FIELD FORCE FORECAST

Healthcare complexity is changing the future of field teams and reshaping the very nature of those teams.

Think about the environment our teams are working in today:

It’s not too much to say that practices and physicians need our support more than they ever have. Support to sort through the complexities of both coverage and systems. To create great experiences for patients and their support networks. To advocate for them with critical stakeholders in healthcare systems and payer organizations.

Those customers need new support from the field force, too. Their organizations are changing rapidly to adopt different metrics, work in unfamiliar ways and onboard or upskill entirely new data-driven decision-makers. In those systems, field partners play critical roles in medical education, system connectivity and fueling a feedback loop from their customer base.

In short, over the next two years, our industry’s teams will continue to dynamically evolve.

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<th>SHIFTING FROM:</th>
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<td>Selling as asset</td>
<td>Educating on a process</td>
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<td>Establishing only clinical differentiation</td>
<td>Demonstrating service differentiation</td>
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<td>Talking to one gatekeeper</td>
<td>Engaging everyone involved in complex decision making</td>
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<td>Single type of field representative</td>
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This is a new era for our teams. One filled with the potential to support customers in innovative ways and engage talent in highly fulfilling careers and partnerships. But we must plan for the challenges and opportunities ahead.

In this report, you’ll find eight levers of that change and examples of the questions and experiments we’re piloting to deliver what this next era demands.

Paul Mignon
President, Selling Solutions

Nick Marasco
EVP, Global Business Development
Methodology

Our industry is overwhelmed with data. The latest numbers on market sizing, comparative access and field team effectiveness are just a Google search away. It’s all part of a spinning galaxy of data that’s increasing the pressure on time and resources that nearly every life science commercial leader is feeling. And, yet—armed with every imaginable number—too many of those healthcare leaders are still struggling with gaining strategic traction.

The possibilities for action and investment are great, but the clarity around how to move forward is not.

What our teams need more of isn’t graphs and numbers. It’s decision-driving insights.

So, we built this report differently. We engaged more than a hundred experts who work on the frontlines of healthcare commercialization to capture the evidence and experience they’re gathering on the development of bold, industry-changing healthcare stakeholder engagement.

These experts are steeped in the data. They have to be. It’s the expectation in today’s marketplace of innovation and ideas. But in this report, they take us beyond the numbers to major shifts in expectations, new possibilities for field teams, and a model for change our industry is on the cusp of embracing.
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The challenges in today’s healthcare system come down to one critical frustration: friction. The systems designed to ultimately make healthcare more coordinated, consistent and accountable make the everyday realities of patient care more difficult and complex. The No. 1 goal of the field force: reduce friction.
We can’t fundamentally change the process. But we can create new ways to navigate system and reimbursement processes to limit the complexity and challenge for both patient and practice.

**Service Success**

Make it all simpler

- The Patient Experience
- The Office Process
- Timely and Meaningful Reimbursement
We start by preparing field teams differently as they make the transition from a focus on selling to a focus on removing hurdles. That’s critical for two reasons:

1. Regulators around the world are demanding that new drugs show greater differentiation and real-life impact. If a drug shows that kind of effectiveness, the demand will be there. The challenge: It will likely also be expensive. The drug’s success won’t hinge on awareness; it will pivot on pull-through.

2. These innovative medicines give physicians and patients choices they never had before. But they can also create challenges that burden an already-stretched practice, including multiple rounds of reimbursement negotiations, administration training and experience, and patient follow-up and support.
Being able to make that transition to service partner is what moves offices from no-see to must-see.

The easiest place to see this transition is in the reimbursement space. There, each medical practice is a number on a spreadsheet to key decision-makers; they have to be so much more to our teams and brands.

The requirements for how to use innovative drugs can be complex. Practices increasingly need thought partners who can help them think through the critical elements of treatment strategy, including which patients to use it with, how to administer the product, and what’s truly needed to ensure reimbursement.

Sometimes these problem-solvers are true field reimbursement specialists, who are experts with a deep understanding of each of the pinch points that can prevent a prescription from being approved by a system and ultimately reimbursed by a payer. They can also be general field representatives who have gone through additional training to understand the nuances of managed customers in their specific geographies. Both engage the practice in proactive and reactive support, ideally starting with initial education on key aspects of patient identification and reimbursement-focused note-taking, and then stepping in when the office has a specific patient with an approval challenge.

Typically that kind of support has been needed in primary care. But we’re seeing a significant shift in demand to oncology and rare disease, which are categories that were historically unmanaged by payers. Today, there are pathways of care in these previously hands-off disease states that include failures on multiple agents before graduating to what may have been the patient- or physician-preferred one.

Beyond reimbursement, field teams are stepping in to create more seamless experiences that bridge other kinds of challenges. Clinical educators are spending one-on-one time with patients instead of nurses and office staff. Medical science liaisons are going deep into new methods of action and categories of care to speed learning.
We have 400 field reimbursement specialists working every day to get medicines covered for the patients who need them. They help front-office staff understand how the insurance works and walk through the right procedures. As much as offices say they’re no-see, if they use a complex product, they want to see you. I’d say no more than 18-20 percent are truly closed to brands that have the right field mix.

Pat Leary
Executive Vice President
Clinical Field Teams and Market Access at Syneos Health

All of those specialists are working beyond a single practice to unite the broader network of buyers and influencers. They’re developing programs and ideas that help practices and systems work together to deliver efficiencies and meet new measurements.

Healthcare verticalization will bring a different set of challenges to the table, and our hero representatives will find ways to triangulate the expectations and metrics of complex organizations that merge payer, employer, provider and disruptor.
The Updated Commercial Team

The shift in expectations for our teams has changed their composition. Today, we’re looking at an updated model and a varied bench of talent that include clinical educators, medical science liaisons, reimbursement and access managers, alongside remote, multichannel, and traditional field representatives. This new model changes every aspect of the playbook from strategy to every-channel engagement.
Utilization of the sales representative is flat in year-over-year growth, but the total field force is growing. We are seeing that growth is in talent focused on fueling fast-moving, successful launches—specifically those experts working on all aspects of market access, including direct engagement with organized customers and turnkey reimbursement support for practices.

The New Lineup
As payer hegemony changes the entire healthcare landscape, we’re seeing innovator brands launch—and sustain—with more diverse, specialist field teams:

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<th>Navigator</th>
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<tr>
<td>Medical science liaison</td>
<td>Real-world science educator</td>
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<td>Contact center</td>
<td>Triage point for critical operational challenges</td>
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<td>Clinical educator</td>
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<td>Sales representative</td>
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To answer the challenge of this fast-changing environment, commercial field teams are hiring with specificity: They want experts who are 100 percent credentialed in reimbursement, clinical education or product differentiation. But in the years to come, we predict the growth of more hybrid roles that, for example, challenge representatives to be as deep in reimbursement as they are in product. Or medical science liaisons to be as comfortable translating the science for a patient or caregiver as they are for a physician.

Increasingly these experts work as a team, putting the right expert in front of the right customer through their channel of choice just when they need the support most.

Over the last several years, many companies have struggled to make that shift because compliance concerns naturally create silos even though customers expect our individual experts and systems to be connected.
Healthcare innovators are prioritizing compliant integration amongst commercial and education resources because that kind of connectivity is exactly what practices and organized customers expect. They want every member of a brand’s team—but first and foremost the rep—to be informed about all aspects of the physician experience, product information and patient/staff resources. No exceptions.

Allison Murphy, RN, BSN
Vice President
Business Development at Syneos Health
This level of transparency and unification requires smart technology, but change doesn’t happen with technology alone.

Increasingly sophisticated CRM systems are making it easier for representative and field team leads to see activity across the commercial team. District and regional leaders are modeling and incentivizing commitments to collaboration and integration.

In many cases, working across these historic silos is an entirely new behavior for a field team; so, leaders are recruiting people who are used to working in a team environment and helping legacy top talent make the transition.

That’s important because the skills that brought the sales force here won’t take them to the next level. The requirements of cross-disciplinary teamwork aren’t ones many field teams have had before. Clients are asking much more specific questions about the pedigree of frontline teams and sales leaders. They want people who are curious about all aspects of the physician experience, product and resources, and who are enthusiastic about guiding each office toward success.
The rise of truly cross-commercial teams has changed the ask that healthcare innovators are making to outsourcing partners. Where once they requested proposals on a certain number of representatives in a certain territory, today they’re looking for recommendations on complex strategies.

| What kind of integrated team could help us reach [commercial goal X]? | What critical connection points would the team need to be successful? | How will goals and metrics need to evolve to support the team? |
| Which customers will we have the greatest impact calling on? | What channels and engagement models best serve that unique customer base? | What insights should we plan on routinely capturing from this team? How will we act on them? |

In sum: What’s the right geography, talent, mix, channel, etc., with which to move forward?
At the core of many of the most productive commercial teams is a contact center—or, increasingly, contact centers. These flexible teams trigger next interactions, manage inbound and outbound calls, and offer just-in-time operational support to front-office staff. The growth of call centers was spurred by the industry shift to specialty and rare disease treatments, but new customer accountabilities are driving the centers’ evolution and impact.
Contact centers continue to play a foundational role in connected, consistent communications and support.

Field teams may only be able to visit a specialty practice every few weeks or even months. In the interim, they partner with the contact center to send additional requested information, connect the practice with specific experts or simply be on-call for reimbursement and process support.

The contact center hub ensures that practices have one-call/one-text access to either immediate answers or a connection with a relevant medical, reimbursement, education or representative resource.

For personalized medicines, the infrastructure navigated by the contact center is growing even more complex and concierge oriented. Personalized medications need personalized logistics that can include everything from shipping pick-up/drop-off to on-site patient education to how-to expert medical education.
Contact Us—However You Like

To best support practices, call centers’ communications channels are increasingly flexible, letting healthcare providers or staff engage in the way that best fits in their day.

Telephone  
Text  
Chat  
Email  
Video

When call center teams aren’t actively supporting in-line practices, they’re filling in white space by calling into and setting up appointments with both prescribers and staff at no-see networks and practices. Those connection points can often be the only channel to provide medical education and operational support to closed systems.
As nearly every aspect of treatment and reimbursement becomes more complex, call centers are evolving to leverage teams and technology in incredibly customer-centric ways:

1. **Single Source**
   Innovative call centers act like local case managers who intimately understand a region, its systems and payers, and critical influencers and resources.

2. **For Everyone**
   They go beyond a physician contact and support the doctor, patient and practice manager with the right field-facing expert at the right moment.

3. **Integrated CRM**
   Those inside experts stay fully connected with the field force, sales operations and marketing via a single-view CRM that shows contact and connectivity across channels and former silos.
Increasingly call centers are regionally placed and staff take on hybrid roles—inside and outside the office.

More local case managers can navigate geographically-relevant resources in evidence, data and patient support and also go into practices to solve a particular problem or respond to a need for a long-form training. They work across technologies and tools, hosting virtual detail appointments, helping practices mine their EHR for relevant patient profiles by answering inbound emails and phone calls.

The evolution of the commercial team, including the contact center, is creating new considerations for frontline leaders.

Regional sales managers have an entirely new challenge: how to integrate contact center strategies and multichannel resources while activating complex teams that include everything from regional contact centers to national clinical specialists to local reimbursement experts and more.

They’re actively rebalancing resource mixes in real time while looking for a constant feedback loop from both their specialists and practices to be able to create the most relevant mix of talent for their diverse region.
We expect one of the biggest changes driving contact center growth over the next two to three years will be the decline of the reimbursement hubs.

The hubs were designed by manufacturers to ensure that people who need specialty treatments are able to navigate the process to access a drug and have the tools and resources to effectively use it. Traditionally, the doctor filled out a statement of medical necessity and sent it to a reimbursement hub, which worked with patient, payer and pharmacy to complete the process.

Some payers are starting to refuse the reimbursement hub facilitation and require that all documentation and communication come straight from the practice. That means more work for practices that are likely already short on time and resources. The gaps may be filled by reimbursement and contact center specialists who can help decode the process and enable repeatable systems in practices.
Writing an effective prior authorization or medical statement of need is like writing a dissertation on a pharmaceutical product. To do it effectively, practices have to be expert on the science, the right-fit patient profile, and the underlying evidence of real-world impact. That kind of fluency requires entirely new levels of medical education and advocacy.
The overall drug approval rubric is moving from *Drugs For Anyone* to *Specialized Treatments For Just This One (Segment)*.

That means practices have to both understand the criteria and keep careful documentation on the treatment’s relevance to specific patients.

To do that, the in-practice competencies have to change. In recent years, healthcare innovators have narrowed education investments in the practice. They’ve found cost savings through more short-form digital channels and focused representatives on specific, often-limited messages.

Today those companies are investing in richer training experiences for field teams and practices alike. They’re going deep into the science, the evidence, the treatment landscape and the right—and wrong—role for each choice.
Field medical teams are expected to grow dramatically in this new environment. But the entire field team is expected to evolve to manage the complexity.

**Contract Sales Market On Extreme Growth Curve**

This shift to a 360-degree focus on deeper education is especially important because of three new dynamics:

1. **Continuing Evolution of Evidence**
   Regulators around the world are accelerating approvals and relying on post-marketing surveillance and the accumulation of real-world evidence and data to improve understanding of treatment impact. That means one-time medical education will no longer be enough. Practices need to understand the latest prescribing and payer review context.

2. **Entirely New Therapeutic Choice**
   Digital and digitally involved therapies, from Akili’s prescription video game for ADHD to Otsuka’s Abilify Mycite ingestible sensor connected care solution, are changing the decision set and changing the way complex patient identification and reimbursement decisions are made.

3. **The Return to Primary Care**
   The primary care space is being flooded with biologics and even IV drugs. The pipeline is full of new solutions for migraine, psoriasis and even illnesses such as Alzheimer’s disease, all of which may be set to impact the busy primary care space. Many of these products are for a more severe patient. To avoid wholesale referring, these practices will have to be armed with deeper fluency in the science.
One of the most difficult places to bring this deeper education is to the decision-makers who may need it the most: the FDAMA 114 experts at health systems.

These risk-based decision-makers are very diverse and can be difficult for field teams to identify. Although they are population-health specialists, they rarely carry that title. Instead, they’re evolving legacy titles and teams to make a new impact.

The critical accountability for health system teams actively map and understand these new experts and their networks or influencers.

A critical focus for integrated field teams in the years ahead is understanding the doctor’s true/total treatment intent. That means decoding what “effective” means to that patient and that practice.

For complex healthcare challenges, that could mean focusing not just on the drug’s impact on disease, but its impact on/interaction with all the co-morbid conditions doctor and patient are fighting. It could mean knowing the ultimate outcome the doctor is working toward. For example, is it the patient’s speed to response or his or her candidacy for transplant? What’s meaningful to that customer?
Not all expertise is about the science and evidence alone.

It can also be about the brand—and all the support and resources that come with it. Biosimilars require particular care. Teams need to educate systems and practices on support services and experiences that benefit patient and practice alike to get out of the price war to sell a particular product. In many of these cases, that means educating non-physician prescribers and nurses. The physician selects the products but it’s the treatment coordinator who decides which company the product will ultimately come from. With biosimilars and treatments in highly commoditized products, the data is the same; the understanding of the patient services and support environment is the differentiator.
Tech-Fueled Field Engagement

The traditional work of the field force was made inefficient by chance. It leaned heavily on drive time with little ability to forecast availability, interest or relevance at any one stop. Today, technology is changing nearly every aspect of field roles and giving teams unparalleled transparency into when, where and how they’re needed most.
It starts with understanding the path to influence for each unique practice.

Data science and marketing teams are leveraging multichannel and behavioral data to build detailed practice profiles and archetypes that guide engagement strategies. Field teams are augmenting those core data sets with CRM entries that further hone the next best action for each office.

The new territory map has hot spots that microtarget promotionally sensitive areas. Their call lists assign a weighting to each practice and make suggestions about frequency, channel and content. The CRM then tees up recommended digital content to send before, after and between each call.
Core to the success of these systems is thinking beyond past behavior to what scientists know about human behavior. Healthcare innovators are increasingly partnering with behavioral scientists to better master motivation. They want to be able to decode cognitive bias, behavioral conditioning and social coordination to connect with healthcare providers in ways that are more relevant and actionable. New recruits and seasoned field leaders alike are being trained on how to motivate change.
To give field teams time to leverage data and insight to build true partnerships with their customers, pharmaceutical leaders are increasingly looking to machines to step in. They’re automating the transactional roles that aren’t the highest and best use of each team member’s time.

**Past model**
- All use cases delivered via face-to-face rep
- Higher proportion of time spent on low-impact/laborious tasks
- Low cost efficiency

**Current model**
- Majority of use cases via face-to-face. Simple use cases delivered via email/online content
- Less time spent on low impact tasks
- Improved cost efficiency

**Future model**
- Most use cases automated—including detailing/Q&A
- Reps freed to spend more time on relationship/problem-solving
- Good cost efficiency
As teams evolve to a data-driven field model, they’re relying on market simulation to pretest what strategies, messages and staffing mix are most likely to deliver the desired rate of return.

Those market simulations are created by predictive analytics platforms that take in existing qualitative and quantitative data to build a virtual market that strategists can test against. They can change one or multiple factors (spend, staff, message) and understand how those actions would change outcomes.
Over time, those same platforms let teams optimize against new data and dynamics.

The ultimate goal: Make sure each member of the field force has a clear data-driven recommendation for the next best action.
Field tools are rapidly evolving to give teams command over content in the field. That means the ability to locate and retrieve information in real time, including the latest clinical evidence and the most current peer experience.

Cross-channel connectivity is letting representatives see what marketing communications each practice has been exposed to. New interfaces are helping them engage a specialist expert via video with a few taps or send a requested resource or support tool on demand.

That same toolset lets the field team connect with a healthcare professional on his or her own terms. That could mean scheduling a video meeting with a physician, responding to staff via chat or text, or setting up an in-home or on-screen training for a new patient.

In specialty categories, data is taking teams even closer to the point of right-now relevance. These are treatments for incredibly small populations of just a few thousand, spread out across geographies and health systems. Trying to field a typical team would be logistically and financially impossible. Instead, innovators are taking cues from the data. They’re analyzing claims data and laboratory tests to triangulate when a practice is likely to have a patient who might be diagnosed with a health challenge or exacerbation their drug can treat. When a practice is flagged, the field teams are able to dispatch face-to-face and digital resources to make sure the practice has access to the latest science and support.
Technology is amplifying the impact of the field force and making it more relevant and productive than ever.

Over the next few years we’ll begin to see new interfaces that make it even easier for the field force to leverage all the power of that technology. For example, we’ll see ways to reduce both friction and time spent on interactions to allow teams to deliver a greater number of more impactful sales calls.

Data suggests that the average field representative spends 23 percent of his or her time on administrative tasks and only 22 percent actually making calls. Travel accounts for another 13 percent. Providing a user-friendly and intuitive way to shift even a small percentage of administration time into this “windshield time” may allow our reps to achieve greater efficiency and effectiveness.

Teams are beginning to experiment with voice navigation to earn those efficiencies. While reps are driving or waiting, they can interact with CRM, training modules and call planning via simple hands-free voice commands. The intuitive conversational exchanges can collect comparative data, track use and recommend next steps.
Maximizing Windshield and Wait Time

A simple conversational interface for field teams would let them access training materials, call planning or CRM updates with simple text or hands-free voice commands.
Redeploying Regionally

The new commercial commitment is regional relevancy. Every aspect of content and context is being reconsidered through the lens of helping regional health systems and payers meet their metrics and measurements, while ensuring every practice and every patient gets the on-demand support they need.
Many brands are choosing not to staff field teams everywhere. They’re leaving intentional white space that lets them focus on the areas where physicians and patients are most likely to have need for and access to the medication. They’re also intentionally segmenting regions by maturity: growth areas versus sustain areas. That’s changing the staffing mix, putting active educators and clinical specialists in some areas while focusing on problem-solvers and relationship builders in others.

Market engagement is increasingly regionalized for everything from total head count to field force mix to multichannel communications. It’s designed to be redeployed as markets and access change.
The Access-Optimizing Launch

In the U.S., an optimized primary care launch, for example, might focus on the geographies where a brand is likely to have the most immediate managed markets and physical access. But those field teams have to be agile enough to quickly redeploy against major contracts and partnerships with health systems and payers to avoid stranding physicians and patients.

Regional teams are becoming more autonomous and more cross-disciplinary. The pressures and drivers of their local health systems and payers are the same pressures and drivers they adopt for their own teams. They understand the metrics and measures of every hospital and every practice and are able to translate their own data and evidence to those focus areas.
Engaging Value-Based Decision-Makers On Their Terms

Since its start in 2015, the Medicare Access and CHIP Reauthorization Act, or MACRA, has been a silent revolution in payment reform. The potential impact on hospitals could be reimbursement cuts as high as $250 billion by 2030.

Preparing for and evolving to MACRA has become a high-focus strategy for many large providers. Their top goals: reorienting how they use physicians and physician extenders, interoperability of data and systems, reducing costs and improving population health management.

Meanwhile the Centers for Medicare and Medicaid Innovation (CMMI) is continuing its five-year test of innovative payment strategies that promote high-quality and high-value cancer care. The program started in 2016, and initial findings are expected to be reported in 2019.

Eventually these shifts are expected to have a significant impact on promotion. Those interactions will evolve to more frequently engage value-based decision-makers with new population-specific metrics and stronger pushes for additional rebates.

It’s not just field teams that are going local. Marketing partners are, too. Traditional marketing departments are evolving to more of a starfish strategy that concentrates a much smaller group of people and resources at the center and pushes decision making and customization into the region.

That’s evolving campaigns and data and customer understanding. The home office is getting an increasingly nuanced view of how multiple campaigns influence different decision-makers and how to best sync up with the changing strategic goals of health systems.

Perhaps the most critical element of these more regional strategies is agility. On a national or international scale, nothing remains static. Sales and marketing leaders need to have a current and dynamic understanding of what’s needed where. That context needs to be quickly scored, rebalanced and acted on to get the right talent in the right place at the right moment. These leaders are now focused more on the right trade-offs over time than the right single strategy.
The industry is trending toward outsourcing. It’s the tremendous pressure and risk of managed markets launches and the need to be able to quickly shift resources and teams to respond to constantly changing market environments. There’s too much uncertainty to internally staff against. They need responsive partners.

Nick Marasco
Executive Vice President
Global Business Development at Syneos Health
The Talent Shift

The field force that healthcare innovators are looking for today needs a renewed set of skills and competencies, such as flexible experts who will be trusted as partners, can think broadly about operations, and are personally dedicated to getting treatments into the hands of patients.
Hiring and training will look very different in the years ahead. The field force talent the industry is looking for has a high degree of healthcare acumen and critical thinking. They understand analytics and take a holistic point of view on what’s impacting the overall market and the individual customer.

Most importantly: They commit to knowing the why. For this new class of talent, it isn’t enough to accomplish tactics; instead they are driven to deliver patient-centric results. They address every barrier with why: Why is it there and how can I overcome it?

These team players are smart and educated. But, more importantly, they’re curious about the overall healthcare environment and the unique circumstances each doctor is working in. They’re natural problem-solvers who love a challenge.

Leaders are fielding trainings to help legacy talent adopt those kinds of approaches. They’re focusing on important ways to think differently:

These are richer training experiences that take people into the everyday realities of decision-makers, doctors and patients. They build competency in the climate, not just the clinicals.
Clinical educators are changing. They were once resourced to visit offices and homes in a specific region over years or even decades.

Today, manufacturers are planning around more flexible resources. They’re looking for clinical partners who can be on call when needed instead of being staffed full time. These specialists cover huge regions and are able to spend time in a very specific geography while supporting other patients and practices via telephone, video and text.

This “pulsed for purpose” approach lets manufacturers easily support big influxes of new patients as access and availability change while not over-resourcing in mature and experienced markets.
To fill the talent gap, healthcare leaders are taking innovative approaches. They’re pulling people from service-based roles well outside of healthcare. And, they’re leveraging outsourcing partners who are growing talent instead of negotiating for it.

To grow talent, teams bring in nontraditional sales talent and guide them through classroom experiences, team challenges and multi-month externships to quickly build their skills and acumen. These new recruits work and act like seasoned veterans because they’re as deep in navigating the process as they are in understanding the broader context.

Finding the right-fit talent for these hyper-speed training experiences starts with an interview. But, it only starts there. Next comes deep evaluation. Potential recruits are often given a full case study and asked to come back with ideas for a strategic plan. These are time-pressured challenges that might give participants two hours to prepare and one hour to present. The goal: assess their ability to quickly digest inputs and make decisions.
As teams scale back, healthcare innovators are looking for smart people who can engage with data and make the right decisions. That means evolution of the frontline leaders—in concert with the evolving management professionals who will select, develop and coach them—is going to be extremely important.

Today, many pharmaceutical companies don’t believe their field leadership is as effective as it should be. Meanwhile, most field leadership doesn’t believe it’s as empowered as it should be.

In the next two years, most innovative companies will give those leaders a higher degree of accountability and actively invest in their growth.

Field leaders will be expected to understand the trend line, show where their region deviates and identify what to scale or change. With advanced managerial support, they’ll have the financial acumen to make business decisions and own the full P&L, from resource deployment to trade-off decisions. To support them, data and analytics partners will build more sophisticated tools that have the right visual cues to support incisive choices.
New Metrics for New Impact

The days of counting calls are over. This era of measurement is focused on helping patient and practice have friction-free experiences. Every metric of performance will share the same intention: work together to help patient and practice reach their shared goals.
The field teams that most frequently meet those goals share one attribute in common: They’re entrepreneurial.

Their sales leadership shares one thing, too: They’ve learned how to balance autonomy and accountability.
Overall, the industry is moving to a tiered set of lead and lag metrics that measure people on what they control.

The lag is the ultimate goal. For healthcare, that’s patient impact or sales or adoption. The lead measures, on the other hand, are predictive of that ultimate goal. If a team can get those right, they’re likely to deliver the big number.

Traditionally, our field teams have been measured universally on lag metrics via weekly and monthly sales reports. Now those goals are divided into sphere of control. Field leadership is still focused on and incentivized by the lag measure, but commercial leaders are starting to explore how to better incentivize the frontline field force on lead measures.
**Re-Syncing to Right Time**

When call volume is no longer a compensation-driving metric, field teams can focus on delivering the tools, engagements and content that can help doctors learn in all the natural time pockets they create for exploration—versus just when the representative might be in the office.

What do those lead triggers look like in a marketplace made more complex by science and access? Most often, it looks like customer service.

Some early healthcare leaders and other large organizations entirely outside the industry are recognizing that and making customer service metrics a critical part of performance.
Comcast uses Net Promoter Scores to help frontline managers think and measure through the customer’s eyes.

A Net Promoter Score is an index ranging from −100 to 100 that measures the willingness of customers to recommend a company’s products or services to others. It is used as a proxy for gauging the customer’s overall satisfaction with a company’s product or service and the customer’s loyalty to the brand. Comcast has used the score to drive its ambitious $300 million plan to retrain its customer service staff and hire more than 5,000 new representatives. Over two years, Comcast has seen double-digit improvement in those scores, and results focus everything from response center training to real estate strategy to pricing and product development.

Overall, companies are working to fuel autonomy and accountability in every aspect of work. They’re proactively tiering decision making so that each level of expert knows exactly what calls can be made without escalation. And they’re changing bonus plans to encourage people to work together to make the company and its customers more competitive and prosperous in the long run.

Those shifts roll up to incentives that are evolving from short-term territory results to annual team performance and shifting the pay mix more toward salary while deploying new sales team structures that more closely integrate the field force with other channel influencers (marketing, inside sales).
There’s a famous story about an NFL quarterback named Ken O’Brien.

When he started in the league, he—surely unintentionally—threw a lot of interceptions. To focus his development, the team wrote a clause into his contract to penalize him for every one. It worked. His interceptions declined to nearly zero. Of course, that was because he stopped throwing the ball.

Most sales leaders have an anecdote like O’Brien’s somewhere in their career history. A well-meaning metric that changed behavior—but too much and in a way that was ultimately counterproductive.

To beat the incentive curse, more teams are moving toward short-term, time-bound metrics. They’re designed to create new behaviors but expire before they drive a shift too far. These measures could look like a one-year sprint to change customer satisfaction numbers or a quarter-long focus on improving time to reimbursement.
How will your field force strategy evolve for this new era?

Talk to us about how to leverage and get ahead of change. Or learn more about the trends changing healthcare at trends.health
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