



PHARMAFUTURE™
An Indegene Initiative

KNOWLEDGE CONCLAVE

TRENDS IN COMMERCIAL EXECUTION AND EXPECTED CHALLENGES

November 3rd | Shanghai, China

Event Summary

PHARMAFUTURE™ 2017 – an Indegene initiative – was held on November 3, 2017, in Shanghai, China. This 6th edition in a series of global chapters focused on the emerging trends in modern commercial execution and the existing as well as expected future challenges through peer-led panel discussions from Aktana, AstraZeneca, Bayer, Gilead, Sanofi, and UCB. The conclave was very well received by the audience and the industry at large.

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KEYNOTE SESSION



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PANELISTS



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Introduction



Sanjay Virmani

Executive Vice President, Indegene

Sanjay Virmani, Executive Vice President at Indegene, kicked off the 6th edition of **PHARMAFUTURE™** with a warm welcome and a keynote on the "Evolution of the Commercial Landscape." Statistics referenced during the keynote can be found in the **2017 Digital Savvy Rep Report**.

Keynote Session

Sanjay gave an overview of the commercial execution sales force today by comparing it to a time in the past when globally the sales force was composed primarily of the traditional sales reps – a far simpler commercialization model. He remarked *"How diversified our commercial execution process has now become!"*

Having interacted with many senior leaders globally and as noted by findings in globally conducted surveys like the 2017 Digital Savvy Rep Report, Sanjay explains that today we are dealing with a much more diversified mix of commercial execution. There are many new roles that have been created in the commercial execution process. Today, there are primary care sales reps, specialty reps, medical science liaisons (MSLs), key account managers (KAMs), device reps, and in the near future, there will be AI reps – automated reps for simple product or medical questions.



KEY TAKEAWAYS



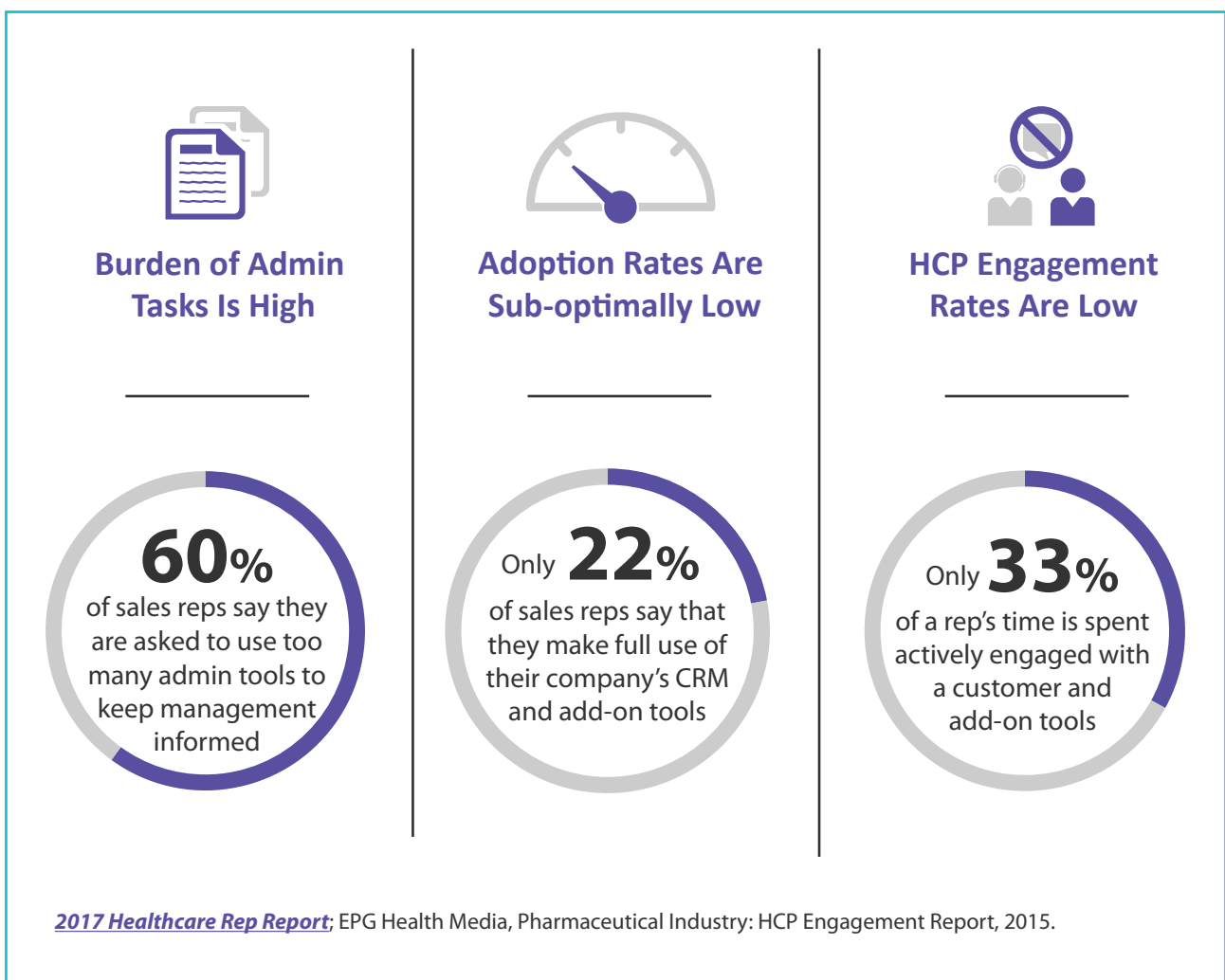
- Commercial realities have changed, so should the ways in which we communicate with HCPs.
- Utilization of tools made available to the sales force is below 22% (in some markets 5%-10%). The investments are far too high for the value to the end users and customers.
- The future is likely one that is very patient-centric because it will be outcomes focused. If manufacturers are going to be held accountable for outcomes, so should their vendors.
- Many of the forward-thinking organizations are moving from a commercial operations mind-set to a customer operations mind-set, and in doing so they need the right customer-centric partnership.

Digitalization Is Growing Steadily

Most global reports indicate that digitization is growing steadily and so diversification is also happening beyond the sales force. In fact, nearly one-fourth of our interactions with patients, payers, and providers are in the digital realm. In China, for instance, most HCPs now constantly interact on WeChat. So it shouldn't be surprising that HCPs would expect the commercial execution space to become more digitized as well.

Is the New Commercial Model of Today Effective?

The big question is whether the evolved commercial model of today is effective. "There is new data showing that productivity of reps is on a decline... and restrictions on HCP access will worsen, causing further decline in rep productivity."



More than half of CEOs globally believe that their digital implementation is not enough and is not delivering high return. Sanjay posed this question as to whether the current initiatives are delivering enough value relative to the investments made in them.

HCPs still report levels of dissatisfaction with respect to the interactions they have today and the materials currently available. In fact, 50% report dissatisfaction.

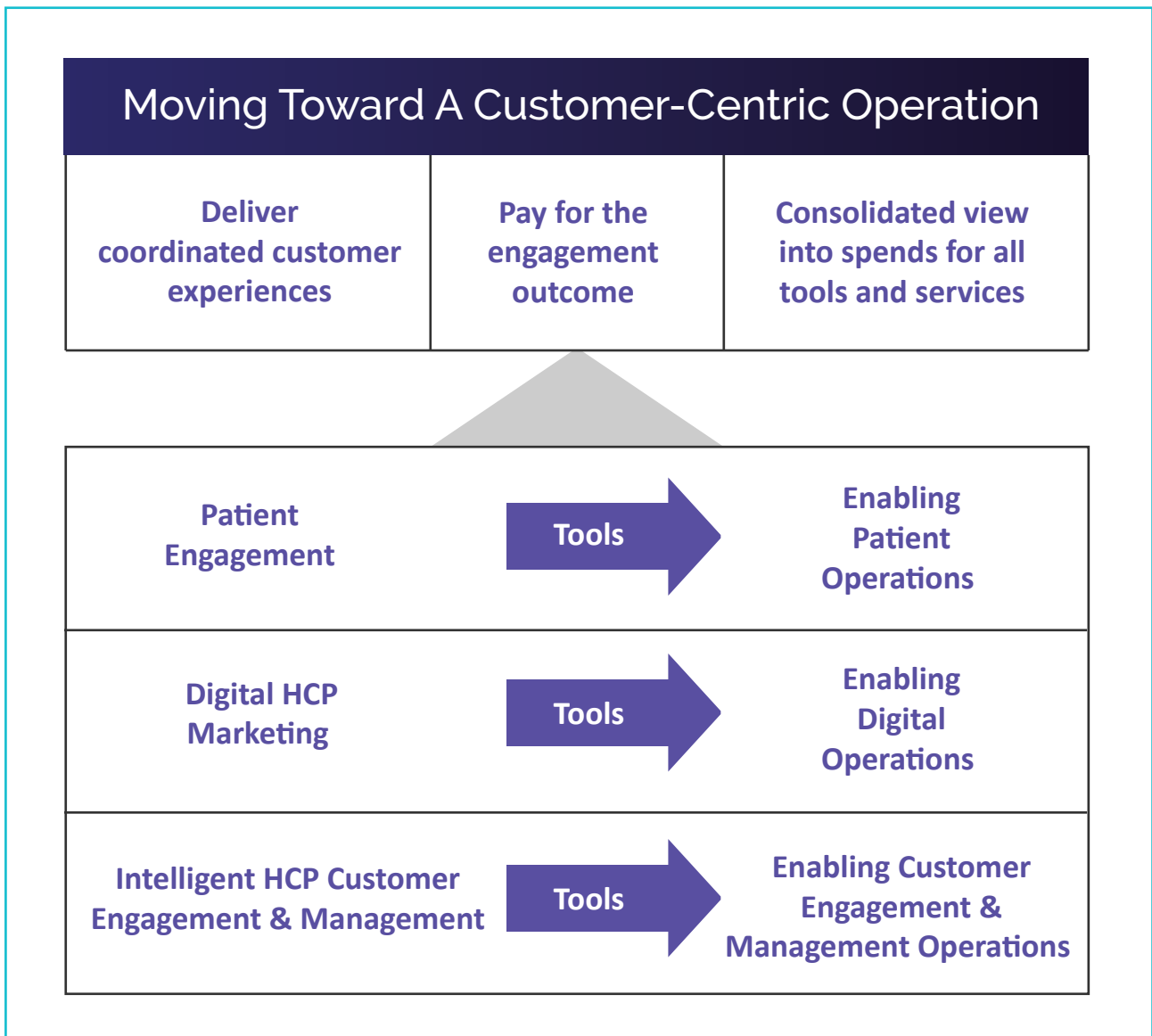
Investment vs Impact – The Need for More Value

Significant investments have been made in technologies that enable and maintain sales force automation, yet the utilization of these technologies is less than 22%. In some markets, utilization is much lower, only between 5% and 10%.

As such, there is a need to re-examine the value of our investments – looking at whether these tools are driving significant value for their end users and customers, and whether there is a way to simplify the operations and make partners accountable for the outcomes produced by their technologies or digital engagement delivered.

Moving From Commercial Operations to Customer Operations

It is important that we look at new ways of creating more value. The most pioneering companies are now looking at not just commercial operations but also **customer operations**. They are looking at setting up the infrastructure for all of the components of customer engagement – be it sales based, medical, directed at patients, or HCPs – moving toward everything working together.



Conclusion

In conclusion, manufacturers will eventually require more innovation. With all of these large investments and not enough value for customers and employees, it's inevitable that we will move to a more value-based customer engagement model and eventually to a true **customer operations mind-set**.



Panel 1: ALIGNING THE NEEDS OF REPS, MSLs, AND HCPs THROUGH OMNIPRESENT MARKETING

Participants

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Vice President, Commercial Strategy and Excellence, AstraZeneca, China

Zig Lang

VP and Head of Medical Affairs and Pharmacovigilance, Bayer, China

Joseph Sheng

Vice President of Primary Care Business Unit, Sanofi, China

Meilin Li

Head of Commercial Operations, Gilead, China

Moderators

Dr Saurabh Jain

VP and General Manager, Indegene



Dr Saurabh Jain

As we know, the traditional commercial model is changing and it's been evolving every year. Today, there are far more roles than just the primary care rep.

Question 1: Do we see this same evolution in China? What roles do we see in China?

Joseph Sheng

It's less about the exact title of the rep and more about what value they are going to deliver in the Chinese market.

Off-patent products, for example, can deliver 80% to 90% of the revenue. Therefore, in China it's more about how we can sustain that revenue until we are ready for our next product launch.

Our main challenges relate to market access and, as a result, there are three main roles that become critical:

- 1. Traditional clinical promotion to drive prescriptions*
- 2. The key account person who deals with gate keepers*
- 3. The public affairs role that helps get through to policy makers in small cities*

However, in large cities the primary care rep has already shifted their role from a pure clinical detailing role to one that also helps handle many of the key stakeholders' concerns.

Gwenael Meneux

I have been at the Chinese affiliate for 1 year but have followed the European market closely. What I find shocking is that while digital is everywhere, e-commerce is totally booming and mobility is everywhere in our personal lives, and yet less than 1% of HCP interactions in big pharma is in digital form.

The good news is that there is untapped potential, but we need to recognize that there are many unstructured interactions that happen between the sales force and the HCPs. What we first need to do is take these unstructured interactions and digitize them in a structured and compliant form, deliver on the content, and make sure all the channels are thoughtfully connected.

Dr Zig Lang

We live in a world that keeps changing every minute, and so obviously the roles must keep evolving. As we become more advanced, so do the products. Hence, we need to educate the doctors on which products they should use for which patients. With this, reimbursement and policy changes, and then comes the digital revolution.

I was really interested to listen to Sanjay's presentation. There were quite a few numbers that were shocking, but also not all that surprising at the same time. Over 50% of pharma organizations are not happy with their digital implementation – our company is the same. Every company is struggling to figure out how this affects them and they really do not have a solution. I guess that is why we are here today.

Now, when you ask specifically about MSLS, you are actually only asking for a simplified part of the story. MSLS are just one part of the medical affairs organization. Medical affairs interacts directly or indirectly with the customer, for example. The industry trend is patient-centric, but how do you do this in areas where DTC is limited?



Coming back to the question – how has the MSLs world evolved? Their role has typically been two-fold:

1. They help guide the HCPs toward using the right product for the right patient
2. They gather insights from thought leaders on what they think about products

But now things have changed and we need to manage market access to get reimbursed. So who is going to deliver that valuable message to HCPs, pharmacy committee at hospitals, and government officials? That all falls on the MSL. In certain areas in China there are AGORs, but certainly in the US this falls on the MSL.

I haven't given an exhaustive overview of what the MSLs are doing. We have tried the symposiums but that doesn't have enough reach. So now we have set up MSLs so that they do presentations in person, and have a virtual stream – recorded. This will ensure that HCPs can watch it wherever and whenever they have time.

Traditionally, medical communication was a passive communication channel – where questions would be asked, those would be answered, and then over time we would develop an FAQ. But now, based on all these queries, we are pushing information out proactively.

You'd be surprised what types of questions HCPs have. For example, Aspirin has been on the market for 100 years – yet doctors still ask us when is the best time of the day for the patient to take Aspirin, and with food or without food? These types of questions, you'd think, would be covered by the field rep, but they are not. And for the MSL, this gives them an opportunity to supplement the rep's work.

Dr Saurabh Jain

Question 2: This brings us to our next question – are these reps and MSLs well supported with their technologies?

Meilin Li

This is a very good question. Pharma companies are so conservative – when it comes to WeChat they see it as social media, and knowing that it's social media they become concerned.

Many companies in China, however, have taken a lot of bold steps. They've adopted WeChat and customized it to serve their business needs from the sales or medical angle to provide solutions to the physicians. That is the frontier of that arena.

I think technologies are just solutions – they may or may not be the best solutions for the business needs but they should be seen as solutions. It's up to the company, based on the characteristics of the product and the nature of the market, to design the right technology.

Here is one example on the commercial operations side – certain companies that are very advanced in social media are allowing their reps to share the sales performance figures and sometimes even HCP information on WeChat. This way, it is easy for the reps to share how many physicians they have seen in their day with their operations leads. But is this really the most efficient way to manage their daily productivity? This is a pretty big question mark.



Even just looking a few years back, when you thought of commercial operations – it was really simple. Now, we have fantastic CRMs to handle this work and some of them are rather sophisticated. Just adding an HCP to the system requires several steps and rounds of approval. I think this is a bit overwhelming. This is an example of there being too many steps in the process. And for the sales team, is this really helping them improve productivity?

On the one hand, all the roles, not just sales but marketing and the medical functions, have evolved and now have new responsibilities. We need to find a way to adapt to these changes and make everything more productive. But on the other hand, we now have all these fantastic tools and technologies and we need to determine which one is best for our organization.

To be honest, I'm still learning and can't say with certainty that what I have for my team is the best solution. And for that reason, all of us – the manufacturers and partners like Indegene – need to really work together to understand the major issues and figure out how we can evaluate the effectiveness of the solution.

Dr Saurabh Jain

Question 3: Joseph – with your primary care reps – what do you think is the missing sales force tool that would really improve HCP engagement? Or, are these cloud-based tools like WeChat and other tools like email and smartphones fulfilling the HCP engagement needs?

Joseph Sheng

I think technology will never completely fulfill our needs. The better question is – are we using the technologies correctly?

There is one critical question – are the core numbers relevant to the sales force's performance? There is a long journey between the sales force efforts and translation into the final sales numbers. We need to understand what's happening in that HCP journey, what the critical steps are in between, and what the evolving HCP needs are. We need to understand what the rep is doing each step of the way and how that translates to a better understanding of the product and conversion before we can even get into what technologies will best help the reps.

Are we really confident in our knowledge of the customer journey and do we really know what the key steps of communication with physicians actually are? Then the next question is, what should your reps be doing alongside the customer journey? Before you understand these insights, whatever tools you are using may be leading you in the wrong direction.



That said, given the sizes of the sales force and the distance between district managers and their reps, remote management is a major challenge and technologies can help to reduce those challenges. We are currently using chat and remote management to help district managers oversee their reps, but first you need to understand what behavior you want alongside that customer journey before you can think of producing change.

Before looking at the technology, we should be gathering data on the HCP journey, and then we can use that data to guide the rep's behavior. Also, if we understand the true needs of the customer, then we can develop the right content for them. So, it's less about the channel or technology, and more about knowing our customers well.



Dr Saurabh Jain

Question 4: If you could add one more channel to better engage with HCPs, what would it be?

Gwenael Meneux

There is no one channel that can fix everything, and on the other hand, it seems that there are too many technologies and channels accessible. In considering new channels, it's important that marketers have a deep understanding of their customer needs. That said, the industry trend I see is one that is moving toward more on-demand services.

Meilin Li

I'd like to take this question of adding more channels from a different angle. All the multichannel tools available start with understanding the customer first. I think most companies do not have good confidence in their customer database and I'm not even talking about big insights.

"On-demand" is the ideal world. The problem is that our master database is very incomplete. Without this data it's truly difficult to do multichannel right.

Another important point is the CRM. The CRM was initially used for simple tasks after face-to-face interactions, such as adding objections. Then gradually we built in e-detailing. A lot of the functionalities were enabled in the systems with different compliance and process requirements, and then we added roles, leaving the CRMs complicated and unstable. While trying to satisfy everyone, we ended up satisfying no one. And it's very complicated to just have a single point of view to operate in, just to achieve the same goal – understand the customer better.

Dr Saurabh Jain

Question 5: When we talk about remote detailing and looking at the policies in China where access to HCPs is becoming more difficult, do you see these tools through the reps becoming helpful?

Joseph Sheng

The future is about being patient-centric because eventually industry will need to provide end value to patients. When you put patients at the center, it's easier for us to find aligned topic with our government and the hospital presidents because hospital presidents are the most important future group of customers in China.

If we think a face-to-face interaction is more important than a remote one, then we need to find a way to secure face-to-face access. To do this, we need to think of building valuable patient programs to help the hospital presidents attract patients to their hospital, thus winning their trust. If you only focus on your product, hospital presidents will not have interest in your product.

If we think face-to-face interactions are important, then we really need to map out which relationships are important to keep and find a way to secure them through patient programs. Then regarding remote, this can be a supplementary tool.



Dr Saurabh Jain

Question 6: Dr Zing, how do you see this change in environment policy in terms of restrictions in access to the physicians?

Dr Zig Lang

I think it's a great thing. I think this is an absolutely wonderful thing for the industry. It's put everybody at the same level.

Following up on the previous question, I have two points.

We have all these digital technologies and we keep trying to figure out how to pair reps with these technologies. But first we have to ask what do reps really need? Most reps don't really want to make a call or email unless they really have to.

Now, every rep has a smartphone. We did a survey and the result showed that reps wanted to be able to put things on their smartphone. So we enabled WeChat notes so that when they are with a doctor and they cannot answer a question, they can put it in WeChat as a note. With this, we saw a drastic increase in calls. So here we see that this channel was enabled based on need.

Talking about remote access, I'm sure every company has the same thing – Virtual MSLs. Then I ask the question, what do these MSLs do? When the rep visits a doctor, the doctor has either very difficult question for him to answer or the doctor wants to talk about off-label things – that's where the remote MSL comes in. Typically, we equip MSLs in the major hospitals where there are key opinion leaders so that they can cover all of these questions. In third-tier cities we normally place reps to cover HCPs' questions, and that is where med info or instantaneous med information is important.

So before we initiate more technologies and systems, we have to first figure out what the need is. It's like the CRM – everyone is filling out forms but then we don't know what to do with the information.

Dr Saurabh Jain

As you see, CRM is the largest spend for commercial enablement for any organization. Millions of dollars have been spent on CRMs. The main role of CRM was to automate and simplify the sales force activities but most users see this as a heavy burden than an impact creator.

Question 7: Do you see the investment in traditional CRM/SFA as a sustainable situation? Or do we need to relook at this model?

Joseph Sheng

Three years back we cleaned up our CRM database. We found that 10% to 20% of customers in our database were someone we had no profile for originally, but the reps claimed these were doctors. At that time we were not very serious about CRM data because we had not yet determined which kind of rep behavior we trusted, and we didn't really believe that the interaction between our reps and customers actually brings us the value in terms of sales.

It's at that point that we decided to restart and go back to the drawing board to first understand what kind of needs fall alongside the customer journey – from the customer who has no idea about what our product is or even the disease state it falls under, to the HCP who knows everything about the product, including how to use the product to the key benefits to patients in whom it is best used. We really mapped out all the key behaviors we believed could be correlated to sales.

Once we get this done, then it's about how we can use these cutting-edge technologies to identify those behaviors, check those behaviors, and also give feedback in real time to the front-line managers.

To give you an example, early on, we were using the iPads. We were not the first group using iPads. There were companies using iPads 3 to 4 years before us. At that time the main function of the iPad was for e-detailing. But when we used the iPad, we utilized them as a behavior tracking system instead of only for e-detailing. If you use it this way, the database will clean itself up eventually because you'll ensure that the reps input data to this new checking system. Once verified by the rep and the customer is in the database, then the customer needs to be classified into one of the four categories – from lack of product awareness to having full product knowledge. This way, we make sure our customers are moving from the initial stage all the way to the final stage of product knowledge. We review this data on a monthly basis so that it's actively managed. By design this creates a system, where the iPad is no longer just a tool for e-detailing but also a customer management tool. So to me, earlier we did suffer from database management issues, but we understood what our needs were and we found a way to actualize it through technology.

Dr Saurabh Jain

Question 8: What's your experience in China in terms of usage of iPads and CRMs?

Gwenael Meneux

I think the stat of 22% for CRM usage is in fact a bit high as a number, especially when you have to deal with a lot of newcomers and new reps, and re-organization.

I echo the comments from the panel and would like to emphasize that "garbage in is garbage out." I think it's important to decide on the level of accuracy of the data in the form of a range and that it's important to set KPIs. The CRM can't be a behavior tracking mechanism for the reps' activity, or it will be seen as a form of punishment. It's also really important to keep educating the reps on the proper use of the tool, such as use of profiling and switching the mind-set that the CRM is not a tool to track their activity but instead a tool to help them better serve their customers and ultimately their patients. As a recommendation, I think it's also important not to fall into the pitfall of incentivizing CRM usage. It sets up for bad data and reinforces the negative feeling about the tool.

Dr Saurabh Jain

Question 9: How do we use these data insights captured by CRM on interactions, behaviors, etc.?

Meilin Li

I think that first of all we need to understand what's in it for the rep and for the team. With CRMs, we are



trying to be more productive. With that in mind you have all the data generated and collected in the system, and we need to figure out how we can make it useful to the team. I think there are so many layers to analytics and it's great because you get a nice dashboard, but from the rep's perspective they see it as just another way to monitor them. And then all of a sudden if you are not careful, reps can key-in more favorable results about the physician they know their managers are expecting them to see that day.

The other angle around productivity is to think from the rep's or MSL's perspective and understand what they need to do their job well from a data point of view. If we look at it from that angle, we'll be able to generate really simple analytics such as a list of key target customers and markets, which form their potential call list. Then at that point the rep or MSL can determine if the targeting info is correct or decide if they want to target another way to be more productive. Being actively involved in their list management and targeting motivates them to enter call activities in real time.

I think with all technologies available, it's all about how we organize their use. We need to place more focus on what's in it for the reps and keep their perspective in mind. Let's all remember that because the teams are often very large, you need to constantly train the reps to help them understand the system and let them know that this is the tool that is going to help them and build their confidence in CRM use.



Panel 2: LOOKING INTO THE FUTURE: AI-DRIVEN CONTENT AND TARGETING

Participants

Victoire Delajudie

Customer Innovation Director,
Sanofi, China

Henry Sun

General Manager,
Aktana, China

James Yau

Head of Omnichannel
Engagement, UCB, China

Alexander Simakis

Customer Excellence,
Indegene

Dr Saurabh Jain

Content is the most important lever in delivering personalized, contextual experience. And life sciences is gearing up in delivering the real-time content by using various technologies. So, what are the challenges we see in the content supply change? How are we addressing that? How are we using technologies, artificial intelligence (AI), and machine learning in content, targeting the right content to the right audience? We'll be covering all these topics in today's discussion.

Question 1: To start off, we've been talking about reuse of content across different channels. And most of the channels are delivering the same content. So, how are we reusing or reinventing the content?

James Yau

The market need for diversified content varies, but overall, the need is getting bigger and bigger. Traditionally, when we talk about reusing content we mainly come from the perspective of cost-efficiency and product communication consistency. But now we have so many different channels that the need is for different formats and kinds of content. Because of this, we can no longer think only of cost-efficiency or consistency, but we need to think of a better way to reuse the content.

At UCB, we are adapting a similar concept to Indegene's digital factory. When we talk about engagement and communication, we start from customer segmentation and positioning, and then define the clear message. From there we need to look into different channels and determine what kind of format will suit the channel.

When looking at efficiencies, first we determine what creative part of the process the creative agency brings and then we release the remainder of the process to a cost-efficient vendor to produce content in "Digital Factory" form – as Indegene calls it.



Victoire Delajudie

I agree that the demand for reuse of content is becoming larger with the additional channels. I think it's all in the way we structure the reuse. While there is demand, many marketers do want to put their stamp on the creative and tend to reinvent the wheel instead of reusing – that is part of the challenge.

Another part of the challenge is about how we tag the previously created content for marketers so that it's easy to find and reuse.

Henry Sun

At our organization, we are trying to use content suggestions and have started working with machine learning to try to understand how HCPs are engaging and reacting to content.

One of the challenges is that even if we were to combine all of the pharma industry's data, there still wouldn't be enough information. A lot of the data is sitting in the minds of the reps. The challenge in the next 10 years will be to close that gap in data.

If you were to talk to any of the reps, they would say that they need more content, but if you look at what they have in their hands, you would see that they already have a lot of content. The biggest issue is that they don't know how to use their content, because ultimately they don't know their customers well – they don't know what the barrier is, they don't know what the driver is, and therefore they don't know what to show them to be able to engage with them. And neither does the rest of their organization, for that matter. No one has enough data on customers at the moment.

I think first we need to close that gap in data, so that we can know what content suggestions should be directed to which targets to resonate.





Dr Saurabh Jain

Question 2: How has technology helped bridge some of these gaps that all of you have mentioned? There are many systems, for example, content management systems and digital assets management systems, where a lot of money is being spent. But have these systems helped in any way?

James Yau

Many systems do make things complicated. The reality right now is that we don't know how to effectively deliver content to our customers. It's not that the customer-facing colleagues don't have enough content. The problem is that we don't know when and what type of content needs to be delivered and through which channel.

I think right now, we are in the omnichannel journey. We need to divide the journey into three stages:

- First stage is about precision
- Second stage is about prediction
- Third stage is about automation

Right now, we are in the second stage – where we are tagging content in such a way that the customer's behavior is being tracked precisely. The tool is currently OK at tracking but lacks in predicting the customer's behavior.

Victoire Delajudie

We at Sanofi have been focused on the channels and to some extent the data. However, regarding the content journey, we are at the initial stages where we have established the pipelines (the channels) and have data going through them, but no content has been created based on it yet.

I think in terms of technology, we can't go from where we are today to AI as it will create a black box where the end users will not understand it. First, we need to establish a set of rules that the customer-facing colleagues can follow so that they can know which piece of content to use – later that data can be used to drive more content creation.

Alexander Simakis

The key thing as mentioned by many of the panelists today is that you first need the data. Also, it's gotten to the point where the field reps have too much content and they don't know what to show, and as a result the data fed back is only giving you bits and parts of the information of the interaction.

Dr Saurabh Jain

Question 3: Are there too many channels and tools available and how can we simplify the situation?

Henry Sun

I think it's about change management more than anything else. Within our organization, there is a Brand Manager who structures the messaging well – transitioning by quarter to new content and getting rid of old content. He informs the reps that the diagnosis messaging should go out in this quarter and the treatment messaging in the following quarter. It's very clear and you see this structured change management trickle into the results.

Dr Saurabh Jain

Question 4: What kind of data is being looked at to help develop the right content for the HCP?

James Yau

In our organization, online and offline rep collaboration is very important. Reps don't have the privilege to engage with the HCP for 10 minutes. Maybe only for 3 minutes. So, the role of the rep is to briefly introduce the content in person. To make these initiatives successful we need to link the KPIs with the incentive system. We don't focus on the number of contacts but instead on the active rate of HCPs – this really mobilizes the reps. With the help of this incentive number the offline team can really help drive engagement to the online content and make the online content delivery really successful.

Victoire Delajudie

With respect to KPIs, incentive for reps is important for change management, but it's also important that it is tied into the GM incentive. That was a key driver for change for me.

In terms of content optimization based on data, it's more about the process than the tool itself. Right now, there is a bit of a cultural shock relative to digital everything. Certain teams internally have, as a role, to control risk and do not want to let go of any part of the process since it serves as security. Right now, we are reevaluating the review process and trying to find a way to come up with a leaner approach to content review. It's a bit of a work in progress.



Dr Saurabh Jain

Question 5: What is the future of content and what are the future areas of improvement and investment being made in this space?

Henry Sun

In the future, I see us focusing on the “Why” – why to use this content and what is the insight behind the barrier I am trying to overcome? I think if we focus on the “Why,” sales teams will be more likely to utilize the content.

James Yau

Machine learning is already being adopted in certain domains. But when we look at AI, I’d rather refer to it as “Intelligence Augmentation,” which means we still need to enable or augment our process to engage. I think this will be an investment we will make. Content automation will be our ultimate goal, but if we can predict the next action to be taken, we will really be able to migrate to the content automation phase.

If we look at our company’s investment, I think the next priority will be to get a small engine that will enable us to really analyze our internal data so we can predict the behavior, the next best action, or content to be delivered. This will be our priority and next big investment in terms of a system or tool.

Dr Saurabh Jain

Question 6: Content maturity is also dependent on your data maturity and technology maturity. What do you think Victoire – do you feel that this is true?

Victoire Delajudie

I think whatever tool your organization takes on, there is a chance of failure if you do not have the support from the top management and right talent involved to drive the change. It’s the search for creativity, entrepreneurship, challenging the status quo. If there is investment to be made, it would be in hiring the right people to drive the change.

Dr Saurabh Jain

Question 7: Alex, from a technology perspective, where do you see the challenge for content and what are some of the things you are trying to solve through technology?

Alexander Simakis

I think in terms of content in general, it’s gone through a cycle. Content reuse, consistency of messaging, efficiency of development, compliance, and med-legal



review process efficiency – many companies are struggling with the same challenges that are in existence for many years. Some are more advanced than the others in terms of solving these problems.

I think the next wave is delivering content that the HCPs actually want to see instead of what we are doing today – delivering content that we want the HCPs to see. Today, we are currently doing more of push marketing. What we want to be doing is pull marketing, which engages different types of reps that are out there, moving toward a more MSL-focused rep role than the more promotional role. That's where the content is going.

From a technology perspective, it will be about how you can quickly get the content that the HCPs want from the reps. This will be through AI and machine learning. But you can only do this if you get the support from your management. Otherwise the technology will fail. And then of course, you need an incentive to drive the reps to use it. It's a combination of things that will drive both better content creation and the use of technology.



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