

White paper

PHARMA'S FUTURE CUSTOMER FACING TEAM

Commercial evolution and the survival of the fittest

ALEXANDRA SMITH, Consultant, European Thought Leadership, IQVIA

SARAH RICKWOOD, Vice President, European Thought Leadership, IQVIA

LIZ MURRAY, Multi-Channel Director, IQVIA

CHRISTOPHER WOODEN, Vice President, ChannelDynamics, IQVIA



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INTRODUCTION

The pharmaceutical industry is seeing a squeeze on profitability. This has been driven by several factors, including declining top line growth, with many major companies now reporting single digit growth; push back from payers on pricing and increasing discounts, particularly in the US, and continued growth of R&D costs. As a result, SG&A spending is under pressure and has declined as a percentage of sales for most large pharmaceutical companies.

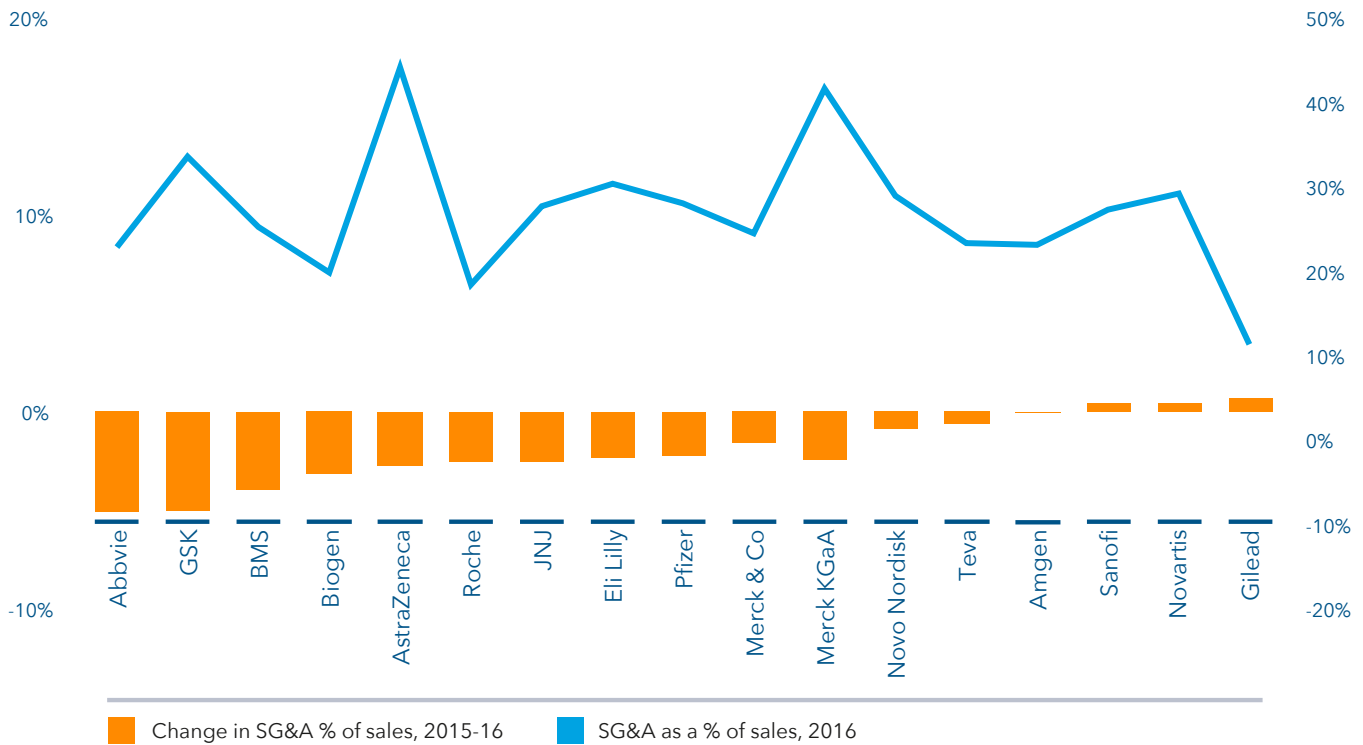
Meanwhile, the launch environment is becoming increasingly active and competitive. The number of new active substances (NAS) launched in the last five years has increased in all of the top 8 developed markets compared to the previous five years. In the US, the number of NAS launched annually is expected to average 40-45 to 2021. Furthermore, these launches are often sophisticated products entering competitive specialty therapy areas – two specialty therapy areas, oncology and autoimmune, contributed over 35% of all value growth in 2016, driven predominantly by developed markets. As launches are a key focus of promotional activity, companies must support their launches promotionally, even in a context where SG&A spending is generally being cut, as shown in Figure 1. The commercial model is therefore at a crucial point: demand is high but funds are not.

Meanwhile, technological change, with the rise in digital channels of communication and social media engagement, means that opportunities to innovate on the commercial model are higher than ever before. Technology will drive multiple opportunities for innovative engagement between stakeholders in healthcare provision- from the rise of wearables which will give much better insight into the real outcomes and experiences of patients to ever more seamless and convenient communications between pharma

and healthcare professionals. Technology driven expansion of the volume and types of data collected about healthcare provision and outcomes extends, of course, far beyond the commercial model, to the potential to drive efficiencies and improvement in clinical development and healthcare provision. However, the broadest view of the technology opportunities to transform the commercial model must not be ignored.

The established commercial model is becoming less tenable and fundamental change is required, meaning the customer-facing team must evolve accordingly. At the core of pharma's customer-facing team is, of course, the sales rep. The pharmaceutical industry has had a remarkably consistent model for decades, where large sales teams visiting individual doctors has been front and centre of the promotional model. This asset has been tremendously valuable, allowing pharma to have direct relationships with doctors, providing important information on drug innovation and collecting feedback and insight. It will continue to be a key element of any customer facing model. However, it will also change. The customer team of the future will be more diverse in terms of roles, and individuals within it will also require a broader set of skills. It will also, crucially, be a team, interacting to address the whole system, not individual silos.

Figure 1 : Most large companies have reduced SG&A contribution



Source: IQVIA Institute Annual Report analysis; Note that companies will not be "pure" pharma in all cases

Face to face detailing by reps has long been the central pillar of promotion in the pharma industry, mainly because the power of this channel to inform and educate healthcare practitioners (HCPs), about products. Our ChannelDynamics™ data shows that in 2016, across all audited HCPs, 59% of face to face details in the top 7 developed markets (US, Japan, Germany, France, Italy, UK, Spain) resulted in HCP conversion, compared to only 32% for non-face to face channels, where conversion is an increase in reported intent to prescribe, or an intent to remain at the same level of prescribing for already frequent prescribers. Nevertheless, as doctors, and the pharmaceutical industry, transition into a multichannel environment it is important to note that the real-world effectiveness of any multichannel promotional model will need to be viewed as the combined effectiveness of all the channels within it, whether face to face or remote, personal or non-personal, digital or traditional.

THE "TRADITIONAL REP" ELEMENT OF THE CUSTOMER FACING TEAM IS DOWNSIZING, DRIVEN BY THE CHANGING COMMERCIAL ENVIRONMENT

While large teams of traditional sales reps have been extremely effective in the past, pharmaceutical companies have been shrinking their sales forces in recent years. 2016 saw five of the world's largest pharmaceutical companies reducing their overall workforces (Sanofi, AZ, GSK, Pfizer, J&J), with two more announcing significant cutbacks for 2017 (Mylan and Teva). In several instances, sales forces were targeted in particular - Sanofi cutting 20% of its US diabetes & CV sales force, Eli Lilly reduced the size of their US bio-medicines sales force in early 2017, while AZ also announced cuts to its US commercial organisation, including field-based sales jobs.

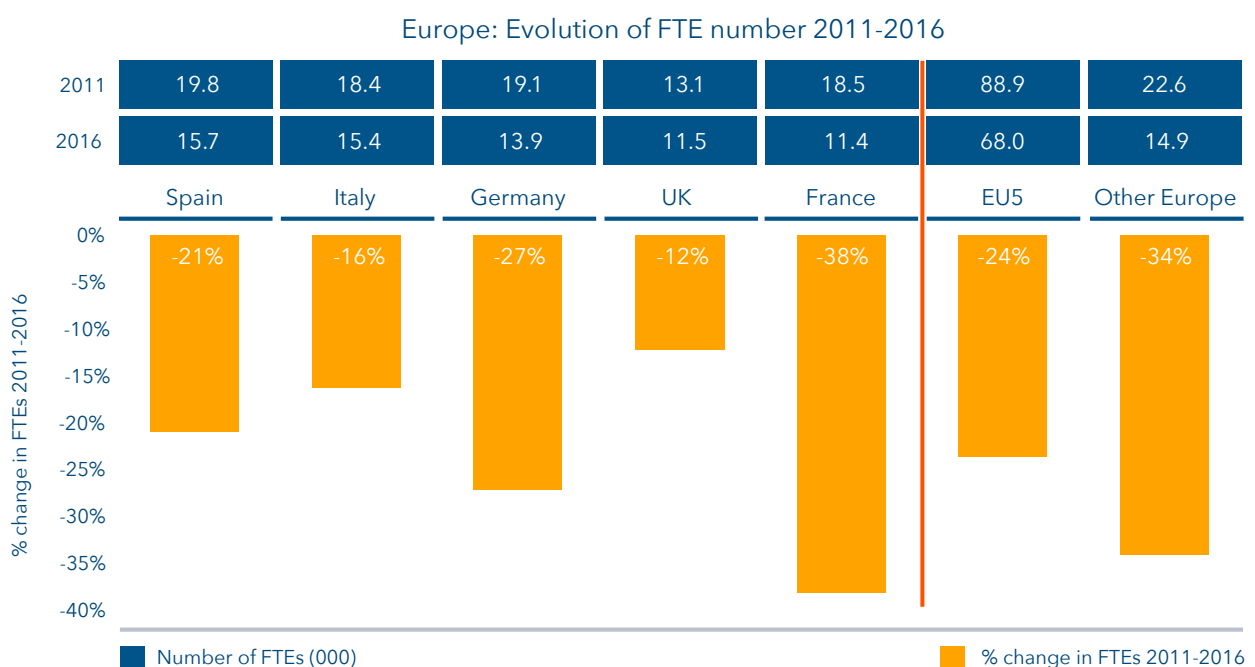
The decline in the number of sales reps over the last several years across developed markets is reflected in our ChannelDynamics data. In the EU5 (Germany, France, Italy, UK and Spain), the number of full time equivalents (FTEs) declined by 24% between 2011 and 2016. France and Germany saw the greatest change with a decline of 38% and 27% respectively (Figure 2). It is worth noting here that the starting point was different for each country and that this affects the likelihood of further reductions in FTE numbers – for instance the UK, where the percentage change in FTE numbers over the last 5 years was the smallest of the EU5 at -12%, had the lowest number of FTEs in 2011.

This decline has been driven by several key factors. With profitability under pressure, cuts to SG&A spending have led companies to scale back sales force size. Secondly, the nature of products promoted has changed. The last decade has seen the industry shift from being driven by primary care therapy areas to specialty therapy areas. Specialty products contributed 58% of all value growth globally in the last 5 years, and 87% of the most successful launches in the top eight developed markets (US, EU5, Japan and Canada) between 2011 and 2016 were for specialty products,

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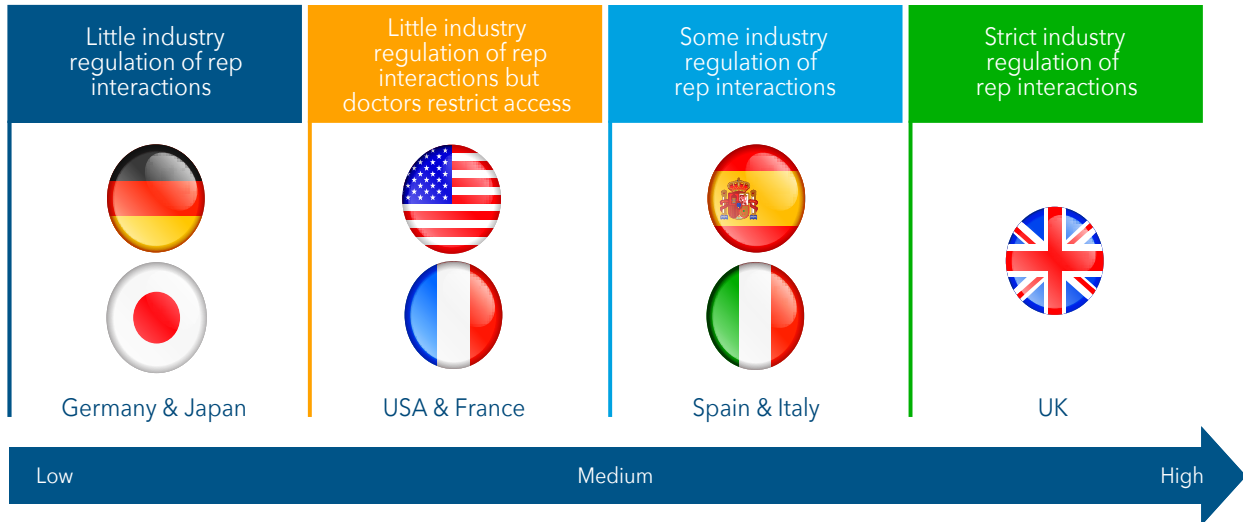
in the most recent Launch Excellence V white paper published by IQVIA. These products are most often indicated for small patient populations and promotion is focused on small numbers of specialists which require fewer reps to achieve the desired level of target coverage and call frequency. Variation across countries in the level of decline can partly be explained by the starting point: the UK already had a markedly lower number of full time equivalents (FTEs) in 2011; there was lower scope for incremental reduction. France has seen the most drastic reductions, to a level equivalent to the UK. Italy and Spain maintain a comparatively high level of salesforce activity.

Figure 2 : Sales force numbers have declined across Europe



Source: IQVIA ChannelDynamics Q4 2016

Figure 3: Reduction of face-to-face availability of doctors will drive shift to multichannel



Three factors are contributing to decreased contact time through traditional channels:

1. Formal and informal codes of practice regulate pharma rep interactions with physicians
2. Increased workloads mean less time to spare for face-to-face meetings
3. The negative perception of the pharmaceutical industry widely held by the public and healthcare professionals

A third factor contributing to the decline in numbers sales reps is that access to physicians is becoming increasingly difficult thus reducing the amount of face time reps have with HCPs, particularly in Europe. This has not only been reported by our IQVIA contract sales force (CSF) reps, 65-85% of which (range driven by three languages polled) stated when surveyed that access to physicians had become more difficult over the last two years, but is also apparent in our ChannelDynamics data which shows that total contact minutes from face to face detailing in Europe has declined 26% since 2011.

*Total contact minutes from face to face detailing in Europe has **declined 26%** since 2011*

Three crucial drivers are behind this growing challenge of access:

- **Formal codes of practice** restricting the number of visits that reps can make to doctors, and the ways in which pharmaceutical companies can engage with doctors. In certain cases, these have been imposed by politicians or healthcare providers, or they are the result of moves by the industry to ensure their reps operate in an ethical manner. These vary in severity and stringency depending on country (see Figure 3)
- **Increased workloads** mean doctors have less time to spare for meeting reps face to face.
- **Negative perception of the pharmaceutical industry** widely held by the public and healthcare professionals. Recent survey results (Edelman Trust Barometer 2017) show that globally, 82% of people believe that the government needs to do more to regulate pharma, and 80% of people believe that the pharma industry puts profits over people.

It is true that pharma's reputation has taken multiple hits in recent years in terms of media portrayal and public perception. However, the picture appears to be less bleak with HCPs. In our 2017 ChannelDynamics survey, we asked doctors two questions addressing their perception of pharmaceutical promotion. The results, in Figure 4, show that in the EU5 the proportion of HCPs that are dissatisfied with pharmaceutical promotion, scoring less than 6 out of 10 both in terms of what information is provided and how it is made available, was only 10% and 13% respectively suggesting that the proportion of doctors who are truly promotionally insensitive is in fact very low. Nevertheless, the majority of HCPs scored between 6 and 8 on both questions indicating that there is opportunity in Europe to improve the quality of information being provided and to deliver it via the right mix of promotional channels.

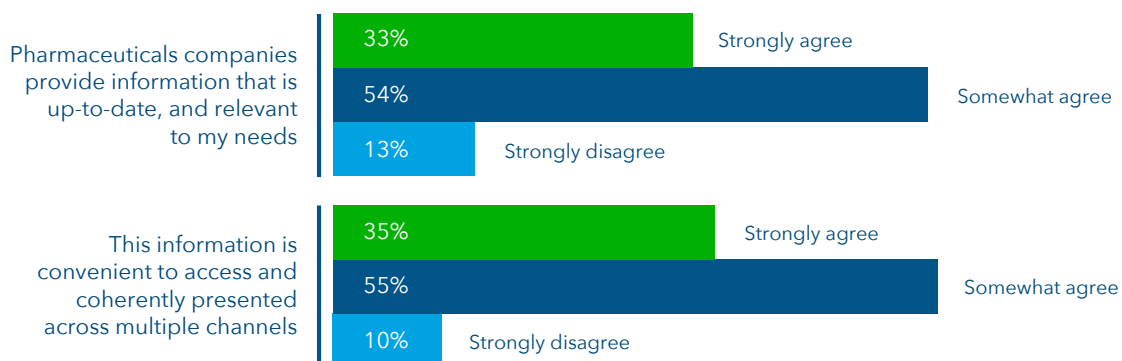
In this environment, it is critical for companies to utilise all available channels in order to maximise effectiveness and impact of promotional efforts. Companies must ask themselves what channel mix will be most effective and what the role of the salesforce will be within this mix. Multichannel has often been

treated by pharmaceutical companies as something separate to the salesforce, as if the salesforce need not change. However, if multichannel is to really work, we believe that a commercial model where all available digital and traditional channels are integrated in and around a broader customer-facing team, which includes not only the salesforce but also a variety of additional roles, is optimal. However, this will require the customer-facing team to evolve both in terms of roles - for example medical science liaison (MSL), payer liaison, key account managers, nurse advisory and support - but also individual skills such as digital enablement and more specialised knowledge.

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Figure 4: EU - Doctor perception of pharmaceutical company promotion

The good news: most doctors do value information from pharma and how they receive it. But with only one third of doctors entirely satisfied, there's room for improvement



Source: IQVIA Channel Dynamics Doctor Perception of MCM Survey May 2017

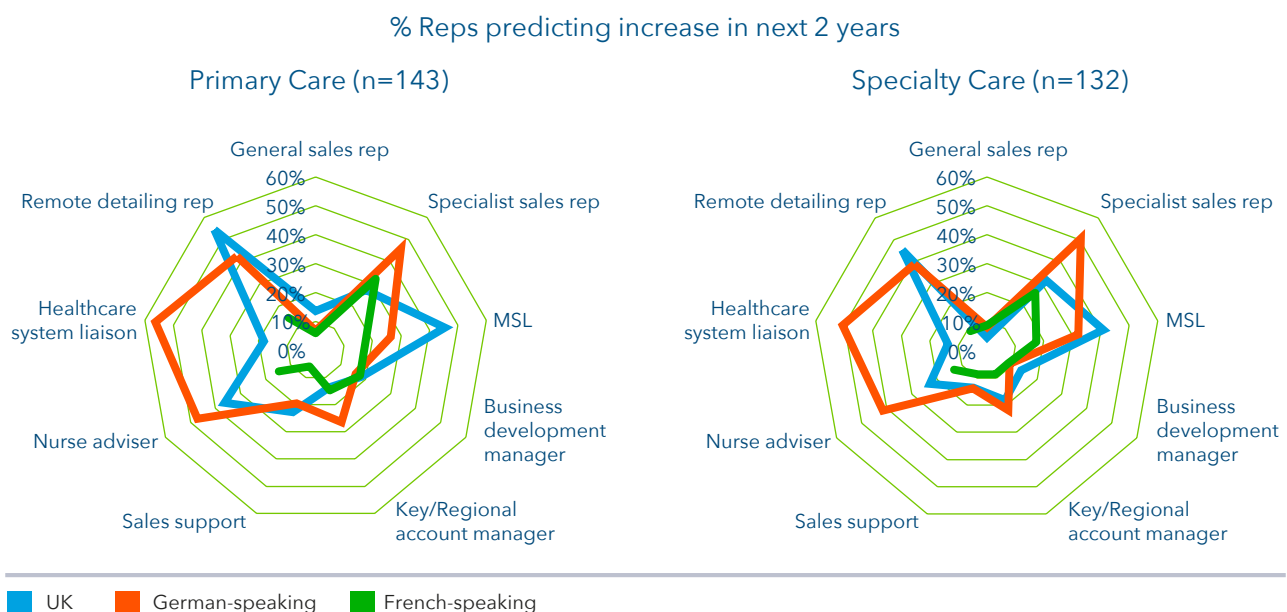
CHANGING SHAPE OF THE CUSTOMER FACING TEAM

The customer facing team is already very different to the model of the early 2000s, in both specialist and primary care, more diverse, with a greater prominence of the clearly non-commercial roles of medical science liaison and nurses who support and educate patients. In our view of the customer facing team we include both commercial and non-commercial roles, recognising the ethical constraints imposed on the activities of the latter. As the make-up of the customer-facing team evolves, the roles within it are diversifying beyond the traditional sales rep to comprise a greater number of different roles, each with dedicated and specialised expertise. To gain insight into which roles will gain in importance, we surveyed sales representatives from French, German and English speaking IQVIA contract sales forces across Europe. One key question asked was which roles they believed would make up an increasing share of the customer facing team over the coming two years in both specialty and primary care. In all three countries, five

roles were widely viewed as becoming increasingly prominent: specialist sales reps, remote detailing reps, medical science liaison, healthcare system liaison, and nurse advisors/educators (see Figure 5). German speaking reps are particularly keen on healthcare system liaison. Overall, nurse advisers in primary care and MSLs in specialty predicted to increase in all three countries although overall, French speaking reps saw lower shares of respondents anticipating any meaningful change in the next two years for any role.

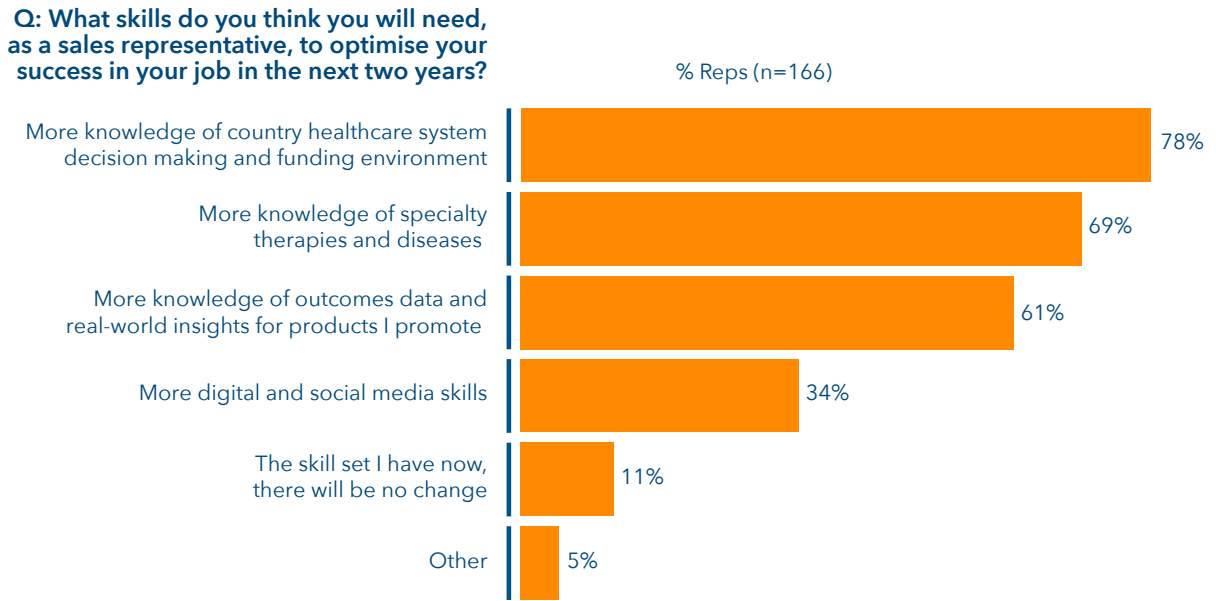
Across all three groups, the one role which most reps believe would become significantly less important within the customer facing team was the general sales rep. As specialised areas of expertise become increasingly relevant to prescribers, reps - and in particular general reps - must develop new skills in order to adapt to the changing environment. In our survey, we asked reps which skills they thought they themselves would most need to optimise their success in the next two years. The results (Figure 6) showed that one area that appears to be a chief concern for reps is improving their knowledge of their country

Figure 5: Q: What do you expect to change in the mix of individuals listed below in the customer facing team in the country you work in?



Source: IQVIA Thought Leadership Survey of CSO "The changing role of the rep" - June 2017

Figure 6: Improved knowledge of healthcare systems, specialty therapy areas and outcomes data are key for reps



Source: IQVIA Thought Leadership Survey of CSO "The changing role of the rep" - UK, June 2017

healthcare system decision-making process and funding environment. This is important given the rise of high cost specialty products leading to push back from payers and increasingly complicated funding mechanisms. Knowledge of specialty therapy areas and outcomes data were also top priorities for many respondents and reflect the general shift in the commercial model.

INCREASINGLY IMPORTANT IN SPECIALTY CARE - THE MEDICAL SCIENCE LIAISON (MSL)

Reps identify MSLs as one of the key roles that will make up a larger share of the customer facing team going forward, particularly in the specialty care sector. The shift towards specialty products has altered the type and quantity of information that needs to be shared with doctors. There is therefore a need for therapeutic specialists with advanced scientific training to educate on complex clinical information

which will increasingly include Real World Insights (RWI), and to support doctors in identifying relevant patient populations.

Through their strong relationships with key opinion leaders (KOL), MSLs act as scientific peers and resources within the medical community, communicating scientific and medical information as well as gathering clinical insight to support effective use of products.

One critical aspect of MSL function is their ability to operate before the launch of a product, and their effective deployment is therefore essential to lay the foundations of a successful launch. From at least 18 months before launch, the MSL team is the first field-based resource in a country. During this time, MSLs are able to gain an understanding of the environment, initiate discussions about unmet need and therapeutic actions, establish relationships with KOLs and build influencer maps. Working through launch and into the early post-launch period, MSLs address the healthcare

community's educational needs, as expressed in a recent IQVIA survey of European oncologists who stated that their greatest need around new drug launches was to understand the clinical benefits and potential patient outcomes, as well as positioning within the treatment pathway.

While MSLs are a hugely powerful tool in supporting the launch of a new product, it is important to take several key considerations into account when planning MSL strategy, mindful of the crucial importance of keeping their activities strictly separate to selling activities. We have identified four conditions to ensure MSL strategy is successful:

- **A clear strategy** as to what MSLs will be used for and how they differ from other roles
- **Building understanding of key influencers** and the network around them
- **Personalised KOL education plans** with specific objectives – e.g. Diagnosis, side effects, disease awareness, etc.
- **Carefully planned execution** – MSLs should be deployed at least 18 months before launch to build relationships, gather market insights and create early awareness

Another key function of MSLs is to capture clinical insights, which they are well positioned to do through their regular interactions with HCPs and KOLs, and their scientific and clinical communication

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skillset. HCPs and KOLs are able to provide crucial information regarding challenges and opportunities for existing and new therapies, as well as unmet needs in treatment and care. These insights can prove invaluable in informing medical strategy, provided they are relevant, actionable, consistent, timely, strategic, and reliable.

INCREASINGLY IMPORTANT IN PRIMARY AND SPECIALIST CARE - NURSE EDUCATORS AND ADVISORS

Nurse educators and advisors were identified in our survey as one of the roles that will gain importance within the customer facing team in the primary care sector. These registered nurses, supplied by a sponsoring pharmaceutical company, work alongside HCPs to improve patient care through education and hands-on support.

Medication adherence is one of the most important aspects of a patient's treatment and also one of the most challenging, particularly for those living with chronic conditions. According to a WHO study, medications are not continued as prescribed in approximately 50% of patients with chronic illness. The degree to which patients stick to their drug regime is closely linked to their understanding of their disease and its severity, as well as their ability to cope with the drug, its delivery and its side effects. Poor adherence is a major issue for all stakeholders but is becoming increasingly important to pharmaceutical companies as the need to demonstrate the value of their drugs through RWE becomes ever more frequent.

As the digital era has taken hold, pharmaceutical companies have turned to technology to address the issue of adherence by developing myriad patient support apps. However, for many patients, face to face contact remains the best way to improve patient understanding, education, and engagement. Including nurse advisors into the caregiving conversation is a particularly effective approach for improving adherence. Nurses can provide a broad

spectrum of support from drug and disease training for patients, parents, carers, HCPs, to supporting patients and families through welfare issues, or simply promoting independence and control. As a point of contact, nurse advisors are also able to take pressure off other HCPs by handling routine questions or providing reassurance.

A key consideration in making the most of nurse educators and advisors is that the relationship between the nurse and other HCPs, since the clinical team remains the cornerstone of a patient's care. While externally-provided nurses can operate independently, integrating the nurse into a hospital, clinic, or practice team will mean they can function more effectively and help them gain patient trust more quickly, while providing supplementary help that hard pressed healthcare systems may find vital.

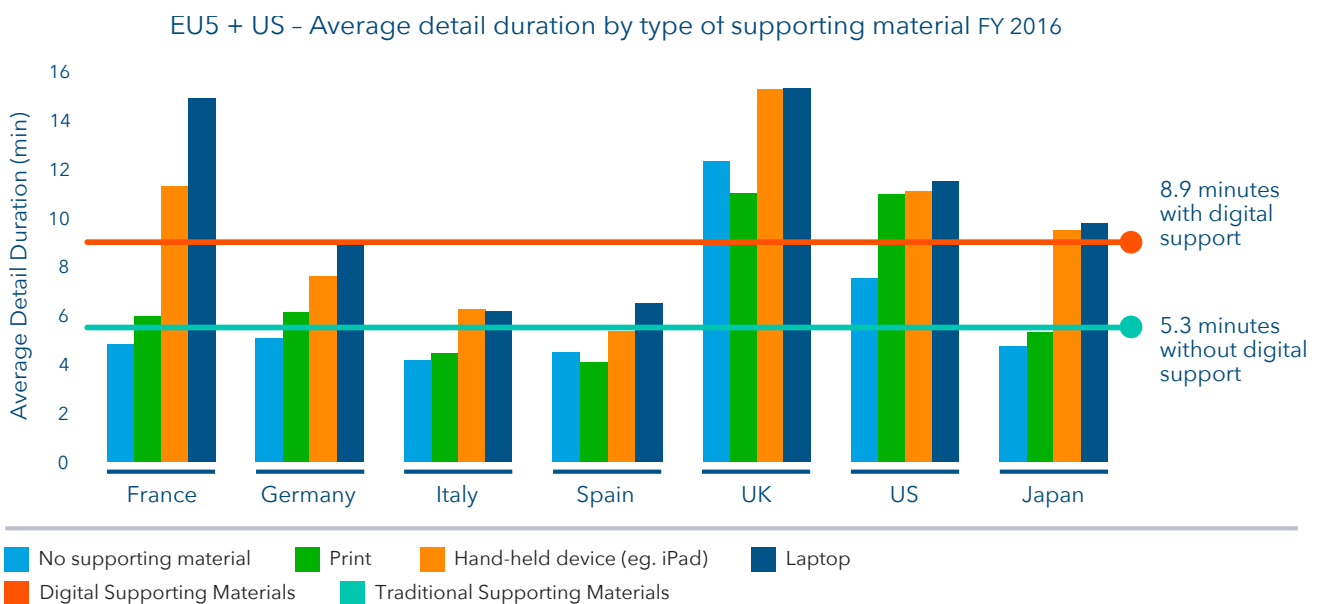
A DIGITALLY ENABLED CUSTOMER FACING TEAM

Reps, and other customer facing team members, will need to be digitally enabled - One simple way to integrate digital technologies with face-to-face

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interactions is through the use of digital supporting material presented on devices such as laptops and tablets. This allows reps to have easy and rapid access to a wider range of information during the detail to tailor the discussion to the doctor's preference in real time. This enables reps to better engage the HCP, leading to more meaningful interactions. Our analysis, Figure 7, shows that details utilising digital supporting materials are on average 72% longer than those using traditional supporting materials such as print. This, and evidence that shows doctors like tablets and are

Figure 7: But digital engagement support works: face to face details where digital support used, longer on average



Notes: Digital supporting materials (laptop + hand-held device); Traditional supporting materials (none + print); Face to face detailing only
Source: IQVIA ChannelDynamics Full Year 2016; US H2 2016 only

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more likely to be positive to the product if they have interacted with material on a tablet, makes strong and credible arguments for convincing reps of the value of integrating digital aids into their roles. It is important to note here that these types of supporting materials are often used for introductory detail, which tend generally to be longer. Nevertheless, reps we interviewed described how digital supporting materials were extremely useful for early visits, when introducing a new, or previously unknown product to the HCP, while these materials became less relevant when visiting established prescribers during follow-up or "reminder" details. This in turn also highlights the need for regularly updated content for such supporting information.

Use of digital supporting materials also affects the resulting impact of the detail on reported intent to prescribe, albeit to a lesser extent. This highlights a critical point - reps must have the flexibility to tailor the detail to the HCP's personal preferences as well as to the particular context of the visit.

One of our IQVIA reps describes how the use of iPads should be carefully considered: not only in terms of whether the aids should be used at all (as some doctors can be strongly opposed to this and its use can even be detrimental to the call) but also in terms of the content the rep should choose to present. Indeed, some HCPs will prefer simple, clear messages with little to no clinical data, while others will want detailed data and comprehensive explanations. The general context of the visit should also be considered here.

On both these points - preference and content - HCPs will fall within a spectrum of interest and it is vital that reps have both the skills and the freedom to gauge this within the first few minutes of a call, as well as tools that are flexible enough to support their needs in each context. They need to be able to use this flexibility across communication modes whilst simultaneously ensuring that they get the core messages across accurately, comprehensively and effectively. Nevertheless, while it may be unreasonable for companies to expect 100% tablet usage from their reps, doctors reported that tablet devices such as iPads were used only in 8% of all face to face contacts in 2016 across the EU5 (Channel Dynamics), indicating that there is still a long way to go on the road towards a truly digitally enabled salesforce.

The use of tablet devices during details also present an opportunity for companies to collect vital data about individual calls which can feedback into key performance indicators allowing companies to monitor progress and impact across promotional campaigns to build a body of knowledge about what works and where. Many tablet-based sales aids currently run a background timer while the slides are being shown. This function can easily be extended to create an automated call log to which additional information could be added manually by the rep. In addition, star rating systems for details and specific slides gives valuable feedback on the reception of material.

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ORCHESTRATION OF CUSTOMER ENGAGEMENT AS THE NEXT DIGITAL STEP

The next step on from better technology supporting individual members of the customer facing team is, of course, to have better technology to integrate and orchestrate insight, messages and support for a customer across the customer facing team. An example might be where a doctor's information request to a call centre, which cannot immediately be addressed from the database of responses to frequently asked questions, is then immediately forwarded to an MSL who can respond, by telephone, and who, with the doctor's consent, is also able to note which channels the doctor wants any follow up on, which (if sales follow up is also indicated) can then be notified to the sales representative who holds the relationship with that doctor, and who has a history of all interactions with that doctor at their fingertips for subsequent engagement. This interconnection of customer engagement by the team improves the speed and quality of customer experience and

provides real time insight into the effectiveness and impact of the customer team as a whole, and across channels.

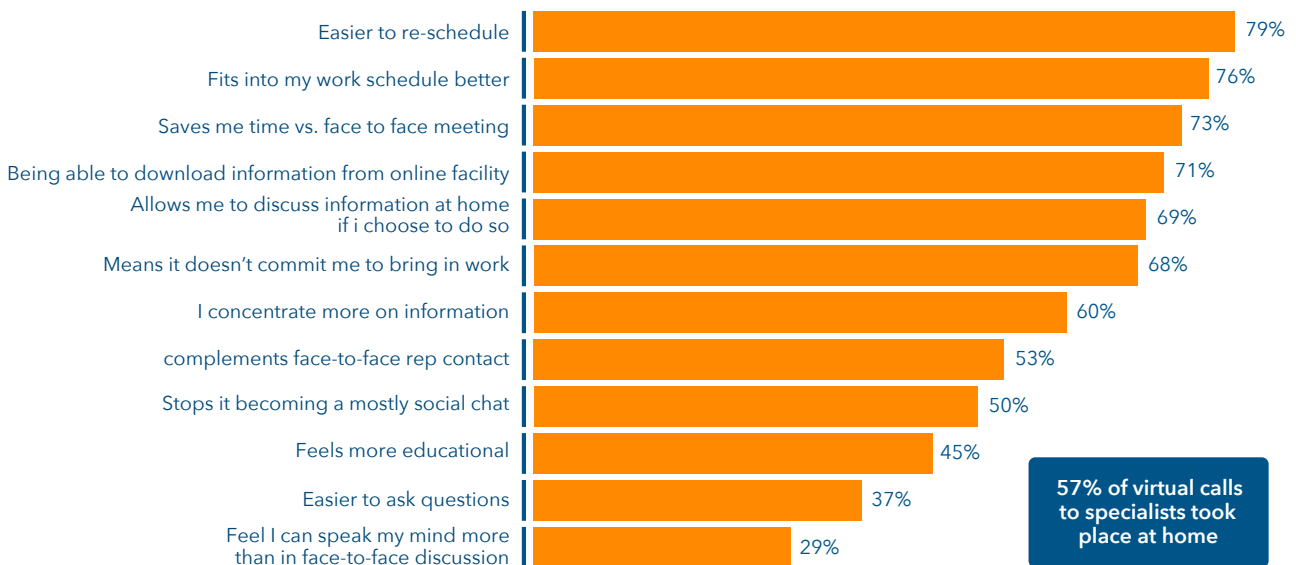
MAINTAINING THE HUMAN TOUCH IN A DIGITAL WORLD

In an environment where it is becoming increasingly difficult to see doctors face to face, remote detailing provides a potentially highly effective solution.

Our data shows that live interactions, whether face to face or remotely via the internet result in similar conversion rates. In the EU5, 70% of face to face contacts and 68% of live remote details during which supporting material is provided via an internet-based presentation result in a conversion (MAT Q2 2017) (US - 62% face to face, 57% live remote internet-based). Furthermore, the results of our channel preference survey show that 28% of respondents in EU5 and 40% in the US state individual interactions with sales reps as their preferred source of information on pharmaceutical products and treatments. This

Figure 8: As time pressure grows might virtual calls be appreciated more?

Q: What are the key benefits to you having a discussion with the representative online and over the telephone compared to a face-to-face discussion?



Source: IQVIA Survey of 101 HCP's (30 Specialists, 41 Primary Care, 30 Nurses) in UK and Spain

highlights the value of personal interactions in pharma marketing and provides a strong argument in favour of maintaining the human element within a multichannel commercial model.

IQVIA research (Figure 8) with doctors on the benefits they saw from remote detailing, whether online or via a telephone call, showed that doctors clearly saw this as much more convenient to fit into a busy day, but also a way to save time and focus on information rather than relationship.

However, remote communication is quite different to face to face communication. Companies that want to make remote communication by the customer facing team a truly effective element of their commercial model must acknowledge that skills for effective face to face engagement and for remote engagement aren't the same. Customer facing team members could need specialisation or training to ensure effectiveness across all live channels.

CONCLUSIONS

Change has already arrived in the customer facing team. As the pharmaceutical industry struggles with low profitability and reliance on successful specialty product launches, the commercial model is evolving and the customer facing team along with it.

Pharma's future customer facing team is likely to be smaller, sometimes much smaller, than it was in the past. The major headcount reductions of recent years will not be reversed, even as new roles come into the customer facing team's mix. This reflects the reality of an increasingly specialist world, where small numbers of specialist healthcare professionals are the major clinical stakeholders. This smaller team will, however, be much more diverse in terms of functions. Generalist sales representatives will be joined by more specialised individuals. Key account managers will work at a business to business level with major institutions. Payer liaison managers will support stakeholders in understanding and negotiating the complex payer environment. Nurse advisers can

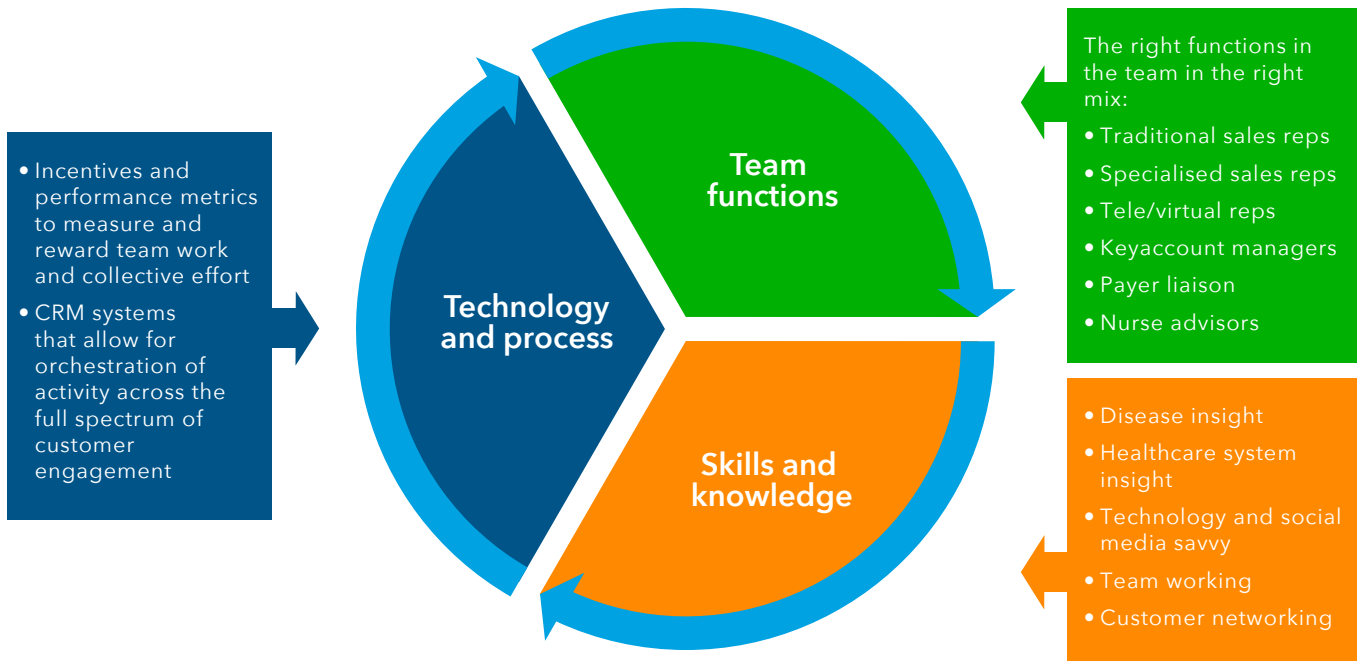
provide invaluable support for patients managing complex and chronic conditions, especially in primary care. And although not part of the commercial team, MSAs are an increasingly important element of the customer facing team, as the nature of conditions treated and treatments for them becomes more complex, and liaison and education with clinicians all the more important.

However, simply recruiting a team with more diverse functions will not work. The team members will need new skills, and they will also need to have the right structures, processes and technological support to function effectively. As outlined in the Figure 9 below, team members will need better disease insight and healthcare system insight as part of their day to day jobs. They will need strong team working skills- communication, cooperation, networking, and insight into how to best work with the skills of their other team members. They will need to be comfortable with and actively embrace social media and digital communication alongside their traditional communication skillset.

The incentives and performance metrics for the team will also have to be chosen carefully to encourage and optimise team working. Similarly, supporting technology for the customer facing team must be very different to traditional CRM systems. It must be fully integrated, with a single customer view. It must be fully functional across all the customer facing

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Figure 9: Key elements of Pharma's future customer facing team



team, but provide each member with the information and decision support they need for their roles. It must actively work to avoid "information overload", using artificial intelligence to support routine decision making, freeing up team time for more innovative activities in their job. It must have a robust, comprehensive approach to compliance which works for the entirety of the customer facing team, whilst adapting to the needs of their individual roles.

Concrete next steps which companies can take now to develop their future customer facing team include:

- **In depth customer research** to understand what their needs and preferences are, and how they will change
- **Review existing customer team skill base** and hiring criteria - is your existing team getting the coaching and support it needs to have the right skills and will you be able to bring in people who already have, or have the potential to develop, that skillset?

- **Build organisation structure** and processes to encourage and reward effective teams
- **Ensure that the technological support is fit for purpose**, enables an orchestrated approach to customer engagement, and is future-proof.

In the journey to a more effective future customer facing team, IQVIA's leading edge Orchestrated Customer Engagement capabilities are designed to create a step change, moving from multichannel to a fully comprehensive, truly effective, digitally enabled approach to customer engagement for the entire customer team.

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