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# The Evolution of Customer Engagement:

How 16 Senior Biopharma Leaders  
Expect to Change Customer Engagement  
in a Post-COVID-19 World

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White Paper



# The Evolution of Customer Engagement: How 16 Senior Biopharma Leaders Expect to Change Customer Engagement in a Post-COVID-19 World

One would be hard-pressed to find anyone on the planet that hasn't been affected in some way by the COVID-19 pandemic. It has made its presence felt across virtually all industries and segments of society, from restaurants to theme parks, commercial real estate to cruise lines, from students to office workers, construction workers to corporate CEOs. Everyone has had to adjust in some way. Some of those adjustments will be temporary, while others could be long-lasting or even permanent.

Given all that, it's no surprise that COVID-19 is also acting as a catalyst for change in healthcare, affecting all stakeholder groups. In fact, there has been a considerable amount of research focused on the impact of COVID-19 from the perspective of patients and health care providers (HCPs).

It's clear by now that patients are already seeing changes throughout their journeys. Even simple visits to the doctor's office aren't like they used to be. Other changes are also developing, from new diagnostic methods to at-home treatment options to innovative remote monitoring solutions. Healthcare providers are also seeing changes in how they work and interact with patients, with office staff, and with their peers.

However, there's another perspective to COVID-19 that hasn't really been explored. There has been very little research on how senior leaders within biopharma companies think

## Executive Summary

### 1. COVID-19 is a catalyst for long-term change for patients, healthcare providers (HCPs), and the biopharma industry.

- Demand for—and acceptance of—digital engagement by HCPs has increased, although as with any technology there will be early adopters, laggards, and those in the middle.
- Biopharma companies will change accordingly, with a particular focus on customer-facing field teams, investment in digital capabilities, and a need for new metrics to measure impact.

### 2. While senior leaders anticipate their companies will change, the degree and speed of change will vary dramatically across companies.

- Biopharma companies will roughly follow one of three paths: "Watch and Follow", "Experiment and Innovate", and "Theorize and Execute".
- Which path companies take will be driven by a number of innovation drivers (e.g., how customer-centric the company is) and time drivers (e.g., suitable existing infrastructure).
- A key driver of how fast a company changes will be whether leadership establishes a forward-looking vision and maintains an ongoing commitment to achieving that vision.

### 3. Companies need to define a roadmap to help them achieve their vision.

- A good place for biopharma companies to start is to profile their customers to understand their needs and preferences (and estimate how those will change over time).
- Companies should also invest in infrastructure, digital capabilities, and the right type of customer-facing teams to meet these evolving customer needs and preferences.
- Companies must begin to engage with their customers in new and innovative ways even as they build new capabilities.
- Those companies who are agile, can assess their progress, and make adjustments based on data will be out in front.

COVID-19 will impact the way their companies will engage with their customers (HCPs in particular). Given the critical role biopharma companies

play in healthcare systems around the world, it seemed appropriate to gather some of those leaders' insights and share them.

## Talking with Biopharma Leaders

Our team interviewed 16 senior industry leaders to hear their perspectives on how the “new normal” imposed by COVID-19 will shape customer needs as well as the biopharma industry’s reactions to those needs.

These leaders are all in key roles including C-suite executives, as well as US and European commercial and medical leaders. Roles included Chief Commercial Officers, Heads of Sales, Global Medical Affairs Leaders, European General Managers, and similar. They came from a cross-section of companies, including global “household names” like Roche and smaller innovators such as bluebird bio.

In our discussions, we opted to use the “Chatham House Rules” and capture input from these leaders without attributing any direct quote or piece of information to any specific individual.

This encouraged frank and open conversations.

In particular, we gathered the group’s input on how pharma companies are likely to change the way they engage with HCPs. The conversations were framed in terms of how the following will change:

1. Customer Needs and Preferences
2. Biopharma Capabilities and Customer-Facing Teams
3. Field Force Interactions and Peer-to-Peer Exchange
4. Metrics

We asked for their input on the degree and direction of likely change, and how quickly companies might adapt. As changes in the environment take place, biopharma companies will need to adjust in ways that suit their

### Companies Represented:

1. AbbVie
2. Alnylam
3. Amgen
4. Apellis
5. bluebird bio
6. Bristol Myers Squibb
7. EUSA Pharma
8. Genmab
9. Gilead Sciences
10. Insmed
11. Merck
12. PTCTherapeutics
13. Roche
14. Sage Therapeutics
15. Sanofi
16. Takeda

specific needs and market situations. So, at the end of this article, a simple framework is offered to help individual companies plan for and manage changes in ways that work for them.

## Key Areas of Change

### Customer Needs and Preferences

Companies often change the way they operate in response to evolving customer needs and preferences. With that reality in mind, it makes sense to start by exploring how the COVID-19 pandemic will change the needs and preferences of HCPs.

The general consensus is that COVID-19 will drive significant change, though the pace and degree of it will be uneven. There are likely to be variations by HCP type, therapeutic

area, and geographic region.

The foundational change will be an increased demand for remote and non-personal methods of contact

**“Competitive advantage will be with companies that have the best digital offerings.”**

and engagement. From this simple beginning, a host of other secondary changes are likely to follow.

The group did not see a wholesale switch from face-to-face to digital interactions. Rather, a hybrid engagement approach is the most likely outcome. Face-to-face interactions will remain valuable, but they will be more focused on relationship building (as opposed to the historical norm, in which face-to-face meetings have been used for both relationship-building and information sharing).

Digital interactions will become the norm for ongoing engagement with certain customer segments.

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For a customer to engage in a digital interaction, he or she must think that the interaction is useful or beneficial in some meaningful way. As a result, customers will demand more value from their interactions with pharma. For the companies who create those interactions, ensuring quality will be a key to success.

Related to this, customers will want more immediate and specific information delivered succinctly in real time and on-demand. This will require biopharma to be flexible in the channels it uses.

In markets where sampling occurs, remote sampling will increase or become more prevalent. The market is likely to see a significant decline in the number of face-to-face “sample drops” that have become such a staple of field force activities.

Moving forward, biopharma companies will need to profile and segment their customers based—in part—on their digital literacy and communication preferences. They

will need to be flexible enough to tailor approaches to their customers’ preferences, without having individual reps manage 1-to-1 customization.

## Biopharma Capabilities and Customer-Facing Teams

Every action has an equal and opposite reaction: changing customer needs and preferences will drive subsequent changes in pharma’s communications capabilities, how it deploys field teams, and how it interacts with HCPs.

COVID-19 is providing an opportunity for biopharma to improve field force effectiveness and eliminate inefficiencies. With the rise in digital interaction, the need for routine face-to-face interaction drops and efficiency can increase. According to the group, there are a number of key changes to anticipate.

## Rise of Digital Resource Centers

As mentioned earlier, digital interactions are going to become more important and customers will demand more instant access to the information they need. As a result, we are likely to see a rise in the number and capabilities of on-demand digital “Resource Centers.”

“Think about the Amazon model: I order it and it gets delivered to me.”

By logging in to a resource center, HCPs can find all the information they need in a single place, whether it’s related to the product, patient support, real world evidence (RWE) data, or other important tools or information. In addition, physicians, nurses, office staff, and potentially even patients will be able to live-connect with the appropriate representative to address specific questions or issues in the moment.

## Figure 1

Key areas of anticipated change at a glance:



This all sounds great, but there is a potential side-effect. As these resource centers proliferate, will it become confusing for HCPs? If each biopharma company develops one, will a single HCP have to remember numerous logins? Time will tell whether this becomes an issue.

### Shrinking Field Forces

In general, the group believes that field sales forces will decrease in size. However, that decrease will likely be uneven and will vary across companies and therapeutic areas. Also, field forces will probably not shrink very

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**“We were over-indexed before...They [field representatives] could be redeployed across new roles and assets.”**

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much, at least in the near- to mid-term.

Many companies are currently afraid to cut too much. They realize that face-to-face interactions will remain important, and most are not yet sure where the optimum balance lies regarding field force size.

### Evolving Field Roles

Given the shifting environment, the sales rep role is likely to change, evolving to one that must deliver high-value interactions in digital and face-to-face environments, build strong relationships, and provide added support to HCPs beyond what they can access via digital resources.

Related to this, there is a significant opportunity for a compliant single customer-facing “unicorn role” that combines medical, sales, and access capabilities, especially in those areas such as rare diseases where customers demand quite a lot from pharma.

Companies are also starting to consider what an in-house sales and/or medical organization looks like.

In any case, the typical sales rep skill set will likely change along with the role. For example, reps will need:

- To be more technically savvy to manage remote / digital engagements.
- To be more scientifically-oriented, as direct interactions will focus more on high-value discussions.
- A balance of selling skills and call center skills.

There will be increased importance on account management (“quarterbacking”). Coordination across functions within a company will be more critical, with the onus on the biopharma company to execute flawlessly. The account “gate-keeper” will need to listen to customers to understand their needs and subsequently bring in the right people to solve patient and value issues, as they arise.

The role of field medical affairs will also increase in importance, and most leaders in the group anticipate an increase in the size of their medical field teams.

Like reps, medical teams will need to be more technically savvy, though there is potentially less anticipated

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**“Our medical team ran at 100% activity during the pandemic because they brought the medical relationship (‘How can you help me best treat my patients?’).”**

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change in the MSL role overall or the hiring profile. One caveat: Medical Science Liaisons (MSLs) will need to be hyperaware of compliance as virtual engagements run the risk of screenshots and screen recordings.

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## Field Force Interaction and Peer to Peer Exchange

As customer needs and preferences drive changes in how biopharma companies deploy communications resources and field teams, customer interactions will evolve as a result. In addition, the methods that HCPs use for peer-to-peer exchange will shift.

As mentioned, field force interaction will become a hybrid of face-to-face and virtual with an increased importance of relationships. Digital will not completely replace face-to-face

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**“Culture matters. In Latin America, if we went digital, we’d lose relationships.”**

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interactions, instead supplementing them to allow for more virtual. Cultural norms will cause differences by region.

The group expects the following changes in field force interactions with customers:

1. Overall reach will increase due to digital channels but the frequency of face-to-face interactions will decrease.
2. Matrix calls (joint medical/sales or access/sales) will be more prevalent and functions will partner more closely.
3. The focus of conversations will be more around access and RWE, especially for mature products.

Customer-facing team members who lack existing relationships will be at a distinct competitive disadvantage in a virtual setting.

Peer-to-peer exchange will continue to be important. Biopharma com-

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“I can easily bring in a KOL from a top institution virtually without travel expenses and time costs, which are the limiting factors in face-to-face.”

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panies will find innovative ways to facilitate this in the new environment. Some key changes and considerations are below:

1. Congresses will take a hybrid approach with smaller and more focused face-to-face congresses for top KOLs and digital congresses for the broader audience.
2. Pharma will be creative in digitizing advisory boards, such as a chat-based platform where physicians

can write in comments over a two-week period.

3. Social media has untapped potential with the ability to provide concise and to-the-point bits of information.
4. There is increased opportunity to facilitate remote interactions with multiple physicians, preparing questions for discussion.

Biopharma companies that help facilitate peer-to-peer exchange in new and useful ways will gain a competitive advantage.

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## Metrics

When roles and interactions change, so must the metrics companies use to measure results. Advanced data analytics will be required to understand

the impact of digital engagement methods.

Selected traditional metrics will remain important such as reach, key message recall, and direct customer feedback. However, remote engagement metrics will become increasingly important. Examples might include the rate or frequency of online resource utilization, the length of interaction with digital resources (an indicator of quality), and the number of customers on a call.

The “new normal” is likely to result in an increase in total engagement due to remote approaches and digital resources, even as face-to-face frequency drops considerably. To help ensure a rise in total engagement, however, digital / remote resources must be of high-quality and be perceived as valuable by the HCPs.

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## Thoughts on the Degree of Innovation and Speed of Change

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As mentioned before, biopharma companies will adopt changes to varying degrees and at different rates. The degree of change will be defined by some key factors, including:

1. **Leadership Vision and Desire to Innovate** – Companies whose leadership sets an innovative vision will push the boundaries for change.
2. **Complex Therapeutic Area** – For example, oncologists were forced to innovate work processes to protect at-risk patients during the pandemic, and therefore may be more open to change moving forward. Innovations made in oncology could be adopted in other areas, too.

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“As an HCP, if I am doing telemedicine with patients, I am also doing tele-calls with reps.”

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3. **High Customer Centricity** - Rare diseases require increased customer centricity to ensure patients are effectively diagnosed and to support patients on therapy. Pharma can supplement face-to-face interactions with digital to increase the number of touchpoints and provide more value to customers. Again, some innovations made in rare

diseases may have utility in other areas and then be adopted more broadly.

4. **High Patient Engagement** - Patients who are more knowledgeable and engaged in their treatment journey are more likely to proactively seek information and support through alternative channels, such as telemedicine. Pharma can focus on solutions that help patients gain access to the right information and treatment through these channels.
5. **Risk Tolerance** – Companies with mature, market-leading brands may be more reluctant to change out of fear of disrupting the status quo and falling short of forecasts.

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The speed of change will primarily be driven by internal factors:

1. **Leadership Engagement in the Change** – Companies whose leaders actively drive the change will make progress, while those leaders who aren't active will fall behind.
2. **High Agility** - Smaller biotechs can generally make decisions and execute more quickly than a big pharma company with bureaucratic processes.
3. **Current, Ongoing Change Initiative** - Companies undergoing an organizational restructure or change management may have an opportunity to re-think their customer engagement strategy and move

“Innovation and risk tolerance will be driven by individual and company culture.”

more quickly.

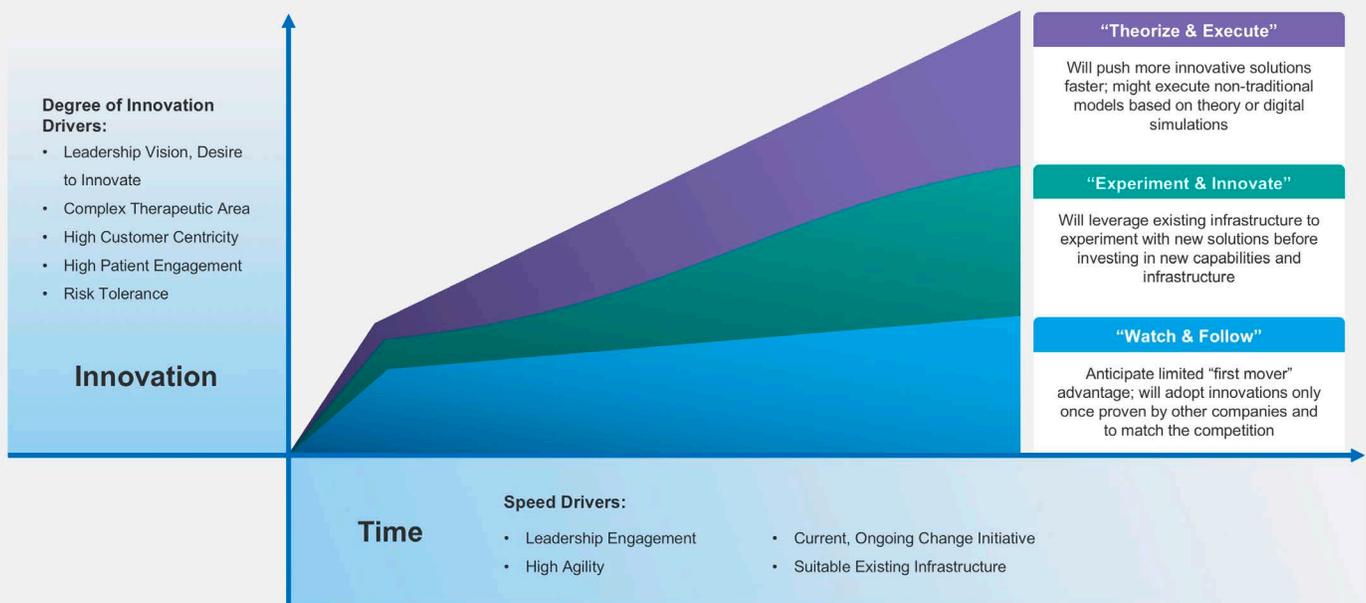
4. **Suitable Existing Infrastructure** - Companies with existing infrastructure (e.g., those who adopted a hybrid working style for reps before the pandemic) may find it easier to evolve in other aspects of the organization.

Over time, companies will fall into one of three categories based on how thoroughly and quickly they implement changes to their engagement models:

1. **“Watch and Follow”** – These companies will see no advantage in being the first mover. They will adopt innovations once proven by other companies and to match the competition.
2. **“Experiment and Innovate”** – These companies will leverage existing infrastructure to experiment with new solutions before investing in new capabilities and infrastructure. For example, a company might use a vacancy to experiment with a virtual territory.
3. **“Theorize and Execute”** – These companies will push more innovative solutions faster. They might execute non-traditional models based on theory or digital simulations.

**Figure 2**

Categories of biopharma companies based on degree of innovation and speed of change.



## A Framework for Decision-Making

Change is definitely happening in the healthcare environment, and that change is forcing biopharma companies to adjust. Each company is different: they face different market environments, different competitive circumstances, different customer types, and different organizational dynamics. So, each must decide for itself how much to adjust (and how fast).

Making those decisions can involve a significant amount of complexity, with many variables to consider. It's impossible to reduce that process down to a simple framework that addresses all possible considerations. However, we can outline a simple framework to help structure the thinking involved. This framework involves the following steps:

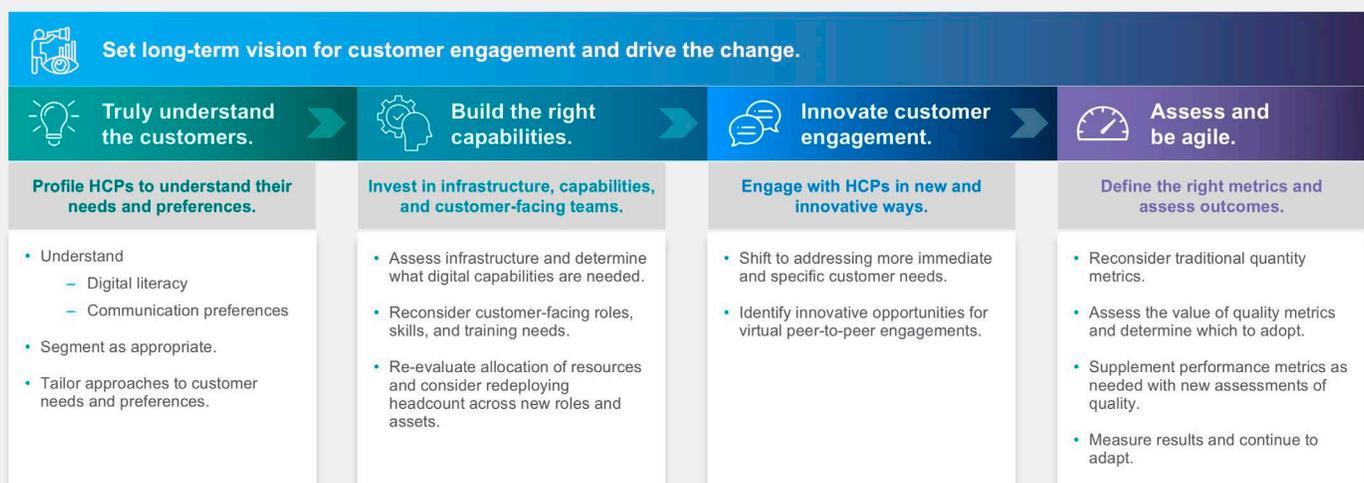
1. **Set a long-term vision for customer engagement and drive the change** – Leaders must set and communicate their vision for how their companies will engage with customers in the future. Then, they must actively drive the change through ongoing change management, communication, and training. Moreover, leaders need to enable the organization to quickly identify and address barriers to change, as there will be many.
2. **Truly understand the customers** – If a biopharma company hasn't already profiled its HCP customers to understand their levels of digital literacy and communication needs and preferences, then this should be its first step. Ultimately, that information will help segment

customers and inform efforts to tailor outreach and channels to their needs.

3. **Build the right capabilities** – Once a company understands its customers' needs and preferences, it will need to assess its infrastructure and determine what new capabilities are needed, particularly in the digital space. Likewise, it must understand how its customer-facing roles will need to change, including their activities, required skills, training, headcount and organizational structure. Initial investments will follow to put the desired changes into action, most likely in a phased manner. This will allow the company to begin reallocating resources, implementing key changes, and assessing the results before moving

### Figure 3

Simple framework for adapting customer engagement approaches:



*While seemingly linear, companies should take these steps in parallel and iteratively as much as possible*

on to the next area(s) of change.

4. **Innovate customer engagement**

– In conjunction with building the right capabilities, companies will need to develop innovative ways to engage with HCPs. As discussed earlier, this will likely involve a shift to addressing more immediate and specific customer needs as well as innovative ways to facilitate peer-to-peer engagements.

5. **Assess and be agile** – New metrics are going to be needed to assess outcomes. In particular, companies must be innovative in how they measure the quality of interactions with HCPs, ensuring that the digital resources they provide are seen as valuable. Along the way, companies

must deploy these new metrics, measure the results of their efforts, and be nimble enough to make adjustments based on the data and customer feedback.

How a company has addressed the elements of this framework will also impact which category the company should fall within. For instance, if a company hasn't built the right capabilities for engagement it could have a difficult time being an early innovation leader ("Theorize and Execute").

As time goes on, the COVID-19 pandemic will fade into the past, hopefully becoming just an unpleasant memory. However, its presence with us today is forcing the biopharma industry to adapt in the near-term. As companies

adapt, they are challenging some old assumptions. Is face-to-face interaction always superior to remote or non-personal means of engagement? Do we actually need field sales forces to be as robust as they have been? Is it actually possible to combine medical and sales roles in a compliant manner? Does peer-to-peer engagement always have to involve face-to-face meetings and congresses? Moving forward, the answers to those questions are going to look different than they did in the past, and the changes that result will live long past the demise of COVID-19.

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