

Webinar Q&A Report:

Understanding Health Care Decision Maker Preferences for Optimized Engagement

1. Have you found any data on whether manufacturers who produce more alternative communication venues see face-to-face engagements decrease?

Nonpersonal communications drive and enhance personal communications. In addition, nonpersonal communication is important to supplement personal communications for a consistent message. Omni channel campaigns that include personal and non-person have greatest impact.

2. For participants from outside of the US, can you elaborate on what a disease state expert role entails?

Outside of the US, what we refer to as disease state experts are typically called clinical experts and serve as advisors and consultants on national or regional boards or agencies that make decisions about product access and reimbursement. ICON's proprietary database provides access to clinical experts across the UK and EU4 countries.

3. Can you comment on the value of leaving information behind so the customer can review it at their own time?

Nearly all payers value leave behind material. Leave behind materials drive more personal conversation between pharm reps and decision makers. Leave behind materials also provide convenience and a concise summary to access key points when needed and adds to the credibility of communication.

4. Does the sentiment of sticking with the primary point of contact for coordinating interactions also apply in health systems?

In general, yes. With health systems, having an individual or core team that oversees and coordinates the message can enhance the relationship and ensure a consistent message is communicated across the organization. However, there is variability in organization structure across systems and across disease categories. You need to understand where the product decisions are being made and who are the influencers and users within a system to build an

effective engagement strategy. ICON can help with profiling and stratifying your organized provider customers to optimize resources and engagement efforts across the system.

5. When approaching a new plan with no history, what is the best approach for establishing a new relationship?

Establish yourself/company in the area of interest, referral from trusted sources, be active at congress and conventions, targeted nonpersonal communication, publication in peer-review articles. Segmentation and targeting of plans.

6. Where do dossiers and those types of traditional reactive communication fall into this mix?

The approved product dossier is a reactive document typically stored on AMCP (Academy of Managed Care Pharmacy) site and can be accessed upon demand – this would be considered a non-personal communication. For more information on developing a dossier contact ICON at <https://www.iconplc.com/contact/>.

7. Is there variation in rep cadence by specialty, for example oncology?

Cadence in meeting with healthcare decision makers is influenced by new events, novelty, or variation in market, policy, treatments, or patients. Such occurrences can trigger increased interest in communications and information sharing.

8. Can you elaborate more on voice assistant examples?

Voice assistants, like SIRI and Alexa, are becoming commonplace in many households. Provider organizations are interested in leveraging the technology to improve healthcare. One example is using Alexa to administer a sensitive questionnaire to assess post-partum depression in a nonpersonal, non-judgmental environment.

9. Do patient advocacy groups play a larger role with payer decisions?

Patient advocacy groups are very influential in certain disease states and can significantly influence access to some products, especially rare diseases and diseases that impact young people. It is important to understand the role advocacy groups play in the categories of interest and effective strategies to work with advocacy groups. Research assessing priorities and influence can support development of strategies and tactics to ensure good relationships with advocacy groups.

10. Do you see an increase in payers wanting unbranded vs. branded communications more?

No. There has always been a mix depending on the needs within the disease category, interest, and market maturity.

Contact Details

If you have additional questions for [ICON](#) regarding content from their webinar or if you wish to receive additional information about ICON's products and services, please contact them at:

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