

EVOLUTION OF PHARMA FIELD FORCE DEPLOYMENT AND TARGETING

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1 Background

Historically, pharma organizations have developed their commercial model to accommodate the shift to specialty portfolios, reduced physical access to the healthcare provider (HCP), and the increased complexity of sales roles. The recent COVID-19 pandemic has further accelerated some of these shifts, specifically the following two trends:

1. **Acceleration of digital promotion:** During the pandemic, life sciences organizations' digital promotion spend grew to 5 times what it was before the pandemic. Marketing mix benchmarking studies show that, compared to personal channels, digital promotion has a better return on investment (ROI) for launch and mature brands but produces a lower impact on overall sales. Despite the acceleration of digital adoption, the sales force still represents 80% of the non-direct-to-consumer (DTC) promotional spend across pharma organizations.
2. **Reduction of personal promotion roles:** Because HCPs want fewer face-to-face (F2F) interactions since the pandemic, organizations are considering reducing their pure F2F sales promotional roles and optimizing coordination among other roles such as medical science liaisons (MSLs), reimbursement specialists, and nurse educators.

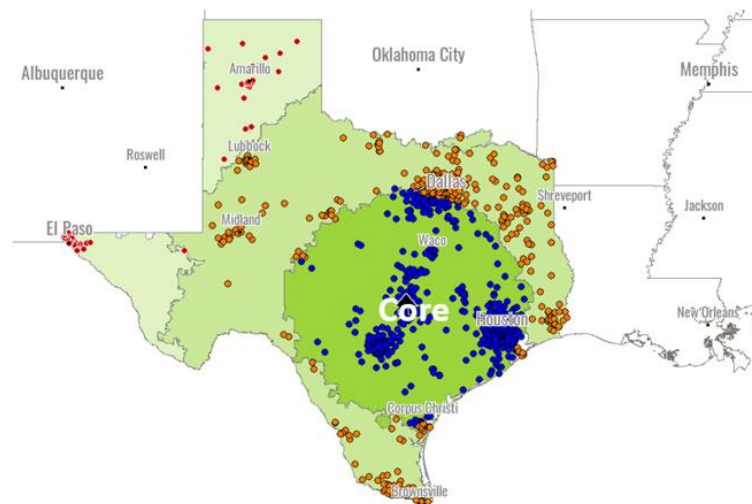
We now explore how organizations are modifying their field deployment and targeting approaches to address these market dynamics and provide superior customer engagement outcomes.

2 Evolution of Field Force Deployment

Field force deployments and customer alignment models have changed little over the years, with ZIP/brick-to-territory or customer-to-territory mappings employed to define territory alignments. Organizations have explored structures such as base territory, overlay, mirrored geographies, and differential resourcing to account for varied portfolios and localized resourcing needs. But they are starting to take new approaches to overcome access issues, provider consolidation, and the need for coordinated customer engagement. Some of the most promising are described below:

1. **Alignment Design That Includes Customer Access and Virtual Engagements:** With the increase in access restrictions and virtual engagement channels, organizations are incorporating practical workloads into alignment design. Collecting access segments and HCP channel preferences from industry benchmarks, activity data analytics, and rep feedback helps determine the effective workload of a geography across channels. Using this enhanced workload index to adjust territory boundaries provides better multichannel coverage for customers.
2. **The Move to Customer-Centric Alignment:** Traditionally, the alignments for various field roles (rep, MSL, key account manager [KAM], access specialist, etc.) were independently created and managed. These silos led to coordination issues and customer engagement challenges. In the new omnichannel paradigm, we see organizations moving toward customer-centric alignments with ecosystem and portfolio leaders accountable for a holistic customer experience. The customer hierarchy and influence networks are clearly identified and organized as ecosystems. The alignments of all field roles are designed to be in sync to ensure clear customer ownership and optimal collaboration. Single product/indication teams within the same business unit are mirrored at the territory or first-line manager level to ease coordination among reps. This technique helps communicate well-coordinated messaging for overlapping targets and leads to superior customer engagement.
3. **Hybrid Territories:** With the increase of virtual engagement channels, organizations are exploring hybrid territories that combine F2F and virtual contact. A smaller, defined geography is the “core,” where the rep focuses on F2F interaction. This core is surrounded by an extended geography where the reps primarily leverage virtual engagement channels, using F2F follow-ups as necessary.

Hybrid Territories



Source: Axtria Inc.

4. **Quarterback Field Role:** Some organizations are developing “quarterback” roles for the field. The quarterback becomes the central point of contact for customers within a more extensive health system, managing and coaching reps as they engage with customers while also helping coordinate across other roles, such as MSLs, KAMs, and access managers.
5. **Lower Span of Control:** The current need for focused planning and coordination among roles is leading to a lower span of control (SOC) for field managers. The historical range for average SOC in specialty roles was 8 to 10 reps, which has recently dropped to 6 to 8 reps. Field managers are expected to wear multiple hats now rather than being only leaders and coaches for field reps. Some of their new responsibilities include managing relationships within their healthcare ecosystems and ensuring effective cross-functional coordination to meet their localized goals.

Targeting approaches have evolved from static cycle planning to dynamic, multichannel call planning supported by frequent AI/ML-driven insights that drive high-value actions beyond the call plan. We differentiate these methods across specialty, oncology, and rare therapy-focused teams and retail teams.

Most retail organizations have shifted or are in the process of turning from a traditional F2F call plan to a multichannel call plan (MCCP) that ensures planning is aligned with customers’ channel preferences. These plans, which also help navigate the post-COVID reduction in F2F access, are called activity plans to reflect all the actions undertaken by reps rather than only their F2F interactions.

Retail organizations currently create an initial F2F activity plan and allow the field reps to refine these plans across all channels (F2F, remote, phone, email, etc.). Some organizations are exploring new ways to leverage historical call activity data, predictive modeling results, customers’ channel preference data, and other pertinent data to provide a channel-level, optimized frequency for targets that field reps can further refine.

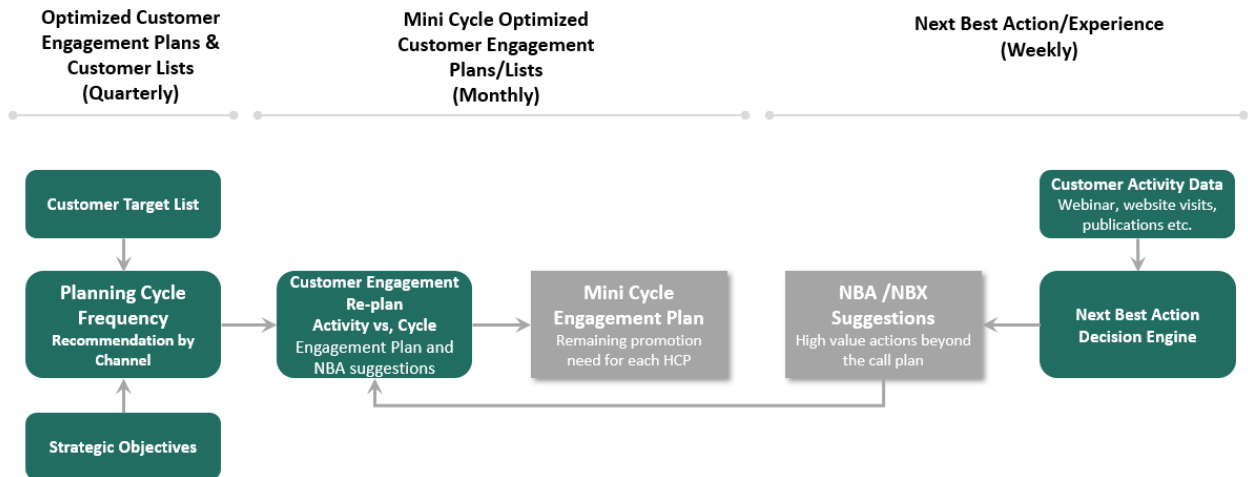
However, the specialty, oncology, and rare field is highly complex. Its multiple customer stakeholders and the field roles required to support these customer archetypes make the traditional frequency-based call plan used by retail teams inefficient. Consequently, these teams have historically relied solely on target lists. Recently, there has been a shift toward HCP target lists in addition to healthcare organization (HCO) lists, but these are still based on prioritization rules.

Some large pharma organizations have invested in rules-based triggers that leverage patient-level data and AI/ML next-best action (NBA) capability to provide high-value insights to the field force for both retail and specialty, rare, and oncology teams.

Some organizations are taking new approaches like the ones below to improve their targeting strategies:

1. **Always-On Field Refinement:** Historically, the field force has had a two-to-three-week window of opportunity to review, refine, and finalize their call plans for the quarter. However, sometimes, a static call plan created before the new cycle begins does not capture changing market dynamics and becomes ineffective as the quarter progresses. One alternative some organizations have adopted allows the field force to provide continuous feedback throughout the planning cycle. This option allows more flexibility when reacting to unexpected market events. Including appropriate guardrails in this process helps prevent large deviations from the overall brand promotion strategy.
2. **Dynamic Planning:** Pharma organizations are also upgrading their planning processes to react to market dynamics quickly, making them more agile and responsive. Customer engagement plans built on long-term historical data are regularly augmented with recent activity and performance data allowing field teams to respond to current market trends and re-plan for the cycle. As shown below, dynamic planning processes differ by the type of teams using them:

Dynamic Planning For Retail Teams



Source: Axtria Inc.

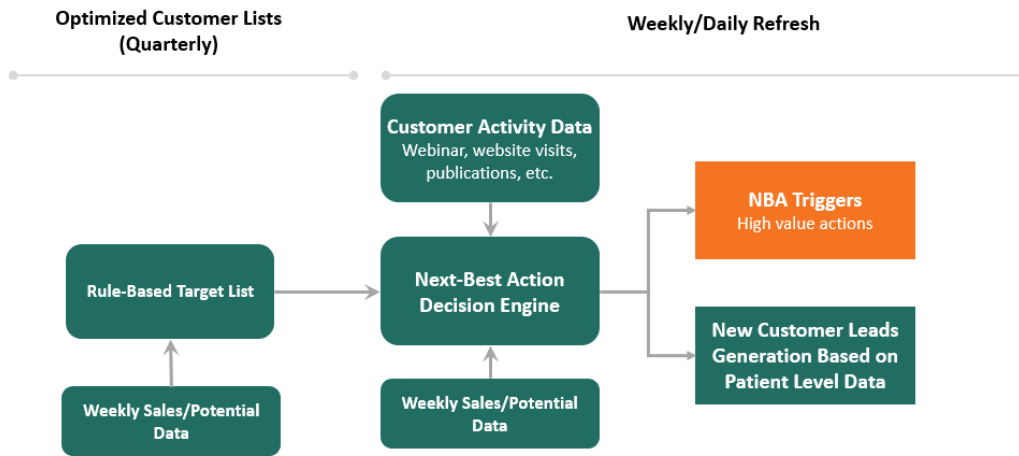
As a first step, strategic objectives and long-term historical data help determine a multichannel customer engagement plan for the entire planning cycle. This planning process can be done quarterly or semesterly.

The plan is refreshed monthly based on field activity, rep feedback, and customer behavior. This “mini cycle engagement plan” will be closely aligned with the overall cycle plan but may identify specific, high ROI targets that become important for the field to cover before the end of the cycle.

In addition, every week, AI/ML models are run on the latest customer data to gain insights and appropriate actions for orchestrating the best customer omnichannel experience. This exercise produces a subset of very high-value activities for the rep to consider. Rep feedback is collected on these insights and used to improve the AI/ML models.

Implementing this model of a more dynamic and robust plan provides field teams with relevant and timely intelligence that can drive superior customer outcomes.

Dynamic Targeting Process For Specialty/Oncology/Rare Disease Teams

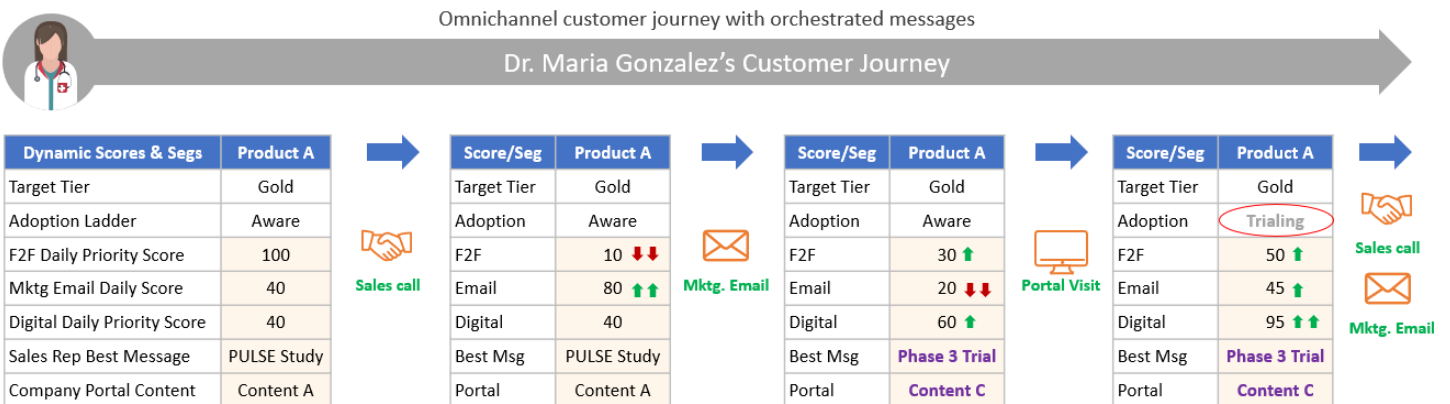


Source: Axtria Inc.

Specialty/oncology/rare teams continue to develop HCO/HCP target lists on a quarterly or semesterly basis in addition to more frequent AI/ML-driven NBA triggers and new customer leads based on patient-level data analysis.

- Dynamic Channel Scores:** In addition to the HCP’s segment and profile, organizations can generate dynamic scores for each interaction channel at the HCP level. These scores are driven primarily by their digital behavior, prescribing activity, and the organization’s promotional activity, as shown in the illustration below:

Dynamic Channel Scores



Source: Axtria Inc.

In the example above, Dr. Maria's F2F call score is initially high, suggesting that an office visit would be the next-best action. Once the Sales Rep completes the F2F call, Dr. Gonzalez's score for F2F interaction decreases, and the score for email increases, triggering a marketing email. Now, both the F2F and email scores decline, and the digital channel score increases. If Dr. Gonzalez visits the portal, the scores for F2F and email increase, triggering a follow-up call and email. These dynamic scores feed all the customer engagement platforms enabling effective coordination, channel mix, and messages over time.

3 Steps toward omnichannel orchestration

While the goal for any pharma company may be a fully omnichannel sales operation, it is possible to break the journey into more easily attainable steps. Explore new and innovative field force deployment models as pilots at the sub-national level, assess feasibility and impact, and then launch at the national level. Rather than a “big bang” complete transformation of the targeting approach, explore a more flexible model to ensure the overall strategic objectives are successful and build in enough time to integrate what you learn along the way. The following table shows the steps toward full omnichannel orchestration:

Steps Toward Omnichannel Orchestration

Level 1: Traditional - Slow to Change for Field Teams	<ul style="list-style-type: none"> • Cycle-based static call plans • Territory target lists
Level 2: Always-on Intelligent	<ul style="list-style-type: none"> • Enable multichannel planning • Always-on field refinement • Rule-based insights
Level 3: Dynamic Scoring and Planning	<ul style="list-style-type: none"> • Dynamic planning – allows more frequent adjustments to the plan • Dynamic channel scores • AI/ML-driven insights
Level 4: Omnichannel Orchestrated – Responsive to interaction data from all sources	<ul style="list-style-type: none"> • Coordination across field roles and digital

Source: Axtria Inc.

4 Case Studies

4.1 Case Study 1: Enabled dynamic multichannel call planning

Recently, a neurology-based pharma organization re-engineered its deployment models by enabling dynamic multichannel call planning for optimized execution. The company's neurology and central nervous system (CNS) portfolio is now driving sales force efficiency and optimized customer engagement through dynamic multichannel call planning. The major challenges during the process included dynamic alignment with more than 15% of territories vacant; rapidly changing situations triggered by the COVID pandemic, with physician access and channel preferences impacting reach and frequency.

The multichannel optimization engine assigns optimal calls for each HCP based on rep feedback. The engine also enables reps to provide continuous feedback on MCCP through a cloud platform that periodically (weekly/monthly) refreshes the commercial planning and data systems, including the customer relationship manager (CRM). This simple change helped increase field buy-in by enabling users to add or drop planned targets and refine calls across channels throughout the cycle. As a result, sales force engagement increased target reach and frequency by 20%.

4.2 Case Study 2: Optimized territory design process utilizing access information

Because of increased access restrictions and the introduction of virtual channels, a neurology-based pharma organization wanted to understand the changing local dynamics of its territories. The biggest challenge they faced was the availability of reliable data. Multiple data sources were used to assess the results, including third-party HCP access and contact preference, execution data, and internal field feedback. Each territory was segmented into low, medium, and high access areas based on each data source. The composite segment for each territory was assigned based on the highest frequency segment across the data sources. For example, if two or three data sources showed a territory had poor access to HCPs, the territory was put into the poor access segment. If there was no common segment, the segment in the middle was assigned as the composite segment.

Optimized Territory Design Process - Territory Accessibility

Data Source	Third-Party Source	Field Feedback	Field Execution – Calls/Day	Composite Segment
Territory #1	Poor Access	Below Average Access	Poor access	Poor Access
Territory #2	Below Average Access	Poor Access	Below average access	Below Average Access
Territory #3	Below Average Access	Average Access	Average Access	Average Access
Territory #4	Average Access	Great Access	Below average access	Average Access
Territory #5	Average Access	Poor Access	Below average access	Below average access

Source: Axtria Inc.

Based on internal field feedback, 66% of geographies had the same segment as calculated using third-party data sources, confirming the reliability and importance of rep feedback and execution. Territory segments helped the organization make decisions to refine territories using a combination of the alignment index and local knowledge of how HCPs react to and prefer contact with reps.

5 Key takeaways for today's pharma organizations

To foray into the new, digitized commercial deployment era, pharma organizations must review and develop their field deployment and targeting processes. The following are some changes that warrant consideration:

- Establish a regular cadence of field deployment health checks to determine opportunities to focus on the system and make necessary changes. Field deployments and targeting approaches must constantly evolve to respond faster to customer needs and changing market dynamics.
- Evaluate deployment and targeting strategies, capabilities, and systems to ensure they are future-ready.
- Plan customer-centric field deployments utilizing field intelligence and local knowledge to enable better collaboration and allow field reps to adapt to changing local market dynamics.
- Deploy agile and integrated systems to enable advanced dynamic planning approaches. Targeting and call planning are shifting from static cycle planning to dynamic multichannel call planning supported by frequent AI/ML-driven insights that drive high-value actions beyond the call plan.

By using these strategies, pharma companies can deploy field forces well-equipped to handle rapid changes in the business environment. This approach provides HCPs with the information they need to ensure the right treatment regimens quickly reach the patients needing them most.

6 The Authors

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Ashvin has over 18 years of experience in the pharma commercial operations space. In his onshore and offshore roles, he has worked extensively with top-50 Pharma clients, advising them in commercial excellence for various therapy areas. He has led complex end-to-end sales planning and incentive programs that helped transform the sales operations of large pharma clients. Ashvin is an SME in the pharma commercial model design and operations space and leads a center of excellence focused on driving innovation, capability, and asset development. Ashvin holds a master's degree from the University of Texas at Austin and a bachelor's degree from BITS Pilani India

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