The Evolution of Pharma Field Force Deployment and Targeting

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Abstract: Historically, pharma organizations adjusted their commercial model to accommodate the shift toward specialty portfolios, reduced physical access to HCPs, and the increased complexity of sales roles. The recent COVID-19 pandemic has further accelerated digital promotion and the reduction of personal promotion roles. This article explores how field deployment and targeting approaches are evolving to address these market dynamics and provide superior customer engagement outcomes. We explore two areas where field force deployment is changing: 1) How field deployments are becoming more customer-centric by including hybrid approaches that facilitate better collaboration across roles. 2) How targeting approaches have evolved from static cycle planning to dynamic, multi-channel 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 disease-focused teams and retail teams. We also examine how dynamic channel scores can ensure effective coordination, channel mix, and messaging over time. Finally, we break the journey to omnichannel transformation into simple steps that pharma organizations can implement easily.

Background

The pharma marketplace has changed rapidly over the past few years, and traditional face-to-face (F2F) meetings between sales reps and physicians no longer fill the needs of modern pharma organizations. The rapid expansion of specialty drug portfolios, reduced physical access to health professionals, and changes in the structure of healthcare organizations have reshaped the landscape of pharma sales – and sales roles are changing, too. Several specialized field roles have evolved to focus on the different types of customers involved in buying pharma products, like specialist physicians, primary care physicians, hospitals, and integrated delivery networks (IDNs). In the past, these roles operated in silos, resulting in potential leakages at each stage. Pharma companies now orchestrate these functions to reduce leakage and provide a better customer experience. Additionally, pharma companies are gradually and carefully bringing sales and marketing teams together to bring an omnichannel experience to customers.

The recent COVID-19 pandemic further accelerated some of these shifts, specifically the following two trends:

1. ***Increased Digital Promotion***: During the pandemic, life sciences organizations' digital promotion spend grew to five 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 accelerating digital adoption, the sales force still represents 80% of the non-direct-to-consumer promotional spend across pharma organizations.
2. ***Reduction of Personal Promotion Roles:*** Because healthcare physicians (HCPs) want fewer (F2F) interactions since the pandemic, some organizations are reducing their pure F2F sales

promotional roles and optimizing their coordination with other roles, such as medical science liaisons (MSLs), reimbursement specialists, and nurse educators.

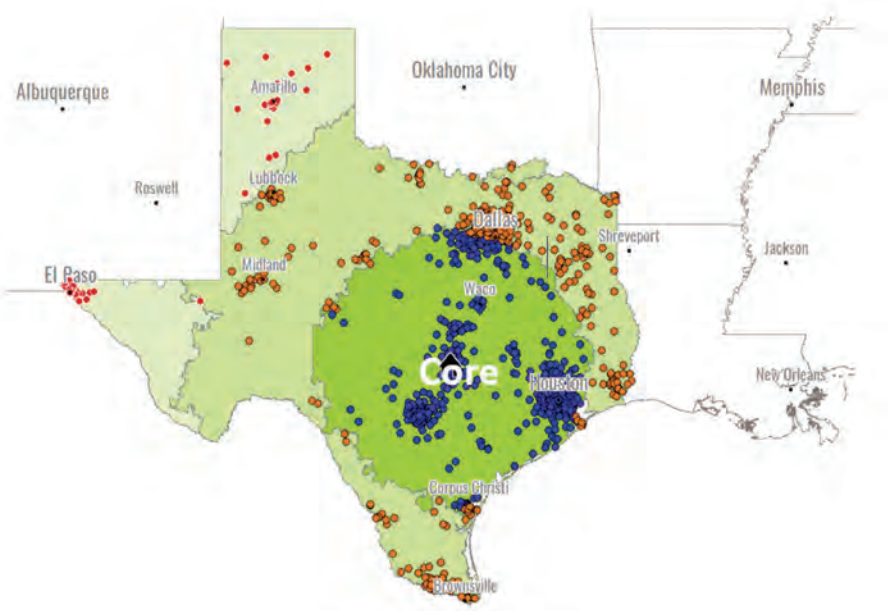
Now, we will explore how organizations are modifying their field deployment and targeting approaches to address these market dynamics and provide superior customer engagement outcomes.

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 different commercial models, such as base territory, overlay, mirrored geographies, and differential resourcing, to account for varied portfolios and localized resourcing needs. But they are starting to embrace 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 HCP and account access restrictions on both frequency and total meeting time, along with the increased availability of virtual engagement channels, organizations are incorporating more realistic rep 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 where the portfolio leaders are accountable for a holistic customer experience. The customer hierarchy and influence networks are clearly identified and defined 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, generally a metropolitan area where a rep will likely be hired, is the "core" where the reps focus on F2F interaction. Cores are surrounded by extended geographies where the reps primarily leverage virtual engagement channels and use F2F follow-ups as necessary. These geographies are generally designed in concentric circles for ease of alignment maintenance and to provide the flexibility to reach out to physicians in-person based on physician preference in the extended geographies. (Figure 1)

Figure 1: Hybrid Territories



4. ***Quarterback Field Role:*** Some organizations are developing "quarterback" roles for the field. These reps become the central point of contact for customers within a more extensive health system, leading and coaching reps as they engage with customers while also helping coordinate across other roles, such as MSLs, KAMs, and access managers. Quarterbacks act as leads who direct reps on how to engage with a customer, but they may or may not be managers.
5. ***Lower Span of Control (SOC):*** The current need for focused planning and coordination among roles is leading to a lower 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. Today's field managers have extra responsibilities that require them to wear multiple hats 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. Organizations are moving toward customer-centric commercial models, making the field manager's role very strategic. They are responsible for providing the best customer experience possible.

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. Because retail teams and specialty, oncology, and rare therapy-focused teams have specific needs, we approach them differently, as described below.

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 preferences, and other pertinent data. This approach provides 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. There has recently been a shift toward HCP target lists in addition to healthcare organization (HCO) lists. Still, these are based on prioritization rules like the contribution of specific HCPs to the brand or market and other business 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. Organizations are also 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 help them 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. Dynamic planning processes differ by the type of teams using them. (Figure 2)

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 semi-annually.

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.

Figure 2: Dynamic Planning For Retail Teams

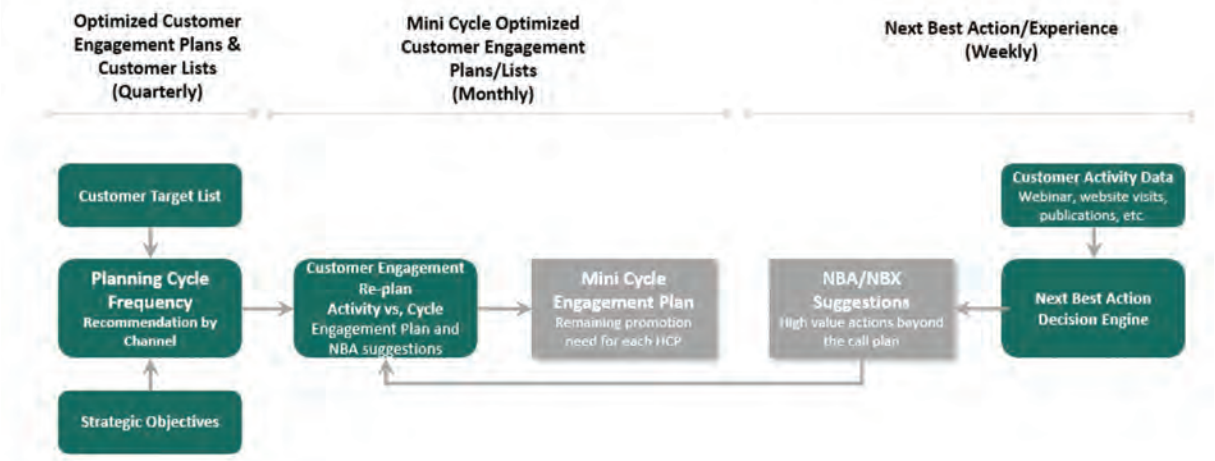
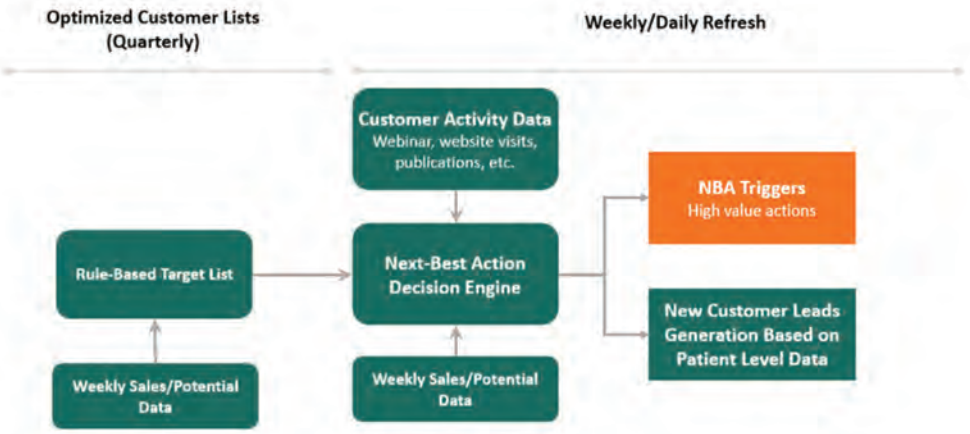


Figure 3: Dynamic Targeting Process For Specialty/Oncology/Rare Disease Teams



ML-based process workflow includes the identification of underperforming HCPs by capturing the gap between predicted sales and actual sales achieved. Such HCPs may indicate decreased writing behavior for the corresponding brand. Business rules and ML techniques, including clustering and regression analysis, are leveraged in the above workflow to predict HCP sales and identify each channel's relative importance. ML models are created based on historical sales and promotions across channels. 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. (Figure 3)

In addition to more frequent AI/ML-driven NBA triggers and new customer leads based on patient-level data analysis, specialty, oncology, and rare teams continue to develop quarterly or semi-annual HCO/HCP target lists.

Figure 4: Dynamic Channel Scores

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 digital behavior, prescribing activity, and the organization's promotional activity, as shown in Figure 4.

In the example above, Dr. Maria's F2F call score is initially high, suggesting that an office visit would be the NBA. 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. The F2F and email scores now 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.

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. One option is to explore new and innovative field force deployment models as pilots at the sub-national level, assess feasibility and impact, and then launch nationally. Rather than striving for a "big bang" transformation of the targeting approach, try exploring a more flexible model to ensure that overall strategic objectives are successful and that enough time is built in to integrate what you learn along the way. The table in Figure 5 shows the steps toward full omnichannel orchestration.

Case Studies

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 client needed to restructure their multichannel promotion strategy to meet evolving market conditions for one of their largest sales forces. The major challenges during the process included dynamic alignment with more than 15% of territories vacant, rapidly changing situations triggered by the COVID-19 pandemic, with physician access and channel preferences impacting reach and frequency. Limited access to high-value physicians for F2F rep interaction in light of COVID-19 restrictions led to a drop

Figure 5: Steps Toward Omnichannel Orchestration

Level 1: Traditional - Slow to Change for Field Teams	• Cycle-based static call plans • Territory target lists
Level 2: Always-on Intelligent	• Enable multichannel planning • Always-on field refinement • Rule-based insights
Level 3: Dynamic Scoring and Planning	• 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	• Coordination across field roles and digital

of ~40% of targets reached based on field feedback during the call plan refinement cycle. Feedback revealed the need for multiple other channels, like e-detailing, phone, email, and virtual speaker programs.

The multichannel optimization engine assigned optimal calls for each HCP based on rep feedback. The engine also enabled reps to provide continuous feedback on the MCCP through a cloud platform that refreshes the commercial planning and data systems, including the customer relationship manager (CRM), weekly or monthly. These enhancements optimized the customer experience by targeting the HCP's preferred engagement channel, creating an actionable call plan based on actual channel activity.

A channel engagement strategy plan that leveraged customer insights was also created through field feedback and analytics like customer consent and channel preference data, mobility data, channel effectiveness, etc. This simple change helped increase field rep 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% in one quarter. The organization also created a more balanced workload for its sales force by re-distributing calls from traditional F2F channels to less arduous, cost and time-saving virtual and remote channels.

This cloud-based platform also displayed dynamic reports that enabled users to monitor call plan changes, like product, segment, and specialty-wise call execution and target reach. We integrated the call activity dashboard with the CRM to capture reach and frequency trends by channel and geography for timely insights and guidance. This platform also provides actionable insights to field users through weekly reports that track execution vs. guidance and identifies priority targets using a combination of call execution and sales data, including a 360° view of HCP information.

As a result of these enhancements, 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.

Figure 6: Optimized Territory Design Process – Territory Accessibility

Third Party Source	Field Feedback	Field Execution – Calls/Day	Final
Poor Access	Below Average Access	Poor Access	Poor Access
Below Average Access	Poor Access	Below Average Access	Below Average Access
Below Average Access	Average Access	Average Access	Average Access
Average Access	Great Access	Below Average Access	Average Access
Average Access	Poor Access	Below Average Access	Below Average Access

Case Study 2: Optimized Territory Design Process Utilizing Access Information

Because of increased access restrictions and the introduction of virtual channels, a big pharma organization wanted to understand the changing local dynamics of its gastro-focused sales force in the northeastern US. The biggest challenge they faced was the availability of reliable data. Multiple data sources were used to define how easy it was to access a territory. The accessibility data we used included third-party HCP access, third-party contact preference, field 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. (Figure 6)

Using the segmentation method described above, 68% of geographies had the same final segment as the one calculated using third-party sources, 66% had the same final segment calculated using field feedback, and 55% had the same final segment as that calculated using field execution. This enhanced territory segmentation process helped the organization refine its territories by combining the alignment index and local knowledge of how HCPs react to and prefer contact with reps. For example, poor access is the final segment for one of the territories, so keeping it slightly above the threshold (average index +20%) ensures enough accessible physicians in the territory.

Key Takeaways For Today's Pharma Organizations

Pharma organizations must rethink their field deployment and targeting processes as they foray into the new, digitized commercial deployment era. The following are changes that warrant consideration:

- Establish a regular cadence of field deployment health checks that identify 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 create sales team organizations

that can adapt quickly to changing market scenarios and work together in a coordinated manner.

- Plan customer-centric field deployments that utilize field intelligence and local knowledge to better collaborate with field reps and allow them 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 and multichannel call planning supported by frequent AI/ML-driven insights that send high-value actions beyond the call plan.

As with any new way of doing things, this dynamic targeting call plan approach may face resistance from some field reps who prefer to use the approach as a series of simple suggestions rather than a methodology that needs to be followed carefully. However, by working with field teams to foster acceptance and providing appropriate field training, these enhanced strategies can help pharma companies deploy well-equipped field forces that can handle rapid changes in the business environment. This approach gives field reps the information they need to reach HCPs and ensure the right treatment regimens quickly reach the patients who need them most.

About the Authors

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