



# Industry Best Practices for Change Activation in Pharmaceutical Companies

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## Poll

**Which of the following best describes your change activation maturity today?**

- Reactive — change happens to us, we respond as best we can**
- Project-capable — we execute well when resources are dedicated**
- Building a system — moving toward always-on but not there yet**
- Strategic — change is a standing capability that drives business outcomes**

# The transformation pressure on pharma has grown. The infrastructure hasn't.

**84%**

of pharma CIOs are increasing AI platform investment in the next 12 months

ZS CDIO Research, 2026

**22,000+**

roles cut at large pharma in 2025 — even as AI and digital programs accelerated

FiercePharma, 2025

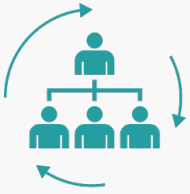
**\$300B**

patent cliff forcing simultaneous cost-cutting, pipeline rebuild, and commercial transformation

FiercePharma, 2025



# Three dynamics make this harder than any other industry



## Constant organizational flux

Pharma is always restructuring, adapting, and innovating. Employees are numb to change. Resource-strapped central teams can't keep up.

“When the goal post keeps moving and there’s no fixed destination, people don’t know they’ve arrived, and the fatigue sets in. ‘When do we get back to BAU?’ There’s no BAU anymore.”

— VP Strategy & Operations, leading pharmaceutical organization



## Complex compliance slows change down

In pharma, every change decision needs to run through the same multi-hurdle approval process, limiting momentum.

“The technicalities are the easiest thing. The process and signing off everything — that’s the hard part.”

— Change Management Lead, global pharmaceutical organization



## Audiences who don't speak business

Highly specialized audiences like physicians and scientists need change communicated in the language of their profession, not the language of transformation.

“They’re just not used to the business lingo of having to own the change, be a champion, be an implementation lead — because at the end of the day, they are physicians.”

— Change Lead, global pharmaceutical organization



# Why traditional change management fails in pharma

## ✗ Change is funded per project

No standing change capability. Every initiative starts from scratch, competes for the same resources, and are left unsupported when consultant engagement ends.

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## ✗ Execution can't scale

Small, under-resourced central team are stretched thin across thousands of employees, multiple geographies, and dozens of concurrent initiatives.

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## ✗ Generic activation doesn't land

Mass emails. Town halls no one joins. Surveys no one fills in. The same comms and enablement reaching every audience the same way, resulting in low or no adoption.

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### What we hear from customers:

“At the minute we're on 111 initiatives. At the height, we'd need nearly 19 people to physically deliver this, which is obviously not sustainable.”

— Head of Clinical Operations Transformation, global pharmaceutical organization



# The Change Activation Model

## Alignment

Personalize messaging by role, and keep information moving fast with a centralized content distribution hub.

## Adaptation

Monitor real-time signals on both initiative- and portfolio-level to drive faster adoption over time.

## Adoption

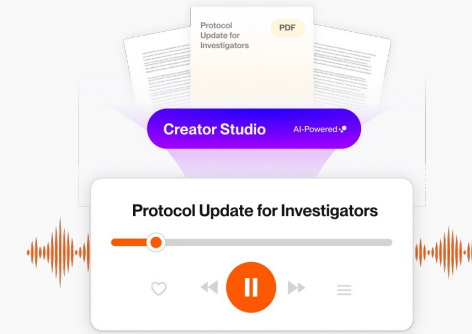
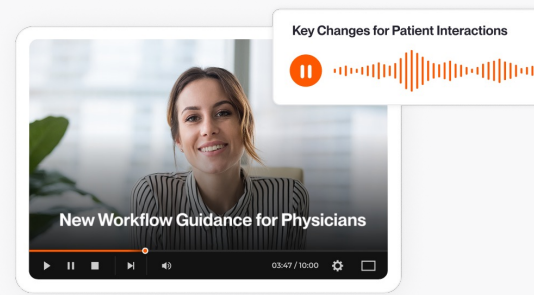
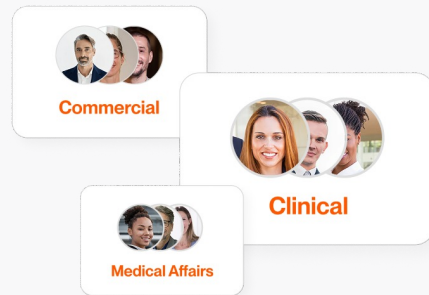
Drive change ownership with those closest to the change, and deliver enablement when and where work happens.

# Alignment



# Speak the language of your stakeholders

A physician receiving business transformation language and a field rep receiving clinical language are both unreached audiences. Content that speaks to where someone sits—their role, pressure, and language—drives adoption.



## Segment by role

In pharma, the splits that matter most: clinical vs. commercial vs. medical affairs vs. R&D vs. market access.

Each group has different pressures, different language, and different reasons to care—or not care—about the same change.

## Build a “what this means for you” layer per persona.

Break down what’s changing at the org level to how this change affects their day-to-day, what they need to do differently by next week, and what gets easier for them when it works.

**For a physician:** how does this affect my patient workflow and my time with investigators?

**For clinical ops:** what changes in how I run and monitor trials?

## Personalize comms and enablement with role-specific context.

Feed role-specific context and existing assets—strategy docs, SOPs, new regulatory frameworks—into AI. Generate persona-specific content without building from scratch.

**Example:** a 3-minute podcast for field reps, a protocol brief for investigators, a commercial case for market access leaders



# Build one live source of truth for every initiative

In pharma, cascade comms break down fast. Scopes shift, timelines move, and reorgs happen mid-initiative. A central content hub helps central teams deliver updates fast and give employees a go-to destination to stay current on the latest change.

## Get procurement and approval done once

Onboarding new tools in pharma takes up to 9 months. Go through that process once with a centralized platform and every subsequent initiative moves along without that overhead.

## Faster content distribution for faster alignment

Separate SharePoint sites for separate initiatives = too slow. A central, live information hub lets change teams manage updates across initiatives from one place—and it propagates to all affected audiences simultaneously.

## Consistent messaging across every function, without the cascade

When every stakeholder works off the same source of truth at the same time, the change narrative stays consistent. No waiting for it to travel down management layers at different speeds to different functions.

The screenshot displays the Tigerhall app interface. At the top, there's a navigation bar with the Tigerhall logo, 'App', and 'Activity' tabs. Below this is a live video feed of a woman with glasses smiling. A red 'LIVE' badge is in the top left corner of the video. To the right of the video is a notification card titled 'New Action Item' with the text 'System & Process Changes: What's New This Week' and a 'View' button. Below the video is a 'LIVE CHAT' section with messages from Steve, Amy, and Kevin. An 'End Event' button is in the bottom right corner of the video area.



# Adoption



# Put adoption accountability where credibility lives

## Central Team



### Medical Affairs Brief

23 Content Pieces

• Awaiting Approval



### Protocol Change Brief

19 Content Pieces

• Approved

- Designs the framework, content, and activation approach
- Equips and coaches leaders on how to drive adoption in their domain
- Tracks adoption signals and reallocates support where it's needed
- Holds the enterprise-wide view and major cross-functional transformations

## Business Leaders

### Adoption Risk Distribution



### Adoption at Risk

Clinical ops engagement is falling.  
3-week delay likely without intervention.

- Own adoption outcomes within their function — accountable, not passive sponsors
- Tailor the narrative to their team's specific clinical or commercial context
- Model behavior change to their teams
- Use real-time data to identify where adoption is stalling and intervene directly

## Champions



### Clinical Workflow Adoption

81%



⚡ Nudged

21%



69%

- Activate at the peer level — a physician moves physicians, a data scientist moves data scientists
- Answer questions in the language of the profession
- Surface resistance that won't show up in formal channels back to the central team
- Selected per initiative based on credibility for each specific change (not a generic standing network)

“The expectation is that one person is going to give me a roadmap and drive the whole thing. I have found it lets everybody else off the hook from extreme ownership of change.”

— VP Strategy & Operations, leading pharmaceutical organization



# Deliver enablement when and where the work happens

**Scenario:** AI-assisted clinical trial management platform rolling out across clinical ops, investigators, and data scientists.

## Time-based



### Pre go-live →

Role-specific content on what changes in each population's specific workflow. Clinical ops, investigators, data scientists each receive a different brief.

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### First platform login →

Brief onboarding for that role's most critical workflows in the new system

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### 30 days post go-live →

Targeted check-in for roles showing low engagement, timed to prompt laggards before workarounds become habits

## Behavior-based



### Investigator submits paper CRF after go-live →

Just-in-time tutorial for digital submission, delivered at the point of failure

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### Site hasn't accessed the trial monitoring dashboard in 2 weeks →

Champions deployed to perform direct outreach for that site

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### Physician completes onboarding but their team hasn't engaged →

Push a team briefing asset to the site PI, activation via the peer who has the most influence



# Adaptation



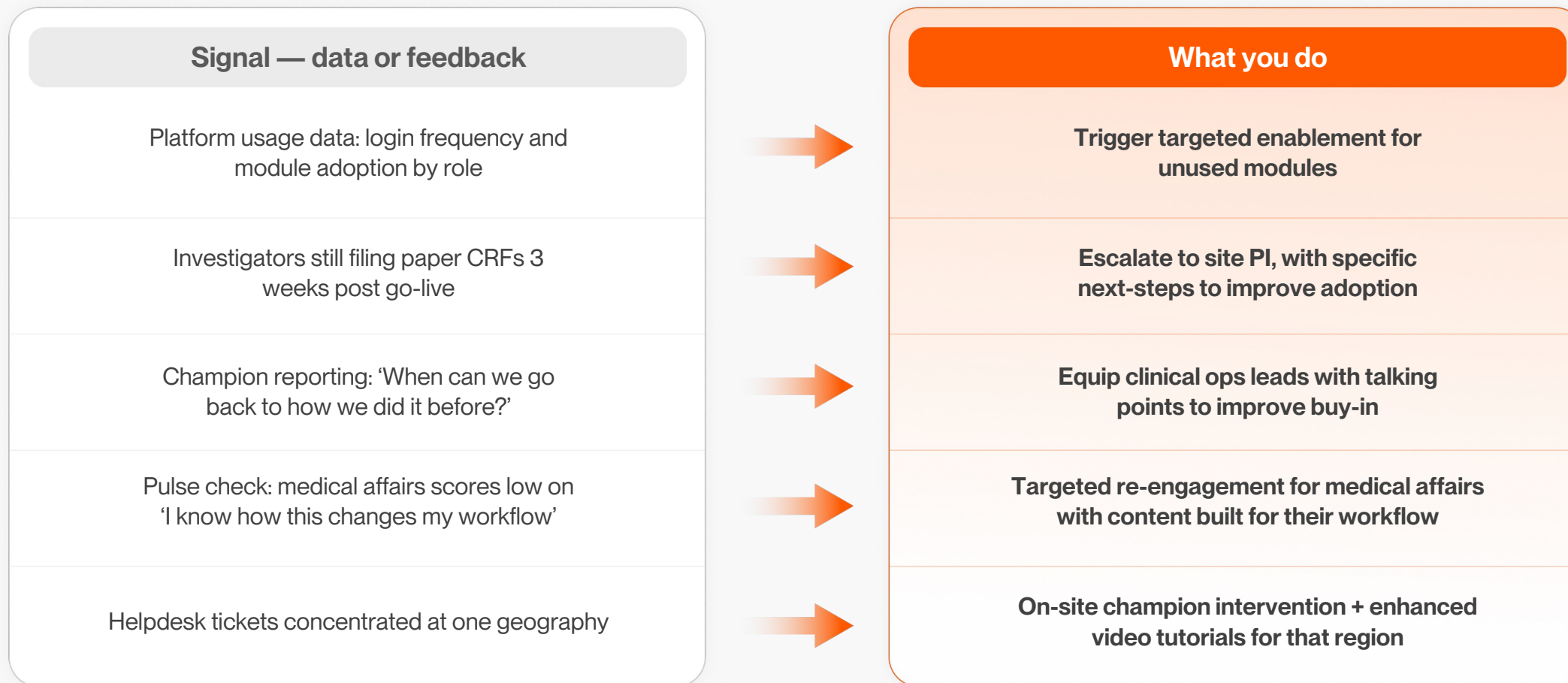
## Poll

# How do you currently measure whether change is actually landing?

- We don't have a consistent measurement approach
- Post-launch surveys (quarterly or one-off)
- Training completion or attendance rates
- Anecdotal feedback from leaders and stakeholders
- Real-time adoption data by role and audience segment

# Build the feedback loop into the change

**Scenario:** AI-assisted clinical trial management platform rolling out across clinical ops, investigators, and data scientists.



# Manage saturation and reallocate across the portfolio

**Spot systemic risks**—which populations are overloaded, which initiatives are falling behind—with centralized, real-time visibility across the entire change portfolio.

## What you can see

Clinical ops teams at high saturation, same population running across 3 active initiatives

Initiative A on track; investigator adoption 3 weeks behind target on Initiative B

Five commercial initiatives in Q2 coinciding with major conference season

Two initiatives sending conflicting messages to the same physician population



## What you do with it

**Escalate to sponsors with concrete adoption impact data, with recommendations to adjust timelines**

**Redeploy champion capacity from Initiative A to Initiative B before the gap widens**

**Push two launches to Q3 — use engagement data from previous conference periods to make the case objectively**

**Facilitate cross-initiative alignment; consolidate physician touchpoints where possible to protect credibility with a skeptical audience**



# The ROI of Getting This Right



## Increased speed to market

One pharma CEO reports moving drugs to market in 9 months from trial completion — a process that previously took 2–3 years. When an operating model transformation actually lands, competitive advantage is measured in quarters, not years.



## R&D and transformation value realized

Change that sticks is what converts a program's business case into its actual return. A head of strategy execution at a leading pharmaceutical company reports \$4.5 billion in transformation value delivered, spanning increased revenue and cost reductions.



## Adoption that consistently beats targets

Organizations using structured activation are hitting 90–95% adoption on new rollouts — well above industry benchmarks and projected targets. For many, it's also the first time they've been able to measure it at all.



# What this means for you

## Key takeaways

- 1. Change is now a portfolio problem, not a project problem.** Organizations still running initiative-by-initiative are already behind.

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- 2. Execution capacity is the real gap.** The central team's job is to build the capability, not personally deliver everything.

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- 3. Pharma audiences need language translation, not just segmentation.** Physicians and scientists don't respond to business transformation language.

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- 4. Data is the credibility bridge to the C-suite.** Adoption rates, cycle times, and program ROI get change teams to the front of the agenda.

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- 5. "Change management" closes doors in pharma.** Rename it: strategy realization, transformation enablement, change activation.



# What this means for you

## Immediate Actions

1. **Audit your change portfolio** — do you have full visibility across every concurrent initiative right now, and which audiences each one is hitting?

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2. **Map your execution gap:** for each major active change, who is actually facilitating adoption at the team level?

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3. **Add a real-time feedback signal to one initiative.** Replace the quarterly survey with always-on feedback at key touchpoints.

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4. **Build the champion network for your next initiative** — identify who's influential for this specific change and start engaging them.

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5. **Pilot role-based, timing-triggered content** on your next rollout and baseline your adoption rate before launch.



### 1 Context

- SharePoint Sites
- Documents
- Meeting Recordings
- Strategy

### 2 Dynamic Personas & Stakeholder Groups

- Demographics
- Workflow Actions
- Response Data

### 7 Initiative Intelligence

- Leading Indicators
- Impact Analysis
- Change Load and Capacity
- Resource Allocation Optimization

### 6 Persona Intelligence

- Sentiment Analysis
- Engagement Preferences
- Alignment & Resistance Drivers
- Influencers and Champions

Assigned Pulse Survey

Comment Analysis

2026 Mitigation Plan Readiness Check-In

Sentiment Breakdown

78% Positive, 18% Neutral, 4% Negative

### 3 Personalized Content

- Communications
- Capability Building
- Guidance

Podcast Videos Livestreams

Broadcasts Power Reads Trails

33 Languages Interactive Forms

### 5 Feedback Loops

Chloe: Hey @SamPorter, here's the podcast that'll help align your regional team on the new GTM strategy.

Rolling Out the New GTM Strategy by Sarah Mercer

Sam: Thanks Chloe! This is great!

Explicit	Implicit
Comments	Behavior
Surveys	Social Interactions
Pulse checks	Content Consumption
Quizzes	Engagement
Polls	Reactions

### 4 Delivered In the Flow of Work

- Automated Delivery
- Reinforcement
- Sustainment

Mobile App Web App

Slack Microsoft Teams

Google





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