

Omnichannel engagement:

Why isn't pharma there yet?



Introduction

Pharma’s efforts to transition from multichannel to omnichannel healthcare professional (HCP) engagement have been many years in the making and only accelerated due to COVID-19.

The pandemic demonstrated the value of remote engagement by field reps and medical affairs, coupled with digital marketing. These channels temporarily replaced, and now live alongside, face-to-face customer visits. All large life sciences companies invested in the technologies and teams for omnichannel marketing.

Through these changes, they encountered longstanding divisions among business functions and technology stacks that prevented them from getting a 360-degree view of their customers and from coordinating the quality experience that physicians have come to expect in their private lives as customers in retail, finance, or hospitality.

Efforts to improve the omnichannel experience need to begin with the end in mind. This ensures that the right commercial, medical, and technical stakeholders are involved, that they

“Omnichannel marketing is the integration and cooperation of the various channels organizations use to interact with consumers, with the goal of creating a consistent brand experience.”

Marketing Evolution. Source: <https://www.marketingevolution.com/knowledge-center/topic/marketing-essentials/omnichannel>

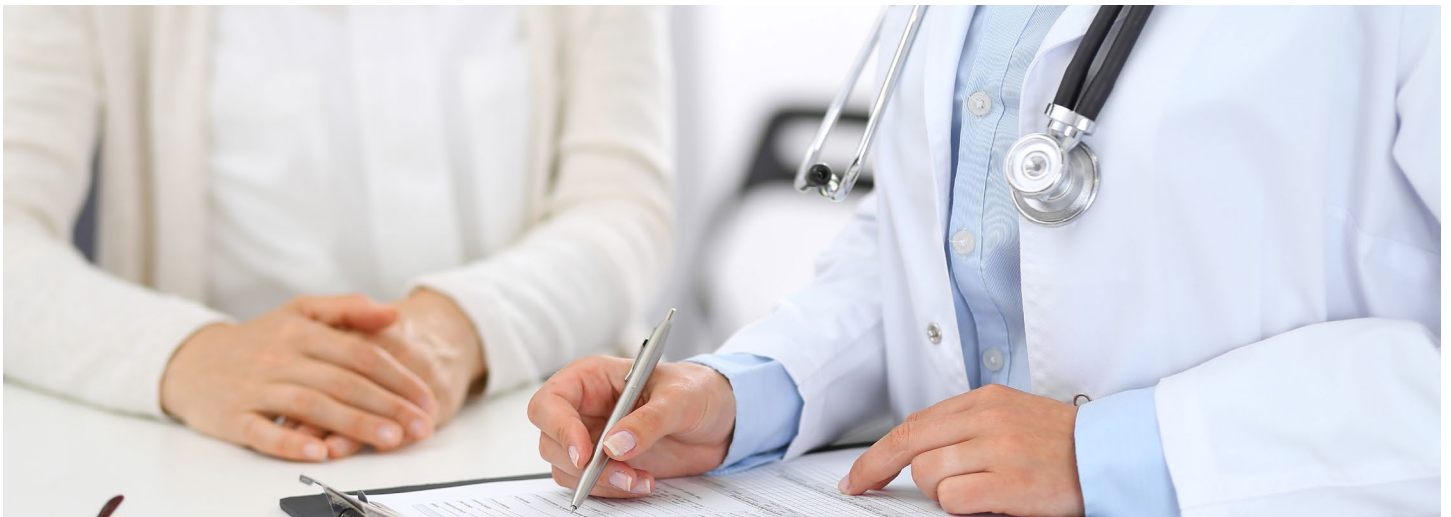
have the resources they need, and that they know the KPIs by which omnichannel engagement will be measured.

Omnichannel execution also needs to be carried out thoughtfully. Though omnichannel can be piloted to individual markets or brands, it is a large-scale change to the physician engagement model and is difficult to implement in an *ad hoc* manner that is not backed by a long-term strategy or lacks buy-in from executive leadership.

Companies moving forward with omnichannel can expect to hit some speed bumps. Field reps may feel they have lost influence over accounts. Marketing teams must accept when

campaigns fail to deliver ROI and change plans quickly. Some of the most important customers will be the most difficult to reach. That is why it is critical for omnichannel efforts, no matter their size and scale, to remain focused on the end goal: A two-way engagement with healthcare professionals to enable more informed prescribing decisions, improved patient outcomes and a better, longer-term relationship with the company.

Notes Manvendra Singh, Senior Director, Head of Sales Innovation, International Operations, Novo Nordisk: “We can offer more value when we give the right customer the right message at the right frequency in the right channel with the right context.”



Key Takeaways

The pharmaceutical industry's sudden shift to digital engagement in the spring of 2020 has triggered companies to rethink their previously fragmented approach to managing physician relationships

To move ahead with a truly omnichannel experience, companies need a complete view of digital and in-person touchpoints for each customer and an analytics program to process these data to deliver insights to marketing and field teams

Enabling omnichannel marketing requires cultural change for more agility, measuring and adjusting frequently, in contrast to the long-term plans that traditionally drove pharmaceuticals commercialization

With coordination at the heart of omnichannel marketing, teams across Marketing, Sales, Medical, IT and Operations all must align to the brand strategy and enhance the customer experience

Companies must plan for scale, including leadership commitment, process design and technology choices, to avoid falling back to multi-channel, uncoordinated activity



How the industry arrived at the current engagement model

The pharmaceutical industry's physician engagement model underwent two major shifts since the start of the 21st century.

The evolution of engagement: Early 2000s to March 2020

Companies' engagement with physicians shifted more gradually in the first two decades of this century.

Field reps are no longer the single owner of a client relationship. Instead, they often serve as a liaison between the physician practice and all relevant subject matter experts within the pharmaceutical company.

Ongoing demographic changes called for a new approach to engaging with younger physicians who have spent far more time online and on social media than their predecessors – and the executives trying to market to them through these channels.

But this expansion of digital engagement has come at some cost, as it causes a disconnect between marketing and sales. As this disconnect grew, so did the size of the gap between the two entities – to the point that different teams would use different terminology, different technologies, and different customer data, as they engage the same audiences.

The evolution of engagement: March 2020 to today

While the changes to the physician engagement model may have been gradual in the first two decades of the 21st century, changes were abrupt in March 2020. Digital marketing spending increased five-fold in USA and Europe from 2019 to 2021, according to IQVIA ChannelDynamics data, though these still accounted for less than 25% of overall non-DTC promotion spend.

Amid the challenges of the sudden shift to digital physician engagement, the pharmaceutical industry did realize

some benefits. One was improved reach: Reps were able to get in touch with more customers and prospects than they had previously. The other key benefit was improved data collection for digital vs. in-person interactions. For example, instead of leaving physicians with a printed brochure that they may or may not read, reps and marketing teams could see if a physician responded to an email suggesting they read a brochure and then downloaded the brochure after it was sent. They could also see when the brochure was downloaded, to better gauge when physicians were engaging with content.

"A true omnichannel experience starts with access to robust data, enabling us take a more disciplined and customer-centric approach," says Ray Gomez, Vice President, Worldwide Omni-Channel Capabilities, Bristol Myers Squibb (BMS). "Omnichannel engagement is a story, and a lot of it is written by the data that we ingest and generate insights from. This allows us to engage the customer in a way that's meaningful and relevant to them. Our goal is to personalize the experience as much as we can."



Understanding what holds pharma back today

The biggest barrier to the adoption of omnichannel engagement strategies in life sciences is the industry's business model. While other industries sell directly to consumers, pharma companies must convince physicians to write prescriptions for the patients who ultimately purchase therapeutics. There are certainly lessons that pharma can learn from the consumer market (see Sidebar: Omnichannel engagement in the consumer market), but the exact model of omnichannel engagement cannot simply be copied and pasted for pharma. That's because the industry faces unique challenges when it comes to engaging with its customers, understanding their needs, and planning the most effective strategies for reaching out to them.

Managing customer engagement across field teams and digital channels

The hybrid physician engagement model as it has evolved thus far blends both in-person and digital engagement, but companies are still trying to find the right mix. "The things that were in a conceptual phase two or three years ago are now much more of a reality. We've learned the value of digital, we've seen how we can increase our reach – but now the question is, 'How do you blend that with face-to-face meetings?'" says Vandana Singh, Principal, Global Omnichannel Lead, Atria.

Omnichannel engagement in luxury retail

In industries such as retail and ecommerce, the goal of omnichannel engagement is to "delight the customer," as Novo Nordisk's Singh puts it. "You want to be able to identify them from one channel to another, see their touchpoints, and personalize their interactions at scale."

It may not seem like this model applies to the pharmaceutical industry, but it does. "Buying patterns have changed," Singh continues. "We used to rely on a store manager to tell us things. Now, we browse online and make our buying decision in the store. The same thing is happening in pharma."

Several years ago, **Tiffany & Co.** realized that most of its sales in the Asian market were in-person, but many customers did extensive research and discovery online prior to visiting the store. The company introduced an omnichannel approach to the customer experience, enabling sales staff to view and analyze data about customers' website and social media behavior before they came into the store for a scheduled consultation.

In **Apple** retail stores, there are no checkout counters. Instead, each store employee has access to information about what a customer looked at while they were in the store or on the Apple website, all through the customer's unique Apple ID. This allows for a seamless transition from browsing to buying.

Such examples are instructive for pharma in the way the customer experience changes when anyone who represents the company – field reps, medical affairs, real-world evidence, sales, marketing, and so on – has real-time information about how a physician has been engaging with them. With this insight, pharma companies are no longer assuming they know what physicians want; instead, they can anticipate what they need and provide it to physicians at their next touchpoint.

There are pros and cons to both modalities on their own. For a rep looking to make a quick impression, or for a medical affairs liaison (MSL) looking to discuss the benefits of a therapy targeting a rare disease, striving for an in-person conversation may work better than sending an email and trying to schedule a virtual meeting at a later date. In-person meetings also work well when companies are trying to build a new relationship or nurture an existing relationship with a key account.

At the same time, a physician may be open to more phone calls or virtual meetings and fewer in-person conversations as their familiarity with a product or a field team increases; it is therefore important for organizations to tailor engagement modalities to physicians' preferences. In addition, marketing teams are better positioned to reach thousands of customers at the same time with information such as product announcements, educational webinars, or follow-up emails from a medical meeting or conference.

This disconnect can make it difficult to embrace omnichannel thinking, says Kate Thota, Vice President, Customer Experience, Insights and Operations, Sobi. Field reps who have been talking to the same physicians for two decades, for example, may not appreciate the potential for website analytics to influence different types of engagement. "They are used to doing things in a certain way or speaking to physicians in a certain way," says Thota. Reps are also used to being the sole owner of an account; when there are additional, digital engagement modalities, it's increasingly difficult to attribute a sale – and commission payouts – to a single engagement channel.

As firms work to determine the right mix of digital and in-person engagements, they must also determine the right mix of funding. Finding the right balance of in-person versus digital engagements is far from the only reason why this is

proving easier said than done. Because different business units manage each interaction, both data and operations remain siloed. Teams typically do not know the last time a physician engaged with someone else at the company, who it was, or what content they received. This contributes to a disjointed engagement experience in which physicians have the same conversation or receive the same information several times.

Creating a unified view of customer data

Data is critical to developing an omnichannel engagement strategy. It informs decisions such as who a company should engage with, how they have engaged in the past, what information they have (or have not) received, and what may be the next-best course of action for continuing the engagement.

Unfortunately, most pharmaceutical data management strategies remain stuck in the multi-channel era. "You would set it up so each person on the team dealt with a single vendor and managed their data collection in a silo. Then, when you try to do omnichannel analysis, you have to work with a dozen different vendors," says Jazz Pharma's Wang.

Along with coming from different sources, data comes in different formats and at different frequencies. Marketing data comes from the websites where a company is running ads that target physicians. Other external data comes from insurers (claims) or government entities (Open Payments from the U.S. Centers for Medicare & Medicaid Services). Claims data can lag by at least one month, if not one quarter, and Open Payments data may lag up to a full year. "And then you spend three months cleaning up the data to create an integrated data set," Wang says. "There's no recency. It's a retrospective analysis."

Case study: Jazz Pharmaceuticals

The transition to digital in response to the pandemic has led Jazz Pharmaceuticals to revamp engagement at an enterprise level. "We are not only looking at omnichannel technology and analytics," says John Wang, Senior Director, Commercial Insights and Analytics, Jazz Pharmaceuticals. "We are also looking at how we set up our customer-facing teams. Even in omnichannel, you need the face-to-face engagements. We are looking at how to optimize and synergize these engagements with those that don't take place in person – and we are recognizing that this will vary by product types and disease types."



Jazz Pharmaceuticals

"The things that were in a conceptual phase two or three years ago are now much more of a reality."

Vandana Singh, Principal, Global Omnichannel Lead, Axtria

Internal data is also often siloed. As a result, pharmaceutical companies don't have a 360-degree view of their own customers. If a physician meets with a sales representative at a medical conference, then goes to the company's website, then has an in-person conversation with a field representative, and then places a call to a call center, data about each interaction is stored in four different databases and managed by four different teams.

Limited patient insights

Pharmaceutical companies also struggle to gain insights into the patients that take the therapies their physicians prescribe. Firms operating outside the United States are largely limited to account-level data, as they do not have access to prescription data or customer-level data. Differences in patient consent laws across markets also restrict the types of information companies can collect.

Firms targeting rare diseases face an additional hurdle. Many of these conditions don't have their own International Classification of Diseases

(ICD) diagnostic code. That makes them very difficult to identify from medical claims, Wang says. It also means that data sets that do exist for a given rare disease tend to only represent a fraction of the overall patient population.

"The only real way to identify these types of patients is relying on them to take action and then figuring out how to track their actions," Wang says. "If they visit your website, that's usually the first signal that they're interested. From there you try to trace them back to the physician they visit. If you rely on ICD codes, you may miss them – and even their physician may not know they have the condition."

Engaging with patients presents its own challenges

There are clear benefits for pharma companies when they can engage directly with patients (in markets where such activity is permitted). They don't need to rely on physicians, nurses, or office staff to disseminate information; they receive first-hand, unfiltered knowledge and insight from patients; and they can specifically tailor messaging to the ultimate end users of their therapies.

At the same time, omnichannel engagement with patients presents its own set of challenges. As with physician engagement, pharma companies must resist the temptation to copy models from the consumer market. "It's not making a new app or having a flashy website. It's deeply understanding your patient populations and the doctors that serve them and meeting patients where they are," says Sobi's Thota. "It's more than the pharma version of the Starbucks app."

Language is also important, Thota continues: Firms must toe the line between providing accurate scientific and medical information while meeting The Joint Commission's recommendation to write patient-facing educational materials at or below a 5th-grade reading level.

Finally, pharma firms cannot make assumptions about patients' technology access, she says. Patients may not be able to participate in virtual appointments or accommodate remote monitoring due to bandwidth issues; they may not be able to print and fax forms for trial enrollment or product rebates; and they may not have a laptop or external computer monitor that allows for easy reading of large PDF files. And lack of state-of-the-art technology may be a sign of greater challenges, Thota says: "The pandemic exacerbated issues of health equity, especially for patients with diseases that are hard to diagnose and treat."

Long-term content planning

A fourth obstacle to the adoption of omnichannel engagement practices is the long-term approach that pharmaceutical companies have traditionally taken to content planning. This tends to stem from a strategic business plan that may stretch for up to five years, with campaigns built around annual brand plans for both the digital marketing and field teams. Because the cycles are so long, the teams can be unused or unwilling to make frequent adjustments to respond to new insights and customer needs.

It similarly contributes to a marketing content calendar built over the course of a full year. Medical, legal, and regulatory (MLR) review is a further barrier. If there is a banner ad, a blog post, a social media post, and an email all related to one product, that is four separate pieces that must go through MLR review. This often results in the creation of a draconian, enterprise-wide workflow for first approving content and then for distributing it.

Given the significant time and effort required to create and share content, both sales and marketing struggle to pivot mid-campaign. In addition, they fall back on the tendency to share content that they feel is certain to succeed so that they are unlikely to waste resources. The effect is a content planning process that's highly resistant to innovation.

Institutional rigidity

The final challenge is the industry's slow pace of change.

There are several reasons for this. One is the high degree of scientific rigor that is applied to both research and the practice of medicine. This stands as a stark contrast to the more persuasive nature of sales and marketing, says Jose Maria Guido Avila, Customer Engagement Transformation Lead, Sanofi Genzyme.

"If the physician needs to be better educated to make a more informed diagnosis, that is a change in behavior. The moment you start to talk about behavior change, medical affairs can get

uncomfortable," he says. "But if we are purely scientific, then we forget about the behaviors that we need to change in physicians so that they can provide better care."

Another barrier to change comes down to dollars and cents: When margins are high, firms face less pressure to do things differently. "Innovation comes from a crisis – and Covid was a crisis, so pharma had to innovate. Otherwise, the mindset isn't always there," says Novo Nordisk's Singh.

A third factor is the number of purchasing decision makers in Life Sciences versus other industries. "After you produce a product, it gets approved and paid for by the state [or by private insurers], prescribed by providers, and consumed by patients," says Florent Edouard, Senior Vice President, Global Head of Commercial Excellence, Grünenthal Group. "For many years, we've been able to commercialize our products without a need for customer centricity. It's very different from consumer goods, when the consumer and the buyer are the same person."

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Florent Edouard, Senior Vice President, Global Head of Commercial Excellence, Grünenthal Group

Exploring the path forward with omnichannel engagement

Enabling omnichannel engagement is a process that covers many different functions and capabilities, including technology implementation, change management, resource allocation, and measurement.

Companies must be cautious, though, as there is such a thing as too much engagement. “We want to communicate without being pushy or annoying,” says Gomez of BMS. “Omnichannel is not the same as omnipresent.”

Bring sales, marketing, medical, and analytics together

As with any large-scale enterprise initiative, the first step in enabling omnichannel engagement is bringing together the key stakeholders who will be involved in the work. “It has to be a true partnership. A lot of it is building relationships and trust early in the process,” says Jazz Pharma’s Wang. “When you engage early on, you can co-create concepts and get everyone on board – and if there is any pushback, you can address these issues right away.”

As these stakeholders gather, they should begin with the end in mind. That way, the goal is not just to ‘do omnichannel,’ in a sense, but to meet a specific business need. “You have to define what success will look like for a certain market or disease state, for a company of your size, and for your budget. What will deliver that back to your customers?” Wang says.

From there, the company can identify the people, processes, and technology needed to succeed. “This is important.

Otherwise, you may do something that’s not tied to your business strategy.”

The role of medical affairs should not be overlooked, says Bryn Jones, Global Medical Lead, ViiV Healthcare. “They have a key audience. How can we use digital to optimize the engagements they have with physicians, to provide them with the right data and information and serve their needs? Medical affairs need to have close relationships with the technology and commercial teams.”

A key business aim will be enabling seamless handoffs between physical and digital engagement activity. “My belief is that getting more effective in the field team’s coordination with digital channels, and vice versa, is the most valuable thing that an omnichannel engagement program can do.” says Charles Rink, Principal, Global Omnichannel Lead, Atria.

Enable a single view of engagements

The unified approach to engagement is what separates omnichannel from multichannel, which does not integrate individual channels. “Initially, a lot of the engagement was ‘one size fits all’ – standard emails, individual websites or mobile applications for certain conditions, and so on. We were not thinking about metrics, or how each engagement fits with the customer journey,” Jones says. “Now, our medical and commercial teams are moving to personalized engagement – it’s not a templated email, but it’s something that’s specific to their needs. We’re thinking about how people go on a journey that has a number of touchpoints.”

Case study: Grünenthal

When Florent Edouard joined Grünenthal, the company was in the strategic planning stage of a transition from product-centric to consumer-centric, omnichannel engagement. In 2019 and early 2020, the company began its digital transformation, acquiring the technology necessary to transition from parallel messaging from siloed business units to more synchronous messaging. “Imagine if Apple was sending one type of message for Apple Watch, another for the Mac, another for the iPhone, and another for Apple TV,” he says. “That’s what we’ve been doing in pharma for years.”

To ease this transition, the company embarked on a reorganization. “We broke down the market access, marketing, and medical silos. We redefined our strategy – we had our brands work with our affiliates to create content and tactics. Strategic thinking is at the foundation of everything. We’re focused on identifying the blockers to making Grünenthal a customer-centric company.”



Getting this right requires a single view of all interactions that a pharmaceutical company has with a physician. And enabling this single view requires logging each of these interactions – the meeting at the conference, the website visit, the in-person conversation, the call to the call center, the seminar, and so on – in a single database. As a result, anyone from the company engaging with a physician, from field reps to medical affairs to marketing managers – know the last time a physician talked to the company and what they talked about.

For many companies, collecting this data increasingly means bringing it into a database or data lake that is managed internally. Doing so helps to speed up data harmonization, which gets companies to a single view of the customer faster. In addition, it allows companies to apply access management and other security policies to data sources as they see fit.

Create a program for modular content

Omnichannel marketing programs require far more content than the more traditional approaches, as the number of channels increases, and as analytics drive content decisions. As discussed above, each piece of content must go through MLR review before it can be sent or posted.

As part of an omnichannel strategy, pharmaceutical companies benefit from creating modular content that, once approved, can be reused in multiple campaigns. This has four core advantages.

- With fewer reviews required, campaign planning cycles can be truncated from months to weeks.
- The use of modular content means that messaging is consistent across multiple channels.
- Modules serve as templates that make it clear what content should not change – but also what content marketers have the flexibility to change if desired.

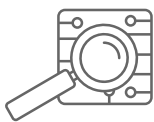
- Content teams are better positioned to produce content on demand if a pivot is required – and MLR teams can turn reviews around quickly since they have a lighter workload.

Despite the benefits that modular content brings, the number of people, functions and agencies involved can make it difficult for companies to develop the capabilities to modularize content at any scale. Strong frameworks and policies help.

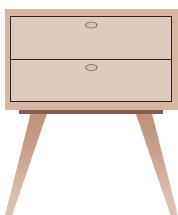
Atria's Rink compares this scenario to building a factory, instead of building a product. "If you approach a program knowing you have to build 100 things, and not just deliver a pilot or MVP, then your approach is different," he says. "If you focus on standards, the first one will take a bit longer, but then the next 99 will fly out the door. You need to go in with that mindset across the program: Do you ask for one piece of content a week from now – or 20 pieces in a month's time?"

Large omnichannel programs are algorithm factories

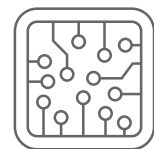
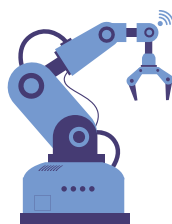
Successful omnichannel engagement at global scale requires an industrialization framework



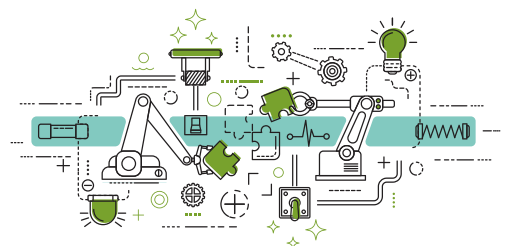
One analysis is like a product



One algorithm is like a robot arm



An omnichannel program is like a factory



Expand and mature reporting and data collection

Pharmaceutical companies can pull data from many internal and external sources to inform their physician engagement efforts. Novo Nordisk's Singh suggests that four pieces of information are foundational to identifying customers in digital channels: "Who are you, are you a validated customer, when did you last engage, and what did you engage on? From there, you can build out next-generation analytics."

Sales data is traditionally a reliable data source, but it will lag the activity by weeks or even months, and granularity is often an issue for hospital-, buying group- or brick-level data sources. More companies are now gathering customer experience data, such as satisfaction scores, to tack and optimize their marketing programs.

"If there are situations where you cannot measure lift, then you have to look at other metrics related to the customer experience," Atria's Singh says. "How are you able to move physicians through the journey and make them loyal? How do you get from awareness to familiarity to belief in, to use of a product?"

"We have all this wonderful data – and at some point, we have to make decisions on that data. We need to anticipate and coordinate the engagements that need to happen, based on physicians' behavioral responses"

Ray Gomez, Vice President, Worldwide Omni-Channel Capabilities, Bristol Myers Squibb (BMS)

Leverage automation, artificial intelligence and analytics

"We have all this wonderful data – and at some point, we have to make decisions on that data. We need to anticipate and coordinate the engagements that need to happen, based on physicians' behavioral responses," says Gomez of BMS.

That is where artificial intelligence and analytics can support omnichannel engagement. One of the most common use cases is next-best-action recommendation: Identifying when, how, and on what channel the next engagement should take place using what content. Some recommendations may be simple – such as sending a thank-you email after taking a meeting at a conference – but others may be more nuanced.

AI algorithms provide more nuanced recommendations based on a complete knowledge of what engagements the customer has had with the company, past behaviors, and other customer data such as affiliations, demographics and key influencers.

"Modern AI algorithms take into account the holistic view of the customer at that point in time and provide a next-best-

action recommendation that will move the customer further along the adoption journey," says Atria's Vandana Singh.

The key to the success of these AI models is access to all of the customer-related data at a granular and frequent basis.

Orchestration algorithms should not try to create elaborate customer journeys with many steps, but rather optimize each step based on the latest information about the customer. "After all, the customer does not know that he or she is following a customer journey, and they'll behave unpredictably", says Atria's Rink. "Companies can use a combination of tools such as dynamic profiles and scores, along with next-best-action recommendations, to help field reps and digital teams provide the best experience for the customer."

People working in the field know their customers very well from in-person engagements, but they may not know the extent to which they have engaged with digital content. Providing consolidated insight – such as a pre-meeting summary of the engagements that a physician has had with a company in the last six months – helps reps share the right content with physicians when they take phone calls or conduct in-person meetings

Different teams may require different analysts

As omnichannel engagement efforts expand, pharma companies need to evaluate the resources they have on hand and determine if they will meet the needs of business units that are getting involved in physician engagement for the first time. In many cases, technology that is already in place can supply the data. For example, integrations with customer relationship management (CRM) software can give medical affairs access to the same insights that sales representatives use regularly.

That said, companies should be prepared to commit additional resources to helping medical affairs, marketing, and other business units leverage this data, Jones points out. “It’s not necessarily about the tech, as we’ve always had access to the CRM. It’s about the analysis, and you need a new level of focus for that. It’s hard for someone on the commercial side to come over and serve the medical side’s needs.”

Companies such as Amazon and Netflix have data from billions of interactions with millions of customers to fuel their predictive next-best action engines. Pharma often has smaller datasets, especially outside of the USA, and can struggle to see immediate results with these AI models. There is a learning curve as companies find out what campaigns work best for what audiences – as well as what content resonates for all physicians and does not need to be segmented by specialty or type of organization.

As companies transition to the use of new tools that leverage AI, Gomez recommends implementing, testing, and learning about them in parallel with existing technologies. “This allows us to pressure test with our internal partners, to show them where we currently are and where we want to go. Once we show an impact, then we can start to scale throughout the organization. That allows us to be this omnichannel engine that continues to evolve.”

In addition, companies need to avoid the tendency in pharma and life sciences to let the perfect be the enemy of the good, says Guido Avila of Sanofi Genzyme.

“To be customer centric, you need to be agile. To be agile, you need to be able to test and learn,” he says. “Testing and learning require failure. You can’t be scared of failure.”

Bring agility to field force planning

As customer data is collected and analyzed on a more frequent basis, companies can take a more agile approach to field force planning. While traditional call lists may be updated on a quarterly basis, lists can be updated much more frequently as relevant data is collected and insights are generated.

The agile provision of timely data can also empower field reps as decision makers, Wang says. “In the past, the sales force was considered the facilitator of getting the right message to the physician, while marketing was the coordinator of that information. It was considered more art than science,” he says. “Now, the frequency and volume of data that is being generated is so great that you can no longer operate by blind faith. Instead of looking at retrospective data, you can now use data to plan and start your activities.”

This could include identifying which physicians should be seen on a weekly basis, compared to those who could be seen in person less frequently; it could also entail determining which messages a physician is likely to be interested in seeing next based on what they have talked about or downloaded recently.

Sobi’s Thota says the abundance of data that pharmaceutical companies leverage for omnichannel engagement can also be applied to issues of health equity, adding value by giving HCPs richer insights into their patient populations. “By deeply understanding our patient populations and the physicians that serve them, we can better meet them where they are.”

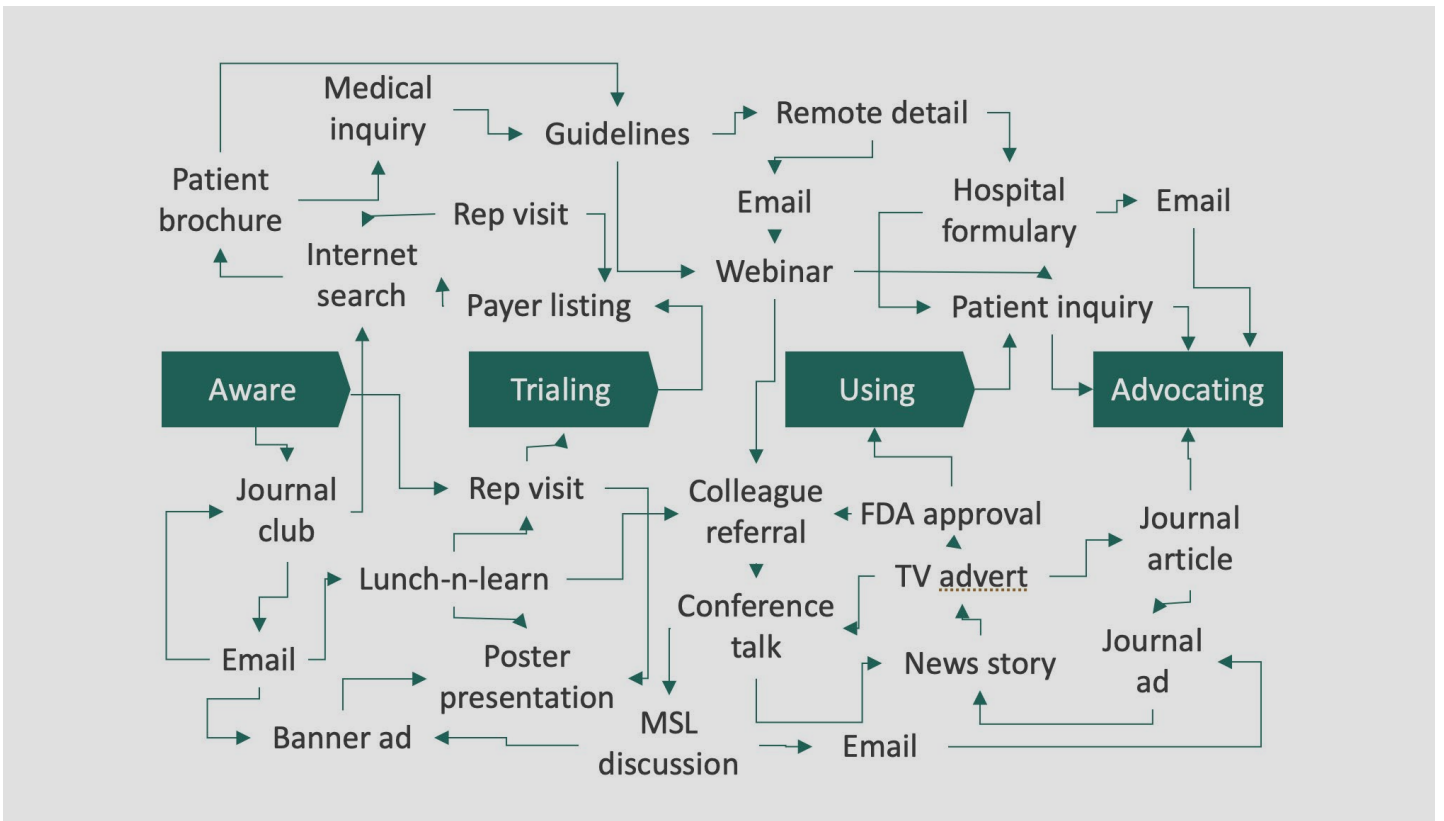
For example, field reps can help physicians better understand which segments of their patient population may not be able to use digital educational or engagement materials, or whether a practice should consider financial reimbursements or access to care management resources.

Your customer does not know that they are on a customer journey

The Plan



The Reality



Organize the omnichannel program to fit the company

There is no blueprint for making the transition from multichannel to omnichannel engagement. Pharma companies need to move forward in whatever manner best suits their needs.

As work begins, there are some important considerations.

- Plan for large scale. An approach that works in a pilot may not scale well to work across many brands, use cases and/or countries.
- Program management skills are a must. It is likely that multiple, interdependent projects will be running in parallel.
- Organizational structures and job descriptions will have to change. "If it is not anyone's full-time job, then no one will move fast enough," Atria's Rink says.

At most companies, the transition to omnichannel begins at the leadership level. "When you reflect on why it's hard, it's because you need top-down acceptance. You need the C-level endorsement, and you need leadership to orchestrate the transition," says Gomez of BMS.

Companies also need executives to lead by example. If executives tell teams that they need to transition to omnichannel engagement, but they continue to press managers on traditional performance metrics such as volume of calls made per day, then company culture will not change.

The approach at Sanofi Genzyme is to make customer engagement function-

"During the pandemic, reps in various markets discovered that physicians wanted to engage over WhatsApp. This quickly became part of the company's overall engagement strategy"

Florent Edouard, Senior Vice President, Global Head of Commercial Excellence, Grünenthal Group

agnostic. Guido Avila works across the commercial, marketing, sales, and digital business units from a centralized role: "I describe myself as a glue among these functions." This type of model can enable business units to continue to work independently while omnichannel engagement work is coordinated at a broader level.

That said, a bottom-up approach can work. At Grünenthal, field reps as well as sales and marketing managers were beginning to take steps toward an omnichannel experience, Edouard says, but they faced limitations in both technology resources and budget. But enough of this work was happening in different parts of the company for leadership to realize that something needed to be done.

"When we looked at how to improve, we saw that people on the ground in different parts of the world were doing great things. We decided that the best way to drive change was to create space for them, be flexible, remove the barriers, and empower them to drive the change," Edouard says. For example, during the pandemic, reps in various markets discovered that physicians wanted to engage over WhatsApp. This quickly became part of the company's overall engagement strategy.

Measure return on investment and course correct as needed

On the face of it, it may seem difficult to measure the return on investment for omnichannel engagement initiatives. After all, a sale cannot be attributed to a single interaction or individual within the company.

However, the proliferation of data and insight makes it possible to assess program performance more frequently than before. "In the past, you were doing traditional marketing mix analysis, and with the manual exercise necessary to integrate data, you could only really do it once or twice a year. In addition, it was all retrospective, based on data that was a year old. It was dated by the time it was done," Wang says. "Now, you can do marketing mix optimization iteratively – monthly or even weekly."

Discussions about KPIs and ROI may need to include some elements of education. A trained physician on a medical affairs team may not be familiar with marketing terminology such as click-through rate, open rate, or bounce rate, Jones notes.

“You need to explain it in plain language, and you need to articulate how the objectives for medical affairs are tied to digital engagement functions. For some brands, omnichannel may be emails, phone calls, and in-person meeting and nothing else, because it is not a complicated product and there is a baseline of strong relationships,” Thota says.

It is also important to provide context about digital engagement metrics – and how they should drive future engagements. Guido Avila uses the example of a webinar. A marketing team may get 2,000 people to register for a webinar, but they have to segment the audience to see what percentage of

attendees were “friendlies” who already prescribe a product compared to those who currently prescribe a competitor’s product.

“It’s not just about setting the KPIs. It’s about personalizing the experience,” he says. “You have to try something different depending on who is in the audience and how they are engaging. You can’t just push them to do what you want them to do.”

“It is important to have a framework that includes leading indicators as well as lagging indicators”, says Axtria’s Singh. “While the final goal is to measure improvement in sales, you can measure how you’re moving the customer along the adoption curve

through a combination of digital content engagement metrics and customer perception scores along the way. This framework enables pharma companies to course correct and truly focus on the customer before it is too late.”

For Novo Nordisk’s Singh, the ROI metrics for omnichannel engagement are ultimately no different or more complicated than other engagement models. “At the end of the day, are you treating more patients, and are they staying on their therapies longer?” he says. “On the financial side, are you driving sales that exceed payroll? Are you exceeding competitors’ sales? Are you driving the revenue you want to achieve?”



Conclusion

The pharmaceutical industry's notoriously slow pace of change was tested in the spring of 2020. The sudden transition to virtual meetings and other forms of digital engagement showed that pharma can in fact pivot quickly when the need is urgent.

At the same time, pharma's shift towards omnichannel engagement has been many years in the making, due in large part to the changing dynamic of the relationship between the physician and the pharma company.

As omnichannel matures, engagement should increasingly be driven by demand, not by what sales, marketing, and medical affairs want to push to physicians. "We need to get the right information to physicians quickly, and we need to inform them when they're thinking about their patients. That's something that no one has really tackled yet," Grünenthal's Edouard says. Gomez of BMS agrees: "We need to be hyper-focused on customer centricity. We need to be listening, not just assuming we know what they need."

No matter how far omnichannel engagement evolves, though, the underlying principle of conversations and relationships will remain the same. "To be precise, and to engage with the person's needs," says ViiV Healthcare's Jones, "is a classic campaign approach."

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