



PHARMA'S NEW CONSUMER-GRADE IMPERATIVE.

BLUF: The next chapter of commercial leadership in pharma and life sciences will not be defined by science alone. It will be claimed by enterprises that deliver experiences worthy of their science, embedding excellence and an elevated consumer-grade standard into how value is designed, delivered, and lived across every interaction.

By Wayne Simmons



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Author's Forward. The Industry, The Opportunity, and The Gap.

Pharma and life sciences is an industry defined by really large numbers. It serves large and diverse patient populations, engages vast networks of healthcare professionals across countless specialties, and manages increasingly complex portfolios of therapies. These efforts are orchestrated through global commercial and medical organizations operating at extraordinary reach. Layered on top of this is an expanding mix of personal, digital, and non-personal channels, all governed by regulatory frameworks that shape not only what can be communicated, but how, when, and by whom engagement occurs.

When these forces converge, what emerges is an interaction-dense operating environment where every exchange carries weight. These interactions are not merely commercial touchpoints. They influence prescribing decisions, shape care delivery, and ultimately affect patient outcomes. The stakes are clinical, emotional, and commercial, all at once.

Within this complexity lies one of the most significant and often overlooked opportunities in the industry, one of the few that can simultaneously advance patient outcomes while unlocking meaningful commercial value.

From the vantage point of operating inside large pharma commercial organizations, it becomes clear that this density of interactions represents more than operational complexity. It represents untapped clinical and commercial potential. Every interaction is an opportunity to reduce friction in the daily realities of healthcare professionals and their teams, to bring clarity to increasingly complex decisions, and to support patients in ways that extend beyond the moment of prescribing. In a global healthcare system under growing strain and scrutiny, these moments of support, clarity, and continuity matter more than ever.

The commercial implication is equally profound.

Pharma does not have an omnichannel, sales, or field performance problem. It has a value realization problem. The industry is now operating in a consumer-grade world, where expectations are shaped by the most seamless and intuitive experiences in everyday life. Healthcare professionals and patients bring those expectations with them, whether consciously or not. Yet pharma's commercial system was not built for this reality. It remains optimized to influence prescribing decisions, not to ensure those decisions consistently translate into therapy initiation, sustained adherence, and real-world outcomes.

The result is a persistent gap between intent and impact. Value that has already been earned, in the form of prescribing intent, is too often left unrealized as patients encounter friction across access, fulfillment, and adherence. This value leakage is not a marginal issue. It is structural, and it is material.



Author's Forward.

Closing this gap requires more than incremental improvement and played-out playbooks.

It requires a reframing of how commercial performance is defined and delivered. It requires elevating Customer Excellence as the fourth pillar of commercial leadership, alongside Launch, Marketing, and Sales Excellence, and redesigning the system itself to ensure that prescribing intent consistently becomes realized patient and commercial impact.

For me, it was precisely this scale and complexity that made pharma so compelling.

Coming from consumer industries such as retail, financial services, and hospitality, I repeatedly encountered the same observation: pharma was the last frontier of customer experience. Not because the industry lacked intent or capability, but because experience as a discipline did not fit neatly within pharma's uniquely demanding regulatory, clinical, and operational realities, or its complex customer ecosystem.

After working within the commercial core of this global industry, that perspective has only deepened. It became clear that approaches borrowed from other sectors could not simply be applied to pharma. They lacked the structural alignment required to operate within its constraints and to deliver meaningful impact at scale.

What is required is not adaptation, but "rebellion", a break from the orthodoxy to reimagine, reframe, and redesign a model purpose-built for pharma. One that integrates directly into commercial systems and enterprise success formulas, and reflects the realities of regulation, clinical complexity, organizational structure, and the lived experience of healthcare professionals and patients.

This playbook is written from that perspective. It reflects an outsider's lens, shaped by insider experience, and grounded in work alongside commercial, medical, and business leaders navigating real-world constraints. It is offered with humility and with respect for what the pharma commercial model has achieved.

Most importantly, it is offered with conviction that the future of pharma will be defined not only by the breakthrough science it creates, but by whether the experiences it delivers are worthy of it.



Wayne Simmons | Your Customer Excellence Partner.



About the author. Deeply relevant inside-pharma experience, blended with an outside-in perspective from the consumer world.

Wayne Simmons is a customer excellence and commercial transformation leader focused on closing the gap between prescribing intent and real-world patient and commercial impact in pharma and life sciences. His work centers on one defining challenge: ensuring that value created at the point of prescribing is consistently realized across access, fulfillment, and adherence.

He brings deep experience from senior commercial leadership roles at Pfizer and Bayer. At Pfizer, he established the Customer Excellence function within the Chief Marketing Organization, pioneering new ways of working and deploying capabilities at the intersection of marketing, field, and experience to address the realization gap.

Operating in a consumer-grade world where expectations have fundamentally shifted, his work reflects the convergence of AI, experiential commerce, and rising expectations, and the need for pharma to evolve accordingly. Wayne helps organizations redesign their commercial systems to meet those expectations and ensure that intent does not stall within the complexity that follows. His approach elevates Customer Excellence as a commercial discipline and the fourth pillar of modern pharma leadership, alongside marketing, sales, and product.

Wayne is the author of *The Customer Excellence Enterprise: A Playbook for Creating Customers for Life*, published by John Wiley & Sons, and a founding faculty member in the Master of Science in Customer Experience Management program at the Eli Broad College of Business, Michigan State University.

His perspective is further shaped by experience in consumer and service-led organizations, including The Ritz-Carlton Leadership Center, where experience is treated as a system and a standard, not an initiative. This outside-in lens informs his work in helping pharma organizations meet the expectations of today's HCPs and patients while navigating the regulatory, clinical, and operational realities of the industry.

Earlier in his career, as an Inc. 500-awarded founder and CEO and a U.S. Army Intelligence veteran, Wayne developed a disciplined, systems-level approach to problem solving. He now applies that same rigor to how pharma organizations design, govern, and operationalize experience as infrastructure, ensuring that value is not only created, but fully realized.

About The Customer Excellence Agency.

The Customer Excellence Agency is the operational evolution of *The Customer Excellence Enterprise* book and the Advisory, Training and Insights platform through which Wayne Simmons works as a solopreneur and trusted partner to leaders and teams shaping the next era of commercial leadership in pharma and life sciences.

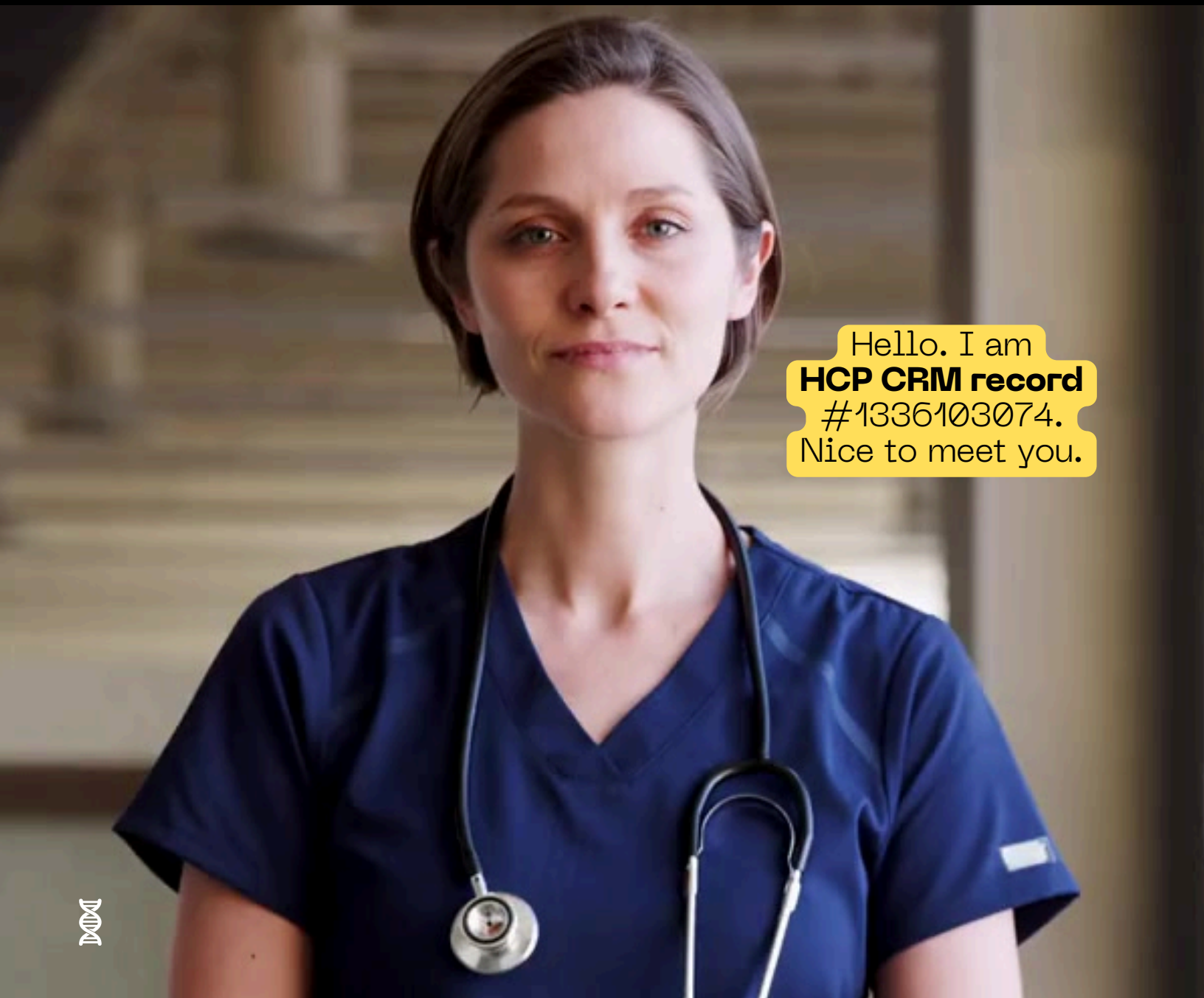


Dear Pharma,

So, you think you know me?

Yes, I'm a proud healthcare professional...but I am also a consumer in my "Other Life." I no longer separate my professional expectations from my personal ones. The experiences I have with Amazon, Emirates, The Ritz-Carlton, and others has set the bar for what "good" feels like *everywhere* for me. I don't simply *like* these experiences. I trust them. I depend on them.

My message to you is simple: *I bring those same expectations and that same standard into every interaction I have with you. No more free passes.*



Hello. I am
HCP CRM record
#1336103074.
Nice to meet you.



Introduction.

Redefining Scientific Value Through Her Consumer Lens.

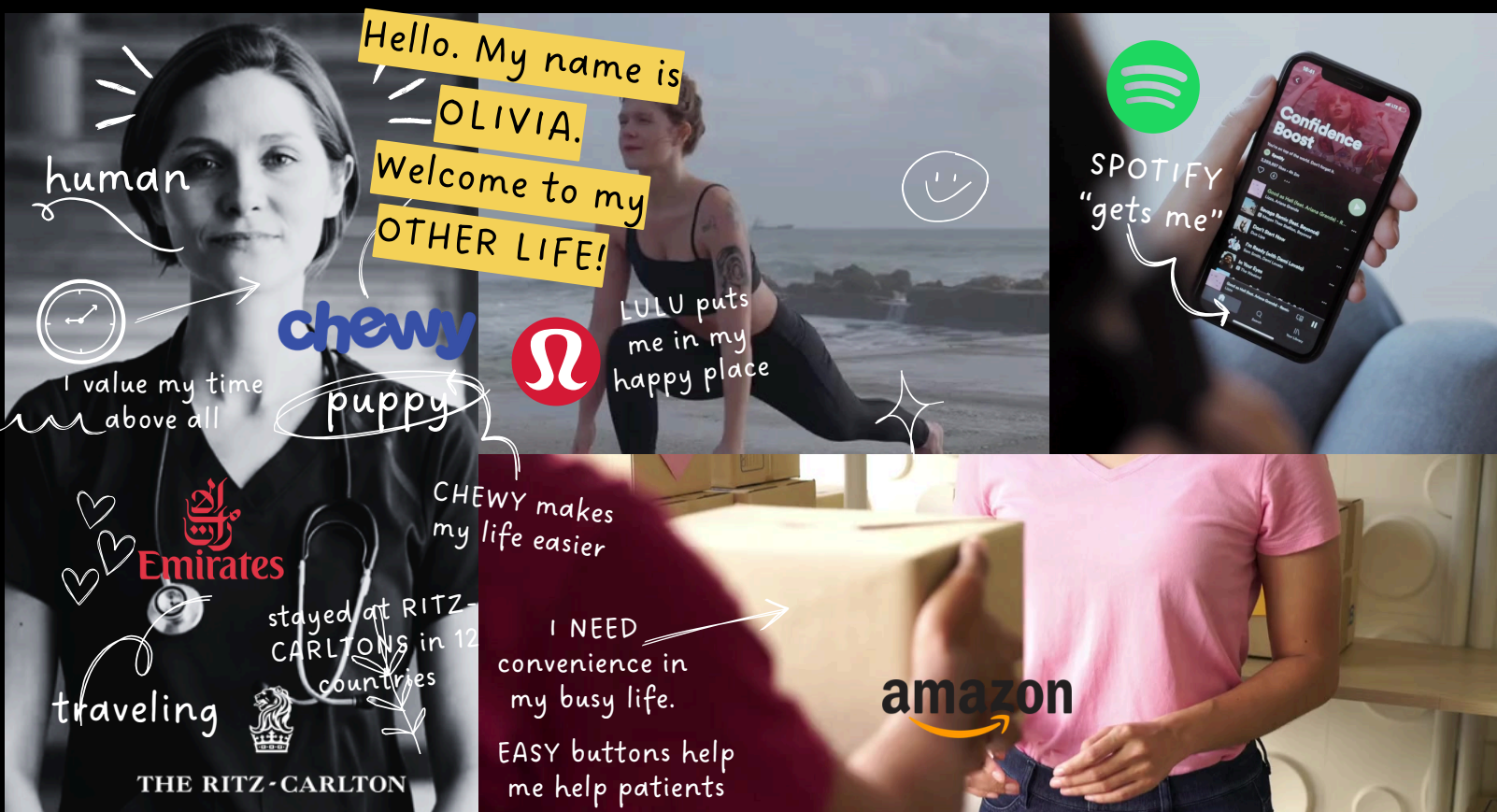
The standard of interaction and engagement for our healthcare professional is no longer set by traditional pharma players or even by other healthcare organizations. It is set by the world she lives in. A world that knows her. Every experience she encounters in this “Other Life” reinforces what good feels like. Ease. Anticipation. Coherence. These are no longer exceptions. They are expectations. When pharma interactions fall short, they feel increasingly out of step with the rest of her life.

This should not surprise pharma and life sciences leaders. The industry already operates under some of the most demanding standards in the global economy. Across its sectors and sub sectors, pharma has institutionalized three defining disciplines. The **evidentiary standard** that governs scientific rigor. The **precision standard** that governs manufacturing excellence. The **trust standard** that governs corporate and brand reputation. These standards are non negotiable. They are deeply embedded into how decisions are made, how risk is managed, and how value is protected.

Crucially, a **fourth standard** has now emerged. The **experiential standard** that governs how pharma companies, brands, and science show up in the real world.

What has changed is not the healthcare professional, but her point of comparison. Her expectations now travel seamlessly across personal and professional contexts. The consumer experiences that shape daily life now shape how scientific value is interpreted, how access is navigated, and how care is ultimately lived.

This is the new HCP Customer Context.



The New HCP Customer Context is central to the underlying dynamics of pharma and life sciences.

It is the lens through which clinical intent becomes human impact and commercial realization, or fails to do so. Experience increasingly shapes how HCPs make sense of scientific value, how confident they feel acting on it, and whether prescribing intent ultimately progresses into real-world care or stalls within the complexity that follows.

Experience has become the throughline between intent, impact, and realization because it is the lived expression of that context. Organizations that lead will treat experience as one of the three foundational elements of the enterprise value proposition, alongside product and brand, while recognizing it as the mechanism through which care is delivered and value is actually realized. Not as a nice-to-have initiative, but as infrastructure. Not as an add-on, but as a governing belief that determines whether intent consistently translates into action.

This is not a trend or a passing phase. The age of Experiential Commerce has arrived, and pharma and healthcare more broadly are no longer insulated from it. Economic value is shifting away from an exclusive reliance on tangible propositions toward intangible forces, where effort reduction, orchestration, and continuity increasingly shape decision-making. These forces influence how HCPs evaluate options, rationalize trade-offs, and determine which therapies feel most credible, workable, and worthy of action in real-world practice. They also determine, more directly than ever, whether that action is sustained.

Like any consumer, HCPs have already recalibrated their expectations. The experiences that shape their daily lives now serve as reference points in professional interactions. Speed and convenience signal respect for time. Attention to detail reflects seriousness of intent. Relevance translates into institutionalized empathy that builds trust. These are no longer aspirational benchmarks. They are the standards against which every pharma interaction is judged, and increasingly, the conditions under which prescribing intent is either reinforced or quietly eroded.

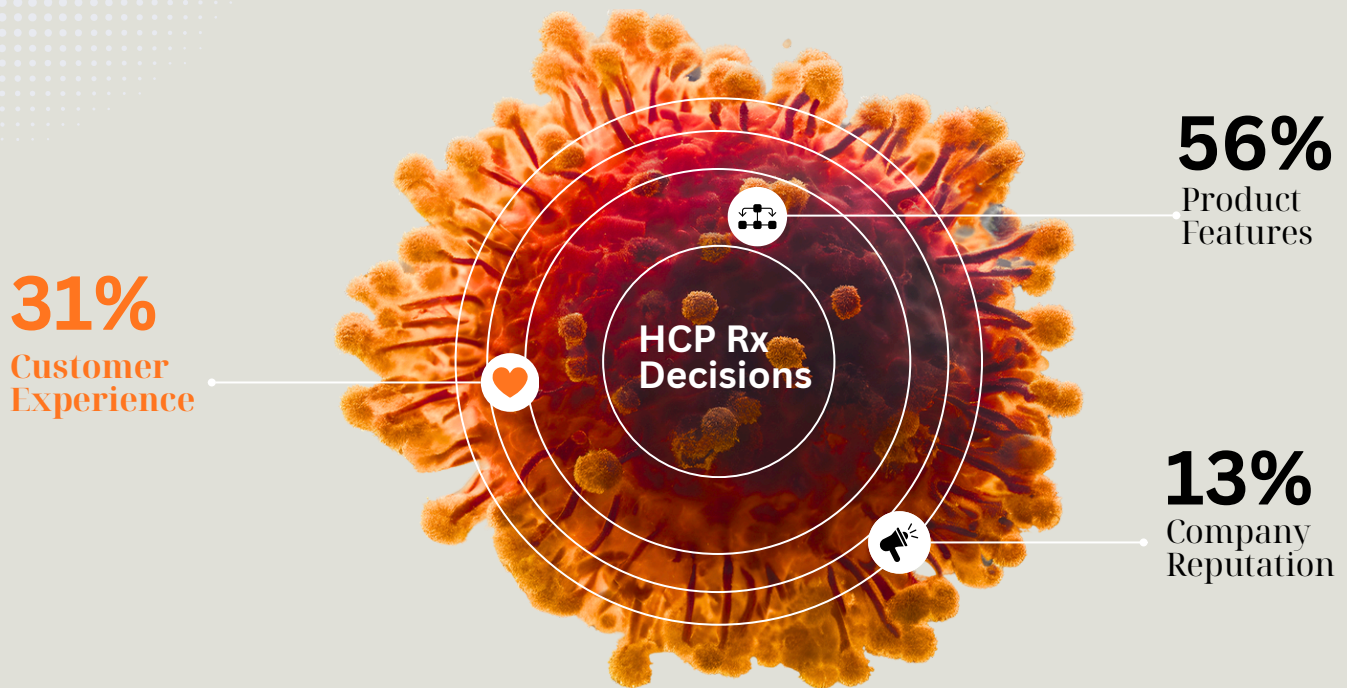
The next era of commercial leadership in pharma and life sciences will be defined by how seriously this context is taken and how deeply it is embedded into enterprise operating models, commercial systems and success formulas. The question facing leaders is no longer whether this shift is real, but whether their organizations are prepared to meet this elevated experiential standard.

When they are, the brilliance of their breakthrough science will finally be matched with the world-class experiences worthy of it, and the value they have already created will be fully realized.

Welcome to Pharma's New Consumer-Grade Imperative.



Figure: Customer experience influences one-third of HCP Rx decisions.



Adapted from Source: DT Consulting: The State Of Customer Experience In The Global Pharmaceutical Industry, 2025: HCP Interactions | 6,020 HCPs across 13 countries and eight HCP specialty areas.

“Customers crave immersive and seamless end-to-end experiences integrated into lives and workflows as they strive to achieve their desired outcomes. With this realization, in a CXE the experience becomes the proposition, an essential element in the offering and value exchange with customers, and a primary variable in corporate growth engines and value creation formulas. Consistent with the core attribute of building and delivering ideal experiences, CXEs treat brand-aligned experiences as a core differentiator that shows up, alongside core product and brand propositions, as a decisive factor when customers are trying to make life cycle decisions.

—The Customer Excellence Enterprise

Practiced. Proven. Published. A solution for modern commercial leadership.

The point of view advanced in this paper is grounded in research and practical application. It has been progressively developed, tested, and deployed inside two of the most complex global pharma organizations, where commercial models must function within scientific, regulatory, access, and field realities. In these environments, conventional *Customer Experience* as an adjacent initiative evolved into *Customer Excellence* an embedded commercial solution.

This work is formally codified in ***The Customer Excellence Enterprise: A Playbook for Creating Customers for Life***, published by John Wiley & Sons. The perspectives in this paper extend that foundation, applying its core principles to the specific forces reshaping pharma and life sciences.

This solution is further grounded in leadership experience of the author within **consumer-intensive, service-led industries**, where experience quality directly drives competition, growth and brand performance, and reinforced by academic rigor developed through designing and teaching curriculum in the first graduate-level Master of Science program in Customer Experience Management at the Eli Broad College of Business, Michigan State University.

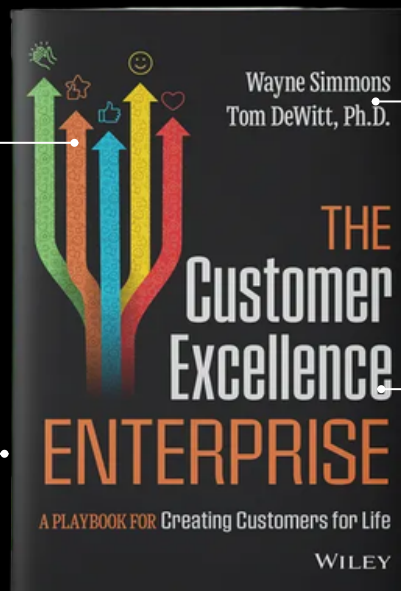
Together, these dimensions establish a novel commercial solution for pharma and life sciences that is both technically sound and operationally proven.

Built for Post-Pandemic Commercial Reality.

Selected for publication to address why traditional CX models broke down and what replaces them.

Written for Enterprise & Commercial Leaders.

Designed for CMOs and commercial leaders responsible for performance, not CX theater.



Elevates Experience into a Commercial Asset.

Repositions experience as a repeatable driver of growth, not a program or measurement layer.

Unifies Brand, Product, and Experience.

Introduces a system-level model that closes the gap between promise and delivery.

Figure. An Unapologetically Commercial Interpretation of Customer Experience. reframes traditional customer experience into a commercial operating system, positioning experience as a driver of growth, differentiation, and enterprise value.



The commercial rules are being reset.

What is unfolding is not a gradual evolution, but a reset of the commercial rules. Driven by a fundamentally changed HCP customer context and a corresponding shift in how decisions are made and acted upon, pharma has entered a new reality where historical models are no longer sufficient. Expectations are now shaped by the most seamless and intuitive experiences in everyday life, yet the commercial system supporting the industry was not designed for this world. It remains optimized to influence prescribing decisions, not to ensure those decisions translate into therapy initiation, sustained adherence, and real-world outcomes.

This misalignment has created a widening gap between intent and impact. Prescribing decisions are made, but too often they fail to progress through the complexity that follows. What appears as an engagement or performance issue is, at its core, a *realization gap*, where value that has already been earned fails to be fully captured. The consequence is material, reflected in unrealized patient outcomes and significant commercial value left on the table.

Like any true inflection point, this moment will either amplify risk or unlock advantage. That outcome will not be dictated by market forces alone, but by whether leaders recognize the structural nature of this gap and take bold action to close it.

Many organizations will continue to pursue familiar paths, delivering scientific innovation through ways of working and operating systems that are increasingly misaligned with the realities of modern care delivery and the modern consumer. In doing so, they will widen the gap between clinical intent and lived experience, mistaking activity for progress and optimization for transformation. Technology-led transformation will further obscure the issue, as digital platforms, omnichannel strategies, and even generative and agentic AI are applied to optimize interactions rather than ensure outcomes. These tools can improve visibility and efficiency, but they cannot resolve a problem rooted in how the system itself is designed. As a result, fragmentation persists, friction accumulates, and scientific excellence is constrained not by evidence or efficacy, but by the experience surrounding it.

A different path is now required and possible.

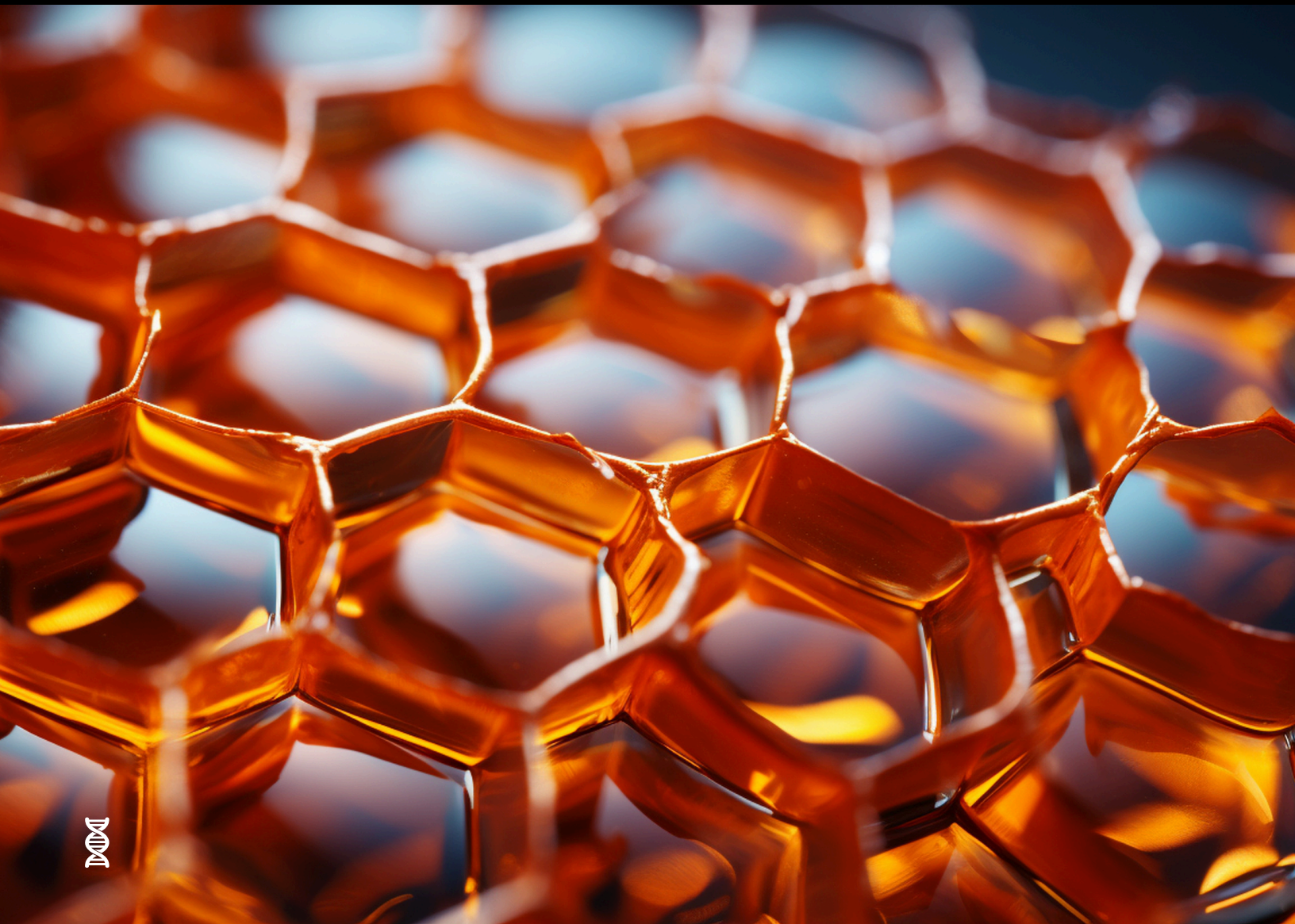
Customer Excellence introduces a fundamentally different way of thinking about commercial performance, elevating experience to a core driver of value realization. As the fourth pillar of a modern commercial model, alongside Launch Excellence, Marketing Excellence, and Sales Excellence, it provides the structure needed to ensure that intent consistently becomes impact.

The new customer context is not emerging. It is already here. Pharma's consumer-grade future is present, accelerating, and unforgiving of half-measures. Whether organizations respond with incremental improvement or a fundamental redesign of how value is delivered will determine who closes the realization gap and who continues to leave value on the table.

This starts when leaders confront an important question:



How's your science really showing up in the world?





Decoding The New HCP Customer Context.

BLUF: Healthcare professionals are consumers in their “Other Life,” and they bring the expectations shaped there into their professional interactions. The standards set by consumer-grade experiences now influence how pharma is perceived, how engagement is interpreted, and where trust and preference are ultimately formed.

part 1





Strategic Question: Which long-standing assumptions about how HCPs decide, tolerate friction, and assign value unravel when we view them in the full context of daily lives?

Part 1: Decoding The New HCP Customer Context.

Marcel Proust wrote that “*the real voyage of discovery consists not in seeking new lands, but in having new eyes.*”

For pharma, this is not a philosophical aside. “New eyes” are a commercial necessity.

HCPs cannot be accurately understood solely through their clinical roles. They are not abstractions within a prescribing system or static personas within a commercial model. **They are whole humans whose lives extend well beyond the walls of healthcare.** In that broader context, they function as consumers like everyone else. They navigate modern markets, make tradeoffs, evaluate value, and manage complexity across countless daily journeys and decisions.

This matters because it changes the frame.

When HCPs are viewed only as clinicians, pharma narrows its understanding of how decisions are formed and how value is recognized. **When the lens widens to also view them as consumers, a fuller picture emerges:** humans operating with finite time, limited cognitive bandwidth, competing priorities, and constant pressure to make efficient, trustworthy choices.

This perspective acknowledges that the individual making a clinical decision is the same individual making dozens of consumer decisions every day. One human, one mind, one way of processing relevance and value.

As an example, our physician begins her day in a world that knows her. Before she interacts with a single patient, she is already moving through a series of quietly orchestrated moments shaped by the companies that define the global standard for modern living.

- Her **Tesla** prepares the route to the office, analyzes traffic conditions, and alerts her to delays before she even thinks to check.
- Her **Spotify** app shifts to a playlist that fits her mood.
- Her **Starbucks** mobile order is waiting on the counter because the system has learned her morning rhythm.
- Her **iPhone** calendar updates across every device without requiring her attention.
- Her grocery delivery from **Instacart** has been predicted and scheduled to arrive at a time that suits her evening.

These moments are not indulgences. They are **the invisible experiential architecture of her “Other Life”.** This is the context she inhabits every day as a consumer. Not as a mindset she switches on and off, but as a lived reality. She navigates a world designed to respect her time, reduce her effort, and operate with an implicit recognition of her humanity.



Design interactions to reduce cognitive load and effort before adding information or functionality.

Seen through *old eyes*, none of this appears relevant to pharma. However, when seen through *new eyes*, it changes everything we know and understand about HCPs.

This is the new HCP Customer Context.

Experiential Commerce and the Shifting Value Exchange.

This new HCP customer context is not a nuance. It is part of a broader economic system now asserting new rules. Across the global economy, value has shifted decisively away from what companies produce and toward how value is delivered, realized, and sustained. The World Bank's *Changing Wealth of Nations* research shows that roughly 65% of global wealth now resides in intangible capital. In high-income economies, that figure rises to as much as 70 to 80%. This is not a marketing trend. It is an economic reordering.

As differentiation based on tangible commerce fades, competitive advantage increasingly shifts from output to orchestration. Value no longer resides primarily in what is delivered, but in how consistently, coherently, and intelligently it is delivered over time. These are the economic foundations of what *The Customer Excellence Enterprise* defines as **Experiential Commerce**. In this often-overlooked dimension of modern commerce, value is exchanged through experiential attributes accumulated across interactions, not simply through products or services.

Most industries have already faced this new reality. Operating assumptions have changed. Systems have been rebuilt. Leadership expectations and mindsets have evolved to reflect the fact that intangible value is a new arena where advantage is earned or lost.

Pharma has largely acknowledged this shift *intellectually*, but has struggled to absorb it *behaviorally*. Many industry actors continue to act as though healthcare exists outside these forces, insulated by regulation or tradition.

As though the rules governing the modern value exchange apply everywhere else, but only partially in this industry. As if pharma has been granted a perpetual “free pass.”

Pharma's New Consumer-Grade Imperative.

Our physician does not live in two worlds. She does not maintain separate standards for how systems should work depending on context. The same human who moves through **Tesla, Spotify, Starbucks, Apple, and Instacart** is the human who later engages with pharma brands, portals, field teams, and support services.

This is where the perspective shift becomes consequential. Every interaction she has as a consumer quietly recalibrates what feels competent, respectful, and worthy of her time. These standards are not consciously compared or articulated. They are absorbed through repetition. They become normal. Long before she encounters a therapy, a service hub, or a field rep, her benchmark for how every aspect of her world should function has already been set.

In this moment, a pharma company does not primarily compete against other pharma companies. She now evaluates all of her interactions against the best experiences anywhere in her life. Every frictionless app, intelligently orchestrated service, or deeply personalized interaction encountered as a consumer becomes a quiet instructor, teaching her what good feels like, what respect looks like, and what it means to truly be understood, respected, and valued.

This is Pharma's New Consumer-Grade Imperative.

Five Forces Driving the Consumer-Grade Imperative.

Pharma's evolution toward Consumer-Grade is not optional. It is being driven by converging forces that are redefining how value is created, how trust is earned, how advantage is achieved, and commercial excellence is sustained. Each force carries a clear structural implication for how pharma commercial enterprises must now be designed and operated.

1. Experiential Commerce.

Across global economies, value has shifted from tangible to intangible assets. For HCPs, value is no longer defined solely by the therapy alone, but by the experience that surrounds it. Experiential attributes have become currency.



Structural implication:

Experience must be treated as a core element of value delivery, governed with the same rigor as product and brand.

2. AI + Tech Stack Parity.

Omnichannel stacks, personalization engines, and AI capabilities are rapidly evolving and widely available. Tech alone no longer differentiates. When systems remain company-centric, investment in digital tech can scale complexity rather than reducing it.



Structural implication:

Advantage shifts from tools to orchestration. Operating models must be redesigned for cross-channel coherence, not activity within them.

3. Direct-to-Consumer Healthcare.

New healthcare entrants have demonstrated that seamless, end-to-end journeys are structurally achievable. By absorbing complexity across access, diagnosis, and follow-up, they have reset expectations for speed, continuity, and convenience.



Structural implication:

Pharma must redesign around human flow rather than internal handoffs, reducing burden rather than accepting and normalizing it.

4. New HCP Decision Dynamics.

One-third of prescribing decisions are now influenced by the HCP's interactions with pharma companies. Experience has become a direct input into decision making and commercial outcomes. (DT Consulting)



Structural implication:

Experience must be embedded organically as a core element of value propositions, not treated as a secondary CX signal.

5. "Off the Charts" Competitive Intensity.

With more than 100 pharma companies from dozens of countries each generating over a billion dollars in revenue, scientific parity is increasingly common. In this environment, differentiation is at a premium.



Structural implication:

When scientific excellence is table stakes, differentiation can be created in how the science is delivered and lived.

The Consumer-Grade HCP and the Strategic Consequences for Pharma.

Pharma does not need new lands. It needs new eyes. Eyes capable of seeing the physician not only as a clinician within a regulated system, but as a human shaped by a consumer-grade world that has already rewritten the rules of value.

This reality is further amplified by who HCPs really are. As some of the most educated and highly compensated individuals in many societies, HCPs routinely interact with sophisticated, premium, and luxury consumer brands as **“high-expectation” consumers**. Their expectations are formed in ecosystems that excel at anticipation, personalization, and respect for time. These experiences raise the bar. **When HCPs engage with pharma and make prescribing decisions, experience increasingly influences choice, benchmarked against these elevated standards, far beyond healthcare.**

In this environment, the quality and value of HCP engagement is no longer defined by promotional reach, message frequency, or even scientific authority alone. It is increasingly determined by experiential factors such as ease, empathy, continuity, and orchestration. **These are not soft attributes. In an economy dominated by intangible value, they function as hard commercial currency.** Trust, attention, and time are now earned increasingly through experience, not asserted through messaging.



Treat experiential quality as a commercial currency equal to science and access, not a downstream enhancement.

The consequences become most visible when pharma’s expanding omnichannel capabilities collide with the lived reality of time-constrained, cognitively overloaded clinicians.

Platforms designed to increase precision, velocity, and scale can quickly become engines of fatigue when they are not orchestrated through human context. What appears efficient internally often feels fragmented or intrusive externally. The failure is rarely intent, it is a design flaw that only gets accentuated as AI and tech proliferate.

For HCPs, the seamless experience of booking a flight through Emirates, managing spending through American Express, or navigating daily life through intelligent digital ecosystems becomes the subconscious reference point when they log into a pharma company or brand portal, request samples, or search for medical information. Every consumer-grade interaction resets expectations for professional ones. The comparison is rarely spoken, but it is subconscious, it is constant.

The defining difference between industry players that will lead and those that will lag in the next chapter of commercial excellence is not just awareness of this shift, but internalization of it.

Winning companies will be those that absorb the Consumer-Grade Imperative into how they think, how they design, and how they operate. **They will recognize that experience is no longer a “nice-to-have” and adjacent to growth and value creation, it is central to it.**

It is precisely here that the gap becomes impossible to ignore. Because once these expectations are set, the moment HCPs re-enter the biopharma ecosystem, the contrast is no longer subtle, it is immediate, and in far too many cases, it is emotionally and practically jarring.

The Jarring Contrast.

The shift is not subtle when our physician enters the pharma ecosystem. It feels like an abrupt step into a different world. She moves from environments that recognize her without asking to systems that behave as if every interaction is a first encounter. A portal greets her by demanding information she has already provided. A clinical resource she urgently needs is buried beneath layers of navigation designed for tech compliance rather than clinical urgency. An access step forces her staff to print and fax paperwork that feels almost surreal in an era where complexity is routinely resolved with a single tap. A patient support program asks her office to repeat details shared only days earlier, as if her time were limitless and her staff effort inconsequential.



Govern the experiential elements of the proposition with the same visibility, and consequence as brand and product.

None of these moments constitutes a crisis on its own and is therefore easy to overlook. Yet each one lands on shoulders already carrying too much. Each one draws from a day with no surplus of time, attention, or patience. Taken together, they accumulate into a lasting judgment about whether a pharma company can be trusted to support care or simply add to its burden.

“Manifesting as a sort of numbing effect on the human spirit, customers are increasingly suffering from a growing sense of trepidation and emotional exhaustion when interacting, or even thinking about interacting, with far too many companies.

The contrast is not conceptual, it can take on emotional and physical dimensions. It gathers as a mental barrier she must push through.

- It **shapes** how she feels about the company long before she reads a single data point on efficacy or safety.
- It **influences** how much trust she extends.
- It **colors** whether she experiences the brand as a credible partner or as another weight she and her team must manage.

This accumulation of friction can manifest as a subtle numbing of the human spirit, a dulling effect that is difficult to name but impossible to ignore.

Once felt, the contrast does not reset. It becomes part of her memory and part of the story she carries forward. It enters the emotional ledger she brings into every future interaction. Crucially, it rarely fades on its own.

The world she returns to outside the clinic keeps reinforcing the gap. Every seamless experience elsewhere becomes evidence that *better is possible*. Every moment of ease in her consumer life reframes the friction inside the pharma ecosystem *not as inevitable, but as chosen*. Not as a regulatory constraint, but as a consequence of design, instincts, and an institutional willingness to compromise.

—The Customer Excellence Enterprise

This is the uncomfortable truth facing P&L and commercial leaders and the broader pharma organization today. In an environment where expectations are continuously recalibrated by the best experiences anywhere, inconsistency and variability become the enemy. The ultimate differentiator is no longer reach, frequency, or even data, analytics, and AI acumen. *It is the ability to deliver coherence, ease, and value at scale across every interaction.*

The next competitive frontier will not be won by adding more channels. It will be won by mastering consistency across the *path-to-prescribe, path-to-fulfill, and path-to-adhere*, turning engagement from an instrument of intrusion into a system of orchestration that respects time, effort, and human reality.

That is the choice now facing the industry, companies and individual leaders.

From Intrusion to Orchestration.

Pharma's omnichannel ambition was not conceived with disregard for customers. It emerged from sincere and, at the time, progressive intent: *to deliver the right content, through the right channel, at the right moment.* That ambition reflected a genuine desire to modernize engagement and move beyond blunt-force promotion. Yet what was once considered progress has quietly become a problem of its own making. The relentless pursuit of reach, frequency and optimization has produced an ecosystem that increasingly floods rather than facilitates, measuring success in impressions, clicks, and activity rather than clarity, usefulness, or impact. What began as a system designed to enable relevance has too often become **"weaponized"** and drifted into one experienced as intrusion.

The issue is not tech itself, but the mindset that governs its deployment. Beneath every email sent and every platform launched sits a deeply ingrained, company-centric orientation. Internal calendars, brand priorities, and KPIs define the cadence and volume of engagement, while the lived realities of clinicians are treated as variables to be managed rather than human contexts to be designed for. The result is an omnichannel machine that performs with industrial velocity and scale, yet often fails to deliver emotional coherence, meaningful differentiation, or earned preference. It optimizes activity, but not experience.



Let human intent, not algorithmic calculation, govern how tech shows up for HCPs.

This tension will only intensify as artificial intelligence, automation, and predictive models assume a greater role in commercial engagement. AI can process vast volumes of data and identify patterns invisible to humans, but it cannot compensate for the absence of empathy, intent, or judgment. When applied without a different orientation, these tools risk amplifying the very dynamics they were meant to correct. Frequency without perspective become noise and intrusion at scale.

The defining question, then, is no longer how advanced the tech and AI becomes, but whose logic it ultimately serves. Technology must be guided by the same human-centered principles that shape great experiences: clarity, context, and care. When built on a cultural foundation that honors the customer's time, burden, and purpose, technology becomes an amplifier of relevance and empathy. When it is not, it becomes another engine of detachment, widening the gap between intent and impact.

Journey friction and effort create a Value Leakage Ladder, inhibiting both care delivery and commercial realization.

In pharma, value is rarely lost in a single moment. It leaks across friction-filled journeys where intent is high but execution breaks down. **Journey friction and effort create a Value Leakage Ladder**—delaying care for patients, hindering HCPs from delivering treatment, and preventing companies from realizing the full value of their science. Customer Excellence treats journeys as value delivery systems, exposing and reducing friction where it matters most and converting scientific intent into real-world performance.

Friction Point in the Journey	Value Leakage Created	Commercial Implications
Fragmented onboarding for new therapies	Initial HCP education, access setup, patient starts results in delays in first use, early abandonment	Slower time-to-peak sales, lost early momentum, under-realization of launch investment
Poor continuity between field, digital, and medical	HCP engagement across channels with repetition, confusion, and inconsistent guidance	Reduced field effectiveness, lower engagement quality, erosion of brand credibility
Access and reimbursement complexity	Prior auth, benefits verification, payer rules lead to script abandonment and treatment delays	Revenue leakage at the point of clinical intent, lower conversion from prescribe to fill
Reactive patient support journeys	Delays in first use, incomplete understanding, early abandonment	Lower persistence rates, reduced lifetime impact and value per patient
One-size-fits-all engagement models	Field targeting, omnichannel orchestration fuels irrelevant or poorly timed interactions	Diminished HCP trust, declining marginal returns on promotional spend
Customer feedback disconnected from execution	Insights collected and observed across channels but not acted upon	High measurement relationship cost with limited impact, critical signals missed

The Anatomy of Pharma's Value Leakage Ladder.

The **Value Leakage Ladder** illustrates how value, once earned at the point of prescribing, progressively erodes across barrier-heavy journeys. It exposes the hidden friction, fragmented ownership, and breakdowns in continuity that prevent clinical intent from being fully realized as real-world patient and commercial impact, compounded by experiences that fall short of consumer-grade expectations.

At its core, it reveals that pharma often does not have a demand, sales, or field performance problem, but a **realization problem**. Conventional remedies remain anchored in optimizing interactions through coaching, training, and channel execution, but they are not designed to ensure progression across the journeys where value is ultimately won or lost. Nor will interventions focused on improving sales performance move the needle, because they are misaligned with the nature of the problem.

The ladder reframes the clinical and commercial stakes, highlighting how value that has already been earned is too often left unrealized in a consumer-grade world that increasingly demands continuity, simplicity, and support.

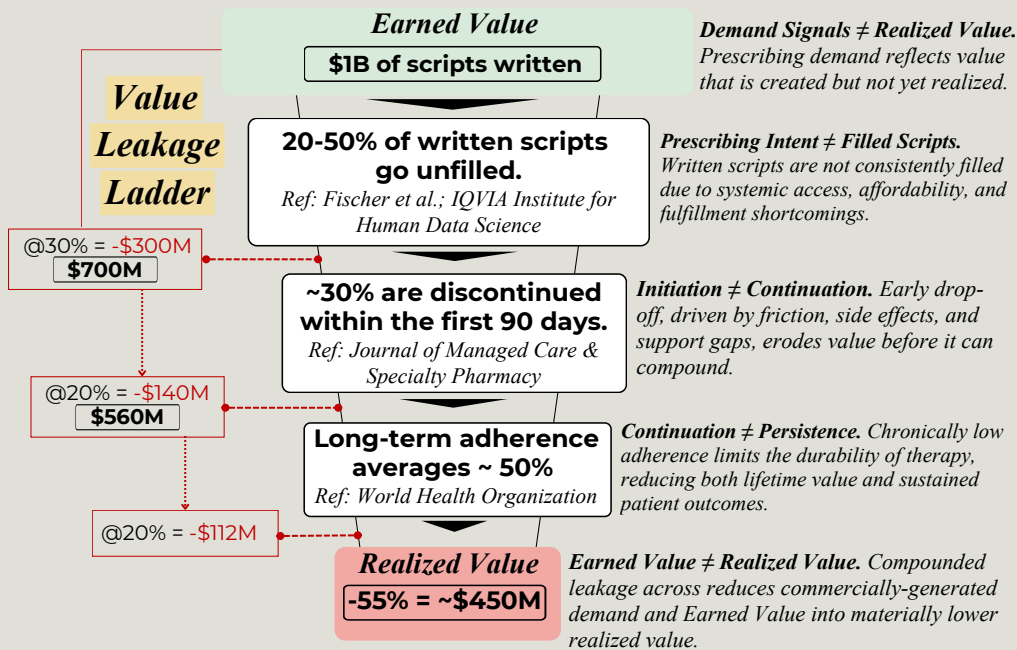
Closing this gap requires a new mindset, a new lens, and a new system. Customer Excellence provides that shift, establishing the operating logic needed to ensure that intent consistently becomes impact.

Strategic Question. With up to **55% of value going unrealized** in some therapeutic areas, is the pharma commercial system structurally optimized to capture the full value of prescribing intent, or inadvertently designed to leave significant value on the table after it is earned?

Reflected in the **VALUE LEAKAGE LADDER**, significant earned value, in both patient outcomes and commercial impact, is lost after the script...

...representing the **BARRIER-HEAVY JOURNEYS** that define the pharma commercial arena.

Entry Condition: Scientific innovation, aligned to purpose, generates clinical confidence, prescribing demand, and commercial potential.



Demand Signals ≠ Realized Value. Prescribing demand reflects value that is created but not yet realized.

Prescribing Intent ≠ Filled Scripts. Written scripts are not consistently filled due to systemic access, affordability, and fulfillment shortcomings.

Initiation ≠ Continuation. Early drop-off, driven by friction, side effects, and support gaps, erodes value before it can compound.

Continuation ≠ Persistence. Chronically low adherence limits the durability of therapy, reducing both lifetime value and sustained patient outcomes.

Earned Value ≠ Realized Value. Compounded leakage across reduces commercially-generated demand and Earned Value into materially lower realized value.



Diagnosis. Journeys are managed as disconnected stages, allowing friction and drop-off to break continuity and stall progression from intent to realized impact.



Path-to-Prescribe (P2P)

Transforms clinical belief into prescribing intent, setting the path for patient and commercial impact.



Path-to-Fulfill (P2F)

Converts intent into initiated therapy, turning decisions into real-world action.



Path-to-Adhere (P2A)

Sustains therapy over time, ensuring outcomes are achieved and value is fully realized.



Case for Change. Instinctively defaulting to conventional remedies --coaching, sales leader turnover, field force retraining, etc.-- targets sales performance, not the structural nature of the problem, leaving it fundamentally unaddressed.

Strategic Question. How do we optimize our commercial system to remove barriers and ensure prescribing intent consistently becomes realized patient and commercial impact, rather than continuing to optimize discrete interactions that fail to address the core problem?



Hard-Edged Truths About Pharma's Commercial Job-to-be-Done.

The new dynamics reshaping pharma and life sciences place a harsh spotlight on one of the industry's most sacred cows: the core commercial job-to-be-done. Viewed honestly, the governing logic of delivering the *"right content," through the "right channel," at the "right time"* is profoundly company-centric. No one can dispute the importance of keeping healthcare professionals current on new clinical evidence, therapeutic advances, and product developments. That need is real and enduring. But the distribution of that content does not occur in a vacuum.

From the perspective of HCPs operating under severe time constraints and patient-per-hour productivity pressures the cumulative effect of this model—*multiplied across dozens of pharmaceutical companies each day*—is not relevance, but burden. What was designed to optimize engagement instead saturates attention, drains cognitive capacity, and competes directly with the work of care itself. Within the realities of modern clinical throughput and the lived experience of HCPs, this model becomes untenable, potentially a silent contributor to HCP burnout. **These are hard-edged truths, but truths nonetheless.**

The new HCP customer context and the Consumer-Grade Imperative make this tension impossible to ignore, but the issue runs deeper. At its core, this is not about diminishing HCP education or scientific exchange. **It is about introducing human empathy as the governing logic of the commercial system itself.** That is why the commercial JTBD can no longer be incrementally refined or digitally optimized. It must be fundamentally reimagined.

The Reimagined Commercial Job-to-be Done (JTBD).

The new commercial mandate must be anchored in a far simpler, far more consequential, and a far more human truth:

"Helping healthcare professionals help patients."

This profoundly customer-centric reframing changes everything. It aligns directly with the lived realities of clinicians and the new HCP customer context, while reflecting the new logic of the Consumer-Grade Imperative. Most importantly, it redirects the commercial model toward meaningful enablement, grounded in how HCPs actually work, what they need, and how patients experience care. Engagement is no longer defined by exposure to content or the arbitrary frequency of contact. It is redefined by the ability to reduce effort, remove friction, and support clinical progress across the full arc of care.



Advantage no longer comes from how many channels an organization operates, but from how coherently the experience holds together across them in the moments that matter.

This purpose extends far beyond the delivery of medicines, vaccines, and therapies, as essential as those remain. It opens a broader world of possibility to create value across the healthcare ecosystem by easing administrative burden, simplifying access pathways, improving coordination, and anticipating needs that often go unseen. It reframes commercial engagement as a system of partnership rather than persuasion, where preference is earned through helpfulness rather than asserted through persuasion.

Unleashing Helpfulness as an Organizing Principle.

At the center of this evolution lies the reciprocal power of helpfulness. When helpfulness becomes the organizing principle of the commercial model, transactions give way to trust, content becomes counsel, and engagement evolves into experience. Yet this shift demands more than rhetoric. It requires introspection to confront the incentives, habits, and assumptions embedded in the current system, and boldness to redesign it around a fundamentally different measure of success. Not exposure, but enablement. Not activity, but impact. Not content, but value.

When this commercial and cultural foundation is in place, the next leap forward will not come from yet another engagement framework or channel expansion. **It will not come from AI layered onto outmoded ways of working.** It will come from organizations that deliver coherence across what they say, what they do, and how they show up. From companies that replace the race for reach with helpfulness and moving from talking about customer-centricity to structurally living it.

The way forward is now clear. The challenge before the industry is no longer about saying the right things. It is about proving them and doing so consistently. The future will not be won through messaging alone, but through presence at the point of interaction and beyond. Brand credibility and HCP decision-making now depends increasingly on the quality of the experience that follows the message. In today's crowded and noisy markets, the pharma and life sciences companies that rise to this standard will not compete through efficacy and safety alone.

They will win in the new experiential arena.

Ease of access, reliability, and relevance become the visible expressions of empathy and the foundations of advantage. Trust is earned through the consistent alignment between brand promise and aspiration, and brand delivery in the real world, proving the humanity of how science is brought to life.

This is neither cosmetic nor optional. It is not a side initiative to be delegated or a program to be piloted. It is the strategic and commercial context that determines whether science fulfills its promise in the lives of patients or falters in the final mile. It defines a new basis of competition in pharma, one in which trust and preference must be earned continuously through experience rather than assumed through historical precedent, industry norms, or the inherent grace and goodwill of HCPs.

The thesis being advanced here is simple:

Those who internalize this customer-centric ethos, Consumer-Grade Imperative, and new Customer Context will set the pace for the industry's next chapter of commercial excellence. Those who do not will find themselves increasingly out of step with the world their customers already inhabit.

Grounded in the customer's right to reverence and the context, empathy, reciprocity, relevance, uniqueness, goodwill, and trust inherent to helpfulness, CXEs consider every marketing interaction an opportunity to build stronger relationships with customers by focusing on helping them achieve their desired outcomes, offering them differentiated value, and delivering exceptional experiences to them at every stage of the customer life cycle.

—*The Customer Excellence Enterprise*



Building A Different Kind of Pharma Company.

BLUF: The next generation of leading pharma companies will differentiate not by science alone, but by building enterprises structurally predisposed to deliver science through experiences held to the same standard of rigor and integrity as the science itself.

part 2





Strategic Question: If pharma already knows how to build uncompromising scientific systems, why has it not applied the same rigor to the experience systems that determine whether that science actually reaches patients?

Part 2: Building A Different Kind of Pharma Company.

Pharma has created extraordinary scientific value through its rigorous and sustained focus of discovery, clinical development, regulatory navigation, launch discipline, field execution, and brand stewardship. These capabilities remain the foundation of the industry and reflect decades of craft, discipline, and intellectual integrity. Few sectors operate under evidentiary requirements as demanding as those found in pharmaceutical research.

- Clinical data and claims must be verified and **withstand global scrutiny**.
- Manufacturing processes must meet **microscopic tolerances**.
- Quality systems are inspected to the level where **minor deviation** is unacceptable.

Because the stakes leave no room for error, the industry inherently builds systems that operate with uncompromising standards.

Yet the industry as a whole struggles in a world where customers now expect the same level of intentionality from the experiences surrounding a therapy as they expect from the therapy itself. The HCP who trusts that a molecule has been rigorously tested and precisely manufactured increasingly expects the ecosystem of clinical data, supporting information, and support services around that molecule to reflect the same standard of integrity and consistency.

The HCP who believes in the efficacy and safety of the therapeutic pathway **expects the access pathway for her patients display an equivalent commitment to clarity and dependability**. These expectations do not emerge from entitlement but from the reminder that these very same HCPs live in environments in their “Other Life”, where systems and interactions anticipate their needs, reduce unnecessary effort, and create a sense of partnership rather than burden.

What this dynamic ultimately reveals is that, in intensely competitive global pharma markets, the value of science is increasingly shaped by the quality of the experience that carries it into the world and into the lives of patients. This is especially visible in complex therapeutic areas such as rare diseases and oncology. In these contexts, HCPs do not separate the scientific truth embedded in a therapy from the practical reality of how that therapy is delivered, accessed, and supported. They experience both as a single, inseparable judgment of value and patient care.

This is an acknowledgment that a perfectly crafted script at the end of a successful path-to-prescribe is meaningless if it never translates into a therapy for a patient.

A prescription that cannot move through access hurdles, benefit verification, prior authorization cycles, specialty pharmacy workflows, or affordability barriers is the opposite of care delivered. It is clinical intent left unfulfilled when it matters most.



“The corporate metamorphosis into a Customer Excellence Enterprise (CXE) requires a fundamental shift in organizational orientation, producing companies that are structurally predisposed to help customers live their best lives and meet the societal obligation inherent to the customer’s right to reverence.

—The Customer Excellence Enterprise

This is why the next era of pharma commercial excellence requires companies to build upon their identity as scientific engines, infuse the customer at the DNA level and become Customer Excellence Enterprises (CXEs).

The Power of Predisposition.

Customer Excellence is not a department, a program, or an initiative. It is not a rehash of traditional CX initiatives. It is the discipline of building enterprises that are *predisposed* to deliver exceptional experiences, consistently, and without dependence on heroic effort. As described in *The Customer Excellence Enterprise*, it is defined by its unifying power to eliminate the gaps that fragment alignment and customer value delivery across functions, channels, and interactions. It transforms experience from an abstract ideal into an shared ethos, turning brand essence, empathy, and customer respect into a system.

Customer Excellence provides the mechanisms through which helpfulness becomes organized, measurable, and scalable. It aligns leadership behaviors, cultural norms, operational system, and commercial models so that **being helpful is not a reactive gesture but a structural truth.**

Accordingly, a Customer Excellence Enterprise is not a company with a few added capabilities or a new customer engagement program layered on top of the old commercial model. It is one that has done the structural and systemic work required to *resequence its Leadership DNA, its Organizational DNA, its Operational DNA, and its Commercial DNA so that the enterprise becomes predisposed to deliver exceptional experiences.* In the end, predisposition means the company does not have to try to deliver coherence...it comes from the way it is put together.

In essence, it delivers coherence and other selected experiential attributes because it is built for purpose to do so. It does not have to correct fragmentation. It prevents fragmentation because systems, incentives, and behaviors are aligned around the customer's lived reality. It does not rely on individual heroes or isolated teams to create moments of excellence. Excellence emerges as the natural outcome of how the enterprise thinks, decides, and operates.

A pharma CXE is designed so that trust, empathy, reverence and helpfulness are not aspirations but a structural output:

- **Leaders** treat experience with the same priority they apply to financials, patient safety, and regulatory compliance.
- **Brand teams** design for the experiential dimensions surrounding the full HCP and patient journey, the new job to be done, the new HCP Customer Context, and the Consumer-Grade Imperative, rather than solely around product and brand-based propositions.
- **Commercial Ops** evolve into tangible support systems dedicated to friction and burden "hunting" and removal.
- **Commercial models** shift from the linear pressures of the acquisition "funnel" to the momentum of the acquisition-retention "bow tie", to the value expansion of the "flywheel".

This is not cosmetic change. It is a fundamental redefinition of how a pharma commercial model works, how science show up in the world, and how a therapy's promise becomes it's impact. **This is how scientific value becomes human value.**

The Fourth Pillar of Commercial Excellence.

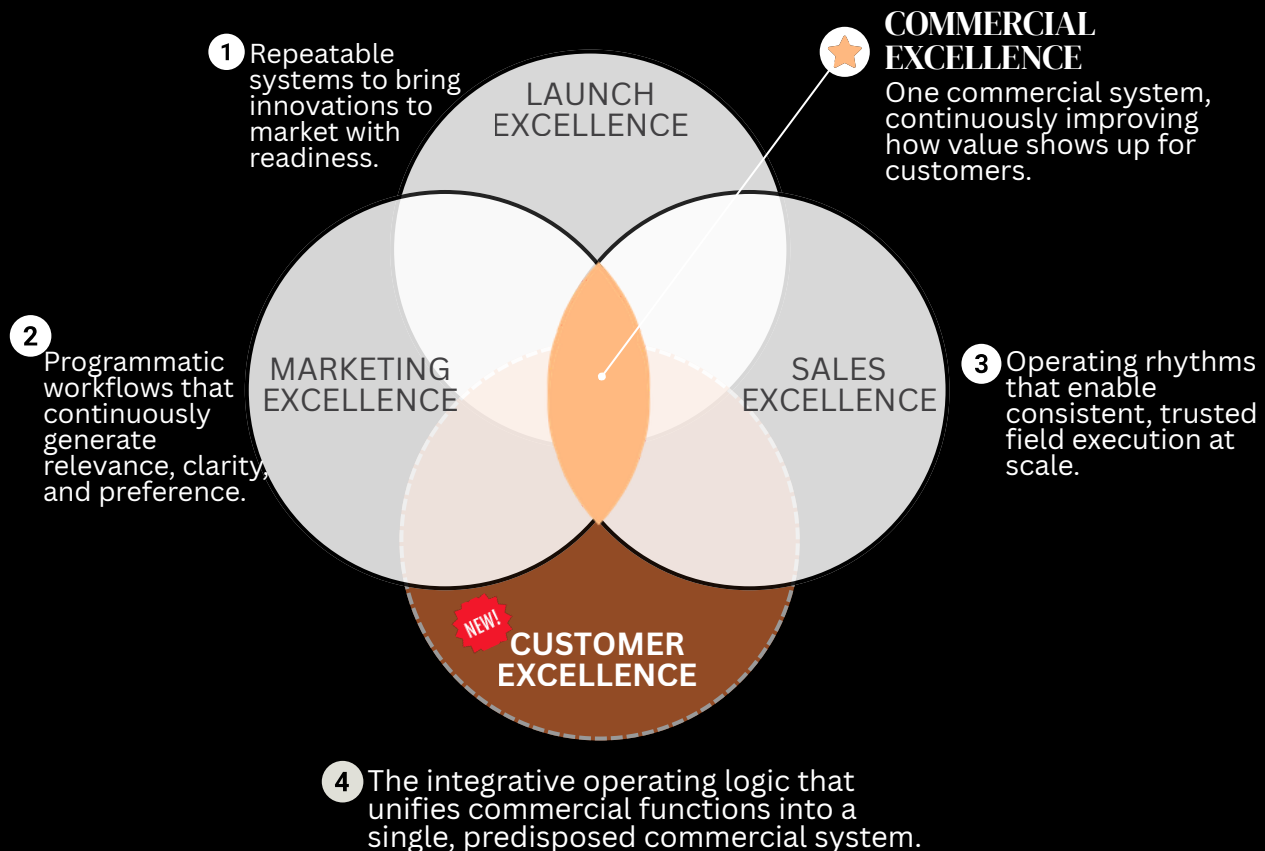
Customer Excellence does not belong at the margins of the commercial organization, where customer experience functions have traditionally resided in many pharma companies. It stands alongside **Launch Excellence, Marketing Excellence, and Sales Excellence** asserting equal value as the fourth foundational pillar of modern commercial performance. It does not replace these capabilities. It strengthens them. It completes them.

The existing pillars govern how innovation is launched, how value is articulated, and how engagement is activated. **What they do not govern is how that intent is experienced once it leaves the organization.**

They do not control how promises are lived across access, onboarding, and support, nor how handoffs between functions and channels feel over time. As a result, organizations often perform well within each internal functional domain while customers experience fragmentation externally.

The new Customer Excellence operating logic exists to close that gap.

Figure: As the fourth pillar, Customer Excellence provides the customer-centric operating logic that aligns functional excellence into a structurally unified Commercial Excellence system.



Reference: “Encompassing the essential interdependent dimensions of corporate mission, culture, brand, and strategy, the CXE model is specifically tuned to experiential commerce...”

–*The Customer Excellence Enterprise, Chapter 6.*



As the Fourth Pillar of Commercial Excellence, Customer Excellence ensures that scientific intent, brand promise, and commercial ambition are translated into experiences customers recognize as coherent, supportive, and worthy of trust. It shifts the enterprise from functionally excellent but parallel execution to integrated, horizontal delivery across full customer journeys.

Without Customer Excellence, launch plans succeed on paper but fracture in practice. Sales engagement generates activity without continuity. Marketing creates promise that outpaces lived reality. With Customer Excellence in place, those same pillars begin to operate in concert. Customer Excellence brings clarity to the handoffs that undermine Launch Excellence, continuity to the engagements that define Sales Excellence, and coherence to the experiences Marketing Excellence promises. It becomes the connective tissue that binds customer-facing activity into a unified system.

As the Fourth Pillar, Customer Excellence must carry equal weight. It requires executive ownership from the C-Suite, enterprise governance from the board of directors, and integration into operating models and incentives. When it is absent, performance plateaus despite increased investment. When it is present, the enterprise gains a compounding advantage built from the world of possibility presented by experiential attributes.

In a consumer-grade world, commercial excellence is defined not by how well functions perform in isolation, but by how well the enterprise shows up as one. Customer Excellence is the pillar that makes that possible.

“Representing the artful integration and reframing of customer centricity, customer engagement, CXM, customer success, and customer care from discrete functional disciplines to integrated value drivers, customer excellence offers a more holistic and durable approach to value creation.”

Customer Excellence Enterprise



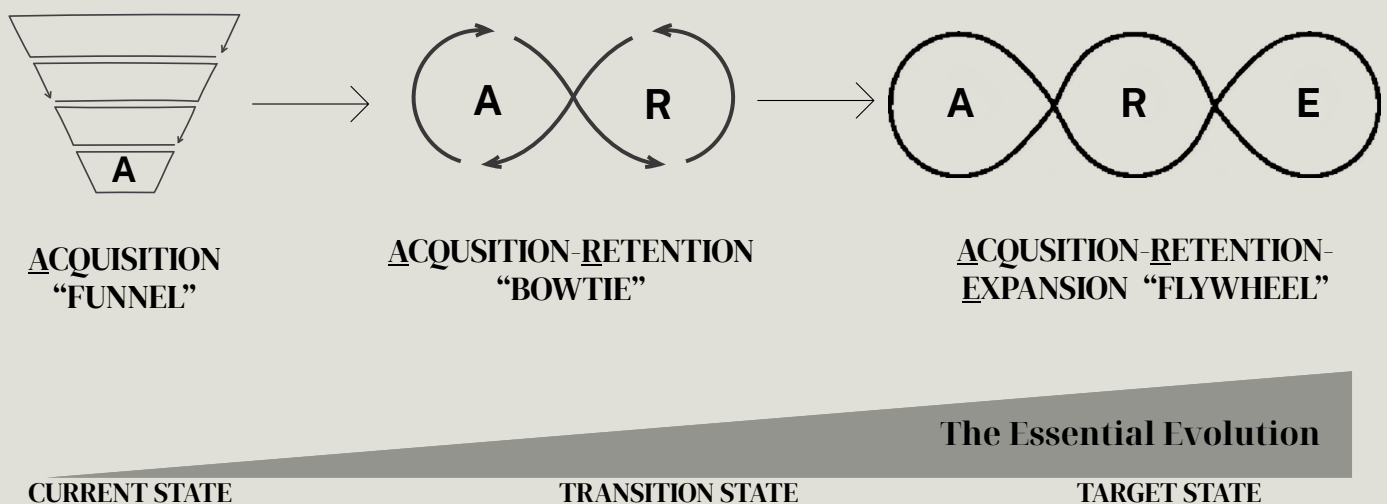
From Funnel to Flywheel: Building a Consumer-Grade Commercial Spine.

Meeting the Consumer-Grade Imperative requires a fundamentally different commercial spine. The flywheel represents that shift.

Unlike the funnel, which is optimized for linear transactions, the flywheel is designed for continuity. It embeds customer centricity into the operating model by organizing growth around ongoing engagement and experience rather than isolated moments of conversion. In a world shaped by consumer benchmarks, growth is no longer created at the point of sale. It is earned and reinforced over time through usefulness, ease, and consistency. The flywheel makes experience the fuel that powers acquisition, retention, and expansion as one connected system.

In the context of the Fourth Pillar, adopting a commercial flywheel is a deliberate break from legacy mental models. Funnels and bow ties brought discipline to acquisition and retention, but they were never built to enable sustained expansion or customers for life. Retention alone does not create growth. The flywheel closes that gap by recognizing that acquisition, retention, and expansion require distinct but orchestrated actions, all anchored in lived experience. Fueled by continuous insight and learning, the flywheel becomes self reinforcing. Experience builds preference. Preference enables trust. Trust creates openness to deeper engagement. This is not a metaphor. It is the operating logic required to compete and grow in a Consumer-Grade economy.

Figure: The essential evolution from transaction-centric commercial models to a customer-centric flywheel built on continuous engagement, experience-led growth, and long-term value creation.



Reference: “the flywheel leverages helpful customer experiences as the through line between the initial sales transaction and the ongoing engagement, value realization, and success of customers.

–*The Customer Excellence Enterprise, Chapter 10*

Customer Excellence does more than strengthen existing capabilities. It introduces new ones that the traditional three pillars do not contain. It brings customer engagement, customer success, customer experience management, and customer care together into a single enterprise discipline. Because pharma has historically over indexed on short term acquisition and near term revenue, reinforced by a heavy reliance on promotional campaigns and sales detailing, the capabilities required to drive longer-cycle *retention, loyalty, and lifetime value* have remained fragmented, ad hoc, reactive, or, in some cases, entirely absent from the commercial value chain.

In most other industries, retention, loyalty, and lifetime value are core commercial concepts with established ownership, metrics, and operating models, even if their maturity varies. In pharma, these concepts are not typically part of the core commercial narrative, leaving a persistent gap between brand promise and lived experience over time.

Customer Excellence closes that gap.

It integrates these capabilities into a continuous system that reflects the reality of customer journeys and the expectations of modern HCPs and patients.



Unifying customer-facing disciplines transforms engagement from reactive to anticipatory and experience from measured to managed.

Through this unification, *customer engagement* becomes aligned rather than intrusive. Through *customer success*, onboarding and adherence become less ad hoc. *Customer experience management* becomes a driver of strategic decisions rather than a measurement exercise.

Last, but not least, customer care becomes the company’s “front door”, a tangible expression of brand promises, rather than a reactive support function. The boundaries between these disciplines dissolve. The experience becomes unified. The customer feels the presence of a single enterprise rather than a collection of functions.

Customer Excellence is the mechanism through which the Consumer Grade Imperative is met. It applies the same intentionality that governs discovery and manufacturing to the design of customer journeys, ensuring that engagement is not an afterthought but an essential part of how scientific value is delivered.

It applies the ethical weight of the industry’s inherent trust obligations to every touchpoint, ensuring that the experience surrounding the therapy reflects the same rigor as the therapy itself.

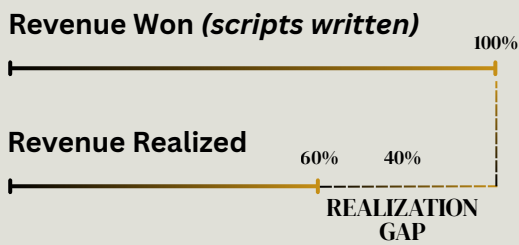
With respect to the new Customer Context and the new “*helping HCPs help patients*” JTBD, Customer Excellence becomes the defining discipline of pharma commercial leadership. It enables organizations to differentiate in markets where scientific parity is increasing and experiential expectations continue to rise. It provides the foundation upon which trust is strengthened, credibility is renewed, and human connection becomes the new measure of competitive performance.

This is how the industry boldly meets the demands of the Consumer-Grade Imperative. This is how it will ensure that the rigor of its science is matched by the quality and empathy of the experience through which that science reaches the world.

Experience must now be treated as a core financial lever in how revenue is realized, protected, and grown.

Pharma’s Consumer-Grade Imperative is not just a branding or maturity argument. It is a financial one. Experience quality now directly influences how much revenue is realized, how much is placed at risk, and the true costs of growth. Seen through new eyes, experience reveals financial dynamics that traditional commercial models often miss, from written scripts that fail to convert, to revenue quietly exposed to switching, to escalating costs required to recover lost demand and value. These forces materially shape both near-term performance and long-term enterprise value. The three lenses (*non-exhaustive*) below make those dynamics visible and actionable.

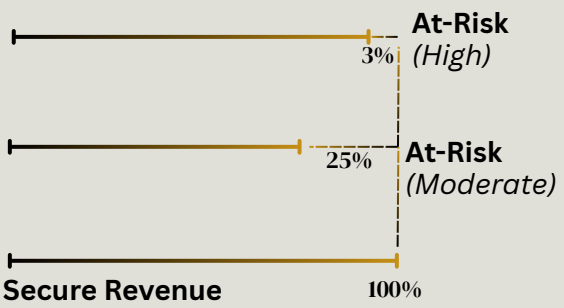
1 The Realization Gap *Revenue won vs. revenue realized.*



- Reflects the gap captured by the Value Leakage Ladder between scripts written and those that are actually filled and initiated.
- Reflects friction across the path-to-fulfill, preventing HCP intent and sales success from converting into revenue.
- If this gap appears across multiple brands in the same therapeutic area, it signals a systemic experience failure.

Strong science and strong demand do not guarantee strong revenue performance. Journey barriers erode near-term revenue performance, which can be invisible in traditional forecasting, but material in impact.

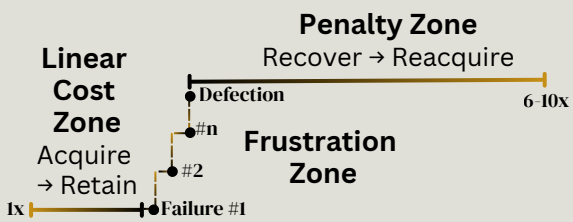
2 Customer Value at Risk (CVAR) *Revenue thats captured, but is fragile.*



- Not all revenue is equally secure.
- **CVaR** represents revenue already captured, but is at varying levels of erosion risk due to poor experiences.
- Friction, inconsistency, and burden weaken trust long before a customer defects, placing future revenue at risk even when current revenue performance appears stable.

Reporting tends to treat all revenue as equally durable. Consumer-grade expectations invalidate that assumption. Experience quality now influences revenue stability, making CX a risk management issue. Revenue erosion begins long before defection.

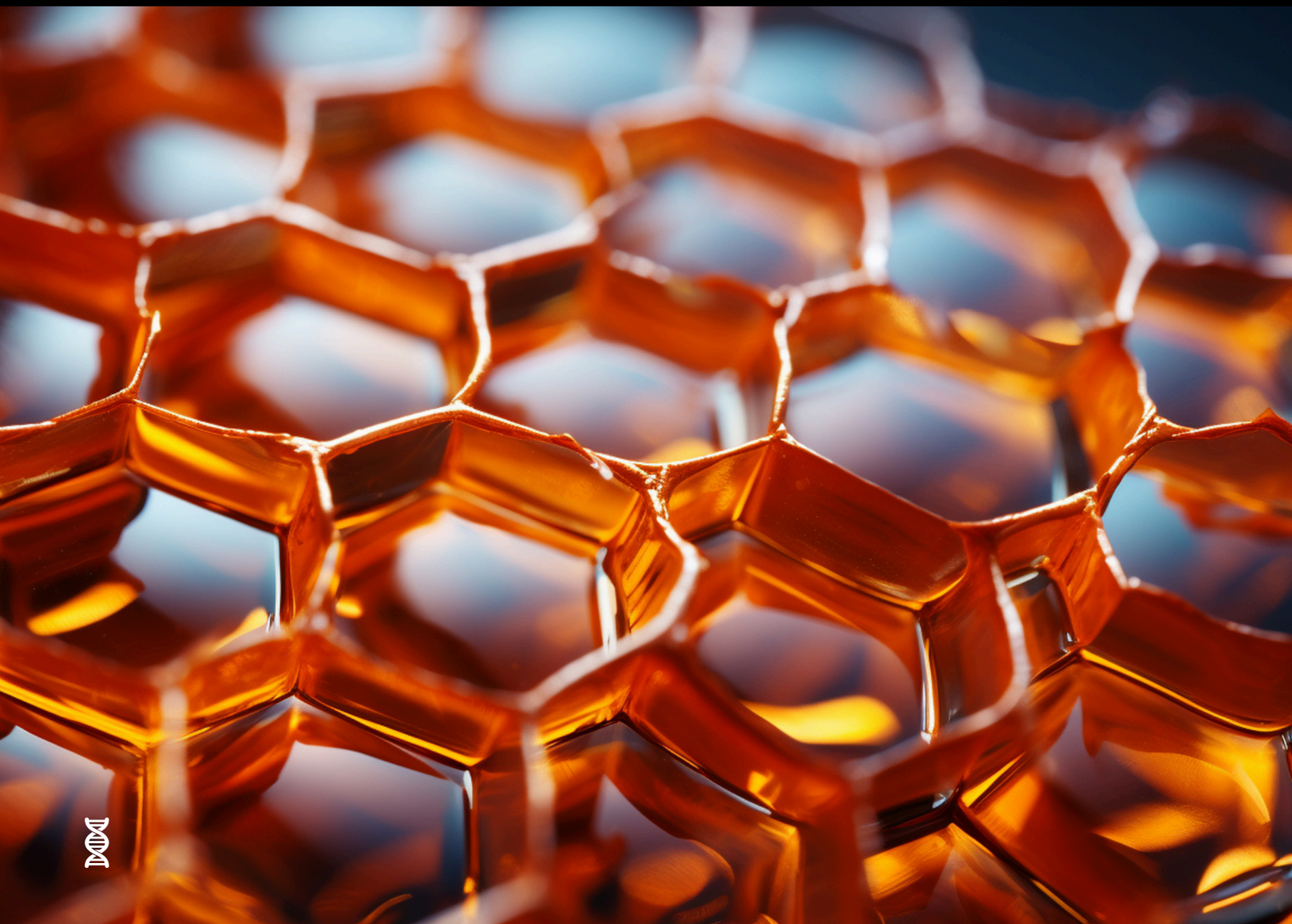
3 Customer Re-Acquisition Cost (CAC) *Punitive economics once value is lost.*



- **CAC** should be considered “preventable” losses of trust and brand equity.
- If a customer defects due to experience, economics for customer re-acquisition are fundamentally different.
- Experience failure doesn’t extend the acquisition curve, it starts a punitive cost regime, where costs are exponential.

Losing customers does not simply delay growth. It structurally degrades growth efficiency. Experience failure multiplies costs and compresses returns, making CX a determinant of long-term capital efficiency.

**Customer Excellence unlocks a new world of
possibility for pharma commercial leadership.**





Leading a Customer Excellence **Transformation** Rebellion.

BLUF: Many pharma organizations are already burdened by transformation fatigue. Customer Excellence is not transformation theater. It is a purposeful rebellion against normalized orthodoxy. Not every leader or organization is wired for it. Those that are will move beyond digital and omnichannel as differentiators, reshape the basis of competition, and define the next era of commercial leadership.

part3





Strategic Question: Which assumptions about our customers are built into our operating model, and how must they change for us to genuinely meet the Consumer-Grade Imperative?

Part 3: Leading a Customer Excellence Rebellion.

The journey toward Customer Excellence does not dilute scientific rigor or distract from the discipline that has long defined pharma success. It extends that rigor outward, ensuring that the value created through discovery, development, and manufacturing is delivered with equal clarity, coherence, and humanity through experiences. **Customer Excellence embeds customer logic into systems that have historically defaulted to internal logic**, making trust the natural outcome of how the enterprise operates rather than something that must be repaired downstream, after the fact. **This level of change does not happen by accident.**

Over the past decade and a half, pharma companies have invested aggressively in omnichannel, digital, and now AI, often with the expectation that tech itself would drive transformation. In practice, many have become *modernized* without being truly *transformed*. New platforms were layered onto old operating models, and digital capability was mistaken for culture change.

As a result, transformation occurred at the fringes rather than at the core. Legacy culture and ways of working remained largely intact, amplifying activity without fundamentally altering how value is delivered.

Customer Excellence demands something more structural, systemic and, above all, more courageous.

It requires a deliberate break from the orthodoxy that has quietly shaped how commercial performance is defined. That orthodoxy has normalized friction, excused fragmentation, and allowed sameness to masquerade as inevitability. Over time, it has hardened into a subtle form of cultural resignation. A belief that pharma is simply destined to perpetually “lag five years behind other industries” in how customers are understood, valued, and treated.

A Customer Excellence rebellion replaces resignation with deliberate action and inertia with intent. This is not rebellion for its own sake. ***It is a conscious rejection of the belief that better is unattainable or impractical.*** It challenges deeply held mental models about how commercial success is created and compels the enterprise to confront a fundamental question: whether its systems are designed to genuinely serve customers or simply to preserve internal equilibrium.

What Customer Excellence ultimately demands is change at the level of enterprise DNA. Specifically, it requires work across **Leadership DNA, Organizational DNA, Operational DNA, and Commercial DNA.** These dimensions determine how decisions are made, how work is structured, how value is delivered, and how success is defined. Only by addressing Customer Excellence at this depth can pharma move from performing customer centricity to being structurally predisposed to deliver it.

This is the call to rebellion.

Resequencing Enterprise DNA: The Journey to Customer Excellence.

Resequencing enterprise DNA for Customer Excellence is not an abstract concept. Each strand, or dimension, of DNA expresses itself through behaviors, beliefs, choices, operating mechanisms, and design decisions. **When these elements are misaligned, the idea of Customer Excellence cannot take root or stalls.** When they are considered and calibrated together with intention, Customer Excellence moves from idea into self-reinforcing ways of working. What follows translates the four DNA dimensions – Leadership, Organizational, Operational, and Commercial--into practical levers for change and execution. Paired with diagnostic questions, this section becomes a discussion too that helps organizations assess whether Customer Excellence is possible or constrained.

Resetting Leadership DNA.

Leadership DNA is revealed less by rhetoric and more by what leaders choose to prioritize, fund, and protect. Customer Excellence becomes real when experience quality enters the same decision arena as scientific risk, compliance exposure, and financial performance. Leaders stop treating experience as an program to “tolerate” and begin treating it as a condition to design for. **At this level, leadership conviction shows up in tradeoffs.** When speed conflicts with coherence, when scale threatens continuity, or when efficiency increases burden, leaders intervene deliberately. Customer Excellence becomes an enterprise conviction rather than a delegated responsibility.

Leadership DNA Diagnostic Questions:

- Is *experience quality* valued, reviewed and governed with the same rigor as scientific, regulatory, and financial performance?

- Are leaders *explicitly* accountable for experience outcomes, or is ownership *implicitly* delegated?
- Do leadership decisions consistently reduce customer *burden*, or do they optimize internal *efficiency* at the customer’s expense?



Govern the experiential elements of the proposition with the same visibility, and consequence as brand and product.

Rewiring Organizational DNA.

Organizational DNA shapes habits and how responsibility flows across the enterprise. In the siloed structure of many pharma organizations, clear accountability ends at the edge of a function. **Each team performs well locally, yet the customer bears the cost of fragmentation where functions intersect.** Customer Excellence requires accountability to be redefined around end-to-end customer journeys rather than departmental outputs. Ownership must extend across moments that span marketing, sales, access, medical, and support. Experience becomes a shared obligation, not a coordination challenge.

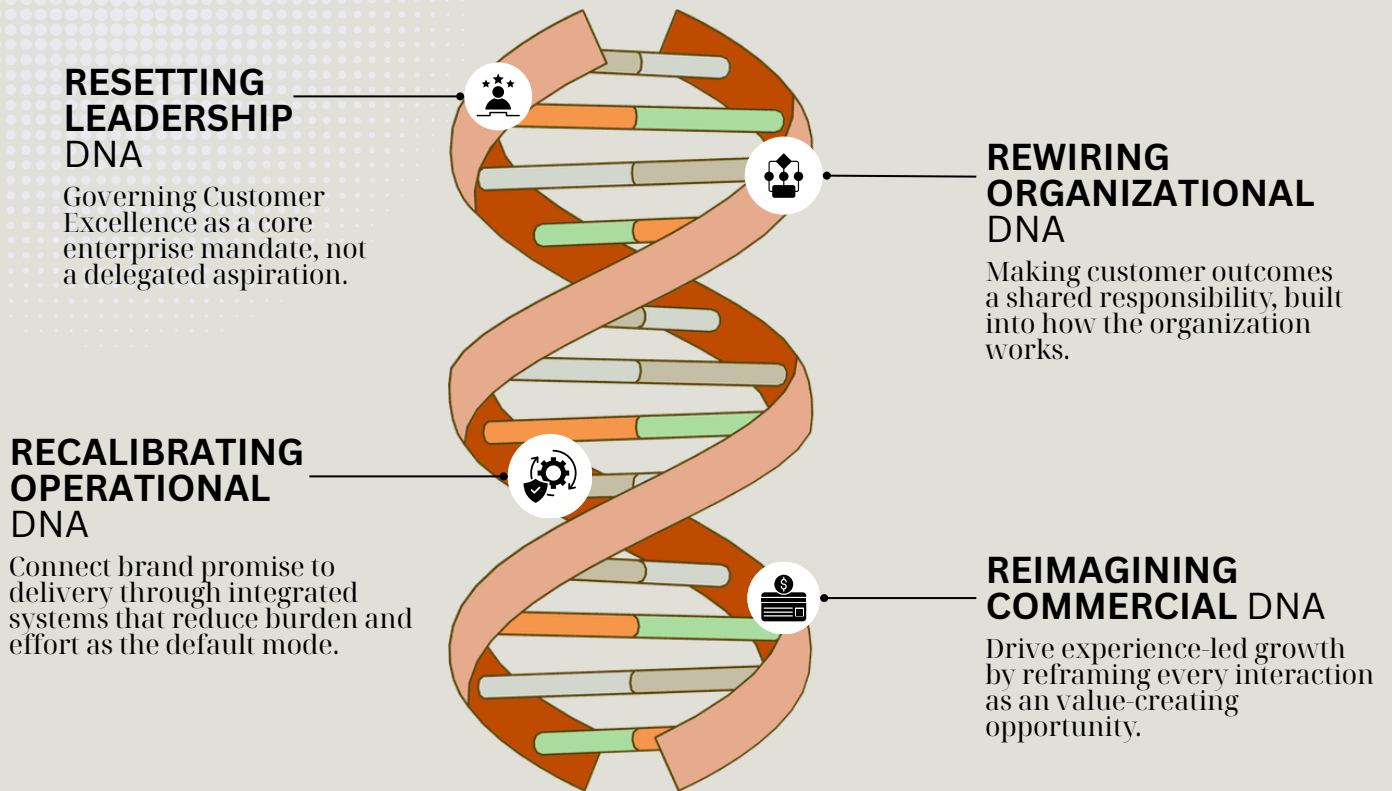
Organizational Diagnostic Questions:

- Is the customer journey the *organizing logic* of the commercial enterprise or merely a conceptual overlay?
- Are experience outcomes owned *collectively*, or *fragmented* across functional scorecards?
- When experience breaks down, is accountability *clear* or *diffuse*?



Redesign accountability so journeys have owners where functions intersect, not gaps where responsibility disappears.

Figure: Aligning leadership, organizational, operational, and commercial DNA to structurally predispose the enterprise for experience-led growth, coherent value delivery, and earned customer trust.



Reference: “The time is now for companies of all stages, shapes, and sizes to embrace the challenges and opportunities inherent in working at the “operating system” level, resequencing themselves at the DNA level on the journey to becoming a customer excellence enterprise.

—The Customer Excellence Enterprise, Part II Introduction.

Recalibrating Operational DNA.

Operational DNA determines whether Customer Excellence survives contact with reality. In many pharma organizations, operations are designed to maximize compliance and commercial throughput. These strengths are essential, **but when left unbalanced, they often come at the cost of responsiveness, continuity, and ease.** Customer Excellence Enterprises recalibrate operations to enable experience, shifting the focus from managing processes to supporting customer progress in moments that matter. In practice, this means building “experience delivery factories” that can anticipate needs, sense friction, and respond in near real-time.

The voice of HCPs, patients, and internal teams is embedded directly into how work is done. When operational DNA is designed this way, experience quality is no longer dependent on effort or intent, **it is structurally produced by the system itself.**

Operational DNA Diagnostic Questions:

- Do operational systems anticipate customer needs or primarily react to issues after they arise?
- Are customer signals integrated into *continuous improvement* loops or isolated in reports?
- Is experience coherence *treated and measured* as an operational performance outcome?

Reimagining Commercial DNA.

Commercial DNA defines how value is created, sustained, and compounded over time. In most pharma organizations, existing commercial models prioritize reach, frequency, and conversion, treating engagement as a sequence of transactions to be optimized. Success is measured by activity volume and momentary activation rather than by what those interactions cumulatively create for customers. **In a consumer-grade world, this logic breaks.**

Customer Excellence Enterprises operate on *flywheel commercial logic* rather than *funnel logic*. Every interaction is designed not merely to persuade, but to reduce friction, deepen relevance, and reinforce continuity. Engagement is no longer episodic. It is cumulative, with field, digital, medical, and access functioning as a single, orchestrated system aligned to the customer's context and needs over time. Growth is earned through experience-led value creation that compounds. Trust becomes a driver of growth, continuity becomes a source of differentiation, and preference emerges naturally from how the commercial system behaves rather than how it promotes.

Commercial DNA Diagnostic Questions:

- Is engagement success defined by *continuity* and *customer value*, or primarily by volume and frequency?
- Are commercial channels orchestrated as a *single* experience or *independently*?
- Does the enterprise treat *retention* and *advocacy* as core growth drivers?

When Commercial DNA shifts, engagement evolves from extraction to contribution.

Designing for Compounding Commercial Performance

Progress in one DNA dimension without movement in the others does not create momentum, it creates dissonance. Customer Excellence cannot be layered onto an unchanged enterprise. To endure, it must be embedded in what the organization believes and how it operates, reinforced through priorities and incentives, and evolved as customer contexts and expectations change.

The true test, therefore, is not whether Customer Excellence is visible or discussed, but whether it persists when attention shifts elsewhere. *Embedded* Customer Excellence shows up in everyday decisions and default behaviors. *Reinforced* Customer Excellence is protected through governance, accountability, and tradeoffs. *Evolved* Customer Excellence adapts as journeys, technologies, and standards move forward.

Enterprise conviction is revealed when every level and function of the organization holds itself and one another responsible for delivering meaningful value, impact, and experiential outcomes to customers.

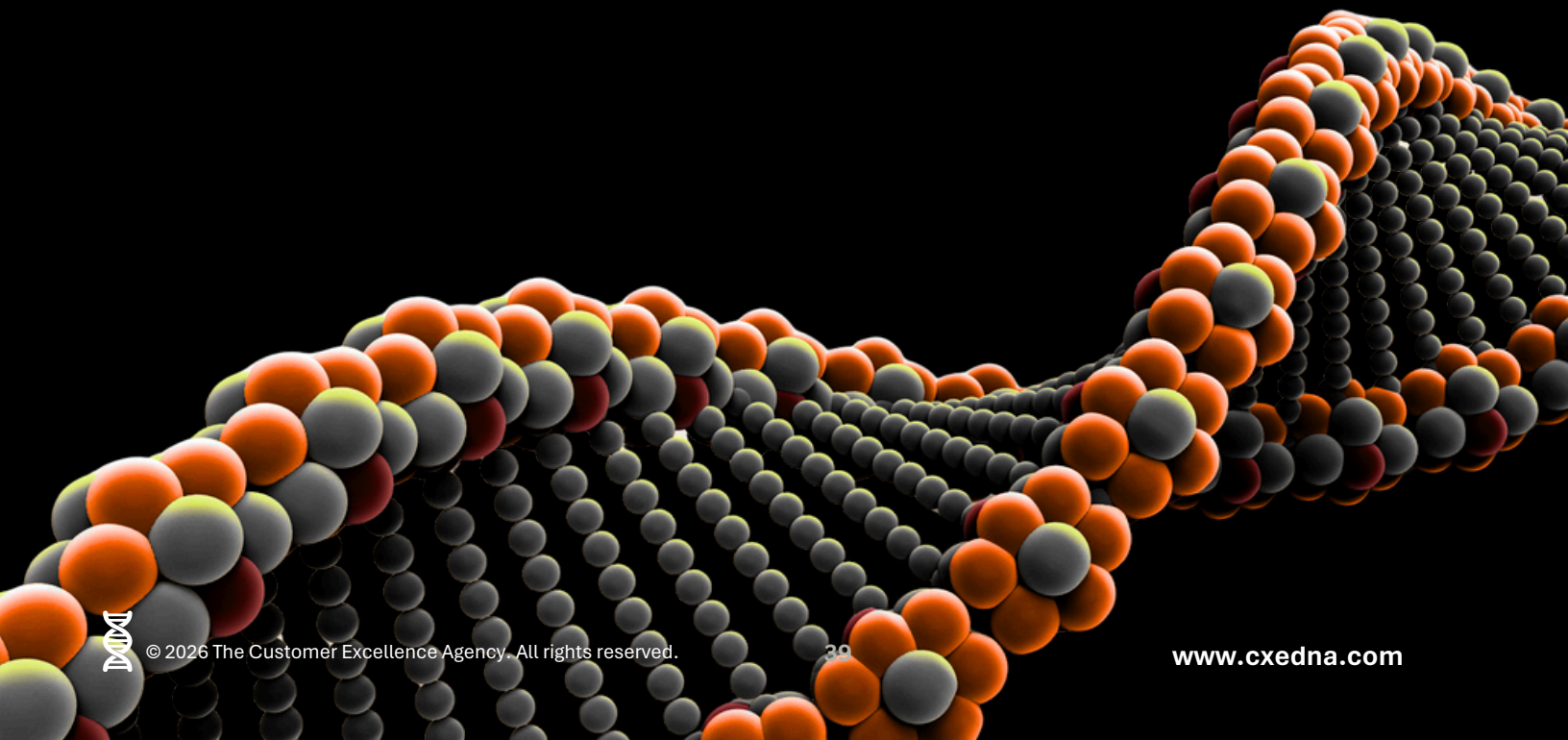
This state is only possible when *Leadership DNA*, *Organizational DNA*, *Operational DNA*, and *Commercial DNA* are aligned and mutually reinforcing. In that condition, Customer Excellence is no longer an initiative, it becomes the operating reality of the enterprise. **That is when commercial impact stops plateauing and begins to compound.**



Design horizontal workflows to preserve experience integrity across time and handoffs, not merely for efficiency.

“What leaders at all levels need is an unwavering conviction in the power of exceptional customer experiences as a way to fundamentally differentiate their propositions and brands, change the basis of competition in their favor, and as a decisive pathway to win in their respective markets.

--Customer Excellence Enterprise



The Great Artificial Intelligence Unlock.

Like most enterprises, pharma organizations have evolved vertically over time. Sales, marketing, access, medical, patient support, and operations each optimize within their own domains. That structure created efficiency, control, and discipline, all essential in a highly regulated industry.

HCPs, however, engage horizontally. They do not experience internal corporate functions, they experience progression, barriers, and continuity. In this context, friction rarely originates from a single failure, it accumulates within functions and most acutely at the handoffs between them.

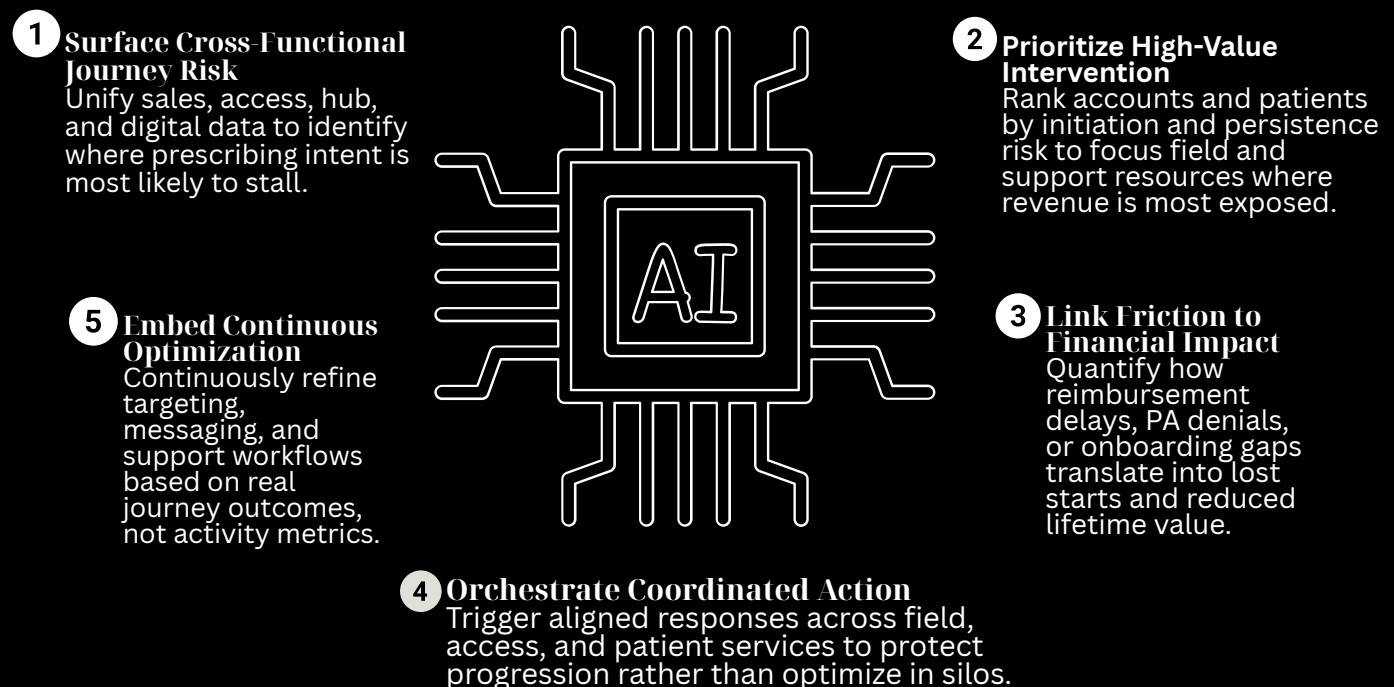
When vertical structures are not aligned around horizontal journeys, prescribing intent leaks, fulfillment stalls, adherence weakens, and value erodes. Vertical silos persists because reactive or ad hoc processes have taken hold and orchestrating horizontally at scale can be too complex.

Artificial intelligence changes that constraint.

Silos were not created out of indifference. They were created out of habit. AI now allows orchestration across them without dismantling functional expertise. AI makes horizontal journeys visible inside vertical enterprises, offering the possibility to autonomously aggregate signals across functions, detect cross-silo friction patterns, and reduce barriers within critical journeys.

AI finally makes it possible to consistently align vertical structure with horizontal engagement.

Figure: Focusing AI development on customer-centric outcomes rather than isolated optimization, organizations convert data into coordinated action, elevate field effectiveness, and transform Customer Excellence from philosophy into sustained commercial advantage.



Apply the AI Readiness Checklist to test alignment to the Consumer-Grade standard.

Pharma companies have a clear opportunity and mandate to use AI not to accelerate legacy ways of working, but to elevate how the enterprise serves. When applied with intent, AI can make pharma smarter, simpler, and more human in how it supports healthcare professionals and patients. **Get started by using this checklist to test whether AI investments advance Customer Excellence, deliver truly Consumer-Grade experiences, and disrupt the status quo.**

- 1. Friction Test:** Does the AI remove steps, screens, or delays for HCPs, patients, or field teams?
If it adds complexity, it fails the Consumer-Grade standard.
- 2. Time Test:** Does it give time back to clinicians or colleagues?
If it consumes more attention than it saves, it is automation without empathy.
- 3. Continuity Test:** Does it connect digital, field, medical, and access interactions into one coherent journey?
If it reinforces silos, it erodes trust.
- 4. Relevance Test:** Does it personalize with precision and purpose?
If it sends more content instead of better context, it misses the mark.
- 5. Empathy Test:** Does it signal understanding, anticipate needs, and know when to involve a human?
If it replaces empathy with efficiency, it weakens relationships.
- 6. Trust Test:** Does it meet the same evidentiary, ethical, and transparency standards as the science it supports?
If it cannot be explained, it cannot be trusted.
- 7. Impact Test:** Does it make the experience feel clearer, easier, and more coherent for the customer?
If it only optimizes operations, it improves cost but not confidence.

Interpretation. If an AI initiative fails more than one of these tests, it is likely reinforcing a company-centric model rather than building Consumer-Grade Customer Excellence. AI should make excellence repeatable. Anything less may look transformative, but it falls short of the rebellion pharma now requires.

The Rebellion, Realized.

The true end game of Customer Excellence is not incremental improvement or better execution within existing structures. It is redesigning the enterprise so that customer-centric outcomes are the natural and unavoidable result of how the system works. At the DNA level, customer-centricity no longer depends on intent, advocacy, or extraordinary effort. It is embedded in how the enterprise thinks, decides, and operates. It becomes systemic, self-reinforcing, and self-improving.

This is where many transformation efforts quietly stall. They modernize tools, refine processes, and adopt new language, while leaving the underlying operating logic intact.

DNA-level change rewires that logic, reshaping how decisions are made, how tradeoffs are resolved, and how success is defined. When change reaches this depth, Customer Excellence is no longer something the organization strives for. It is what the organization reliably produces, and continually strengthens, by default.

In this realized state, Customer Excellence is no longer an initiative or aspiration, it is the default behavior of the enterprise. Customer-centric outcomes occur not because teams are trying harder, but because the system is designed to produce them. **Decisions and investments naturally favor helpfulness, continuity, and trust.** Excellence remains repeatable and measurable, even as conditions evolve.

Capturing the payoff – a real-world case study:

As illustrated in the following real-world case study, a Customer Excellence rebellion is not an abstract aspiration., it is already being operationalized within pharma. In the case, we examine how a journey-led and experience-led approach transformed field impact and performance by redesigning how value is delivered across the HCP journey. Not by adding more activity, but by restoring clarity, continuity, and confidence where they matter most. It is here, in adoption and execution, that the promise of Customer Excellence becomes real.

Reaching this state requires more than functional alignment. It requires a set of fundamental transitions in how leadership shows up, how brands behave, and how growth is created.

- It demands a transition from **leadership intent to leadership conviction**, where customer logic governs decisions with the same rigor as science, safety, and financial performance.
- It requires a transition connecting **prescribing intent to realized impact**, where consistency is architected, measured, and improved over time.
- It compels a transition from **promotion to experience-led** growth, where value is no longer driven primarily by activation and exposure, but earned, reinforced, and compounded through usefulness, continuity, and trust.

What makes these transitions endure is not the order in which they occur, but how tightly they are integrated. Together, they resequence how decisions are made, how accountability flows across the enterprise, how value is delivered, and how success is defined and measured. **They do not optimize the system's outputs, they rewire the system itself.** This is how Customer Excellence becomes embedded by design, reinforced through priorities, and able to evolve as expectations continue to rise.

Case Study: Adopting an AI and Journey-led Operating System to Elevate Field Enablement and Effectiveness.

The Situation.	<i>Clinical intent, expressed through script lift, was not translating into patient care.</i>	<ul style="list-style-type: none">• In a major therapeutic area, a Value Leakage Ladder revealed 40% of written scripts were going unfilled.• Clinical intent was growing, the product and brand were strong, and HCPs were writing scripts above plan.• Yet patients were failing to start therapy – value was leaking at scale, creating an intent-to-realization gap.
The Diagnosis.	<i>Recognizing that the breakdowns were not episodic, they were systemic.</i>	<ul style="list-style-type: none">• Access complexity, prior authorization, affordability constraints, patient support handoffs, and inconsistent guidance compounded across journeys.• Field, access, marketing, medical, and patient services attempted to solve the problem in their respective silos, without visibility into adjacent functions.• The initial response of additional rep training and coaching was misaligned and largely ineffective as script lift increased, but the realization rate did not.
The Shift.	<i>Shifting the unit of value from improving individual calls and campaigns to journeys.</i>	<ul style="list-style-type: none">• The inflection point came when leadership recognized this was <i>not a field execution or sales acumen issue</i> solvable through the coaching or retraining playbook.• Rather, the organization developed a structural and systemic approach to surface, prioritize, and resolve friction across the Path to Prescribe and Path to Fulfill.• Focus moved from calls and campaigns to journeys, aligning field, access, marketing, and patient services to remove the barriers inhibiting realization.
The Move.	<i>From incremental field execution improvements to journey impact.</i>	<ul style="list-style-type: none">• Through a new AI-powered Field Impact Model, frontline signals were continuously analyzed to distinguish isolated exceptions from systemic barriers.• A bespoke measurement model quantified friction, effort, and drop off at critical journey moments, shifting decisions from intuition to evidence.• AI guided interventions to the points of greatest impact and closed the loop from insight to action.
The Outcome.	<i>The Outcome: From Reactive Mitigation to Journey Operations</i>	<ul style="list-style-type: none">• The intent-to-realization gap declined double-digits, with HCPs and patients facing fewer barriers to care.• The enterprise began capturing more clinical and commercial value of its science.• Turned a one-time fix culture and mindset into a durable operating system that continuously identifies, prioritizes, and removes barriers to script fulfillment.



The Pursuit of Excellence in Service of Science™.

The future of pharma commercial advantage will be decided not by science alone, but also by how effectively that science is delivered. As consumer-grade expectations reshape trust and preference, commercial leadership must ensure that breakthrough science moves through systems designed for clarity, continuity, and confidence.

Epilogue



The Pursuit of Excellence in Service of Science™.

Back to our physician, the star of this story.

When she engages with a pharma brand, she expects systems that understand her context, tools that remember her choices, and journeys that respect her time. She expects continuity across field, digital, medical, and access interactions because continuity is how the rest of her world now works. She expects each interaction to feel intentional, coherent, and supportive, because she knows that in modern organizations, how something is delivered is inseparable from what is delivered.

This is the New HCP Customer Context in practice.

A world in which clinicians no longer compartmentalize their professional and personal expectations, but operate within a single, continuous frame of reference shaped by the best experiences they encounter anywhere. When a financial platform anticipates needs, when a travel experience orchestrates complexity without friction, when a digital service restores time and clarity, it quietly resets what “good” looks like everywhere else. Pharma is no longer competing solely within healthcare. It is competing with the best experiences in the world for relevance, credibility, and trust.

This is why the Consumer-Grade Imperative has become impossible to ignore.

It demands that therapies be delivered through experiences that reflect the same rigor, precision, and humanity as the science behind them. It requires trust to be earned not only through evidence, but through lived reality. It challenges leaders to recognize that the value of a breakthrough is not fully realized at the moment of prescribing, but through the journey that follows.

This is where the third dynamic emerges, often less visible, but equally consequential. The Value Leakage Ladder.

Even when prescribing intent is established, value does not move linearly to impact. It encounters friction across access, fulfillment, and adherence. It stalls, erodes, and, in many cases, never fully materializes. What appears to be variability in performance is, in fact, a structural pattern of value loss. The combination of rising expectations and fragmented delivery does not just create an experience gap. It creates a realization gap, where value that has already been earned fails to become patient outcomes and commercial impact.

As illustrated in the real-world case study, this is not an abstract aspiration. It is already being addressed.

In the case, we examined how a journey-led, experience-first approach transformed field performance by redesigning how value is delivered across the HCP journey. Not by adding more activity, but by restoring clarity, continuity, and confidence where they matter most. It is here, in execution, that the promise of Customer Excellence becomes real.



A Customer Excellence Enterprise is predisposed, rising to this imperative by design.

It does not rely on improvisation, goodwill, or isolated moments of excellence. It builds the systems, behaviors, and cultural expectations that allow science to move through the enterprise without being slowed by fragmentation or diluted by inconsistency. Leadership conviction, organizational mindset, operational practice, and commercial rhythm are aligned so that exceptional experience becomes the rule rather than the exception. In this kind of enterprise, a physician feels understood, a patient feels supported, and a payer feels partnered with. A therapy shows up in the world in a way that feels as trustworthy as the science that brought it forward, and just as importantly, that value is fully realized.

This is the future of commercial leadership in global pharma and life sciences.

It is no longer confined to any single function or role. It must become the work of Chief Commercial Officers, CMOs, therapeutic area leaders, brand teams, field leaders, medical partners, access organizations, and CX professionals alike. Those closest to the customer are closest to the truth of how value is actually experienced and where it is lost. Leadership now requires stepping beyond functional boundaries to align the enterprise around how value is delivered and realized.

That means embracing a Consumer-Grade commercial philosophy, informed by the realities of the Value Leakage Ladder and grounded in the New HCP Customer Context. It means designing for journeys rather than campaigns, for continuity rather than activity, and for realization rather than intent. It means ensuring that experience carries scientific value forward at every moment of care, rather than allowing it to dissipate along the way.

Customer Excellence is not a slogan, an initiative, or a layer added to an already complex system. It is a structural shift that determines whether value is captured or lost. It is the discipline that ensures scientific breakthroughs achieve their intended human and commercial impact.

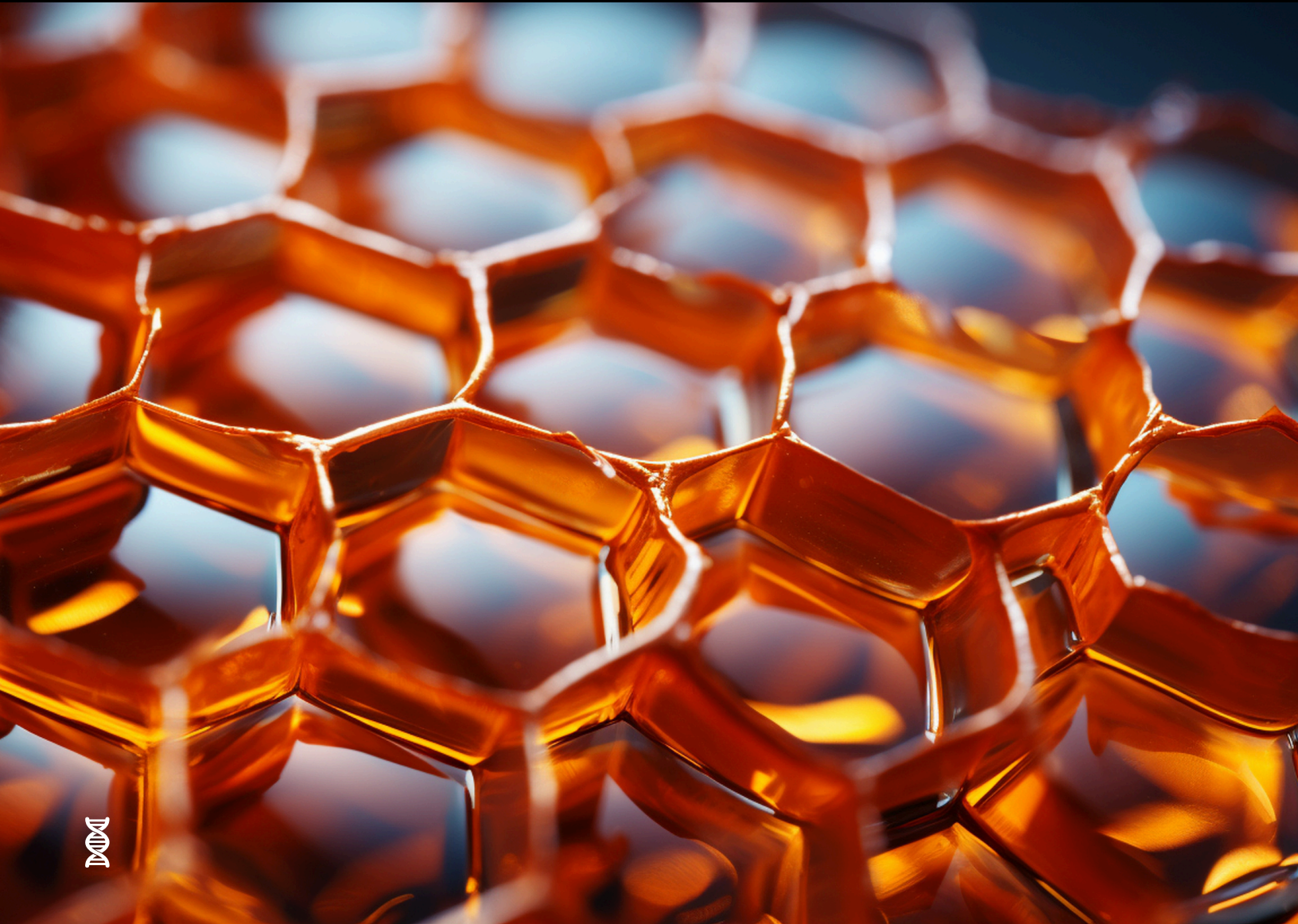
This is The Pursuit of Excellence in Service of Science™.

Because the next great leap in healthcare will not come from discovery alone. It will come from how faithfully that discovery is carried into the lives of those it is meant to serve, and how consistently that value is realized.

A singular question remains for leaders in pharma and life sciences:



What's your move?





The Time Is Now to Make Bold Moves.

The most difficult moment in any transformation is not the destination, but the decision to begin. The Consumer-Grade Imperative calls for leadership that is willing to act before certainty is complete and before systems are fully aligned. Getting started requires bold, visible choices that challenge legacy logic, create shared conviction, and signal that experience will be treated with the same seriousness as science, manufacturing, and trust.

Getting Started.



Build shared conviction through immersion.

GET STARTED.

Meeting the Consumer-Grade Imperative does not require a large, upfront commitment or enterprise disruption. Leaders can begin with a focused, low-cost entry point designed to create shared understanding, surface misalignment, and establish conviction around what Customer Excellence truly requires. These engagements are intentionally scoped to accelerate clarity and alignment without forcing premature transformation decisions. Future activities follow a deployment blueprint that turns Customer Excellence intent into real-world impact.

Start with Immersion to Create A Case for Change.

Immersive leadership sessions that build the shared case for change needed to drive cross functional understanding of common priorities, context, and commercial outcomes.

Make the Space for Leadership Alignment.

Meeting the Consumer-Grade Imperative starts by creating space for leaders and teams to align, learn together, and build shared conviction through immersive experiences.

Flexible Options, One Direction of Travel.

Author-led bootcamps, masterclasses, and executive briefings are designed to accelerate alignment and turn Customer Excellence from aspiration into action.

Pharma's Consumer-Grade Imperative: Executive BRIEFING and TRAINING

Catalytic, 60-90 minute strategic briefings or tailored training for intact teams of Chief Commercial Officers, CMOs, Senior Field and Brand Leadership Teams.

60-90 Minute Presentation +Q&A or | Offsite Keynote

The Pharma Customer Excellence Leadership Team MASTERCLASS

A deep working session focused on decoding real scenarios to catalyze a reset of commercial logic and behaviors. The outcome is a clear Case for Urgency.

Full-1 or 2 Days | In-Person | Customized Formats

CX3.0--Fit for Pharma™ BOOTCAMP for Practitioners

A hands-on bootcamp designed to reenergize stalled CX initiatives to operationalize CX3.0 directly within field and omnichannel execution.

1/2-Day | Full-1 or 2 Days Customized Formats

What's next for your organization's journey?

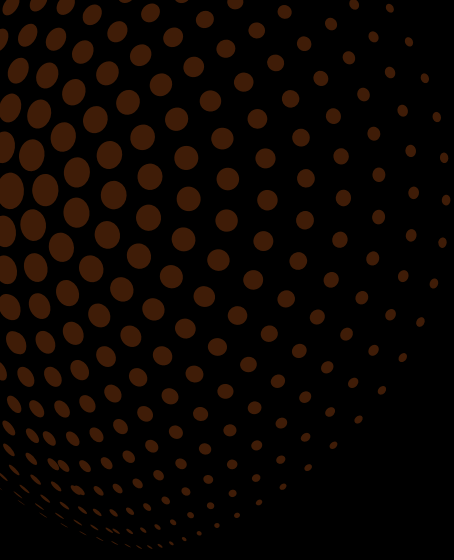
Turn intent into durable impact structurally and at scale through consumer-grade solutions:

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GET STARTED.



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