

February 21 – 23, 2017 | **New Jersey**



Workshop Leader Interview

David Ziedman, VP International Business Development, Across Health

David from Across Health recently spoke with us about the market opportunities and challenges of increasingly diversified channels in pharma, in the run up to Channel Optimization in Pharma 2017, taking place on Feb 21 – 23 in NJ.

David Ziedman joined Across in September 2016, bringing with him 14 years of pharma experience, along with another 15 years in digital outside pharma beforehand. Prior to this, he was the European Commercial Excellence Director at Teva Pharmaceuticals. In this capacity he partnered with the Specialty business with focus on working with European and country business and brand management on MCM strategies/implementations, as well as core areas of commercial excellence including GTM models, segmentation and targeting, and resource optimization. David was also responsible for Launch Excellence in Respiratory, including a new MAB as well as supporting the launch of 3-day weekly Copaxone. Previous to Teva, David worked for Accenture for top European pharma companies, on topics like updating segmentation and targeting guidelines to take into account new channels and creating eDetailer toolkits to allow a global pharma to support end-to-end eDetailer creation, as well as launch and measurement frameworks over 7 key launch brands. Previous to Accenture, David worked for IMS Health as Commercial Effectiveness Director EMEA, with programs across the entire SFE continuum.

HW: Can you tell us a bit more about Across Health?

DZ: Sure! We are a consultancy specialized in integrating digital into the go-to-market model for pharma. We support our clients in designing, developing, executing and measuring evidencebased multichannel and digital health strategies. Our approach is rooted in unique insights into individual channels and the channel mix impact on customers (HCPs, patients and payers). We have several in house competencies, including a family of tools called the Cross-Channel Navigator, which evaluate the relative reach, impact and contextual importance of different channels to HCP's. We also have Illuminator, which is a robust database of response rates to key channels. These tools, partnered with our combined 200+ years of MCM hands-on experience, form the cornerstones of our programs. They enable us to select and connect the most impactful channels with the relevant stage of a customer journey, creating an efficient and effective integrated omnichannel approach. In addition, we offer a plug-and-play 360° MCM platform, a digital maturity benchmark and several types of skill building (workshops, elearning, playbooks, webinars and interactive games). We also published our first book, Evidence-Based Multichannel – Delighting Pharma Customers in the Omnichannel Age, in August 2016.

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HW: Given you've worked in both pharma and consultancy, what are your tips for companies planning to roll out MCM?

DZ: First of all – and this sounds obvious, but believe me, it appears not to be - think and plan ahead! The channel mix plan, customer target group and profiling should all be included from the very beginning of Brand Planning. Companies should also define the content plan, and develop it earlier on from both the global and the local perspective. Not doing this (with one eye on the horizon) can really bring big delays later on, especially because of content approval processes. Given that most companies are not hitting optimal campaign frequency today, being prepared with content creation plans early should be an absolute cornerstone activity.

Secondly, all staff need to be trained in how to integrate different channels in their go-to-market approach. Gone are the days when this was an activity for just



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'the marketers', or even the field force or medical staff. Pharma companies need to go beyond the multichannel campaigns executed in silo-ed isolation of old. Running multichannel campaigns which are distinct from customer-facing staff is a tragedy of missed opportunities. This change may not be easy, and requires a digital transformation roadmap, with a focus on establishing the strategic direction, as well as key processes and technology. However, even more vital are robust measurement frameworks and competence building methodologies for all layers of the organization.

HW: We've seen massive progress in pharma to embrace MCM and digital innovation over the last few years, where is the industry now?

DZ: Compared with other industries, pharma is definitely behind – and may even be lagging further over time. Since 2009, we have run an annual industrywide maturity survey, the Across Health Multichannel Maturometer. We see pharma making some progress, but there appears to be a lack of (a sense of) urgency, as well as the capabilities needed to deliver. Indeed, a lot of marketers, medical leaders and staff in the field (reps and MSLs) are not used to multichannel orchestration and 360° coordination of channels.

On the technical level, implementation of the latest technologies such as campaign automation and predictive analytics will inevitably cause processes to become more robust. These types of tools, and the processes that drive them, have become commonplace in other industries that have been deeply impacted or disrupted by digital.

Finally, in pharma only about 16% of marketing spend has been in digital. This translates into just over 4% of the total sales & marketing spend. In other industries we see this figure at about 20+% - I think that this speaks for itself!

HW: When we talk about 'multichannel', most people immediately refer to digital and social media. How effective are they?

DZ: I mentioned it earlier, but we have a channel mix optimization tool called the Across Health Navigator, which allows us to answer this question guite accurately. We have a large dataset of the reach and impact of around 50 channels, across most geographies and therapy areas – allowing us to compare 'owned', 'paid' and 'earned' channels.

Social media was the hot topic in pharma in its early days, but it peaked and failed to meet high expectations. Partly that is because it is hard to measure impact from a company perspective, but also there are many regulatory restrictions in its usage. Nonetheless, there are still great examples in the patient/care-giver space, and we believe there will be great options in the future for peer-to-peer in the HCP area, where there are many still reluctant to engage.

In terms of digital, it's a little more interesting. For reach and ease-of-use, 3rd party websites, e-newsletters and eMedical online education are very impactful - and currently under-leveraged. That said, it's important to not think of multichannel as just individual channels, but about how these different channels work and interact with each other. That's even before you begin organizing within themes, campaigns and linking channels to individual customer channel affinity and journey stage.

HW: While the overarching strategy is crucial, analytics helps making informed channel decision along the way. What's your view on this?

DZ: Definitely, I agree. However, there are many opportunities and much room for improvement in this area. Most of pharma are still in the 'trial' mindset and are rolling out the first wave of tools – let's try some approved emails, let's try to post on LinkedIn, let's try to launch e-detailing. As well as many companies getting 'stuck' in trials in these areas, often these individual channels and the content being put through them are very much product-centric.

Pharma companies now need to switch their mindset from the 'what' to the 'how' and the 'why'. It's not a one-size-fits-all game – customers with different profiles will have different preferences, and therefore require personalized customer journeys. Being customer-centric is crucial in the multichannel world.

On the other hand, a lot of KPIs and dashboards are still focused on single-channels – and are therefore isolated. Brand and Marketing leaders need to define these key attributes and ROI objectives at the start of the campaign. For instance, through segmenting customer profiles, what's the percentage of this particular subset of customers that achieves 80% of the whole journey, and through which channels?

The ultimate goal is to build up responsiveness models that cater for event analytics. I can't repeat enough





that this has been widely adopted in other industries. This will give you a much better indication of response rates and the linkage between channels and customer engagement. And don't forget to measure true customer satisfaction via NPS scores.

HW: How challenging is this transformation?

DZ: Tough but not impossible. US pharma is slightly ahead in this game, but they have the advantage of being able to track true business impact at the individual prescriber level. A lot of the CRM systems in the field don't have this functionality, and also you need specialized platforms to perform this kind of analysis. Linking professional data quality and integration services to marketing automation are the first steps to this transformation. Finally, management's buy-in is crucial to enable this kind of change, as well as to drive new multichannel-focused KPIs. These things will come; it's only a matter of time.

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HW: So would you give us a snapshot of the workshop hosted by yourself and Fonny?

DZ: The key objective is to introduce our multichannel framework to attendees. This can be really helpful when developing and launching Multichannel Marketing in organizations which aren't familiar with it. We'll discuss how to gain robust insights into customer needs and channel trends, and help attendees design

an MCM business case and strategy linked to their business needs. We will help them create a campaign blueprint and select the relevant KPIs, aided by our data and industry best practice. Finally, we will cover both defining and measuring the optimal channel mix.

HW: That's interesting! What's one top tip you'd like to share with our audience?

DZ: There is always more than one top tip! I'll give you the top three. Channel optimization is both art and science. Before you decide your mix, make sure you've gathered all the evidence from customer insights. Secondly, less is more. Many times I've seen companies over-complicate their campaign plan. Finally, don't underestimate the effect of change management and capability building for marketers, medical and field sales. Early engagement with them will make a huge difference.

HW: Finally, what'd you like to gain from this meeting?

DZ: We look forward to networking, as well as discussing ideas with like-minded leaders in this field. We always hope we can help the industry to become more efficient and effective in sales and marketing operations, while simultaneously improving engagement with HCPs, patients and their caregivers.

For more info on the book, see: www.a-cross. com/health/knowledge/delighting-pharmacustomers-in-the-omnichannel-age

Join David Ziedman, VP International Business Development and Fonny Schenck, CEO from Across Health at the pre-conference workshop at Channel Optimization in Pharma 2017

How to Develop & Plan Your Multichannel Strategy at Launch

This session provides in-depth discussion on:

- How to build a multichannel program for a launch
- Which are the key steps from strategy to customer behavior change to tactics?
- What types of customer insights should be used?
- How to create a true multichannel rep to orchestrate the rep channels?
- What type of measurements can be used to prove the value?

