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New tools in the medical representatives' work in the context of digital marketing development

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The COVID-19 pandemic and lockdown affected pharmaceutical companies to a much bigger focus on digital communications. The scope of communication transformed due to restricted traveling, limited person engagement and prohibited office meetings. For instance, the coronavirus outbreak in the U.S. led to the resettlement of the American medical representatives (MR) to their homes, while remote work leveled up to 62 % in April 2020.

The work-from-home trend was gaining popularity in every part of the world. Hence the majority of MR were converting to communicate with doctors remotely. Virtual instruments of communication are included in companies' engagement strategies all around the world. Remote detailing became crucial for pharmaceuticals in terms of adapting to these new times and seizing a lot more opportunities in healthcare practitioners' engagement.

The aim of this work is to analyze new instruments in the MRs' work in the context of digital marketing development, their benefits for industry and specialists.

The paper uses methods of desk marketing research: analysis of documents, statistics, comparative and descriptive method.

Digital communications of MRs with healthcare practitioners provide a lot of benefits for the pharmaceutical companies, such as cost savings, enhanced coverage of specialists, increased healthcare practitioners' loyalty, higher contact frequency, constant personalization and steady support for doctors.

Switching to remote communications with MRs, physicians save working hours to connect with patients or other professional activity. Therefore, the format of video call would suit them far better, and this is not only because of restrictions, but mainly due to convenience. Wins of remote detailing for healthcare professionals are place and

time control of a remote meeting; access to the latest medical resources and materials and professional support in any situation and at any time.

Communication between MR and doctor via web-based audio and video, screen sharing and remote control capabilities contains several stages:

1. Pre-call stage (training). MR is provided with a laptop or tablet for the project and takes part in trainings to learn to work with the platform.

2. Invitation. An invitation email is sent to a doctor (during a face-to-face visit, for example).

3. Confirmation. After the remote meeting is confirmed, an email with a link to join a call is sent to the physician automatically.

4. Reminder. A quick notification should be sent 1 hour prior to the remote session along with a link to join a meeting.

5. Remote call execution. Sharing of a presentation between MR and healthcare professional during a remote call is done via a browser. What is more, it does not require the physician to install additional plugins or applications.

6. Follow-up. A doctor's survey and a follow-up email with all the materials are sent immediately after the remote session.

7. Post-call analysis. Quality assessment is of high importance. Recording and analyzing MRs' calls after remote sessions can generate numerous insights regarding the overall performance and strategy view. They are used for future communication enhancement and improving conversation skills. Call recordings could be also used as a training or educational resource for others, so it turns out to be an important step in much more solid healthcare practitioners' engagement.

A post-call analysis allows managers to identify the team's drawbacks in communication, in other words, some technical issues during remote eDetailing, technical skills gapping, difficulties with explaining some product information and so on. Listening to the best practices enables MR to evaluate their own performance and compare to the best ones, and to improve personal communication skills.

Therefore, remote communication is a promising digital channel of marketing communications for pharmaceutical companies