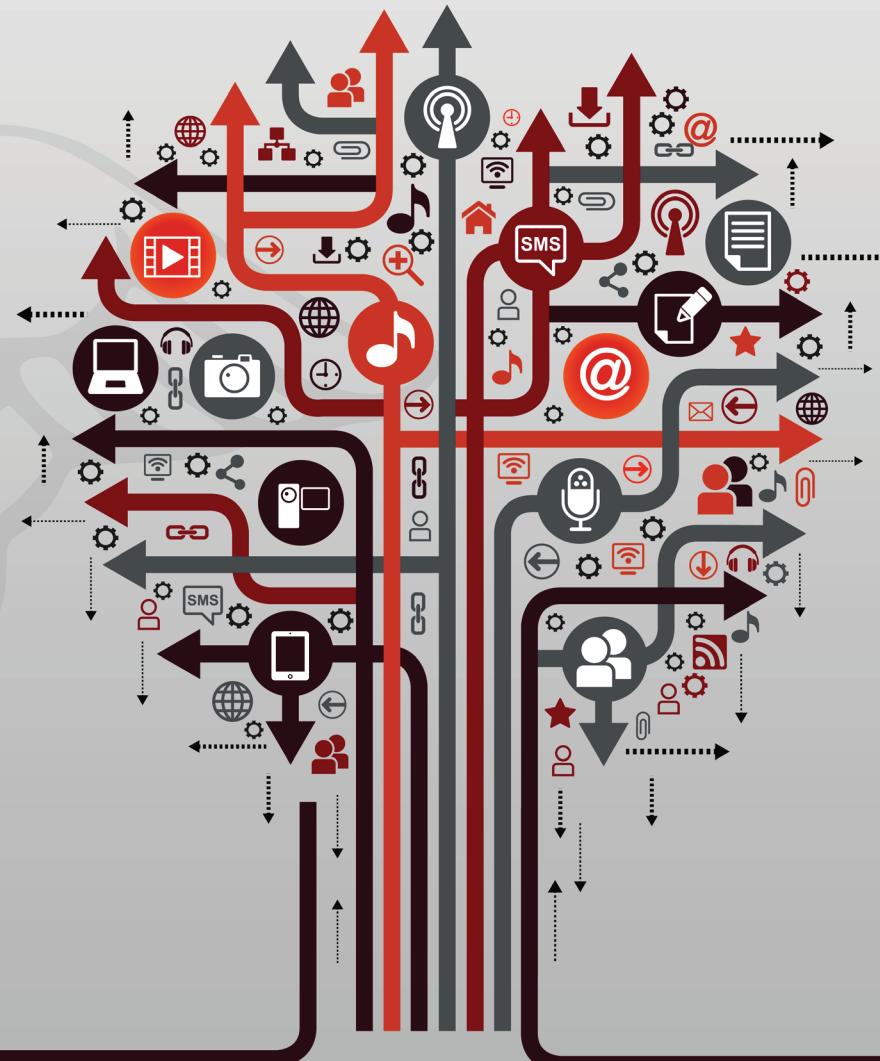




Multichannel Closed Loop Marketing

Digital Transformation of the Life Sciences Industry



Executive Summary

For the past decade, pharma has been looking for answers to the challenges of reduced access to physicians, changing stakeholder preferences, and decreasing effectiveness of traditional sales force strategies.

Closed Loop Marketing (CLM) and Multichannel Marketing (MCM) have emerged as industry responses to these issues. These two approaches are among the most used weapons in pharma's armory for "digital transformation" – reinvention of the business model using new digital technologies.

CLM can be a powerful way to improve customer-centricity by incorporating real-life customer insights into marketing strategy and messaging in near real time. In much the same way as consumer retail websites update customer recommendations based on past activity, pharma can customize Health Care Professional (HCP) marketing strategies and messaging based on individual preferences learned from past customer interactions. To date, CLM in pharma has largely been implemented in the sales representative channel via tablet detailing. Insights from the representative's interaction with HCPs, such as the content that the HCP found most engaging, are captured electronically. Future marketing messaging can then be customized for that HCP based on those insights.

At the same time, pharma has been exploring the use of channels beyond the traditional field force, such as tele-detailing, video-detailing, physician communities, websites, email, and others. Companies hope to grow physician engagement by offering multiple options for interaction. This exploration has mostly taken the form of smaller, single-channel pilots, with few coordinated MCM programs implemented thus far.

CLM and MCM initiatives have largely been established independently of each other up until now. Capgemini Consulting's vision for the future of the pharma customer experience requires a combination of the two: the application of CLM to multiple channels in an integrated approach. We believe this Multichannel Closed Loop Marketing (MCLM) represents a renaissance in pharma marketing and sales. Though they may not recognize the term MCLM, many pharma companies have been experimenting with the discipline for some time, often with encouraging results.

By gathering and continuously analyzing data from customer interactions, companies can gain insight into customer behavior that comes from real life, not from market research. Combined with meaningful segmentation, this insight allows accurate customization of content – quickly achieved in digital channels at least – so that the right message and the most relevant content are delivered to the right customers via their preferred channel. To put it simply, we can give the customer "what they want, how they want it, when they want it" – increasing the likelihood that they will respond.

This approach also allows companies to optimize their channel strategy, focusing spend on the channels customers use. So ultimately, MCLM creates the opportunity to increase product sales while potentially decreasing overall promotional costs.

In this new report, we describe recent research into where pharma is on the path towards our vision for the future of MCLM. We set out to explore questions like "Have CLM and MCM helped pharma companies deliver on their promise of customer access and value?", "What are the obstacles to progress?", and "What are

physicians' preferences and levels of engagement when it comes to communicating with pharma?" We surveyed 1,756 physicians and conducted numerous interviews with pharma executives and multichannel vendors.

No company we spoke to has fully evolved to a true MCLM model; there is wide variation along the MCLM maturity scale. Some companies are making significant strides and others are just beginning. Most companies have seen initial benefits from their MCLM activities and plan to continue to mature their MCLM programs.

In this report, we share our findings about benefits and key challenges. We also make practical recommendations for companies wanting to progress further, based both on our own experience and on best practices shared by companies that are further advanced with MCLM. Our ambition is for this report to guide companies along their journey to MCLM-enabled customer-centricity. Personalization of content, integration of channels to create a holistic customer experience, and optimization of promotional spend is our vision for the future of the pharma customer experience model.

Why act now on MCLM? To summarize, it enables pharma companies to increase market responsiveness, provide increased value to customers by incorporating their preferences, and optimize promotional spend – yet no company has fully incorporated MCLM into its business model. The first companies to achieve the level of customer-centricity enabled by MCLM will therefore secure a major competitive advantage.

We hope you enjoy reading the report. Please reach out to us with your thoughts, challenges, or suggestions.



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Helping Pharma Win the Digital Revolution

For the past decade, the pharma industry has been searching for answers to declining access to physicians, changing stakeholder preferences, and ineffective reach and frequency strategies. Multichannel innovation and new commercial models have become a widespread industry response to these challenges. Capgemini Consulting has been the partner of choice for many of pharma's largest and most successful commercial transformations during this period, and in particular for implementing a CLM approach.

In this new report – the 10th edition of the Vision & Reality report – Capgemini Consulting reviews MCM initiatives to date and investigates whether or not CLM has delivered on its promise of improved customer access and value. We look at the results through the lens of Capgemini Consulting's vision for the future of the pharma customer experience: Multichannel Closed Loop Marketing (MCLM).

Pharma must learn from other industries

History tells us that in every technological revolution there are winners and losers. At the beginning of the 20th century, electrical machinery began to replace steam in powering factories and other systems. Many companies saw the new machinery as a simple substitution or incremental improvement, and left the rest of their organizations unchanged. More astute companies, however, redesigned their production lines to take advantage of the fact that electric engines could be placed virtually anywhere in the factory, rather than having to be connected to the central drive train. That made it possible to design processes and buildings around the flow of the work, not around access to steam power.¹

Other technology advancements, such as telephones, computers, and the Internet, have similarly provided an opportunity for visionary companies to revolutionize their operating model. The companies that saw technological change as a chance to transform their businesses often outperformed their competitors.

Already, it is clear that some companies are succeeding much faster than others in using digital technology to transform their businesses. One of the winners is Burberry. Since becoming CEO six years ago, Angela Ahrendts has turned the British fashion house into a full-on digital enterprise that spends 70% of its advertising budget on digital channels. This novel way of selling luxury has propelled Burberry onto the podium as a leading global brand, with a marketing strategy that manages to be inclusive and exclusive at the same time.²

Stories like this can inform pharma's approach to digital transformation. As part of our ongoing efforts to define and understand what digital transformation means for our clients, Capgemini Consulting has entered into a research collaboration with the MIT Center for Digital Business. In partnership with MIT, Capgemini Consulting has conducted research across many industries to find examples where companies have embraced digital transformation to reinvent the way they conduct business and relate to their customers.

Using these case studies and a range of other research, plus an analysis of past industrial revolutions, we have created a vision of what complete digital transformation might mean for the pharma industry.



Our methodology

This report is the culmination of over a year of comprehensive research into MCM and CLM trends within the pharma industry, as well as over a decade of experience supporting commercial transformation in pharma and other industries. This endeavor included three major primary research components: benchmarking interviews of industry stakeholders, online survey of healthcare providers, and interviews with pharma multichannel agencies.

Pharma benchmarking study

In late 2011, Capgemini Consulting began conducting one-on-one interviews with pharma executives to understand their experience with CLM. The five objectives of the study were to gauge the current level of CLM maturity in the pharma industry, identify challenges and opportunities experienced during CLM implementation, document success stories and commercial impact of CLM, understand pharma's first steps into MCM, and collect insights about the future vision and next implementation milestones for CLM in the industry. A total of 16 detailed interviews across 14 companies were conducted between September 2011 and February 2012. The interviewees represented a mix of small, medium, and large pharma companies covering a wide range of therapeutic areas and geographies.

Physician survey in collaboration with QuantiaMD

In early 2012, Capgemini Consulting along with QuantiaMD conducted an assessment of channel preferences and the value of CLM among

physicians. The objective of this study was to understand the physicians' current engagement with pharma companies and to test the customer impact of ongoing MCLM activities. The study highlighted overall trends in traditional and digital channels, physician behaviors within a changing digital environment, and current physician perceptions of pharma marketing. A total of 1,756 physicians responded and completed an online survey; specialties included primary care, oncology, hematology, cardiology, rheumatology, infectious diseases, and neurology.

Multichannel vendor interviews

Lastly, Capgemini Consulting conducted interviews with pharma multichannel agencies of record to assess the state of MCM in the pharma industry. Our objective was to document successes of MCM, explore approaches taken by different companies, and understand common obstacles. Six interviews were conducted with different multichannel vendors between November 2011 and June 2012.

In addition to the three primary research efforts described above, this report is supported by secondary research encompassing existing industry publications and years of first-hand experience working with pharma clients. Capgemini Consulting was also among the pioneers in implementing CLM and MCM in several other industries, including financial services and retail, and has leveraged this experience to identify best practices and develop a vision for the pharma industry.

Pharma's Journey to a Digital World has Begun



Social media research³ shows that:

- 78% of senior executives think a social business strategy is important to the future success of their business
- 74% of C-level executives network in a professional community weekly
- Business leaders' and decision-makers' use of Twitter almost doubled in a year, from 31% in 2010 to 61% in 2011

Imagine a world where the most successful promotional message for a drug is written by a nurse practitioner... where independent sales reps will sell their services to companies that need them... where physicians' questions are answered even before they are asked... where anyone can learn anything they want to know about a product, from anywhere, at any time... where no patient is refused treatment because a reimbursement form was filled incorrectly... where a "review committee approval" program can automatically ensure promotional compliance... where pharma companies spend less on marketing but get higher awareness of their products...

This world is not as far off as you may think.

Enabling technologies are already here

On February 5, 2012 during the Super Bowl (one of the most-watched television broadcasts of all time, with over 110 million viewers), Chevrolet chose to air a commercial entitled "Happy Grad". This spot was the winner of an open submission contest, produced independently by an amateur crew for a minimal budget. It was consistently rated one of the 10 best ads during that Super Bowl, beating out hundreds of others produced by professional advertisers.

On numerous social networking sites and expert networks, individuals anywhere in the world can sell their time and services to any interested party, leveraging their experience and reputation. Credit card and financial services companies send customized offers honed through thousands of real-world experiments that allow them to anticipate what each customer will want to know. Executives are using new digital technologies such as

analytics, mobility, social media, and smart embedded devices to reshape customer relationships, internal processes, and value propositions. They are also improving their use of traditional technologies such as CRM to support this transformation.

Digital technology is starting to enable companies to understand and collaborate with customers in exciting new ways. Dialogue between customers and companies has become lively and interactive. More customers get involved in more ways, and specific customer groups often need more specific messages and strategies from companies.

Pharma's progress to date with digital marketing

In the pharma industry, too, most companies are already using alternative marketing channels to advertise their products as part of their struggle to generate growth despite contracting budgets. Pharma has been aggressively adopting new digital technologies (e.g. Sales Force Automation (SFA), e-detailing, mobile, social media) to replace the waning and stagnant strategies of the past. Multichannel Marketing (MCM) is the first step in digital transformation, but at present, the addition of new channels is often conducted on a one-off, tactical basis.

Closed Loop Marketing (CLM) represents the next step in leveraging digital technologies to break out of the mold of the traditional business model. Not only do digital presentations replace paper detail aids, but they also capture metrics that can help to re-engineer the process of content creation. CLM transforms customer interaction from a top-down "push" model to a two-way conversation, which evolves based on customer feedback.

To date, only a small number of pharma companies have realized this approach – and then only within a limited number of channels. Uncertainty about efficacy and regulatory implications of new channels and strategies has probably prevented pharma companies from achieving as much as they would like. The situation often turns from one step forward to two steps backwards at the first sign of trouble.

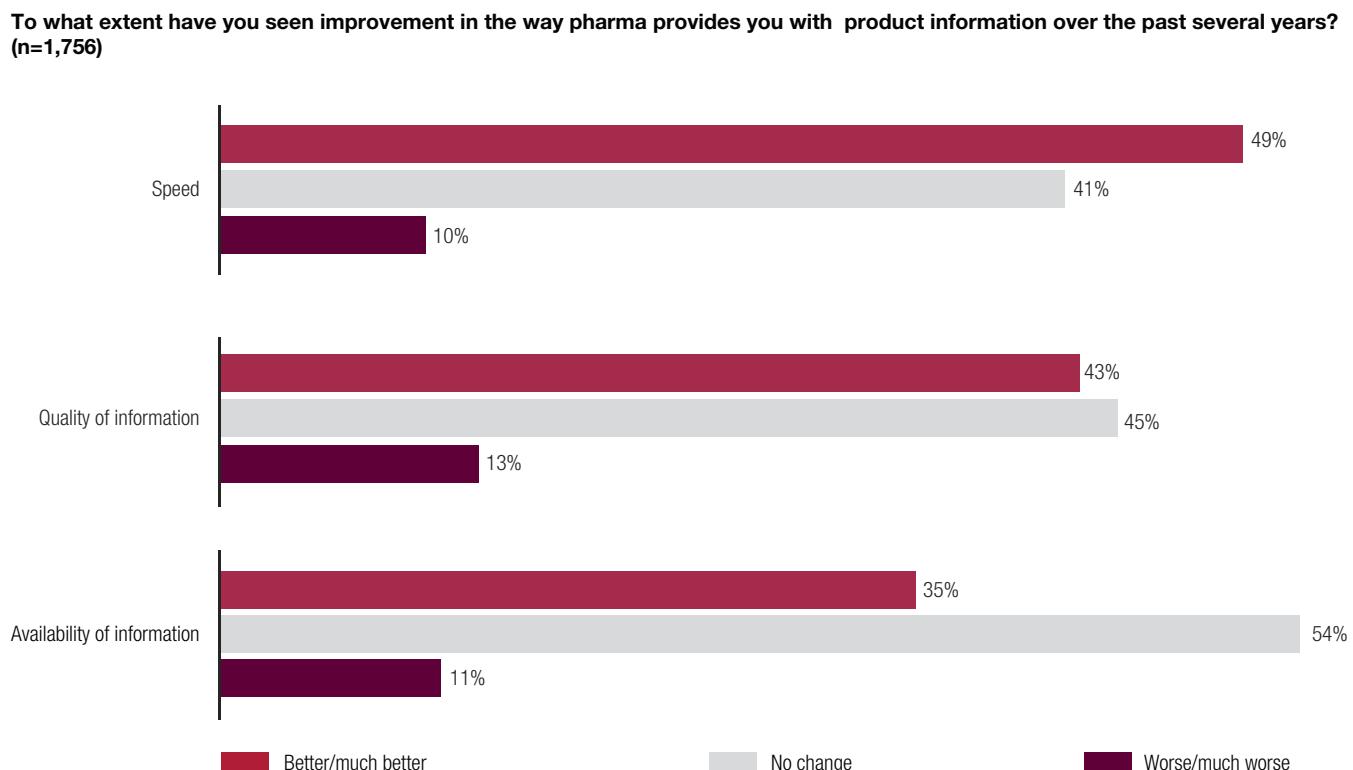
Capgemini Consulting and QuantiaMD's recent physician survey explored whether pharma's efforts in the past several years have taken it in the right direction. Some healthcare providers (HCPs) polled had noted a significant improvement in the speed, quality, and availability of information from pharma companies (figure 1), but many others had noticed no change, particularly in terms of information availability⁴.

It seems that the pharma industry is on the right path, but has only just begun its journey. We believe the findings reflect the fact that most pharma companies have just started to integrate the feedback provided by HCPs during interaction across various channels into a coherent view. Once that integration is achieved, they will be able to use customer feedback consistently to tailor information and channel use to customers' needs and preferences.

Obstacles to digital transformation

Pharma is well aware of the need for transformation. Rising costs of healthcare, regulatory pressures, falling R&D productivity, increasing generic competition, and the end of the blockbuster era are just some of the drivers that are changing the

Figure 1. Improvement in pharma information delivery: Physicians' perspective



direction of the pharma industry. Add to these the changing influence of different stakeholder groups, and the way pharma sells its product is in great need of a substantial overhaul. Because of stricter regulations and restricted access to physicians, companies are beginning to look to digital technologies to improve the productivity of customer interactions.

Among the obstacles in the industry's path are inertia and fear of change. The long-term vision for digital transformation in pharma is scary in its degree of divergence from the current model. The industry's commercial model has remained largely unchanged for decades, relying primarily on a sales force promoting to physicians and receiving regular updates at large plan of action (POA) meetings. The reality that physicians are no longer the sole customers and that sales representatives are no longer as effective as they used to be has hit the industry. However, most companies have no clear strategy for change, and little confidence in the plans they do have.

An even more fundamental obstacle to change is pharma's typical organizational structure. The fact that in most organizations every brand operates in a silo means it is difficult to create a "platform vision" for the company as a whole.

Because of these obstacles, the use of digital channels tends at present to be ad hoc, and managed within functional silos. This is the equivalent of replacing steam engines with electrical ones on the factory floor, rather than redesigning processes and approaches to take advantage of the new technology. True digital transformation requires a concerted approach to investing strategically in new technologies in order to change the business.

Making digital transformation happen

To overcome the obstacles, and to achieve the digital transformation it requires, pharma needs to improve the way it does both CLM and MCM, and to combine the two to create a seamless, optimized customer experience where customer feedback informs both the overall approach to marketing and the channels used. We call this combined approach Multichannel Closed Loop Marketing (MCLM). We believe it can make a pharma company into a winner in this new revolution.

The rest of this report discusses MCM and CLM initiatives to date, and how they can be built on in the future, before outlining a way to combine the two into MCLM.



Multichannel Marketing (MCM): Integration is the Key

In earlier times, marketing to doctors used to be simple. Studies showed that the more times HCPs heard a message, the more they would remember it and prescribe the product. But for years now, sales representatives from pharma companies have been granted less and less time with doctors, with many refusing to see them at all. The obvious question is: "If we can't reach HCPs through representatives, how else can we reach them?"

MCM – the integrated use of multiple marketing channels – offers revolutionary benefits to drug companies. It allows them to transcend the limitations of a single channel, and to follow customers where a sales representative cannot, 24 hours a day, seven days a week. It promises to save marketing departments money

by allowing them to use the most efficient method to contact each of their customers.

However, these large-scale, revolutionary benefits are still to be seen; the industry is not yet ready. In this chapter we outline what MCM should look like from the perspective of a pharma customer, what it actually does look like, the underlying challenges, and what we believe pharma should do to bridge the gap between vision and reality.

The vision: a seamless experience across channels

For the customer, MCM should create an enhanced and integrated experience (figure 2).

Figure 2. Current versus ideal day-in-the-life of physicians and pharma

	Initial contact	Follow up	Prescription/sales	Feedback	
Current interaction	<ul style="list-style-type: none">Sales reps attempt to walk in or make appointments with physicians instead of reaching through other channels, and are more of a nuisance than a resourceRedundant contact through other channels	<ul style="list-style-type: none">Sales reps follow up through additional face-to-face meetings that are prone to scheduling conflictsInformation overload with overlapping material and dense irrelevant information	<ul style="list-style-type: none">Physicians may not have the necessary information or capability to deliver highest standard of care to patients (e.g. formulary access, prior authorization)Physicians become well versed in fewer products and stick to fewer products	<ul style="list-style-type: none">Physicians give feedback to companies through sales reps who may or may not be willing or able to share feedback with headquarters, owing to conflict of interest from negative feedback directly linked to the channels utilized by sales reps	Current experience
Gaps	Focus still face-to-face, with no coordination with other channels	Portals not developed, turnaround time for requests too long	Physicians not as informed as they could be because of inefficiencies	Few feedback channels in place for physicians to utilize	
Ideal/expected interaction	<ul style="list-style-type: none">Physicians are provided with materials that are relevant and/or customizedPhysicians are able to choose the channel through which they interact with the company	<ul style="list-style-type: none">Further interest in specific products can be satisfied quickly through appropriate preferred channel (e.g. face-to-face meetings, virtual methods, or the internet with company sales reps or medical science liaison)	<ul style="list-style-type: none">Physicians correctly diagnose patients and prescribe appropriate products after extensive education and making informed decisions	<ul style="list-style-type: none">Physicians give feedback to companies to provide better service and materials so that they can be more effective at their job and improve accuracy in prescriptionsMultiple channels that are most convenient for the physician	Future seamless experience

Source: Joint research study: Capgemini Consulting and QuantiaMD, March 2012

In this ideal future state, customers never have to repeat themselves to a drug company or wait very long for a relevant response. Each request they place is captured and automatically sent to the appropriate department. Their needs are then responded to as quickly as possible through the most effective and preferred channel.

For instance, imagine if you could collect information about a customer's interests based on how they interact on your brand website and the topics they have requested information about, and then combine that with what you have learned from engagements with a sales or medical representative.

With the help of an "intelligent" analytical engine, all that information could be used to customize the content that the physician sees the next time they go online. The same content could also be automatically recommended to the sales representative for the next live interaction. The representative could still choose how and what to present based on their experience. However, the content they delivered to the customer would be based on everything that had been learned about the way that particular doctor had interacted with your company in the recent past.

The reality: customers don't get information the way they want

Unfortunately, MCM does not yet look like this in the pharma industry, from either the industry's or the customer's perspective.

Physicians may receive overlapping calls and visits from sales representatives, account managers and call centers, while simultaneously being bombarded with emails or hard copy mailers.

Despite this abundance of resources, in most cases physicians are not receiving information that is relevant to them or, when they do, it is not customized or delivered in a way that is meaningful to them. This is why the physician feels that pharma is not delivering value. No one should be surprised that most customers are growing less satisfied with pharma sales tactics and increasingly trying to find relevant information on their own. However, our research (see panel on page 14) shows that customers are still willing to see representatives provided they can offer high-quality information that is customized to their needs and delivered in an appropriate form.

A bad customer experience

Does the following situation sound familiar? You experience an outage on your cable TV service and place a call to the cable company. You navigate a series of automated options to direct you to the right operator, then wait on hold for 10-15 minutes. When the operator finally joins, you are asked to answer the questions the voice response system already asked, only to be told you have been transferred to the wrong department. The next representative asks you the same questions again, and schedules a live technician visit for the following week.

You arrange to stay home from work on the appointed day in order to be available during the six-hour window when the technician may appear. When the technician arrives, however, they have received no prior information and do not have the tools they need. The technician schedules a follow-up appointment the following week.

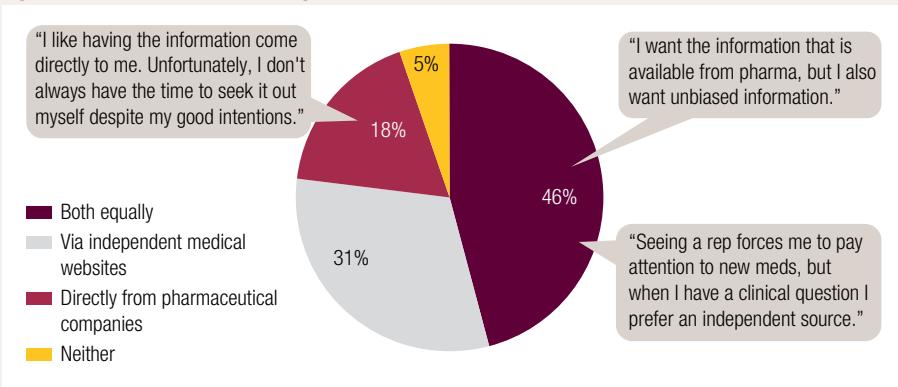
This scenario is frighteningly similar to the multichannel experience of many pharma customers today.



Physicians still want to receive information from pharma

Many HCPs perceive information from drug companies as "biased", and prefer independent sources. However, in the recent Capgemini Consulting/QuantiaMD physician survey, 46% of doctors stated an equal preference for receiving information from pharma companies and independent sources (figure 3). Around 18% actually prefer to receive information directly from pharma companies⁵.

Figure 3. How would you most like to receive product information?

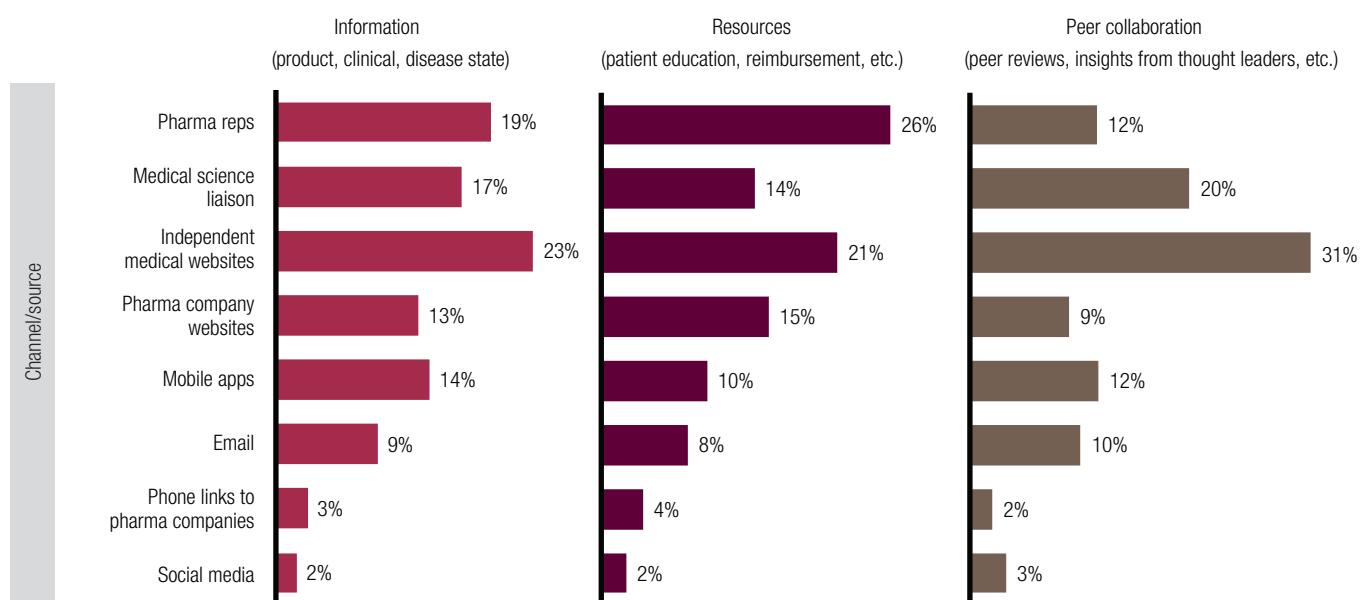


The data implies that physicians do not have a problem with the companies themselves, but rather with the interaction model. Some 20% of respondents want to receive less information in person, and 30% want more to be delivered via digital media⁶. This is no surprise: doctors today are busier, more mobile, and more tech-savvy than previous generations. Instead of setting aside time for meeting sales representatives or reading journals, they are more likely to keep informed via their iPad in the comfort of home.

We asked physicians to rank their channel preference when performing different tasks (figure 4). When searching for product information, the most popular source was independent websites, followed closely by sales representatives. HCPs looked to sales representatives first for patient education or product reimbursement information.

Customers today regularly use a variety of sources. Less than a third of doctors name a single preferred channel. Since there is no single channel to meet the needs of every customer, or even one customer, a pharma company must employ a mix of channels.

Figure 4. Physician channel preference (n=1,756)



Source: Joint research study: Capgemini Consulting and QuantiaMD, March 2012

Why siloed approaches undermine MCM

New channels are introduced within silos

Although traditional channels (such as face-to-face contact, speaker programs, and conventions) still form the backbone of their marketing models, drug companies are trying new ways of reaching doctors, at home as well as at work: tablet detailing, online portals, email, and social networks are some of the most commonly used digital channels. Similarly, as the stakeholders within the industry have changed, pharma has built new personal channels for account management and medical.

Venturing into these new channels is the first step on the road to MCM, but pharma has made only limited progress to date. A major barrier is that nearly all efforts at interacting with customers in new ways are conducted in silos.

Through direct experience with clients and through industry interviews, Capgemini Consulting has learned that new channel initiatives frequently arise for one of two reasons: 1. Someone within the organization identifies a new channel opportunity and advocates for its inclusion (as in most early cases of tablet detailing), or 2. The company fears it has fallen behind competition and must act (as with social media).

In the first case, the champion begins evangelizing the merits of the channel throughout the organization, and is ultimately tasked with generating a business case. If the company chooses to invest, this individual leads the management of that channel, and uses the opportunity and budget to attempt to outdo all other channel marketing. The advocate has staked his or her reputation on the success of the venture relative to other channels, and so is not motivated to coordinate the channel with other marketing initiatives.

In the second case, the company begins building capabilities in order to keep pace with broader technological trends, despite the fact that, for several channels, no clear business case

has yet been made. This has often been the situation when pharma has invested in social media. Although most companies are still searching for a clear social media strategy (as is the FDA), the existence of blogs, and of Facebook and Twitter accounts, is becoming part of the marketing tactics. At the moment, information provided to the physician through social media is of questionable value and is usually not integrated with the other channels.

These two motivations have led most pharma companies to build a smattering of independent channels that operate with minimal coordination. In fact, most pharma stakeholders interviewed were unaware of the full extent of channels available within their company. More troubling, Capgemini Consulting has often observed that within a single company, brands may operate independently and develop different parallel versions of the same channel interface (e.g. competing call centers, multiple websites). Channel maturity varies widely by company and brand; true MCM is nascent or non-existent.

Siloed approaches defeat the purpose of providing value to the customer

To understand a customer's needs and behavior, it is necessary to bring together information about interactions with that customer, irrespective of the channel where they occurred. The silo-based approach to channel introduction makes that impossible. Information collected in one channel remains in that channel, thus preventing the company from building a comprehensive view of the customer. Without such a view, there is no way to judge the impact of a single strategy on prescribing decisions.

In addition, start-up costs for establishing a new channel pilot can look high when they are borne by only one brand rather than dispersed across the organization. Furthermore, the teams that are responsible for the different channels often have to compete for resources. Rather than working together to provide the most impactful experience for the

customer, each channel functions as if it is the only interaction point. As a result, channel teams waste resources creating redundant strategies optimized for their channel, without respecting those tactics that already exist.

When channel teams operate in silos, they tend to target the same customers with their various approaches. As a result, the same high-value customers receive face-to-face visits, medical science liaison (MSL) visits, emails, postal mailers, website invitations, invitations to conferences, etc. These communications often repeat the same information, in the hope that at least one of the options will resonate for the customer. By contrast, low-value accounts may receive little or no contact.

The approach also creates inefficiencies in strategy development. The brand team responsible for creating a brand website uses its own creative and digital agencies of record. Often, other digital marketers also work with their own creative teams to generate social media campaigns, mobile applications, or other approaches.

When a company chooses to open a tablet detailing channel, for example, a new group of marketers is typically assigned the task of developing digital content. This team works with its own agencies of record to develop a new digital sales aid, with graphics, data, images, videos, and language similar to materials that have probably already been created by another part of the marketing team for use in another channel. (For more information, see panel on page 17, "The current state of tablet detailing".)

In addition, this new team and its agencies typically experience a steep learning curve when developing digital tactics, particularly with respect to review committee (RC) guidelines, even if other parts of the organization are further advanced.

Survey reveals industry conservatism and an incremental approach to evolving the marketing mix

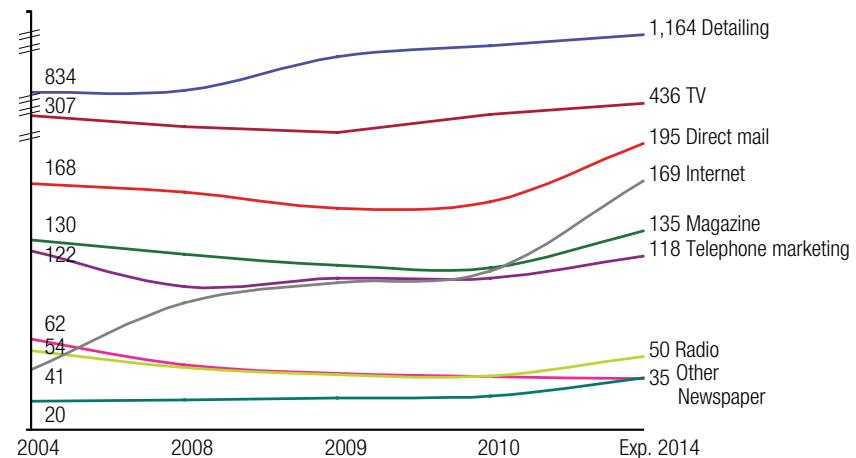
In a pharma industry benchmarking study recently conducted by Capgemini Consulting, key stakeholders from 14 different pharma companies rated themselves on the maturity of their multichannel promotion capability.

With an average self-rating of 2.11 on a scale from 1 (immature) to 5 (well-integrated MCM), most companies clearly understood that there was still a lot of work to be done in this space. Approximately 70% of the companies surveyed rated themselves between 1 and 2 on the scale, and explained that the vast majority of their promotion is still conducted via the sales force. Given that there is ample evidence for diminishing returns from the sales force, and that the industry as a whole continues to shed sales representatives on a vast scale, it is hard to believe that many companies continue to rely almost exclusively on the sales force.

The explanation is likely to be lack of leadership and innovation. Most pharma companies consider themselves behind or far behind other industries in leveraging digital marketing initiatives. Despite the expressed desire for new channels, the pharma industry is still unsure of where to put its money and prefers to stay with what it knows.

This conservative approach to multichannel investment is demonstrated by the trends in pharma direct marketing spend over the past decade (figure 5). In 2013, sales force spending is projected to represent a larger share of spend than all other channels combined. Online spending is the only new channel to have grown significantly with the emergence of mobile technology and social media yet even here spending on other channels has not decreased significantly to compensate.

Figure 5. Pharma direct marketing spend by channel, \$m, 2004-2014



Source: Direct Marketing Association "The Power of Direct Marketing" 2010 and 2009

The conservatism shown here is probably the largest obstacle to successful MCM adoption. Because many new channels remain unproven or are subject to ambiguous regulation from the FDA, pharma is unwilling to commit on a large scale. As a result, most companies instead choose to launch a never-ending series of limited pilots and tests rather than attempt a true commercial evolution. This tendency no doubt contributes to the silo-limited approach described above.

While growth in digital channel usage has been conservative, it is important to note that the diversity of channel mix has nonetheless been relatively broad. The most commonly used channels include company websites, product websites, disease websites, email, search engine optimization, and banner advertisements. Additional channels that are used moderately but are growing include self-service portals, online medical education, and virtual e-detailing. Lastly, there's a small group of channels that, while current usage may be quite low, are growing rapidly. These include social media, virtual representatives, and mobile marketing.



The current state of tablet detailing

In the late 2000s, pharma companies started providing their sales forces with tablet PCs. They allowed the representative to carry more product information, and their visual features seemed a great way to grab a doctor's attention. Companies were also attracted by the promise of CLM: they wanted to capture customer feedback to predict preferences and needs.

Feedback, however, was mixed. Some companies reported improved customer interactions, while others could find no clear impact on sales. Sales forces felt constrained by technological limitations such as slow boot time and lack of connectivity, which often left them standing in front of physicians with nothing to display. The devices were felt to be too heavy. Software and training costs were relatively high. As a result, interest in tablet detailing, and thus CLM, cooled.

The iPad restarted the CLM race. It looked like the answer pharma had been waiting for – an inexpensive, sleek, go-anywhere, instant-on delivery system for digital content. The industry became an early adopter of technology for perhaps the first time in its history. By 2013, iPad penetration among pharma sales representatives is widely expected to exceed 85%.

As well as enhancing the technical experience, iPads provide a simple interface that anyone can use. This user-friendliness makes training quicker, cheaper, and more effective, and can increase use (including the use of more advanced tools such as webcams). Sales teams industry-wide now present digital content to HCPs. In the process, they capture vast quantities of customer data.

However, the Capgemini Consulting/QuantiaMD physician survey found that while tablet detailing is widespread, frequency of use is highly variable, from 75% of office visits down to 25%. Almost half of respondents did not know their utilization rates. Content usage and technical maturity also varied by company, and by therapeutic area. Some companies are implementing advanced functionalities such as sales force automation integration, multichannel interaction, e-sampling, and segmentation. A very few have developed customized, engaging presentations – these are the companies that have documented positive ROI. Most, however, create just one version of a digital sales aid, in effect digitizing the paper version.

Even so, pharma itself can do much to maximize the benefits of tablet detailing, through management commitment, careful planning, comprehensive training of representatives, and an improved understanding of the technology and its potential. Companies need to find ways to create compliant, dynamic content based on customer preference and feedback, and to use analytics to refresh content in order to maintain physicians' interest and avoid fatigue.

The coming years will be heavily influenced by iPad-driven sales, but as the novelty wears off, simply having iPads provides no value. Companies should make effective tablet utilization a high priority in their CLM programs.

Early successes with MCM

Despite the industry's rocky start with MCM, there are success stories that confirm the value of pursuing it. Most companies can point to at least one new channel pilot they have initiated with positive results, some of them spectacular. For example, use of physician networks, as in the QuantiaMD case study (see panel), allows a pharma company access to its customers through a self-driven or "pull" format. Promotional material is made available in a forum, and the customer decides whether to view it.

QuantiaMD case study: Physician networks reshaping pharma interactions

A major pharma company demonstrated the value of using an alternative channel to disseminate product information quickly to a broad group of potential prescribers. In order to drive sales of a product just before loss of exclusivity (LOE), this company partnered with QuantiaMD, an online learning network featuring content created by physicians for physicians.

The company used the online network to raise prescriber awareness of the product and a new co-pay card program. The pharma company created a quiz on the product and provided a link to request information and apply for the new co-pay card.

The quiz generated significant interest, becoming a major component (15%) of the company's overall program (among the largest and most successful LOE campaigns in history). Over six months, almost 2,900 cards were distributed, and 61% of the participating physicians indicated that these allowed them to prescribe more of the product. This focused approach also led to a spike in engagement levels: 5,000 engagements, 20,000 minutes on message. Overall, 98% of physicians found the content well presented with quality information.

Targeting a network of physicians through a non-traditional channel saw considerable commercial success and provided significant value to the customer. This case study shows that there are situations in which channels other than the sales force can be effectively used to achieve commercial objectives, and that such efforts, despite pharma sponsorship, can still be seen as well-presented, quality information.

Some companies have successfully integrated multiple channels together, as our first PDI case study shows (see panel). While the pharma company still initiates the interactions, it does so through different channels for different types of customers in order to be more efficient and create more personal relationships.

PDI case study 1: Channel integration for sales optimization

Technology is rapidly changing the expectations of tech-savvy physicians, who are learning new ways of information sharing and prescribing. Companies are recognizing the need to move away from a product-centric model to a service-based one, in which they focus on understanding and anticipating their customers' needs and providing solutions to their problems.

PDI is a sales and marketing services provider to the biopharmaceutical industry, helping clients to integrate Multichannel Marketing campaigns in order to create a 360° view of the HCP. It worked with a top-tier pharma company, which found itself evolving the Sales Representative tools to adapt to the newly tech-savvy physician consumers. The pharma company had multiple field sales teams and wanted to integrate its non-personal campaign data into its sales force automation solution in order to enhance Customer Relationship Management.

To meet the company's need, PDI created a multichannel calendar-tracking program, which gave Sales Representatives visibility into "non-personal promotion" (NPP) such as physicians' outreach, online engagement levels, fulfillment, etc. The NPP campaign provided valuable information to the field sales force when attempting to "get in the door" or keep a physician engaged. In addition, it allowed the sales force to recruit customers to the HCP portal by tracking registrations and portal activity.

This multichannel, integrated solution provided an excellent opportunity to increase physician access. One District Manager noted, "It gives us a lot of insight into the personality and style of the prescriber and the ability to ask the right types of questions to engage that physician." The digital strategy developed a simple, meaningful channel to identify key customer groups and processes, which could impact the firm's overall sales and marketing plan, and better equipped the sales force to provide meaningful interactions with customers. Another District Manager summarized the initiative, "The more you use alternative channels, the more you realize the massive amount of information that is now immediately available."

PDI case study 2: Multichannel approach for improving outreach

With physician access at an all-time low and getting worse, pharma companies are resorting to innovative multichannel approaches to reach out to “no see” doctors and provide access to hard-to-reach geographies.

A global pharma company turned to PDI for support in leveraging multiple channels to provide access to hard-to-reach geographies and HCPs for its Women’s Health division. With the intent of leveraging its digital footprint, the company wanted to develop a product that integrated the PDI Voice (tele-detailing) channel with the field sales channel and allowed an event in one channel to trigger an action in another.

Working with PDI, this company designed a multichannel effort to cover white space, “no see” targets, and vacant territories. It identified call targets for PDI Voice who attempted to gain an agreement for a field representative to visit the office personally and drop off samples. If the HCP agreed, the field Sales Representative assigned to the account was told within 48 hours. The Sales Representative then delivered samples directly, thereby gaining office access.

With this new approach, more than 30% of customers targeted gave permission for a Sales Representative to visit them. An additional 20% of offices agreed to receive information via fax or email. This finding suggests immense opportunity for pharma companies to reach target customer groups by leveraging multiple channels.

Innovative multichannel approaches are also helping companies to overcome the growing problem of physician access. By using one channel, such as tele-detailing via voice, to learn about the customer’s requirements, it becomes possible to create conditions in which normally reluctant doctors are happy to see Sales Representatives, as the second PDI case study demonstrates.

Creating an integrated approach to MCM

Although there are some successes, MCM is, as we have seen, far from achieving its full potential in most pharma companies. Even when a company achieves a successful result in one channel, its overall multichannel campaigns usually fall short of the total potential. The industry’s current “shotgun” approach to MCM throws a multitude of strategies at the customer and hopes something sticks. Unfortunately, even when it does, this is often due only to luck, and more is lost than gained. It is time for a new, more structured, approach.

Focus on customer experience

Pharma companies need to rethink the way they approach MCM. Adoption of new channels should be tackled as part of a coherent, company-wide strategy. The customer experience should be paramount, and the goal should be to make customers feel as

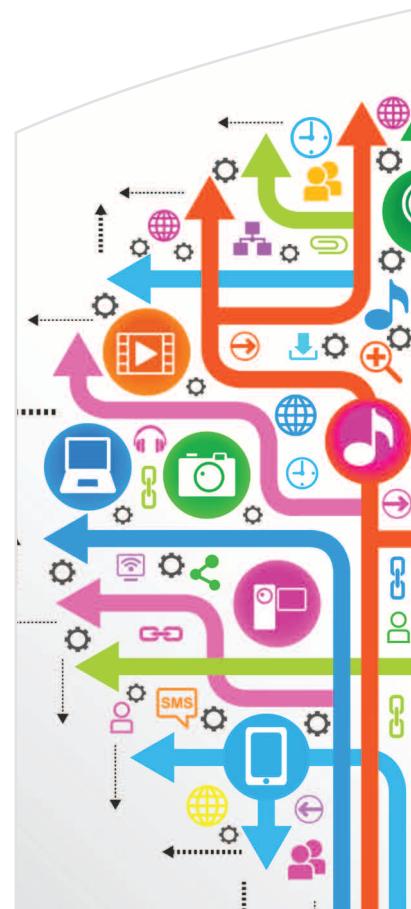
though they are interacting with one entity in a variety of ways, instead of through multiple independent channels.

To create a seamless customer experience, each channel must build into a cohesive framework that leverages all previous interactions and customer data to ensure that, no matter how the company interacts with the customer, the interaction provides something of unique value.

Create an integrated channel strategy

Lack of channel integration is one reason why MCM has not been very effective, or more widely adopted. Strategic and tactical planning should be conducted at an enterprise, multichannel level, to determine what the customer needs, and then which channels would be most effective to deliver the messages. One marketing team should exist for a brand across all channels, so that all communications with the customer are effective and coordinated. In this way a pharma company can optimize its commercial spend by using only the most appropriate and effective resources to reach the customer.

The field force should be a part of the integrated strategy. Many of the most successful multichannel campaigns to date, such as those in the PDI case studies and tablet detailing panel earlier in this chapter, are reliant on the sales force.



Make communication customer-centric

For pharma companies to tap into the vast potential of MCM while customers still want to hear their message, the industry mindset needs to change. Product promotion should not be driven by what the pharma company wants to share about its products. Rather, physicians need information to ensure that they are making the best prescribing decisions for their patients. Similarly, other customers, whether insurance companies' formulary advisory boards or patients themselves, need accurate information in order to make the best decisions. Product promotion should be driven by this goal: to enable all customers to access the information they need, in the most suitable format. Other industries, such as telecommunications, may have lessons to teach pharma about how MCM should look. The mantra for the future of commercial pharma should be, "What I want as a customer, I should provide to my customers."

Share data across channels

Providing customers with a seamless experience means that all interaction data should be logged and shared across channels. Each interaction with a customer should build on all previous interactions to anticipate what the customer needs and make them feel a valued part of an ongoing conversation.

Treat deployment as a continuous pilot

Pharma companies need to shift their mindset from thinking about "pilots" followed by "deployment". This approach is a legacy of the historical commercial model. Instead, companies should pursue a continuous "learn and adapt" model. This approach requires all MCM initiatives to be designed in a way that allows the company to measure their effectiveness and impact after deployment, and then to make adjustments in near real time. For any given MCM initiatives, different versions of the same MCM initiatives should be deployed in different geographies, to different customer segments, with different levels of intensity. The "marketing mix" should then be evolved in the light of the results.



Closed Loop Marketing: Today and Tomorrow



While experimenting with new channels to supplement the field force, pharma has also been attempting to improve the quality of live interactions through CLM⁷.

CLM, which initially came to prominence in the financial and retail industries, is the concept of using customer feedback in order to personalize promotion. In our view, CLM relies on three “pillars”:

1. Personalization – giving the customer a personalized message
2. Analytics – learning from what the customer tells you
3. Responsiveness – evolving the conversation to prove you were listening

We should note that the term CLM is often mistakenly used as if it meant tablet detailing. While this is the most common use of CLM in the industry, and the tablet computer has been a key CLM enabler, closing the loop can be achieved in any channel, using paper or digital media.

In this chapter we describe our vision of how CLM can transform pharma. We then review the way in which it is currently being used, with some successes to date. Finally, this chapter examines obstacles to achieving the vision, and discusses what pharma needs to do to make the vision a reality.

The vision: a fully customized approach

In the ideal world, commercial campaigns will, as discussed in the previous chapter, be designed around a one-to-one approach, which customizes promotional materials based on what is known about the customer, their preferences, behaviors, and attitudes.

Let's say one of the target physicians for a drug company is a scientifically motivated healthcare provider named Dr. Moore. The company would like to market two products to him: a mature product in the middle of its lifecycle, and one approaching the end of its lifecycle.

Based on Dr. Moore's behavioral segment, the company knows that he is primarily interested in new clinical data, and likes to receive it in the most objective format. Since the first product is well established and subject to only occasional changes, the company chooses to use electronic channels as the primary means of promotion. Dr. Moore is automatically subscribed to a distribution list to receive updates of new clinical developments by email and mobile phone message. These notifications contain headlines with links to the original article, accessible through the company's physician portal. In this way, Dr. Moore is kept current with product developments that impact him, and the pharma company is likely to achieve the best response rate for its campaign.

For the product that is near the end of its lifecycle, there is no new clinical data to share; instead, the company is using price changes and co-pay card programs to promote it. Since emails about these topics would not draw Dr. Moore's attention, a combination of live visits and online advertising is used. The sales representative pays a short visit to inform him of new programs and direct him to a website should he have any questions. The company also uses a third-party physician network to create a challenge quiz on the product. Dr. Moore, a scientific-minded physician who prides himself on being up to date on product information, finds this quiz intriguing and opts in to the promotion.

For both products, Dr. Moore feels the company is providing him with relevant and interesting information in a minimally obtrusive format. Although many other customers receive the same information and are contacted through the same channels, Dr. Moore's relationship with the drug company has been personalized to provide him with more value, enabling access to future conversations.

Not only that, but the pharma company can respond to virtually any query from Dr. Moore in less than 24 hours – something else that inspires his trust. All the conversations he has with the company build on previous interactions, so he does not have to repeat himself; nor does the company.

When a sales representative contacts him, they already know that he has a special focus on clinical efficacy, and they address it. During the conversation with him they record his interest in particular aspects (for example, how the efficacy data compares with

competitors') so that it can inform subsequent contacts. When new competitive data becomes available, it is sent directly to Dr. Moore, and the representative can follow up in the subsequent visit. Dr. Moore feels that the company is listening for his input, rather than wasting his time by repeating messages he is not interested in.

The reality: companies have yet to close the loop fully

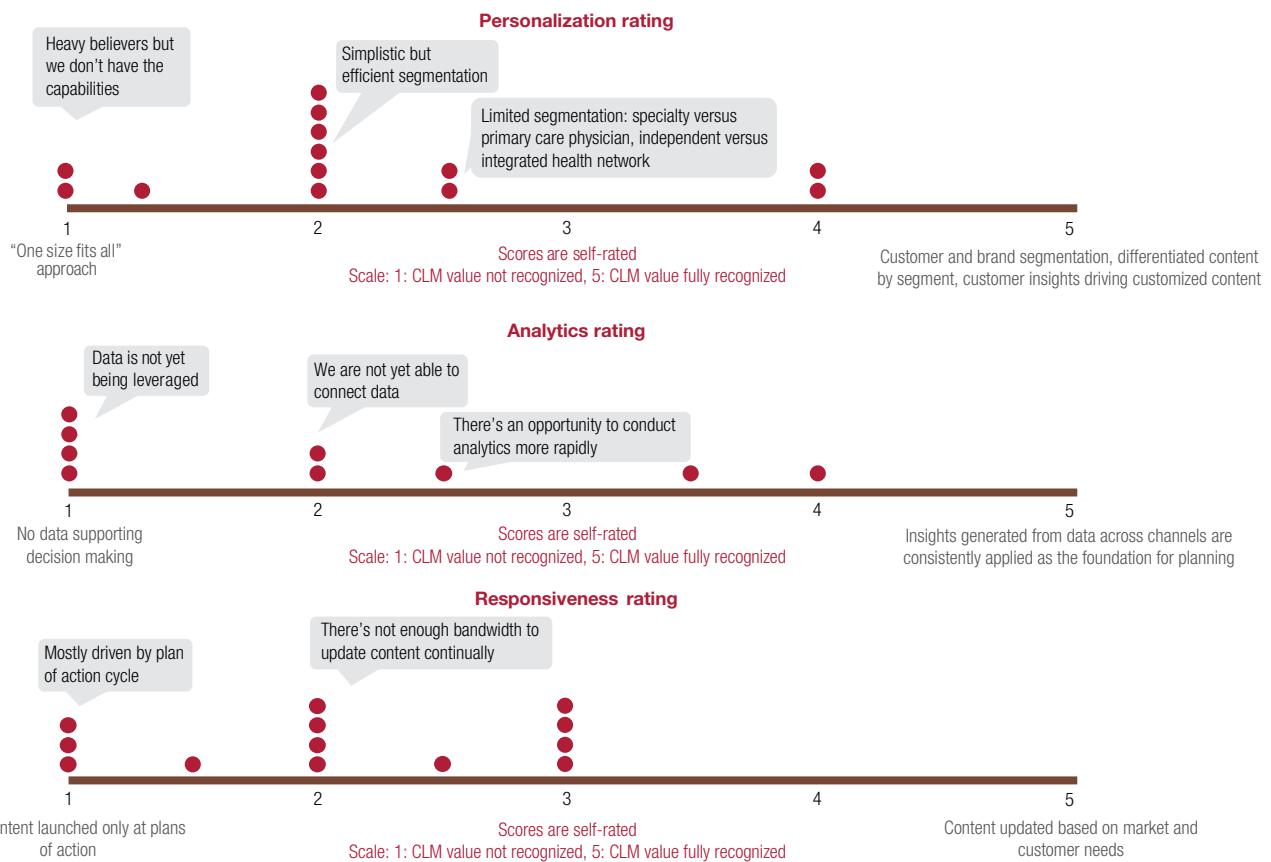
Pharma companies have been investing in CLM since as early as 2005 and it is now widespread throughout the industry. However, in most cases the reality falls well short of the vision described above. Although most companies collect feedback on their interactions, many have not segmented their customers well enough to target individual physicians based on the feedback gathered. Others cannot process the feedback data fast enough

to create personalized marketing approaches, or cannot connect different parts of the organization together well enough to put the personalization into practice.

In our recent benchmarking study, Capgemini Consulting interviewed 14 pharma companies in the US and Europe about CLM. Of these, 11 said they were at some stage of a CLM transformation. Over 60% of the industry stakeholders interviewed listed "better engaging customers" as the main driver for implementing a CLM program. This shows the industry clearly understands that while CLM can ultimately drive top- and bottom-line outcomes, its primary goal is to improve customer relationships by providing a unique, relevant experience.

We also asked respondents to rate their company's maturity with respect to the three pillars of Closed Loop Marketing: personalization, analytics, and responsiveness. As figure 6 shows, no company rated itself as mature on any of these criteria.

Figure 6. Maturity of CLM in pharma



Note: Several executives were interviewed from 14 different pharma companies. Not all interviewees responded to each question. The placement on the chart represents the self-assessment of each pharma company.

Source: Capgemini Consulting CLM Maturity Benchmarking Study, May 2011

While the companies are rather spread out by stage in the CLM journey, the industry overall recognizes that no one has yet reached the ideal state and there is much room for improvement.

Obstacles to change in CLM

To understand the gap between the vision and the reality, we asked respondents more detailed questions about their progress with regard to our three pillars: personalization, analytics, and responsiveness.

Current personalization approaches

On a scale of 1 to 5 (where 1 is immature and 5 is fully mature), 85% of respondents indicated their company's personalization maturity as 2.5 or below. In addition, most companies still operate with only the most simplistic of segmentation models, if they use one at all. They either create one presentation to use with all doctors, or segment by specialty or prescribing behavior. Additionally, these presentations are driven by brand priorities as opposed to customer preferences.

Strategies based on these criteria are hit or miss, because doctors may choose to prescribe a drug for any number of reasons. For example, let's assume a product is the best tolerated in its class: you might be tempted to develop a campaign based on that differentiator, but if the majority of your target customers are not driven by tolerance, you will be wasting resources.

More mature companies often build two to three different presentations or sales aids; however, these are typically segmented by physician specialty or type of care giver (e.g. nurse, transplant coordinator, dialysis nurse, etc.). The companies conduct market research to identify which messages resonate best with each segment, or which types of content are best suited to different interactions. Unfortunately,

the message still is a "one size fits all" approach for the particular segment. A large number of customers are left on the fringe and do not receive any information they deem valuable.

While companies recognize the hypothetical value of more rigorous segmentation, many have had negative experiences. The challenge can be in the development of a behavioral or attitudinal segmentation, or in the execution of the segmentation in the field. In some cases, marketers have made a substantial investment to develop advanced segmentation, but were unable to gain field force acceptance or understanding. These are some reasons why most pharma companies have defaulted to simple segmentation.

Current analytics capabilities

Historically, analytics has been the most common pitfall of CLM programs. All too often, companies track either too much or too little information and are unable to use it to meet commercial objectives. In Cappgemini Consulting's benchmarking survey, nearly half of the respondents rated their company's analytics capability as completely immature. A surprising number of companies still do not track any interaction data from customers, but continue to rely entirely on the sales representative and traditional market research methods to gauge customer response. These tools are not sufficient to identify customer preferences.

Even more companies have begun collecting data, but lack the organization and capabilities to analyze it. As a result, they are "drowning in data". Several of the early pharma CLM pioneers underestimated the volume of data that would be captured from interactions, and are now struggling to make use of the large databases that have resulted. Additionally, the data models initially employed by these companies were too simplistic for the data to be usable. For instance, a slide tracking number and timestamp are indecipherable without additional context.

More advanced companies have been able to set up a sustainable CLM analytics model and are continuously improving their analytical capabilities. They have developed regular schedules for publishing standard reports, and processes for prioritizing needs for ad hoc analyses. These companies are actively looking for expertise from other industries to evolve their analytical capabilities.

Current responsiveness

While over half of the companies surveyed said they used CLM data to some degree, most still fall closer to the less mature side of the rating scale for responsiveness. Many companies still adhere primarily to the POA cycle for content release. Two to three times a year, the marketing team develops new promotional materials to be launched when the entire commercial organization meets at a POA meeting. The meeting dates are typically set months or a year in advance, and the schedule for content development is rigidly standardized. As a result, field representatives are only provided with new content every four to six months, and not necessarily in response to critical market events.

Typically, sales representatives visit their highest decile customers every one to two weeks. Even the most elaborate, personalized visual aid in the hands of your best representative is likely to become stale by the eighth detail. Using digital sales aids, some companies are now beginning to develop content in between POA meetings. A handful of companies are able to revise content at frequent intervals based on customer insights and changes in the marketplace, but the best is still about an eight-week cycle. While this represents a significant improvement over the traditional model, this interval may still be too infrequent to keep the content "fresh" and interesting to the customer.

The most common challenges for marketing teams attempting to accelerate the content creation cycle are insufficient bandwidth and outdated business processes across the organization. All functions within the commercial organization have historically been resourced to support the POA cycle, and adding new content releases puts significant strain on existing resources. Analytics departments, Medical Regulatory Legal (MRL) review committees, and agencies of record, among others, lack the capacity to complete additional promotional materials, given their current budgets. Unfortunately, even when marketing teams receive valuable customer feedback, they often cannot produce new content before the next POA release.

Early successes with CLM

Although most companies are fairly immature in their use of CLM, some are already successfully using digital tools to provide sales representatives with personalized recommendations to improve their performance. The Aktana case study describes one such program.

Aktana case study: Digital tools providing personalized recommendations

The pharma go-to-market landscape continues to undergo dramatic changes. Patent expirations and limited drug pipelines have raised the pressure to “do more with less”, decreased physician access has made the representative’s job more difficult across the board, and tightening government regulations have restricted flexibility and strategy. Despite the promise of richer and more economical approaches, most pharma companies struggle to make these strategies work with their large sales and marketing teams.

A major pharma company recently partnered with Aktana, a sales force effectiveness software provider to the pharma industry, to assist in its effort to implement a more complex field sales approach in several target territories. To help representatives execute more challenging sales plans, the company provided them with Aktana’s “*Smart Suggestions*” – practical, real-time recommendations on what actions to take, and when to take them – in the field.

These recommendations included detailed guidance on which doctors to target and which drugs to detail, based on a complex variety of factors, such as account opportunity, seasonality, specific HCP availability, ideal detailing cadence, location, other channel interactions, and the representative’s existing schedule. *Smart Suggestions* were made available via an iPad application, updated dynamically, and integrated within the existing CRM system. The suggestions were presented as options, not directives, so that the outcome depended on whether the recommendations “felt right” to the representative. The first measure of success would be how frequently representatives would use the *Smart Suggestions*; the second measure, the impact on representative performance.

Over a 12-week period, the company saw representative usage of the suggestions more than double, as representatives increasingly trusted the recommendations. Those representatives who regularly used *Smart Suggestions* were nearly 20% more likely to attain their target goals than representatives not using Aktana. The group of representatives regularly using suggestions showed more than 30% less variation in performance. In other words, representatives utilizing the suggestion tool performed better and more consistently.

The company’s choice to provide automated, targeted tips to supplement the representative’s own experience and expertise yielded a significant win for the newly introduced go-to-market strategy. This case study underscores the continued importance of a personalized approach in the execution of pharma commercialization strategies, and the impact that an effective, representative-friendly software tool can have on field performance.

Personalization, analytics and responsiveness: the keys to CLM

From our observations of numerous CLM programs, we know that CLM challenges the structure and business processes of the current pharma commercial operating model, impacting on stakeholders across the entire organization (figure 7). Currently there are pharma companies in all stages of this transformation.

We will discuss what needs to be done in terms of our three pillars: personalization, analytics, and responsiveness in the next sections.

Personalization

Customers want to receive information that is unique and relevant to their daily lives. In marketing, one size does not fit all – it is not good enough to reach 60% of the target demographic while leaving the other 40% dissatisfied.

In the ideal world, commercial campaigns will be designed around a one-to-one approach, which customizes promotional materials based on what is known about the customer, their preferences, behaviors, and attitudes. This does not mean that a company must build individualized strategies for each customer, but rather that the information presented should feel personally relevant for the customer. If information is not relevant, it should not be presented.

The foundation of personalization lies in understanding your customer. Segmentation is often controversial in the pharma industry, but any distrust comes from decades of applying the wrong kind of segmentation.

Segmentation matters

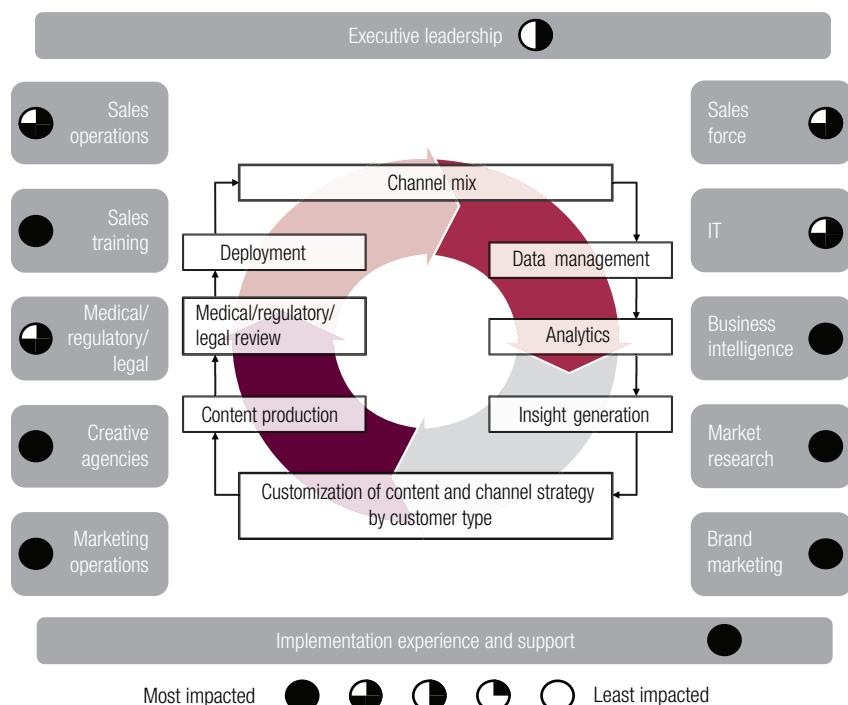
Knowing a doctor's specialty, and whether they have a history of prescribing your product, tells a company virtually nothing about what interests the doctor, or what is likely to drive them to prescribe more. Splitting a target group based on these criteria simply creates smaller groups of diverse customers who may or may not have anything in common.

To see why, think about yourself and your colleagues. All of you may be working in the same industry, for the same company, performing similar functions, but that is probably where the similarities end. You have different backgrounds, interests, and goals. To sell to you and your colleagues, a sales representative would need to know much more than your current job title.

The best pharma sales representatives understand this instinctively. They learn about their customers and personalize each interaction to create mutually beneficial relationships. They do not present the same detail aid in the same order during each interaction, but zero in on the content or messages that answer a specific need and make the physician's job easier.

Closed Loop Marketing institutionalizes this practice across the organization by using segmentation to help the entire sales force achieve what the best representatives do.

Figure 7. Impact of CLM transformation on the commercial organization



Source: Capgemini Consulting

Meaningful segmentation must look at more than just a customer's specialty or prescribing history and consider what motivates the physician to come to the office each day. Motivation varies widely. Scientific doctors are interested primarily in clinical data, and like to keep up to date with the latest findings; they may be involved in clinical research or emerging medical and pharma technologies. Other doctors may be motivated by a desire to save lives, or have an entrepreneurial perspective. A potential approach could break physicians into the following behavioral groups: scientific, care-focused, formulary-driven, and financially motivated. These behavioral segments are independent of physician specialty or prescribing decile.

After defining core behavioral segments, a personalization approach then layers in additional customer intelligence to define what each customer wants to receive and how. This may be influenced by the behavioral type, the specialty, the product being marketed, or a specific request from the customer to receive information in a particular way.

There are numerous examples, across many industries, showing that impressive results can be achieved when companies communicate with their customers in a way that the customers feel is unique, relevant, and customized to them. Customers appreciate such communication – becoming more satisfied and loyal.

Capgemini Consulting has found this to be the case in pharma specifically. In several instances, when physicians have been given product messaging that they feel is unique or relevant to them, they have in return stated improved satisfaction, engaged more often, and ultimately prescribed more. In examples from three separate companies, double-digit prescription increases were seen as a result. Interestingly, these increases happened regardless of where the product was in its lifecycle, and regardless of specialty or therapeutic area.

Capgemini Consulting sees no reason why similar results could not be achieved across more products. Moreover, we believe that the personalization of content – and specifically, personalization that the physician believes is relevant to them rather than what we or a brand team deem relevant – is one of the fastest and most direct ways for pharma companies to improve brand loyalty and generate new prescriptions.

Analytics

The foundation of personalization is in understanding your customers. Analytics, the second pillar of CLM, is the mechanism for learning about them. It can guide companies on how to engage customers, and on which messages and strategies are most likely to produce the desired result.

Currently, pharma marketers rely largely on what they can purchase from third-party sources, gather from focus groups or limited market research campaigns, or observe first-hand. The growth of digital technologies, however, provides an unprecedented opportunity to track real-life information from each customer touch point.

In an ideal state, there are three distinct categories of feedback that marketers can and should track: content-driven analytics, sales representative driven feedback, and direct feedback from the healthcare provider.

Content-driven analytics provides data on how and when the content is being utilized. Information includes how much time is spent on a website or a slide in a presentation, what elements on a page are clicked on, which requests for more information are made, whether an email was opened, etc.

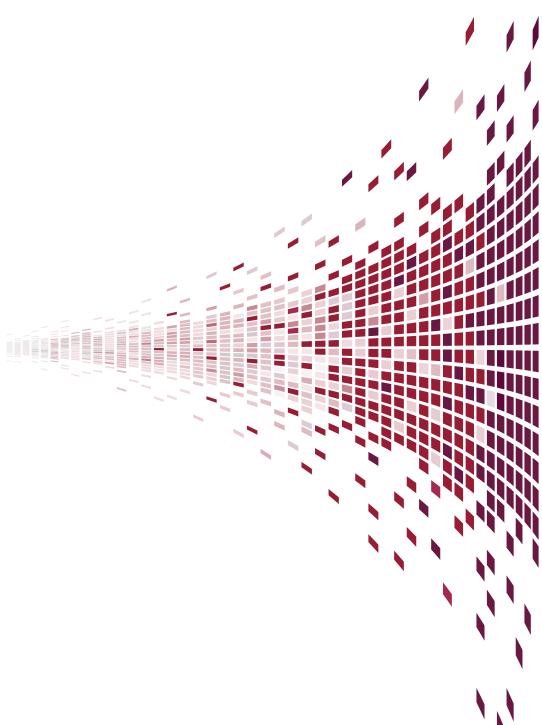
Sales representative driven feedback is information that representatives provide based on their field visits. It can be either automatically captured or manually entered. Information collected here might include which slides an HCP did or did not like, the most effective order of slides in a presentation, and why the representative chose to

show or not to show specific assets. Representatives can provide this feedback after a call or during the call. Feedback can also be provided directly into CRM or CLM systems through automatic capture mechanisms built into the digital sales aid.

Finally, direct HCP feedback is information that is provided by physicians themselves in the form of surveys, questionnaires, or direct observation. This information is invaluable for gaining perspective about the effectiveness of the marketing content in relation to competitors' marketing materials.

These three different types of data and feedback are used to develop customer segmentation, create more relevant content to each segment type, and deliver the personalized content to the HCPs at the time and in the channel that they prefer. This data is also used to help measure the effectiveness of the sales force and marketing materials, and ensure that all compliance rules around messaging are being followed.

It can take several months to develop and implement an analytics strategy. Building analytics tools involves integrating multiple databases and technical platforms, ensuring a high level of accuracy across data points, and delivering robust training so that all system users follow correct processes.



Capgemini Consulting recommends a phased approach to rolling out analytics systems (figure 8). This approach makes the development and implementation of the project more manageable.

The first phase of development is to create the basic channel analytics. This phase ensures that all systems are integrated, communicating flawlessly, and that the data is accurate. It includes gathering data around what content and channels are most and least utilized. It also involves training the team members on how to use the data, integrating the systems with the sales force tools, and designing an overall approach to segmentation.

The second and third phases of building an analytics system take a deeper dive into customer preferences and insights to build business impact analyses. Building on phase one, the second phase analyzes true channel and content preferences and creates robust segmentation models. The third phase develops ROI measurements for the analytics and

MCM and CLM campaigns. It does so by correlating content and channel drivers with business impact measures such as improved access, intent to prescribe, message recall, and actual prescriptions written.

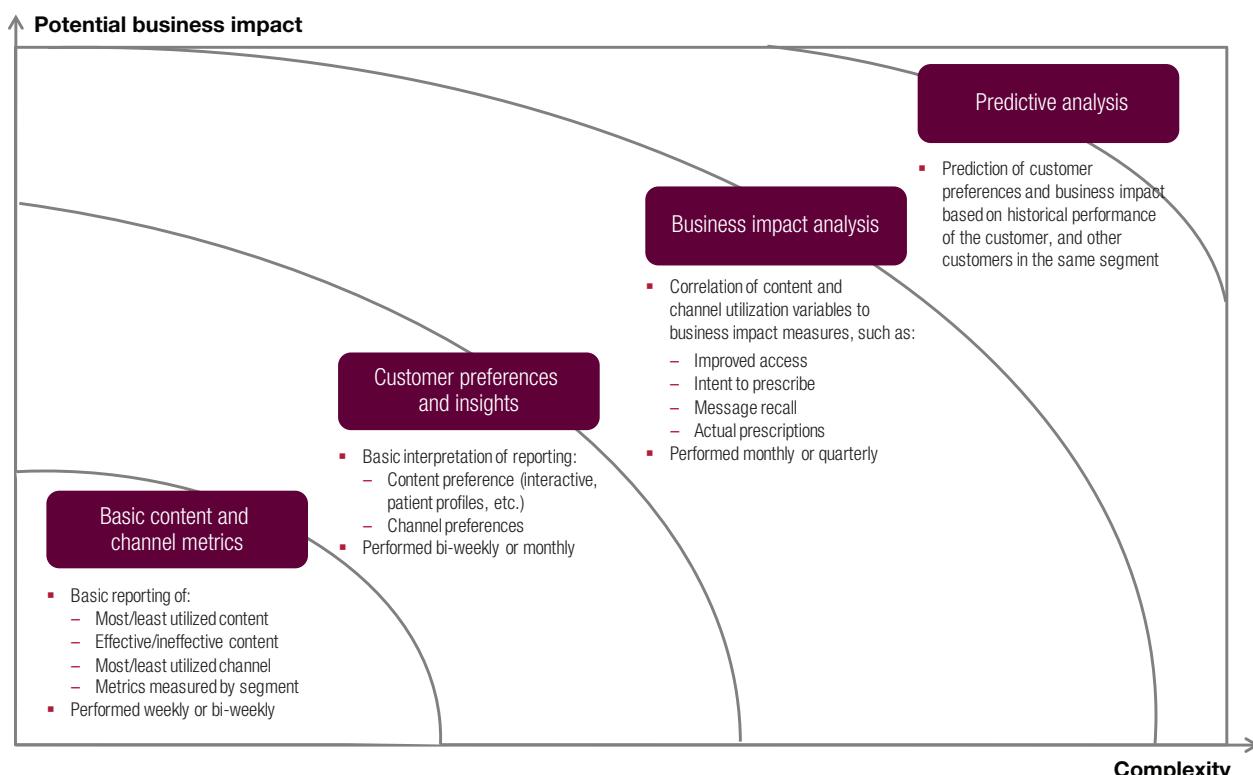
The final phase of analytics turns insight into predictive capabilities. These allow marketers to make accurate predictions about the content that the customer wants to see, and about the channel where they want to see it.

In addition to improved content and channel interactions with the HCP, pharma companies can expect many other benefits once they reach this mature stage. These benefits include the reduction or elimination of “message recall” market research, the reduction of spend on content testing, and the reduction or elimination of “intent to prescribe” market research.

If a pharma company builds a robust analytics platform and takes the time to analyze the data correctly, this information will prove far more valuable than traditional market research

feedback. The sample size is much larger, and the data is captured based on actual behavior, rather than answers given in a controlled “laboratory” environment. Ideally, a company should capture and analyze feedback gathered from every customer interaction and touch point. This data can be leveraged to improve segmentation, provide fast and cheap insights to drive brand strategy and messaging, and create a comprehensive toolkit for better understanding customers’ preferences and triggers.

Figure 8. A phased approach to CLM analytics



Responsiveness

Both the previous two pillars (personalization and analytics) are largely ineffective unless you respond to customer feedback to close the loop. Keeping customers engaged over a long-term period requires that you continuously provide them with fresh, timely content that builds on previous interactions. An expensive, exhaustive sales aid, custom-built for a particular customer, has an expiration date. At any point, the material can cease to be relevant, for instance after a new competitor trial, or after multiple visits to the customer. In order to maintain and build the relationship beyond the initial interactions, a CLM approach must be flexible and agile enough to respond to the customer's needs in a timely manner.

Ideally, a pharma company should be able to respond to nearly any customer query in less than 24 hours. When the customer asks directly for a follow-up from the drug company, a timely response can build a trusted relationship, but a single negative experience may make the customer feel ignored. Whether a company is responding to a medical inquiry, providing basic product information, or helping to submit insurance claims, it needs systems that automatically capture the request and route it to the proper channel for response. A company should readily have at its disposal the necessary resources, whether material or personnel, to meet any customer's need with minimal effort.

In addition to these specific requests, pharma companies should also respond to feedback uncovered and needs predicted through CLM analytics. Conversations with the customer naturally evolve over time and pharma companies should not repeat the same information in each interaction with the customer. In fact, each successive contact should leverage the insights gained throughout the relationship to engage the customer further.

Personalization, as discussed previously, refers to using the information one has about a customer to design the most appropriate content to meet their needs at any one time. Responsiveness means performing this task on a continuous basis, as you learn more and adapt the customer profile.

Each interaction should cover new information, which flows naturally from the previous conversation. For instance, a single digital sales aid should include enough variety of material to last several office visits. A well-executed, personalized CLM campaign will suggest to a sales representative what message to lead with for the first call, based on the customer's segment (e.g. scientific) and the known effectiveness of a given approach for that segment. Information about the customer's response should feed back into the loop to inform future communications.

With respect to content creation, responsiveness includes the frequency and scope of updates, as well as the process for choosing which changes to make. Responsiveness does not require creating new promotional material for each customer based on the previous discussion, nor does it require new material to be made available to the customer instantly. Instead, based on the collective feedback of multiple customers or a segment, a marketer can make small changes to existing content held in digital form.

For example, companies often find that personalized content, such as patient profiles, tests well during research but often does not get utilized in the field. Through analysis of content metrics, the marketing team may learn that, while the patient profiles are engaging, the font could be too small to read or the information presented too deep for a short call. They can use this insight to create two new versions: a simpler version for "hallway calls" and a version optimized for a "lunch call".

These reworks significantly enhance the value of the materials to the customer, and allow them to be used more widely by the company, in return for minimal agency time and investment. This approach has proved effective for a number of our clients.

CLM is already paying dividends for pharma companies. According to the Capgemini Consulting/QuintiaMD survey discussed earlier, physicians are noticing an improvement in pharma company responsiveness. Additionally, we have seen – and several pharma companies report – that they have been able to reduce the content development cycle significantly. This allows them to keep fresher and more relevant content in the hands of their customers, and also to respond more rapidly to market events. At least one progressive pharma has shortened a process that used to take six months or longer to less than six weeks.

In general, though, the potential is only beginning to be tapped. Once again, we believe the key lies in combining MCM with CLM, the subject of our next chapter.



Multichannel Closed Loop Marketing (MCLM): The Way Forward

Multichannel Marketing and Closed Loop Marketing are parallel initiatives on a single journey towards a digitally transformed, customer-centric commercial model. Each takes new digital technologies and uses them to replace and enhance functions that were previously performed manually. However, if this is all they do, they fail to realize the digital revolution's true potential for reinvention.

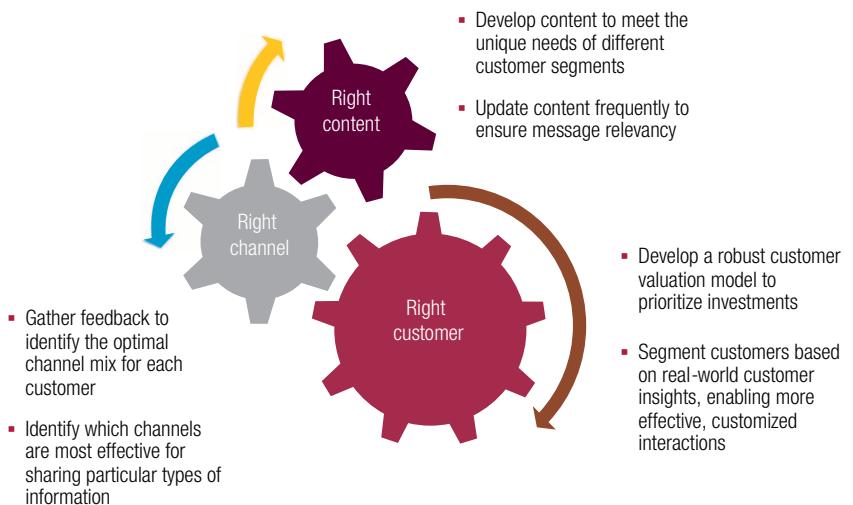
The vision: integrating CLM and MCM to transform customer experience and ROI

Pharma's commercial transformation requires the use of CLM and MCM together, in order to optimize both the customer's experience and the drug company's investment. Multichannel Closed Loop Marketing (MCLM) creates a seamless, coordinated customer experience that continuously evolves, based on customer feedback, to build a trusted customer relationship.

Harmonizing the right customers, content, and channels is the basis of MCLM; the goal is to allow content data to shape the definition of what is "right" (figure 9). MCLM is driven by what the customer wants and needs, and so the central component of an MCLM program should be identifying target customers and gathering information about them. This requires the industry to evolve its current customer targeting and valuation methodologies to garner more personalized insights.

Today, most companies categorize customers based on current sales and sales potential. While this allows companies to identify target accounts in absolute terms, it fails to realize the relative investment required to change behavior. Rather, a company should determine the maximum it is willing to

Figure 9. Capgemini Consulting's key recommendations for MCLM



Source: Capgemini Consulting

invest in a specific customer, and the likelihood that this investment will return the desired result.

For instance, a particular top decile account may have \$1m in unmet potential, but be incredibly difficult to penetrate due to the doctor's comfort with a competitor's product and the managed care status of most of his patients. Another lower decile customer with much lower potential is likely left out of current campaigns, but may require only a single office visit with the right content to win over the doctor. Learning this information can allow a pharma company to optimize its promotional expenditures and target customers with not only the highest selling potential but also the greatest influencing potential.

An ideal MCLM system automates this analysis to provide personalized insights, which equip a pharma company to give all customers appropriate types and levels of attention.

Currently, budgets are fixed for the overall brand, and the content versions and channels chosen are those that resonate with the majority of customers in focus groups. However, these focus groups probably do not include an accurate cross section of target customers. In fact, the 60% of customers at whom the content is targeted may well be the customers in whom the pharma company should invest the least.

MCLM allows marketers to understand customers' relative value to the organization, so that they can develop appropriate content and channel strategies specific to the needs of each group. Furthermore, marketers can identify which channels and messages are most effective for each customer type, and evaluate the efficiency of developing different strategies for each channel. For example, tablet detailing may be the most effective medium for a certain group of customers, yet email is found to be only marginally less effective and far less costly.

Determining which content and channels are “right” or optimal for any particular customer requires a data-driven approach that is a radical transformation of the pharma commercial model. Data must be used to enhance interactions between a pharma company and its customers continuously in order to create the desired experience for the customer, with minimal investment (figure 10).

This creates a relationship in which customers are provided with the information they need in the ideal format, and as a result value the pharma company as a trusted partner. In this model, customer feedback helps the drug company not only to respond to its customers’ needs, but also to make more informed business decisions.

While the industry currently struggles to achieve this manually for each individual strategy and channel, in the ideal scenario this process is automated and comprehensive. Pharma companies would receive regular reports on campaign efficacy, allowing for continuous adjustment and improvement.

How MCLM will transform customer relationships

We believe that one of the most important contributions that digital transformation, and specifically MCLM, can make to pharma is to enable a move from a culture of information control to one of information sharing.

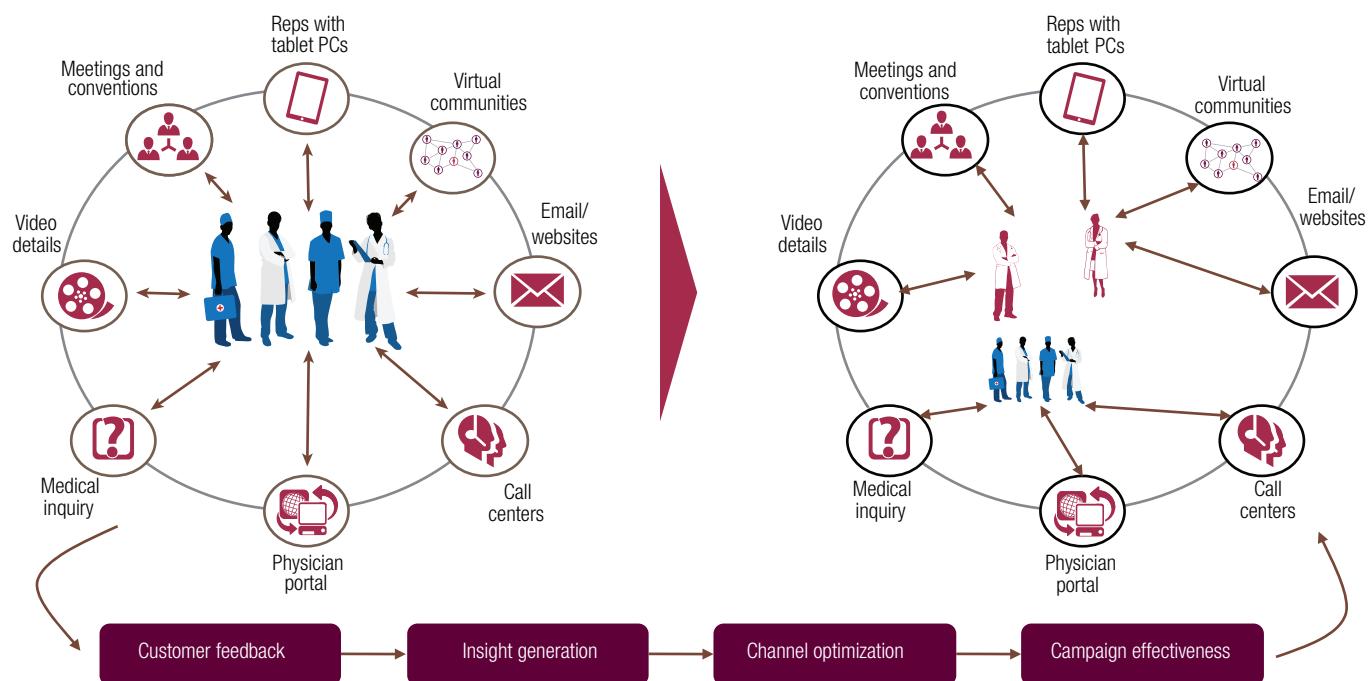
The traditional pharma commercial model has been built on control and centralization: one message, one source, one delivery channel, one customer segment. Digital transformation will make it possible to pull content from a broad range of sources and use it to give customers the information they want, when and how they want it, for the lowest cost.

A great digital pharma company will solicit comments and content from a broad range of stakeholders to form a 360° view of the customer. These ideas and submissions will be filtered to identify potentially valuable content and strategies to feed into a “regulatory approval” platform, which will automatically insert appropriate branding and fair balance information.

The company will provide this material to customers in their preferred format and through their preferred digital channel (this is the MCM aspect of MCLM). CLM techniques will then capture customer reactions to the information provided, together with any other information about customer interactions.

The pharma company will use this feedback loop to assess the effectiveness of specific channels and content on different customers, and to refine its understanding of customer needs.

Figure 10. Ideal MCLM model

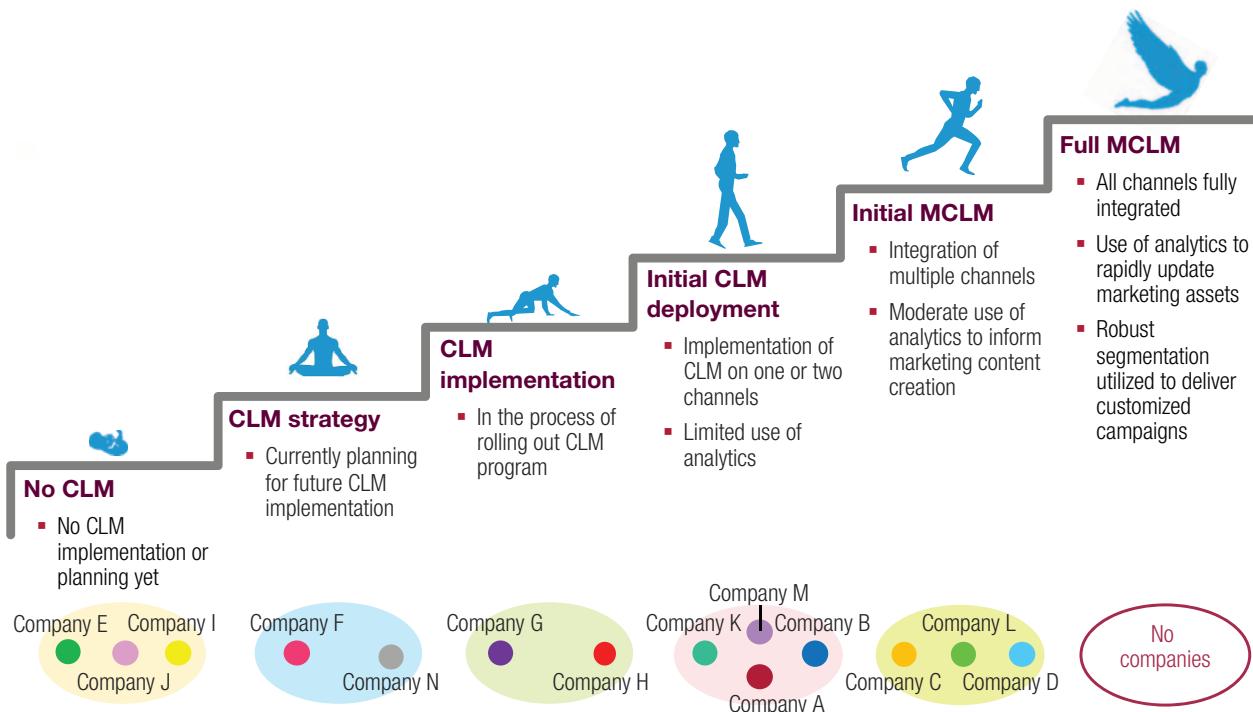


The reality: no pharma company has achieved MCLM maturity

For some time, companies have been experimenting with MCLM, though not usually under that name. While the 14 pharma companies surveyed by Capgemini Consulting in our recent benchmarking study cover almost the entire range of MCLM maturity, none has yet reached the ideal state (figure 11).

Even within a company, different functions can be at different stages of maturity, as our discussion of medical affairs (see panel on page 32) illustrates.

Figure 11. MCLM maturity model



Source: Capgemini Consulting CLM Benchmarking study, 2012

Medical affairs: closing the loop

The channels used by medical affairs teams, while different from those used by sales and marketing functions, still lend themselves to an ongoing evaluation of customer preferences. Medical affairs teams therefore need to “close the loop” by using the available preference information to inform their scientific exchange activities.

A medical affairs team’s information dissemination channels typically include publications, medical information responses, and scientific exchange through field-based interactions with physicians and scientists. As medical affairs teams take ownership of more activities, they are starting to use more channels, such as advisory boards, medical education programs, and activities at meetings and congresses. These emerging channels must be considered for inclusion into a multichannel closed loop approach, because they can all provide key insights into the ways that healthcare professionals and key opinion leaders (KOLs) value data, information, and knowledge.

By adopting a multichannel closed loop approach, medical affairs teams can tailor and target information more accurately for existing and emerging medical and scientific stakeholders, including patient advocacy groups and, ultimately, patients themselves.

A multichannel closed loop approach should work well in the medical affairs world because a number of its fundamental concepts are highly applicable to scientific exchange, and to the broader concept of a medical customer interface (MCI). MCI is a platform that uses technology to help medical affairs teams and their customers to exchange information and knowledge efficiently. The medical affairs team might use the MCI to share clinical practice trends, publications, medical meeting abstracts, and company-generated clinical study data.

Multichannel closed loop concepts that are also relevant to the MCI, and to medical affairs generally, include:

- Thinking of the HCP as a customer
- Customer-centricity
- Facilitating interactions with institutional customers (key accounts, integrated delivery networks (IDNs), etc.)
- Tailoring content to the needs of various emerging stakeholders (with continuous improvements as needs change)
- Relationship building – the crux of the medical affairs function – through various communication channels
- Increasing the reach and speed of information delivery

Closing the loop strengthens and informs relationships

Medical affairs professionals rely heavily, if not exclusively, on their ability to provide the most accurate, current, and unbiased information to their customers. With new sources of information appearing almost daily, most information is now available in real time. Customization of medical affairs information through a multichannel closed loop approach improves the chance that the customer will prefer this information to competing sources.

Relationships between medical affairs professionals and their targeted customers are clearly enhanced when customer preferences are considered and the information provided is tailored specifically to each customer. Closing the loop is synonymous with customer-centricity and, ultimately, with meeting the needs of the customer’s customer – the patient.

The insights that a multichannel closed loop approach can provide into KOLs are especially crucial. Pharma companies are currently taking a closer look at how they use KOLs, and discovering that matching KOL knowledge, interests, and experience to the needs of the company has never been more important. Especially in view of today’s heightened scrutiny of the way pharma engages KOLs as advisors, speakers, investigators, and consultants, it is vital to hire only those whose capabilities demonstrably meet the specific needs of the company. Closing the loop by collecting information from KOLs during ongoing scientific exchange will give the medical affairs team a clear picture of how and when to engage KOLs for an appropriate and positive impact on business needs.

Roadblocks may be encountered

The MCI can be seen, in part, as a way of closing a scientific exchange loop. However, there are a few challenges in this area that require evaluation of, and change to, mindset and behavior:

- In scientific exchange, it is a fundamental assumption that the content to be shared is not well defined up front. That is, the exchange is defined and guided by the customer's unsolicited request for information, not a targeted promotional sales message.
- The concepts of reactive, proactive, solicited, and unsolicited information exchanges may appear to restrict the creation of a valuable MCI.
- HCPs have learned to expect and accept broader and less targeted information from medical affairs – an expectation that may not fit well with a multichannel closed loop approach.
- It will also be necessary to overcome inherent barriers to the adoption of MCI, such as the medical affairs culture of conservatism and risk aversion in the face of regulatory body oversight, the lack of early adoption of technology relative to other industries, and the continued reliance on traditional publications, medical meeting proceedings, and slide deck presentations.

While these barriers have hampered some organizations, others have already embraced a multichannel closed loop approach and integrated it into medical affairs activities with stakeholders. As a first step, successful medical affairs teams have began a phased adoption of MCI using a blueprint and pilot programs.

Medical affairs teams may lag behind groups such as sales or marketing, but the benefits to be had by enhancing credibility and speed, and expanding relationship building through a multichannel closed loop approach and MCI, are undeniable. In the exchange of scientific information, it makes customers more satisfied and better informed when the medical affairs team seeks to close the loop.

How medical affairs can get started with a multichannel closed loop approach

Before medical affairs teams can achieve true customer-centricity, they must first define what their interface with medical customers currently looks like and how it will look in the future. The current state may be a highly coordinated scientific exchange effort, which includes headquarters-based medical information and field-based medicine. There may be a defined set of business rules that clearly outline the type of information to be shared with specific customers. Companies with a leading-edge MCI like this already have some version of a multichannel closed loop approach, enabling them to learn on a continual basis. Others may be starting more or less from scratch with both MCI and a multichannel closed loop approach.

Secondly, medical affairs must find out how other functions in their organization are using the multichannel closed loop approach. They should seek to learn from their colleagues' experiences, build internal stakeholder relationships, and determine which parts of any existing activities can be integrated into the broader MCI.

Lastly, medical affairs should treat the development of an MCI, including multichannel closed loop components, as a strategic initiative. Creating a long-term view, and balancing that with some short-term improvements in scientific exchange, should be central to this evolution.

Capgemini Consulting's recommendations for MCLM implementation

Capgemini Consulting's experience has allowed us to develop a best-in-class framework for implementing MCLM transformations. Success in MCLM goes beyond a specific strategy or channel approach. It requires a complete refocus of the company's objectives in order to put the customer first.

Capgemini Consulting's recommended process consists of five building blocks: defining the customer experience, transforming the organization, building the technical infrastructure and business processes, and finally ensuring execution excellence (figure 12).

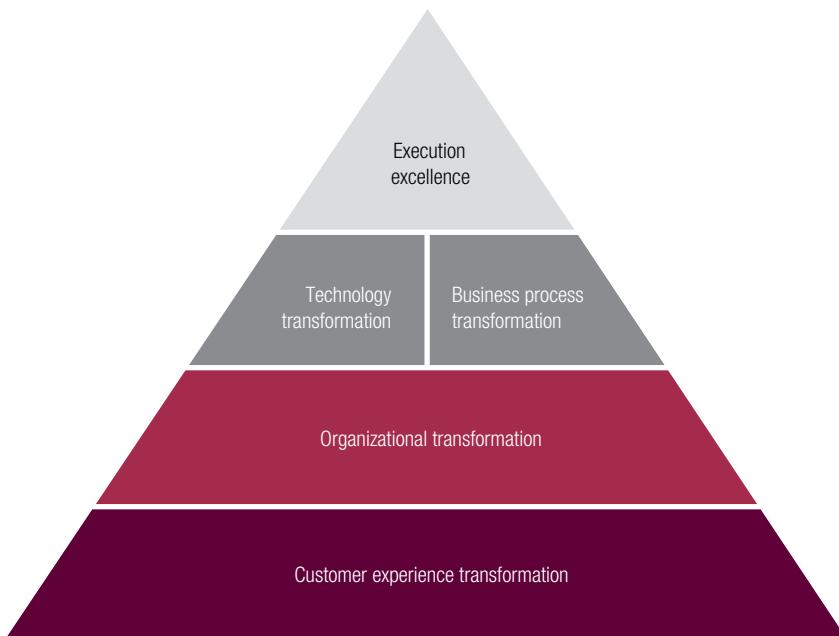
Customer experience transformation

The starting point of any successful MCLM program is the customer. Pharma companies should develop a customer-focused strategy for the long term, including a definition of the ideal customer experience. This does require a significant shift in mindset, to one that combines a "product" view of the world with a "customer" view of the world.

This mindset shift is best achieved by gaining a full understanding of the customer journey, and identifying the "inflection points" across that journey where the pharma company can achieve more impact by deploying a range of channels. This concept of the customer journey should be developed for the key segments that the company has identified; however, the segmentation model needs to be flexible enough to allow for greater granularity.

After defining a customer experience vision, companies should develop a robust and realistic implementation

Figure 12: MCLM implementation framework



Source: Capgemini Consulting

plan, balancing its ability to execute with the impact that it can make on customer experience.

The implementation plan must have a realistic timeline which, given the wide scope of the transformation, could span several years. However, the plan should bring incremental value to the customer at each step. It should have clear milestones and targets to ensure that the organization does not withdraw investments out of concern about poor returns.

For example, a company could start by closing the loop in a single channel or developing an integrated MCM campaign for a single customer type. The road map should then build over time to add new channels or customers to the existing framework while simultaneously increasing the strategy's sophistication, for example with additional personalized segments.

Organizational transformation

Pharma companies must design a new commercial operating models that are aligned to the objective of putting customers first. This requires a fundamental change in the company's organizational structure, its talent and capabilities, and the roles and responsibilities of different functions.

Channel, customer, and brand silos need to be broken down, and budgets re-aligned, so that all appropriate resources can work in tandem towards a single goal. The roles of each of these teams need to be redefined.

Marketing strategies and tactics should no longer be viewed as the domain of product or brand teams. To create the most impactful customer experience in the most efficient way, it's important to encourage close collaboration between



brand, channel, and customer teams, and to harness the unique capabilities and experience of each.

New capabilities will need to be developed or acquired. Pharma's traditional talent development approaches groom the product marketers, but not the channel or customer marketers. Companies should adopt a new talent development approach, in addition to filling any gaps in internal resources with external expertise. They should also develop a new governance structure for collaboration and resource allocation between the various teams. This will ensure that companies create and deploy the most effective multichannel campaigns, and thus maximizing the impact of ever-declining commercial budgets.

Change management is critical to the success of any large-scale transformation, and MCLM is no exception. Implementation of a customer-centric MCLM approach has an impact on virtually every function. To align and mobilize the organization behind an approach, it is essential to understand the implications for each function, and then develop the required change management strategies. Leadership support and commitment to the transformation journey are crucial. In our experience, many MCLM programs falter because of a lack of clear and unambiguous leadership. The reverse is also true: some of the greatest MCLM successes have been due in large part to leaders who had the vision and commitment to transform their company's commercial model.

Business process transformation

Defining a new operating model without fundamentally redesigning the underlying business processes is akin to refurbishing a battered old airplane with stylish coach chairs and a hi-tech entertainment system. While the new airplane will look great, it will still be incredibly fuel-inefficient and break down often. Similarly, the promises of customization, responsiveness,

and insights cannot be fulfilled if old business processes persist. For instance, responsiveness will be significantly hindered if old Medical, Legal and Regulatory Affairs (MLR) processes are applied to the digital content development process.

Two levels of business process redesign will be required, one relating to annual business planning and the other to message management.

The annual business planning cycle in the pharma industry revolves around the brand planning cycle. The latter cycle is driven by situational assessments and SWOTs that focus on the performance of a product in the marketplace, and it translates into brand-specific strategies and tactics. The execution cycle is managed around key milestones during the year, typically a few POAs.

For MCLM, the annual business planning cycle needs to reflect the reality that product teams now co-exist with channel and customer teams. Both planning cycle and budgets must reflect a broader set of inputs, including channel and customer trends.

The process of message – and content – management will need to be overhauled from end to end. The traditional model, where brand teams develop tactics that are then implemented by sales representatives, is less efficient in a multichannel environment. The new message management process should take into consideration not only the product strategies and tactics, but also a channel assessment by customer segment. Message management will require greater collaboration between the product, channel and customer teams, throughout the year and across the message management process.

In addition to the three marketing teams, the process should integrate other stakeholders such as the analytics, sales training, and medical teams. Bottlenecks should be removed from the MLR process and from agency interactions, and production costs rigorously managed.

Technology transformation

In a multichannel environment, technology should no longer be viewed as a mere enabler, but rather as a strategic asset that provides the flexible capability for world-class multichannel execution. The pharma industry has always had access to more data than it knows what to do with. As digital channels emerge, companies will be faced with even more data to collect, analyze and interpret.

Effectively managed, technology can help create sustainable competitive advantage, and can greatly accelerate the creation of a truly customer-centric model. Without effective management, however, technology can become a major obstacle to MCLM, and the most expensive line item on the implementation plan.

Certain technology building blocks have to exist in an MCLM environment: marketing resource management, digital asset management, campaign management, analytics, CLM software system, social CRM, SFA, and e-detailing, to name just a few. Companies usually have many, if not most, of these systems already in place. The challenge is to integrate them cost-effectively to create a 360° view of the customer. Many successful companies are therefore reconsidering their choice of platforms, and are rebuilding a technology base that offers the flexibility and scalability that the future MCLM model will require.

Execution excellence

It is far from easy to implement an integrated MCLM approach, given the need to transform technology, processes, organization, and ultimately customer experience. The “secret ingredient” of success in MCLM is execution excellence: attention to the detail of how the initiative is carried out, and to the way it is presented to the rest of the organization.

To begin with, champions of MCLM initiatives need to overcome the skepticism that is often associated with any program promoting an evolution from product-centricity to customer-centricity. These champions can point out that these two concepts are not mutually exclusive: successful companies can be simultaneously product-centric and customer-centric.

As noted above, implementing a successful MCLM approach is typically a multi-year initiative. It is also a complex one that requires the orchestration of many different moving parts, some of which are internal to the company and some external (e.g. agencies).

Success depends on the ability to demonstrate value throughout the lengthy implementation period. First, there must be early and continuing value for the customers. The more the customers are engaged, the more we can learn about their behaviors and preferences, and the more we can evolve our MCLM approach – the perfect virtuous cycle. Second, these initiatives need to yield value to internal stakeholders, to keep them motivated and mobilized behind the initiatives. For example, sales representatives need to see the impact on their client interactions, and brand leaders need to see the impact on their brand performance.

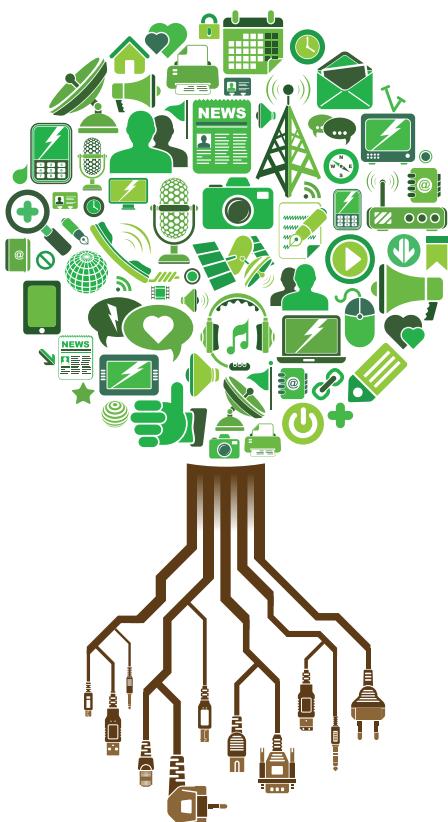
Finally, in contrast with the industry's traditional model of channel deployment, where full deployment is preceded with numerous pilots, the new model of deployment is all pilots. In other words, campaigns should be designed and deployed across the different channels in ways that facilitate a continuous “learn and adapt” cycle.

Conclusion

A mature MCLM system gathers customer feedback and other information from every interaction, regardless of channel, and analyzes it to provide a comprehensive understanding of each customer's needs and wants. Armed with this information, pharma companies can give customers the type of information and service that they prefer, in the format that they want, and through the channels that suit them best at a given time.

Fully and successfully implementing MCLM requires complex organizational transformation. Every part of the organization needs to be engaged, and must undergo both business process change and human capability change to some degree.

As with any large transformation, success is not easily achieved. Based on our client experience, Capgemini Consulting has identified six critical success factors for MCLM:



- **Content is king:** Make the customer think and feel that the content is relevant and engaging to them. Go beyond the traditional definition of "product content"
- **"Black belt" in business process:** Be willing to redesign every business process that relates to communicating with the customer
- **Architecture is the blueprint for success:** Design an integrated business and technology architecture (for example, integrate MCLM with sales force automation systems)
- **Everyone short-changes change:** Take the time to win people's hearts and minds; this is the key to your transformation
- **Analytics – steady as she goes:** Build MCLM reporting and analytic capability through steady, progressive levels of maturity
- **Segmentation – one size doesn't fit all:** Evolve customer segmentation to a level that allows truly personalized, customized content

Companies that implement successful MCLM programs and create customized promotional content are already seeing benefits in several areas including:

1. Better customer engagement and access
2. Stronger buy-in from sales representatives
3. Higher sales

A few progressive pharma organizations have reported a double-digit increase in prescriptions as a result of their focused personalized content. For companies that take MCLM to its logical conclusion, their results could be equally dramatic.

End Notes

- 1 "Talking 'Bout A Revolution" in Capgemini, *Digital Transformation Review*, No 2, January 2012
- 2 "Burberry's Digital Transformation" in Capgemini, *Digital Transformation Review*, No 2, January 2012
- 3 CNBC survey of European senior executives, 2011
- 4 This result is based on a survey of US HCPs. Given that CLM and MCM are less established in other markets and their impact is probably far more limited, we would expect to see less improvement to information provision in Europe.
- 5 In Europe, there is likely to be a stronger preference for information from independent sources. This is due to cost pressures and stronger promotional regulations, including transparency requirements for physician affiliations.
- 6 In Europe, the preference for digital interactions is likely to be even stronger, as HCPs overall are more tech savvy and are often already required to use the Internet within their practices in order to submit claims.
- 7 For more information on the fundamentals of CLM, see Capgemini Consulting's previous white papers, "Unlocking the Benefits of Customer Centricity" and "Information vs. Insight: Are you really closing the loop?"

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