



Experience Management: A prescription for a digital age

Life science and health care companies are earning customer trust with thoughtful digital experience management and data stewardship

MARK LUSH

Principal and US Life Sciences and
Enterprise Cloud Solutions Leader
Deloitte Consulting LLP

RYAN ALDERMAN

Principal and US Adobe
Alliance Leader
Deloitte Consulting LLP

MIKE CHURCH

Managing Director and US Adobe Alliance
Life Sciences and Healthcare Leader
Deloitte Consulting LLP

KATHLEEN JOYCE

Manager and US Life Sciences and
Healthcare Marketo Leader
Deloitte Consulting LLP

Deloitte.
Digital

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Introduction

Good relationships are built on trust, and every interaction between a customer and a brand is an opportunity to bolster that trust. Especially so in an age of accelerated change where more and more of our interactions are moving online, and industry after industry is being disrupted by companies that crack open digital-first relationships with their customers, partners, and stakeholders. Within this shifting digital landscape, where analog relationships are being digitized at breakneck speed, the need to ground experiences in basic human needs has come center stage. Forward-thinking leaders in health care and life sciences are grappling with this disruption and embracing a more holistic approach to delivering digital experiences powered by data and focused on building trust.

“The COVID-19 pandemic has been a shock to our collective systems—and a catalyst to rebuild trust,” observe the authors of a [study](#)¹ on the impact of COVID, conducted by Deloitte in the first wave of the pandemic. “As resilient leaders seek to shepherd their organizations and stakeholders safely through the COVID-19 crisis, trust will be more critical than ever, as recovery without trust rests on shaky ground.”

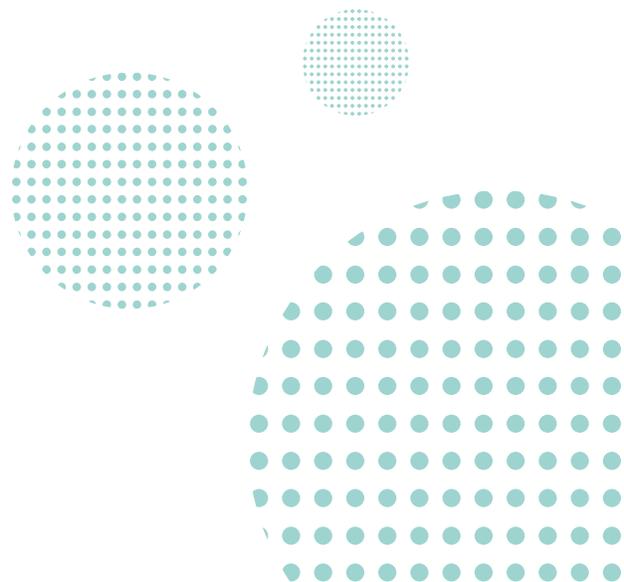
Clearly, trust counts for brands and businesses—and as emerging tools and data reveal, trust can now be linked directly to performance. Just like tracking brand equity, trust is increasingly a key performance indicator that life science and health care (LSHC) companies measure and use to predict outcomes in the marketplace. A new framework published by Deloitte Digital has identified four key underlying drivers of trust: humanity, transparency, reliability, and capability. Aptly called the Human Experience (HX) TrustID™, this framework was used in a recent survey of more than eight thousand patients, caregivers, and health care providers conducted on behalf of a global pharmaceutical manufacturer. Survey results showed specific areas where the company could improve their trust metrics and grow their ROI. While the company scored high for reliability (“Consistently delivers products, services and experiences with quality”), it learned that it had room to improve within its perceived humanity score (“Values the health of patients and the environment, not just profits”). This pharmaceutical leader is now working with Deloitte to identify and prioritize the highest-impact actions the company can take to improve its trustworthiness.²

While LSHC companies may have unique strengths and weaknesses in terms of their trustworthiness, they clearly understand its importance: A March 2021 survey, conducted by Deloitte for this paper, found that 91 percent of life sciences executives and 94 percent of health care executives said it’s “extremely” or “very important” for their brand to be perceived as empathetic and trustworthy²¹. Recognizing this imperative, they face a new challenge: developing cohesive digital strategies and operating models that not only manage the entire omnichannel experience, but also deepen levels of trust at every digital touchpoint.

“The pandemic has accelerated digital transformation that was just beginning to gain traction in health care.”

TOM SWANSON

Head of Industry Strategy and Marketing —
Health and Life Sciences, Adobe



COVID-19: A digital accelerator

Before 2020, most of us made connections with doctors, hospitals, therapists, and pharmacists via face-to-face encounters. We waited in a lobby, flipping through magazines and chatting with staff. A nurse took our vitals and we shook the hand of a new doctor. Our experiences were physical and just as real as the ailments we were trying to address.

Then COVID-19 shut down our in-person interactions, office visits, and all but the most essential hospital visits. It was an abrupt wake up call for health care organizations, many of which still relied on paper patient records, face-to-face diagnoses, and hands-on care.

In mid-March 2020, the Centers for Medicare & Medicaid Services (CMS) expanded payment for telehealth services on an emergency basis³ and health care organizations shifted to virtual platforms. Though some CMS changes were intended to be temporary, telehealth adoption rates were much higher than expected. A GlobalData study showed that 79 percent of specialists increased their telehealth usage during the pandemic, and 75 percent said they intended to continue using it after the pandemic ended.⁴ Anthem, an industry giant ranked 29th on the Fortune 500 list, reported that their Medicare Advantage members' use of telehealth jumped from 4,400 visits in March-May 2019, to 600,000 visits in March-May 2020.⁵ With telehealth seen as an overall positive experience, health care organizations and payers expanded coverage going forward, with the CMS making some of these changes permanent in the 2021 Physician Fee Schedule and extended other telehealth coverage through the end of the public health emergency.⁶

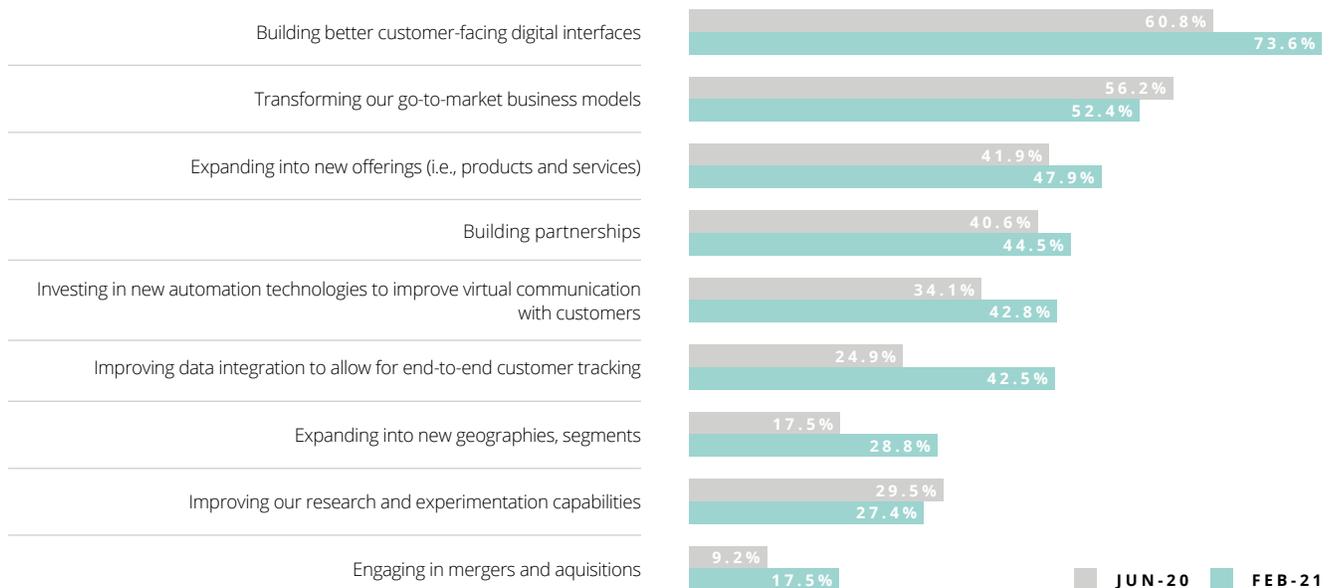
While doctors were pivoting to telehealth visits, pharmaceutical representatives were facing their own challenges. When the lockdown first began, sales reps from life sciences companies found themselves unable to visit doctors' offices in person and barred from freely roaming hospital floors. Unable to shake hands and meet in person, concerns grew as their efforts to engage doctors and other customers via Zoom lacked spontaneity and often required a doctor to be in front of a computer screen.

"COVID hit and the immediate thought became how to engage health care professionals during a lockdown," says Tim Murdoch, managing director, health care and life sciences at Adobe. "Sales rep productivity became a huge topic."

Life sciences companies that had begun to lay a digital foundation before COVID, however, soon realized that they could leverage their previous investments in technology to deliver digital assets and content at greater scale. Digital channels bolstered with rich educational content became a viable alternative format for onboarding health care providers (HCPs) and patients, and data-driven insights enabled sales reps and their marketing teams to deliver more relevant materials, and even delve into more sophisticated account-based campaign methodologies.

During the pandemic, **28%** of patients changed providers after receiving a poor digital health experience—a **40% increase** from 2019, attributed to increased use of digital technologies. Of those surveyed, **53%** they would switch providers if they could use touchless patient registration and intake tools⁸.

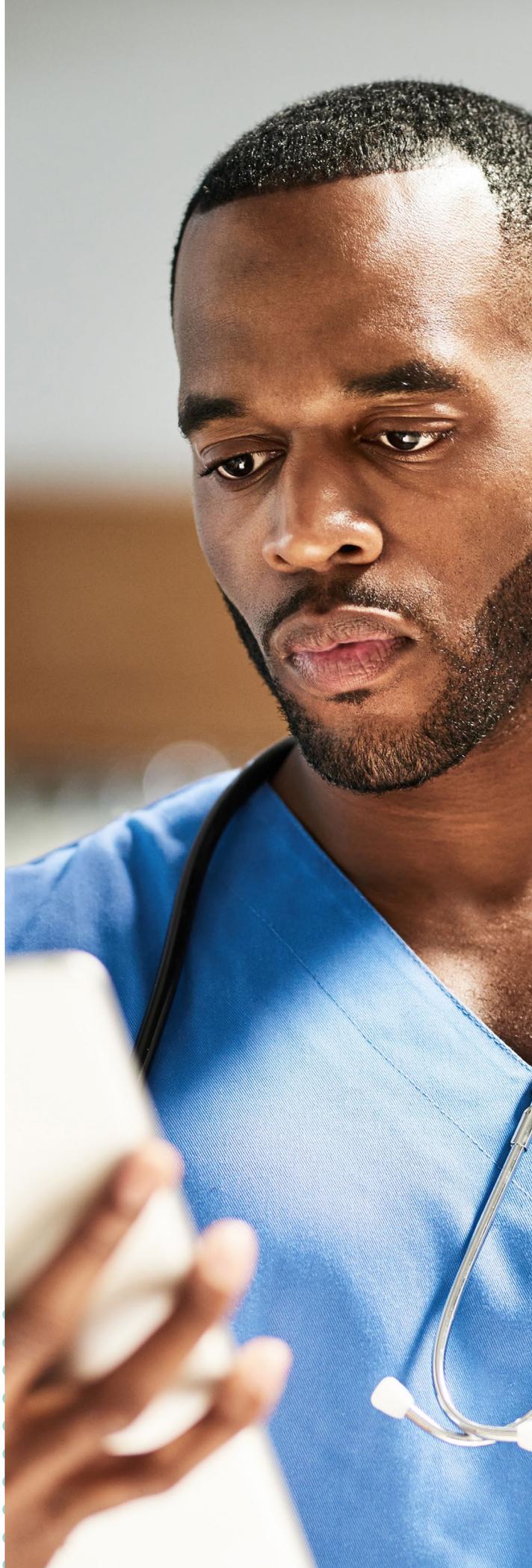
Eight months into the pandemic, CMOs are focused on interfaces, go-to-market models, and expansion



“The immediacy of the pandemic caused a pivot to digital-first engagement models. It accelerated the digital transformation that was beginning to gain traction in health care prior to the pandemic,” says Tom Swanson, Adobe’s head of industry strategy and marketing for Health and Life Sciences.

Over the course of the pandemic, LSHC companies have realized that telehealth is only one form of digital engagement, and that by leveraging new marketing technology platforms, especially ones focused on omnichannel experience management, organizations are able to automate, assemble, and activate relevant experiences and compelling messaging for patients, HCPs, and other customers. More importantly, leading LSHC brands are beginning to implement approaches that personalize content, maximize engagement, and ultimately build measurable improvements in trust.

“With COVID, health care organizations were really forced to move from an in-person model to a digital model because they couldn’t physically see people anymore and have normal interactions,” says David Geisinger, a Deloitte managing director and leader in the Life Sciences and Health care practice. “As horrible as COVID has been, it actually helped advance health care and get it to a state where it needed to be all along, improving the digital human experience.”



Applying the
retail model
for experience
management



What goes into designing a thoughtful “digital human experience”? LSHC companies are beginning to look to industries such as retail and financial services for inspiration and digital operating models. Those sectors have been developing strategies and investing for years in technologies that deliver personalized digital experiences, making customer experience (CX) the new marketing battlefield. In 2019, Gartner reported that nine out of ten chief marketing officers expected to compete mostly based on CX. And in two years’ time, 81 percent say they expect to be competing mostly or completely on the basis of CX.⁷ (To learn more about how Deloitte Digital assesses customer experience and CX maturity, [click here](#).)

LSHC customers, whether they are health care providers, hospital administrators, or patients, are also participants in a broader consumer environment that helps to define their expectations. Their experiences in other industries, like retail, create context and new benchmarks for their digital health care expectations. Stuck at home throughout the pandemic, and exposed to countless “frictionless” e-commerce experiences, patients began to reflect on their health care experiences through a retail lens.

“COVID changed the game overnight and reshaped how people think about being [health care] customers.”

DAVID GEISINGER

The stakes are high among these retail-conditioned consumers. A Forrester study conducted during the pandemic showed that 28 percent of patients changed providers after receiving a poor digital health experience. That was a 40 percent increase from the prior year, and study authors attributed it to increased use of digital technologies. Results also showed that 53 percent of those surveyed said, if they could use touchless patient registration and intake tools, they would switch providers.⁸

“Our expectations for how we engage with providers and payers are shaped by things totally outside of health care,” says Geisinger. Our digital interactions with online shopping, entertainment, and technology companies have reshaped our needs, expectations, and requirements for experiences across the board. E-commerce providers have set a standard for quickly delivering goods directly to our doorstep and have heavily influenced our expectations around health care delivery that may not require interaction with a doctor, pharmacist or other HCP. “This translates into new expectations on how quickly we want to get our medications, medical supplies, and appointments. COVID changed the game and reshaped how people think about being [health care] customers,” he adds.

Now, LSHC leaders strive to provide digital experiences as rich as top e-commerce brands. In addition to delivering relevant content, health care and pharma companies should consider adding these key capabilities to their digital playbooks:

REFOCUS THROUGH A RETAIL LENS



Identify specific customers and audience segments: associate these individuals and groups with their attitudes and interests



Understand their behaviors: in channels, with various types of content and messages



Use machine learning to anticipate their actions and respond with relevant content and offers



Use data to generate actionable insights and improve customer outcomes

Make it personal

Many marketers define personalization as unique messages and content delivered to specific customers at the right time, on the right platform in the right sequences, and with the right context. True personalization may require investments in analytics, implementation, and human resources. Chief Marketing Officers (CMO) should decide how to allocate resources to maximize their return on investment and serve the company's long-term vision.

Deloitte Consulting LLP Principal Dave Hanley defines personalization as “a continuum, moving from broad marketing at one end to one-to-one marketing on the other”. Depending on the personalization desired, the CMO can execute a step-by-step process to determine which aspects of personalized marketing best serve a business.

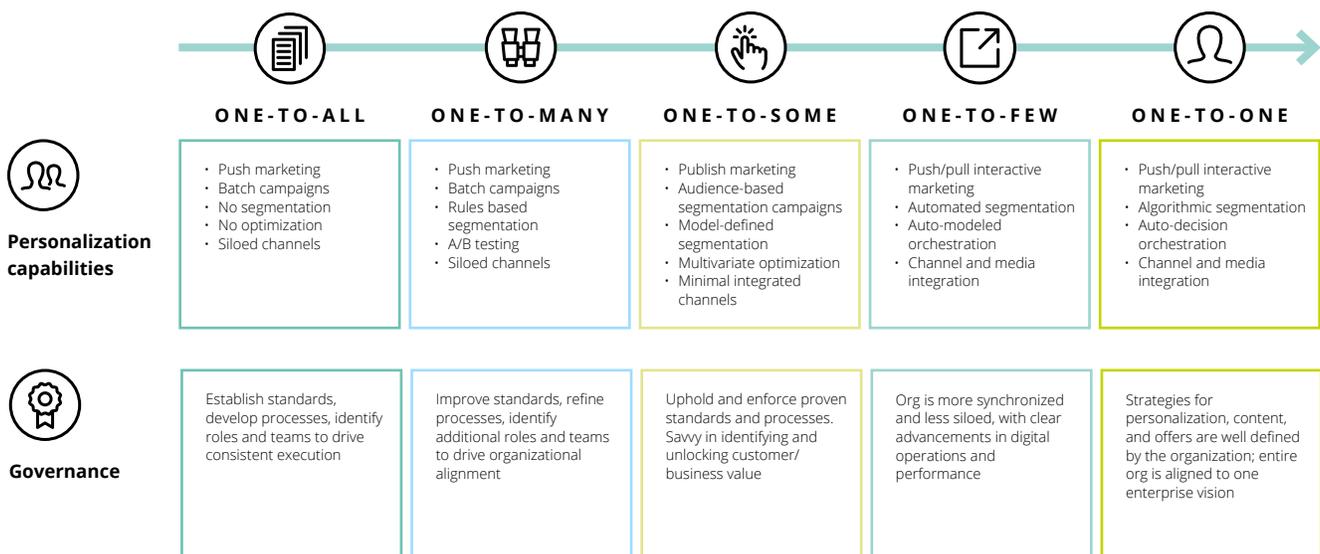
This is not an all-or-nothing decision, and Hanley suggests you think of where your business best fits on the spectrum by considering which level of personalization is right for you, both now and in the future. Armed with knowledge about your resources, budget, and goals, you'll be equipped to move toward the level of personalized marketing that meets your company's current needs—and yields the greatest ROI.

However, personalization isn't a simple switch you flip on: It manifests in many forms, and on many levels. Basic personalization involves delivering tailored content, including educational material, ads, offers, and other assets, to broadly defined customer segments (one-to-many). These segments can be more narrowly defined, combined with other segments, and appended with new characteristics to create more finely tuned personalization (one-to-few). Best-in-class (one-to-one) personalization delivers unique, optimal digital experiences for each customer using robust data from first- and third-party sources. Individualized experiences can be delivered across devices, channels, and brand touchpoints, including websites, apps, email, kiosks, call centers, and agents. Communications are defined by interests, interactions, and orchestrated decisioning, which are delivered at the appropriate time.

Even basic personalization has measurable impact: According to VB Insights, 39 percent marketers using website personalization technology have seen a lift of at least 20 percent in their most important metrics.⁹

STAGES OF PERSONALIZED ENGAGEMENT

The characteristics defining personalization capabilities, technology, and governance evolve across the stages of personalization



Accelerate your content velocity

Historically, LSHC marketers often viewed customers through a traditional lead acquisition approach using linear tools like customer funnels or patient journey maps. “Today, signing up new members, patients, or customers is still important, however, marketers should now also work to change both customer attitudes and behavior in order to help make more informed choices about their health and lifestyle”, says Ed Gibson, a managing director in Deloitte’s Life Sciences and Healthcare practice. This not only means educating and helping patients make better decisions, but also sets up opportunities for customers to engage in more dynamic digital experiences, like mobile or smart watch apps, that help them directly manage their health. These much more frequent (and non-linear) digital communications mean marketers must generate a lot of content—all of which must clear the bar of medical, legal, and regulatory (MLR) approval before it goes live.

Balancing speed and compliance, leaders are looking at risk-based models to improve content velocity



CHALLENGE:

- Content approval bottleneck limits speed-to-market and personalization
- Inefficient creation and re-review of complete assets

SOLUTION:

- Create sites and campaigns leveraging a fragment-based approach instead of by complete asset to enable flexibility and risk-based routing

VALUE DRIVERS:

- Increase speed of content creation, distribution, and approval
- Enable efficient assembly of personalized experience
- Reduce legal resources used for approval
- Scale across brands and geos

Content velocity is a real material challenge for most LSHC companies, where approval for a single webpage can take weeks, and a multi-channel training program can take a year. To meet the challenge, leading firms are challenging the status quo and revising many of their processes: templating and componentizing digital content modules; repurposing pre-approved content across multiple channels; integrating their content production, asset management, and approval platforms to synch digitally; and establishing MLR governance models that can segment and evaluate content based on risk (e.g., images and logos may receive expedited approval, while the wording of product claims and dosage recommendations will still go through standard cycles).

Ultimately, smarter approaches that drive faster speed-to-market are essential. As the vice president of a life sciences company recently explained, “The pandemic has caused our customers to expect results faster, so we are seeking [partners who perform] quickly, efficiently, and cost-effectively. They have to have a deep understanding of where we are today and what we’re trying to do.”¹⁰

DUST OFF YOUR DIGITAL PLAYBOOK



Deliver the right content to the right audience at the right time



Find partners that will share their goodwill: programming with HCP groups and advocacy organizations fosters trust



Use data to drive content strategy, creation, placement, and personalization



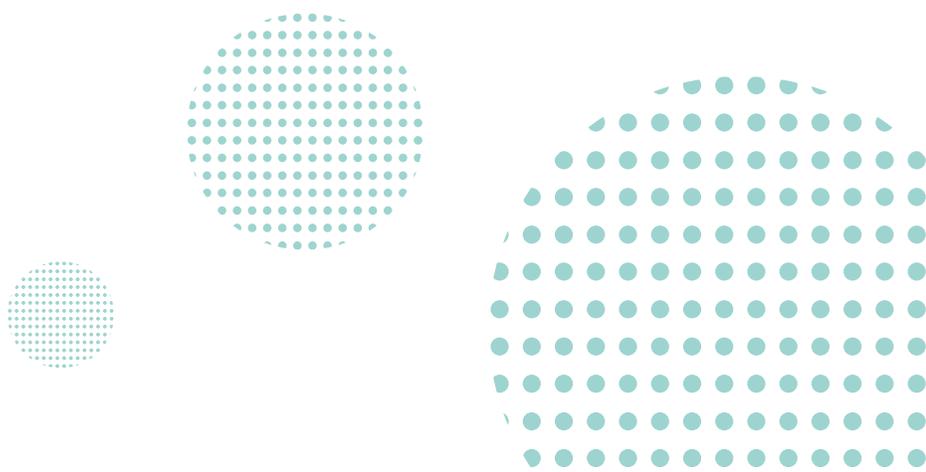
Enhance collaboration and reusability of content across regions and brands



Drive MLR efficiency: Create it once, approve it once, use it many times, assess risk standards



Maintain content information security, privacy, and compliance standards



Be relevant

No matter how much content is directed at a customer, it will have little impact if it isn't relevant to that person's interests, needs, or motivations. More importantly, delivering relevant content or messages at the exact moment of need, and sometimes before, will help you maximize the value for both the customer and your brand. For example, when pollen counts hits certain threshold, a quick SMS message to a busy parent with a coupon code for decongestants, might just save weekend plans. Or an email campaign sent to an oncology director with weekly event updates as a congress on gene-based therapies moves from a virtual event to an in-person affair.

Some LSHC organizations are providing concierge services or nursing hotlines that provide advice on how to prescribe or take medications, or to help offices with the preapproval process. Patients who start on specialized medications may receive an email welcoming them to the program, providing reminders or other ways to make the process easier, or they may be offered an app that supports—even gamifies—education and therapy adherence.¹¹ “If you help move the needle in terms of adherence and better quality of life and customer care, it's win-win,” says Raghu Machepalli, a senior manager in Deloitte's health care practice.

Other pharma companies are aligning with medical associations, foundations, disease or advocacy groups to promote educational resources for patients and caregivers. The idea of life sciences companies offering solutions broadly to benefit an entire patient population, rather than only to those patients prescribed their brand, reflects the industry's continued shift to value-based care, which provides reimbursement based on improvement in patient outcomes.

Such alliances also tend to foster more trust and drive better patient adoption, says Ryan Myers, a principal at Deloitte Consulting LLP. “Many patients don't think to reach out to a pharma company to find out if they have a program to help with medication cost or managing a chronic condition. When [pharma companies] partner responsibly with a health care organization, the uptake is much better.”

In the March 2021 survey, 59% of LSHC executives said reimagining and optimizing customer journeys is a top priority for the post-COVID era. Leaders understand it is essential that marketers coordinate messages holistically, from diagnosis and therapy to recovery and wellness²¹.



Whether communicated directly or through partners, journey orchestration is key. “Companies and brands should focus on human experiences and patient-centricity in an integrated fashion,” explains Mark Lush, a principal at Deloitte and the national Marketing Technology practice leader across all industries, including life sciences and health care. “Today, patients being prescribed a new drug may be asked to enroll in their health care provider’s hospital or clinic patient engagement system, the life science company’s own discrete patient engagement program, *and* a wellness application from their health insurance company, leading to a potentially overwhelming and inconsistent patient experience despite the best intentions by all participants. The opportunity here is to coordinate these diverse engagement tactics into a seamless orchestration of patient touchpoints with the unified purpose of supporting optimal health outcomes.”

In Deloitte’s March 2021 survey, 59 percent of LSHC executives said reimagining and optimizing customer journeys is a top priority for the post-COVID era²¹. These leaders understand it is essential that marketers coordinate messages holistically, from diagnosis and therapy to recovery and wellness.

Each of those individual touchpoints is grounded in data. Data and context combine to create memorable and relevant experiences at potentially every touchpoint in the customer journey.

“When large health care payers or providers hear that tech giants are jumping into health care, they get nervous. They know [tech firms] will put themselves at the bullseye of customer experience and leverage technology and data in ways that simplify and demystify the experience,” says Ryan Alderman, principal, Deloitte Consulting LLP. And yet, he says, “there are a host of strategies and tools available to LSHC companies ready to deploy the power of data.” With low-cost and high-power computing, it’s easier and more important than ever to create and use customer profiles that support relevant engagement. Platforms and interoperability are making it easier to merge data into forms that create relevant audience segments, to the level of one-to-one engagement.



Growing and guarding data

It begins, of course, by unifying and organizing your data, which is why many LSHC leaders are implementing customer and data experience platforms to take full advantage of rich streams of data about their long-standing buyers and buying companies. These next-generation platforms digest an expansive array of customer data. Each web search, each channel preference identified, each entry from a wearable device can add elements to the profile of an individual.

“Individuals’ willingness to share data is important for developing the interoperable data platforms necessary to drive innovation and discovery. It can also help clinicians and consumers be more proactive in health management. Health systems and clinicians that decide to work with tracked data should determine how to organize it so that it’s interoperable. In clinical trials, organizations/ researchers should ensure they have patient education, consent, and support systems in place,” say the authors of a [Deloitte study](#) on the Future of Health™.¹²

Pharma reps had always maintained profiles of their customers, knew how many orders or prescriptions each of those HCPs placed, and understood their patient profiles, along with each doctor’s personal attributes. Now with advanced platforms, reps have a greater overview of the HCP’s digital footprint: what websites they visit, what educational materials they’ve read, and what they’ve opted into. This information informs the account records so marketing teams can deliver personalized content and provide more targeted information that helps HCPs do their jobs and connect with patients.

Data grooming also applies to patient data. Data platforms can support end-to-end life cycle management, from a customer’s early awareness, to consideration of care options, to becoming a patient and engaging over time. Insights are gathered throughout the acquisition journey. More recently, they are gathered throughout the patient’s health journey.

Several LSHC companies are looking for ways to enable patients to use their own data in helpful ways, as they educate on how and why data is useful and may benefit both the company and the customer. “We’re having discussions about how we help our customers have a better patient journey, while also protecting all their personal information,” says Adobe’s Murdoch.

“We’re focused on helping our customers create better patient journeys, while also protecting the patient’s personal information.”

TIM MURDOCH

BUILD A 360° CUSTOMER VIEW



Link anonymous online audiences to known audiences to engage with members or patients in a coordinated manner across all channels



Conduct look-alike modeling using audience profiles, in order to determine a segment’s propensity to take certain actions and optimize specific outcomes (e.g., convert, click-through, view videos)



Implement and run a customer data platform (CDP) using preconfigured data models that are real-time and cloud-based. These nimble models can provide better accessibility and usability



CDP data models can be built in your cloud of choice; they are typically **70%** out of the box, **20%** configuration, **10%** customization

A smart watch, for example, can monitor its wearer for irregular heart rhythms suggestive of atrial fibrillation, which can ultimately lead to stroke.¹³ "The future of health is around being predictive and premeditative, as opposed to dealing with health problems after they occur," says Gibson.

Predictive analytics are based on rich data sets, and as inputs are volunteered by device-wearing patients, matched to first-party data, and enriched with third-party data sets, the universe of health care data expands exponentially. "The biggest change we're seeing is the hydration, or enrichment, of the customer record, patient record, or HCP record," says Murdoch.

Findings in the recent Deloitte survey of LSHC executives reinforce Murdoch's point, as executives report data optimization is a top priority as they emerge from the COVID pandemic. Only 19 percent of CXOs surveyed by Deloitte in early 2021 said they have compiled robust customer profiles, while another 21 percent say they are working to refine segments and develop better and deeper understanding of their audiences.¹⁴

"[Data] helps manage the entire customer journey," Murdoch says. "There are data tools that provide the technology and security protocols to protect and lock in data to manage it appropriately. And there are organizations that can help pave the way to make sure it's done properly and thoughtfully, building and preserving that essential customer trust."

Without thoughtful governance and security tools, data management can be a minefield. While LSHC marketers generally understand the regulatory requirements for managing patient health information (PHI)—such as Europe's General Data Protection Regulation (GDPR) and the California Consumer Privacy Act (CCPA), or regulations for products classified as "software as a medical device" (SaMD)—they can win or lose customer trust depending on how well they manage and protect data.

A 2020 Deloitte Insights survey found that while consumers were more willing to share their PHI during the pandemic with health providers, health insurance companies, and tech companies¹⁵, the secure management of that PHI remains a significant challenge. In fact, the number of health care data breaches involving 500 or more patient records rises every year, with 642 reported in 2020, up from 512 in 2019. As of late February 2021, the government settled or imposed penalties of over \$135M dollars on various health care entities for HIPAA violations.¹⁶

The good news is that entities covered by HIPAA increasingly rely on encryption, administrative, and physical device controls. The result is a decline in actual data loss or theft incidents.¹⁷

After a slight decline in willingness to share data prior to COVID-19, new data shows that consumers are more comfortable sharing data in crisis



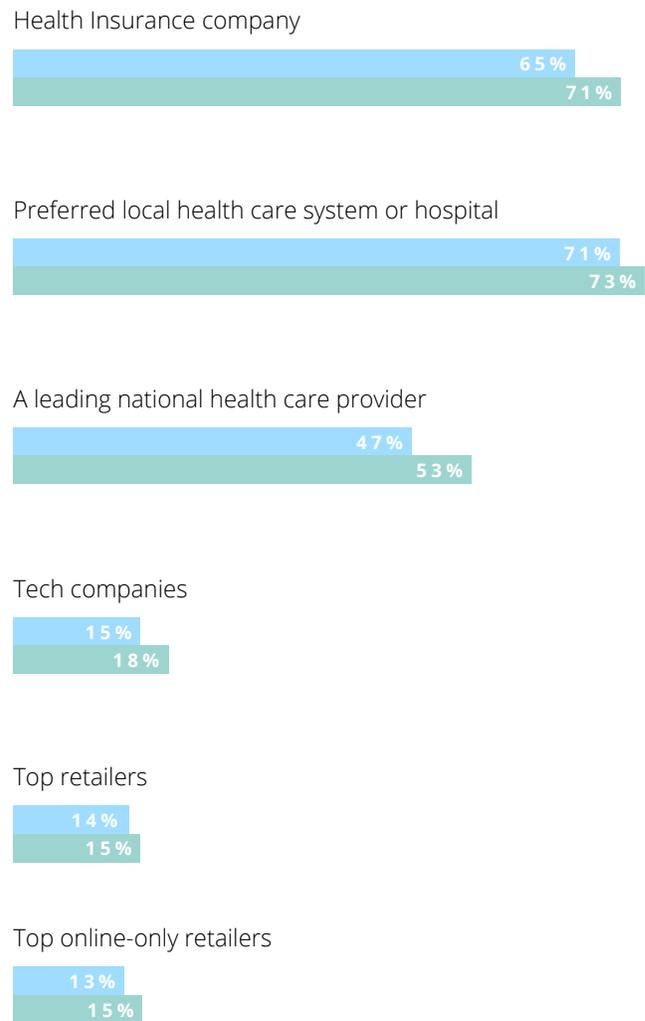
Scenarios where consumers would be health-monitoring devices



Source: Deloitte Center for Health Solutions 2020 and 2018 Health Care Consumer Survey



More consumers are willing to share personal health information as a result of the crisis



Source: Deloitte Center for Health Care Consumer Response to COVID-19, April/May 2020. Deloitte Insights | deloitte.com/insights

LSHC companies walk a fine line when collecting PHI, even when permissions are granted by customers and the organization follows government rules. “You need trust, transparency, privacy, and security in any industry. Health care adds regulatory needs and a level of complexity in terms of data sharing and HIPAA regulations,” Geisinger explains.

“More often than not, payer organizations err on the hyper-conservative side. They don’t want to step into a grey area even if the letter of the law allows them to use it for personalization,” agrees Swanson.

LSHC companies face additional data management hurdles that trace back to the origins of the industry. While many modern e-commerce retailers are digitally native enterprises, launched on cloud platforms, most traditional LSHC organizations are not. “LSHC companies were built to help solve a medical problem,” Geisinger explains. Their data tends to be siloed, with digital capabilities added on piecemeal. Depending on the use case, “they usually have to move data across archaic systems with multiple disparate technologies.”

Even as marketing teams work to rationalize customer data, the Centers for Medicare & Medicaid Services (CMS) is pushing for more data interoperability so that health care systems and payers can talk to each other, allowing patients to grant third parties access to their data and enrich the overall digital LSHC ecosystem. Interoperability has been mastered by big tech companies (i.e., Quick access to a third-party web or mobile site via email and/or social media login credentials), and raised the bar for customers to expect the same “frictionless” experience across devices and interfaces. “We expect to have our data be transferable and interoperable. And at the same time, we expect it to be 100% secure,” Geisinger says.

But the regulatory framework for health care data lags behind data management capabilities. “Technology often runs at a pace that is much faster than its legal underpinnings,” Alderman says. This may be why a growing number of leaders are actively exploring better ways to manage customer data. In a 2021 Deloitte survey of marketing executives, 91 percent said they currently relied on in-house data teams, but only 36 percent expect to maintain that model over the next two years.¹⁸

USE TRUSTWORTHY DATA PRACTICES

While regulations are still catching up to technology, data experts recommend three leading practices:

1

Gather and document permission to use the data when it is collected. Upgrade preferences management interfaces in patient and HCP online portals, and always associate those preference to the customer profile.

2

Educate customers about HIPAA and data security. More than half of health care respondents to Deloitte’s LSHC executive survey said they are using either direct-to-consumer education programs about data security or offering provider-based education programs²¹.

3

Publish a data bill of rights. Gibson recommends that health care organizations share how they’ll use the patient’s data and—importantly—how they won’t.

Embrace
HIPAA



In order to comply with HIPAA data security requirements¹⁹, health care organizations and their service providers should have a solid understanding of HIPAA regulations. These regulations describe the administrative, physical, and technical safeguards that stipulate the mechanisms and procedures that must be in place to ensure the integrity of Protected Health Information (PHI).

“The specific language around compliance is crucial,” Tom Swanson says. While some software vendors claim to offer “HIPAA-certified” solutions, Adobe notes that, people—not systems or tools—may be “certified” as HIPAA compliant for the ways they actually use data software.

“It is not legal guidance, it is a legal fact: Third parties will audit and evaluate HIPAA compliance in terms of both the secure behaviors of users and how they maintain the privacy of data; auditors will issue a ‘certificate’ validating their audit. This ‘certificate’ is not a certification from the Department of Health and Human Services.”

There can be a steep learning curve for LSHC organizations that are not used to in-house management of data and data-based journey orchestration. These capabilities may require new muscle and a need for savvy partners to help operate in a new digital environment. The investment, however, is worthwhile. As Geisinger states, “Businesses that haven’t organized data in meaningful ways to optimize customer engagement, especially around the moments that matter, are starting to catch on. They’re rapidly exploring ways to do this now.”



HOW A GLOBAL PHARMA COMPANY OPTIMIZES ENGAGEMENT

Not long ago, Deloitte Digital was asked by a leading life sciences company to assess its digital marketing strategies. The company was struggling to produce and deliver timely and relevant content to HCPs. In particular, its compliance processes, which had been established decades earlier, limited marketers’ ability to bring new materials to market quickly, test content variations, and deliver personalized experiences to its audience.

Deloitte worked with business and IT stakeholders at the company to design and build a digital engagement platform that maximized marketing ROI and capitalized on the increasing tendency among HCPs to access medical information through digital channels. The responsive web design delivered unbiased and personalized medical content to HCPs across desktop, tablet, and mobile devices. The platform also enabled streaming of on-demand and live videos from scientific congresses and symposia.

The first global pilot of the platform reached more than 13,000 HCPs across 60+ countries. Using the power and scale of Adobe Digital Marketing Cloud, the pharma company was able to engage four times the number of HCPs at a quarter the marketing costs expended in the prior year. Net Promoter Scores for the pilot beat industry benchmarks and proved HCPs were highly satisfied with the overall digital experience. Most important, with the new platform, HCPs from around the world had access to an extensive library of medical information they could leverage to improve patient care and outcomes.

What are your next three moves?

As we emerge from the COVID-19 pandemic, life science and health care companies are at a watershed moment. As Deloitte Digital's Alderman says, "Crisis catalyzes innovation and investment, as it forces organizations to focus on solving existential threats."

Crises such as the pandemic also crystalize opportunities. Now is the time for LSHC enterprises to not only accelerate their transition to digital-first engagement, but truly transform their human relationships with their customers.

Here are three moves that can start you on that path:

1. BEGIN BY DEFINING YOUR TRUE NORTH

This should be a crisp statement that anchors your organization's ambitions and goals in a new business reality (usually involving the transformation of one or more corporate functions), and often one that can only be attained with new ways of thinking. As a leader, this is your opportunity to align leadership around a clear set of objectives and create an inspiring mandate for change. Ask yourself, your team, and your partners what new models will help your company drive more productivity, improve output quality, and create a baseline for future optimization of the human experience. Recognize that change can be difficult.

"Many life sciences companies set an objective, but struggle with the work required to change behaviors and ways of working within and across teams," notes Holly Darov, a Deloitte Principal with extensive experience advising LSHC companies. "The hard truth is that investment in the actual transition effort is necessary to get teams to work differently, take ownership of the customer experience, and manage the data, decisioning, and delivery required to achieve relevancy, personalization, and trust."

Depending on where your organization is today, you may need to focus on:

- **Business models:** Is the customer at the center of your business model? What's preventing a 360-degree understanding of the customer? Would rethinking your brand uncover new opportunities to engage?
- **Culture:** Do you need to redefine your culture, introduce new ways of working, or build capabilities that are suited to the new reality?
- **Governance:** Rethink digital governance. Have you defined a central authority where strategic and implementation decisions are evaluated? This ensures authority and responsibility are tethered to decisions that impact customers.
- **Content:** Are your teams managing web content creation, MLR compliance, and business rules in ways that are cohesive and drive user experience through personalization, targeting, and efficient search?
- **Autonomy:** Can your users search for information, engage with providers, and own their preferences and data?

2. DESIGN A ROADMAP

Having defined your true north, plan how you will get there. Remember that transformation isn't the goal, it's the catalyst. A comprehensive roadmap will be critical for keeping teams, functions, and stakeholders aligned across multiple time horizons:

- What are the milestones you'll need to meet?
- Who are the stakeholders that should participate in the journey? What are their change management expectations and needs?
- What technologies and capabilities will be necessary to reach your goals? How will you overcome any gaps in your current toolset?
- How should your timing align to other business priorities? What are the cycles for design, build, deployment, scaling, and optimizing your program?
- Work back from the customer. Build in test-and-learn cycles that keep you focused on customer behaviors and responses, gathering insights that allow marketers to generate new ways to demonstrate value and build momentum.

3. RATIONALIZE YOUR DATA AND PICK QUICK WINS

- Do you have a shared definition of success? Do sales and marketing share goals? Are KPIs and other metrics defined the same way across your enterprise?
- Are you following a uniform data scheme across your organization, or is each business unit gathering and grouping data in its own way?
- What's your data governance model? How and how often are you cleansing data?
- Is your data driving insights or is it just producing noise?

Conclusion

While health care leaders are navigating digital disruption and the tumult created by the COVID-19 pandemic, they are still about people helping people. Even as these companies initiate, advance, and mature the ways they use digital capabilities, their priorities remain centered on human engagement. Remembering that core priority may help as LSHC leaders set out to change their ways of working.

“Pace yourself,” advises Darov. “Begin with modest pilot implementations and grow from there as your team’s confidence builds.” She encourages leaders to embrace agility and be willing to break down silos and “de-layer” complex operating models. “Learn from those who have moved forward boldly: Take lessons from industries like retail and financial services to understand what works, anticipate pitfalls, and gain the confidence to be ambitious in life science and health care-specific approaches.”

Wherever you start, strive to prioritize the human experience and fully realize your company’s digital potential. As cardiologist, scientist, and author Eric Topol has said, “The digital world has been in a separate orbit from our medical cocoon, and it’s time the boundaries be taken down.”²⁰

YOUR ORGANIZATION’S DIGITAL DNA

Over the past four years, Deloitte Digital has collaborated in research with MIT’s Sloan School of Management that focuses on leadership in our digital age. Through interviews and surveys with hundreds of enterprises, researchers have identified the most important leadership skill in a digital organization: transformative vision.

[Click here](#) for more on our research into Digital DNA and its implications for experience management.





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