



EVERSANA®

MISSED CONNECTION OR MEANT TO BE?

Caught in the Middle of Two Realities, the Future of Omnichannel Hangs in the Balance if ROI Cannot be Realized This Year.

Exceeding Budgets Yet Falling Short of Expectations

Let's raise the questions the industry is thinking but is too afraid to ask aloud: Has omnichannel lived up to its promise of the "right message at the right time" to drive meaningful results that wouldn't otherwise be realized by traditional sales and marketing strategies? Are those "seamless brand experiences" integrating the right mix of digital tools and one-on-one personal engagements actually accelerating patients' time to therapy and delivering business impact? Are more prescriptions being written and fulfilled to validate the time, money and resources allocated?

Unfortunately, the answer is no across the board. The promise of omnichannel activation has fallen short for many pharma manufacturers due to stifling obstacles, coupled with high costs, little return and countless integration activities. Although omnichannel has been a key strategy for over a decade, brand teams are still questioning whether omnichannel can truly deliver value to patients, providers and their bottom line. And executive leaders are speculating how much more time and money is needed to transform a pilot program into a revenue-generating engine.

Success Stifled by Multiple Obstacles Across the Organization

Through our combined years of experience in the pharmaceutical industry, as well as with best-in-class consumer omnichannel experiences, here are the



Scott Snyder
Chief Digital Officer, EVERSANA



Bill O'Bryon
Sr. Vice President, Omnichannel Activation



Faruk Capan
CEO, EVERSANA INTOUCH &
Chief Innovation Officer, EVERSANA

top seven obstacles we documented as foundational reasons why large and mid-size manufacturers are not realizing the full potential of their current omnichannel strategy.

1. Disparate Data: While manufacturers often disseminate compelling promotional messages across various channels, in many cases, the message strategy is still confined to siloed, overlapping efforts that use data from multiple disparate sources and teams without connection or the ability to integrate these data sets to inform what happens next or the incentive to do so. In many cases, pharma companies are interacting with a single provider through 15 or more disconnected applications, from marketing materials and field interactions to medical information portals and patient support hubs.

Wasted resources and activity in siloed engagement channels not only cost more and are less effective but also lead to a negative brand experience for patients or providers. When omnichannel interconnectivity is coordinated, the effect can be exponential between the channels involved, and the long-term brand experience impact can become a measurable competitive differentiation.

2. High Complexity, High Costs: Standing up an omnichannel strategy is no easy feat. Multiple internal stakeholders and external vendors, coupled with the integration across various organization departments, requires substantial time commitments and expenses.



Omnichannel Places Patients and Providers at the Center of the Experience

90% of omnichannel tactics are the same as multichannel. The difference is centralizing the data and coordinating the messages across appropriate channels to create an experience, not an interaction.

MULTICHANNEL

Aimed, generic, siloed



- **The Brand** is at the center, with a static message pushed to the audience through multiple channels
- Customer data spread across multiple platforms and teams without connection or insight

OMNICHANNEL

Guided, personalized, integrated



- **The Patient or Provider** is at the center, with each channel adapting to behavior
- Data is centralized and associated with a user profile that can be analyzed, segmented, shared and mimicked

Manufacturers often find themselves in a ceaseless runaround attempting to wrangle various departments and leadership team members to execute their omnichannel strategy. Varying visions, priorities and departmental red tape lead to difficult hurdles, from pre-launch approvals to key integrations that brands must overcome. Similarly, when seeking external partnership in hopes of a simplified and expedited experience, manufacturers are overwhelmed by lackluster omnichannel buzzwords and tactics. True indicators of successful performance are few and far between.

As hurdles become more prominent, performance insignificant and technology incapable, brands have little room to substantiate omnichannel investments and provide valuable proof points to key internal decision makers. A challenging decision must be made to invest additional resources such as time, people, technology or money in the hopes of seeing some measure of success or abstain from changes to their nonperforming strategy to avoid internal scrutiny.

3. Omnichannel Readiness: Achieving omnichannel success requires intensive efforts across technology, data and analytics, content and, most importantly, organizational transformation. These activities demand the infrastructure, strategy and refinement to be fully established prior to going to market. Brands are forced to make sense of massive heaps of data from multiple sources to deploy targeted and impactful messaging that can break through the clutter and reach the end user in a meaningful way. It can take several months to stand up a pilot program — and even more time to realize the ROI.

4. Gap Versus Modern Consumer Expectations:

While digital tools and blueprints are readily available to provide surround sound marketing tactics to promote brands, manufacturers' regulatory, compliance and legal teams are not. Their appetite for pushing the envelope and pilot new tactics may not match those initiatives of the commercial teams.

In addition, the continued evolution to the digital frontier has been primarily focused on digital as a technology or channel and has yet to be transformed into the understanding of a new modern experiential approach to creating personalized relationships. From ordering a Starbucks latte on an iPhone to skipping the line at Space Mountain with the Disney Magic Band, omnichannel should instead transform how consumers interact with their favorite brands.

5. Content Lacks Context: Omnichannel content has always been personalized to some extent. Without connectivity to the Patient Services and Field Deployment teams, and sophisticated data and analytics capabilities, omnichannel cannot be fully optimized. Profiling and targeting can go a very long way, but without deep insights into patient preferences and why they are not fulfilling their prescriptions, no level of personalized messaging or "right time, right channel" will convert prescriptions.

Deep insights and contextual, personalized content are critical to measuring the success of omnichannel in a way that delivers more value to the brand, patient and provider. Key performance indicators (KPIs), such as impressions or website visits, will not sufficiently identify and solve complex issues that create access, affordability and adherence barriers. With providers,



patients and positive outcomes top-of-mind, measuring omnichannel value in terms of customized messaging that directly impacts speed to therapy is more beneficial and insightful for all stakeholders.

6. Patients are an Afterthought: Tradition omnichannel models are provider-centric and circumvent the patient, yet therapy adoption is contingent on disease state awareness, affordability, patient support and adherence. If the patient isn't reflected in the omnichannel strategy, how can brands provide a seamless brand experience — for all stakeholders — and differentiate themselves from competitors? Modern medicine and new perspectives on the journeys of the two groups prove they are more closely intertwined than originally thought.

In addition, omnichannel had been deployed as a non-personal tactic, yet providers and patients want a balance of high-tech, high-touch solutions that allow them the option for self-service, as well as the opportunity to connect with a dedicated representative for complex issues or questions. The current omnichannel's standard personalized engagements that simply reside in a moment of time will not be sufficient in overcoming complexities associated with today's treatment journey and marketplace.

7. Limited Reach: Omnichannel has primarily focused on owned marketing and sales channels with limited reach into other parts of the provider and patient journeys, such as third-party websites and apps, patient services, e-commerce and channel, and direct-to-patient/telehealth solutions. Designed by sales teams and marketers, omnichannel was never intended to operate beyond functional siloes, in-the-moment engagements and in support of all stakeholders and the entire product lifecycle from clinical to mature brands.

Next-Gen Omnichannel Delivers Value for Patients, Providers and the Bottom Line

It's time for omnichannel within the pharma industry to go beyond traditional sales and marketing strategies. A synchronized omnichannel takes a holistic, organizational approach to connect insights from the patient and provider journeys across marketing, field and patient support channels to achieve customized high-tech, high-touch influence points – that's the driver behind speed to therapy, and that's the real impact patients and providers need.

If our industry does not begin to push the envelope and reimagine what omnichannel can do, then

we will continue to have the same "omnichannel optimization" conversations year after year. ROI in omnichannel can be realized with the current investments and strategies; manufacturers just need to reconfigure and rethink the possibilities.

The vision of omnichannel is simple, the execution is not, but the output is immense. At EVERSANA, we believe that by thoughtfully and strategically combining data, people, technology and customized influence points, the optimal performance of omnichannel delivers value to the patient, provider and bottom line.

Throughout the next few pages, we dive into how these outputs can be realized. We understand you may not have all the pieces to deploy a similar program, but we encourage you to understand how a fully integrated omnichannel model can realize the full potential of omnichannel.

1. Best-In-Class Omnichannel Model Synthesizes and Analyzes Pivotal Datasets

A best-in-class omnichannel model should aggregate and synthesize pivotal datasets from marketing campaigns, patient services programs and field activities to analyze and predict trends and behaviors that better inform promotional and support strategies. Driven by predictive analytics and machine learning, the model should develop personas to predict the "next best action" for impactful, personalized engagement across direct, digital and telehealth channels with just-in-time recommendations. Serving as a seamless router of actionable data and deep insights from all channels, the model must provide the optimal coordination of customized touchpoints required to create a seamless brand experience for providers, patients and other key stakeholders. As a result, the model enables manufacturers to develop precision messaging and deploy an array of targeted one-on-one conversations for maximum impact. One-size-fits-all strategies and messaging are things of the past.

Additionally, all campaign results are funneled into the omnichannel activation model for further analysis to direct the frequency of campaign tactics. The model continuously learns audience behaviors and preferences — and evaluates the impact of promotional messages in the market — to inform how the channel and messaging mix can be optimized for maximum results. With real-time visibility into KPIs and ROI, manufacturers can strategically leverage insights across all commercial functions to pivot brand strategies, augment and scale effective tactics, and optimize channel spend.



2. Seamless Campaign Coordination Generates Prescription Volume and Growth

Omnichannel should provide seamless brand messaging across various online and offline influence points a provider or patient experiences. It is important to recognize the essential role data plays in informing the coordination of messaging and strategy execution for commercial functions at various levels of the funnel.

Without data, 90% of omnichannel tactics are merely the same as multichannel. The differentiator resides in centralizing the data and coordinating messages across appropriate channels. Marketing automation, coupled with personalization through core digital channels, centralized customer data, data integration and provider engagement data presentation in Veeva, is the foundation for next-gen, one-on-one digital and field-supported marketing.

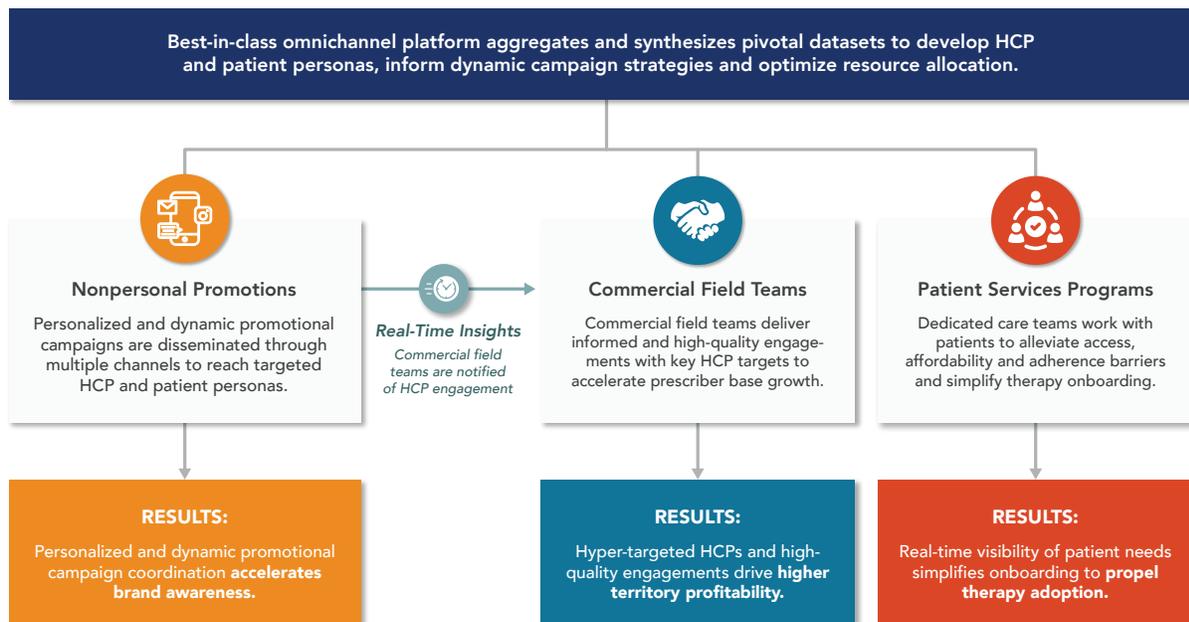
Omnichannel requires a specific set of skills, even at the interaction level, where tactical methods of communication are deployed to ensure personalization. Dynamic promotional campaigns disseminated through multiple channels to reach targeted providers and patient personas should reflect the varying needs of every individual at each stage of their decision-making journey to result in accelerated brand awareness. Nonpersonal promotions must be inclusive of personalized web experiences, programmatic media targeting and measurement, and modular and personalized email journeys. Simply being in front of the consumer is not enough.

Manufacturers should seek an omnichannel model fueled by a data-driven personalization engine that delivers customized experiences through dynamic content. Powered by user affinity measurement and data interaction for triggers and alerts, these personalized experiences should reflect audience segments, behaviors and previous engagement. Examples of personalization in action include:

- ✓ Dynamic hero images and CTAs
- ✓ Realtime A/B testing
- ✓ Dynamic text
- ✓ ML-learning suggested actions
- ✓ Micro surveys

These real-time insights and unified view of the customer leveraged through digital marketing communications can then be shared and applied to specific commercial functions to enable a cohesive strategy. Field teams are empowered to deliver informed and high-quality engagements with providers to accelerate prescriber base growth. Patient services programs are equipped to overcome access, affordability and adherence barriers and simplify onboarding with de-identified patient data and customized communications occurring via preferred channels, ultimately propelling adoption. Interactions with medical affairs portals are strengthened with affinity measurement to provide enabling tools, such as chatbots, for efficient and timely information that results in brand loyalty.

Seamless coordination, personalization and anticipation of healthcare provider (HCP) and patient needs propel brand success.



3. Hyper-targeted and Informed Provider-Rep Engagements Grow the Prescriber Base and Drive NBx

According to an EVERSANA survey, 43% of primary care providers and 57% of specialists are engaging less frequently with sales representatives. On average, it takes six to seven calls between a provider and a rep before the first prescription is written. A case study conducted by Pharmaceutical Online states, "At a minimum, reps spend 25% of their time detailing new drugs to conservative physicians who will never prescribe them within the first year of launch. By targeting sales efforts and detailing to early adopters who are at least 75% more likely to prescribe a new drug, reps can increase the number of detailed providers who prescribe a new drug by over 10%. Ensuring that the providers targeted for detailing are both high prescribers and early adopters improves the number of specific prescriptions written per provider by more than 20%." Disjointed communications and touchpoints will not successfully overcome frontline barriers reps face today.

Manufacturers utilizing traditional omnichannel field efforts tend to only consider the tactics or the levers to engage with providers in one of two ways:

- When engaging with providers, manufacturers might consider field sales force and the content they deliver, web portals, emails and so on as tactics for soliciting and influencing audiences, or
- Manufacturers may view engagement with providers as a functional concern.

As a result, provider engagements must be redefined to grow sales territories in an unprecedented hybrid selling environment composed of both in-person and virtual interactions. Data-driven provider targeting and persona development have never been more crucial for brand success. Additionally, tactics must be integrated in a manner suitable to deliver a seamless experience, one which builds personalized value at each interaction and presents a storytelling narrative that progresses with the customers through successive, cross-channel touchpoints.

With this next-gen omnichannel activation model, manufacturers should now begin with the strategic identification of key high-value targets and then leverage target audience personas to develop customized engagement strategies that match specific needs and preferences. When a rep or field team member leverages these deep insights, they deliver more impactful and targeted engagements to drive therapy adoption. Simultaneously, informed

nonpersonal experiences are deployed to these key targets to supplement HCP-rep engagements. This full-loop connectivity empowers manufacturers to deploy a true omnichannel strategy that immerses the provider in a seamless brand experience.

Deploying a field team is expensive, and the investment doesn't always pay off for an industry with a long sales cycle. It becomes imperative to offset costly field resources, strengthen sales teams and synchronize personal engagement with digital outreach. Leveraging the right assets to individual prescribers with high-service follow-up interactions enhances field relationships to drive sustainable brand loyalty. In addition, by aligning targeting efforts with dynamic promotional messaging, commercial teams can optimize their outreach opportunities to decrease the first time to fill, accelerate prescriber base growth and, ultimately, drive higher territory profitability.

4. Real-Time Visibility of Patient Needs Increases Speed to Therapy and Drives Adoption

Leveraging de-identified patient data and insights has created a new sophistication in campaign outreach and personalization. Often, data funneled into patient services programs is not used to its fullest potential. The key for manufacturers who increasingly play a role in supporting patients through their treatment journey is to think about how to implement predictions in the realm of patient services. Predicting alone is not informative. A prediction that enables an action — and learns from the outcome of that action to streamline patient onboarding for a new therapy — is what creates a high-performing operation.

A manufacturer's omnichannel activation model should develop pivotal patient personas and predictions that can overcome access, affordability and adherence barriers. Additionally, the model should even predict the personas most likely to discontinue or switch their medication and then offer corrective action to assist the patient.

To illustrate the accuracy and significance of predictive analytics, EVERSANA outlined the results of predictive modeling conducted with historical data to determine:

- Comorbidity impact scores that predicted patients highly likely to not execute first fill of newly prescribed specialty medication with an ~80% accuracy rate (AUC/ROC of 0.81).
- Patients likely to abandon with an accuracy rate of 70%.



Through data-driven insights, manufacturers can predict patient actions to provide the personalized support they need to navigate the complexities of new therapy adoption. Additionally, the interconnectivity of business functions allows the field deployment team to work directly with the patient services team to simplify patient onboarding and drive therapy adoption.

Patients are — and should remain — the center of any manufacturer’s core mission. Understanding their journey and providing them support at each stage is essential in creating a valuable brand experience and securing long-term brand success.

5. Integrating Applied Technology Provides Modern Patient Experiences that Create Value

Manufacturers should seek a partner who provides the optimal mix of people, data and model infrastructure that can meet the speed of the ever-increasing rise of digital-first, direct-to-patient expectations. The modern patient believes their healthcare experience should reflect on-demand, convenient and personalized experiences similar to how they interact with popular consumer brands.

The healthcare industry made a solid first step toward acknowledging meeting modern patient expectations of a digital experience with the adoption and implementation of telehealth. The ability to allow providers to meet patients “where they are” was crucial; however, pivotal orchestrations were missing in telehealth models available in the market. Patient access wasn’t directly connected to insurance coverage, benefits verification, prior authorization support, pharmacy fulfillment and ongoing therapy adherence. This disconnect caused an increase in prescription drop-off rates, with patients not receiving the affordability and adherence support typically provided by office staff.

6. End-to-End Commercial Model Delivers Data-Driven Strategies, Deep Bench of Industry Experts and the Latest Technology Throughout the Product Life Cycle

Despite all the clear benefits of digital over human interactions, patients want both. Forty percent of customers prefer speaking to a real person on the phone, and for more complex issues, 80% of customers want to speak to a live service agent.

Now is a pivotal time to understand exactly how patients and providers are consuming information, connecting with others and completing daily tasks. In solving access, affordability and adherence challenges, manufacturers need to adopt a new equation that combines the forces of high-tech and high-touch solutions to create a cohesive brand experience and ensure maximum impact for patients and providers. Unfortunately, brands struggle to reach the careful balance of high-tech and high-touch solutions due to the lack of connectivity in utilizing multiple service providers. Additionally, functional service providers lack the flexibility to cater to the unique needs of the therapies and their position in the product life cycle.

Manufacturers can’t afford to miss a piece of the puzzle in multi-stakeholder support. In this new era of outcomes-based healthcare, new therapies are becoming more complex, specialized and data-driven. Eliminating access barriers now requires a downstream approach from manufacturer to patient, with multiple touchpoints along the way. It’s imperative that manufacturers mobilize a seamless, practical brand experience brought forward by patient and provider education, one-on-one interactions and timely communication.

Additionally, the key for pharma brands that increasingly play a role in supporting patients through their care journeys is to think about how predictions derived from patient support programs — considered real-life data — can inform the strategies and tactics of the commercial, compliance and channel management teams. A prediction alone is not productive, but a prediction that enables action and improvement is essential to product performance and long-term success. Seamless coordination between all commercial assets requires cross-team alignment, synergistic processes and data solutions, and an established, data-driven model that continually informs and optimizes what happens next.



Introducing EVERSANA's Omnichannel Activation Model

EVERSANA is leading the way in meeting manufacturer, patient and provider needs with a next-gen Omnichannel Activation Model integrated into a complete, full-scale, customizable infrastructure driven by best-in-class analytics. By providing manufacturers with unprecedented visibility into ever-evolving and increasingly complex patient and provider journeys, EVERSANA is customizing dynamic promotional campaigns and helping manufacturers optimize all commercialization investments to deliver and maximize business impact.

With every commercial function under one roof, we are uniquely positioned to offer a customizable, tightly integrated, turnkey model that encompasses

the flexibility to meet the current needs of each partner. Tactics can be easily deployed or retracted, and volumes can be quickly adjusted to ultimately increase efficiency and effectiveness. We leverage the right mix of high-tech, high-touch solutions compatible with existing omnichannel assets. Yet, we are flexible and agile enough to meet the unique needs of the therapeutic area and patient population.

By adopting a comprehensive and integrated omnichannel model that allows for data-driven planning and real-time analysis of results from marketing campaigns, we inform influence points across an array of stakeholders, optimize resources to reduce waste and inefficiencies, and, ultimately, drive brand success.

EVERSANA'S OMNICHANNEL ACTIVATION MODEL GOES BEYOND MARKETING AND SALES. OUR UNIQUE APPROACH:

- ✓ Underscores the patient journey to address access, affordability and adherence challenges.
- ✓ Synchronizes patient and provider engagement to enable real-time visibility of each stakeholder's journey and identify the next best action.
- ✓ Focuses on improving time to therapy and patient outcomes versus simply generating more provider interactions.
- ✓ Orchestrates touchpoints across human and digital channels throughout the entire care journey, from awareness to adherence.
- ✓ Extends the digital profile of providers beyond just the pharma brand assets and leverages third-party sites and their personal digital behaviors.
- ✓ Triggers interactions off of changes in patient status, such as a new diagnosis or challenges in getting benefits approved.
- ✓ Addresses the ongoing optimization of marketing and field resources to maximize NRx/ROI.
- ✓ Offers the first and only direct-to-patient virtual care model as an additional patient acquisition and engagement channel.
- ✓ Integrates a transformative effort amongst strategy, modular content, technology, data and AI to drive real impact and alignment.
- ✓ Scales up or scales down tactics and volumes to address the unique needs of the brand.



CASE STUDY: OMNICHANNEL IN ACTION

While manufacturers have seen success from omnichannel strategies for years within the agency channel, the next stage of innovation exists in orchestration between Customer Relationship Management systems and outreach channels. It should be a standard point of measurement and attribution that manufacturers can determine which activity in which sequence leads to a behavior change. Further, this attribution data should serve as the core reinforcement learning data for the training and optimization of omnichannel activities. Unfortunately, the primary challenge tends to be temporal integration of engagement tactics and activities across marketing, sales and digital systems, which requires further orchestration for success.

EVERSANA recently took on the challenge to solve the industry problem of ambiguous targeting across field, marketing and patient services teams. We wanted to know: **Which providers are impacting product script adoption and fills within patient groups and among other providers?**

To begin this study, we looked at a client's product that was on the market for six months to see if we could leverage collective prescriber data to adjust targeting strategies and upturn the script trajectory. Spoiler: We could, and we did.

Our client's product, a treatment for gastroparesis, launched in the third quarter of 2020. After initial adoptions, we began to observe a pattern: Most of the second-wave prescribers were connected to the initial prescribers through the same network of patients.

With this observation, we set out to answer the following questions:

- Is script adoption following a network?
- Is product adoption following the path of the gastrointestinal (GI) or disease area provider network?
- How much more likely are providers linked to initial prescribers by first- and second-degree connections to enroll and fill product scripts than providers who aren't connected to prescribers?
- Would targeting the network with marketing be more effective than current strategies?

- Would targeting digital marketing at first- and second-degree-connected providers more effectively generate impressions and clicks within the marketing channels?
- Could this lead to higher enrollment and Rx fills?
- Could this make outreach investments more effective?

We began mapping out the emerging script pattern to see which providers in this disease area were connected to the initial prescribers through patient networks. By counting the number of patients between prescribers, we could determine how tightly linked the prescribers were, which resulted in a map of second- and third-degree connections in a clear network for possible script adoption.

Similar to the algorithms behind Facebook, drug adoption tends to follow network patterns. When the links in an entire prescriber network can be tested, communities emerge. In our case study, we found two communities within the GI provider network to study effective, focused marketing and sales activities and their results.

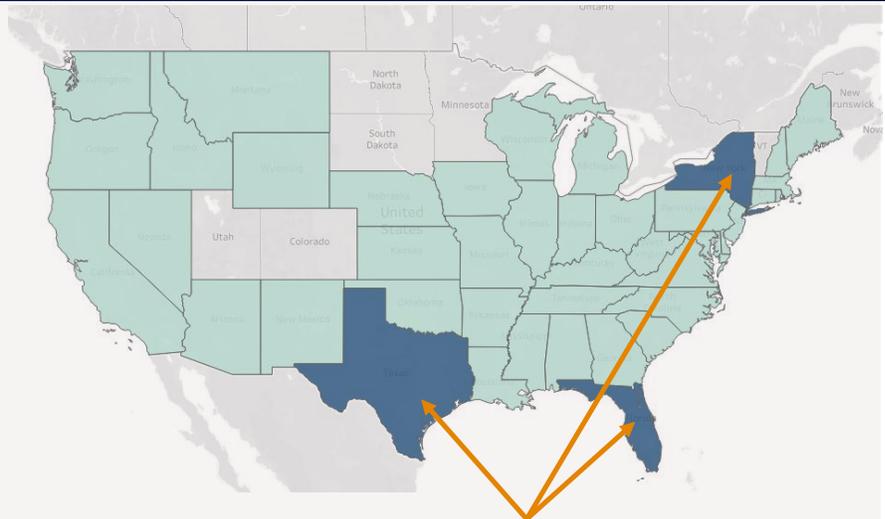
From the provider networks, our team was able to build bridges and connection paths from first adopters to find our next outreach targets. If you're trying to get the whole community to take an action, such as prescribing a product, companies must target messaging and outreach to the providers at the center of these communities.

For example, once you know which provider influences a community the most, marketing and field teams can take actions to increase the chances of influence, such as inviting the provider to speak at a conference where other providers from their community will be in attendance.



CASE STUDY: OMNICHANNEL IN ACTION

We then found that to garner scripts from multiple provider communities, targeting doctors in **between the networks is an effective strategy that provides more outreach opportunities.** Providers who are connected to both communities have a higher influence over networks than those on the fringes. While communities are typically based on a disease area or specialty, they're also often built around the geographic locations of providers and patients. For instance, there's a large network of cardiovascular providers between New York and Florida due to patients moving back and forth. For this experiment, our test states were Texas, Florida and New York.



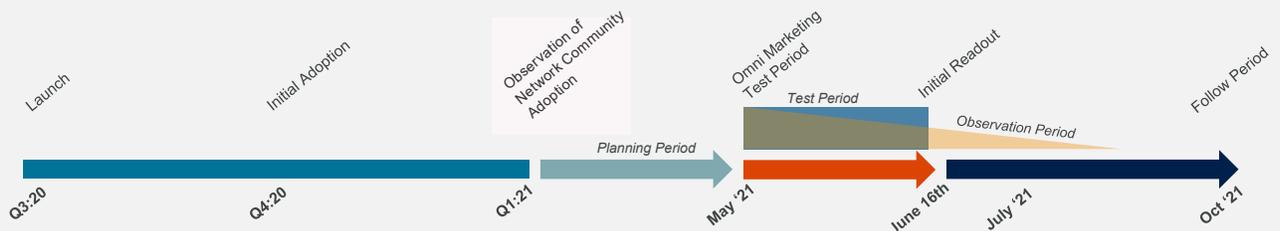
States Where Marketing Experiment was run in May (Only 1st- and 2nd-degree connections were target)

How to Find Communities Among Providers:

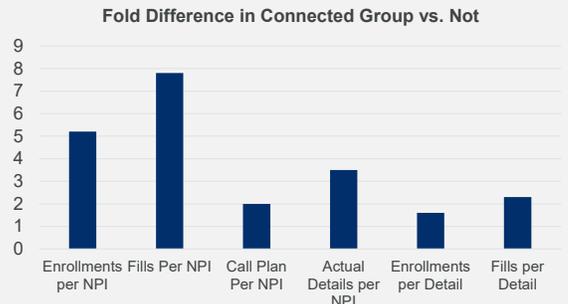
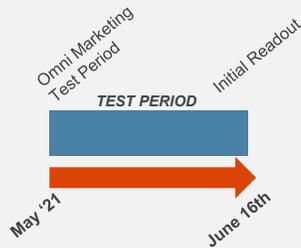
1. Fill/enrollment trends
2. Geography
3. Patient-focused disease area
4. NPI
5. Anything connected with an action

Once we identified provider communities and networks with degrees of connections between prescribers and potential prescribers, we were able to test:

- Whether or not connected providers were prescribing more often than unconnected providers.
- How targeted marketing influences providers who are connected to initial prescribers.



Do connections to existing prescribers convert providers to the product at a higher rate?



	Existing Target List (NPI)	12 Month Metro RX	Rx per NPI	% of total Rx
1 st or 2 nd Deg	1,334	115,731	86.8	18%
2 nd Deg only	67	2,661	39.7	0.5%
Not Connected	11,684	529,075	45.3	81.5%
Total	12,085	647,467		



CASE STUDY: OMNICHANNEL IN ACTION

Our study found that enrollments were 5.3 times higher among first- and second-degree connections compared to nonconnected providers, and Rx fills were 7.8 times higher in this group. The call plan in the connected group had 2 times the Rx volume, but this does not explain the 3.5 times more enrollments and fills for first- and second-degree connected providers. Furthermore, sales calls with a focus on targeting connected providers also proved to be more effective: enrollments and fills both almost doubled.

From this client's sample of 12,000 target physicians, there are about 1,300 providers who are first- and second-degree connections to initial prescribers. Our findings show that this group prescribes at a higher rate than the rest of the community, making up about 20% of the early-adoption scripts written for this product and representing more Rx than the total percentage of providers.

By studying how to best influence, reach and educate prescriber networks about new therapies and treatments, pharma would have an inside look at the most effective sales and marketing methods to improve script adoption, which led us to our next question. Is marketing more effective when targeted to connected physicians? Once again, we found the answer to this question is yes.

- Marketing to precise targets in a provider network is more effective than other methods of outreach. This level of targeted marketing resulted in 13 times higher impressions per first- and second-degree connected providers in test states.

- More than double impressions for first- and second-degree connected providers across all states in the U.S. with no targeted marketing.
- Provider communities located in Texas, Florida and New York had 7.8 times higher click rates among providers, proving impression conversion rate is higher.
- Enrollments per impression were 3.4 times higher. Fills per impression were 5 times higher.

Finding provider communities for your product is the first step in improving script volume, as well as noticing when and where drop-off rates are happening. The next step is understanding the overall community goal. To do this, companies must begin by drawing up the entire network of prescribers and working from the middle to the outside of this community to find the most influential targets. Then, they must create strategies for provider engagement to promote action and script adoption, such as focusing outreach on the providers who influence multiple networks, and implement these strategies across marketing, email and phone campaigns.

Eventually, payers can be added into network maps for greater industry visibility and to help companies better understand how institutional influences over providers and payers affect script volume.

Recommendation 1

1

Immediately factor first- or second-degree provider status into your call plan with a 30% weight in total scoring vs. other metrics, such as volume.

We found that retargeting call plans to focus on first- and second-degree connections should have a 3 to 5 times greater impact on enrollments and fills without additional investment or resources, only a redirection of effort. Reps are 2 times more effective when they're calling the right person.

Recommendation 2

2

Add market access overlay to your influencer map to tune network factors for types of patient coverage. Determining which physicians have a favorable underlying market access position from payers is an important factor in weighting outreach.



Recommendation 3

3

Roll out a first- and second-degree connection target list to all states and add a secondary campaign to target high-volume communities that are not currently connected to existing prescribers. At this phase, you'll also want to consider market access and hub support messaging in coverage-challenged regions.

Reps are 2x more effective when they're calling the right person and estimated to be 3 to 5 times more effective while using the same resources.

Recommendation 4

4

Invert the network model to determine influence scores for all providers in the target community; then apply the influencer list to target call plans and marketing at high influencers, not just high-volume providers. This will open new communities and maximize spread.

By coordinating marketing and sales strategies around a specific, proven influencer list and tracking real-time, integrated data, outreach efforts will become more effective.

The Time is Now to Realize the Full Potential of Omnichannel

In a market where 40% of worldwide drug launches between 2009 and 2017 failed to meet their two-year sales forecasts, manufacturers can't afford to deploy traditional omnichannel strategies that lack true ROI. Industry studies show that 77% of pharma marketers believe a personalized, omnichannel approach needs to be a higher priority, but 25% of these marketers say they don't have the technology in place to achieve this goal. Even after data implementation, almost 50% of senior-level pharma marketers admit they struggle to gain actionable insights from their data.

Traditional omnichannel strategies will not enable manufacturers to realize the full potential of the assets they've already invested in or plan to invest in, nor will they aid in the growth of prescriber base, script volume or patient population. If you're concerned your current omnichannel strategy will not yield an ROI this year — and you can relate to multiple obstacles outlined at the beginning of this article — it's time to assess your strategy, data and infrastructure. You either need to redefine your business goals or a new partner to optimize what you already own to finally start driving real prescription growth.

About EVERSANA®



EVERSANA®

EVERSANA is the leading provider of global commercialization services to the life sciences industry. The company's integrated solutions are rooted in the patient experience and span all stages of the product life cycle to deliver long-term, sustainable value for patients, providers, channel partners and payers. The company serves more than 500 organizations, including innovative start-ups and established pharmaceutical companies, to advance life sciences services for a healthier world. To learn more about EVERSANA, visit [EVERSANA.COM](https://www.eversana.com) or connect through [LinkedIn](#) and [Twitter](#).

