

Reuters Events

Pharma Marketing Europe 2020

Post Event Report



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Agility, experimentation and openness to new ideas is more important than ever in this new era

The extreme events of 2020 that have upended established ways of working in pharma have created the conditions for change and the imperatives to do so. New approaches are required fast and delegates attending Pharma Marketing Europe 2020 heard what some pioneering organisations are doing to respond and thrive.

Recurrent themes in the session included the need to speed the process of change and innovation by working to embed new attitudes that value iteration and experimentation. This entails new kinds of leadership, more autonomy for teams, and a willingness to look outside big pharma for new ideas, approaches and vital digital expertise.

The good news is that the pandemic of 2020 has instilled a new sense of the possible when it comes to effecting rapid change and innovation, says Dirk Otto, Head, Marketing, Boehringer Ingelheim.

One example is a shorter planning and approval cycles that have been

reduced from months to weeks, says Otto: "We have discovered in recent months that we can do things much faster and I really don't want to lose that. Trying to decide now what we are going to do next year is outrageous. We are putting projects into more parts, into four month sections and placing budgets and investment decisions within that cycle."

Enter Agile working, a term much abused and not well understood, says Philip Atkinson, Founder, Hive-Logic, Coaching & Communications, particularly in pharma, where command and control pyramid structures have held back agile and innovative ways of working.

Agile working will suit the new era's focus on patient centricity, says Atkinson. "The organisation's structure is not focused on the patient. The shift from command and control to a more empowered structure is a way of focusing truly on the patient. Agile will allow brilliant people to be brilliant and not trapped in command and control hierarchy where information does not connect the right people,"

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But an agile approach needs a framework and direction. This is a journey MSD is on, says Erasmus Holm, CMO & Lead, Digital Transformation, Nordics, MSD. "We have a strategy around implementing agile. We are investing in digital marketing across the board, bringing in a lot of talent from outside to challenge us. We are also setting up lots of scrum teams across the Baltics that are executing on agile methodology."

Almirall's 'Digital Garden' in-house accelerator aims to foster a culture of experimentation by embedding Almirall people into various startups, says Francesca Wuttke, Chief Digital Officer, Almirall. "We have formed partnerships with 20 startups in the last year and we hope to expand that. The intent is to help startups to create more of a digital ecosystem and to allow our associates to disseminate their expertise."

Part of the goal in establishing the incubator is to inculcate a cultural shift through "infection by contagion" via exposure to startups that then drives Almirall people to become digital champions, "this small group of people who understand its transformational effects and start spreading it," says Wuttke.

A flair for failure

An agile approach will typically demand fast trial-and-error iteration. This takes a cultural shift that Almirall hopes its digital champions will spread through the organisation. "We need to adapt a mindset of experimentation," says Wuttke. "More of a start up mindset than a corporate pharma to just try things. It takes courage to do so but we just have to do it."

It is not easy, however, Wuttke admits. "We have tried to embed some objectives around failure, about taking small measured risks that could scale, but there is huge resistance to that."

But learning to fail fruitfully is important, agrees Telea Herpin, VP, Global Marketing, Global Brand Lead, Peripheral Neuropathic Pain, Grünenthal. "We need to get comfortable with failing fast and using analytics to understand where we have failed and changing the way we work."

It is one of the most difficult cultural transformations pharma will need to go through, says Florent Edouard, SVP, Global Head of Commercial Excellence, Grünenthal. "How to learn to make errors and not be ashamed of them. To be able to say: 'we tried, we failed and this is what we learned'."

It is the job of leaders to let their teams do their experiments and protect them from the rest of the organisation, he adds.

Another important aspect of embedding effective agile working in the organisation is measuring it and rewarding for it, says Christian Velten, Global Head, Medical Customer Experience, Roche. "It should infiltrate the KPIs. At the end of the year you can't be judged on old world KPIs."

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Telea Herpin, VP, Global Marketing, Global Brand Lead,
Peripheral Neuropathic Pain, Grünenthal

Sanofi's agile approach in the new normal

Sanofi is harnessing internal expertise in a format that drives agile innovation, says Jose Maria Guido Avila, Global Lead, HCP Marketing, Sanofi.

The company has convened an HCP extended team, a diverse and self-managed 30-strong group of HCP engagement experts from across the world that acts as an internal incubator of ideas strategies and pilots.

"This is not the typical global/local collaboration," says Maria Guido Avila. "We empower them to make decisions as if they were part of the global team. The team is also function agnostic. If you have an innovative project we will welcome you."

A good example of the results this team can achieve was the way it helped revolutionise Sanofi's content strategy in 21 days. At the start of lockdown and lacking the ability to engage face-to-face with HCPs, the team made a decision about how to differentiate Sanofi's approach from others. "We did not want to be part of the tsunami of content, webinars and mailings that would leave doctors overwhelmed," says Maria Guido Avila.

So the team conducted a survey of HCP's needs within a week and used it to redefine the content strategy. It then created two teams to review and revise materials and another to share materials with the countries. The entire process took 22 days and created content that would appeal to HCPs. "It allowed us to have fresh content every three weeks at least on average," says Maria Guido Avila.

Empowering the country teams in this way is highly effective and is something others could consider emulating, he says. "Bring them in from the beginning and allow them to make decisions, drive projects and deliver to the global team. This will make them much more engaged."

The right agency partners are crucial, he adds. "To be agile your agencies also need to be agile."

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HCP Marketing, Sanofi.

What physicians want now

COVID-19 has exposed gaps between how pharma communicates digitally and what HCPs want. It is still racing to catch up.

During lockdown 59% of physicians liked the choice of a digital offering but only 36% felt satisfied with what was offered, according to Karina Morley, Global Head of External Scientific Affairs, AstraZeneca.

It is clear that they want higher quality, more relevant content tailored to digital channels and they have a high expectation for on-demand, self-service channels that mirror face-to-face engagement, says Morley.

They want websites and portals that are optimised and localised and which offer deep interactivity with content, she says. Pharma should also consider future services such as chat bots and medical education services.

All channels must assist HCPs in having a seamless experience, she adds, so analytics need to

be in place to enable future personalisation. "HCPs expect virtual engagement to feature across almost every touchpoint."

An important area of focus for pharma should be scientific symposia and congresses, which require a new approach, she says. "Congresses are becoming more like a digital channel rather than a live event."

The wider message in the post-COVID world is the need for a well-defined content strategy adapted for an era in which attention spans are shorter and HCPs are getting saturated with information from many different sources. "Content strategy needs to focus more on the narrative," says Morley. "What is the story it is communicating? Content should be clearly structured to show how it helps them manage a particular disease."

Impact measurement is also vital, says Morley. "Collecting metrics about the real impact and cost of each channel is critical. You need to know what is working."

Building customer-first engagement skills and capabilities in commercial

Sales reps are on a steep learning curve and need help in using the new digital tools and platforms as well as enhancing their 'soft' skills for a digital setting, says Danilo Pagano, VP, Digital & Customer Engagement, Lundbeck.

"They need proper training to let them do the job through a screen. They need to sharpen their approach in the way they promote product and disease awareness using all the digital communication tools because they are all key touch points for us now."

Stefano Zagnoni, Head of Digital Strategy and Innovation, Janssen says the rep's role has changed. "I don't like the term sales rep, let us call them scientific consultants."

Working to understand new HCP needs is now vital, he says. "When everything changes in such a short amount of time the best thing we can do is listen. Active listening is a key skill."



But pharma has a problem in the immediate aftermath of a rapid switch to remote engagement, says Norma Piggott, VP, Commercial Learning & Development, Takeda. "We have generally grown up inside the industry, we have sales reps who have never sold virtually, being led by people who have never sold virtually, being trained by people who have never sold virtually."

The solution to this is to look beyond pharma for help and expertise from outsiders who have been selling and coaching virtually for decades, says Piggott. "We have to open our aperture and look at who has been doing this well and start having conversation with people who have done telesales or tele retailing."

A lack of skills is not the only challenge here. Another is a different mindset required among those whose roles will need to be redefined, adds Piggott. "We are having to have conversations in particular with some more tenured sales leaders and say being a super rep and sales leader is not what we need right now."

Commercial leaders now need to be effective coaches, capable of motivating and reassuring, she says. "That is something we are really trying to double down on. We need to spend time asking people how they are doing."

Training to influence mindset is in many respects taking priority over skills and knowledge training at Bayer, says Wade May, Global CV Commercial Training Lead, Bayer. "We are working on attitude a lot of the time because knowledge and skills can be taught."

Pharma leaders more than ever need to be inspiring their people to adapt, agrees Spencer Holt, Head, Commercial Learning

Innovation Centre, AstraZeneca. "How are you empowering people's self leadership? We need to give guidance to our leaders around what this virtual leadership looks like, and how you define success so you can build it and start to coach it, gather data and help people evolve."

Map, segment, engage to create deeper HCP relationships

As content becomes far more important in engagement with HCPs, Pharma will need to learn to tailor content like consumer brands do, says Telea Herpin, VP, Global Marketing, Global Brand Lead, Peripheral Neuropathic Pain, Grünenthal. "We need to learn from the outside, from consumer marketing, from digital therapeutic companies because our environment is getting more and more complex."

What does a good virtual experience look like? It is different depending on the product life cycle, says Herpin, but is becoming less brand focused and more value focused. "Our marketing messages become more like digital campaigns rather than rep sells. The rep becomes at the centre of a network, a connector that brings medical on demand."

The importance of the user experience in digital has never been more important, says Janssen's Zagnoni: "We have in a few months achieved in digital what we could have done in three to four years [but] customers are becoming more digitally savvy. We still have a lot to do to make the user experience even more engaging and easier. We should be crazy about the user experience."

In the omnichannel world where HCPs browse on information from different platforms on demand, data needs to flow freely out of its

historic silos, says Florent Edouard, SVP, Global Head of Commercial Excellence, Grünenthal. "We need urgently to fix the platforms and the interoperability between them to let the data circulate. HCPs don't want to go on pharma websites, so we need to have all our platforms connect so we know where to interact with them when and where they want."

Again, bringing in outsiders, for example from the FMCG sector, has great value for pharma in helping master the data and analytics skills needed in this new era, says Edouard. "They will help you look at your data sets in new ways. They bring that new vision, creating a data literate expertise in the organisation that is beneficial to all of us. We can do that in content production and in how we engage with HCPs. There are experts outside of pharmaceuticals we can really learn from."

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Stefano Zagnoni, Head of Digital Strategy and Innovation, Janssen

Digital is dead, long live digital

The COVID-driven change has been so total that the digital approach pharma was taking even a year or two ago is now redundant, says Mo Fors, Head, Global Commercial Digital Innovation, Almirall.

“Digital as we have known it is dead. The old digital from 2018 and 2019 is the Stone Age, it doesn’t work any more. You don’t need to build huge global platforms that everyone has to use. Your old traditional CDO structure does not work.”

COVID quickly exposed the limitations of this approach and attitude to digital, says Fors. “We failed to create a direct link between us and the physician.”

That failure continued in the immediate pandemic response as many pharma organisations tried to create digital analogues for previous face-to-face activity, he adds. “We failed to create interactive ways of working with physicians or patients. We did not have the right platforms or consent forms. All our technology failed. Nothing was ready.

“Everyone started to do webinars. ‘How many virtual events can we create more and transform everything we did into a virtual version?’ Physicians don’t want this. The way we are doing digital is wrong and it cannot be sustained but there is a solution. We need to recreate digital in healthcare, to switch our mentality to one of partnering and learning.”

This starts with a fresh approach to content, says Fors. “Content is where every pharma company needs to start. Content is king. We need to start to listen to them and build content that makes sense for our customers.



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“Will your customer be a content creator as well? Will they help you create content. Will influencers partner with you? We need to create a community where everyone is interacting with the company - physicians, internal teams and you as a marketer to create a custom content experience that makes sense for each individual, because everyone needs something different. The mass content production approach, such as mass e-detailing does not work any more.”

But custom content does not mean having to start from scratch or invent new platforms, he adds. “Recycle. Make sure you reuse what is available. Use existing platforms like YouTube or Vimeo. Take what others have and recycle it for your needs.”

Rapid innovation by piloting on a mass scale is the way to go here, says Fors. “Keep pursuing tonnes of ideas in parallel. Many will fail. You need to pilot a lot and not be ashamed to kill a product. Test it and if it doesn’t work, kill it. By piloting as much as possible you will find what works in some territories, won’t in others.

This flexibility to create something, perhaps inside accelerators, gets companies closer to the market, says Fors. “The new digital is more about piloting, listening, reacting and leading. It’s only too late if you don’t start now.”

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Pharma Customer Engagement Europe

20-21 April, Virtual

As markets swell with digital content and HCPs become increasingly time-poor, pharma's customer engagement can no longer be measured by reach and frequency, but by the value with every interaction and touchpoint.

At Pharma Customer Engagement Europe, commercial, marketing and medical leaders must unite to develop hybrid field force models, measure digital effectiveness and optimize content to reach a holistic customer engagement framework to match new HCP needs.

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