The Future of the Commercial Model

SNAPSHOT OF AN INDUSTRY IN TRANSITION

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NUMEROF
& Associates

Introduction

For some time now, changes in the structure and dynamics of the healthcare market have been eroding the effectiveness of the commercial model on which most manufacturers rely. Consolidation has created fewer, larger customers with greater leverage. The physicians who once drove purchasing decisions are increasingly employed in large, integrated delivery networks, and are only one among many voices in product purchase decisions. And even before the pandemic, organizations that were increasingly sensitive to cost had begun to restrict access by representatives to physicians. Fundamental changes to the commercial approach have been in the wind for quite some time, but concerns about ceding customer facetime to the competition had put a damper on these changes.

The Covid-19 pandemic *permanently* changed all that. As the volume of Covid patients soared, providers closed offices, cancelled elective procedures, redeployed staff, and shut out manufacturers' representatives. Manufacturers adapted their engagement efforts to virtual means. While many hoped these changes would be temporary, almost 4 years later many restrictions are still in place – physicians are stretched thinner than ever before, staffing is tight, and access in any form is in very short supply.

But that is no longer the only challenge. In most delivery organizations, the volume of high-margin procedures has rebounded somewhat but is now constrained by staffing shortages. This has left many organizations in continuing financial distress, raising cost concerns even higher than they were pre-pandemic.

Meanwhile, provider and payer integration has intensified *significantly* in the past year. Physician practices and community hospitals are being acquired by large corporate entities and IDNs; payers are acquiring providers; and large insurers have acquired PBMs (e.g., CVS/Aetna, Cigna/Express Scripts, UnitedHealthcare/Optum Rx) and control significant access. Product adoption decisions, as we predicted, have continued to become more centralized and subject to more strategic and economic criteria.

At the same time customers are selectively seeking product information, especially as the scientific complexity of these products increases and the relative value of one over another for a given patient often requires technical discussion. Given their experience at the height of the pandemic, customers became accustomed to using alternate communication channels to obtain needed information – without the need for on-site representatives. Given that experience, many, though not all, are open to and often seeking such channels that are more efficient, effective, and best suited to their own communication preferences. All of this makes the conventional commercial model that much more out of step with decision-making reality on the ground, accelerating the need for change.

As a leading advisor to management in customized approaches to product and service commercialization, Numerof has committed to conducting ongoing research to develop data on the changes and trends we see happening in the field. As much as all stakeholders looked forward to a return to normalcy three years ago, it's become clear that the "new normal" will be different in many ways from the past. This year's report summarizes the changes in play, the lessons learned, and highlights the challenges that will need to be addressed going forward.

About Numerof

Numerof & Associates is a strategy consulting firm that provides customized strategic and operational solutions for a wide range of commercialization challenges across the healthcare industry. Our clients include global pharmaceutical, medical device and diagnostics manufacturers, healthcare delivery, and payers. Our work spans enterprise-wide payer management strategies to product pricing, launch and market access, major account management and business intelligence. We bring a unique cross-disciplinary approach to engagements designed to sharpen strategic focus, increase revenues, reduce costs and risk, and enhance customer value.

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Methodology

In conducting this research, Numerof wanted to explore the longer-term changes manufacturers have continued to see in the market – specifically, the extent to which the pandemic and recent market shifts (e.g., staffing shortages, policy events such as the IRA) have accelerated ongoing efforts to reconceptualize their commercial models. We conducted a qualitative survey of 103 executives from 35 pharmaceutical and 9 medical device companies to gather insights and perspectives. Small-, medium-, and large-cap organizations were selected to ensure broad representation.

Topics explored during confidential 1:1 interviews included critical changes in the business environment and the extent to which companies are making changes to their commercial models in response. The topics were organized into the following categories:

1. Customer Engagement Mix

- Use of digital technologies to engage customers (e.g., video conferencing, social media, etc.)
- Determining the optimal communication mix based on customer type/ preferences
- Investing in analytical tools to identify customer engagement preferences that generate maximum impact
- Training representatives to meet different demands (e.g., leading meetings for a virtual audience)

2. Strategic Account Management

- Developing strategies for calling on system-level executives
- Creating strategic account manager roles that are trained to leverage cross-functional resources, manage complex accounts, and field questions from clinicians and administrators regarding the economic and clinical benefits of the products they represent
- Training strategic account teams to develop business acumen; diagnose challenges and opportunities at an executive level; and translate needs into meaningful solutions
- Establishing mechanisms that ensure cross-functional engagement across sales, market access, Medical, marketing, and HEOR

3. Resource Redeployment

- Reducing the number of field-based representatives calling on individual physicians and/or rethinking territory and/or account approach
- Reallocating resources in skills and capabilities that more closely align with customer requirements

- Leveraging partner functions (e.g., Medical Affairs, HEOR) in customer engagement and other activities across the product lifecycle

4. Metrics to Demonstrate Success

- Implementing measures to track the impact of changes and progress to goals
- Translating metrics to reflect value for the business

5. Implications of the IRA

- Understanding impact on directly negotiated and in-class products
- Identifying new negotiation requirements and developing requisite capabilities
- Redefining pricing strategy and reassessing future growth implications

Specific attention was given to variation in response based on: 1) the type of company (pharmaceutical vs. medical device); 2) company size (small-, medium-, or large-cap); 3) product(s) stage in the lifecycle (early stage vs. mature products in market); and 5) therapeutic area.

This report summarizes insights captured from the interviews. While we spoke with executives who bring a global perspective, findings focus on the U.S. landscape.

Key Themes and Insights

As described above, Numerof explored the way manufacturing organizations adapted their commercial models in response to the market shifts described earlier. Broadly, five key areas were addressed: 1) customer engagement mix; 2) strategic account management; 3) resource redeployment; 4) metrics to demonstrate success; and 5) implications of the IRA.

1. Customer Engagement Mix

In most organizations, 50-70% of customer engagement is now through virtual means.

There has been a dramatic change in the way information is communicated and conveyed. While virtual interaction had an unprecedented spike *during* the pandemic given access restrictions, interviewees reported that virtual interaction has been reduced as access has largely reopened. That said, virtual has continued to be payers' and providers' preferred method of engagement as they struggle with limited bandwidth. Several interviewees noted that physicians do not have a lot of time to meet with sales representatives during their workday, given increased workloads. They generally prefer to have a limited number of meetings *virtually,* as it's more time efficient. Most manufacturers have continued to use communication techniques such as email blasts, digital outreach, digital conferencing, and social media platforms.

In-person meetings will continue to have value, but in specific situations related to factors like stage of the product lifecycle, therapeutic area, and nature/size of business.

Interviewees thought in-person interactions were valuable in "bigger" meetings where it's critical to build relationships and gauge real-time customer reactions. These included: conferences and conventions to introduce a company; new technology or indication expansion; new data availability; deals related to product purchasing and contracts; initial product education in support of launch, etc. Maintenance meetings and touch-bases were described as lending themselves to virtual and email communication. These trends were consistent across therapeutic areas. One interviewee noted that the level of competition, complexity, and unmet need in a therapeutic area determined the optimal approach.

"TAs with greater competition, unmet need, or more rapidly evolving science require a much different approach than those TAs which are less dynamic."

Interviewees in global roles highlighted differences in engagement preferences between countries. Customers in some regions continue to see in-person meetings as the norm and even a sign of respect (e.g., some parts of Asia, Europe). Others are more "tech-savvy" and have adopted remote interaction (e.g., China).

"We're starting with a blank sheet of paper, listening to what markets need, and tailoring approaches to individual markets."

Companies, particularly large and mid-cap organizations, are investing in digital capabilities to tailor content based on segment or customer preference.

Manufacturers are adopting **digital marketing and data analytics techniques** from the consumer industry to determine the right content for the right customers. The intent is to customize outreach based on customer profiles and preferences. That said, interviewees noted that the pharma industry still needs to learn to leverage these technologies to their full potential.

"We are engaging powerful tools that many consumer-focused companies are using to get feedback almost hourly on who is accessing your content and how. Yet in life sciences our regulatory environment does not allow us to make meaningful changes on the fly using this data. Therefore, we're still not at the point where having the latest and greatest technology really is an advantage."

In addition, several companies have adopted "**omni-channel engagement**" to tailor a customer engagement program that is multi-pronged and customized to reflect varying preferences and needs.

"What I've seen evolving and becoming more effective is the omnichannel approach, which includes a more intelligent design and personalized approach to the interests of the customer."

"We don't want to assume a uniform approach across all customers. It's about how you blend, acknowledging it's not the same for every customer."

Other technology applications include a "**virtual showroom**" to allow for remote customer showings of complex medical equipment. Historically, customers would fly in for a "first-pass" to look at equipment. Now, they're able to conduct that first round (vetting stage) virtually, saving everyone time and money. In-person visits are reserved for the final stage of efforts to close the deal. Related to HEOR/RWE studies, one company is exploring innovative techniques for **clinical trial recruitment and monitoring**. These include web-based patient enrollment, BYOD (bring your own device) for home-based monitoring, and apps to track AEs or "daily diary" type information.

Openness to new marketing/customer engagement technologies was more often found in large and mid-sized organizations, along with significant IT resources. Smaller companies tended to use more conventional platforms and deferred technology investments.

Companies are strengthening virtual engagement capabilities to ensure the effectiveness of outreach efforts.

Several interviewees noted that customers were overwhelmed with virtual meetings and digital content such as "push emails", so that many end up filtering out such information from their inboxes. Hence, these efforts in fact lose impact with customers.

"The blast approach is simply an electronic version of the old commercial model of trying to do anything you can to get some level of contact. The expected ROI for that type of communication is likely very low."

"It has become increasingly difficult to get a customer to pick up a phone or click into a virtual meeting and they will jump off as quickly as possible."

Interviewees saw the opportunity to further refine their virtual outreach approach in a much more targeted and discrete manner. Some companies are training field representatives on how to effectively manage a virtual visit, while others are simply bringing in new talent with more experience in the digital space.

2. Strategic Account Management

In the new healthcare delivery landscape, "physician as account" is being replaced by "IDN as account."

Interviewees collectively agreed that customers look very different from how they looked even just 5-10 years ago. For manufacturers, customers are fewer and larger as hospitals consolidate into integrated delivery networks in the face of rising cost pressures, stiffer financial penalties, and the imperatives of ongoing healthcare reform. Swim lanes have blurred between payers, PBMs, HCD organizations, and distributors. Each of these complex organizations has a different strategic focus, different business components, different cultures, and are at different stages of integration of their own recent acquisitions.

Interviewees noted that key decision-makers are no longer a broad set of individual providers but select senior executives (C-suite) and population-based decision-makers (PBDMs) who sit on administrative committees in these large enterprise accounts. They questioned if their current sales model targeting *every* prescriber (often described as an "army of sales reps" or a "feet-on-the-street" approach) was still effective. Instead, many organizations are now shifting their models to target select influencers, decision-makers, or committees that truly drive purchasing decisions, as they are finding this approach yields greater ROI.

In light of continued pricing pressure, limited access, massive consolidation in healthcare delivery, and trends toward centralized formulary decision-making and internal controls, companies are implementing more sophisticated approaches to strategic account management.

Manufacturers are in varying stages of building account management teams with the leadership, expectations, competencies, and incentives needed to manage major accounts strategically.

Commercial leaders are creating teams that include National Account Managers, Key Account Managers, or Strategic Account Directors to call on IDN C-suite level administrators and payers. They focus on: serving as the "quarterback" for the account; identifying target accounts that generate the greatest value to the business; mapping key influencers and decision makers; developing account plans; ensuring tighter internal coordination and planning across functions; working efficiently in matrix meetings, appropriately engaging the right expertise based on customers' questions; developing skills and capabilities to engage in sophisticated discussions with PBDMs; and enhancing engagement materials to resonate with cross-disciplinary stakeholders.

"Now it's more structured. We have an account team with a Quarterback, and medical, legal, etc. going the whole 9 yards."

"This is where key account management becomes important. It's an area that has been under-resourced but has potential, and we are putting more investment and resources there."

Leaders are recognizing that customer engagement requires a different skillset than what has traditionally been needed.

With more centralized decision-making, field-based staff (e.g., account managers, MSLs, sales reps, etc.) need expanded capabilities to succeed in a new, more complex sales process. Individuals must demonstrate a level of business acumen that enables them to quickly zero in on target accounts, navigate and build relationships at the administrative leadership level, diagnose customers' needs, and translate how their company's products and services address these specific needs.

"We do well in the ground game, but as you go up into the funnel there are relationships we need to establish at higher levels. We need to be able to educate system executives and bring insights into what we can provide from a corporate standpoint."

"We're intentionally taking a more a customer-centric approach – ask what's valuable to customers, understand deeply what impacts their overall day, what pressures they're facing, their key metrics and KPIs they're striving to hit. What is meaningful in their lives? Then we tell a product story that's related to the customer's pain point, not just related to features and benefits of products. We have ways to go, but we've hit our stride with being more attentive and developing actionable solutions."

Some organizations are training field teams to increase their knowledge and awareness of customer organizations (e.g., understanding their care delivery pathways, quality metrics, productivity goals, how decisions are being made, formulary processes) and translate insights into meaningful business solutions.

"It is increasingly important to know the customer and how their organization operates. That becomes part of the equation for ease of access and utilization. We focus more on this now than we ever did 5 years ago."

"We must understand healthcare finance and how to dissect the business – how you read an annual report of a healthcare organization, how it is performing in terms of medical loss ratio and STAR scores and identify the problem we can solve. We need to equip team members to go in and say, 'we've analyzed the business, see the scores, and believe we have solutions.' If I'm a CEO, now I have undivided attention."

Manufacturers are expanding value messaging beyond the product.

Historically, manufacturing organizations have focused on the clinical aspect of *specific* products. While evidence of clinical efficacy remains table stakes, decision-makers and purchasing committees within IDNs are increasingly seeking information on the operational and economic aspects of delivering the therapy including reimbursement, contracting, price relative to standard of care, and solutions to enhance existing processes (e.g., better or faster diagnosis, improved quality, or outcomes reporting, etc.).

"Healthcare leaders want to know the 'what' (i.e., what a product does), but also the 'how' (i.e., steps to ensure coverage/reimbursement)."

Importantly, interviewees, particularly from large companies, noted that customers are also looking for holistic solutions that optimize care across a broad population or disease area. These organizations are investing in efforts to demonstrate "above-brand" value.

"My role is not based on specific product sales volume, but overall company performance. This allows my team to do non-branded work, explore innovative concepts such as quality improvement initiatives – we're beginning to step away from product/brand."

For many organizations, strategic account management is still a work-in-progress, but they're determined to crack the code.

For many interviewees, there have been challenges in gaining alignment on a strategic account management approach across different levels in the organization.

"It feels radical, though far from smooth as it's turning the whole organization upside down. It's normal for such changes to not be smooth initially, but I'm an advocate for this change."

Several leaders have experienced resistance from field staff in moving to a different approach – driven by limited understanding of the rationale for the change and the value it will provide.

"We now have a detailed implementation plan (changing structure and numbers of folks in different roles/positions), but the *real* challenge is execution i.e., 'doing it' and 'changing the hearts and minds of the people doing the work.' Intentionally changing the rhythm of what people do is hard...while delivering the business results."

One senior executive noted that tension between different roles in an account team (as between a sales representative and an account director) was common. Confusion around responsibilities created a sense of 'stepping on toes.' In contrast, this leader's organization had made a special effort to establish clarity in roles and responsibilities, define boundaries, and create awareness by each person of their purview and when to engage other in-house staff, based on customers questions (e.g., HEOR, Medical).

"We worked to separate and clearly define who is doing what, roles and responsibilities. Setting expectations eliminated a single person from doing all the work and others feeling confident that they are not getting replaced. It's principles of change management."

3. Resource Redeployment

In light of increasing consolidation, evolving decision makers, and access challenges, many interviewees noted they're moving towards smaller sales teams that target key KOLs and clinician influencers and away from the traditional top decile targeting of prescribers.

This marks a nod to the fact that for years the "army of sales reps" or "feet-on-the-street" approach was expensive and increasingly ineffective.

"The old engagement model with focus on individual physicians is perhaps not dead but certainly has been relegated to a much smaller audience and segment of the market. The old model is not able to show the ROI it once did. And due to its expense coupled with its lower effectiveness, the organization is moving it to a lower priority."

"Just throwing more people out in the field has gone away. We're much more attentive and sensitive to right sizing the team based on target customers."

In addition, interviewees argued that limited physician time and increased virtual interaction call for a smaller salesforce. A few companies reduced their sales force by up to 70% and found that they could generate the same level of sales (or more).

Interviewees consistently questioned the need for a vast salesforce, since face-to-face time with clinicians has been significantly restricted.

"To cover a geography or area, you need a fraction of the people if 90% of the interaction is not face-to-face. You don't need a large sales force of 1,000 to make those calls because they don't have to do all that traveling."

"We realize we'll need to continue to innovate and utilize technology, yet we also realize a certain percentage of customers need some level of face-to-face support and interaction; this and product mix will be what drives the size and level of field organization."

Companies are re-investing sales budgets in other functions to better address customer needs.

As customers scrutinize purchasing decisions more heavily amidst financial pressures, they're asking for sophisticated, data-based evidence pertaining to new therapies and their cost-effectiveness.

"Customers' attitudes now are – 'don't tell me how good your product is, I can read the science. Instead, help me understand where I should be using your product; what treatment algorithm does it fit into; and which patients at what stage should I be using it with? What combination opportunities should I be considering and where/how do I get the best outcomes for my patients with it?'"

Recognizing the sophisticated, complex information sought by customers, some companies are re-allocating resources to build highly specialized field teams to engage with PBDMs. These individuals are equipped to have deep clinical, technical, or health economic conversations with cross-disciplinary stakeholders.

"We've talked heavily about creating a super field force kind of person that has the scientific background to go deep in sales interactions, particularly when it comes to off label discussions."

"The old 'push model' of face-to-face is being replaced with more meaningful and in-depth medical and scientific conversations. The sales rep of the past is less able to deliver what the customer is asking for and needs."

Medical Affairs and Market Access are particularly well-positioned to play a strong role in customer engagement to speak to clinical and economic differentiation.

As one commercial leader accurately described, "Companies must embrace the 'three–legged stool' as a recipe for success. Historically, it was Marketing and Sales that drove the revenue and dictated the commercial model. The market has quickly evolved to require Medical and Market Access to play much more prominent roles in the success of a product or portfolio. The market demands scientific proof of value, and we need to engage the large, organized customers strategically and in a more sophisticated fashion to be successful."

Beyond customer engagement, most interviewees when asked also recognized the important role of these functions across the product lifecycle – providing critical input from new product development and BD, evidence generation, and launch. However, only a few had implemented rigorous processes to ensure cross-functional input was captured and disseminated across the organization. One leading manufacturer has formalized the role of market access across product lifecycle activities, with BD and evidence generation plans requiring sign off from all cross-functional leaders including Global Market Access.

In addition, companies are also investing resources in other areas that are increasingly important for payer and delivery organizations, including: ensuring diversity and health equity issues are considered in clinical trial design and access to care; RWE studies to monitor outcomes and gather evidence to support value-based contracts; investigator-initiated studies; evidence generation for early assets; and population health research to identify the clinical unmet needs of specific populations and subgroups that would most benefit from a therapy.

4. Metrics to Demonstrate Success

Companies are struggling to define the metrics to demonstrate the impact of commercial model changes (e.g., strategic account management, smaller, more focused sales forces, omnichannel engagement) vs. traditional feet-on-the-street.

Most interviewees reported challenges in demonstrating the impact of their new commercial approaches (characterized by omnichannel engagement, strategic account management) to senior leadership. Hence, some have failed to convince C-suite leaders and/or the Board to continue to build on commercial model changes and maintain investment in needed capabilities.

"Nobody thinks we get as much out of omnichannel interactions as we have from historic sales relationships. I have yet to see compelling information to say omnichannel engagements are yielding the same results. But cost savings are intriguing; so, we're trying to determine where we'll get more bang for the buck."

"The real question for my commercial colleagues is, 'are we seeing similar reliability from other commercial models as we are with the traditional model?' So far, the answer is no."

"The effectiveness of digital continues to be a moving target. We are not confident that we are really reaching the targets we need to reach effectively with this format."

Interviewees attributed the challenge to not knowing the right metrics or results to monitor. Often, interviewees thought their current metrics capture volume (e.g., number of calls) vs. value.

Companies are focused on defining appropriate "impact" metrics, though many noted challenges in defining what "impact" means in their organization for most functions except Sales. One organization gathered customer feedback through surveys on factors such as: perceptions of the company's value, customer experience and satisfaction, and preferred communication channel. Response rates have been low to date, and it's unclear how the perceptions captured translate into economic value for the manufacturer.

5. Implications of the IRA

Manufacturers are rapidly evaluating the near- and long-term impact of the IRA and expect the new law to pose a significant threat to ROI. Reductions in force have begun in anticipation and R&D pipelines have been pruned.

With new pricing and negotiation requirements, several manufacturers are conducting deep analyses of the implications, i.e., pressure testing current pricing strategy to insulate products from IRA-associated rebates while ensuring optimal ROI. Importantly, while the IRA will be limited to specific drugs, interviewees expect the law to have broad effect on their portfolios. Negotiated products will serve as a reference price, forcing manufacturers to offer deep discounts on competitor products to capture share.

"Even if you do not have a product that is scheduled to be negotiated by the government in the first couple of rounds starting in 2025, you are naïve if you don't feel you will be affected by the IRA."

"While our product will likely not be subject to the IRA in the near term, it will catch up very soon in the negotiation process. We have products in the same class as negotiated drugs, and expect that once the decisions are made, it will have some level of trickle-down effect on our portfolio, too. It's a class effect."

Manufacturers are reassessing future growth areas to mitigate the impact of the IRA.

The IRA raises the risk associated with drug development given a narrower ROI window. To maximize returns, manufacturers are revisiting their pipelines to identify disease states/products that are most insulated from government price controls such as biologics and non-elderly disease states.

“I met with R&D and BD to look at implications for pipeline products. How should we begin thinking about prioritizing projects? We’re evaluating small vs. large molecule, potential pricing, patient copay implications, channel mix of patients from commercial or government pay, etc.”

“Anyone who is taking a ‘wait and see’, or ‘it won’t affect me’ approach will be on the outside looking in very soon. They are not considering the indirect impact this will have on them and their portfolio.”

Furthermore, the IRA has diminished the revenue potential of the U.S. market – one on which the industry has historically relied. Consequently, manufacturers are seeking alternate sources of growth and revenue to mitigate risk, including lower- and middle-income countries. The legislation has served as a wake-up call for companies faced with the reality of potentially draconian price cuts and the need to rethink core R&D assumptions, underlying profitability, and commercialization strategies.

Conclusion

It is clear from our research that the commercial model is rapidly changing in ways that most companies did not predict three years ago. There's *broad recognition* that the global pandemic, coupled with significant policy and economic pressures, accelerated the need to make significant changes. Manufacturers are at different stages of commercial model evolution. The pace and scale generally reflect company size, business and customer focus as well as geography. Critical changes include:

***Strategic account management*:** Motivated by unprecedented consolidation among payers and providers and the resulting increased market influence, interviewees largely agreed on the need for a highly sophisticated approach to large, complex accounts. "Call reach and frequency" is no longer a dependable sales formula to succeed in the new healthcare landscape. Some organizations are focused on implementing strategic account approaches that require: better integration of medical, market access, and HEOR staff; new capabilities required to influence decisions; and the development of more effective strategic relationships. At the same time, even those interviewees who are further along in the journey consistently noted that challenges persist, i.e., ensuring clear division of roles, responsibilities, and smooth hand-offs across different members of a cross-functional account team. Clearly, strategic account management is still a work-in-progress for most organizations, but an area that some are committed to address.

Omni-channel customer engagement: While in-person meetings will *always* play a role in the interaction mix, they will not be imperative all the time or even relevant for all customers. With up to 70% of customer engagement through virtual means, old assumptions about marketing approaches and field force staffing ratios are no longer valid in a consolidating, more value-conscious market. Manufacturers are offering more engagement options based on customer preferences and bandwidth. While smaller organizations still largely rely on video conferencing, larger organizations are investing in novel customer interaction technologies to improve customer experience, including AR/VR (in medical device companies), social media, "push" notifications, apps, etc.

***Policy responses*:** Globally, manufacturers face new negotiation requirements and potentially devastating financial consequences. In the U.S., the IRA represents perhaps the most significant legislative change for the pharmaceutical industry since the passage of the ACA and Medicare Part D. Shouldering the expense of getting effective drugs to market is already a herculean and risky endeavor. Limiting profitability, as price ceilings explicitly do, risks innovators' willingness to develop new drugs. To mitigate risks and ensure business sustainability, manufacturers are rethinking core R&D assumptions, underlying costs, profitability, and commercialization strategies.

While there's clearly movement towards a model that meets the needs of a major market in transition, *significant questions remain*. Gaps persist in effectively realizing customer engagement to ensure resonance across stakeholders and organizations. There is increasing recognition that the competencies that are needed – particularly related to diagnosing the needs of complex accounts to inform key business activities – will require investment and focus, discipline, and follow through to realize. Importantly, even leading companies continue to struggle to define meaningful metrics to monitor impact and inform continued refinement to their commercial approach.

Going forward, there is no one-size-fits all. Many factors shape what the optimal model will be for any given organization. The journey ahead will not be easy, nor will it be linear. But it's a critically important journey. Indeed, the success of pharmaceutical and medical device manufacturers depends on their ability to get this right. And our society has a vested interest in ensuring that they do.

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