Interview: Richie Etwaru – Chief Digital Officer (CDO), IMS Health (Part 2)



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*In part II of an exclusive interview at the eyeforpharma Barcelona Summit 2016, IMS Health's Chief Digital Officer Richie Etwaru lifts the lid on the concept of Orchestrated Customer Engagement (OCE) and explains how it can demonstrably advance the ideals of patient centrality, inter-stakeholder trust and industry-wide operability.*

You have been pioneering the concept of Orchestrated Customer Engagement (OCE). To what extent does this approach revolutionize sales and marketing by leveraging technology in new ways to unchain information across vertical silos, to attain real time integration; and to incorporate predictive insight?

The trifecta of sales, marketing and information technology in Life Sciences is increasingly replete with a multiplicity of channels and changing business models. As a result, the need to orchestrate across all channels with precise sequence, context and purpose is reaching a critical inflection

point. Un-orchestrated planning and activities across the communication mix, from multiple influencing stakeholders, can be ineffective at a minimum and, at worst, deeply detrimental to a brand if the messages (across channels or from different influencing stakeholders) are inconsistent and causing confusion to customers.

Today, Life Sciences sales, marketing, and information technology leaders tend to implement a number of customer engagement disciplines including multichannel marketing (MCM), omni-channel marketing (OCM), and in some cases, proprietary home grown sales and marketing strategies derived from digital initiatives coupled with analytics. While these strategies are commendable in scoping in on a customer's channel preference and the customer buying journey, each can potentially fall short of providing the higher levels of confidence, transparency and return now mandated around every dollar spent in sales and marketing.

Orchestrated Customer Engagement (OCE), by contrast, very much heralds a new generation of sales, marketing and technology. Every interaction with a health care professional or patient leaves a digital footprint that can be 'decoded' for richer, deeper insights into emotional and contextual behaviors and preferences. Aggregated over time, these insights drive OCE, enabling organizations to formulate and execute key brand strategies, delivering the right messages to the right audience at the right time via the right channel. OCE achieves this by seamlessly marshaling the sequence, context, and purpose of messages from multiple influencing stakeholders. The idea is not to merge and converge sales, marketing and information technology into a single function, but rather to improve the coordination across all.

Is it fair to say that 'predictive insight' is becoming an increasingly important part of IMS Health's service offering?

Traditional tech organizations would normally deliver 3 main value archetypes: information technology and services. Because of the developments in some aspects of artificial intelligence, predictive analytics, machine learning and cognitive computing, we're now starting to consider intelligence as a fourth archetype demanded by our customers. Integrated analytics is about telling me what I know about what I already know. Integrated intelligence tells me what I know about that which I don't know. Right now we're making some investments in the micro-intelligence arena with a view to fine-tuning our insights on the 'next best customer,' and 'next best communication channel.' Artificial intelligence may well represent the future, but still represents a massive leap so in the meantime the emphasis is on advancements in micro-intelligence. There's not enough real intelligence in the world yet to be able to harness artificial intelligence properly!

Progress towards attaining the much-touted concept of ‘patient centricity’ is slow. One of the main barriers seems to be the ongoing lack of trust between the various healthcare stakeholders: private enterprise, providers, payers and patients. To what extent can OCE be leveraged to rebuild and foster trust?

There’s no faster way to erode trust than sending out contradictory and conflicting messages and in an evermore complex and fragmented healthcare and life sciences landscape the risks of this are great. Technology and information assets can enable companies to drive trust by ensuring that they generate consistent messages. The other important aspect to building trust relates to context. Attaining digital precision in your messages is not going to be enough, if your technology is tone deaf and unable to sense the context to which it is being applied.

To give you an example, the other day I was buying a drone online and literally seconds after the processing of my purchase received an email from that very same drone company offering me a 10 percent discount for that very item that I had just bought. Their system had recognized that I lingered too much on the shopping cart icon and automatically assumed my indecision would likely be a price issue so had fired off an email offering a discount so as to precipitate a sale. What was missing was an awareness of the contextual narrative and the reality that I had just made a purchase. When I contacted their (outsourced) call center to ask for the reduction the personnel had no knowledge of any such promotion. The messages being sent out were contradictory and confusing and any confidence and trust that I, as a client, had initially felt had ebbed away. Ironing out these sorts of inconsistencies is exactly how OCE can reform the pharma space and reshape the broken trust with the customers.

Where do you envisage the next emergent trends?

Pharmaceutical companies are currently transforming themselves by transitioning from a vertical organizational design to a horizontal organizational format, enabling shared services, optimizing and automating for cost efficiencies, and leveraging new information supply chains pivotal to digital health. IMS Health for its part has built up the capabilities to assist with all of that. Meanwhile my division will be focusing on the application of technology both above and below the line. By ‘above the line’ I am referring to bolstering our abilities across ‘pill-plus’ style services and moving towards new information ecosystems enabling digital health leveraging wearables and the Internet of Things. Below the line, it will be about is taking cost out, driving efficiencies, and installing agility and flexibility.

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