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HCP Day Insights

The Effort Trap: Pharma CX Conversations

The pharma industry is not suffering from a lack of effort. Commercial organizations are working harder than ever, with more channels, content, data, and tools. Yet a candid admission keeps surfacing: all that activity is not reliably translating into consistent impact for healthcare providers and patients.

HCP-focused conversations from Day 1 of the 2026 PanAgora Pharma CX Summit exposed several common fault lines.

Activity Is Not Strategy

There is a term surfacing in commercial teams with uncomfortable frequency: tactical creep. It's what happens when pressure to show momentum produces a sprawling list of initiatives that generate noise but little signal. Because each tactic can be measured in isolation (e.g. sends, clicks, visits), it becomes possible to report favorably on all of them while the underlying business problem remains unresolved.

The clearest-eyed leaders described stepping back from the activity inventory altogether, asking what problem they were actually trying to solve and assessing whether any of the tactics on the table were designed to solve it. Starting with the problem instead of the tactic sounds obvious. In practice, it runs against the grain of how most teams are structured.

The Field Knows Things HQ Doesn't

Home office orchestration engines operate on historical data and modeled assumptions. Reps arrive with content and objectives that can be months out of date. The intelligence that could correct this lives in the field, but in most organizations it never makes it back into the systems directing the field's work.

The field force is not just an execution arm. It is a sensing system. Most organizations are not fully capturing what it knows.

Internal Silos Produce External Friction

HCPs and patients don't experience your org chart. They experience the moments your company creates. When those experiences feel disorganized, patients absorb the end effect of teams optimized for their own metrics rather than a shared outcome. Organizations making the most progress have made a deliberate decision to shift away from channel-centric optimization toward a customer-centered approach. That shift requires shared metrics, shared visibility, and the authority to make decisions across functional boundaries.

Trust Is Eroding. Tactics Won't Fix It.

Among patient populations, confidence in pharma is lower than the industry's lifesaving contributions warrant. Among younger consumers, skepticism about pharma's motivations is growing.

The response has too often been tactical—better creative, more authentic messaging—without addressing the underlying structural issues.

Trust is built through consistent experiences over time. It erodes when a company behaves like the friend who only calls when they want something. Rebuilding trust requires a longer investment horizon than most commercial planning cycles accommodate. Organizations beginning to make that shift are building value that transactional engagement cannot replicate.

The Human Element Is Irreplaceable

Digital is genuinely powerful at scale in the age of AI. It personalizes content, identifies treatment windows, and surfaces insights reps couldn't generate alone. However, it cannot replicate the judgment and relationships a skilled field professional brings to a physician who trusts them. Organizations achieving the most meaningful results equip their teams not only with content, but with intelligence. Then they build in human feedback loops that allow that intelligence to improve.

Empathy as a Strategic Capability

There is a version of empathy that lives in mission statements. Then there is empathy as an operating principle, embedded in how decisions are made and experiences are built. The gap between them shows up everywhere: in enrollment forms nobody with authority has ever completed as a patient would, and in content written for clinical endpoints rather than lived experiences.

Organizations that have closed that gap don't just do better research. They make different decisions. They ask unique questions—not about how many touches were generated, but whether something was made easier, clearer, or more useful for someone who needed it.

What It Adds Up To

The challenges identified in HCP sessions at the 2026 Pharma CX Summit aren't new. Pharma has been having versions of these conversations for years. What feels different now is multiple pressures converging at once, with AI setting an intense rhythm.

The organizations that will navigate today's landscape are not necessarily the ones with the most sophisticated tools. They are the ones willing to ask honest questions: Is our effort producing impact? Is our internal structure serving or undermining the customer experience? Do we understand the people we are trying to reach well enough to earn the moments that matter?

The answers to those questions will set a higher standard than today's efforts are achieving. But that standard is also only one that ultimately counts.

Turn Effort Into Impact. Not More Noise.

More channels. More activity. Still unclear impact. It's a familiar pattern.

At The Grovery, we partner early with teams to create a shared understanding of what matters most to HCPs and their patients. We help you move beyond tactical creep by aligning on the problem first—then design strategies and tools that create measurable action.

Because when your teams see the same picture, their efforts create real impact.

Let's align on what matters

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Patient Day Insights

The Intention–Experience Gap: Pharma CX Conversations

The pharma industry doesn't lack good intentions toward patients. Patient centricity has been a declared priority for the better part of a decade. What it does face, however, is a persistent, well-documented, and increasingly hard-to-ignore gap between what organizations intend to deliver and what patients actually receive.

Patient-focused conversations from Day 2 of the 2026 PanAgora Pharma CX Summit made that gap specific.

Disconnected Understanding and the Two Faces of the Gap

When patient experience breaks down, fault usually lands on how well the patient was understood or where competing internal initiatives missed the mark.

Human and operational understanding are inseparable. And when they're misaligned, they tend to share the same root: the patient's actual lived experience is not the organizing principle around behind decisions.

For example, claims data and market research can produce a useful archetype. They cannot produce a felt understanding of what it's like to receive a difficult diagnosis, navigate insurance for the first time, or lie awake trying to work out what a treatment means for your life.

Leaders across the conference described the shift from knowing about patients to genuinely understanding them as a turning point.

Organizations that get there don't add content to smooth out bumps. They build systems that remove friction.

The Moments That Belong to No One

The moments that most shape a patient's experience are often the ones no function owns and no system tracks. The space between appointments when questions accumulate, the first injection when training materials never made it out of the office drawer, post-discharge confusion.

These are not edge cases. They are routine features of the patient experience that standard journey maps don't capture, and no one has been given the mandate to address. Organizations beginning to build solutions for these moments describe it as a strategic design decision more than a technology initiative. It is something we need to begin treating as our responsibility.

Change That Doesn't Stick—and Why

The recurring failure in pharma change initiatives is not ambition. It's adoption. And it usually starts with a room that felt aligned but wasn't.

The costliest trap is false harmony: everyone nodding, the energy feeling good, and nothing moving. Agreement is words. Alignment is stakes. Catching that gap early matters. An initiative that loses support after significant investment is far more damaging than one that fails early under skeptical scrutiny.

On skeptics: vocal doubters surface concerns the quietly uncertain majority will never voice out loud. Winning one over, or genuinely engaging with what they're worried about, has a multiplier effect that winning an easy ally never will. Sometimes the skeptic is right and the initiative improves. Sometimes they become the most credible advocate in the room.

The Measurement Problem Is the Strategy Problem

Enrollment numbers and touch frequency aren't wrong metrics—they're incomplete. They measure activity, not whether a patient felt equipped to start therapy or whether their highest-risk dropout moment was identified and addressed.

The language that moves this argument internally isn't CX language—It's financial. The cost of non-adherence, the revenue lost when a patient discontinues in the first ninety days. CX transformation that doesn't reach compensation and performance management won't survive long enough to matter.

The AI Opportunity Is Real—and Conditional

AI's capabilities are genuine: identifying patients at risk of dropout, delivering content tailored to where someone is in their journey, and being present in moments that currently belong to no one.

But leaders who have deployed AI at scale are consistent about what determines whether it produces real patient value or just faster noise. Personalization only reaches the granularity of its inputs. Organizations that have invested in strong content taxonomy see relevance. Those that haven't see the engine serve whatever is available.

With only a small minority of patients currently trusting pharma, the question is whether an organization has built the presence that earns AI a place in the patient relationship. When genuine patient understanding is the input, relevance at scale is the output. When generic assumptions are the input, the result is just generic content—produced faster and in more formats.

What It Adds Up To

Somewhere in the gap between a well-funded patient support program and the person who almost didn't start therapy because the enrollment process defeated them, something went wrong. The tools to do better exist. But the leaders making genuine progress share a starting point that has nothing to do with technology. They got close enough to patients to understand the experience.

That shared understanding is what makes everything else work. Without it, new tools can't close the gap effectively—they only risk filling it with more complexity.

Close the Gap Between What You Do and What Patients Need

If you're committed to patient-first experiences but still seeing drop-off, confusion, or missed opportunities, your teams may not be fully aligned around the moments that matter.

The Grovery works with teams early to build a shared, lived understanding of patients—grounded not only in data, but in the moments that shape decisions, adherence, and trust. Then we turn that understanding into clear strategy and practical tools that drive measurable change.

Because when everyone is aligned on what patients truly experience, you can stop adding complexity and start removing friction where it counts.

Let's build for the moments that matter

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