

5 US HCP Engagement Trends to Watch in 2025



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This P is for Policy

Brand strategists often discuss the many Ps of Pharmaceutical marketing—Patient at the center, Physician-driven, Payer environmental scans. In 2025, the P of importance will be Policy. With a new administration promising transformative change across the government, a core focus for biopharma teams in 2025 will be predicting, preparing for, and adjusting to healthcare and pharmaceutical policy shifts.

Relative to the first Trump administration, the ingredients are in place for a recipe of broad change across the health policy landscape—a "Make America Healthy Again" campaign mandate with a new focus on chronic diseases; a Republican Congress to enact proposed bills, and, if confirmed, a new group of "changemakers" leading all healthcare agencies from Mehmet Oz at Centers of Medicare & Medicaid Services, to Robert F. Kennedy, Jr, at the helm of Health and Human Services. The specifics of anticipated change are more like the Senate confirmation hearings—less certain. How the new administration will alter direct-to-consumer (DTC) advertising, influence the US Food and Drug Administration's (FDA) processes and authority, change the Affordable Care Act, and reform 340B—or which new policies will be developed—remains uncertain. Current policies around Medicare drug price negotiations, Medicaid eligibility, and pharmacy benefit manager operations will likely continue, but the direction or pace may change.

Key opportunities and risks exist for the industry and patients. For example, while it is not expected that the Affordable Care Act will be repealed, the tax credits that enabled the numbers under current marketplaces to expand to 21 million in 2024 (vs 12 million in 2021) are set to expire at the end of 2025—will these be renewed? And if not, how will current enrollees be impacted?¹

Another open question is Medicaid eligibility and structure. Medicaid now covers 1 in 5 Americans, according to the Kaiser Family Foundation. With the incoming administration's focus on deregulation, state autonomy, and managing federal spending, what federal and state level changes are in store for Medicaid funding and work requirements?

Identifying and engaging policy-driven Thought Leaders who have a pulse on potential changes within this evolving and unwieldy healthcare and pharmaceutical policy landscape at the local, state, and federal level will be critical.



- Who are the Thought Leaders with connections to newly selected and confirmed leaders within the Department of Health and Human Services and the Centers for Medicare and Medicaid Service?
- Which advocacy and medical associations are expected to actively engage around policy issues?
- Who are the healthcare provider (HCP) leaders/advisors of these organizations?
- Can positions be aligned across advocacy and interest groups to create the best chance for positive change?



Not Your Grandfather's Thought Leader Liaison Team

A rose by many names: Regional Marketing Liaison, Thought Leader Liaison, External Engagement Lead. And guess what? *These roles are back*. In December, more than 50 positions were advertised on LinkedIn under the term "Thought Leader Liaison." Companies across various sizes and disease areas are investing heavily in rapidly expanding these teams.

Why? Field sales team access is low, Medical Affairs engagement has limitations, and competition for HCP mind space is at an all-time high.

But the explosion in the number of these roles doesn't mark a shift—the role itself has evolved. Key Opinion Leader (KOL) engagement is now merely the jumping-off point for pharmaceutical companies, not the end of the race. Today's Thought Leader Liaisons may have tasks such as insights, content development, sentiment assessment, peer-to-peer strategy, and much more within their remits, with corresponding performance metrics.

Having expanded these teams, 2025 will be a year of refining assessment metrics and more strategically assessing what "type" of team will be most effective based on disease area dynamics, competitive pressure, specialty educational styles, and product strategic needs. It will also define how to evolve the team over time. Unbranded content—historically desired by HCPs and questioned by manufacturers—may finally become king.



- What is the most effective "portfolio-based" approach to defining regional/district Thought Leader target lists that integrate product strategic needs, competitive pressures, and regional dynamics?
- What "newer" responsibilities should be included within the Thought Leader Liaison roles (eg, advisory board planning, educational engagements, health equity activities, key account assessment, social media tracking, and local/regional advisory boards)?
- How should training programs and toolkits expand as expectations broaden for Thought Leader Liaisons?
- What metrics beyond advocacy and engagement should be considered to assess individual and team impact?
- How should different companies structure and recruit their Thought Leader Liaison teams based on competitive gaps in the market and HCP educational needs?



Changed for Good—Telehealth Here to Stay

Who can say if we've been changed for the better (Shameless Wicked reference)? According to the 2023 American Medical Association Telehealth report, the number of physicians reporting telehealth utilization jumped from 25.1% in 2018 to 79% in 2020 and then dropped to 74.4% in 2022.2 Yes, telehealth boomed during the COVID-19 pandemic, but it is here to stay.

The recently signed American Relief Act included a 3-month extension of telehealth flexibilities through March 31, 2025. Importantly, patients also want telehealth options. **Approximately "1 in 4 consumers are willing to switch doctors if virtual visit options are not offered,"** according to a July 2024 Deloitte Center for Health Solutions survey.³

However, HCP level of utilization varies. The same AMA study noted that while only 10% of all physicians conducted over 20% of their weekly patient visits via telehealth, more than half (54.1%) of psychiatrists conducted over 20% of their visits via telehealth, and, not surprisingly, geographic variance exists.

These dynamics have major implications for HCP engagement. Challenges may exist with HCP access; with HCPs heavily involved in telehealth, it may be more challenging for field sales teams to engage. Conversely, incorporating telehealth-focused educational materials based on specialties of focus and regional utilization may provide additional value to HCPs.



- Where and who are the higher volume telehealth practices and providers?
- How does their treatment behavior differ from other settings?
- Who are the influencers within the space? How should engagement approach and educational needs differ for HCPs who are more focused on telehealth?



Spotlight on Consumer Opinion Leaders

In 2024, we saw the launch of 2 direct to patient online digital health platforms—LillyDirect and PfizerForAll. Both platforms provide access to select prescription medications and include partnerships with consumer-focused companies, such as Amazon and InstaCart. Notably, both platforms are linked to another key pharma trend, telehealth. They offer access to telehealth providers, which has drawn strong concern from some senators on potential impartiality.

Consumer-centricity is not a new trend. A biopharma company providing "patients an innovative end-to-end experience to manage their health and access their medicines" as an Eli Lilly representative noted in a press release?⁴ That is new.

It is still too early to gauge the impact of these programs, whether they will remain limited to select therapeutic areas and how payers will respond. In 2025, more companies may initiate similar programs. How consumer experiences and expectations are shaped by these platforms, if they are at all, remains to be seen.

It's also worth noting that the evolving policy environment could affect this space. Robert Kennedy Jr., who is proposed to lead the Health and Human Services, has expressed an interest in banning DTC advertising. A ban will likely face challenges, but restrictions on DTC are possible and would limit an avenue for direct patient engagement. In this environment, consumer-focused platforms are likely to see increased interest. As the saying goes, when a door closes, a window opens.



- How do these Consumer Opinion Leaders differ from traditional Key Opinion Leaders?
- What channels and platforms do these COLs leverage to engage their audience (eg, TikTok vs LinkedIn)?
- How should engagement strategies be adjusted to ensure connections with COLs?



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Return of the Independent Practice Jedi

In this movie, consolidation, corporations, and integrated delivery network (IDN) s are members of the Galactic Empire, and independent practices are freedom fighters of the Rebel Alliance. It's enough to make you ask—could 2025 be the year of uprising?

According to the American Medical Association 2022 report on Recent Changes in Physician Practice Arrangements, "between 2012 and 2022 the share of physicians who work in private practices fell by 13 percentage points from 60.1 % to 46.7%." Other reports show a starker picture, with a Physicians Advocacy Institute report estimating the percentage of doctors employed by hospitals or other corporate entities in 2023 as 77.6%, up from 73.9% in 2022 and 25.8% in 2012.6

However, the physician experience within corporate practices or health systems has been mixed. Many physicians continue to face the same struggles that drove them away from independent practices—burnout, paperwork burden, payment limitations—while also bearing the additional challenges caused by a loss of autonomy and increased bureaucracy. An October 2024 article from Bain & Company noted that "nearly one-quarter of physicians in health-system-led organizations are considering switching employers, compared to just 14% in physician-led ones. Among those seeking to leave, 37% want to move to physician-led practices."

In 2023, the American Independent Medical Practice Association (AIMPA) was formed as "the first national, multispecialty advocacy organization focused exclusively on the challenges and opportunities faced by independent medical practices." Rumblings in the physician space suggest that the "ceiling" may have been reached, and more physicians, disenchanted with their current employment, are starting to assess whether to return to independent practice.



- Which specialties and regions are more likely to see a slowdown in the volume of providers employed by hospitals or other corporate entities?
- How should engagement preferences and approaches differ for these HCPs that have "returned" to private practice?
- What new tools and educational needs do these independent practice physicians have?



BONUS: Al is dead. Long Live Al

A 2025 trends report without mention of AI? Couldn't be us.

Realistically, Al's impact in 2025 vs 2024 may look like a contest between evolution and revolution within the HCP engagement space. All is already a key component of the next- best-action programs and omnichannel initiatives. In 2024, most teams initiated some Gen All pilots and programs, experimenting with the role of All in summarizing insights and developing briefs.

In 2025, these programs will be refined, and teams will better understand where AI has gaps in some tasks (like assessing sentiment or suggesting Thought Leaders for engagement) and clear advantages in others (such as synthesizing data). Specifically, Gen AI will become part of the workflow vs the entire the workflow.



- How can Gen Al be leveraged and integrated with Human Insights to rapidly and accurately synthesize Thought Leader insights?
- When does Dr ChatGPT replace Dr Google as more consumers use Gen Al platforms as search engines for health-related questions?
- When do HCPs begin spending more time on Gemini than on Medscape and other informational platforms?



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