



## 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 Reps arrive with content and objectives that can be months out of date.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

Connect with The Grovery