valtech_

DATA AS A SUPER ENABLER OF **TRUST**

Reboot the B2B Mindset
of Big Pharma

HYPER EXHAUSTED HEALTHCARE SYSTEMS

The pandemic outbreak was a transformational shock, **an unpredictable event** carrying a massive impact within weeks.

Societies all over the world shut down simultaneously. By September 2022, the coronavirus had caused 618 million identified cases and 6.5 million deaths[1].

Non-communicable diseases (NCDs), notably cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases, are the leading global causes of death and disability. The aftershock of the pandemic has dramatically reduced the systemic capacity to deliver NCD care. The unmet need for NCD care will lead to billions of dollars in financial loss each year[2].

Long before COVID-19, there were clear signs of transformational slides in the form of predictable events carrying an equally massive impact over a more extended period:

/ The rise of consumer health is accelerating the decentralization of health and placing much more emphasis on preventive lifestyles.

/ The entry of big tech into the healthcare space introduces business models competing outside existing reimbursement schemes.

/ The scientific reinterpretation of systems biology fundamentally questions the siloed logic of disease treatment.

The three listed slides illustrate a fraction of the moving parts that make up a health landscape undergoing fundamental change.

Russia's invasion of Ukraine and its effects on markets, supply chains, and financial conditions have steepened the slowdown in global growth. One critical risk is the possibility of high global inflation accompanied by tepid growth[3]. As central banks worldwide simultaneously hike interest rates in response to inflation, the world may be edging toward a global recession in 2023[4]. A recession will further accelerate health inequality, unmet needs, spending containment, reduction of hospital beds and further privatization of services[5].

The combined effect of the pandemic aftershock, the many different moving slides underneath the health landscape, and an imminent global recession will create an unprecedented downward spiral that will accelerate hyper exhaustion of healthcare systems. We see five major trends shaping exhaustion:

/ Demographic squeeze

/ Health inequality

/ Backlog of vital services

/ Prevalence of diseases and comorbidities

/ A "sickening" split between treating and preventing diseases

By September 2022, the coronavirus had caused **618 million identified cases** and 6.5 million deaths

according to Worldometer.

HYPER EXHAUSTED HEALTHCARE PROFESSIONALS

Healthcare professionals are generally **motivated by improving the outcomes that matter most** to human beings relative to the feasibility of achieving those outcomes.

Their deep levels of integrity form a foundation for the social contract between healthcare professionals and society, which grants them the privilege of self-regulation. In return, healthcare systems facilitate a working context where the improvement of outcomes is achievable. The long-term coronavirus emergency has put the social contract on pause and, in some cases, demolished it beyond repair.

One in four doctors is so tired that their ability to treat patients has become impaired, according to a first survey[6] conducted to investigate the impact of sleep deprivation on healthcare professionals during the pandemic.

Another recent study[7] found that doctors were heavily affected by the COVID-19 pandemic:

/ 61% reported often experiencing feelings of burnout

/ 57% had experienced inappropriate feelings of anger, tearfulness, or anxiety

/ 46% had isolated themselves from others

/ 55% knew of a physician who has either considered, attempted, or died by suicide

Sermo, a community platform engaging with more than 1.3 million healthcare professionals across 150 countries, reported in June 2022[8] that 85% of its members are experiencing burnout and fatigue, impacting their ability to keep up with the most fundamental tasks.

Over the last couple of years, we have conducted several insightful interviews, downloads and ideation sessions to first-hand monitor the thoughts and feelings of doctors, specialists, GPs and nurses. We see five major trends shaping the hyper exhaustion of healthcare professionals:

/ Their professional role is dramatically changing, and it is overwhelming to keep track

/ It is challenging to deal first-hand with their patients' deteriorating belief in the healthcare system

/ More report stress in their professional life

/ More report that stress in their professional life hurts their mental health

/ More report they are unhappy in their private life

The work of exhausted healthcare professionals, having to accept the premise of a broken contract, unavoidably leads to worse outcomes. Which again leads to the deterioration of their professional integrity. It is a perfect storm that, combined with the exhausted systems, will ultimately **undermine our trust in our collective healthcare capabilities**.

TRUST MATTERS MORE THAN EVER
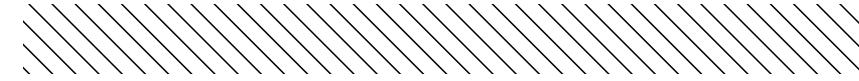
In this new endemic era, the public erosion of trust is **a foundational problem**.

The overarching concern is that our healthcare systems and professionals are not well-equipped to handle significant health crises. People will therefore invest their trust in stakeholders that go above and beyond in their efforts to revitalize our fragile and hyper exhausted healthcare infrastructure.

It is essential to understand that trust is not merely a capital with which we measure attitudes toward societal institutions; it is the fabric of society itself. It is not only how we relate to each other but how we build and renew societal capabilities.

Decades ago, trust was a very transactional concept; a legal agreement between parties formalized trust to preserve the integrity of mutual self-interest. As a human concept, trust is different. Dale Carnegie's How to Win Friends and Influence People[9] stated in 1936 that the surest way to gain trust is to admit to others that you are wrong. Trust is, in that context, a willingness to be vulnerable to the actions of another person or group.

The pandemic has shown us first-hand that health systems' resilience relies heavily on *chains of trust*.

A successful vaccination program requires trust in scientists who create the vaccine, companies that manufacture it, healthcare workers who inject it, governments that oversee the process, and people's willingness to vaccinate. The chain of trust has been a far more critical lever of vaccine acceptance than any piece of information.

The chains of trust we experienced succeeding or failing during the most critical times of the pandemic is a blueprint that can be utilized on a much broader scale. We have worked closely together with clients and external thought-leaders[10] to identify the underlying virtues that renew and exhaust chains of trust:

Benevolent
You will protect the interest of others

Competent
You can achieve the desired outcome

Ethical
You promote a shared code of conduct

Fair
You increase equality for everyone involved

Honest
You are truthful and authentic

Open
You always share all relevant information

Reliable
You are consistent in your action

B2B ENGAGEMENT MUST ACCELERATE THE HYPER RENEWAL OF TRUST

According to Edelman Trust Barometer 2022[11], the public sees government and media as a dividing force in society, compared to businesses and NGOs, which they see as **a unifying force in society**.

52%[12] of the public agree that the pandemic has decreased their confidence in our healthcare systems to handle significant health crises. As trust in the health sector is becoming more volatile, people expect businesses to be more competent and ethical contributors to revitalization measures.

While pharmaceutical companies have consistently ranked lowest amongst the nine sub-sections of healthcare, in 2020[13], pharma saw its trust level skyrocket to the highest within the domain. People were grateful that the industry, regulatory bodies, and governments worldwide could deliver vaccines in record time. The speedy time-to-market for new effective vaccines saved many lives and prevented many hospitalizations.

In the eyes of insiders, the public attention offered a once-in-a-generation opportunity to emphasize the societal importance of the industry and potentially repair its historically tainted reputation. The hope is that the pharma industry can take a much more proactive and facilitating role in building and renewing a critical mass of resilient chains of trust in close collaboration with other stakeholders within the disease ecosystem.

Together with clients, we have applied the virtues to understand how healthcare professionals perceive and utilize trust differently across specific markets and disease ecosystems. We have asked them questions like:

/ How vital are the virtues for your role?

/ How vital are the virtues for your interaction with peers?

/ How vital are the virtues for your interaction with patients?

/ How vital are the virtues for your interaction with the pharmaceutical industry?

We identified several major gaps—in the perception of why and how trust is vital – between healthcare professionals and pharmaceutical companies and that more profound relationships can strengthen our collective capacity for renewal. We also learned that levels of trust are no longer determined exclusively by position, scale and capabilities in producing products or delivering services. Engagement powered by networks, platforms and partnerships will play an equally important role in the hyper renewal of trust.

The most mind-blowing aspect of working with the virtues of trust as a blueprint is **how essential it is to everyone involved** and how little it is understood and utilized.

REBOOT THE B2B MINDSET

We have seen evidence across the board that there is **a strong correlation between the level of trust from healthcare professionals and their level of interaction** with products, services or network offerings facilitated by pharmaceutical corporations.

We have also identified a direct correlation between levels of trust and market expectations concerning purpose, experience and presence. The outside-in **pull** towards pharma creates new exciting opportunities for building more profound levels of trust.

Pharma's traditional B2B mindset is associated with sales reps out in the field equipped with marketing materials trying to get a foot in the door, **pushing** the story of great products and science. The day-to-day front-end engagement with healthcare professionals aims to increase the share of voice in benchmark to key competitors.

Healthcare professionals broadly perceive this mindset as pushy, biased, and guided by self-interest. According to our download sessions, they regard pharma's traditional B2B approach as a way to exhaust the seven virtues of trust rather than applying them with complete integrity. We typically see the highest trust rankings of pharma on the virtues "competent" and "reliable", whereas the five other virtues score much lower.

The pandemic demonstrated the value of remote engagement by field reps and medical affairs. The replacement of face-to-face meetings has a sustained impact on pharma's B2B engagement, and demand from healthcare professionals to bounce back to analogue is limited[14]. Most big pharma companies have invested heavily in new technologies and teams for omnichannel marketing to embrace this change. The general rationale is that go-to-market efficiency will increase significantly if the right message is being pushed, in the right channel, at the right time, and in the right context to the right health care professional.

We are big believers in the digital enablement of meaningful engagement. The keyword here is meaningful, and for whom? A reboot of the B2B engagement model requires the complete renewal of technologies **and** mindsets. Just super-enabling the "foot in the door" push will accelerate trust erosion, not reverse it. Pharma must abandon the idea that the "product in the basket" tactics of B2C omnichannel have any sustainable relevance within the highly complex and regulated world of prescription drugs.

We have learned throughout the pandemic that healthcare professionals are human beings, and they have a limit to their capacity. Indeed it is far from meaningful to spam them with more information and invites for events while showing little interest in their unmet real-world needs[15].

To be interesting, **be interested**![9]

After all, no meaningful engagement exists without trust. Trust is our most hopeful disposition, especially in times of hyper exhaustion.

HOUSE OF BRANDS VERSUS THE BRANDED HOUSE

Brand equity is the commercial value that derives from a market's perception of a brand rather than the product or service itself.

Brand equity development has been a recent trend in the pharmaceutical industry and is seeing a rapid growth of interest[16].

The concept[17] behind the idea is simple:

To build a strong brand, you must shape how healthcare professionals think and feel. You must develop trusted experiences around your brand so that they develop positive thoughts, feelings, beliefs, opinions, and perceptions about it. Just as you can utilize omnichannel as a super enabler of both push and pull activities, brand equity can create two very different types of awareness in the market:

The House of Brands

Aim: Boost awareness of the drug.

Widespread awareness that your drug is superior based on efficacy/safety claims, prioritized in treatment guidelines and fully reimbursable/cost-efficient.

House of brands adheres primarily to a traditional B2B mindset.

The Branded House

Focus: Boost awareness of the company.

Widespread awareness that your company is superior based on moral accountability, best-in-class science and long-term contribution to disease ecosystems.

The branded house adheres primarily to a new B2B mindset.

Based on our experience, the branded house is much better at building trust in a B2B segment, whereas the house of brands is better suited for consumer health.

Often when we host workshops and sprints with pharmaceutical brands, we encourage our clients to reboot their thinking by reversing the causalities of their go-to-market mindset (see figure 1). We do it to create urgency and ownership around the need for B2B next practices and to position the unmet needs of trust dictated by exhausted healthcare systems and professionals.

In that sense, building trust is not only the right thing to do but also the viable pathway to renew the relevance of both brand equity, value proposition, and market impact.

Not surprisingly, there is no silver bullet. Each healthcare professional has particular ideas about how to best interact with a pharmaceutical company and how that eventually, over time, creates trust.

Reboot The B2B Mindset *(figure 1)*

Renewal of brand equity, value propositions and market impact

■ Market factors (outside-in)
☐ Organizational factors (inside-out)
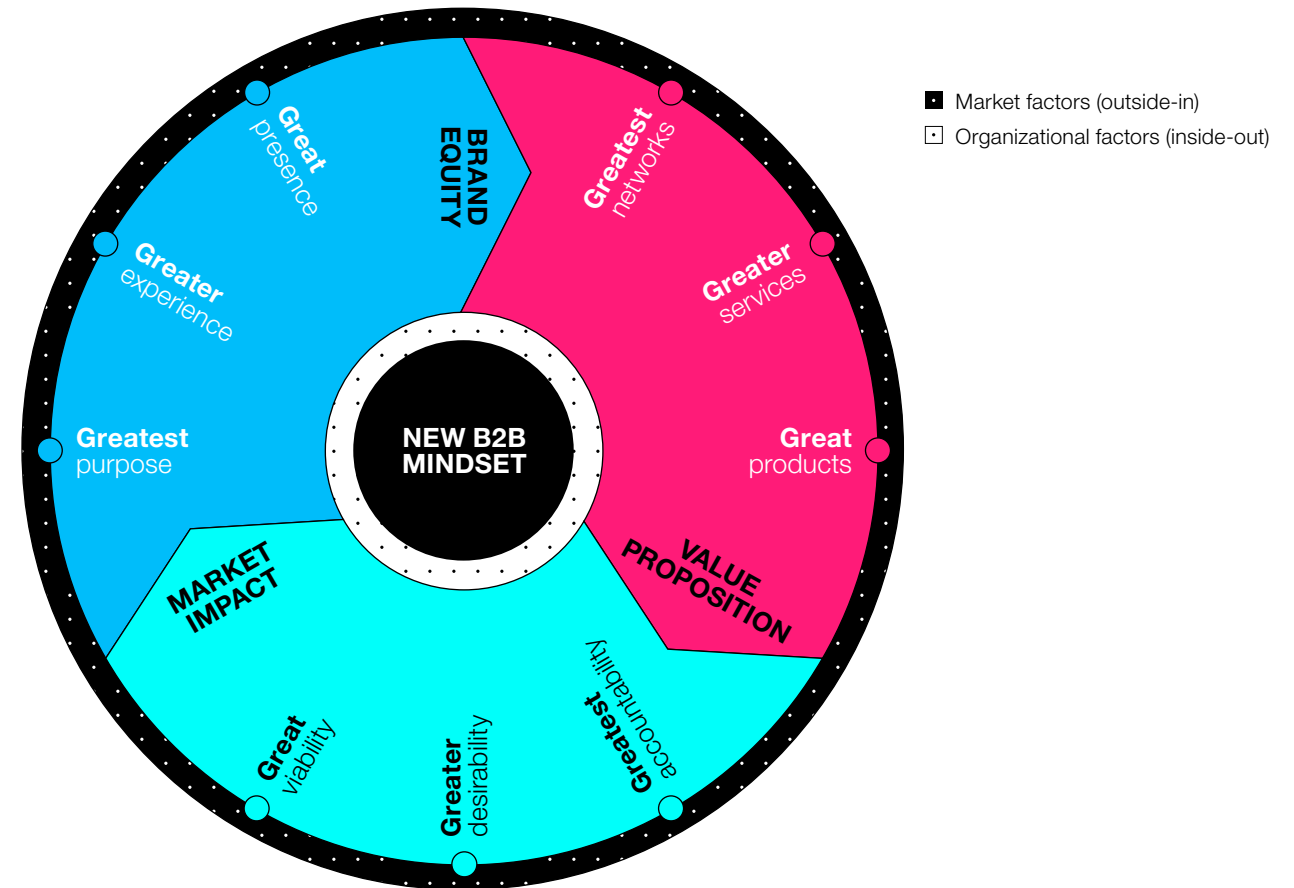
Source: Valtech (2022)

HYPER PERSONALIZATION IS NOT THE GREAT **PUSH**. IT IS THE GREAT **PULL**

Growing digital demand means **healthcare professionals expect more** tailored and engaging experiences.

Today they spend approximately the same amount of hours per week on the internet for both professional and personal usage[18], providing them with individual benchmarks for state-of-the-art digital experiences.

Another dimension important not to underestimate is the patient push towards healthcare professionals. According to a McKinsey survey[19], 63% of all patients are interested in broader digital health solutions. In contrast, only 14% of healthcare professionals have invested in a digital front door to their practice. The point is that many digital demands will take shape as a push requested by particular groups of patients.

A one-size-fits-all approach aiming to bombard each healthcare professional with standardized touch points and information will not be deemed relevant. No matter

how sophisticated omnichannel engagement evolves, the underlying principle of conducting a meaningful conversation based on a precise understanding of the other person's preferences remains the same.

In the world of Netflix, hyper personalization leverages sophisticated data analytics in real-time to build personalized recommendation systems for individual users and fuel the content strategy's underlying intelligence.

In stark contrast, pharma often applies very limited profiling and segmentation of healthcare professionals. Data about "patient volume", "prescribing patterns", and "level of brand ambassador" often form the foundational intelligence of a CRM system, dictating each healthcare professional's commercial attractiveness to the pharma company. In comparison, deeper data profiling of the same individual's unmet needs and trust preferences is more of an exception than the rule.

We recommend that our clients dramatically grow the depth and breadth of their customer data points to identify better opportunities to engage and build trust (see figure 2). We see profiling and segmentation as a door opener for a great

pull more so than a great **push**. The constant ability to deliver engaging experiences—deemed highly relevant and trusted by healthcare professionals—always stems from having enough quality data about the targeted audience's preferences. In our experience, this is the B2B equivalence to hyper personalization and how a pharma company can be interested before becoming interesting.
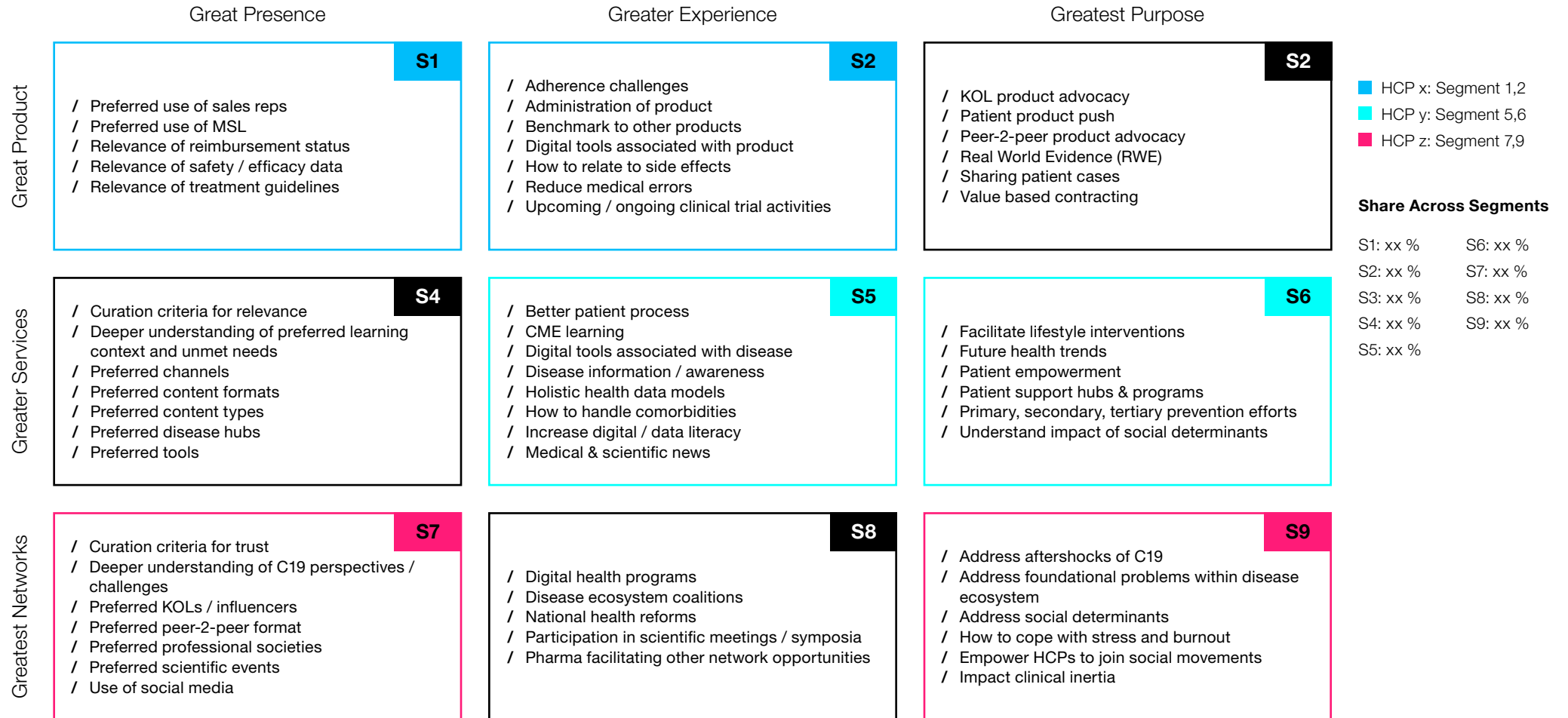
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Identifying opportunities to build trust

	Great Presence	Greater Experience	Greatest Purpose

Great Product

S1
/ Preferred use of sales reps
/ Preferred use of MSL
/ Relevance of reimbursement status
/ Relevance of safety / efficacy data
/ Relevance of treatment guidelines

S2
/ Adherence challenges
/ Administration of product
/ Benchmark to other products
/ Digital tools associated with product
/ How to relate to side effects
/ Reduce medical errors
/ Upcoming / ongoing clinical trial activities

S2
/ KOL product advocacy
/ Patient product push
/ Peer-2-peer product advocacy
/ Real World Evidence (RWE)
/ Sharing patient cases
/ Value based contracting

Greater Services

S4
/ Curation criteria for relevance
/ Deeper understanding of preferred learning context and unmet needs
/ Preferred channels
/ Preferred content formats
/ Preferred content types
/ Preferred disease hubs
/ Preferred tools

S5
/ Better patient process
/ CME learning
/ Digital tools associated with disease
/ Disease information / awareness
/ Holistic health data models
/ How to handle comorbidities
/ Increase digital / data literacy
/ Medical & scientific news

S6
/ Facilitate lifestyle interventions
/ Future health trends
/ Patient empowerment
/ Patient support hubs & programs
/ Primary, secondary, tertiary prevention efforts
/ Understand impact of social determinants

Greatest Networks

S7
/ Curation criteria for trust
/ Deeper understanding of C19 perspectives / challenges
/ Preferred KOLs / influencers
/ Preferred peer-2-peer format
/ Preferred professional societies
/ Preferred scientific events
/ Use of social media

S8
/ Digital health programs
/ Disease ecosystem coalitions
/ National health reforms
/ Participation in scientific meetings / symposia
/ Pharma facilitating other network opportunities

S9
/ Address aftershocks of C19
/ Address foundational problems within disease ecosystem
/ Address social determinants
/ How to cope with stress and burnout
/ Empower HCPs to join social movements
/ Impact clinical inertia

■ HCP x: Segment 1,2
■ HCP y: Segment 5,6
■ HCP z: Segment 7,9

Share Across Segments

S1: xx %	S6: xx %
S2: xx %	S7: xx %
S3: xx %	S8: xx %
S4: xx %	S9: xx %
S5: xx %	

Source: Valtech (2022)

REWRITE THE LAW OF DEMAND AND SUPPLY

Hyper personalization versus hyper systemization

On a micro level **being able to profile and segment** individual healthcare professionals highly **depends on their trust level**.

If they trust a pharmaceutical brand, they are much more likely to share preferences of trust with the company, whereas if trust levels are under par, they are far less willing to share their insights. Trust also profoundly impacts other beliefs and behaviors[20]:

/ Willingness to buy from a company

/ Willingness to recommend a company to others

/ Think highly/have a positive perception of a company

/ Defend the company to others

/ Share information about the company on social media

/ Be or feel more loyal to a company

We see an essential dynamic between supply and demand (push and pull). Knowing what personalized offerings will be meaningful to a nurse, doctor, or specialist is impossible without the necessary **pull** of trust preferences. **Pushing** the same nurse, doctor, or specialist with meaningless offerings will make them far less likely to share their trust preferences.

On a macro level, the spiralling effect of the dynamic scales. 87% of business executives think their clients have high trust in their business, but only 30% say they do[20], essentially making companies blind to the fact that they are not trusted. Traditionally the law of supply and demand is[21]: *As the price increases, supply rises while demand declines. Conversely, as the price drops, supply constricts while demand grows.*

We suggest the following rewrite:

As trust increases, supply gets more personalized while demand grows. Conversely, as trust drops, supply gets less personalized while demand declines.

Let's take a hypothetical example. Let's say you operate in a therapeutic market with a primary audience of 5000 specialists. Let's say you **push** an S1 offering of great

product/great presence (see figure 2) to all of them. Let's say that if you **pulled** their trust preferences, you would find out that only 5% of them were interested in S1 offerings. This effect would be equivalent to a fundamental misunderstanding of the demand in the market, rendering your offerings utterly irrelevant to your customers.

Hyper systemization is the ability to scale your profiling and segmentation of healthcare professionals to understand the market demand and map the tectonic plates of trust moving underneath.

DATA AS A SUPER ENABLER OF TRUST

As pharma companies seek to reboot everything from R&D to how sales reps connect with physicians, **digital transformation comes to the forefront as a super enabler**.

The industry is forecasted to spend $4.5 billion by 2030[22]. Acquisition of new technological capabilities—in combination with the rebooting of mindsets—has the potential to reshape engagement models and go-to-market practices. But to translate all of that into meaningful experiences and real-world impact, you need a solid data foundation.

Data is both input and output. You need data to identify opportunities to engage, and you need data to demonstrate the building of trust. Think of data as a *loop of trust* going back and forth between the pharma company and the healthcare professional. Think of data as the underlying, ever-present and abiding undercurrent of the natural dialogue between two interested parties. It is simply impossible to create meaningful experiences at scale without data.

You need data to identify opportunities.
You need data to demonstrate trust.
You need data to build lasting relationships.

Building journeys that capture more profound levels of customer data is necessary based on the understanding that meaningful relationships evolve over a long period and are not the result of a few interactions.

Equally, a seamless data flow between internal systems (e.g. CRM, marketing automation, business intelligence) is necessary to enable the meaningful application of data across organizational silos and to enrich the profiling and segmentation of healthcare professionals over time.

As a result, data becomes a long-term strategic enabler of trust that will allow decision-makers to renew their brand equity, value propositions and market impact (see figure 1).

See

We can't make a change if we don't know that one is needed. We can't build trust if we cannot see that we lack trust in the first place. Inspiration and reorientation are at the beginning of any transformational process, and it relies entirely on our ability to keep a fresh perspective. We must proactively expose our systemic mindset to explorative and diverse data points to understand and shape brand equity.

Be

Being who we are determines what we do. Virtues matter during profound transformation because we now intend to view the world through a prism of trust. To be the change, we must first cultivate a deep understanding of whom we want to be in life and how we want to impact the world. Deeper data profiling of market demands can inspire us to make more radical decisions and transform the value proposition we bring to the market.

Make

The renewal of markets and societies can go forward only if someone cares and decides to act. That means breaking through the complacency of the status quo by becoming a curious and courageous pioneer of future market impact. We must use data to demonstrate the building of trust across disease ecosystems to impact patient outcomes positively. We must become advocates by letting our data show our actions and the impact we create.

GO-TO-MARKET PRACTICES

We have worked with ten out of twenty top pharma companies worldwide in the last five years, and our accumulative experience spans all significant markets and therapeutic areas.

We have also excelled within global, regional and local pharma settings, enabling us to understand the breadth and depth of the digital transformation challenge. What we have repeatedly observed as a common denominator across clients—let's call it the elephant in the room—is that digital investments are motivated mainly by cost efficiency rather than cost-effectiveness. It is needless to say that the potential scaled synergy between cost efficiency and cost-effectiveness is the most desirable end goal. So it is not a matter of either/or, but rather both/and.

Cost efficiency
To ensure that each spending is at a cost minimum.

Cost-effectiveness
To ensure that each spending creates good value.

Global teams tend to own the agenda of cost efficiency as they take responsibility for the company-wide roll-out of capabilities like system architectures and content factories. Local units are much closer to the actual engagement in therapeutic markets as they take responsibility for executing sales and marketing activities. Again the equilibrium between renewing technology and mindset becomes the decisive factor. As the decision and budget power within pharma organizations are switching towards global, the agenda of cost efficiency tend to gain much more momentum.

As pharma companies are more risk-averse on the back of the pandemic, cost efficiency seems superior to cost-effectiveness. Paradoxically, **focusing more on cost-effectiveness enables more opportunities to build deeper trust**.

Furthermore, most organizations are exhausted by the below-par governance. The lack of ownership and processes that enables the pharma company to bridge the strategy-execution gap between global and local is often quite inevitable, creating a fundamental and often unintended imbalance between cost efficiency and cost-effectiveness. As the saying goes, you have to eat an elephant one spoonful at a time, so how is it possible to establish the necessary synergy?
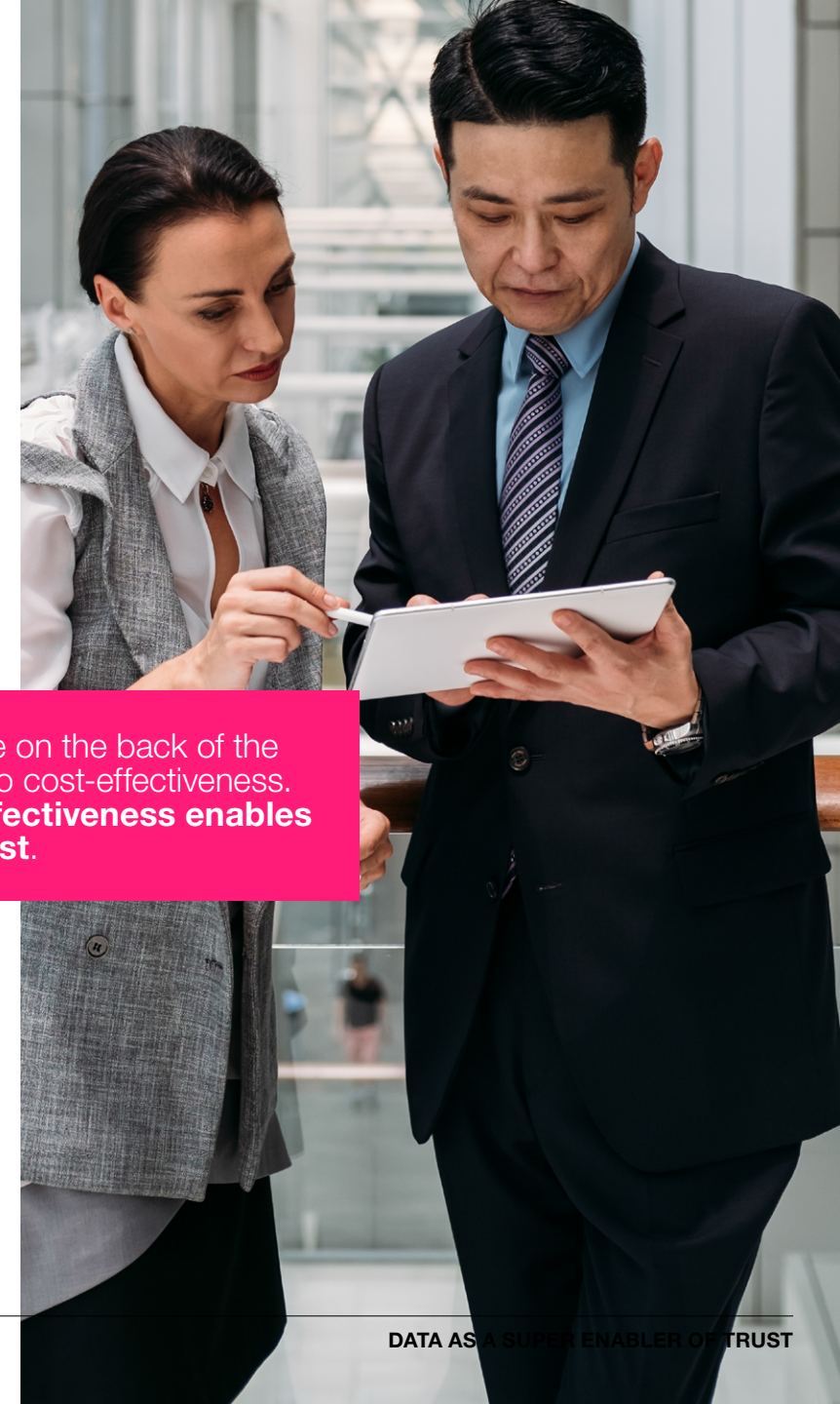
The brand plans are the most obvious starting point for reorientating go-to-market practices. Employees across sales, marketing, medical affairs, market access and business innovation come together to ideate and brainstorm. Even though these highly skilled employees might put forward brilliant ideas on going above and beyond to improve cost-effectiveness, they often experience a non-negotiable push-back dictated by global cost efficiency measures. Also, suppose these brands neither have deep profiling of their customer's needs nor data to demonstrate a lack of impact in the market. In that case, they often face an uphill struggle when entering a discussion armed with **Unknown Unknowns** (see figure 3).

KNOWN Impact is **fully** understood **UNKNOWNS** Customer is **not** profiled	**KNOWN** Impact is **fully** understood **KNOWNS** Customer is **fully** profiled
UNKNOWN Impact is **not** understood **UNKNOWNS** Customer is **not** profiled	**UNKNOWN** Impact is **not** understood **KNOWNS** Customer is **fully** profiled

(figure 3)

At the heart of the cost-effectiveness rationale lies the idea of tailoring go-to-market activities to the demand in each market.
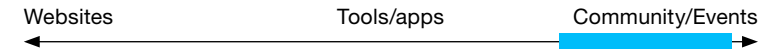
Another form of go-to-market illiteracy we often help clients to mitigate is the lack of ability to think outside the box. We have read and discussed hundreds of brand plans over the years, and we seldom see brand plans that fundamentally challenge the legitimacy of the questions prompted by the template. One can even argue that it is inherently built into the planning process not to ask questions that go above and beyond current practices. When the speed and proliferation of digital transformation in the world surpass the digital transformation within a company, that opens up a considerable complacency gap. To help clients close this gap, we facilitate approximately 100 dimensions to define requirements for next practices (category examples on the right).
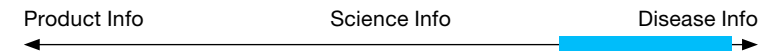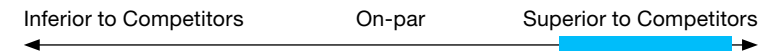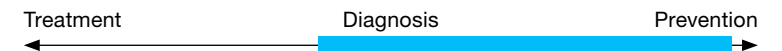
B2B Mindset
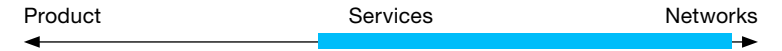
Product — Services — Networks

Digital Value Proposition

Websites — Tools/apps — Community/Events

Content Relevance

Product Info — Science Info — Disease Info

XP Value

Inferior to Competitors — On-par — Superior to Competitors

Unmet Client Needs

Treatment — Diagnosis — Prevention

Improving Health Outcomes

Not Offering Healthcare Services — Offering Healthcare Services
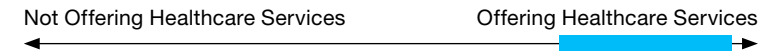
Depending on the customer's trust preferences, the mapping of go-to-market next practices can look vastly different across therapeutic markets. At the heart of the cost-effectiveness rationale lies the idea of tailoring go-to-market activities to the demand in each market—just as it is an ambition to personalize offerings to individuals. The more ambitious the go-to-market practices would be, the more it would trigger a revision of the digital value proposition offered in the market. But more importantly, it would dramatically reshape the need to enrich data assets.

DATA ASSET ENRICHMENT

Obtaining a certain level of enrichment will innately articulate a series of data characteristics best described by the 6V model[23]:

VALUE
Low signal-to-noise ratio in data ➝ high signal-to-noise ratio in data.

VERACITY
1st party data ➝ 2nd party data ➝ 3rd party data.

VARIETY
Structured data ➝ semi-structured data ➝ unstructured data.

VARIABILITY
Static data ➝ dynamic data.

VELOCITY
Low speed of data ➝ high speed of data (e.g. real time).

VOLUME
Low volume of data ➝ large volume of data.

> The 6Vs can form a basis underneath the mapping of current and future data assets, how to connect to necessary data sources, possible data architecture, high-level data models and identification of next practice use cases.

If set up correctly, data asset enrichment will also allow measuring increasing or decreasing levels of trust. We work with three essential impact metrics to measure trust levels:
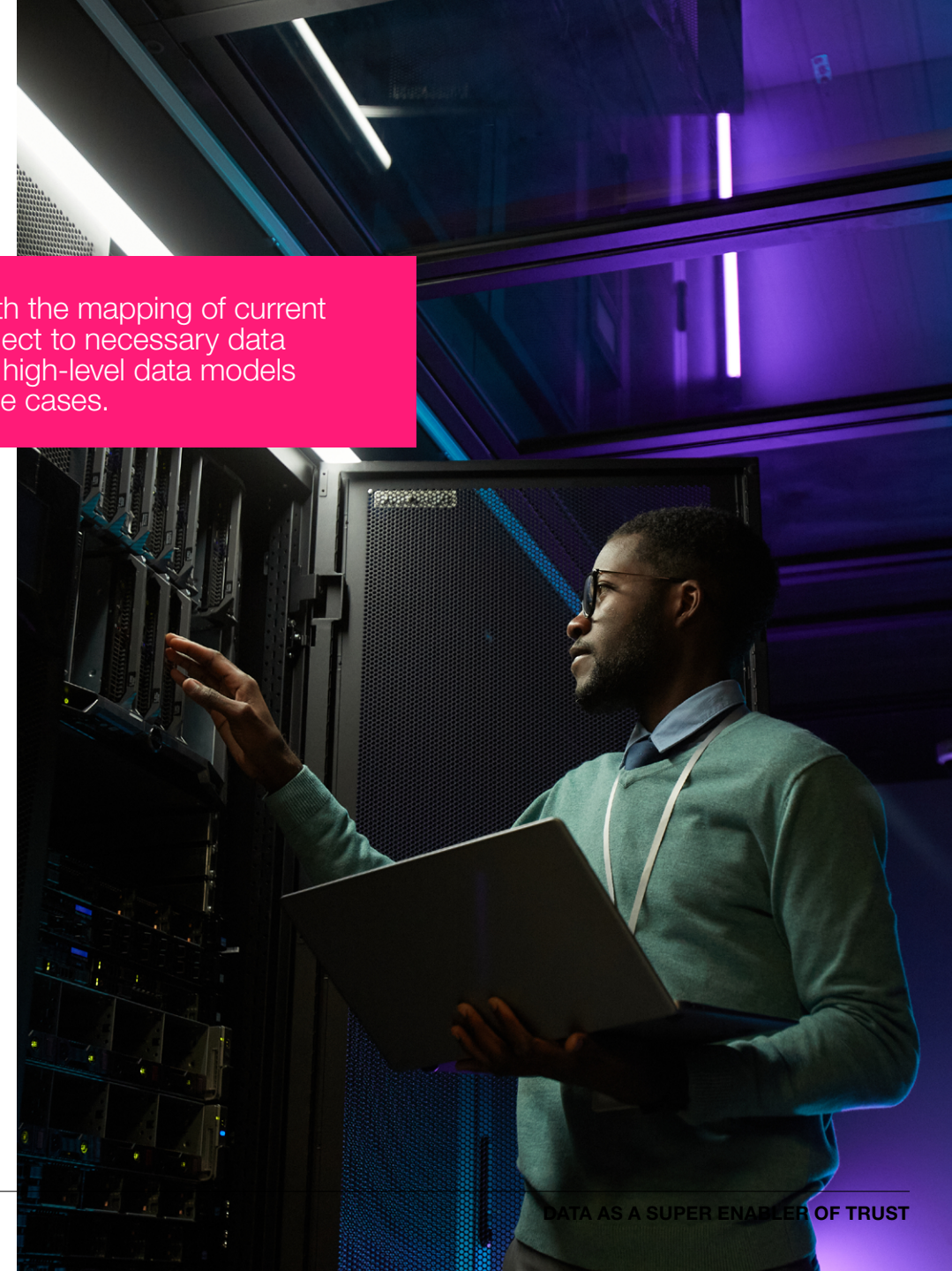
RETURN ON EXPERIENCE (RoE)
Compared to other experiences offered within the disease ecosystem, how much do healthcare professionals trust the experiences provided by you?
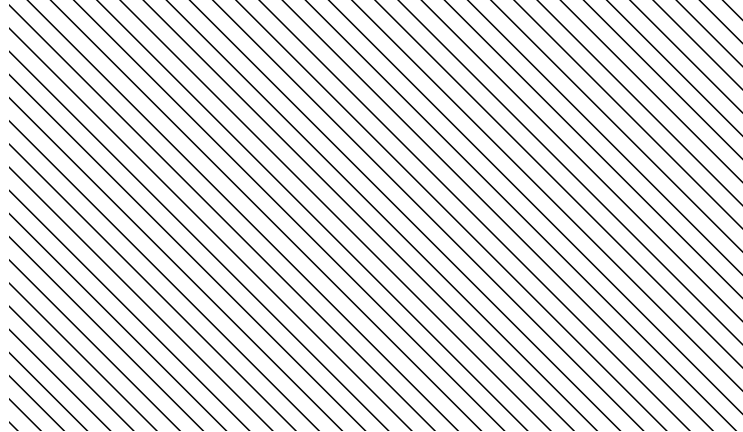
SHARE OF NETWORK (SoN)
Compared to other networks offered within the disease ecosystem, how much do healthcare professionals trust the networks provided by you?

SHARE OF DISEASE (SoD)
Compared to the critical mass of revitalization efforts within the disease ecosystem, how much do healthcare professionals trust you to be accountable for necessary change?

Return on Experience is the new Return on Investment[24]. With dramatic improvements in digital engagement offerings, it is now simple to detect and improve the value of customer interactions over time. According to a recent industry study, RoE immediately boosts engagement levels with digital value propositions and positively impacts perceived brand equity[25]. On the other hand, the study shows that pharma companies still struggle to deliver consistent experiences and that RoE will remain a key B2B differentiator in therapeutic markets.

In our interviews, downloads and ideation sessions with doctors, specialists, GPs and nurses, we see clear indicators that SoN and SoD are becoming essential. Peer-to-peer networking opportunities and revitalization measures within a disease ecosystem are closely linked. The simple truth is that systems and individuals are too exhausted and depleted to make necessary changes happen. So any engagement that facilitates relevant peer-to-peer activities to address urgent public health challenges is hugely rewarded.

> Now is the time for the industry to **facilitate deep engagement** with broad coalitions of stakeholders that can supercharge efforts to combat all urgent public health challenges and **revitalize** disease **ecosystems.**[26]
>
> *Alex Gorsky / CEO, Johnson & Johnson*
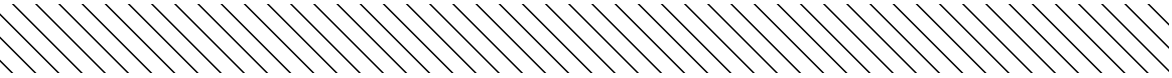
DATA CAPABILITY MATURITY

On the other end of the scaled synergy between cost-effectiveness and cost efficiency, **robust data capabilities enable the optimization** of business processes.

It becomes the foundation for understanding the actual situation during an economic decline, and it allows you to scale the critical drivers of your B2B engagement model[27]:

/ Focus on building the highest possible level of trust

/ Focus on offerings with the best possible RoE, SoN and SoD margin

/ Focus on highest value customers

/ Focus on highest value channels

The maturity of underlying data capabilities will decide if you can enrich your data assets sufficiently to scale. According to a survey[28] conducted by Strategy& 80% of decision-makers within pharma say that current world events expose vulnerable gaps in their existing data systems and analytics set-up.

Data maturity is the capability to capture relevant data and integrate data into all critical go-to-market decisions.

We work with leading pharmaceutical companies to establish the necessary layers of data maturity.

FOUNDATION AND CAPTURE
Pharma companies need a strategy for what data points they want to capture across customer touchpoints and clear organizational ownership attached to the required data quality and integrations. Foundation and capture aim to enable a consistent and customer-centric view of all customer interactions and preferences.

/ Set-up data architecture

/ Implement data layers

/ Implement tag manager to transfer information from data layers to relevant systems

/ Enforce data rules based on business requirements in the preferred analytics tool

/ Ensure privacy and GDPR compliance

REPORTING
Pharma companies need a clear reporting structure to demonstrate strategic aggregation of overall performance and operational monitoring of ongoing engagement activities. Reporting aims to enable one source of truth across the organization.

/ Identify business needs for reports and dashboards

/ Define OKR/KPI frameworks

/ Design the most intuitive use of data to enable data democratization

/ Set-up of preferred analytics and visualization tools

/ Set-up automized reporting

/ Train employee's data literacy

INSIGHTS
Pharma companies need a deep and continuous understanding of the factors that increase and decrease engagement performance. Insights aim to identify opportunities for engagement and predict the uplift of activities at scale.

/ Implement performance checks

/ Set-up continuous AB testing

/ Implement advanced analytics to optimize customer journeys, content, sign-ups

/ Recommend actionable insights

/ Size uplift opportunities

ACTIVATION
Pharma companies need to deliver a highly tailored and consistent experience across all touchpoints based on the interactions and preferences of the customer. Activation aims to produce personal experiences based on real-time data.

/ Machine learning-based recommendations

/ Dynamic segmentation of offerings across channels

/ Next-best offer algorithms

/ Real-time personalization

Hyper-personalization (and systemization at scale) is when the **supplied** engagement offerings match all the **demands** of healthcare professionals (see figure 2). Successful benchmarking is when RoE, SoN and SoD outperform competitors within the disease ecosystem.

The GTM Equilibriuum *(figure 4)*

Balance the ambition across GTM practices, data asset enrichment and data capability maturity

■ Higher ambition level
■ Lower ambition level

More ambitious GTM practices

Focus on cost-effectiveness ← → **Requires more ambitious data asset enrichment** **Requires more ambitious data capability maturity** Focus on cost efficiency

GTM Practices

Data Asset Enrichment

Data Capability Maturity

→ From current practice to next practice

■ B2B mindset
■ Content relevance
■ Unmet client needs
■ Digital value proposition
■ XP value
■ Improving health outcomes

→ From low data enrichment to high data enrichment

■ Value
■ Variety
■ Velocity
■ Veracity
■ Variability
■ Volume

→ From low data capability maturity to high data capability maturity

■ Foundation and capture
■ Insights
■ Hyper-personalization / Hyper-systemization
■ Reporting
■ Activation
■ Benchmarking

Source: Valtech (2022)

THE DATA LAB

To successfully navigate the equilibrium across go-to-market practices, data asset enrichment and data capability maturity is **a complicated discipline**.

On the one hand, you might consider investing heavily in renewing technologies and mindsets to obtain better data that can lead to better performance. On the other hand, you might only have limited data to justify your investments, to begin with, making the degree of commitment necessary to embark on such a profound journey a leap of faith.

Organizations face another significant challenge when trying to scale innovation efforts based on a leap of faith: the systems that enable success with today's engagement model reinforce organizational behaviors and mindsets inconsistent with discovering tomorrow's model resulting in inertia. If we give people more time in an environment stifled by inertia, we give them more time to do things the old way; if we give them new skills, those will go to waste if they don't fit with existing routines[29]. So, any innovation programs based on the assumption that the organizational beliefs and behaviors will be ready for radical change are likely to come at a very high acquisition cost. Programs must carefully consider the balance between vertical innovation—

more radical innovation carried out in smaller pockets of the organization—and horizontal innovation—more incremental innovation carried out across entire organizations.

We recommend setting up a data lab within a prioritized therapeutic market. The lab aims to conduct a series of micro-experiments based on a test-measure-learn approach within the same digital disease ecosystem. By thinking big, starting small and scaling fast, the lab can, within 4-6 months, produce a robust set of insights that validates a set of next practices. The evidence created can subsequently inform how to innovate the relevance of brand equity, value proposition, and market impact on a broader scale.

Data lab activities include:

/ Scope demands in the market

/ Define overarching go-to-market objectives for next practices

/ Identify areas for expected uplift

/ Formulate hypotheses for pre-testing

/ Assess technical feasibility

/ Design specific test

/ Carry out test

/ Document test results

/ Evaluate test results

/ Implement winning variants

/ Asses the pattern of impact across winning variants

Note:

Our **test-measure-learn method** is based on the lean start-up concept of build, measure, learn[30]. The approach aims to turn ideas into actions and establish a feedback loop to eliminate uncertainty and validate learning.
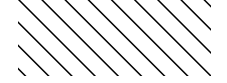
CONTENT ENGAGEMENT SCORE

We also work with clients to **optimize data assets and capabilities** associated with HCP platforms.

All tier 1 pharma companies we work with have considerable sunken costs invested in the ownership of all-in-one platforms where HCPs can interact with a mix of promotional and non-promotional content, events and services. According to an industry survey, only 26% of respondents are satisfied with their current omnichannel/digital activities[31].

Together with a top twenty pharma client, we implemented a content engagement score to optimize B2B engagement. The aim was

to establish a new "language" for understanding performance by breaking each potential engagement into tangible scores (see figure 5). Based on a lead nurturing program, an accumulated engagement score was attached to individual customers, enabling our client to upgrade the engagement levels over time.

The engagement score has become the essential KPI framework for the client to measure engagement performance on their HCP portal. It also enables a segmentation of customers based on their preferences, influence and value. The KPIs have evolved into "democratized data" that the organization shares, discusses and utilizes to make better go-to-market decisions regarding user journeys, content creation, channel optimization and marketing spending.

Score	Activity
+1.00	Registration or login
+1.00	Form submission
+0.25	Podcast
+0.25	Video
+0.10	Entered search on site
+1.00	Mail2 triggered
+1.00	Exit link to 3rd party sited
+0.10	PDF download
+1.00	ChatBot
+1.00	Learning module
+0.50	Quiz module
+7.20	**Total engagement**

(figure 5)

TAKE THE FIRST STEP TO REBOOT

Aristotle said that **a courageous person** fears rightly and is confident about the right things, in the right way, and at the right time.

Courage is not only about overcoming one's fears; it is equally about seizing the right moment with great confidence and applying necessary change through a relevant display of mastery. When we face life in all its glory and dismay, honesty means being humble enough to understand the complex challenge ahead while still having enough self-belief to employ your best effort. While trust, on the other hand, means that you impose a standard on others— and maybe more importantly on yourself—based on the firm expectation that you and others will step up and do the right thing in the right way.

Understanding how to leverage the virtues of trust as a blueprint can be mind-blowing.

Identifying opportunities to build trust with hyper exhausted individuals and systems is far from easy.

Putting demand before supply can require a redesign of brand equity, value proposition, and market impact

Motivating decision-makers and employees within a pharma company to embrace new technologies and a mindset reboot can be daunting.

Achieving the right balance between cost-effectiveness and cost efficiency in B2B engagement can be even more complicated.

The world's most prominent management thinker, Peter F. Drucker, once pointed out that incongruities —a dissonance between what is and what ought to be—are opportunity spaces to create something new and relevant.

How do you eat an elephant? One spoonful at a time! That is how the saying goes. We have the necessary capabilities to unleash data as a super enabler across your strategy-execution gap. We are eager to learn about the untapped opportunities you see for your future B2B engagement model, both short-term and long-term. We would also like to share more in-depth details about our high-impact, low-cost entry services:

/ Go-to-market assessments for prioritized brands

/ Setting up a data lab

/ Conducting a 360 data maturity audit

Key takeaway:

Data is the common denominator across all opportunities and is the only feasible bridge between current and next practices. Data has the inherent power to inform complex challenges ahead and demonstrate if we succeeded or not.

Strategy
SEE, BE, MAKE

DATA AS A SUPER ENABLER OF TRUST

Execution
TEST, MEASURE, LEARN
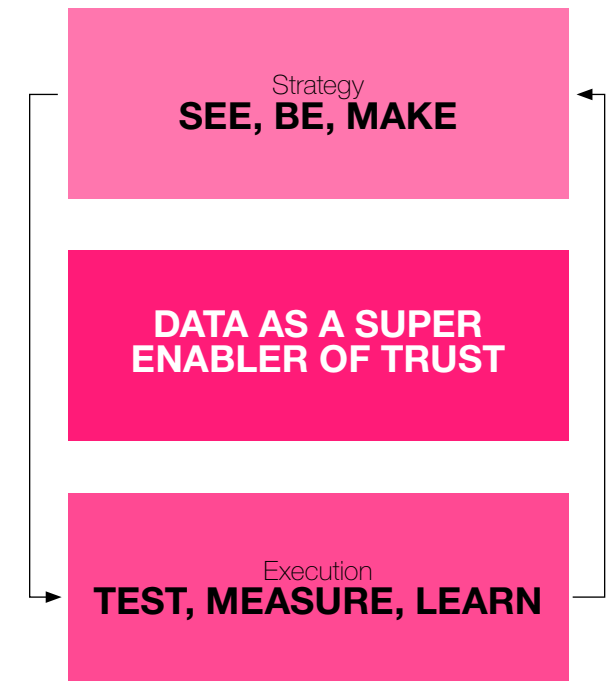
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CONTRIBUTORS

Valtech is a global business transformation agency delivering innovation with a purpose. We enable clients to anticipate tomorrow's trends and connect more directly with consumers across their digital touch points while optimizing time-to-market and ROI. From discovery to optimization clients trust Valtech to remove complexity and deliver innovative, frictionless solutions that close the experience gap between customer expectation and reality. With a renowned commitment to innovation and agility, Valtech transforms by doing, creating unprecedented success for many of the world's best-known brands.

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