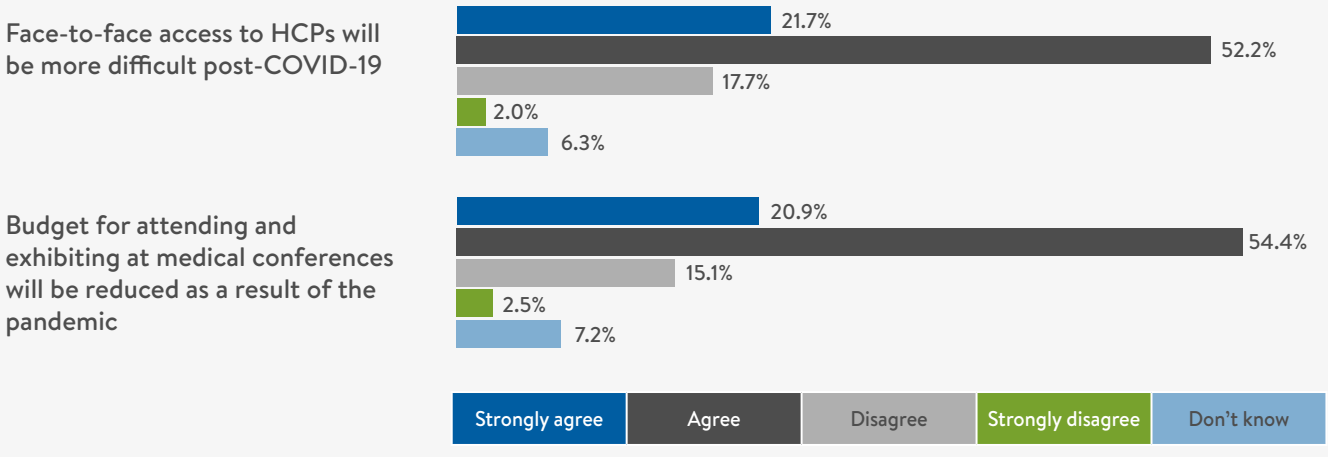
After the initial impact of the pandemic come its aftershocks. Half of survey respondents expect the field force headcount in the field to decrease because of COVID-19, with 76% reporting that the budget for attending and exhibiting at medical conferences will be reduced (figure 3.). The majority also anticipates that sales reps' face-to-face access to HCPs will decline when things get back to normal (73.9%, figure 3). As such, direct messages from commercial teams to HCPs by email or other digital means are expected to increase over the next 12 months (73.5%).

The severe restrictions on face-to-face engagements during the pandemic have made digital engagement the only means of keeping customer conversations going. According to Princen, "Our relationships with customers have had to adapt during the pandemic, focusing more than ever on customer needs beyond the product, such as broader education around disease areas and facilitating opportunities for scientific exchange with peers."

But it has also had its upsides, he adds. "Our digital engagement was quickly deployed during lockdowns,

> "Our digital engagement was quickly deployed during lockdowns, which enabled us to reach customers we had previously been unable to reach through face-to-face engagement."
>
> Marc Princen, Chief Executive Officer, **Mundipharma**.

Figure 3. The impact on face-to-face access to HCPs



which enabled us to reach customers we had previously been unable to reach through face-to-face engagement.

"We've all had to re-evaluate the potential and utility of digital channels," says Princen. "In my short time at Mundipharma, there has been a rapid switch to digital HCP engagement, where previously face-to-face interaction would have been the standard approach. This highlights the need to continue progressing our digital capabilities."

So, what has helped engage physicians digitally? Content that is engaging, meaningful and accessible is key, but Pharma is scrambling to supply enough of it. In our survey, 78.8% are in the process of repurposing content for fully virtual engagements and 65.3% (figure 5) have e-training programs to upskill marketers to support fully virtual engagements. Messaging through email or other digital channels is also being harnessed by 69% of respondents.

According to Florent Edouard, SVP, Global Head of Commercial Excellence, Grünenthal Group, Germany, "As long as you deliver accurate, relevant and clear content in a technologically non-painful way, healthcare professionals consume it, how and when they want. This is what I call the Netflix effect, we need to move out of the old Pharma TV broadcast approach."

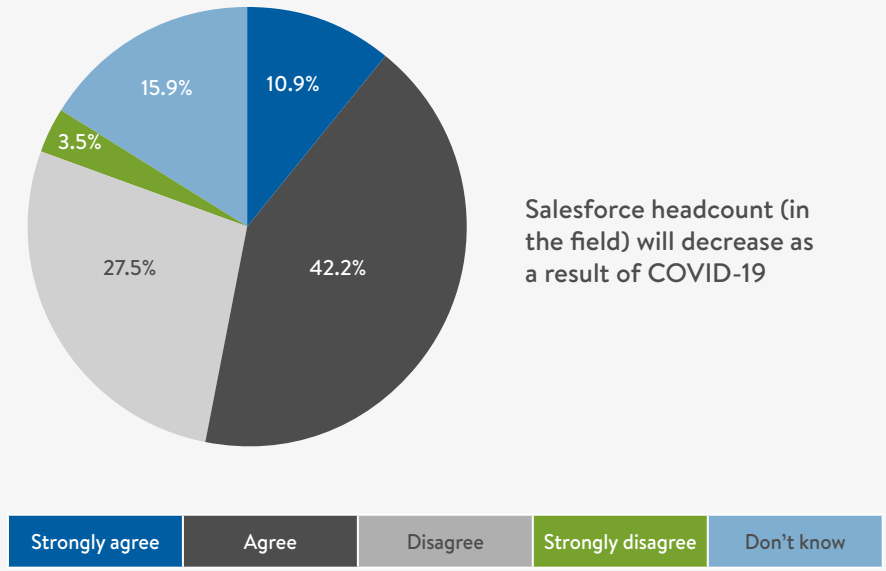
As such, investments in improving the customer experience during the pandemic have been focused on "serving customers information when and how they want to consume it," says Edouard.

Mundipharma has achieved success with webinars, virtual events and e-detailing – much of which is the result of having an equipped team, says Princen. "I believe the engagement levels we have been able to achieve are driven by empowered teams who react to customer needs with relevant, timely, specific content. This, in turn, encourages future trust and engagement. HCPs are open to technology, if they trust the salesperson introducing it or the company promoting it."

But there is room to innovate further. "Life sciences organizations are currently depending on common meeting platforms, such as GotoMeeting and Webex, but, find that these engagement tools are still missing key functionalities to optimize operations and field team needs during these difficult times," says Cory Mogk, Associate Vice President, Product Success at Omnipresence.

"Some general-purpose platforms don't have the specific tools you need for industry interactions. You can't simply take an order for samples or other patient materials, for example. HCPs generally still have difficulty getting in touch with the manufacturers through digital, as on-demand channels are pretty uncommon. Being able to replicate that full face-to-face interaction is valuable and is something HCPs are looking for in real-time and is still a challenge today."

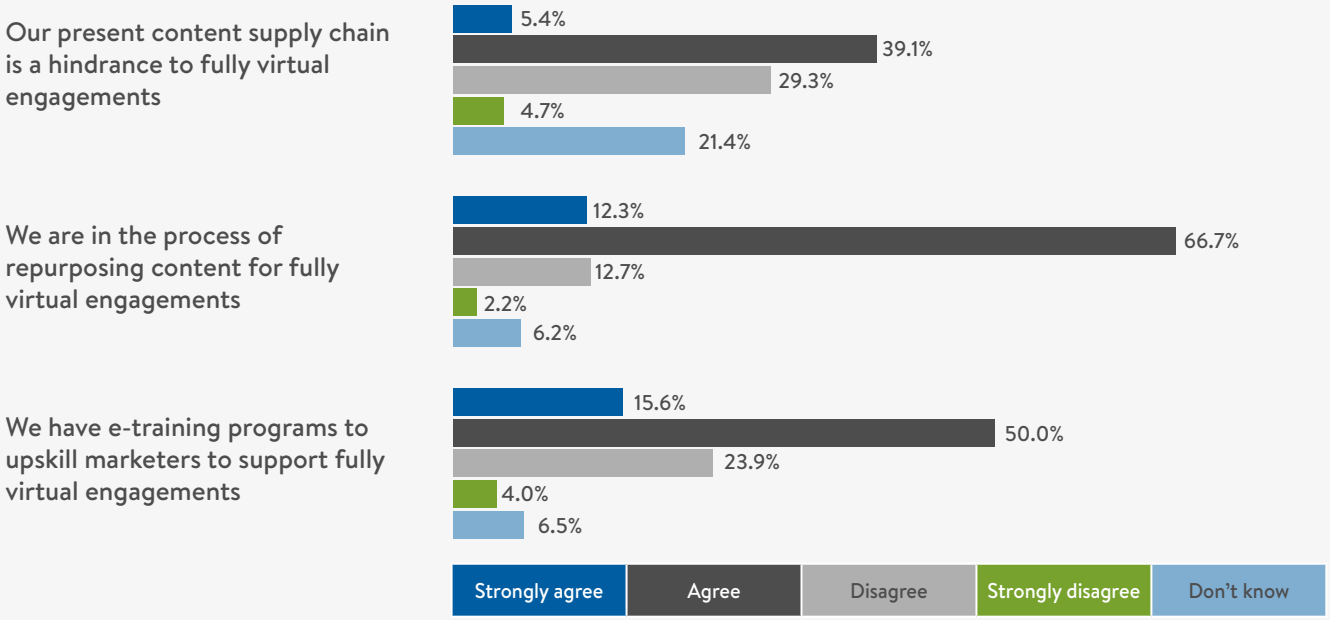
Figure 4. The impact on face-to-face interactions



"There has been a rapid switch to digital HCP engagement, where previously face-to-face interaction would have been the standard approach."

Marc Princen, Chief Executive Officer, **Mundipharma**

Figure 5. The impact on content



Customer relationship management (CRM) and customer engagement platforms are found wanting or are not being fully exploited

While serving up timely content and securing virtual interactions seem like obvious solutions to meeting customer needs during these unprecedented times, the execution of effective digital engagement remains a huge challenge for many companies.

It calls upon some key strengths that not all companies possess, such as being able to focus on, and respond quickly to changing customer needs while simultaneously learning in the process. As Princen puts it: "Our organization is accelerating successful digital programs but is also learning to adapt in response to the changing needs of physicians."

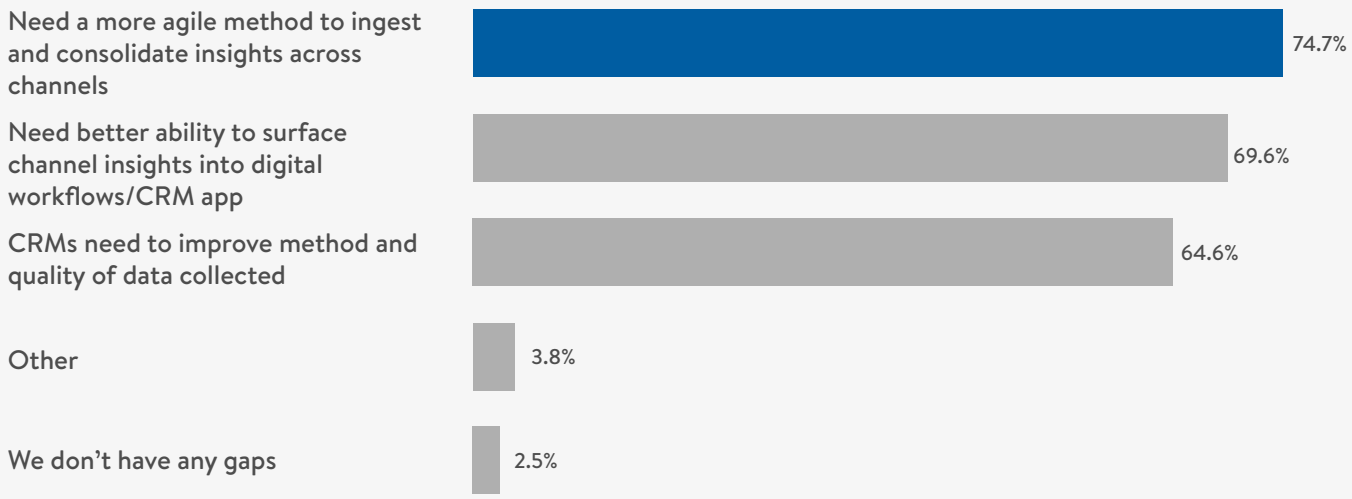
Many Pharma companies have been intentionally adapting their response to evolving customer needs. In our survey, respondents ranked "how customers are responding" as the top information source to inform their approach to COVID-19, followed closely by "how relevant regulators and governments are responding."

However, the pandemic has exposed the gap between digitally adept companies and those that have some way to go in terms of digital commercial excellence. For example, in our survey, 44.1% agree that their current CRM data can support a complete virtual HCP engagement journey with minimal reliance on in-person field force intelligence. Yet, there appears to be a divide as 47.3% disagree with this statement, saying their current CRM cannot support complete virtual HCP engagement (figure 19).

According to Herman De Prins, Chief Information Officer, UCB, this divide is due to the range of technologies in place in Pharma, which include the CRM platform, commercial data, and the ability of field personnel to use these capabilities. "This divide is basically a technology divide, and those who cannot deliver on virtual HCP engagement should quickly invest in new capabilities," he says.

Historically, Pharma has not relied much on available CRM capabilities, says De Prins, "because face-to-face was the most dominant mode of engagement and it was perceived as having the most impact. Suddenly, with the pandemic, that is changing. Now, the competition is about being the smartest in terms of using each channel at an individual HCP level."

Figure 6. What are the gaps in commercial data and analytics capabilities that need to be plugged in order to transition commercial operations to digital channels?"



So, what exactly does this mean for commercial terms? "This means we need much better CRM capabilities than pre-pandemic," says De Prins. "That does not mean these capabilities are not available. It just means they have not been exploited."

Sanjay Virmani, CEO at Omnipresence agrees that the pandemic has made the need for better insights and analytics from CRMs and other CX systems much clearer and more urgent. "There will be a greater emphasis on the connected customer journey. Many companies are already thinking about customer experience as a competitive edge."

"As long as you deliver accurate, relevant and clear content in a technologically non-painful way, healthcare professionals consume it, how and when they want. This is what I call the Netflix effect, we need to move out of the old Pharma TV broadcast approach. "

Florent Edouard, SVP, Global Head of Commercial Excellence, **Grünenthal Group**

Pharma companies are finding that they need platforms that are able to pull in data from different digital channels, such as webinars (which have come to the fore during the pandemic as a valuable channel), for example.

It is clear that many life science companies have not yet been able to turn the investments already made in digital engagement capabilities into tools and approaches that are realising their hoped-for value, says Virmani. "There has been so much investment, yet somehow they don't feel they have the capability to support this kind of digitization."

This may be down to a lack of a common data model and the resulting disconnected and siloed data that prevents the organization from having a holistic view of individuals they interact with. "When an organization looks at an HCP or customer, are they a marketing customer, a medical affairs customer, a sales customer?"

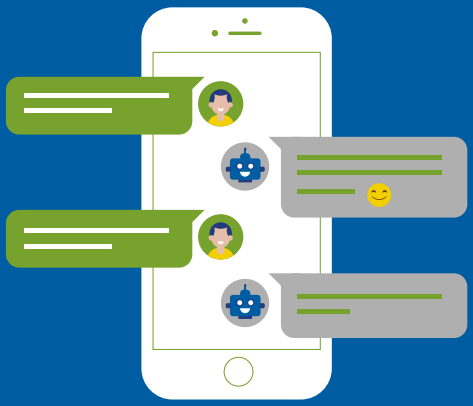
"It is not as if companies have not invested in the infrastructure and are not generating this data Virmani states.

The problem may be that there is no unification that is so essential to going in that agile, omnichannel direction. How do you do that if you don't have a strategy for unification across the multiple aspects of digital engagement, unification of data, processes, planning and execution?"

The cultural as well as the technological matters. "There is a need to reinvest in the technology stack to be able to drive unification but there is also a need to reinvent the cultural stack so that different departments are working in a co-ordinated manner," says Virmani.

"If different departments aren't coordinated, how can the customer get all the information they need with the proper context? And if the company doesn't provide that seamless experience, the customer has to glue it together themself or not get it."

Pharma is struggling to digitize its commercial operations



Making the transition to digital commercial operations remains a work-in-progress for many Pharma companies. In our survey, 32.3% say their organization does not have the commercial data and analytics capabilities to support digitization of sales and marketing operations, and 28.6% say their organization does not have the right technology/platform/channel capabilities to support the digitization of sales and marketing (figure 8).

"The 60% or so who think they are ready for complete digitization of sales and marketing operations say so because they have not truly tried it," says Edouard. "This is probably the most challenging part of the digital transformation, as we need to acquire skills such as advanced analytics that we currently do not have, turn our customer model fully around, and implement tools that are able to create sophisticated AI-powered models that can manipulate billions of data points. Very few companies are equipped to do that in their commercial entities."

The survey also suggests that Pharma has still not begun to scale up its use of some of the novel, emerging engagement tools, such as chatbots, even though most organizations are using them at least on some level, says Virmani. "About 40% were not doing that at scale across multiple countries, regions, languages and products."

Declining sales have hit many, but not all, products and portfolios

Survey respondents were divided about declines in sales during the early stages of COVID-19; 34.8% report a sharp decline in sales of portfolios/products with low promotion sensitivity (the percent of purchases that is influenced by promotion), while 47.5% disagree. In addition, 42.3% foresee a decline in sales of portfolios/products with high carry over sales (sales realized from the previous year's sales efforts), while 39.8% do not expect such a decline (figure 7).

According to Edouard, the difference between those companies who are or are not experiencing a decline in sales during COVID-19 is how much of their portfolio is related to medical interventions.

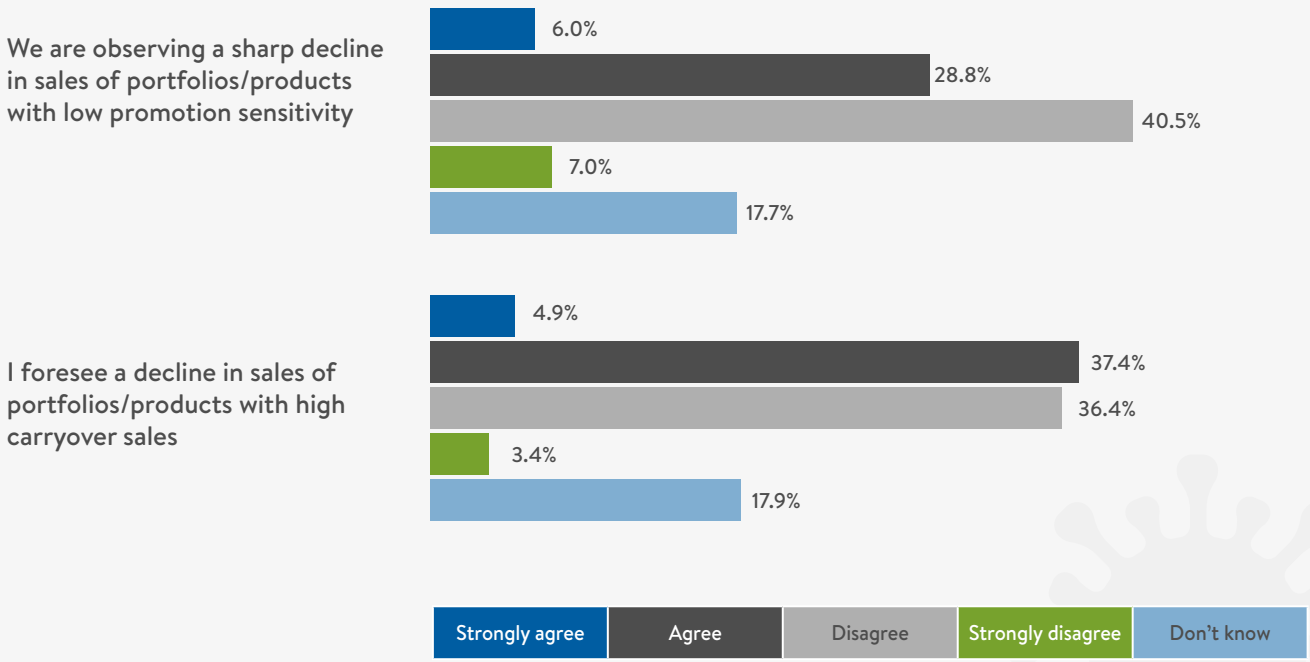
"Products that involve specific medical procedure and / or frequent prescription renewal have been directly impacted, as the physicians and nurses who typically perform those have been redirected to COVID-19 concerns and became unavailable for normal or regular appointments and treatments," Edouard explains.

"Longer term treatments that are less linked to frequent medical interventions have been far less impacted."

As lockdown-related restrictions lift, one of the most urgent steps is to re-establish connections with patients and healthcare professionals (HCPs). "Re-engaging smartly with physicians to restore proper use of medicines will aid those teams expecting sales declines," says Edouard. However, he notes that any sales relating to new patients that had been lost during the lockdown are unlikely to be recovered.

> "There will be a greater emphasis on the connected customer journey. Many companies are already thinking about customer experience as a competitive edge."
>
> Sanjay Virmani, CEO, **Omnipresence**

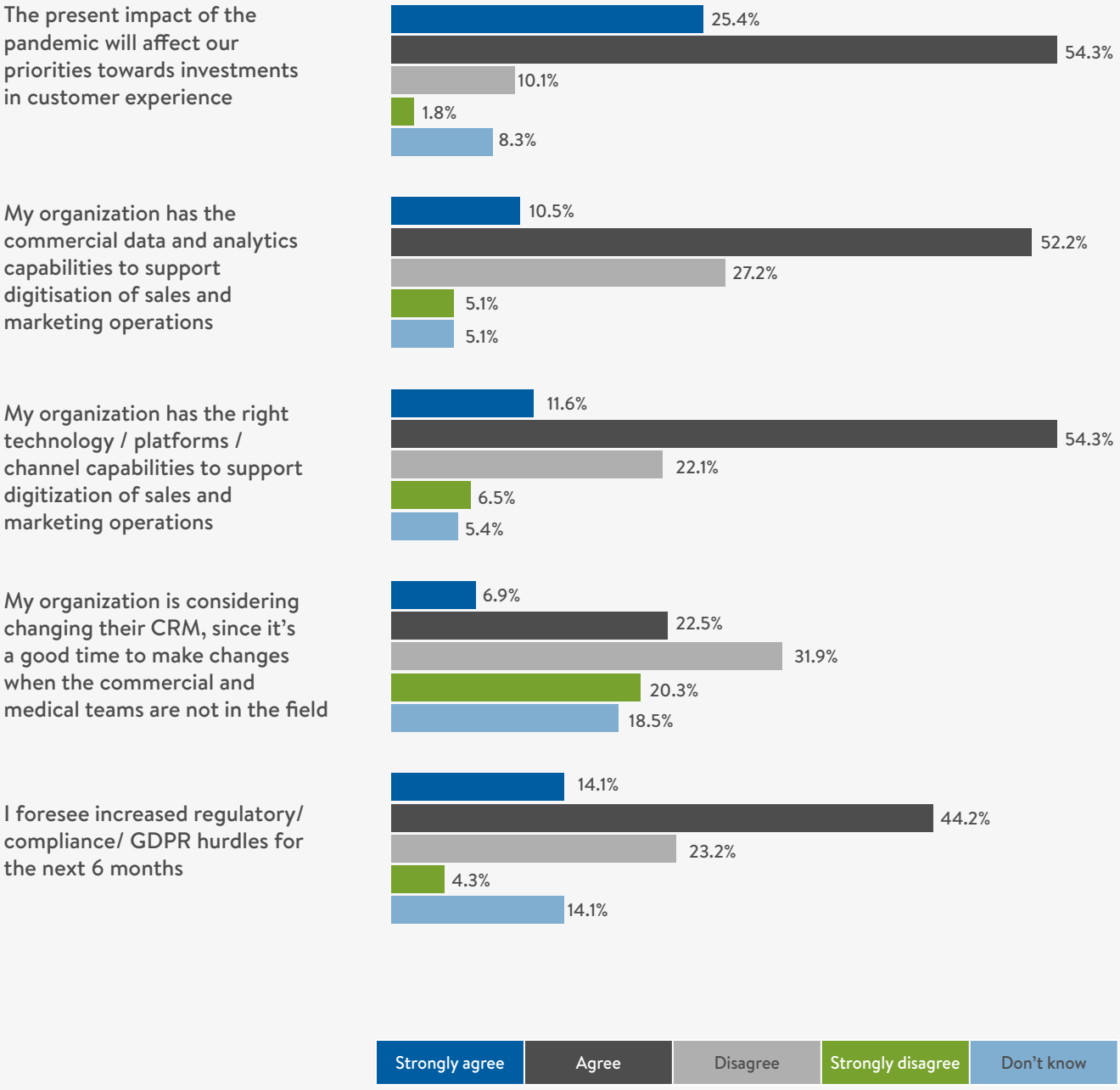
Figure 7. The impact on RX sales



Post-pandemic, companies must prepare for a series of changes in commercial

Omnichannel customer experiences are the future

Figure 8. The capabilities, technology and processes needed for the future



The skills for consolidating commercial insights across channels will be needed for future, post-pandemic success – an omnichannel solution. An omnichannel approach does not simply mean being multichannel (spanning multiple channels to engage with customers), but pertains to a much more effective use of channels to provide a seamless and individualized customer experience. Indeed, 79.7% of survey respondents say the pandemic will influence priorities towards investments in customer experience (figure 8).

Essentially, there is recognition that CRM is only one piece of a much bigger customer experience puzzle. The ultimate and urgent goal in commercial teams is to accelerate the development of broad omnichannel capabilities. "The CRM is only a minor part in the broader omnichannel approach. Changing only the CRM would achieve nothing but spend more money," says Edouard.

"What is truly needed is a deep change in the analytical and go-to-market approaches and optimizing the new channels. You need to build a robust analytical stack that gathers data from all channels and organize them to support your ROI and the predictive analytics that will underpin your commercial decisions. This will drive you to deliver a more optimized efficient marketing mix, exploiting the full benefits and characteristics of each new channel you add to your go-to-market approach."

"What is truly needed is a deep change in the analytical and go-to-market approaches and optimizing the new channels"

Florent Edouard, SVP, Global Head of Commercial Excellence, **Grünenthal Group**

Medical Affairs

Medical and scientific expertise is in demand

In our survey, 41.8% believe that HCPs are currently more open to interactions with Medical Science Liaisons (MSLs) (figure 11). Pol Vandenbroucke, Chief Medical Officer, Hospital Business Unit at Pfizer, agrees. "HCPs have wanted to talk more to Pharma's scientists and physicians," he says.

"This begs the question," says Mogk, "are life sciences manufacturers under-investing in medical affairs teams, technologies, and innovations? It seems there's an unmet need and deeper value that life sciences companies could be providing."

The spotlight has been on Medical Affairs to communicate to people outside the company about how science can address the issues brought about by the pandemic. At the same time, Klaus Dugi, Executive Vice President and Chief Medical Officer at Ferring Pharmaceuticals, highlights, "There has been a greater need for data-based digital communications and webinars, which are typically prepared by Medical Affairs."

The pandemic is augmenting the strategic role of Medical Affairs, says Vandenbroucke. "When we made decisions on how to continue and enhance the supply of medicines in hospitals during COVID-19, Medical Affairs has been an important participant and leader in those discussions."

Increased demand for Medical Affairs has necessitated virtual investments

Investment in virtual outreach has been an obvious solution to the growing role of Medical Affairs during a time when face-to-face interactions have not been possible. But which digital tools have come to fore? (Figure 10.)

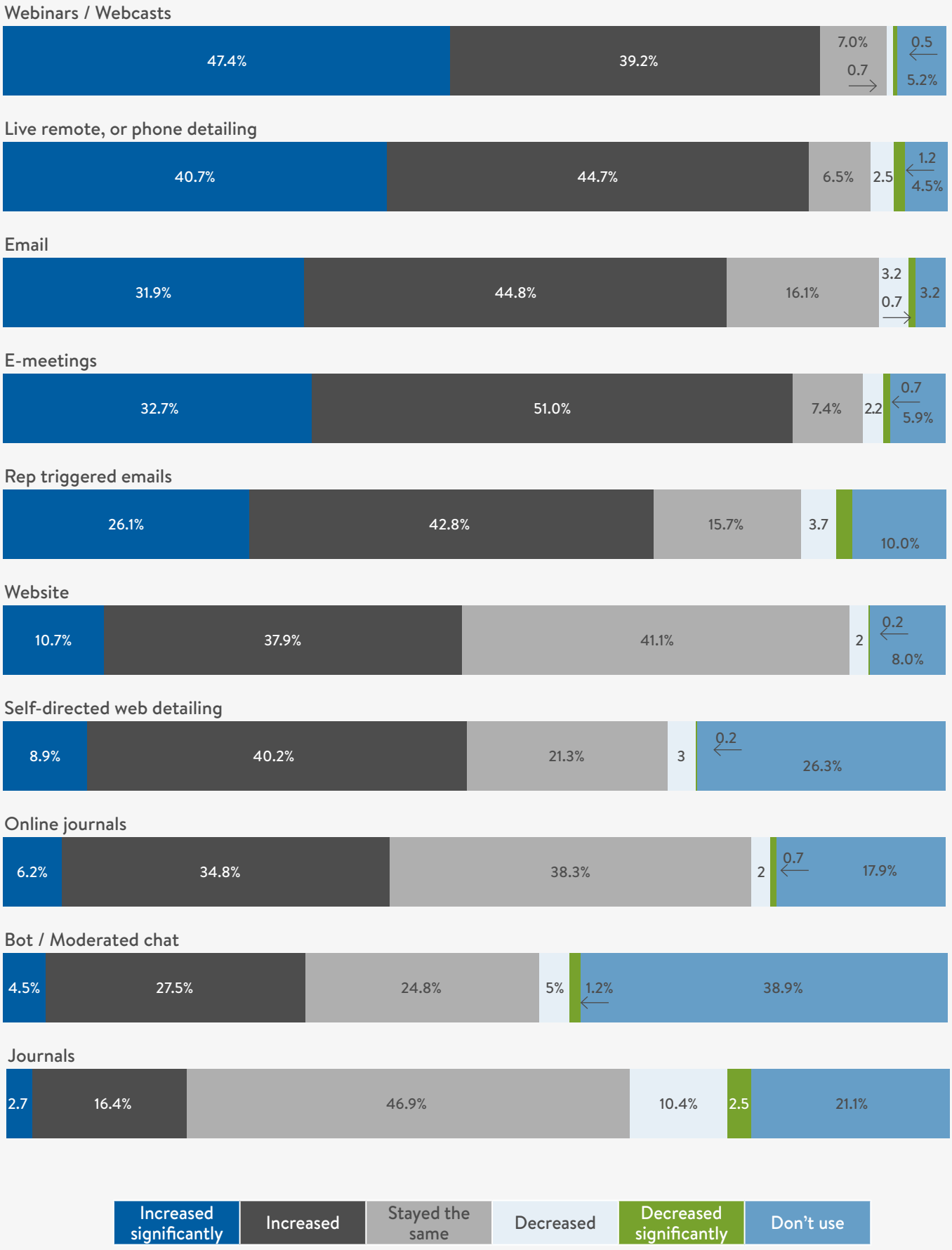
Getting these solutions off the ground hasn't been easy for some Medical Affairs teams, however. As Pfizer's Vandenbroucke says: "We didn't have a plan to interact other than face-to-face. The systems we were using were not all user-friendly and we were not equipped to interact virtually on an ongoing basis. It was also difficult for HCPs to use the software we were using to connect with them. They sometimes couldn't get through the firewalls of the hospital, for instance."

So, will the more prominent voice afforded to Medical Affairs survive post-pandemic?

Our research suggests Medical Affairs won't just have a greater voice, but will lead more discussions. The need for Medical Affairs leadership in company strategy has never been greater for 87.8% of survey respondents.

"Being front and center in discussions is something we [Medical Affairs] will continue to do in the future," says Vandenbrouke. "I think the Medical Affairs voice in long-term strategies will continue to grow." This is supported by our survey, with 68.2% of respondents believing COVID-19 will permanently increase the perceived value of Medical Affairs within their company.

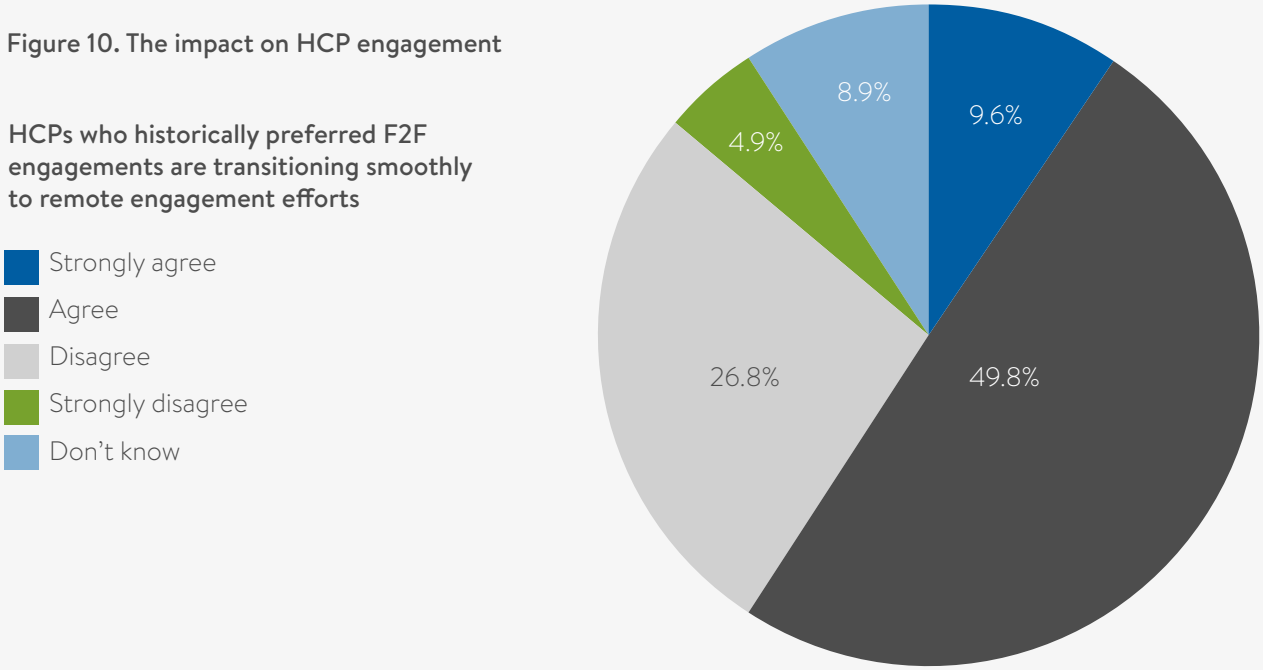
Figure 9. How has the use of the following HCP engagement channels changed as a result of COVID-19?



Post-pandemic, companies must anticipate some permanent changes

Figure 10. The impact on HCP engagement

HCPs who historically preferred F2F engagements are transitioning smoothly to remote engagement efforts



HCPs have responded mostly positively to virtual engagements, or eMedical Affairs. More than half of survey respondents say that HCPs who historically preferred face-to-face engagements are transitioning smoothly to remote engagement efforts.

Consequently, 73.9% of respondents anticipate face-to-face access to HCPs being more difficult post-pandemic. Dugi agrees, stating, "The role of Medical Affairs will evolve, with a greater focus on virtual interactions, such as remote HCP interactions by our MSLs, and more communication through digital channels and other activities."

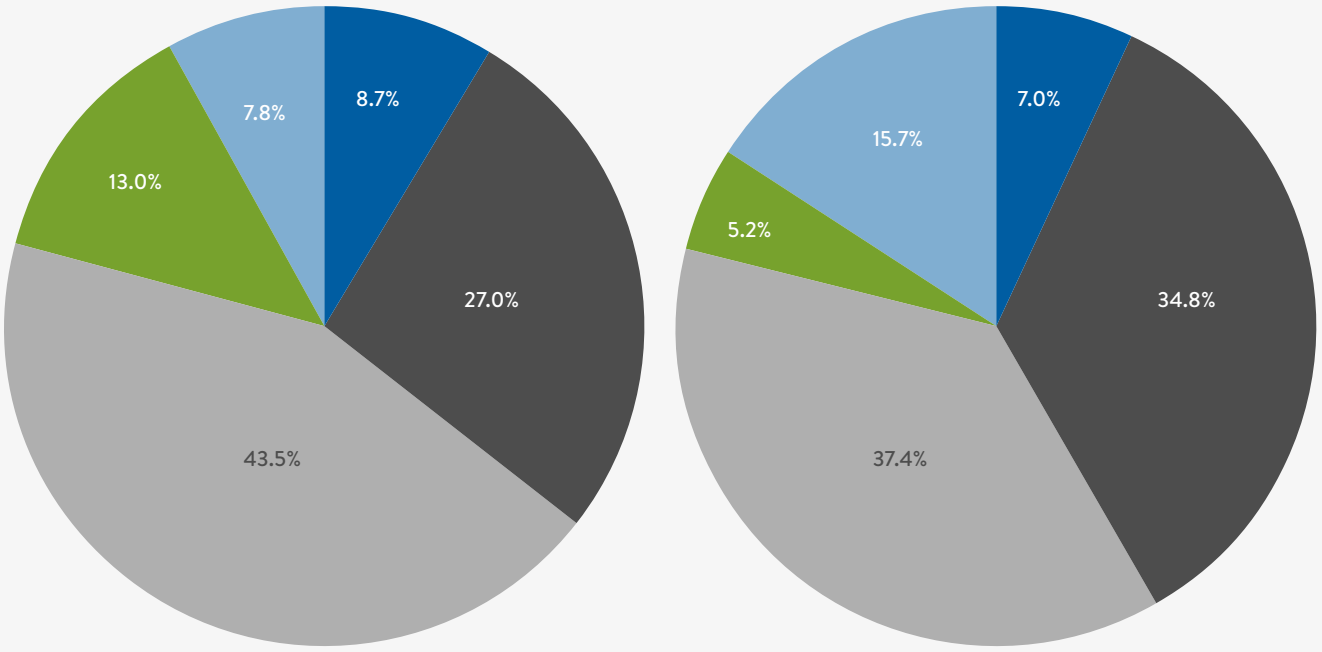
But according to Princen, the pandemic has, in some cases, made some physicians who were previously difficult to reach in person, easier to engage with.

"This shows that customers may have started to value engagement more as a result of the pandemic, or that they were simply looking for innovative and more convenient forms of engagement" says Princen. "It is those companies that are embracing new forms of engagement and developing a mix of interactions that will be able to secure interactions with physicians and ultimately continue to bring value to patients."

> "The solution, is to develop a strategy that enables companies to have the flexibility to shift between virtual and in-person when possible or needed. At Pfizer, we are looking at new technologies and planning much more of a combination of face-to-face and distance interactions."
>
> Pol Vandenbroucke, Chief Medical Officer, Hospital Business Unit, **Pfizer**

A hybrid HCP engagement model will become standard

Figure 11. How is your medical affairs function changing as a result of COVID-19?



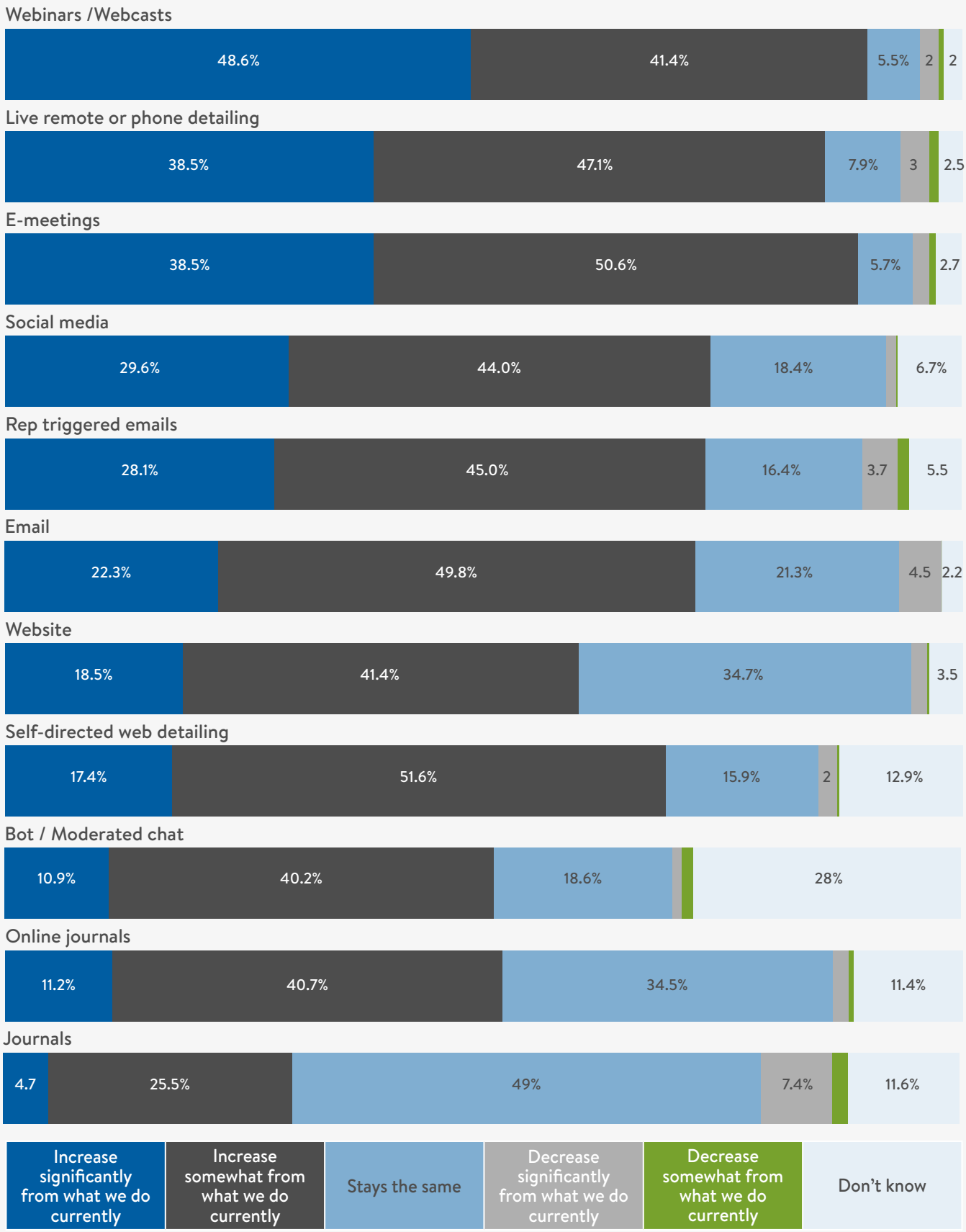
A rise in digital customer engagements does not imply an end to face-to-face contact with HCPs. Over half of survey respondents disagree (56.5%) that digital HCP engagement tools introduced during COVID-19 will permanently replace the majority of face-to-face interactions with MSLs. For many MSLs (figure 11), face-to-face will remain essential post-pandemic, revealing a conundrum for Pharma – MSLs don't want to lose in-person engagement but many HCPs may not want or be able to return to in-person engagements now they have experienced a smooth transition to digital.

"The solution," says Vandenbroucke, "is to develop a strategy that enables companies to have the flexibility to shift between virtual and in-person when possible or needed. At Pfizer, we are looking at new technologies and planning much more of a combination of face-to-face and distance interactions."

De Prins also envisages a hybrid solution: "I don't think we will have complete virtual HCP engagement post-pandemic," he says. "We already saw this in the first few months of the pandemic; there was an immediate move towards complete virtual HCP engagement, but once the pandemic restrictions were slightly loosened, we saw face-to-face coming back relatively strong. We do believe that remote engagements will continue — but they will be a hybrid engagement and not a purely virtual one."

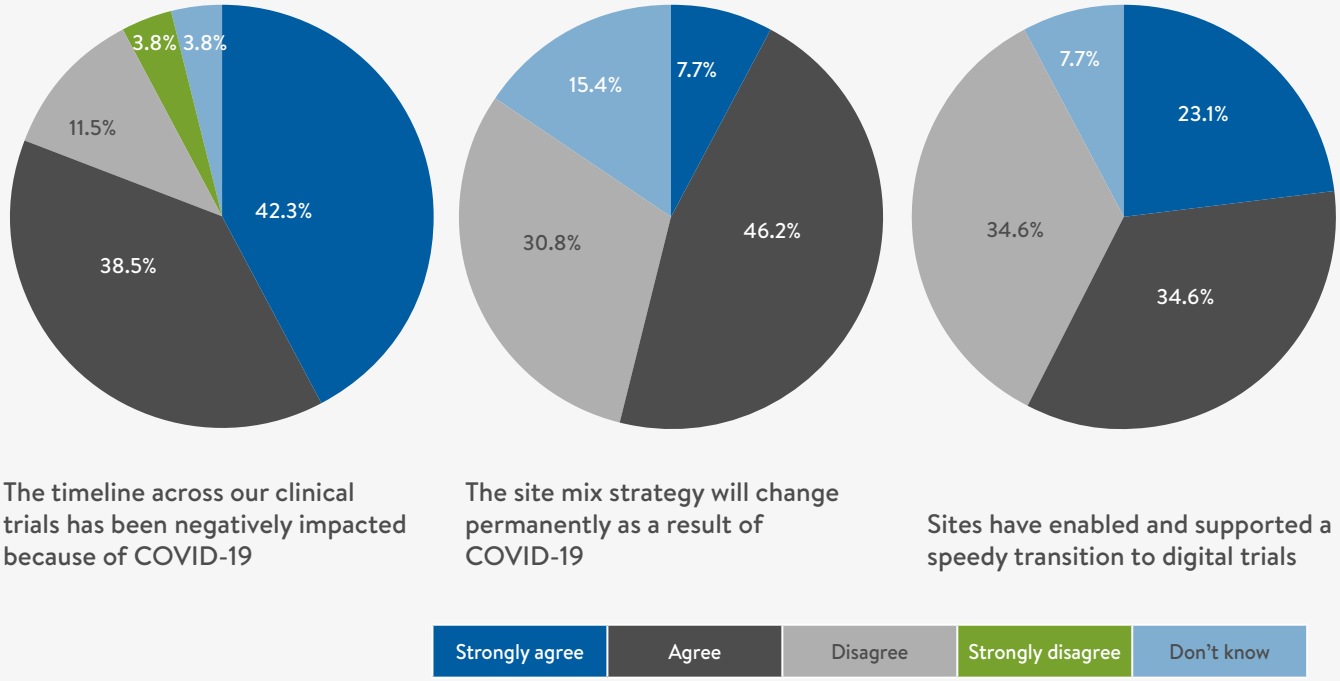
This could explain why the majority of survey respondents have specific strategies in place to encourage HCPs to try out new digital channels; it suggests this isn't just a COVID-19 solution, but part of a larger strategy for a hybrid engagement model post-pandemic – to satisfy everyone's needs and preferences. Indeed, plans are afoot to move towards additional engagement channels, including social media; 73.6% of respondents say the use of social media to engage with HCPs will increase over the next 12 months (figure 12).

Figure 12. How do you anticipate the use of the following HCP engagement channels to change in 12 months time?



R&D

Figure 13. Clinical trials have felt the brunt of COVID-19



The pandemic has delayed clinical trials for 80.8% of survey respondents (figure 13). According to Mary Costello, Head of Site and Investigator Network at Medable: "We have seen a slowing trend in clinical trials. Several key sponsors asked for all dosing to stop immediately, while others advised only to continue with measures that can be managed remotely."

"The impact has been uneven across trials," adds Vandenbroucke. "Those mostly affected were in areas where the pandemic had clustered." For Pfizer, there have been few cancellations, as those trials that were affected were in the recruitment stage. However, "We have postponed active recruitment and the initiation of some trials," Vandenbroucke says.

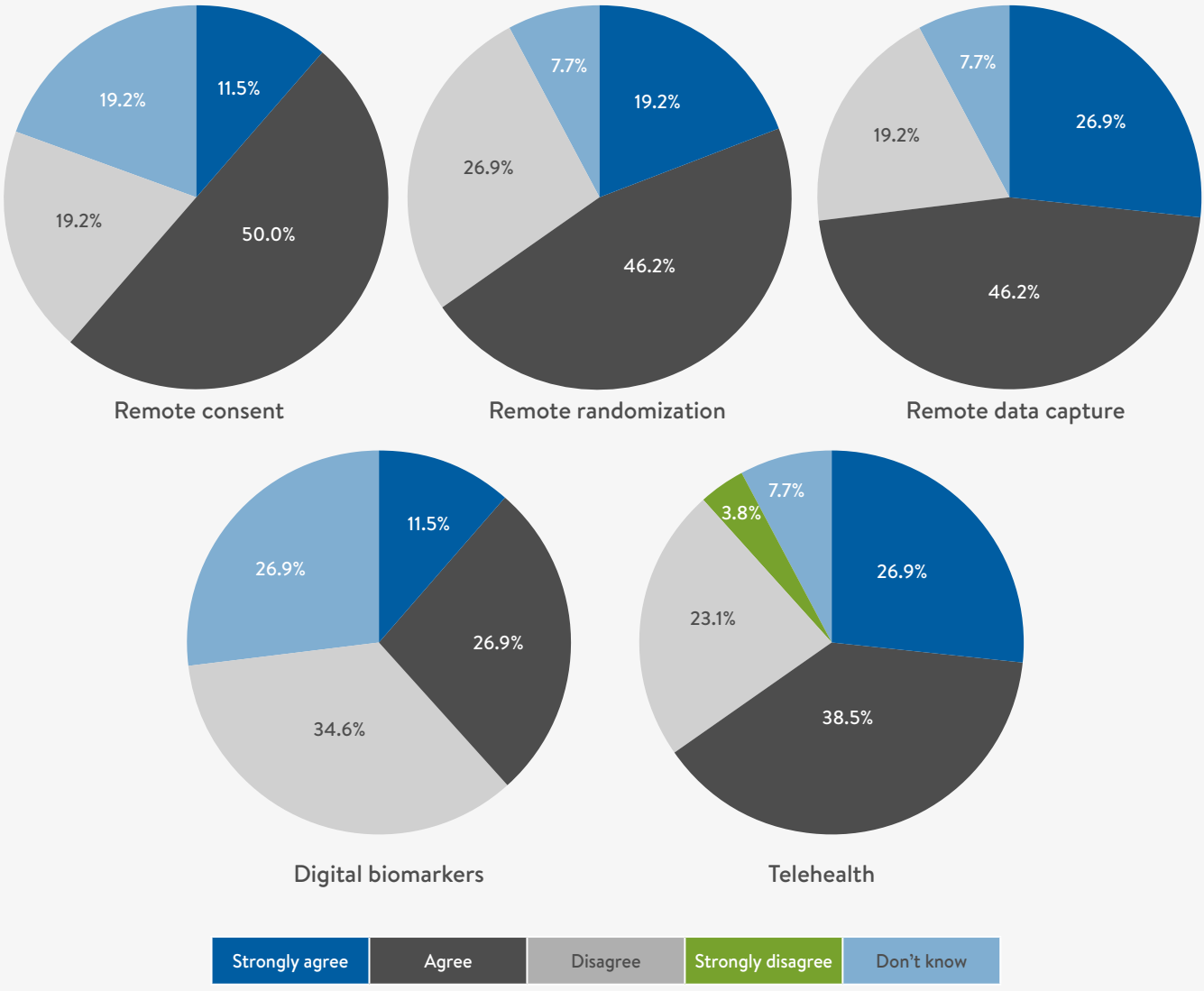
Our survey also shows that 34.6% (figure 13) of respondents say that clinical sites have not enabled and supported a speedy transition to digital trials and 46.2% report that a speedy transition to digital processes hasn't saved the majority of their trials from being cancelled.

"There is no doubt that many sites were 'forced' to adapt to digitalization," says Costello. "The most challenging clinical activity to transition to digital has been assessments. While there is some existing technology to do this, not all assessments can be easily moved to remote collection."

According to Vandenbroucke, "Those trials not affected in their timelines were already using technology to collect information related to the patient. Some of these were, for instance, long-term, follow-up trials."

In other words, those trials that have survived the pandemic weren't "forced" to go digital. It is also possible they were already equipped to harness the most common clinical trial digital tools cited by survey respondents: remote data capture (73.1%) and telehealth (65.4%) (figure 14).

Figure 14. What has increased, decreased or stayed the same in the clinical trials process, because of COVID-19?



Real-world evidence has been catapulted to the core of R&D

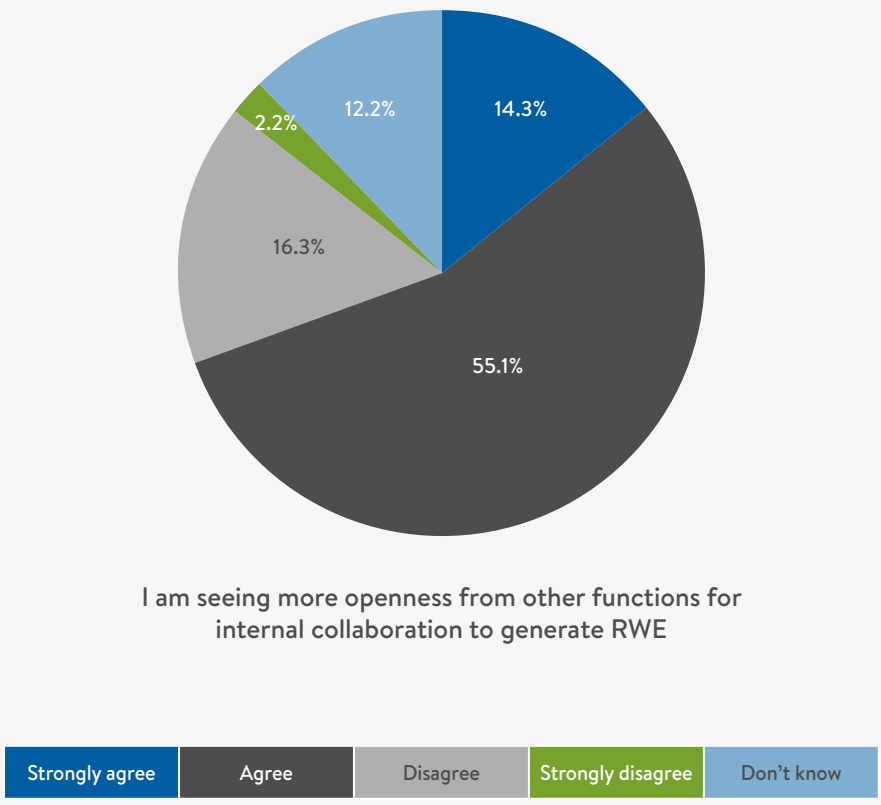
Some trials have fared better than others thanks to R&D colleagues collaborating internally with the real-world evidence (RWE) experts in their company. In our survey, 79.6% say RWE expertise is increasingly being sought between functions.

In some cases, patient recruitment and enrollment goals have been maintained, even driven by countries where COVID-19 cases appear to be rising, according to Jennifer Wong, Regional Head of RWE (The Americas) and Global Engagement for Evidence Generation at Sanofi Genzyme. "Randomization by sites has persisted with the help of RWD-driven insights and digitalization of activities enabling important operational continuity," says Wong. In addition to keeping clinical trials on track, RWE has played a crucial role in dealing with the pandemic, adds Wong: "We have so many critical questions about COVID-19 to answer and we have to look at whatever real-world data (RWD) is available, especially to learn about the care and treatments that are being captured within the electronic health record record systems, claims and other data sources.

"All organizations are racing to find and access the most appropriate and fit-for-purpose data on patients with COVID-19 to help accelerate R&D activities," explains Wong. "RWE has been helping the research community to monitor the disease, observe how patients are faring, and track and analyze potential treatments as they move through each phase of the drug development continuum."

While the importance of RWE, advanced analytics, platform technologies and digitally capable talent is already known in the industry, Wong says, "COVID-19 has helped to put RWE squarely in the limelight, catapult it up to the attention of the C-suite, and cement it as a strategic growth driver to be valued and recognized for its important potential at all levels of the company. When the stakes are this high, speed and veracity are of utmost importance. Those who can generate and deliver RWE, rapidly and at scale, and can communicate it effectively will lead the way."

Figure 15. What impact is COVID-19 having on evidence and access?



Post-pandemic, some permanent changes look likely for R&D:

Digital capabilities for decentralization will become a critical component of successful clinical studies

Most survey respondents say they will use digital tools more in clinical trials (87.5%), driven by a new understanding of how these tools can help. According to De Prins, digital tools will be critical in involving the patient in clinical studies. "We will probably see some hesitance in patients to be in hospitals for clinical studies because of the pandemic, so we have to think about delivery options – bringing the clinical trial to the patient instead of the patient coming to the trial," he says.

The majority of respondents believe the increased use of digital technologies will make clinical trials faster and cheaper (92.3%). Vandenbroucke agrees, stating, "This will impact how we go about designing our clinical trial programs. Not only will they become much more pandemic-proof due to technology, but this will also constitute potential savings in terms of resources and time."

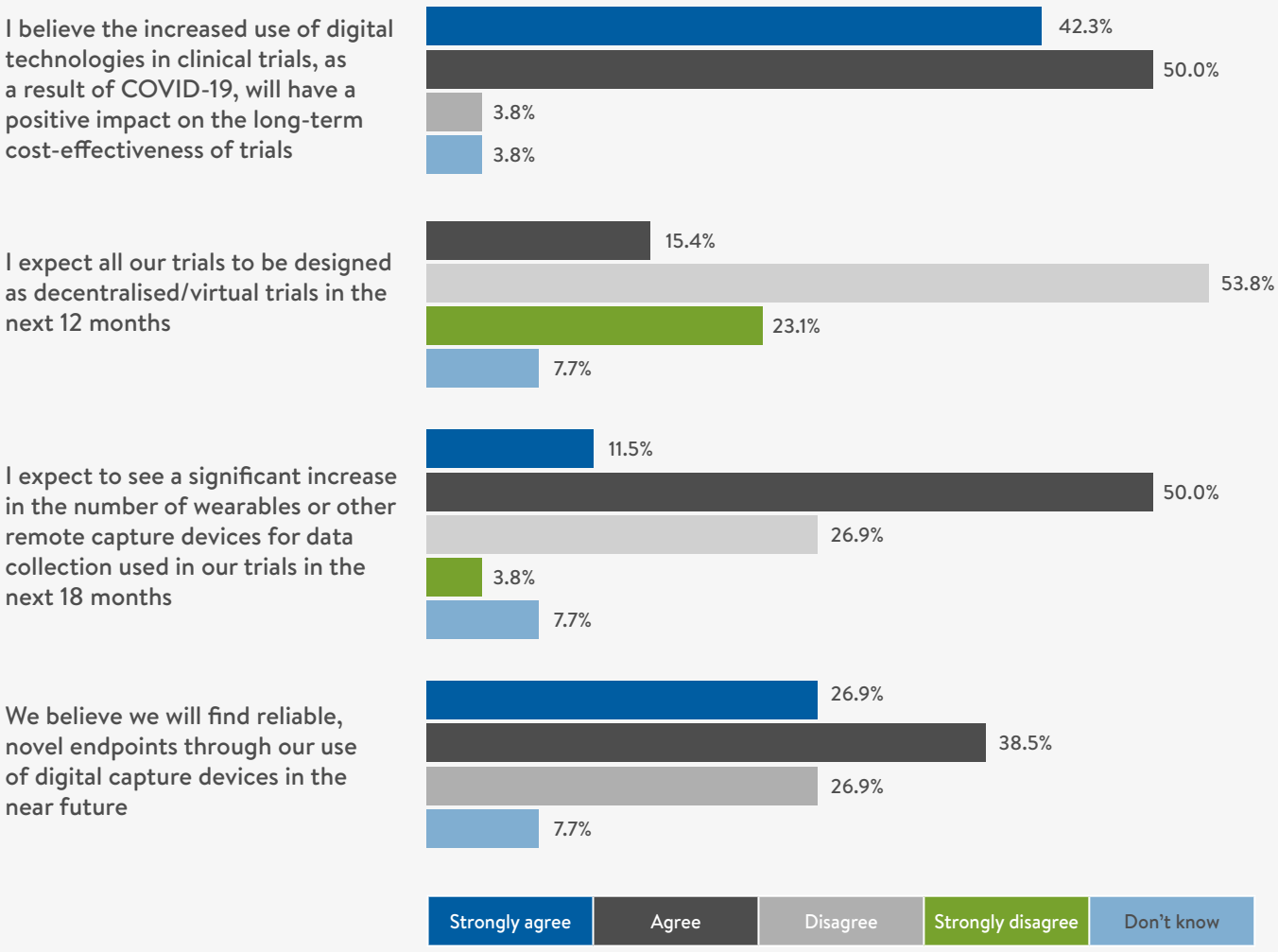
The pandemic has also highlighted the possibilities of clinical trial decentralization. According to Costello, COVID-19 should change the strategies that research sites adopt. "The tech-savvy sites will view decentralized clinical trials (DCTs) as an opportunity to increase site capacity instead of as a threat," she says. "They will be motivated to adopt such an approach because they now understand the possibilities.

> "We will probably see some hesitance in patients to be in hospitals for clinical studies because of the pandemic."
>
> Herman De Prins, Chief Information Officer, **UCB**

There will always be a need for well-performing clinical sites, but we will see the deselection of sites that are not willing to include the DCT framework."

The DCT framework will require assessments to become more digitally enabled. "Innovators need to focus on the diagnostics that may be lacking, such as 12-lead EKGs [electrocardiograms], or other methods of assessing patients suited to distance collection, such as blood draws that can be supported by at-home patient collection tests," says Costello.

Figure 16. How has COVID-19 impacted clinical trials?



RWE will become an even greater competitive advantage, driving patient-centric research in a more digitally-driven R&D process

Companies that commit to RWD in R&D will be in a strong position to maintain competitive advantage, growth and sustainability in a post-pandemic world. But what does this commitment look like?

For Wong, the focus will be on improving RWE generation through analytics and artificial intelligence platforms as well as on direct engagement with patients to understand their needs, support virtual/remote care, and enable easier involvement in the research process. The pandemic has emphasized the need to continue making clinical research more convenient for patients, with a combination of digital tools and RWE. For Medable, convenience means bringing trials to patients, not the other way around, and giving all eligible patients a chance to participate in research.

This entails incorporating data upstream, says Costello: "We should have enough information to identify eligible patients before the study starts and move away from the old model, which initiates a site and then recruits patients. Trials also need to be designed and modeled from the patient burden side, not built around a predetermined set of sites. It is all a matter of knowing the 'end-user.' If you don't include the patient voice in the study design, you will not achieve the full potential of engaging the patient."

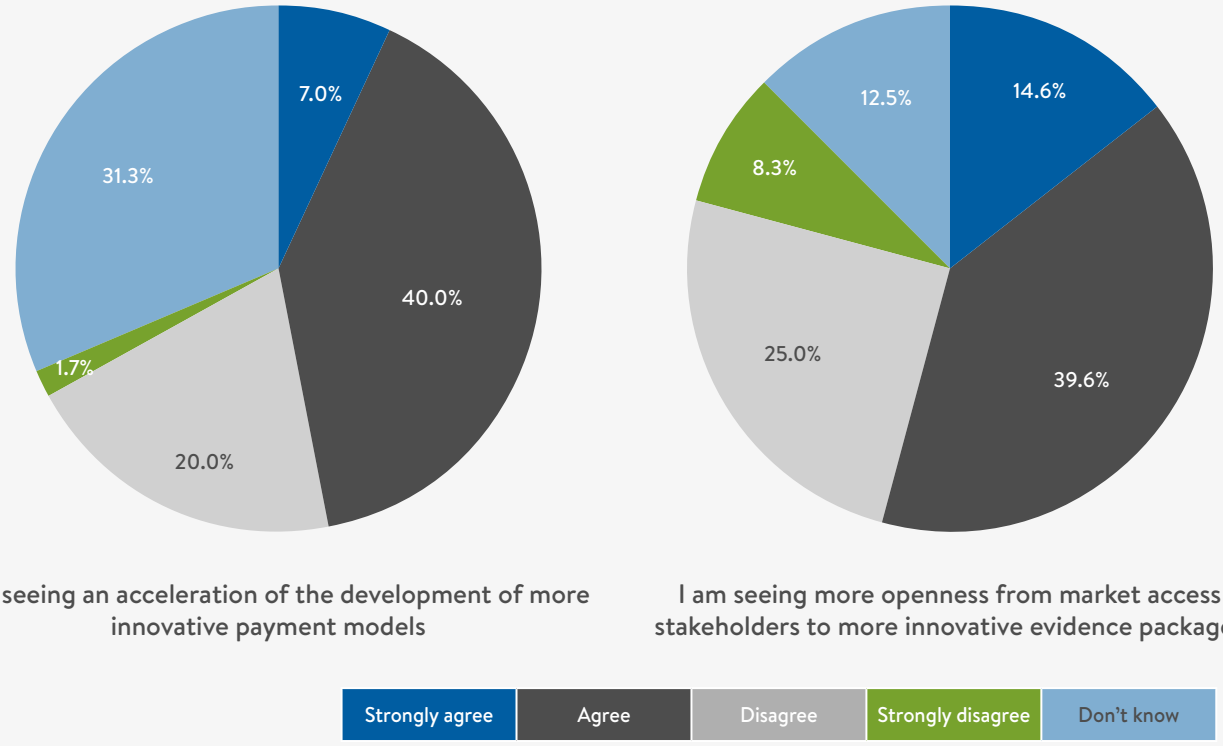
In our survey, 65.4% of respondents believe that Pharma will find reliable, novel endpoints using digital capture devices in the near future (figure 16) – which should also serve to accelerate their drive towards greater patient-centricity. Vandenbroucke agrees: "We will increasingly focus trials around the patient's needs, including ensuring endpoints are meaningful for patients. While we are still trying to answer the clinical and scientific questions, we need clinical endpoints that are also focused on patient needs and how the patient experiences the disease."

Novel endpoints will include digital biomarkers that are important to the patient and convenient for them to collect and submit. According to Costello: "Research in digital biomarkers will primarily be focusing on patient convenience, including mobile technology-derived endpoints in early-phase studies and post-marketing surveillance trials. In the long term, we believe the endpoints related to passive data will see an increase in use."

> "We will really focus trials around the patient's needs, including changing our endpoints so that these are much more meaningful for patients."
>
> Pol Vandenbroucke, Chief Medical Officer, Hospital Business Unit, **Pfizer**

Market access

Figure 17. Payer priorities have shifted



In our survey, 65.3% of respondents say their market access expertise has increasingly been needed by other functions during COVID-19. Clare Hague, Senior Director, Therapy Area Market Access Leader, Hematology (EMEA), Janssen, explains that this has largely been due to the changing priorities of healthcare stakeholders. "We have observed some payers stating a near-term reprioritization towards infectious disease, COVID-19 particularly, and diseases with high near-term mortality until the crisis is over," she says.

Some of the extra pressure on market access teams is also the result of innovative access models and solutions. Almost half of survey respondents (47%) have seen an acceleration in the development of more innovative payment models (figure 17). According to Dirk Vander Mijnsbrugge, Vice President at Pfizer, "COVID-19 has had an important impact on payment models and access solutions. Payers and health technology assessment (HTA) agencies are reprioritizing where and how they want to invest."

"Clearly, the priority is access to vaccines and solutions for those infected with the virus, but also increasing investment in infrastructures in healthcare personnel," says Vander Mijnsbrugge. "The willingness to provide access or to pay for products that do not necessarily fall within the re-prioritization will probably become more difficult."

RWD has been driving payer decisions and market access

According to 54.2% of survey respondents, stakeholders are more open to the use of innovative evidence packages, particularly new sources of evidence to guide their cost containment measures (figure 17).

According to Hague: "Health economics and outcomes research (HEOR) and RWE are playing a greater role in payer decision-making. Firstly, payers are recognizing the value of treatments that reduce the time that patients spend in hospital. Secondly, RWE has played an important role in better understanding the etiology of the disease and how best to manage COVID-19 in patients.

"Furthermore, the 300-plus therapies in current COVID trials were identified not just on biological plausibility, but also associative data from RWE studies. It is likely that RWE will continue to be increasingly important."

Market Access teams are engaging more closely with stakeholders

While access stakeholders have been more open to innovative evidence packages, payer engagement in general has become challenging. In our survey, 33.3% say they are not seeing more openness from external access stakeholders (payers/HTAs) to achieve market access (figure 17). Subsequently, catching up with shifting stakeholder priorities has necessitated novel engagement methods with customers.
Market access teams have realized the value of spending less, but engaging more deeply, through virtual channels. For instance, Ulf Staginnus, Senior VP, Head of Global Market Access and Pricing at Ipsen Pharma, says his company is currently conducting virtual rapid payer testing, which is equally efficient, if not more so, than the pre-pandemic, in-person ways of engaging with payers.

"We are investing in organizational and technical capabilities in terms of assessing the data packages and analytics capabilities in the market," says Staginnus. "Essentially, we are investing in capabilities that allow us to do things faster, from everywhere in the world and leveraging more existing and new data. If there is anything positive about what is happening now, it is that we are finally getting better at digitalization and using new technologies and online collaborations without necessarily having to fly to meet."

Post-pandemic, Pharma must prepare for some permanent changes in Market Access

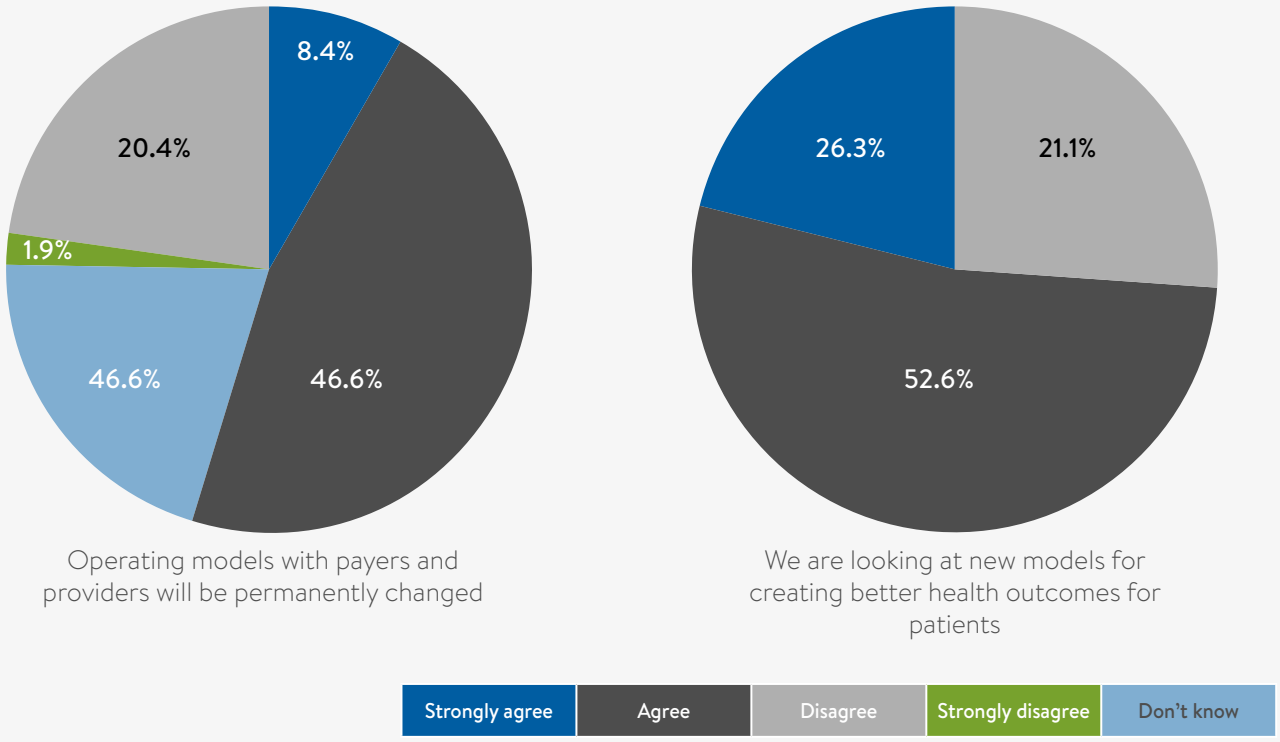
Market Access will need to deal with the fallout of under-diagnosis and under-treatment during COVID-19 and the barriers it has created to healthcare access

With an uneven process of lifting, and now in some cases reimposing, restrictions with the fall and rise in infection numbers, re-engaging face-to-face will remain a challenge for some time in some countries as health systems slowly bounce back, says Princen. "Of considerable concern is the accruing problem of under-diagnosis, with some patients having avoided healthcare facilities during the COVID-19 pandemic and not reporting concerning symptoms," he says. "This is particularly critical in areas of care such as cancer, where early diagnosis is vital to treatment success."

Hague shares these fears, stating, "Janssen remain very concerned about the delays to cancer treatment caused by COVID-19 and the detrimental impact that this could have on the survival outcomes of cancer patients. How hospitals will cope with the resulting backlog is unclear. Where possible, we have been seeking to provide timely access to oral/subcutaneous treatments, pending regulatory approval, through NPP or early access programmes."

> "Janssen remain very concerned about the delays to cancer treatment caused by COVID-19 and the detrimental impact that this could have on the survival outcomes of cancer patients. How hospitals will cope with the resulting backlog is unclear."
>
> Clare Hague, Senior Director, Therapy Area Market Access Leader, Hematology (EMEA), **The Janssen Pharmaceutical Companies of Johnson & Johnson**

Figure 18. Payers will increasingly adopt performance-based schemes and data capabilities will be essential to success



In our survey, 55% believe operating models with payers and providers will be permanently changed as payers look for better outcomes and more value (figure 18). "The ability and agility of manufacturers to respond to the challenge of developing treatments and services tailored to delivering value-based outcomes with societal gains will be a critical success factor for companies," says Hague.

Pharma is preparing to embrace this pending shift, with the majority of survey respondents looking at new models for creating better health outcomes for patients (79.9%).

In the light of the pandemic, the questions that healthcare budget holders pose in relation to performance-based payment models, have come into even sharper focus, says Hague.

Such questions include:

- **How will the new treatment or service help keep patients out of the hospital setting; will it support at-home administration, avoid side-effects/complications, or both?**
- **How will the new treatment or service delay the time to, or reduce the need altogether for, subsequent treatments and so free up healthcare resources for redeployment?**
- **What is the most optimal sequence of treatments that will achieve the best outcomes for patients and reduce the time spent in the hospital?**
- **How will the new treatment enable a faster return to work for patients and/or carers?**

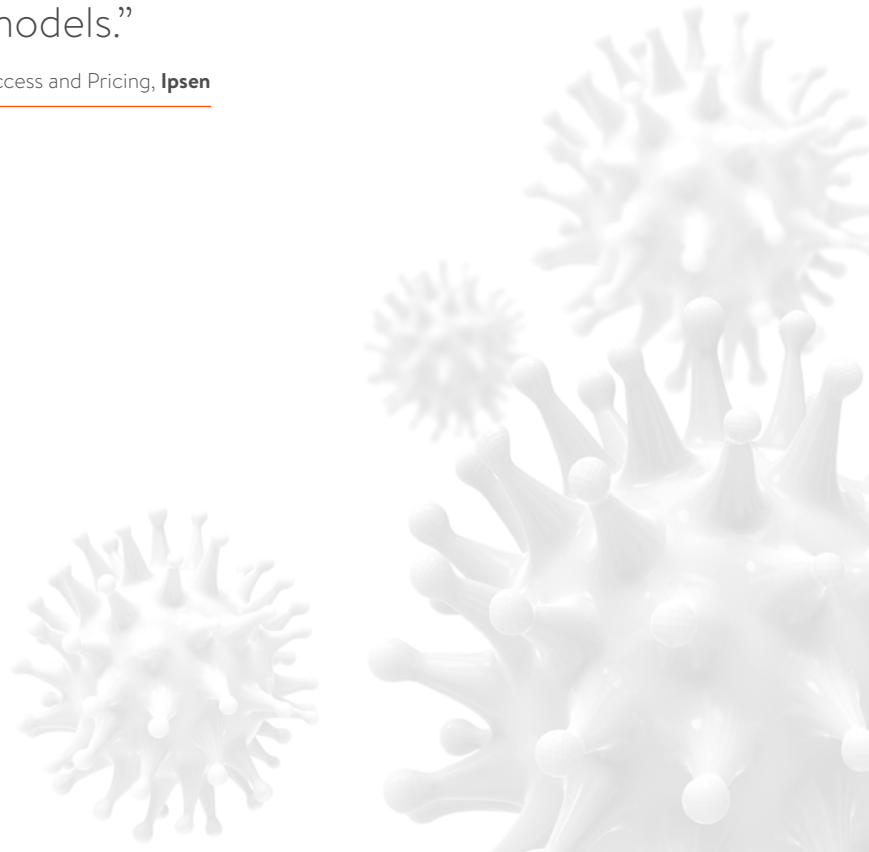
Strong data capabilities will be a key element of successful performance-based models, says Staginnus. "If we – including hospitals, payers and health systems – get better at creating and standardizing data and systematically allowing access to data, while coupling these abilities with high computing power, we will see improved payment-by-results models."

Novel forms of payer engagement will be even more crucial for securing the long-term outlook of patient access

COVID-19 will significantly accelerate the long-term outlook for greater access/use of RWD across Pharma/healthcare. However, frequent personal contact with hospital administrators and pharmacy commissions is a thing of the past, says Staginnus. "That's why we need to find new avenues or platforms to get in front of payers."

While payer engagement is still conducted through in-person meetings or through printed submissions, Pharma will need a strong focus on virtual outreach capabilities, Staginnus adds: "We will expand our feedback provider systems with HTAs and payers. There will be an opportunity for more rapid online engagements to get feedback on certain elements of the evidence submitted, to move things forward during payer/HTA consultations."

> "If we – including hospitals, payers and health systems – get better at creating and standardizing data and systematically allowing access to data, while coupling these abilities with high computing power, we will see improved payment-by-results models."
>
> Ulf Staginnus, Senior Vice President, Head of Global Market Access and Pricing, **Ipsen**



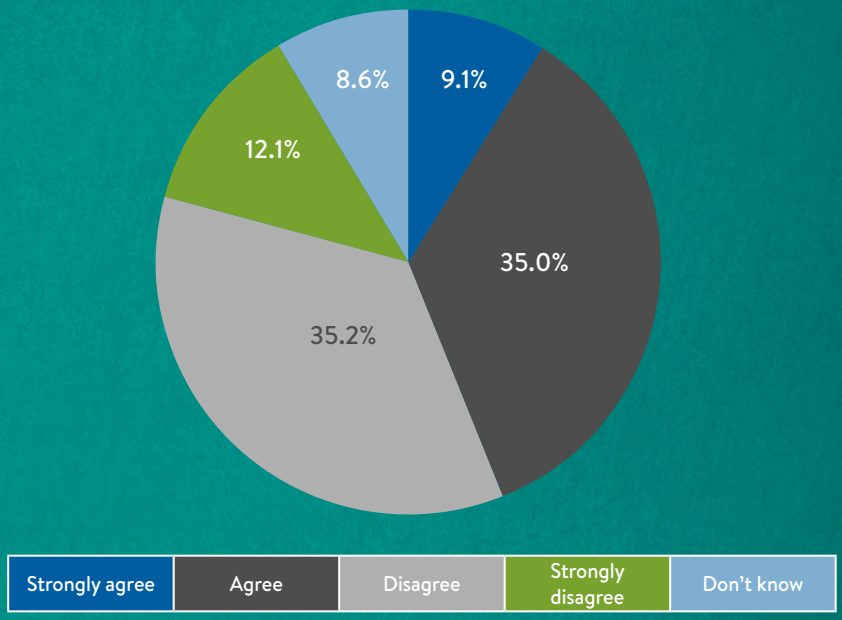
Key Lessons for Pharma

The pandemic has offered a unique opportunity for companies to collectively think about any weaknesses in previous ways of working. It has also illuminated some important insights that will guide the industry's future, which we explore below.

Resilient companies are smart companies

Resilient companies are 'smart' in the sense that they employ digital capabilities that can help maintain operations in the face of disruption. In Commercial, for instance, 63.2% of respondents say their patient support programs are able to meet the current remote access conditions and 44.1% say their current CRM data can support a complete virtual HCP engagement journey with minimal reliance on in-person field force intelligence (figure 19). Yet a significant number of companies that still don't have the digital, data and CRM capabilities risk losing out to those who have achieved customer experience (CX) maturity.

Figure 19. Our current CRM data can support a complete virtual HCP engagement journey with minimal reliance on in-person field force intelligence



Wong provides a Market Access perspective on the benefits of the smart use of digital capabilities, saying: "The key investments and infrastructure we had in place prior to the pandemic enabled us to quickly leverage data and transform it into RWE in a timely manner. Real-world, near real-time information was critical to informing key decisions that would allow us to respond rapidly and act fast in our race for a solution to save lives. Access to near real-time data, along with platforms that help us integrate and accelerate analytics are helping us to transform insights into actionable evidence. This is how we are leading the way and navigating the new world of COVID-19."

Having a contingency plan for digital capabilities is also crucial. As many of the experts we interviewed pointed out, it has been necessary for Pharma companies to immediately deploy the digital transformation plans they had originally put off or not prioritized. Having these plans on the backburner made the transition to digital less challenging. In clinical trials, for instance, having the option to engage with patients digitally was the difference between those companies that had their R&D impacted and those that could continue.

Customer expectations will be different post-pandemic and therefore Pharma must evolve the customer experience it delivers

The requirements of customer engagement changed overnight. As De Prins explains, "Anything that requires face-to-face meetings will have to be revisited because patients as well as HCPs will demand it."

As customers are increasingly exposed to, and gain experience in, various virtual solutions such as webinars, remote or phone detailing, social media, and even bot-facilitated chat, their horizon for engagement options expands.

Post-pandemic, an omnichannel customer experience will be a key differentiator. While every Pharma company has been rapidly building out its remote field team capabilities, the most forward thinking are using the constraints imposed by the pandemic as an opportunity to upgrade every element of their engagement ecosystem, says Colleen Youngblood, Director, Marketing, at Omnipresence. "These companies are seeing it is the right time to try it and change everything at a faster pace and at a larger scale where it all works together."

This does not mean an end to face-to-face engagement, but it does entail a well-considered hybrid approach. Many sales reps and MSLs, feel that building relationships with HCPs requires face-to-face engagement and so should not be fully digitized. Pharma's post-pandemic commercial strategy must focus on achieving a balance between virtual engagements and what little face-to-face interactions HCPs will grant. Having said this, Pharma can get much better at delivering digital services or risk losing out to new challengers. Princen fully expects tech giants to accelerate their entry into the healthcare arena sooner rather than later. "So, Pharma needs to evolve," says Princen. "It is not enough to just have good products. We need to become digitally-enabled service companies."

"Pharma has had to find new, innovative ways of working and we are looking at how we can take the pieces of learning from our response to COVID-19 to continue to improve engagement with our customers," Princen adds. "Key to this will be using technology and digital infrastructure to progress treatment options and expand our customer base."

Figure 20. Patient data privacy laws in the area where I work, are going to be tightened after COVID-19 research curtails.

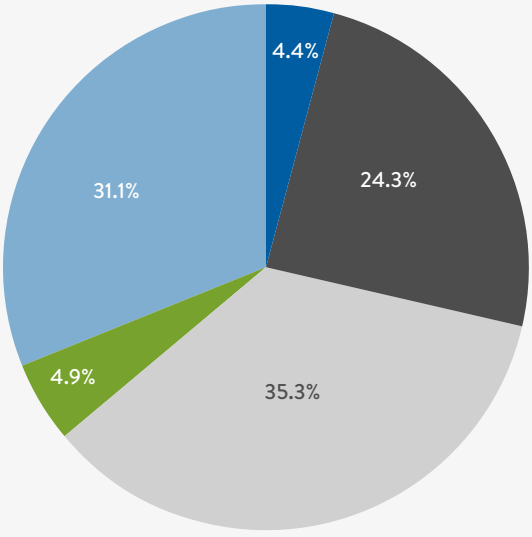
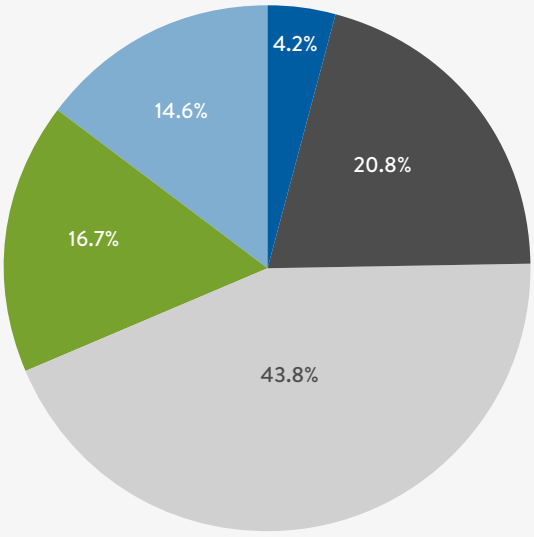


Figure 21. Quality assessment and requirements on RWD have lessened



Gaps in data and analytics skills and technologies must be filled

The pandemic has been an apt time to evaluate data skills and options for analytics technology – and to fill in any glaring gaps. Often, it isn't for lack of availability of these skills and technologies, but more a lack of urgency in harnessing and integrating them into old ways of working.

As De Prins says, the pandemic has provided a 'burning platform' to adopt the best technologies at our disposal to be able to provide a diverse set of interactions. "The use of AI and other advanced technologies will become a new playing field in Pharma," he says. "Those companies that are not able to obtain the commercial data, analytics capabilities, and the right technology/platform/channel capabilities to support the digitization of sales and marketing operations will have trouble being competitive."

RWE is business critical

According to Hague, "We believe one of the learnings from the current pandemic is that the capabilities, expertise and scientific knowledge of the research-based Pharma industry have a critical role to play in advancing and protecting human health."

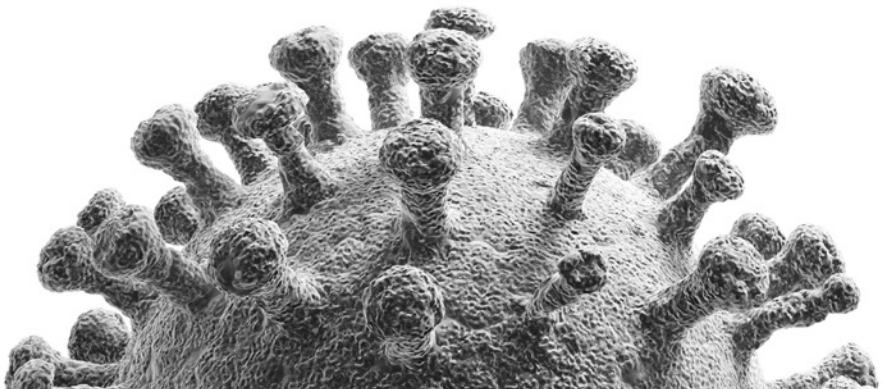
Wong is of a similar opinion: "It is clear that we, as a community, must mobilize our activities to accelerate and elevate RWE and make it central to and business critical for all that we do in discovery and development, and not just relegate it to post-marketing commitments."

Nevertheless, data challenges remain, with 28.7% of survey respondents saying that patient data privacy laws in the area where they work are going to be tightened after COVID-19 research curtails; 60.8% also say quality assessment and requirements on RWD have not lessened (figure 20).

Data expertise and strategic data partnerships will become even more crucial for dealing with data privacy and quality issues. "We need to work with stakeholders to ensure patients benefit from future advances in treatment, while working collaboratively with healthcare systems to ensure we have the right data and evidence to make informed, data-driven investment decisions," says Hague.

Wong supports this: "In every part of the value chain, we need access to trusted RWD and platform capabilities to perform rapid response analytics. The more the healthcare community at large commits to coming together to work on solutions – with relevant stakeholders having a seat at the table, especially in ensuring that patients are front and center – I am hopeful that openness, transparency and ethical behaviors will help reinforce the long-term trust needed to assuage fears of privacy concerns."

> "No one entity or function will be able to solve this crisis on its own – those that are agile and able to work well with others to drive an innovation agenda will create value all along the chain."
>
> Marc Princen, Chief Executive Officer, **Mundipharma**



Partnerships can accelerate access

If Pharma is to brave the 'new and better normal', stakeholder engagement will be essential. According to Princen, "The ubiquity of COVID-19 has only demonstrated the importance of access to medicines, especially in low- and middle-income countries.

"Whilst non-government organizations are playing, or even revising, their role in this challenge, industry and governments will also play an important collaborative role. The speed at which collaborations have been formed, information shared, and approval to vital medicines/candidates secured could help shape a future blueprint. We fully expect further partnerships and collaborations to expedite access to medicines."

The power of partnerships has been demonstrated in efforts to secure a cure for COVID-19. "More than ever before, collaborations are the key driver in this race for a cure," says Wong. "There have been a number of virtual hackathons and study-a-thons led by academia and consortiums, such as those hosted by the Massachusetts Institute of Technology (MIT) and Observational Health Data Sciences and Informatics (OHDSI), to bring together the data science and R&D community.

"Also, initiatives such as the COVID-19 Evidence Accelerator, led by the Reagan-Udall Foundation and Friends of Cancer Research, have brought together the healthcare, data science, technology and regulatory communities in a non-competitive space to share learnings across the RWE and RWD landscape."

Connecting internal silos promises huge benefits

In our survey, 73% of respondents are seeing an increased openness from their Commercial colleagues to collaborate with Medical Affairs and over 63.5% also say they are seeing an increased openness from R&D colleagues to collaborate.

In addition, 75% of those in Market Access are seeing more openness from other functions for internal collaboration to achieve access and 69.4% are seeing more openness from other functions for internal collaboration to generate RWE.

It seems the drive to connect internal silos to ride out the COVID-19 storm may mean Pharma firms emerge stronger. "The way we work is likely to change forever post-COVID-19," says Princen. "We have a step-change opportunity to improve how patients are being supported. Every function in our organization plays an important role here."

Wong adds: "No one entity or function will be able to solve this crisis on its own – those that are agile and able to work well with others to drive an innovation agenda will create value all along the chain."

"No one entity or function will be able to solve this crisis on its own – those that are agile and able to work well with others to drive an innovation agenda will create value all along the chain."

Jennifer Wong, Regional Head of RWE (The Americas) and Global Engagement Lead for Evidence Generation, **Sanofi Genzyme**

Patient access must be pandemic-proof

During the pandemic, patient access to medicines has been a huge problem, especially in the therapeutic areas that were not COVID-19 related. As an industry, blockages to patient access constitute a failure of the core purpose of treating patients and bringing value to them. "We sincerely hope that a focus on timely patient access to pharmaceutical innovation will continue to be a priority for healthcare systems," says Hague.

Our experience during the COVID-19 crisis calls for a review of how innovative treatments are conceptualized. As Princen explains, "The long-term economic impact of COVID-19 on already-stretched healthcare systems puts even more pressure on the industry to demonstrate the value of innovation in new medicines."

Seeing how gravely a pandemic can cripple healthcare systems, future innovation must be about providing support to healthcare providers in such a way as to make patient access to treatments and services pandemic-proof. For instance, Pharma can increasingly support efforts to provide treatment and care outside of hospitals.

According to Hague, "As we move towards an uncertain economic future, there will likely be a renewed appreciation of services, treatments and specialist expertise that reduce the burden on limited healthcare resources by helping patients receive care outside of the hospital setting, which will, in turn, enable patients and/or their carers to continue working productively."

"The long-term economic impact of COVID-19 on already-stretched healthcare systems puts even more pressure on the industry to demonstrate the value of innovation in new medicine."

Jennifer Wong, Regional Head of RWE (The Americas) and Global Engagement Lead for Evidence Generation, **Sanofi Genzyme**

Conclusion

The pandemic has put pressure on HCPs and Pharma alike to continue serving their customers in conditions most never thought they would have to contend with.

It has been tough, but it is driving rapid progress towards a 'better normal'.

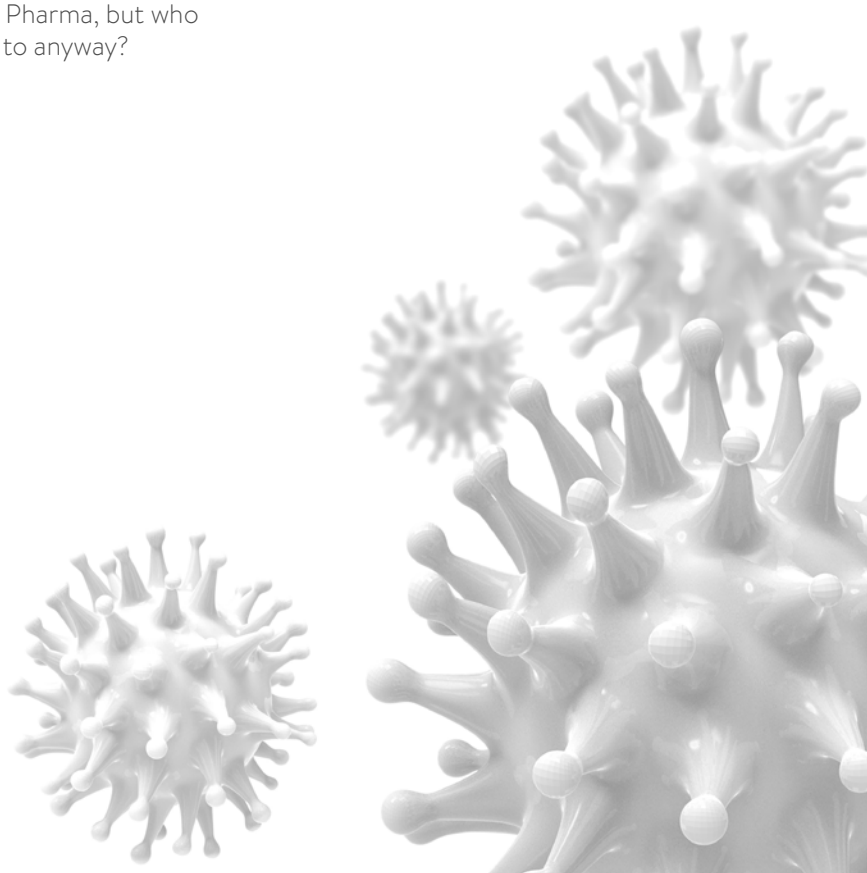
The pandemic has renewed the industry's commitment to patients and refocused its purpose and priorities.

The most responsive organizations now have a chance to make improvements in customer experience deep and far reaching. The leading companies are taking this moment as a great opportunity to use the current unprecedented disruption to go beyond a focus on the transactional metrics, such as how many virtual meetings they conducted. Instead, they are questioning how they could reinvent both their technology and at the same time their cultural 'stack' to achieve an experiential edge in addition to a scientific one, says Virmani.

"We see the top leadership in three or four of the leading organizations engage in what change they can drive from a cultural perspective to improve customer experience and create a competitive edge in terms of how they change planning process, how they allocate resources, how they execute omnichannel, how they remove silos and move towards a more unified, agile digital approach. Those organizations will win."

Beyond commercial, different functions have stepped up in the midst of multiple challenges. Their response has created an internal shift that will change Pharma forever – and for the better. There is now a clear view of the opportunities to be reaped from better digital capabilities, RWE, and patient-centricity.

There's no going back to the pre-COVID Pharma, but who would want to anyway?



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