

The logo for 'sermo speaks' is centered in a white rectangular area. 'sermo' is in a bold, black, lowercase sans-serif font with a purple underline beneath the 'o'. 'speaks' is in a purple, lowercase sans-serif font. To the right of the white area is a purple triangle pointing left, and a teal line separates the white area from the purple triangle.

sermo speaks

Welcome to Sermo's HCP Sentiment Series Part 7 Webinar

What Physicians Really Want, from Clinical Trials to Personalization

Nice to meet you all!



Erin Fitzgerald, CMO

Erin joined Sermo in 2018 to lead the delivery of the company's global marketing strategy including: commercial go-to-market, community growth, brand development, demand generation operations, corporate communications and media relations.

She has over 10 years of marketing and leadership experience from enterprise health B2B2C companies.



Cokie Hu, VP Analytics & Business Strategy

Cokie joined Sermo in 2020 to enhance the company's data solutions and insights delivery. She has 10+ years of healthcare experience in a variety of operations, finance and strategy functions.

Cokie received a BS from the Massachusetts Institute of Technology and an MBA from University of Chicago Booth School of Business.



Dr. Elissa Yozawitz, Pediatric Neurologist

Elissa Yozawitz, M.D. received her medical degree from Upstate Medical University in 2005 and completed residency training in pediatrics at Long Island Jewish Medical Center as well in pediatric neurology at Albert Einstein College of Medicine, Montefiore Medical Center.

She joined Montefiore Medical Center in 2011 as Assistant Professor of Clinical Neurology and Pediatrics. She serves as a pediatric epileptologist as well as a director of neonatal neurology. She is an Associate Professor of Neurology and Pediatrics.

Introducing Sermo's HCP Sentiment Study Series

What?

Ongoing survey series where Sermo crowd sources and fields HCP questions collected directly from healthcare industry stakeholders

How?

Powered by Sermo's streaming insights capabilities and our panel of 1.3M healthcare practitioners across 150 countries

Why?

Help move healthcare forward by uncovering changing HCP dynamics and ways to best support the medical community

HCP Sentiment Series overview

	PART 1	PART 2	PART 3	PART 4	PART 5	PART 6
TOPICS	Physician<>patient engagement with and telehealth experiences	Physician interactions with medtech and pharma	Time to pre-pandemic patient levels & HCP access implications	Practice activity, telehealth and the future of pharma engagement	Remote engagement with pharma sales representatives	Engagement with pharma sales reps & sources of education
RESPONDENTS	1,392	1,155	1,209	1,705	1,818	1,688
COUNTRIES	9	9	8	8	8	7
SPECIALTIES	8	8	6	10	10	12
DATES	Apr 3 – 14	Apr 3 – 14	May 8 – 18	Jul 31 - Aug 6	Aug 8 - 17	Feb 11 - 25

Visit sermo.com/business/hcp-sentiment-study-series to download all reports and submit your questions

HCP Sentiment Study Part 7: research overview

- Questions were solicited from Sermo clients and fielded between August 26 – September 9, 2021
- Sermo invited physicians to participate among a list of six specialties across eight countries
- Screener requirements:
 - Between 3 and 35 years in practice
 - Spending 3-7 days per week speaking/meeting with patients
- Total sample: 1,062

Country	Sample
Spain	165
United States	164
Italy	154
Germany	152
United Kingdom	151
France	149
Japan	64
China	63
Specialty	Sample
Internal Medicine / Family Medicine	221
Cardiology	206
Oncology	182
Endocrinology	163
Dermatology	147
Neurology	143

PART 1

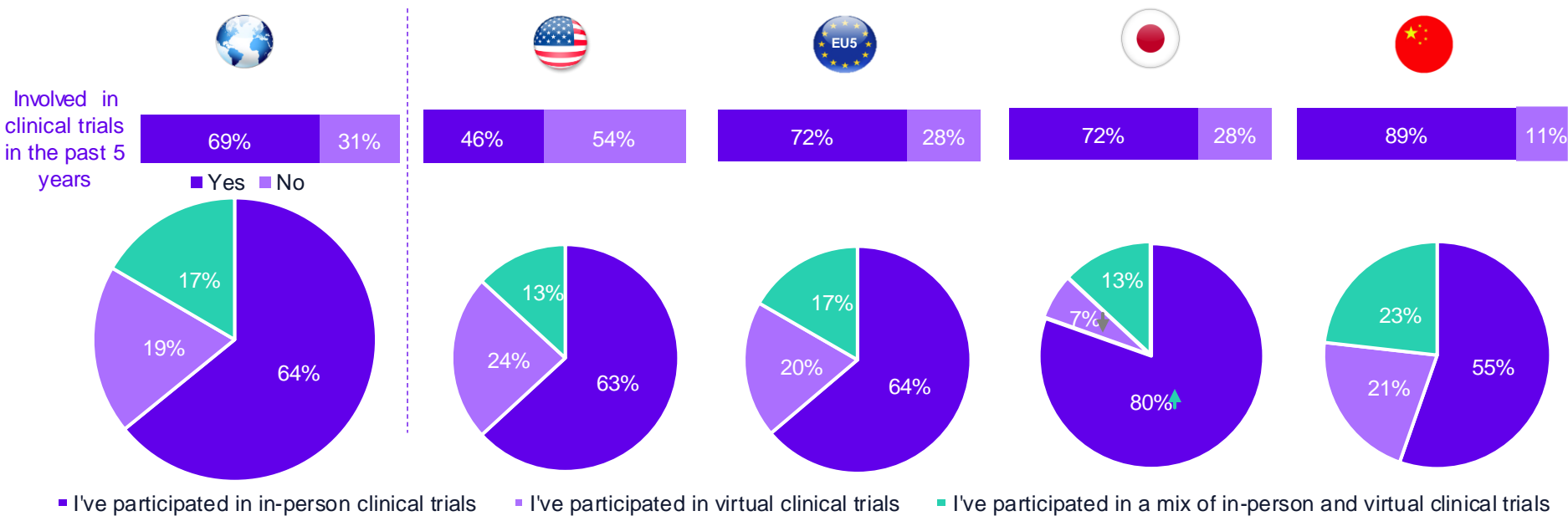
Clinical Trials

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In-person clinical trials remain the most popular format in the past 5 years. Good adoption of virtual and hybrid trials in US, EU5 and China, but more reserved in Japan

FORMAT OF THE CLINICAL TRIALS HCPs HAVE PARTICIPATED IN

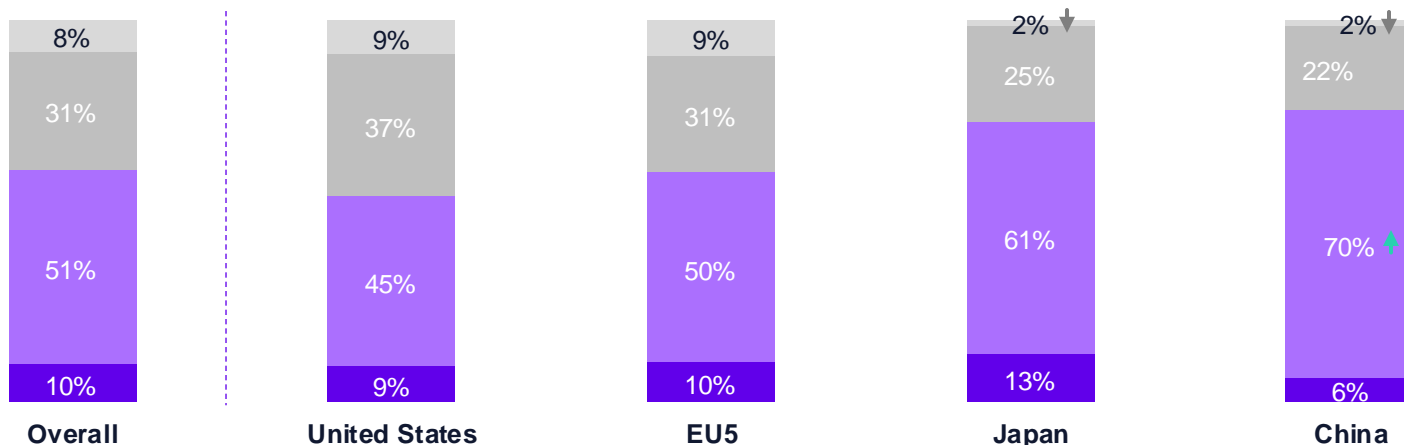


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	Total	USA	EU5	JPN	CHN
Base Sizes, n=	736	76	558	46	56

Physicians have positive view of virtual clinical trials: **over 60% agree that virtual are the future or even as good as traditional, in-person clinical trials**

VIEW TOWARDS VIRTUAL CLINICAL TRIALS



- I will only rely on results from traditional, in-person clinical trials
- Virtual clinical trials have a lot of unknowns and risks associated with them
- Virtual clinical trials have some challenges, but are the future
- Virtual clinical trials are just as good as traditional, in-person clinical trials

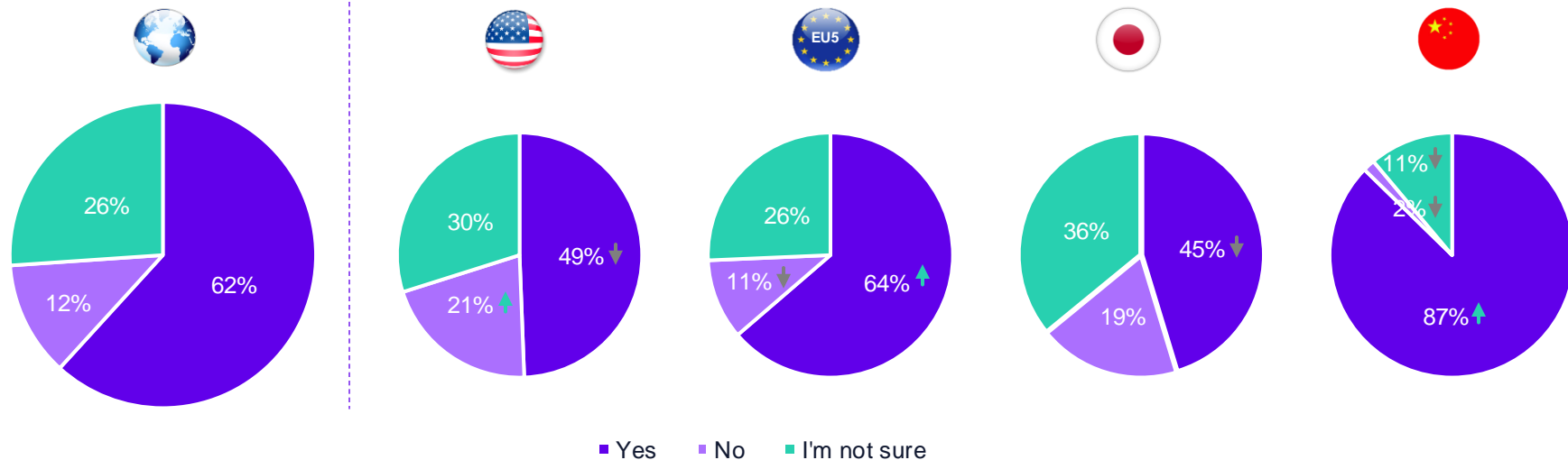
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Q20. Which statement best describes your view towards virtual clinical trials?

	Total	USA	EU5	JPN	CHN
Base Sizes, n=	1062	164	771	64	63

Nearly 2/3 of physicians express interest in participating in virtual clinical trials, with those in EU and China being most enthusiastic

INTEREST IN PARTICIPATING IN A VIRTUAL CLINICAL TRIAL IN THE FUTURE



↑ Significantly higher than Global at 95% confidence level
↓ Significantly lower than Global at 95% confidence level

	Total	USA	EU5	JPN	CHN
Base Sizes, n=	1062	164	771	64	63

Around half of physicians perceive **cost savings** as the greatest benefit of conducting clinical trials virtually, other reasons slightly differ across regions

BENEFITS OF CONDUCTING CINICAL TRIALS VIRTUALLY

GLOBAL



BY REGION



Cost efficiencies / cost savings



Easier to recruit patients



Better data collection



Ability to include more diverse, representative patient samples



Easier for participants to perform duties with the support of technology



Better physician oversight / time to see patients



Greater patient retention and trial compliance



Other



↑ Significantly higher than Global at 95% confidence level
 ↓ Significantly lower than Global at 95% confidence level

Top 3 choices

	Total	USA	EU5	JPN	CHN
Base Sizes, n=	1062	164	771	64	63

Greatest challenge perceived by physicians of conducting virtual clinical trials is the ability to provide a high standard of care virtually, especially in China

CHALLENGES OF CONDUCTING CLINICAL TRIALS VIRTUALLY

GLOBAL



Ability for physicians to provide a high standard of care virtually 64%



Technology challenges (e.g., blood pressure monitor not working properly) 53%



Concerns over data accuracy / data integrity 46%



Other 1%

BY REGION



Ability for physicians to provide a high standard of care virtually	62%	64%	56%	84%
Technology challenges (e.g., blood pressure monitor not working properly)	63%	51%	48%	57%
Concerns over data accuracy / data integrity	43%	45%	50%	59%
Other	1%	1%	NA	NA

Significantly higher than Global at 95% confidence level

Significantly lower than Global at 95% confidence level

	Total	USA	EU5	JPN	CHN
Base Sizes, n=	1062	164	771	64	63

What does this mean for the healthcare industry?

Key findings

- On average, 7 in 10 physicians were at some level involved in clinical trials in the past 5 years.
- Although in-person trials is still the most common, 1 in 4 physicians have participated in virtual clinical trials in the past 5 years, and the popularity of this format is likely to significantly grow over the next 5 years, with more than 60% of HCPs expressing their interest to participate in virtual trials.
- Cost saving are perceived as the greatest benefit of virtual clinical trials, and greatest challenge is the ability to provide a high standard of care virtually, especially in China.

Implications for industry

- There is already great optimism for virtual clinical trials by physicians, and pharma companies should continue to communicate benefits and provide solutions for overcoming challenges, particularly for those HCPs who are undecided.
- When communicating about virtual clinical trials, it is important to focus on different channels across regions due to distinct preferences. In Japan and China, there is greater acceptance of learning about virtual clinical trials from digital platforms

PART 2

Educational Resources

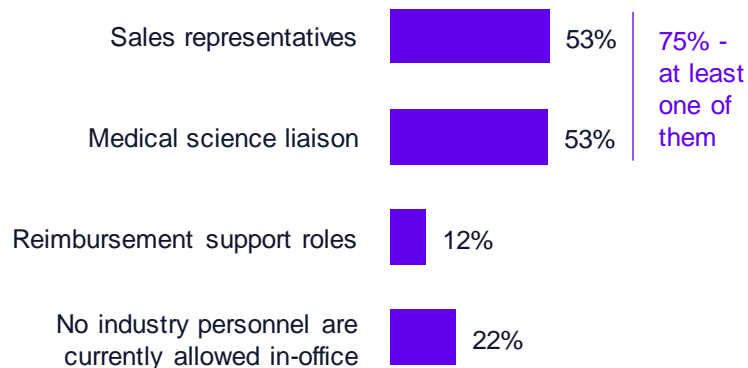
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Sales reps and/or MSLs have access for in-office meetings in 75% of practices, on average

PHARMACEUTICAL PERSONNEL WITH ACCESS TO HCP PRACTICE

GLOBAL



BY REGION



	USA	EU5	JPN	CHN
Sales representatives	47%	54%	70%	51%
Medical science liaison	41%	56%	33%	67%
Reimbursement support roles	34%	19%	27%	19%
No industry personnel are currently allowed in-office	12%	11%	6%	24%

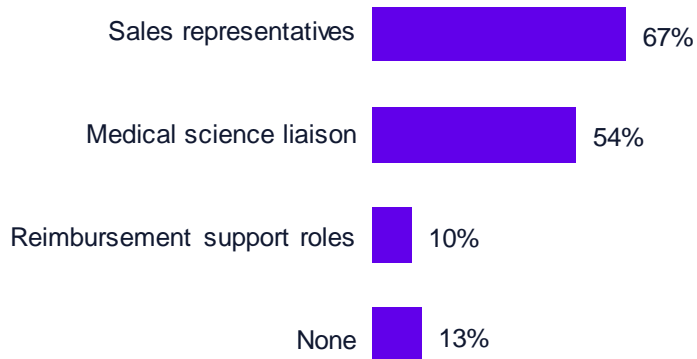
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	Total	USA	EU5	JPN	CHN
Base Sizes, n=	1062	164	771	64	63

Despite some restricted access, most physicians have met with sales reps or MSLs in past 6 months either in person or virtually

PHARMACEUTICAL PERSONNEL MET PERSONALLY IN PAST 6 MONTHS

GLOBAL



BY REGION



	USA	EU5	JPN	CHN
Sales representatives	65%	66%	81%	76%
Medical science liaison	37%	57%	45%	65%
Reimbursement support roles	11%	10%	5%	19%
None	24%	11%	11%	10%

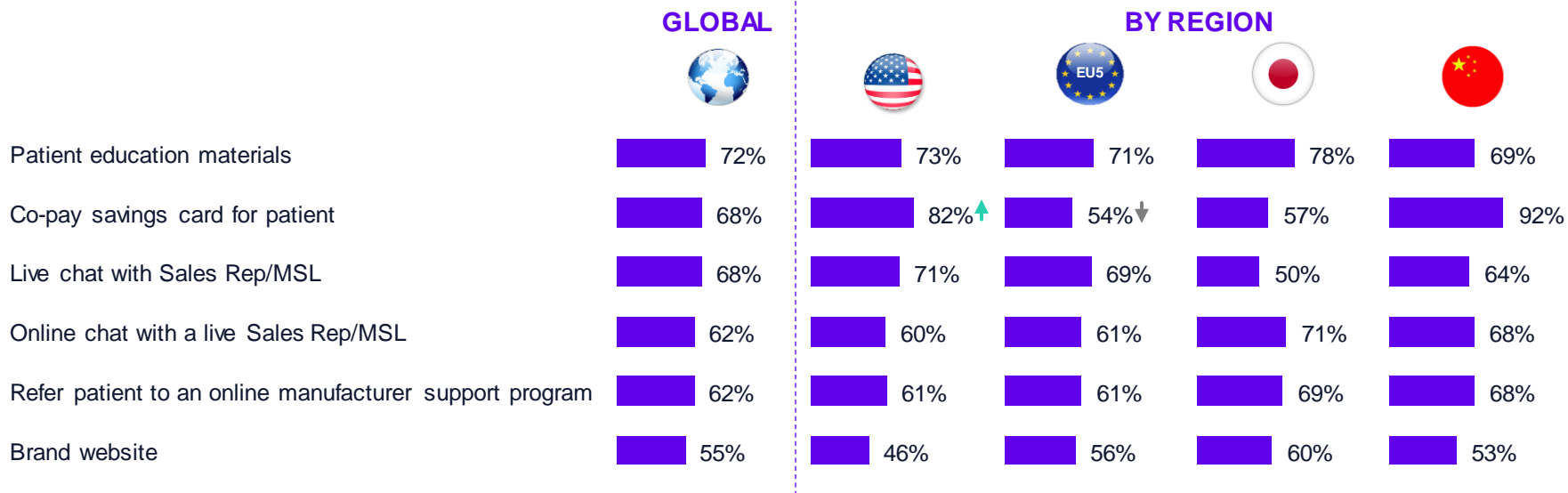
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Q7. Which type of pharmaceutical personnel have you personally met with in the past 6 months, either in-person or virtually?

	Total	USA	EU5	JPN	CHN
Base Sizes, n=	1062	164	771	64	63

Patient education materials are generally perceived to be most valuable by physicians. In the US and China, co-pay savings cards are considered most valuable.

% OF HCPs FINDING PATIENT CARE RESOURCES VALUABLE
(Top 2 Box Extremely Valuable and Very Valuable)



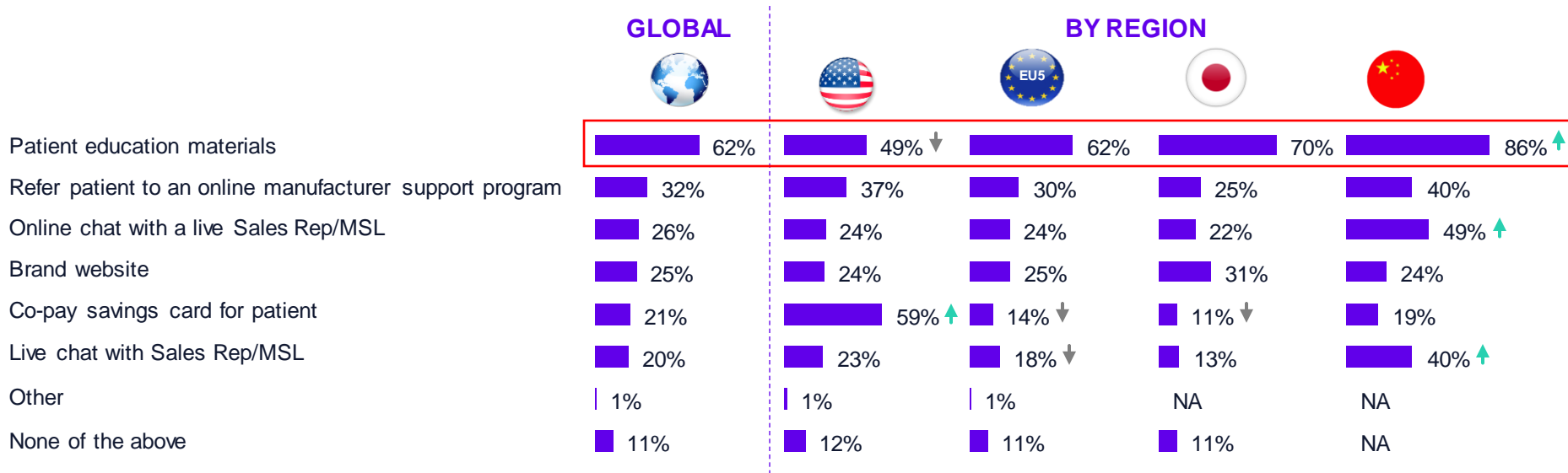
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Q11. How valuable do you find each of the following resources?

	Total	USA	EU5	JPN	CHN
Base Sizes, n=	948	144	684	57	63

On average, 6 in 10 physicians leveraged patient education materials to support patient care in the past 12 months, other resources being considerably less used

RESOURCES/ACTIONS LEVERAGED TO SUPPORT PATIENT CARE IN THE PAST 12 MONTHS

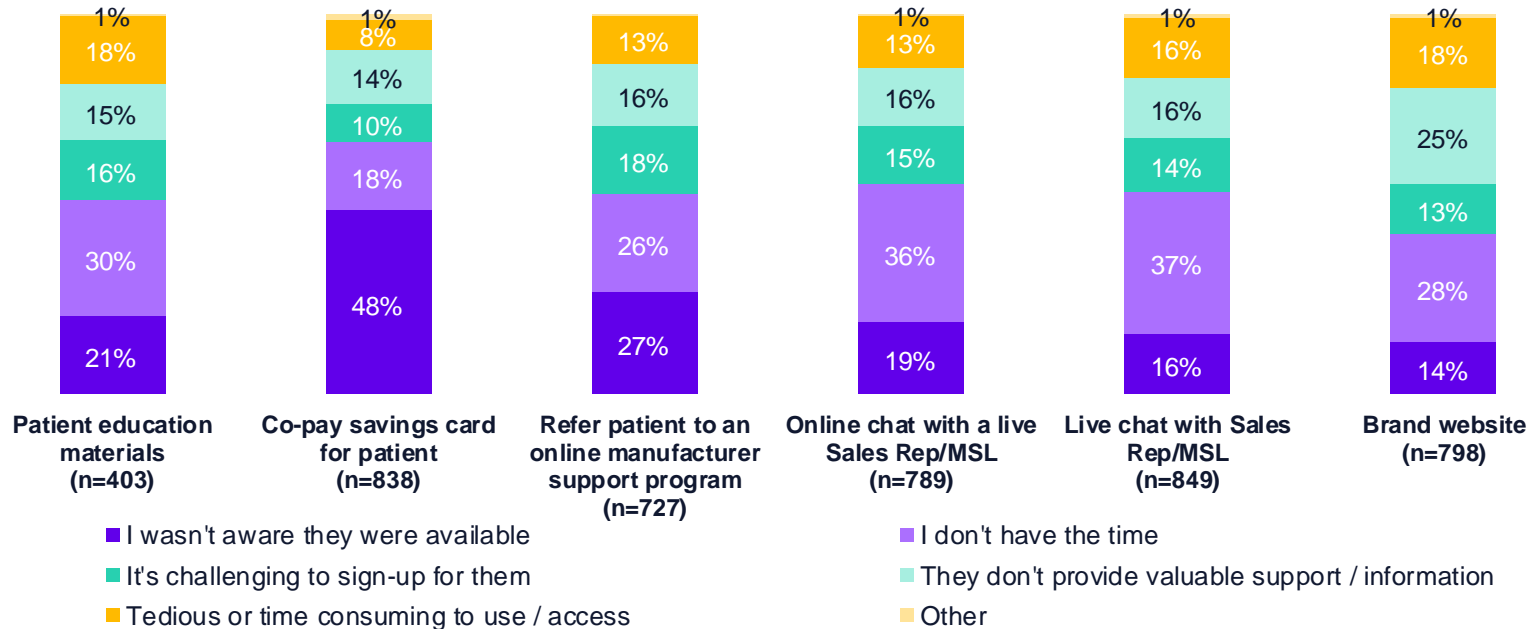


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	Total	USA	EU5	JPN	CHN
Base Sizes, n=	1062	164	771	64	63

Lack of time as well as lack of awareness of resources were the top 2 reasons for not using each of the patient care resources

REASONS FOR NOT USING PATIENT CARE RESOURCES



What does this mean for the healthcare industry?

Key findings

- Most offices are accessible by sales reps and/or MSLs, with 75% of practices open to in-office meetings and ~2/3 of physicians report having met with sales reps and half of physicians report having met with MSLs in the past 6 months either virtually or in-person.
- Although physicians report the varied resources offered by pharma to be valuable like chat with sales reps/MSLs, online manufacturer support program, brand website or co-pay saving cards for patients, they use patient education materials most to support patient care, with other resources being used considerably less

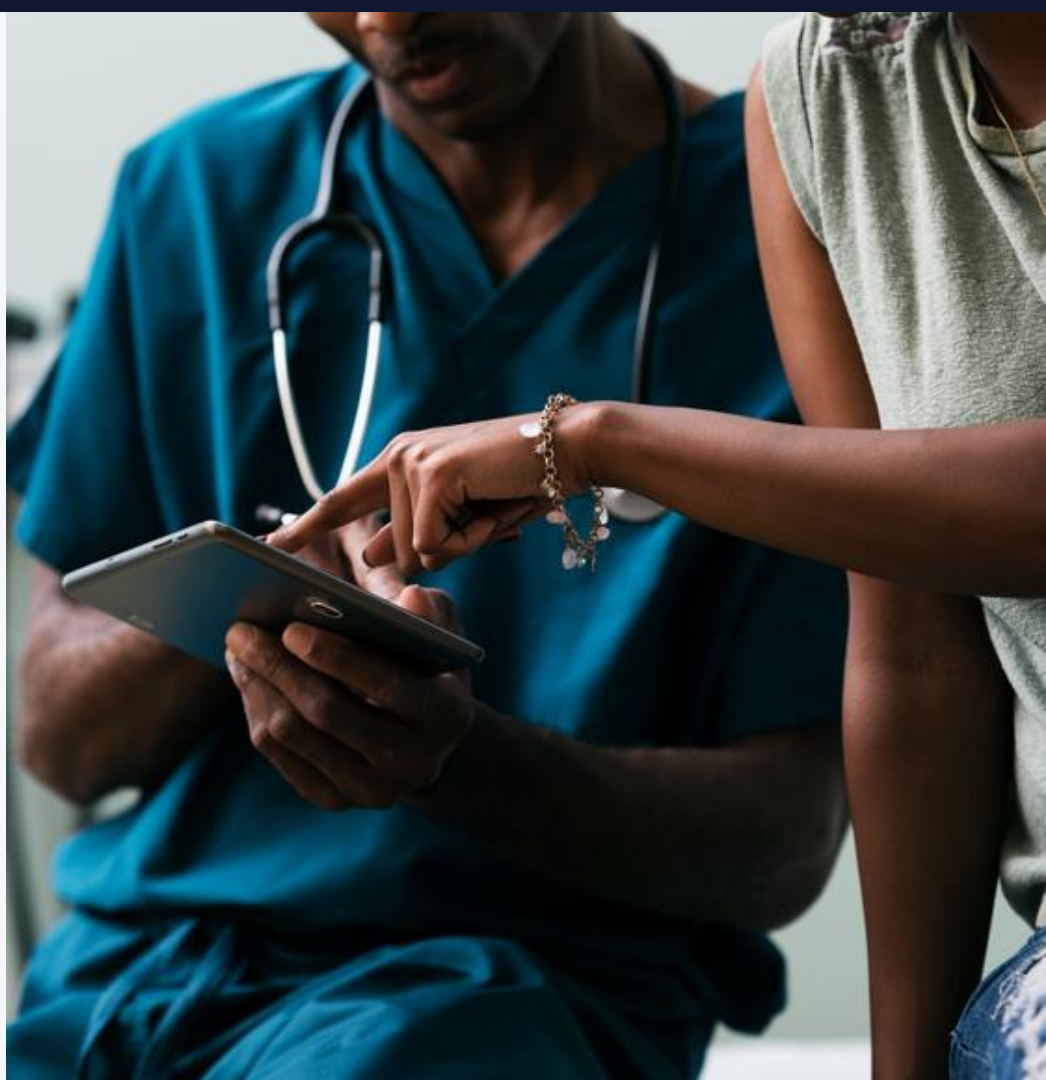
Implications for industry

- When deciding where to invest resources, pharma should focus on developing patient education materials which are highly valued by physicians and are most often used over other resources
- A considerable share of physicians indicate being unaware of availability of some other patient care resources. Thus, another investment area for pharma could be marketing the *availability* of these other resources

PART 3

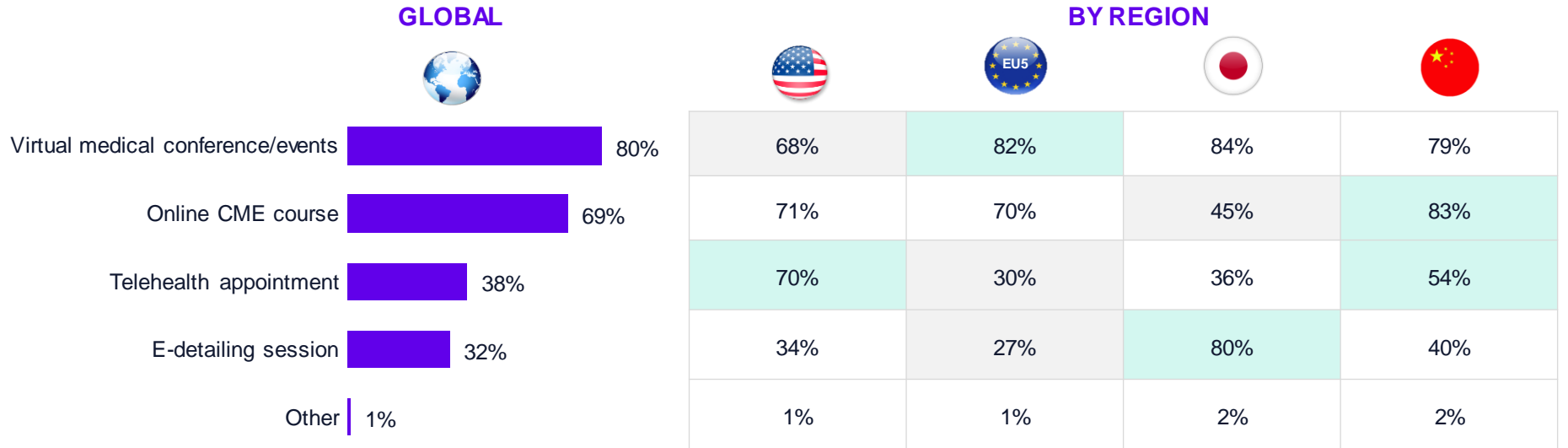
Educational Events

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There has been pervasive participation in **virtual conferences** and **online CME courses** in the past 12 months. Telehealth appointments were popular in US and e-detailing popular in Japan, but less prevalent in other markets.

PARTICIPATION IN VIRTUAL EVENT TYPES IN THE PAST 12 MONTHS



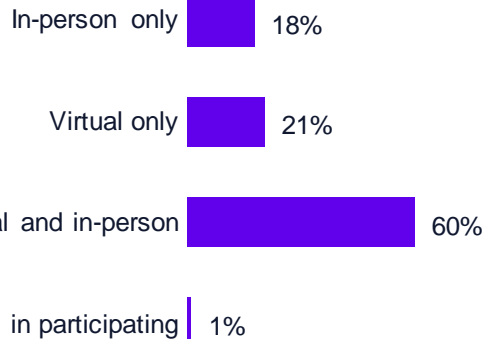
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	Total	USA	EU5	JPN	CHN
Base Sizes, n=	1062	164	771	64	63

Over the next 12 months **hybrid** virtual and in-person format is the most preferred approach for medical events across all regions, with limited interest in only in-person events globally

PRERFERRED FORMAT FOR MEDICAL EVENTS/CONFERENCES OVER THE NEXT 12 MONTHS

GLOBAL



BY REGION



	USA	EU5	JPN	CHN
In-person only	23%	19%	5%	6%
Virtual only	29%	19%	36%	8%
Hybrid: virtual and in-person	46%	61%	59%	86%
I'm not interested in participating	2%	1%	NA	NA

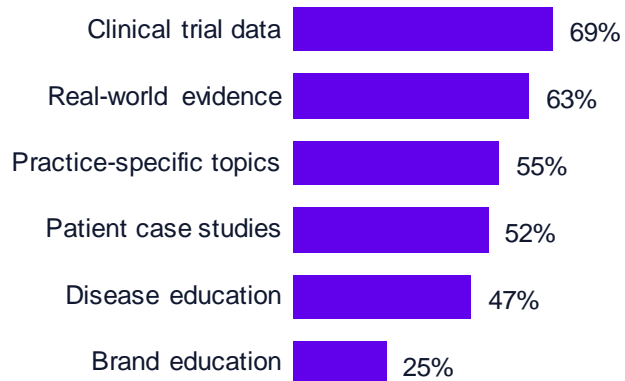
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	Total	USA	EU5	JPN	CHN
Base Sizes, n=	1062	164	771	64	63

HCPs are most interested in **clinical trial data** and **real-world evidence** when it comes to medical conferences or events

CONTENT TOPICS MOST INTERESTED IN AT MEDICAL CONFERENCES OR EVENTS

GLOBAL



BY REGION



	USA	EU5	JPN	CHN
Clinical trial data	74%	66%	83%	76%
Real-world evidence	62%	61%	80%	68%
Practice-specific topics	48%	58%	30%	59%
Patient case studies	42%	50%	67%	86%
Disease education	56%	44%	66%	46%
Brand education	21%	25%	17%	40%

Significantly higher than Global at 95% confidence level

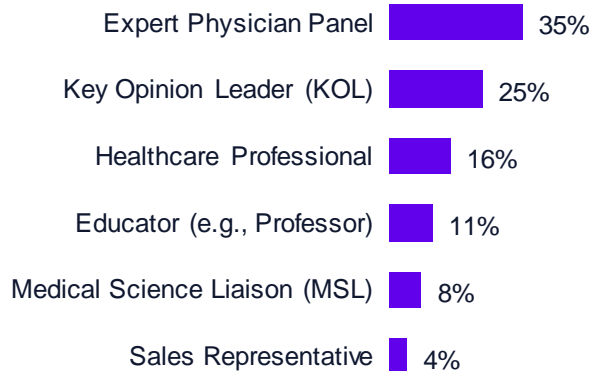
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	Total	USA	EU5	JPN	CHN
Base Sizes, n=	1062	164	771	64	63

Expert Physician Panels and KOLs are the most preferred speakers in medical events, favored by 6 in 10 HCPs

MOST PREFERRED SPEAKER IN MEDICAL EVENTS

GLOBAL



BY REGION



	USA	EU5	JPN	CHN
Expert Physician Panel	41%	35%	20%	44%
Key Opinion Leader (KOL)	27%	23%	42%	14%
Healthcare Professional	12%	16%	11%	30%
Educator (e.g., Professor)	13%	12%	9%	2%
Medical Science Liaison (MSL)	4%	9%	8%	8%
Sales Representative	3%	5%	9%	2%

Significantly higher than Global at 95% confidence level

Significantly lower than Global at 95% confidence level

	Total	USA	EU5	JPN	CHN
Base Sizes, n=	1062	164	771	64	63

What does this mean for the healthcare industry?

Key findings

- There has been pervasive participation in virtual conferences and online CME courses in the past 12 months
- Over the next 12 months hybrid virtual and in-person format is the most preferred approach for medical events across all regions, with only 2 in 10 physicians preferring only in-person events
- Physicians would like to learn about new events from medical organizations and hear from expert physician panels or KOLs as speakers on clinical trial data and real-world evidence topics in these events.

Implications for industry

- COVID has established a new normal – hybrid virtual and in-person format are now the most preferred for events.
- Although exclusively in-person events are no longer preferred, pharma should continue to reach and interact with physicians incorporating some in-person interactions.

PART 4

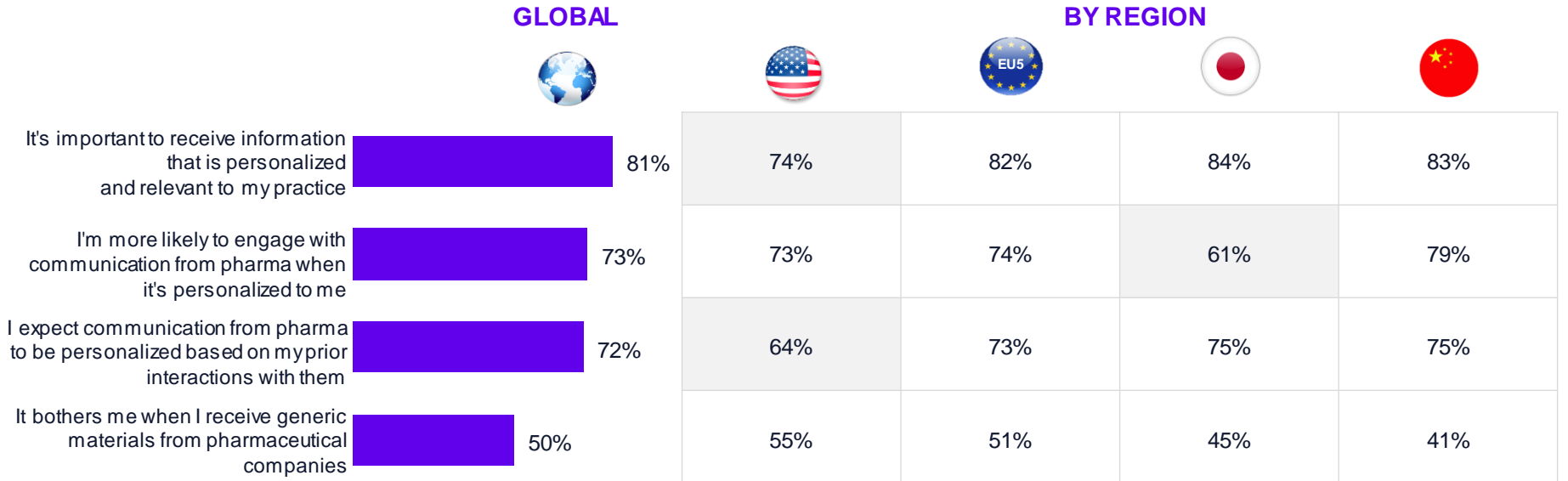
Personalization of Marketing Content

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8 in 10 physicians highly value personalized information when they receive it from pharma vs. generic materials, which 5 in 10 HCPs find bothersome

% OF HCPs AGREEING WITH PERSONALIZATION-RELATED STATEMENTS



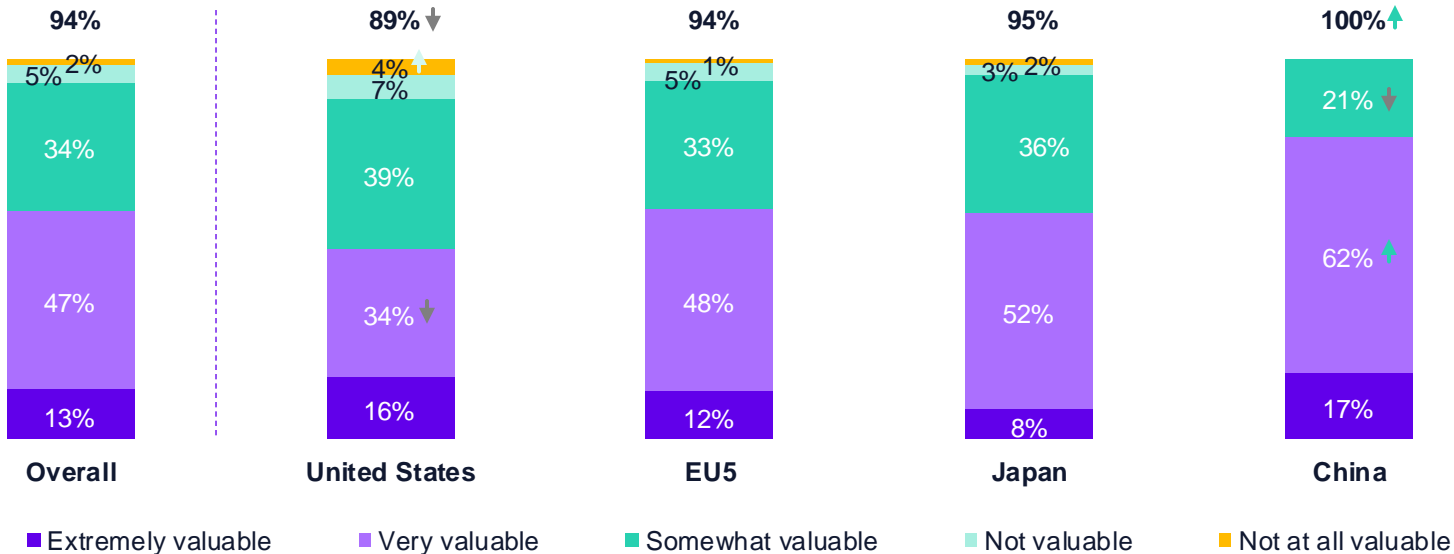
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	Total	USA	EU5	JPN	CHN
Base Sizes, n=	1062	164	771	64	63

Vast majority of physicians find it valuable to be able to **personalize patient education materials** to better match patients' needs

VALUE OF BEING ABLE TO PERSONALIZE PATIENT EDUCATION MATERIALS

Top 3 Box



Q15. There are online platforms that allow you to customize educational treatment materials to share with patients in-office or via telehealth appointments, including customizing the treatment indication, patient images, graphics, and more. In your opinion, how valuable is it to be able to personalize patient education materials to better match your patient populations' needs?

↑ Significantly higher than Global at 95% confidence level
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	Total	USA	EU5	JPN	CHN
Base Sizes, n=	1062	164	771	64	63

What does this mean for the healthcare industry?

Key findings

- 8 in 10 physicians highly value personalized information when they receive it from pharma. 5 in 10 physicians find it bothersome to receive generic information from pharma and hence potentially ignore the materials obtained.
- Vast majority of physicians find it valuable to be able to personalize patient education materials to better match patients' needs

Implications for industry

- Personalization of materials is a must. Physicians expect personalization of materials for them and for their patients and are more likely to engage with personalized content.
- Consider partnering with platforms that also allow physicians to personalize content on their own, for their own patient population, to drive usage and impact.

Opportunities for streaming healthcare insights & engagements



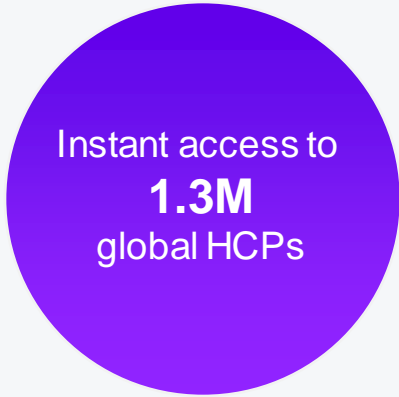
Traditional Quant & Qual

Fully customizable, end-to-end support enables you to gain the insights you need



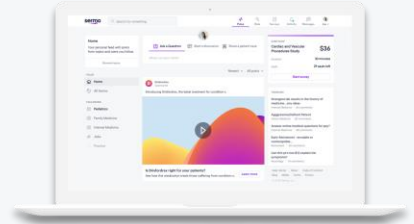
Social Listening

Mine 6M+ peer-to-peer conversations and 1M+ Drug Ratings to learn what physicians are *really* saying



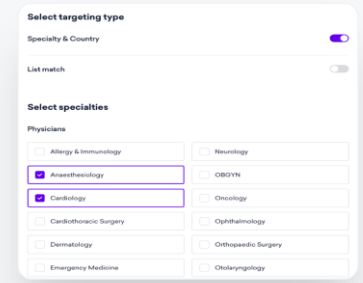
Physician Engagement

Build meaningful, highly targeted experiences with physicians



RealTime Insights

On-demand, quick turnaround quant & qual survey platform



Additional Q&A Insights from Attendees & Panelists

We had some fantastic questions from webinar attendees and unfortunately couldn't address them all live. The good news? We've answered all the questions below in partnership with our Medical Advisory Board Member and panelist, Dr. Elissa Yozowitz.

Additional Insights from Dr. Yozowitz, Pediatric Neurologist:

Q: Do you feel pharma websites satisfy a physician's needs around patient resources?

A: The websites are easy to navigate if the physician engages and goes to the website. The problem is physicians do not always actively go to a pharma's website, so it is helpful if pharma reaches out to the physician with the high yield information and the physician can follow up with additional questions.

Q: How do podcasts and webinars fit into your professional education? What about industry sponsored symposiums at conferences?

A: Podcasts and webinars are very physician specific. Some physicians like them and listen to them when driving to/from work or during their free time. Other people do not use them at all. Industry sponsored symposiums are typically attended if the topic is new and exciting or if the speakers are well known. However, people are reluctant at times to attend because the symposiums are at odd hours or conflict with other meetings.

Q: While I understand the value of hybrid meetings from the HCP perspective, what is the perspective on the value to manufacturers? Do HCPs really go to the Virtual Exhibit Booths and engage with the company regarding their products?

A: For the last few virtual conferences I attended, I did not go to the virtual exhibit booths. I would imagine that if a HCP has a specific question or interest, they will attend.

Q: How do you feel about handing over personal information to industry to inform personalisation? What do you feel comfortable sharing?

A: I feel most HCP are willing to share this information. A lot of time at conferences/events, this information is taken automatically from our badge.

Additional Q&A Insights from Attendees & Panelists, cont.

We had some fantastic questions from webinar attendees and unfortunately couldn't address them all live. The good news? We've answered all the questions below in partnership with our Medical Advisory Board Member and panelist, Dr. Elissa Yozawitz.

Additional Insights from Sermo:

Q: Do we think [hybrid in-person/virtual] is just COVID response or the future of conferences?

A: We think (and hope!) hybrid events are here to stay due to the many benefits this flexible approach provides. Attendees can now join meetings from all over the world within the comfort of their own home, saving them travel time as well as expenses. Providing all event content on-demand also allows for greater reach as attendees can watch based on their availability, even after the event dates have passed. On the flip side, attendees can join live if they have availability to travel and would prefer some face-to-face time with peers and industry personnel.

Q: Please define personalization in the context of this survey. Is it addressing HCP by name (alone); or is it tailoring messages based on their treatment algorithms?

A: We have a broad definition of personalization as it depends on the channel and tactic in discussion. Specifically for digital marketing efforts, personalization refers to dynamically pulling in the physician's information and interests/areas of expertise, such as their name, specialty, and information on their specific patient population.

Click [here](#) for more exclusive HCP Insights from our Sentiment Series and submit your questions for our next study!

Thank you

To learn how Sermo can support your HCP insights and engagement goals, email us at business@sermo.com

