



# *Beyond the Buzzword:* What It Actually Takes to Execute Omnichannel in Pharma

# Beyond the Buzzword: What It Actually Takes to Execute Omnichannel in Pharma

## The omnichannel promise versus reality

Pharmaceutical companies generally understand that omnichannel is not simply about being everywhere; it is not enough to deliver the same message multiple times across different platforms. In 2026, omnichannel marketing means engaging with healthcare professionals (HCPs) based on their needs and orchestrating a personalized customer journey where each touchpoint builds on the previous one.<sup>1</sup>

The aspiration is to meet HCPs in their preferred channels with the right information at the most critical time. However, the gap between omnichannel ambition and actual execution highlights how difficult it can be to bring together technology, data, content, and company capabilities to create personalized and valuable experiences for HCPs while remaining compliant with regulatory and ethical standards. It is also about really understanding where and how HCPs prefer to receive information from pharma, and research suggests there is some way to go.<sup>2,3,4,5</sup> More than 75 percent of HCPs report receiving generic impersonal communications from pharma companies and fewer than 20 percent feel personally engaged.<sup>6</sup>

To better understand why pharma companies often fail at omnichannel execution and how partnership can reshape omnichannel execution, FirstWord interviewed Jaclene Johnson, Senior Vice President at BioPharm Communications.

## The execution gap

### *Fragmented systems*

Pharma companies are at different stages of omnichannel maturity. Many build partnerships with external specialists to extend their internal capabilities, often piecing together omnichannel execution through multiple vendors with discrete expertise in data, analytics, content, or media. Johnson suggests that these partners tend to operate in parallel rather than in concert, and it can therefore be difficult to find a single source that pulls everything together. Fragmentation also shows up inside pharma companies: even organizations with mature in-house capabilities frequently contend with disparate systems across

digital, commercial, and medical teams that produce multiple, inconsistent views of the same HCP.<sup>7</sup> Johnson believes this fragmentation – of data sets, partners or capabilities – is one of the most common reasons companies fail at omnichannel execution.

### *Disparate data sources*

Pharma companies have access to multiple sources of data – both in-house and credible data sources that can be licensed, such as medical and pharmacy claims data – but the use of disparate databases may be limiting in terms of informing smart decision making. Internally, marketing, medical and market access

teams frequently work from separate data sources and platforms, creating multiple, inconsistent views of the same HCP, and making coordination difficult.<sup>8</sup> To effectively harness data for omnichannel, it needs to be connected to the strategy and followed through to the execution, which requires a new way of working.

### **Strategy without activation**

Most pharma companies have invested in omnichannel infrastructure: consent frameworks, customer data platforms, orchestration tools. But investment is not activation. The infrastructure sits underused because the operating discipline to run it does not exist. CDPs collect data with no downstream campaign integration. Segmentation models are built and never applied. KOL mapping tools are used for a single campaign and left dormant. The result is a growing library of strategic assets that look strong in a board presentation but produce no measurable change in how HCPs experience the brand.

The pattern is consistent: strategy is funded, technology is purchased, and activation stalls because no single team owns the end-to-end execution. Without clear operational governance, omnichannel becomes a collection of tools rather than a way of working. The gap is not strategic ambition. It is the operating discipline to turn that ambition into coordinated, measurable action across every channel and touchpoint.<sup>9</sup>

### **From static to dynamic personalization**

Most personalization in pharma today is static: segments built once from demographic or prescribing data and rarely updated, journey logic that is deterministic rather than responsive to how an HCP is actually engaging. There is a growing recognition of the need to move beyond traditional demographic or prescribing-based segmentation, and focus on behavioral, attitudinal and engagement-based characteristics to better understand HCPs. While many companies undertake KOL profiling and mapping, behavioral changes and nuances will be missed unless data is continually updated and HCP personas are refined.

# **Investment is not activation**

One of the challenges for pharma companies is that data in CRM systems relies heavily on self-reported insights from field teams and internal stakeholders rather than real-time capture. This slows down the process, and there are often quality gaps that can affect the reliability of analytics.<sup>10</sup> Omnichannel engagement that exists in a dynamic environment involves analyzing engagement patterns across channels, examining how frequently and deeply individual HCPs interact with different types of content and touchpoints, and being adaptable and responsive in as near real-time as possible.<sup>11</sup>

### **Content lacking credibility**

Content must be credible, consistent, and engaging, and it must be informed by a deeper understanding of each HCP than demographic or prescribing data alone can provide. Content decisions improve materially when they are grounded in earned behavioral data: the signals of what HCPs have engaged with, across channels, over time. What resonates with one HCP may be very different to what another finds meaningful. Armed with that evidence, content teams can move away from long-form narratives designed to be consumed in isolation and toward coherent, modular messaging that meets HCPs with the right insight at the right moment in their workflow.

Marketing content that lacks scientific rigor, clinical relevance and trust is unlikely to be well received by HCPs. Medical affairs and KOL input is vital to ensure scientific depth and insights into unmet clinical needs to ensure content is truly valuable to HCPs. It is also important to recognize that different audiences have different expectations; while senior academic KOLs look for robust scientific data that will position

a product within the wider disease area, physicians treating patients are primarily focused on practical considerations in the real-world that help them to make informed treatment decisions. In 2026, HCPs expect intelligent, timely, and context-rich information, rather than a string of disconnected messages.

### **Measurement silos**

Pharma companies struggle to evaluate the real effectiveness of omnichannel, measuring channel performance in isolation using basic metrics like email click-through rates, digital touchpoints or sales rep interactions. With a legacy of quantitative measures and isolated data sources, the focus often remains on reach and frequency. Internal functions also have different KPIs. For example, the commercial team is measured on market share while the medical affairs team is measured on scientific engagement, and no one is assessed on the integrated customer experience. As a result of these internal silos, companies lack a holistic view of how a sequence of actions led to an HCP making an informed treatment decision for their patient. This lack of a coordinated overall assessment of engagement across all touchpoints can lead to investment decisions being made on incomplete data.<sup>12,13,14</sup>

## **What real execution requires**

Omnichannel is not a campaign, a channel strategy, or a delivery mechanism. It is an operating model: the way a pharma organization evaluates its entire marketing engine, makes decisions, and deploys

*“The commercial team is measured on market share while the medical affairs team is measured on scientific engagement, and no one is assessed on the integrated customer experience.”*

*“Omnichannel is not a campaign, a channel strategy, or a delivery mechanism. It is an operating model.”*

resources. Johnson suggests that shift requires four capabilities working in coordination. It requires a deep understanding of the audience built over time from real engagement data, not demographic inference. It requires content that is credible, clinically grounded, and designed to do a specific job at each touchpoint. It requires connected systems across partners and internal teams so that data, decisions, and execution move together rather than in parallel. And it requires human-led orchestration across every touchpoint, including the field. Without all four, omnichannel remains an aspiration rather than an operating reality.

While most companies want to use AI, human-led orchestration is essential. AI can help with automation from a customer journey standpoint, whereby each touchpoint is fed by a predictive model. Essentially, the next message or the next channel is determined by AI based on what the HCP has previously engaged with. However, in a highly regulated industry a team of strategists must set the guardrails for those decisions, defining the message and journey options that strategically prioritize the brand while remaining compliant. Humans also remain essential to monitor model outputs: validating that brand messaging, medical accuracy, and regulatory compliance hold up in production; catching drift in data quality, audience targeting, or message relevance; and identifying signal and engagement shifts that automated systems will miss.<sup>15</sup>

# Without all four, omnichannel remains an aspiration rather than an operating reality

## The benefits of partnership

BioPharm has spent more than two decades building earned behavioral data across 15 million HCP interactions and 6,000 campaigns for 750 brands. That accumulated insight informs the company's Tandem operating model, which is designed to unify the capabilities that omnichannel execution demands at scale: understanding the audience, producing credible content, integrating across partners and internal teams, and orchestrating activation across every touchpoint, including the field. "Tandem fuels everything that we do," says Johnson. "It provides the connective tissue needed to make omnichannel strategies a reality and deliver a truly customer-centric HCP experience." BioPharm works within a client's existing network of AORs, media partners, field teams, and medical affairs, connecting activity across that ecosystem rather than layering services on top of it.

This model is particularly consequential for emerging and specialty pharma. Rather than assembling omnichannel infrastructure internally from scratch, these companies can operate with full omnichannel capability from day one by plugging into BioPharm's Tandem operating model. The partnership is tailored to each company's pipeline, portfolio, and commercial strategy rather than a fixed service menu, and it is structured as a strategic operating extension, not a temporary vendor arrangement.

Having data, content, and activation that is connected rather than fragmented means decisions can be made at the moment of insight rather than weeks later. Earned promotional response data and real-world behaviors combined with medical strategy expertise maps the intervention points in a treatment pathway or patient journey, such as the onset of symptoms, disease progression, or a change in

prescribing behavior, where a message actually matters. "The ability to anticipate the HCP's needs to inform treatment decisions drives faster results," says Johnson, "rather than pushing something out and then waiting for the response."

Precision means zero waste. When every HCP is scored against real engagement patterns and real-world patient context, marketing budgets can follow evidence, not assumptions. Brands stop paying to reach audiences that will not engage and start directing spend toward the HCPs most likely to respond.

Every HCP has a different value, different preferences, and different needs. Johnson explains that BioPharm's proprietary scoring methodology unifies claims data, promotional response data, and behavioral signals to assign a unique value to each HCP, creating what amounts to a micro-segment of one. This informs marketing plan investments, channel allocation, and real-time decisioning. "Aligning the data to your marketing and medical plans becomes much easier when you have that kind of view of the data that can be infused into execution", she says.

This model extends beyond non-personal digital channels. Sales reps and field medical teams are a critical part of the omnichannel picture, and in-person interactions provide bi-directional communication that no digital channel can replicate. Johnson explains: "As cutting through the noise and reaching HCPs continues to become more challenging, how do we equip reps with information about what their HCPs and territories are engaging with to make them smarter? And vice versa, if they log something from a call, how do we trigger something from that? It is not just about the tried and trusted media channels. It is also considering the reps and thinking about integrating medical too."

## Case study

Without naming the client, Jaclene Johnson shares a recent success story. This client had a portfolio of mature brands that were still important and had a large market share. However, she explains, “Because they were losing exclusivity in the next couple of years, they were losing field force priorities.”

It was still important for the brand to maintain share in key territories, but with reduced field teams or no field coverage at all. The question was, how to offset the impact of moving towards the end of the product lifecycle without the sales force they had relied on. Johnson says:

“Essentially, we built and executed a strategic plan that looked at brand-specific HCPs aligned to their top US sales territories where it was critical they didn’t lose market share. We segmented their audience based on Rx behaviors and digital affinity data to get a baseline view of which targets were already in a rate of share decline and needed immediate help versus which targets just needed lighter-touch frequency to reinforce their behaviors and sustain share. From there, we delivered personalized omnichannel journeys to targets within those territories, based on how they wanted their core brand messaging to be communicated, and also based on their activities.

“We had a smart baseline plan and then we set up triggers. When we received a trigger that certain HCPs were declining at a significant rate, we would automatically throttle up the journey. This was a way for them to stop the bleed and mitigate that loss of share.

“When we calculated the ROI, we looked at the cost saving in dollars that they would otherwise have lost without having this program in place.”

The idea was to model what the different mix of touchpoints and engagements were to show how they could make up for the loss of sales rep touchpoints. Johnson says:

*“When you design plans centered around solving challenges, you’re able to drive fast results and deliver plans that can scale.”*

“Now that the results are in, we’ve demonstrated ROI and we’re seeing firsthand how we were able to protect a portion of their market share through a more strategic, data-driven approach that aligned to a very specific client need. When you design plans centered around solving challenges, you’re able to drive fast results and deliver plans that can scale.”

While this strategy and execution was specific to mature brands, Johnson believes this approach could be applied to different phases in the product lifecycle. For example, she says:

“Maybe we have brands in oncology [or other specialties] where the reps can’t access important HCPs that may have a high patient volume or be high category prescribers. We could use an approach like this to help provide coverage to those hard-to-reach HCPs or territories through smart omnichannel execution and integration.

“The strategy may differ slightly, but I think the approach could help brands no matter where they are in the lifecycle.”

## Looking forward

As the power of AI continues to advance, it will be increasingly important to understand how to infuse it within adaptive omnichannel plans, making them smarter while staying within a contained and controlled environment.

*“It will be critical to design engagement systems around how HCPs actually work.”*

Pharma will need to constantly evolve to cut through the noise and stay ahead of the competition. Jaclene Johnson says that to be successful, “it will be critical to design engagement systems around how HCPs actually work.” This will require a depth of understanding beyond looking at digital browsing behaviors, to what is happening in the practice setting and in their patients’ journeys.

The question for pharma leaders is no longer whether to adopt omnichannel. It is whether they are running it as an operating model or still treating it as a delivery mechanism. For emerging and specialty pharma in particular, partnering with a company like BioPharm is a strategic decision to install and operate that model from day one rather than assemble it piece by piece over years. That is what it actually takes to execute omnichannel in pharma.

### About BioPharm Communications

BioPharm Communications, an Indegene company, is a precision HCP engagement partner that helps pharmaceutical companies turn omnichannel strategy into connected, measurable execution. Powered by the Tandem operating model and more than two decades of earned behavioral data spanning 750+ brands and 6,000+ campaigns, BioPharm bridges the gap between audience intelligence, precision content, ecosystem integration, and orchestrated activation. Learn more at <https://biopharmcommunications.com>

## Endnotes

- 1 FirstWord (November 2025). Omnichannel Marketing: Creating a Seamless Customer Experience. Retrieved from <https://firstwordreports.com/story/6641501>
- 2 Singh, G. (April 2025). The Road to Effective Omnichannel Engagement in Pharma. Indegene. Retrieved from <https://www.indegene.com/what-we-think/reports/omnichannel-strategies-pharma-needs>
- 3 FirstWord (November 2025). Omnichannel Marketing: Creating a Seamless Customer Experience. Retrieved from <https://firstwordreports.com/story/6641501>
- 4 House, T., Scott, K. (November 2025) From Preference To Practice: Understanding The Evolving Channel Preferences of Healthcare Professionals. IQVIA Blog. Retrieved from <https://www.iqvia.com/locations/emea/blogs/2025/11/from-preference-to-practice>
- 5 FirstWord (December 2025). Integrated Medical Communications: A Practical Playbook for Scientific Alignment Across Channels and Functions. Retrieved from <https://firstwordreports.com/story/6751856>
- 6 Singh, G. (April 2025). The Road to Effective Omnichannel Engagement in Pharma. Indegene. Retrieved from <https://www.indegene.com/what-we-think/reports/omnichannel-strategies-pharma-needs>
- 7 FirstWord (November 2025). Omnichannel Marketing: Creating a Seamless Customer Experience. Retrieved from <https://firstwordreports.com/story/6641501>
- 8 *Ibid.*
- 9 Singh, G. (April 2025). The Road to Effective Omnichannel Engagement in Pharma. Indegene. Retrieved from <https://www.indegene.com/what-we-think/reports/omnichannel-strategies-pharma-needs>
- 10 FirstWord (November 2025). Omnichannel Marketing: Creating a Seamless Customer Experience. Retrieved from <https://firstwordreports.com/story/6641501>
- 11 FirstWord (December 2025). Content Personalisation at Scale: Tools and Techniques. Retrieved from <https://firstwordreports.com/story/6752238>
- 12 *Ibid.*
- 13 Poulidis, P. (December 2025) Omnichannel didn't fail biopharma. Our metrics did. PharmaPhorum. Retrieved from <https://pharmaphorum.com/sales-marketing/omnichannel-didnt-fail-biopharma-our-metrics-did#:~:text=Most%20commercial%20plans%20are%20still,it%20used%2C%20the%20experience%20failed>
- 14 Andrea Langella (January 2026) The Omnichannel Measurement Problem in Pharma. Retrieved from <https://www.langella.co.uk/blog/omnichannel-measurement-pharma/#:~:text=The%20fundamental%20problem%20is%20that,real%20but%20harder%20to%20measure>
- 15 FirstWord (November 2025). Omnichannel Marketing: Creating a Seamless Customer Experience. Retrieved from <https://firstwordreports.com/story/6641501>