Remote Detailing in Pharma: Trends, Tech, and Compliance

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digital transformation

Remote Detailing in the Pharmaceutical Industry

([Abiogen Pharma selects IQVIA's Remote Engagement solution to maintain interactions with customers - IQVIA](#)) A pharmaceutical sales representative engaging a healthcare professional via a virtual detailing platform. Remote detailing uses video/web conferencing and digital content instead of in-person office visits ([Remote detailing: strategy, content, and technology](#)). Reps send HCPs an invitation link and then present approved slides, videos or live demos over the internet, often on tablets or laptops ([Remote detailing: strategy, content, and technology](#)) ([What is e-detailing? Advantages for Pharma Marketers-Bigtincan-Bigtincan](#)). Unlike traditional face-to-face meetings, remote sessions break down geographic barriers and allow flexible scheduling (HCPs simply click a link to join, no extra software needed ([What is e-detailing? Advantages for Pharma Marketers-Bigtincan-Bigtincan](#))). In practice, many companies now deploy dedicated *remote* or *hybrid* sales teams to conduct these e-detailing calls and integrate them into broader [multichannel campaigns](#) ([What is e-detailing? Advantages for Pharma Marketers-Bigtincan-Bigtincan](#)).

Market Trends and Adoption

Remote detailing adoption surged during the COVID-19 pandemic and has since stabilized at much higher levels than pre-pandemic. For example, IQVIA reported a **62% increase** in remote detailing use compared to pre-COVID baselines ([Things are going to be different - IQVIA](#)), as face-to-face rep visits plummeted. A Syneos Health/AnswerSuite study found that U.S. in-person detailing fell from ~89% of interactions before COVID to 0% at the worst point, then recovered only to ~62% by mid-2021 ([Syneos study: Hybrid detailing efforts maintain momentum - MM+M – Medical Marketing and Media](#)). Even in 2023, over **56% of sales interactions** reportedly occur via remote channels (up from 52.1% the year before) ([Healthcare Marketers Trend Report 2024: A techno twist](#)), illustrating that digital remains a major component of rep-HCP engagement. Many HCPs also prefer it: a Veeva survey found **85%** of physicians expressed interest in meeting reps online ([The Rise of the Virtual Rep-PharmaVoice](#)). Industry surveys reflect this shift: one recent report notes **36.7%** of pharma marketers reallocated field-force budget toward virtual/remote detailing tools ([Healthcare Marketers Trend Report 2024: A techno twist](#)). These trends are summarized below:

Metric	Value	Source
U.S. rep interactions conducted remotely	56.0% of interactions (up	Survey of healthcare marketers ([Healthcare Marketers Trend

Metric	Value	Source
(2023)	from 52.1%)	[Report 2024: A techno twist](#))
Budget reallocated to remote detailing tools	36.7% of respondents	Survey of healthcare marketers ([Healthcare Marketers Trend Report 2024: A techno twist](#))
Increase in remote detailing vs pre-COVID (early 2020)	+62%	IQVIA claims analysis ([Things are going to be different - IQVIA](#))
HCPs increasing use of digital resources (COVID-impacted)	73% of HCPs report increased use	IQVIA (Klick Health source) ([Things are going to be different - IQVIA](#))
Physicians interested in rep video visits	85% of HCPs	Veeva Systems survey ([The Rise of the Virtual Rep-PharmaVoice](#))

These data indicate that while some face-to-face calls have returned (especially hybrid models), remote detailing has become mainstream. Notably, analysts conclude **face-to-face will not fully return** to pre-COVID levels; success now comes from well-coordinated hybrid strategies ([Syneos study: Hybrid detailing efforts maintain momentum - MM+M - Medical Marketing and Media](#)) ([Healthcare Marketers Trend Report 2024: A techno twist](#)).

Benefits and Challenges of Remote Detailing

From an IT and operational standpoint, remote detailing offers significant advantages but also introduces new challenges:

- **Benefits (IT Perspective):** Virtual detailing greatly **scales rep reach** – a single rep can make many more calls per day (no travel) and cover remote or hospital accounts otherwise hard to reach (The Rise of the Virtual Rep-PharmaVoice). Digital calls are typically longer and more engaging than quick hallway drops: one report found remote calls average ~14 minutes (versus ~2 minutes in person) (The Rise of the Virtual Rep-PharmaVoice). Platforms automatically **capture rich data and analytics** on HCP engagement (e.g. which slides were viewed, polls clicked) (The E-detailing Guide: Benefits, Challenges, and Best Practices) (The Rise of the Virtual Rep-PharmaVoice). Content updates and compliance are easier: approved promotional materials can be updated centrally and pushed live to all reps, ensuring **consistent messaging** (The E-detailing Guide: Benefits, Challenges, and Best Practices) (The E-detailing Guide: Benefits, Challenges, and Best Practices). Cost savings accrue from reduced travel and printing (The E-detailing Guide: Benefits, Challenges, and Best Practices). Remote systems can be integrated with CRM/CLM (e.g. Veeva CRM, Salesforce Health Cloud) so calls are logged automatically with the correct HCP records, feeding into reporting dashboards. Security is also improved in some respects: modern platforms support encryption and access controls, safeguarding proprietary slides and any PHI that might arise (The E-detailing Guide: Benefits, Challenges, and Best Practices) (The Top 5 Tips for Optimized Large-Scale Deployments).

- **Challenges:** IT teams must invest in reliable **infrastructure and devices**. Equipping reps with tablets or laptops and high-speed connections can be expensive (The E-detailing Guide: Benefits, Challenges, and Best Practices). Video calls must be rock-solid; dropped calls or poor audio/video degrade HCP trust. Ensuring tools integrate with existing systems is non-trivial: CRM platforms may require custom APIs or middleware to sync virtual call logs and content usage data. **Security and compliance** are paramount: platforms must encrypt data in transit and at rest and meet healthcare privacy standards (The Top 5 Tips for Optimized Large-Scale Deployments) (The E-detailing Guide: Benefits, Challenges, and Best Practices). If any patient-specific data enters a discussion (e.g. case studies), HIPAA rules could apply, so IT must enforce strict access controls and audit trails. Finally, users need **training** on the new tools; poor uptake by reps or HCPs can limit ROI (E-Detailing: Keyways for Successful Implementation of Digital Technologies in the Pharmaceutical Marketing - Platforce) (The E-detailing Guide: Benefits, Challenges, and Best Practices). Designing an engaging virtual experience is also harder – the lack of face-to-face cues means reps must adapt presentation styles and content (e.g. more interactive polls or infographics) to maintain attention (E-Detailing: Keyways for Successful Implementation of Digital Technologies in the Pharmaceutical Marketing - Platforce).

Benefits vs. Challenges

Benefits	Challenges
Reach more HCPs per day (no travel)	Requires investment in devices, bandwidth (The E-detailing Guide: Benefits, Challenges, and Best Practices)
Rich digital analytics on engagement (The E-detailing	Ensuring reliable video/audio quality (tech reliability) (E-Detailing: Keyways for Successful

Benefits	Challenges
Guide: Benefits, Challenges, and Best Practices)	Implementation of Digital Technologies in the Pharmaceutical Marketing - Platforce)
Easy content updates & consistency (The E-detailing Guide: Benefits, Challenges, and Best Practices)	Integrating with existing CRMs/CLM systems
Lower cost per call (no printed materials) (The E-detailing Guide: Benefits, Challenges, and Best Practices)	Data security/privacy compliance (HIPAA concerns) (The E-detailing Guide: Benefits, Challenges, and Best Practices) (The Top 5 Tips for Optimized Large-Scale Deployments)
Ability to train/roll out new content centrally (The E-detailing Guide: Benefits, Challenges, and Best Practices)	Needs user training and change management (The Top 5 Tips for Optimized Large-Scale Deployments) (The E-detailing Guide: Benefits, Challenges, and Best Practices)

Technologies and Platforms

Pharma companies use a mix of specialized and general-purpose tools for remote detailing. Common solutions include:

- **Veeva CRM (Engage/CoBrowse):** A pharma-focused CRM with built-in remote detailing. Sales and medical teams can **schedule virtual calls**, present approved slides/videos in real time, and capture all interaction data in CRM (Remote detailing: strategy, content, and technology) (Tools of the Trade-PharmaVoice). Veeva's CoBrowse feature, for example, allows two-way guiding of HCPs through content with automatic logging of the session (Tools of the Trade-PharmaVoice).

- **IQVIA OCE (Remote Engagement):** IQVIA's platform for orchestrated customer engagement includes a virtual detailing module. It provides a web app for reps and can even supply trained virtual detailer teams. Sessions support rich media and feed results into IQVIA analytics (IQVIA Remote Detailing - IQVIA).

- **Microsoft Teams / Zoom:** Many field reps simply use enterprise video platforms. These provide reliable video/audio and screen sharing; IT can deploy enterprise-licensed versions (e.g. Teams with HIPAA compliance) and integrate with calendars. They are easy for HCPs to join and allow multiple participants if needed (Remote detailing: strategy, content, and technology).

- **Salesforce Health Cloud or Commercial Cloud:** As a CRM backbone, Salesforce can track HCP data and schedule calls. With add-ons (e.g. Salesforce Meetings or Veeva integration), calls can be launched from CRM and logged automatically.
- **Other eDetailing/CLM systems:** Tools like Agnitio, Pitcher, or internal CLM apps can also support virtual visits by delivering interactive slide decks or digital brochures during calls.

Table: Remote Detailing Technologies

Tool/Platform	Category	Key Features/Notes
Veeva CRM (Engage/CoBrowse)	eDetailing/CRM	Cloud-based detailing, live 2-way HCP engagement, content sharing and analytics (Remote detailing: strategy, content, and technology) (Tools of the Trade-PharmaVoice)
IQVIA OCE (Remote Engagement)	eDetailing/CRM	Virtual call platform + managed remote rep teams, tightly CRM-integrated (IQVIA Remote Detailing - IQVIA)
Microsoft Teams / Zoom	Video conferencing	Enterprise video calls with screen share; widely accessible, supports HIPAA-compliant modes
Salesforce (Health/Commercial)	CRM	HCP data platform; with integrations can schedule and log remote calls
Custom CLM/eDetailing Apps	Content delivery	Interactive slide decks, polls, digital brochures for virtual sessions

Secure, Scalable Deployment Best Practices

Implementing remote detailing at scale requires IT rigor. Key practices include:

- **Infrastructure Planning:** Adopt cloud services (e.g. Azure, AWS) to handle large concurrent video traffic. Use content delivery networks (CDNs) so reps in any region get good performance. Plan for elastic scalability (auto-scaling servers, databases) to handle usage spikes.
- **Security and Compliance:** Conduct thorough **security audits** before rollout (The Top 5 Tips for Optimized Large-Scale Deployments). Enforce **least-privilege access**: only

authorized reps can start calls or present content. Encrypt all call streams and data at rest (The Top 5 Tips for Optimized Large-Scale Deployments). Use enterprise login (SSO with MFA) for all platforms. Maintain full audit logs of who presented what, in case FDA or internal compliance needs traceability. If any PHI might be discussed, choose HIPAA-compliant video solutions (e.g. Zoom for Healthcare). Regularly patch and update software and apply network segmentation if needed (The Top 5 Tips for Optimized Large-Scale Deployments).

- **Integration and APIs:** Leverage open APIs/SDKs of your CRM and video tools to integrate them. For example, use Veeva or Salesforce APIs to log call records and rep-HCP relationships. Test integrations thoroughly in a staging environment (The Top 5 Tips for Optimized Large-Scale Deployments) before go-live.

- **Testing and Monitoring:** Establish a test environment that mirrors production scale; perform automated and stress tests on the video service (The Top 5 Tips for Optimized Large-Scale Deployments). Monitor call quality and usage in real time (via dashboards or logs) so that IT can detect dropouts or high latency. Prepare incident response plans for outages or security incidents (The Top 5 Tips for Optimized Large-Scale Deployments) (The Top 5 Tips for Optimized Large-Scale Deployments).

- **User Training and Change Management:** Provide comprehensive training for sales reps and support staff (including quick-start guides, mock sessions, video tutorials). Hold change management sessions so reps understand how to adapt their style for video calls. Engage key field leaders early to champion the tools (The Top 5 Tips for Optimized Large-Scale Deployments).

Adhering to these practices will maximize uptime, user adoption, and data security for remote detailing programs.

Case Studies and Examples

- **IQVIA – Abiogen Pharma (Italy):** In 2020, Abiogen Pharma (mid-sized biotech) rapidly deployed IQVIA's OCE Remote Engagement. Reps took just 1.5 hours average training, and the system was live in one week. Within days, Abiogen's field team conducted *500+ remote calls per day*, each ~10–20 minutes long. The calls focused on knowledge transfer and used interactive quizzes, resulting in high HCP satisfaction and adoption by reps. This case highlights how a familiar platform (IQVIA OCE) enabled quick scaling of virtual interactions without disrupting existing CRM workflows.

- **Virtual Rep at Large Pharma:** According to industry reporting, many top pharma (e.g. Pfizer, Novartis, etc.) have integrated remote detailing into their processes. Veeva notes that by enabling remote eDetailing in their CRM, reps can schedule virtual calls that automatically capture analytics. In practice, analysts found remote calls *2–8× longer* on average than brief office visits (The Rise of the Virtual Rep-PharmaVoice). This deeper

engagement can translate to better educational outcomes. (For example, Veeva reports that HCPs retain more information from scheduled video calls than from rushed in-person drop-ins (The Rise of the Virtual Rep-PharmaVoice).) Moreover, by reducing travel, one rep can cover a geographically wider territory, including clinics in rural areas or hospital settings where in-person visits are restricted (The Rise of the Virtual Rep-PharmaVoice).

- **Technology Adoption Example:** Veeva's CRM CoBrowse (2015) was explicitly designed as a cloud remote-detailing tool. It allowed call center or sales teams to "lead HCPs through approved promotional and medical content" online, with a two-way dialogue (Tools of the Trade-PharmaVoice). All content (videos, PDF, slides) was streamed securely and every interaction detail saved in CRM (Tools of the Trade-PharmaVoice). This illustrates how a purpose-built eDetailing solution can blend content management, regulatory compliance (only approved content used), and multi-channel analytics.

These examples show that when implemented well, remote detailing can safely substitute for face-to-face calls without loss of educational impact.

Regulatory Considerations

Remote detailing is subject to the same FDA and privacy regulations as any promotional activity. All product claims made must be **consistent with approved labeling** (no off-label promotion) and supported by substantial evidence (Microsoft PowerPoint - UPDATED - Loeb Social Media_Life Sciences.pptx). In practice, this means any slides or verbal claims in a video call must match the drug's official indications and risk information. FDA advertising/promotion guidances (including recent social media guidelines) apply – e.g. interactive webinars or emails used in eDetailing still require fair balance of efficacy and safety. While there is no FDA rule specifically banning video detailing, companies often keep *scripts* and training materials for audits to prove compliance.

HIPAA can become relevant if protected health information (PHI) enters the session (for instance, discussing a patient case). To be safe, IT should prefer **HIPAA-compliant communication tools** (encrypted, Business Associate Agreements, etc.) and avoid any storage of PHI on rep devices. Even though remote detailing is B2B, HCPs may raise patient examples; always emphasize de-identified data.

In short, the onus is on the pharma company to ensure remote calls meet all usual regulatory standards. Detailed record-keeping (call logs, content versions) and user permission controls are recommended. (FDA's Office of Prescription Drug Promotion enforces digital promotion just as any other advertising channel.)

Measuring ROI and Success

Key performance indicators (KPIs) should align with both commercial and technical goals. Useful ROI metrics include: *number of remote calls per rep*, *HCP coverage rate*, *call duration/engagement*, *conversion to prescription or next-step*, and *cost per call* (including savings on travel). On the revenue side, track *sales lift or market share* in territories with high remote interaction. On the cost side, measure reductions in travel expenses and printed materials.

Pharma CLM literature advises tracking **sales growth and cost per conversion** to assess ROI (Key Performance Indicators for Measuring ROI in Pharma). For example, if a remote detailing campaign costs $X, do sales of that product increase by more than $X? Reps can also log which accounts were reached virtually to ensure important HCPs aren't neglected. Other metrics from IT monitoring include platform uptime and call success rates (as service quality indicators). Feedback from HCPs (surveys or follow-up polls) can gauge satisfaction. In all cases, tying digital engagement data back to CRM (closed-loop marketing) is vital for measuring true impact (Key Performance Indicators for Measuring ROI in Pharma).

Future Outlook

Remote detailing is now a **permanent part of pharma's omnichannel mix**. Industry experts agree face-to-face will remain important, but *hybrid strategies* (mixing remote and in-person) are seen as "the new norm" (Syneos study: Hybrid detailing efforts maintain momentum - MM+M - Medical Marketing and Media). Looking ahead, we expect continued investment in more sophisticated engagement tools. AI and analytics will play a larger role: for instance, *next-best-action* engines using machine learning can suggest which HCPs to target or what content to use in each call. Natural language processing may even assist reps by summarizing call notes or highlighting compliance flags. Integration with virtual reality or augmented reality is possible (e.g. 3D models of devices shown remotely).

Surveys suggest pharma will keep allocating a significant share of budget to non-personal promotion (Healthcare Marketers Trend Report 2024: A techno twist). As digital literacy grows among physicians, preferences for on-demand eDetailing and interactive webinars will rise. Meanwhile, regulatory policies may evolve (e.g. clearer FDA guidances on digital outreach). Overall, remote detailing is poised for steady growth: one market analysis projects global eDetailing solutions reaching over $2.1 billion by 2030.

In summary, remote detailing has proven its value and resilience. IT teams that ensure secure, user-friendly deployments and integrate them into end-to-end sales systems will enable pharmaceutical companies to meet HCPs "on their terms" and measure the resulting gains precisely (Healthcare Marketers Trend Report 2024: A techno twist) (Key Performance Indicators for Measuring ROI in Pharma).

Sources: Authoritative industry analyses, including IQVIA reports and surveys (Things are going to be different - IQVIA) (Syneos study: Hybrid detailing efforts maintain momentum - MM+M -

Medical Marketing and Media) (Healthcare Marketers Trend Report 2024: A techno twist), trade publications (The Rise of the Virtual Rep-PharmaVoice) (Tools of the Trade-PharmaVoice), and official regulatory guidance (Microsoft PowerPoint - UPDATED - Loeb Social Media_Life Sciences.pptx), among others. These provide the data and insights summarized above. Each table and figure is cited to its relevant reference.

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