

Getting Future Fit

A New Blueprint for
Pharma Marketers

O X F O R D



Getting Future Fit:

A new blueprint for Pharma Marketers

We can all agree that we're navigating a time of extreme uncertainty in the Pharmaceuticals, Biotech, and Life Sciences sector.

Whether it's demographic shifts changing the patients we serve and driving how they demand to be served, market shifts like ever-changing health system reforms, or the staggering growth in weight management and on the flipside, the slight FOMO of working on a non-GLP-1 asset when all the resources are being prioritized 'over there'... there's a lot going on.

That's without overlaying the closer-to-home internal changes: like the requirement to work closely (but still appropriately) with other functions to deliver a seamless experience while simultaneously keeping up to speed with the latest data and MarTech requirements, and trying to manage legacy planning and ways of working; or the broadening of how we now can (and should) approach our marketing due to more complex and connected stakeholders, to what even the role of marketing plays in meeting evolving customer expectations. It's a lot for marketers to navigate.

So, as you think about your plans for next year and beyond, we've pulled together some thoughts on a new blueprint for pharma marketers that helps you get and stay fit for the future.

We'll focus squarely on people, because at the end of the day, nothing changes unless people change.

That's why thinking about the things that marketers (i.e. the people, not marketing function) will need is key. We'll be sharing some of Oxford's critical tools that will build to a modular toolkit, through a series of blogs that should give capability and brand teams food for thought for the coming months.

Getting solid foundations

Before we can talk about what a potential blueprint for marketers might look like, it's important to get clear on the foundation we're working with and understand the key external forces that will shape the evolution of pharma marketers.

But because no single function can work in a vacuum, we'll also look at some of the critical interdependencies for marketers, in particular the impact that changes to Sales and MSLs might have.

Key forces impacting marketers

Intensifying competitive landscape

More specialized product launches with smaller patient populations

Value expected beyond product and treatment choice

Health system reforms driving uncertainty

Changing customer dynamics

Personalized, seamless experiences, aiming for n=1

Increasingly consolidated decision making

Decreased content utilization where customers become overwhelmed

Higher patient expectations

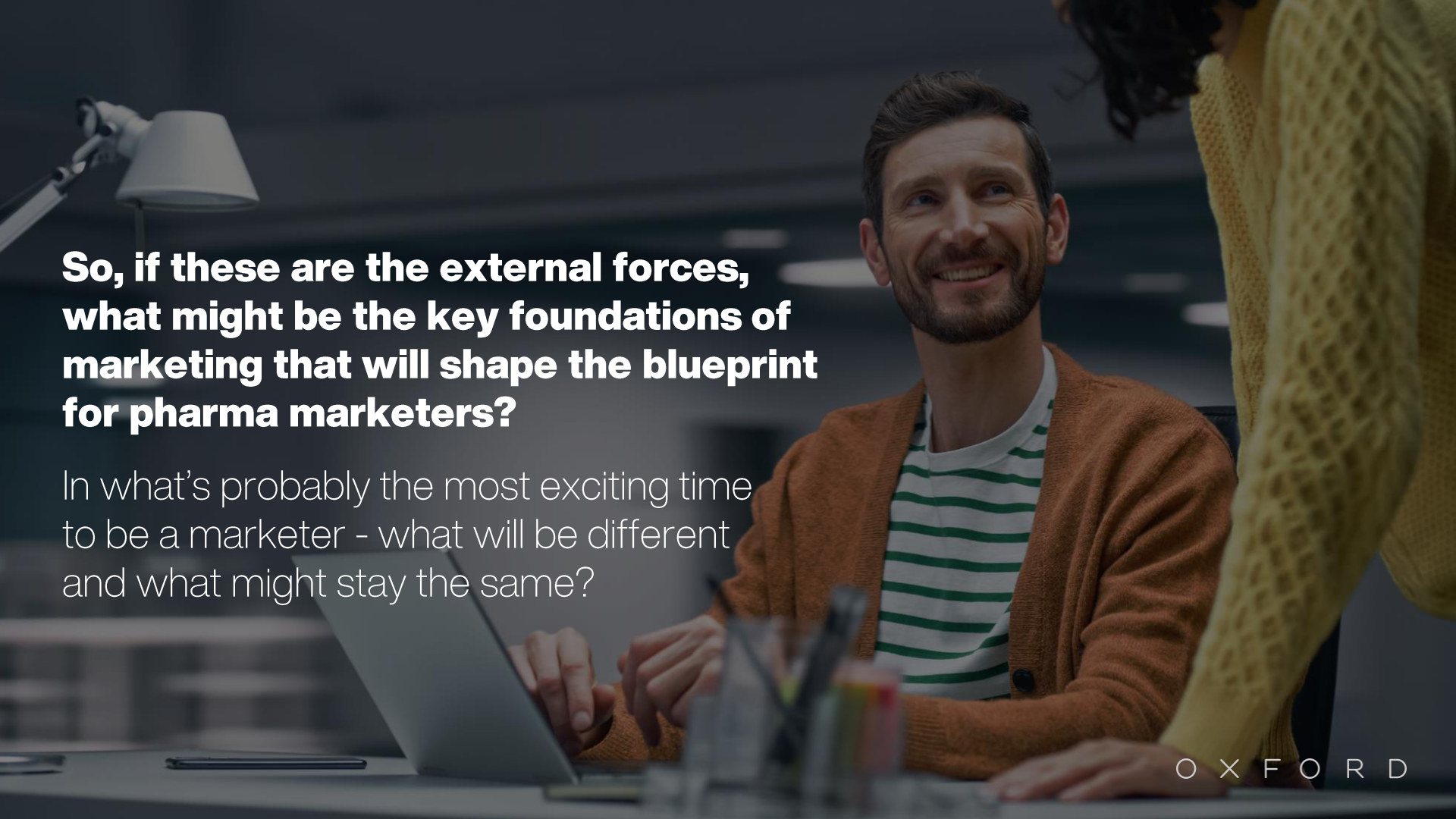
Patient empowerment and rise of patient groups in AI-powered healthcare

Healthcare consumerization and demand for preventative care

Significant demographic shifts

Source: Oxford, from various sources and client experience





**So, if these are the external forces,
what might be the key foundations of
marketing that will shape the blueprint
for pharma marketers?**

In what's probably the most exciting time
to be a marketer - what will be different
and what might stay the same?

Strategy/execution

stronger strategic guardrails

With all the focus on omnichannel, it would be easy to assume that strategy doesn't need to evolve, but marketing will need even stronger portfolio, product, and customer strategies to act as clear guardrails for personalized customer experiences. This will need greater focus, from **'trying to do it all' marketers** to clearer roles as either product, portfolio, and customer **strategists or customer experience engineers**

	FROM	TO
	Focus on brand at treatment choice	▶ Robust, customer-value-driven choices that shape the products and services that add value for customers within the portfolio.
	Narrow commercial input, often too late	▶ Early commercial and broader input, to drive commercialization success through clear Target Value Propositions that shape value for a range of stakeholders, and early Lifecycle Planning with a clear pathway to new indications and patient populations.
	Customer tactics, not strategies	▶ Clear customer strategies that drive critical decisions earlier and set up customer experience design and delivery instead of trying to knit it together in execution.



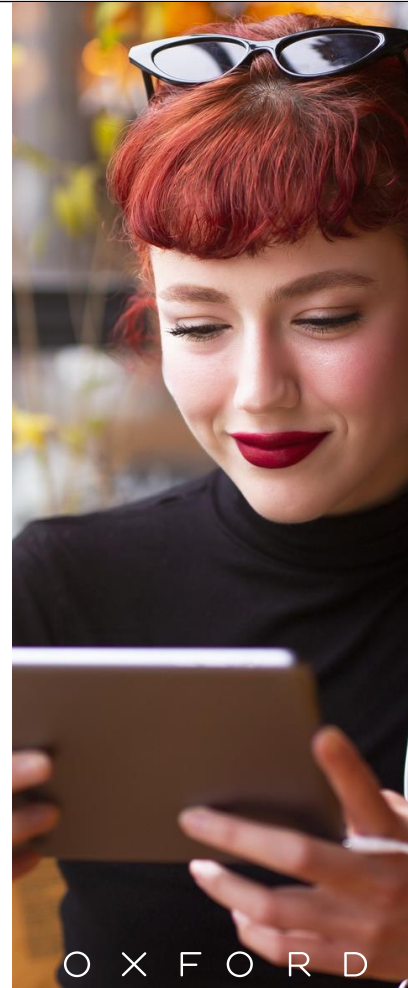
Sell/solve

genuine customer centricity

While most marketers know - and buy in to - the transition from **brand-centric to customer-centric**, in practice, this is proving challenging. Marketers will need to get comfortable making some tough trade-offs so that they can genuinely solve customer problems and deliver transformational experiences that build relationships.

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| Brand-centric mindsets and metrics | ▶ Customer-centric transformational experiences that build relationships centered around the people you're talking to, not the brand you're talking about. |
| One size fits all | ▶ Hyper-personalized, relevant information tailored to prioritized micro-segments through journeys that unfold and add value for customers with each step. |
| One rigid annual plan | ▶ Flexible, data-driven journeys, continually refined using learnings from multiple sources to address the most immediate and important next-best actions through iterative test and learn. |



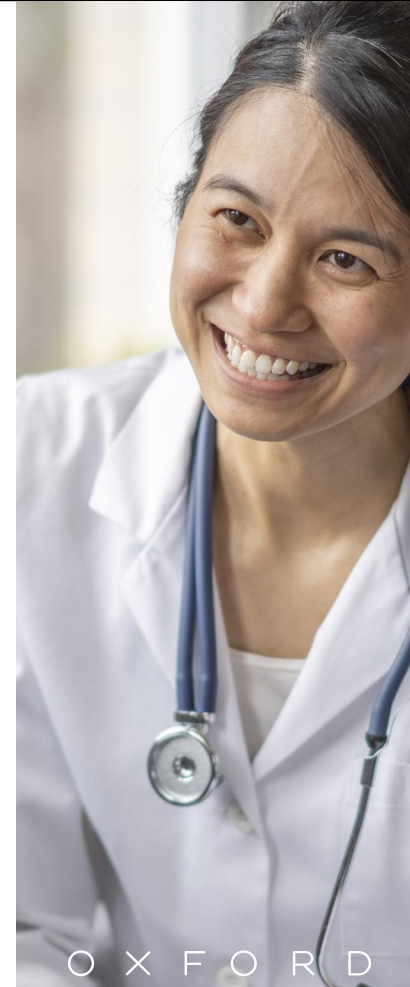
Interrupt/connect

broader funnel focus

Taking a purely marketing-centric view is counter to a holistic customer experience. All customer-facing functions will need to evolve. The 'feet on the street' based sales model is not going to go away, but given increasing no/low see HCPs and smaller patient populations, the chances of reaching the right HCP at the right time they see the right patient are slim. Changes to the sales model mean changes to marketing, with marketing's responsibility for the funnel becoming broader and deeper, and covering a wider range of stakeholders.

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| Default 'feet on the street' sales model | ▶ Refocus sales and MSLS on high-value tasks that build relationships through more flexible, tailored approaches that add value to the customer, supported by chatbots or virtual assistants providing real-time information, answering queries, and assisting with orders. |
| Entrenched marketing habits | ▶ More creative, more flexible marketers, looking at how to connect with a wider group of stakeholders that reflect complex decision-making, directly or indirectly. |
| Customer journeys joined together too little, too late | ▶ More strategic customer thinking to get to the tough decisions early, e.g. role of field and therefore field force sizing. Greater clarity on tasks managed at the point of need through digital channels and the solutions needed. |



Owned/shared

collective customer responsibility

One of the biggest questions asked in many healthcare organizations now is, 'Who owns the customer'? As the traditional 'last mile', typically sales and MSLS have been seen as customer leads, owning the relationship and the insight. Now, common engagement platforms drive shared understanding and orchestration across the organization with (appropriately trained) AI, removing some of the bias due to functional preferences and behaviors.

	FROM	TO
	Sales/MSL sole owner of the customer	▶ Customer relationships steered by an organization-wide stakeholder group, including Sales, MSL and marketing, with neutral analytics engines utilizing unified customer data to recommend the next best engagement actions.
	Research-reliant marketers	▶ Curious marketers, confident with data collected and analyzed in real time, rather than waiting for a research report have a 'what if?' approach.
	Knowledge is power	▶ Knowledge is collective success, powered by shared data from multiple sources and continuous feedback loops.



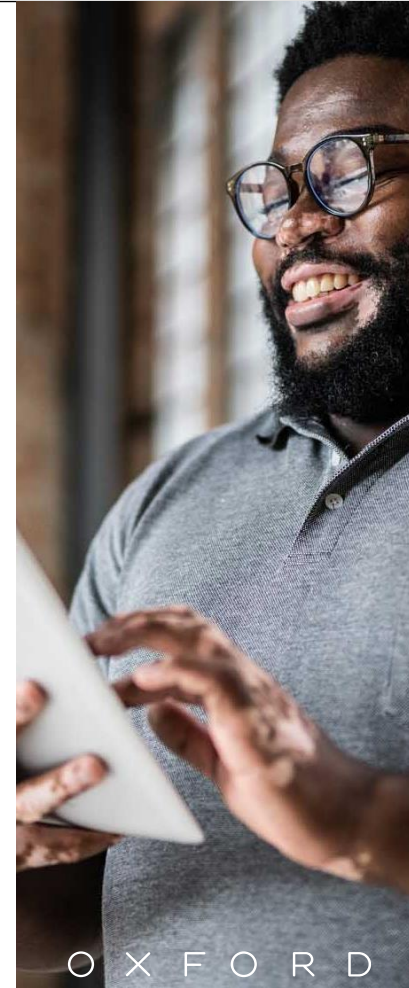
Annual/always on

the right rhythm of planning

Treating all planning the same by putting operational planning in lockstep with strategic planning means that it's not quite right for either. Finding the right rhythm of strategic and operational planning for the organization is key. Annual strategic planning should set clear guardrails, but not start from scratch each year; operational planning should be more frequent and fluid, adapting to change within the parameters of the strategic plan. For most organizations, quarterly is a good balance.

FROM TO

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| Strategic reset | ▶ Annually review and revise strategic elements only where needed: value identification across the patient journey, positioning relevance check, messaging, claims and evidence, business goals and budgets, customer strategy (e.g. GTM planning and long lead time events). |
| Operational afterthought | ▶ Quarterly build and optimize high-level customer journeys: dock to cycle planning to ensure alignment with Sales. Audit and create, where needed, modular content elements. Refine budgets and timelines. |
| “Set it and forget it” mindset | ▶ Agile ‘always on’ plan optimization, powered by data, is key with impact lead metrics often available in real time rather than in months. Waiting until Q4 to determine plan success leads to wasted resources and lost opportunities. |



Human/machine

best of both

With all the noise around big data, it would be easy to think that the days of the pharma marketer are numbered. But AI can help address some of the things that are holding us back: siloed decision-making, a lack of speed and capacity...

Fully leveraging AI could transform all marketing processes that touch marketers, unlocking effective multidisciplinary teams powered by listening engines of connected data sources, and making personalization at scale a reality - all at reduced cost.

FROM TO

- Any color, as long as it's black ▶ Dynamic personalization at scale, powered by vast amounts of customer data used to identify high-value customers and anticipate their needs, means campaigns can be tailored using AI to individual needs and preferences.
- All tasks are equal ▶ Streamlined marketing operations free up marketers for higher-value tasks, improving efficiency, driving cost savings, and shaping resource allocation. Critical processes are reimaged, e.g. driving compliance by automating content approval, AI generated producing agile and compliant content.
- (Wo)man or machine ▶ Human centered, machine powered: processes and solutions used by people must have a people-centric user experience, along with a full change plan that fully considers what's needed to drive adoption.



About the author

Lisa Davies is a Client Director at Oxford, where she focuses on helping organizations to build high performing teams, defining and then building the mindsets, skillsets and toolsets they need to succeed.

Want to learn more about moving to a skills-based organization? We're specialists that can help, [contact us here](#).

