

# 5 Omnichannel Requirements for Field Medical Success

Field medical leaders and MSLs share their perspectives on an omnichannel approach to engagement



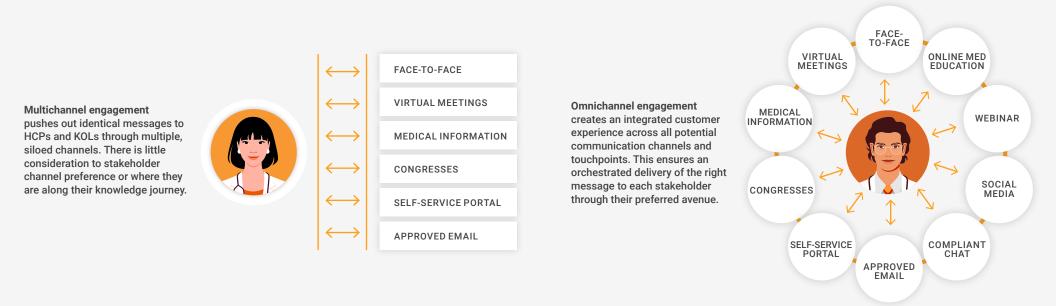
Look at almost any life sciences company's medical strategy, and you'll likely find "omnichannel engagement" as a central theme. Yet, medical teams often struggle to define what omnichannel really means and how to apply it to field teams, which creates barriers to successful implementation.

In a survey of more than 80 medical science liaisons and field medical leaders at a Veeva workshop during the 2022 Medical Affairs Professional Society (MAPS) Global Annual Meeting, only 3% said they had an omnichannel engagement plan and capabilities to deliver it within their organization. And two-thirds (66%) said they lacked a roadmap and the foundational capabilities to achieve the omnichannel vision.

What creates this disconnect between the omnichannel vision and the execution? Often, the home office creates the omnichannel strategy with broad cross-functional input from teams such as medical communications, digital strategy, and IT. But field medical teams need to take it a step further and understand how omnichannel impacts them. What strategic value does it bring? How does it change their engagement approach? And what are the consequences of failing to adopt it?

To answer these questions this eBook explores five core requirements for building an omnichannel strategy.

MULTICHANNEL ENGAGEMENT



To learn more about engaging, with a customer-centric, omnichannel approach read "A Blueprint for Medical Omnichannel Engagement".

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OMNICHANNEL ENGAGEMENT

#### FOUNDATIONAL CAPABILITIES FOR SUCCESSFUL OMNICHANNEL ENGAGEMENT



### Develop a compelling use case

One of the first and most important requirements of implementing an omnichannel approach is understanding the why, says Robin Winter-Sperry, MD, global field based medical lead at Ipsen. "Why is omnichannel engagement important to your organization, the field medical team, and your stakeholders? A clear and compelling use case would serve as the north star that guides your omnichannel engagement approach."

According to MAPS workshop attendees, the value they see in using an omnichannel approach includes:

VALUE TO FIELD MEDICAL	VALUE TO THE ENTERPRISE	VALUE TO STAKEHOLDERS
<ul> <li>Efficient and easy to use</li> <li>Increased customer insights</li> <li>Targeted approach to engagement</li> <li>Enhanced field scalability</li> <li>Improved access to hard-to-reach stakeholders</li> <li>Better understanding of HCP across the organization</li> <li>Ensures access to latest version of information</li> </ul>	<ul> <li>Potential for improved cross-functional collaboration</li> <li>Improved analytics</li> <li>Point of differentiation from competitors</li> <li>Informs commercial, R&amp;D strategy</li> <li>Allows for development of next best action recommendations</li> </ul>	<ul> <li>Respects HCP needs, preferences, and time constraints</li> <li>Aligns content with information needs</li> <li>Ensures relationship-based conversations</li> <li>Creates personalized, holistic customer experience</li> </ul>

To avoid potential objections, attendees also listed common sources of pushback and how they would address them.

SOURCES OF OBJECTIONS	OBJECTIONS	HOW WOULD YOU ADDRESS THESE OBJECTIONS?
Medical affairs leadership	<ul> <li>Not digital experts</li> <li>Risk-averse</li> <li>Cost and resources</li> <li>Change management</li> </ul>	<ul> <li>Good sponsorship</li> <li>Articulate the value proposition</li> <li>Describe value of content refinement strategy</li> </ul>
MSL leadership	<ul> <li>Cost</li> <li>New systems &amp; processes</li> <li>Lack of good data flow</li> </ul>	<ul> <li>Articulate compelling efficiencies achieved</li> <li>Demonstration of value of field medical activities</li> </ul>
MSLs	<ul> <li>Fear digital engagement will replace their role</li> <li>Makes their role more commercial</li> <li>Knowledge gap</li> </ul>	<ul> <li>Communicate that doing this <i>for</i> the MSL and not <i>to</i> the MSL</li> <li>Proper training/upskilling</li> </ul>
Stakeholders	Unclear accountability	<ul> <li>Assign an omnichannel owner</li> <li>Avoid adding work to existing members</li> </ul>
Other sources	<ul> <li>Ownership of roles</li> <li>Implications of metrics driven goals to MSL team</li> <li>More rules around collecting HCP intelligence</li> </ul>	<ul> <li>Assign clear ownership</li> <li>Explain how metrics will substantiate impact of field medical activity</li> <li>Work with compliance upfront and throughout the journey</li> </ul>

While different functions and levels across medical affairs express different value propositions for omnichannel engagement, they all recognize the need to better understand stakeholders' educational requirements and modify engagement plans to best meet those preferences.



## Understand the omnichannel execution process

As organizations consider how MSLs will integrate multiple channels into their omnichannel strategy, it's critical to consider all phases of interactions with KOLs and HCPs.



FIELD MEDICAL OMNICHANNEL EXECUTION

**Prior to interaction:** The MSL uses customer intelligence tools such as **Veeva Link** to review the KOL's profile, focus area, and recent activities. They plan by accessing real-time KOL data directly in the CRM, along with a summary of the account plans and progress on engagement goals. They should clearly understand the KOL's sentiment, reaction to prior scientific messages, shared content, and a summary of their multichannel activity. This allows the MSL to tailor their engagement and select content to meet both the KOL's needs and the medical goals of the organization.

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**During the interaction:** The MSL uses Veeva Medical CRM to record multiple types of information such as the KOL's knowledge gaps, education needs, sentiment, and movement along the advocacy ladder, as well as insights regarding their experience with the product, suggestions for additional data generation, and future product direction. A systematic way to capture and tag this information appropriately and consistently allows better mining to iterate engagement planning.

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**Post interaction:** MSLs can follow up on exchanges with structured surveys or send CRM-trackable emails to capture the voice of the customer and share additional content. They can utilize the CRM to evaluate the interaction, record progress against stakeholder plans and objectives, and plan the next best action in line with strategic goals.

This omnichannel approach maximizes field medical team's time with stakeholders and determines the methods and topics they'll need at crucial decision points to equip HCPs and KOLs with evidence.

### Embrace technology and data to drive decisions

Omnichannel execution is an iterative process informed by continuous insights about stakeholder needs and preferences. Technology can help with the coordination and execution of engagement as well as the capturing of key scientific observations and interests.

"To customize and refine the engagement plan," explains Greg Christopherson, Ph.D., vice president medical affairs, Medline Industries, "there must be a structured capture of insights on and from the KOL mapped to specific KOL segments." Technology helps to automate the collection of these insights. For example, by utilizing the CRM to conduct engagements, the quantification of activities against the engagement plan and progress toward executing scientific goals across accounts, territory, and region is automatically recorded.

Similarly, Veeva Vault MedComms gives rich insights into the usability of content, such as frequency of use, length of use, and appropriateness of the content, including audience sentiment. These serve as additional insights into what MSLs manually enter in the CRM, helping the organization better demonstrate the impact of field medical activities.



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Greg Christopherson, Ph.D., vice president medical affairs, Medline Industries



Workshop attendees also prioritized technologies they saw as critical to supporting omnichannel engagement, discussed how to encourage adoption within their teams, and identified any potential roadblocks.

Which technologies does your field medical organization need to enable omnichannel engagement?	<ul> <li>CRM to coordinate and execute engagement</li> <li>Content repository to centralize scientific content</li> <li>Customer intelligence to identify experts and plan engagement</li> <li>Artificial Intelligence (AI) and Natural Language Processing (NLP) to suggest next best actions</li> <li>Analytics tools to analyze success</li> </ul>	
How can you encourage use of existing technology among MSL and MSL leadership?	<ul> <li>Make it easy</li> <li>Demonstrate the value and tangible ROI</li> <li>Share success stories</li> <li>Provide thorough training and documentation</li> <li>Identify program champions and executive sponsors</li> </ul>	
What are commonly provided reasons why field medical organizations do not leverage technology? What can be put in place to mitigate these challenges?	<ul> <li>Complexity and failure to meet user expectations (change management, training)</li> <li>Time constraints (demonstrate metrics, improved efficiency)</li> <li>Cost (value proposition)</li> <li>Unaware of compliance regulations (partner early)</li> <li>Lack of awareness (develop roadmap for implementation and socialize it)</li> <li>No integration between systems (identify and establish foundational systems)</li> </ul>	

Technology is a foundational element of omnichannel engagement as it provides coordination and process automation. The right technology can give MSLs real-time customer information, different options for engagement, accessibility to the right content, and, most importantly, the ability to gather insights and feed them into a larger analytics framework to show impact.



Encouraging change is as much a winning-of-hearts-and-minds challenge as it is a cognitive exercise of understanding the need for it.

Robin Winter-Sperry, MD, global field based medical lead, Ipsen

# Provide digital skills training

Investments in training need to occur to make any change sustainable. Winter-Sperry reminds us, "Encouraging change is as much a winningof-hearts-and-minds challenge as it is a cognitive exercise of understanding the need for it." Training needs to articulate a clear vision for omnichannel engagement, a compelling case for change, and an end-to-end process for implementation. MSLs will need clarity on expectations and responsibilities and often require additional technical knowledge about tools and new reports to track progress. KPIs should be practical, achievable, and straightforward.

To increase the likelihood of real change, medical teams should tailor training plans to specific needs, leverage mixed mediums and formats, and define bespoke learning paths for MSLs. Providing the field team with an interactive and engaging learning experience will be vital to transforming how they operate.

### Establish KPIs and track operational progress

Medical teams should constantly evaluate their omnichannel strategy using quantitative and qualitative metrics to iterate and optimize their approach. Some common measures are explored in the chart below. However, success metrics should be tailored based on the strategy's overarching goal.



#### Quantitative Measures

- Field medical use of stakeholder knowledge journeys
- Content usage metrics from digital channels
- Engagement touchpoints across channels
- Omnichannel execution against specific scientific objectives

Audience rate of interaction

(click through, page open, assets downloaded, etc.)



#### **Qualitative Measures**

KOL qualitative feedback on appropriateness of content, channel, frequency, and experience of engagement

MSL qualitative feedback on efficiencies attained

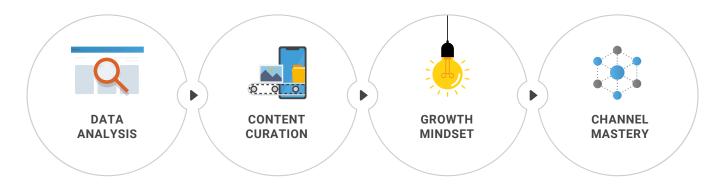
Leadership qualitative feedback on improved insight generation and enhanced audience experience

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Input from the wider medical ecosystem, including HCPs, KOLs, medical information, and medical leadership, is just as important as other measures, such as content usage or click-through rates.

### The future MSL

There continues to be extensive interest in omnichannel engagement initiatives by life sciences organizations. Successfully implementing this stakeholder-centric approach will not only require the key capabilities outlined above, but knowledge and preparation on the MSL's part to think and act differently. The future MSL will require training in advanced features of CRM, analytics tools, and information gathering approaches, as well as embracing the value omnichannel provides. Here are four areas for MSLs to focus on:



- 1. Data analysis. MSLs must consolidate information from multiple sources to curate a personalized KOL journey and experience. They need to capture and share actionable KOL insights to ensure valuable information is appropriately actioned and benefits the larger enterprise.
- 2. Content curation. To execute medical objectives properly, MSLs must utilize the full breadth of content available and deliver support tailored to the KOL.
- **3.** Growth mindset. They need to support and believe in the evolution of field medical in the industry. MSLs must be open to continuous learning and upskilling new capabilities, including digital ones.
- 4. Channel mastery. MSLs should be able to use a broad range of channels and clearly understand how and when to use each based-on KOL preferences. They need to drive best practices for tactics, next best actions, and automation to enable the best KOL experience.

To learn more about orchestrating an omnichannel field medical approach in your organization, visit veeva.com/medical.

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#### About us

Veeva Business Consulting can not only help you set your medical omnichannel engagement vision and strategy – we can translate it into a tangible, scalable reality with measurable results. We operate at the intersection of business, technology, and data to help transform medical's scientific engagement model and insights orchestration. Our offerings combine strategy, execution, unique insights, and platforms to help our customers deliver great HCP experiences that drive better patient outcomes.

#### **Contacts**

Louisa Peacock Practice Manager – Medical Business Consulting louisa.peacock@veeva.com

Holly Daly Principal and Team Manager, Medical Business Consulting holly.daly@veeva.com