



a precision value & health team

Reimagine customer engagement



The webinar series

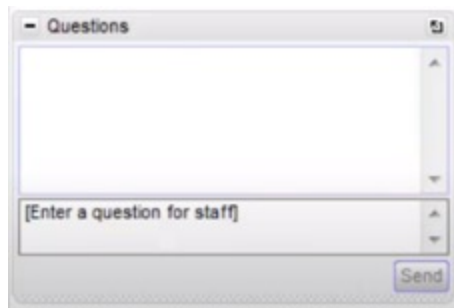


Omnichannel Launch Excellence: Global to Local

Webinar #5 – THURSDAY 09/11

Ground rules

- This webinar will take around **40 minutes**, followed by questions
- You can submit **questions** at any time via the “**Questions**” box

A screenshot of a web-based 'Questions' box. The window has a title bar that says '- Questions'. Inside, there is a large empty text area for entering a question. Below the text area is a smaller input field with the placeholder text '[Enter a question for staff]'. At the bottom right of the window is a 'Send' button.

- **Please give us your feedback!**
 - Right after the webinar a short satisfaction survey will be launched. We would love to know your opinion!



Why are you here?



40% of worldwide drug launches failed to meet 2-year sales forecasts (2009–2017)¹



80% of all launches have their long-term fate determined during the first six months on the market¹



In 2022, 65% of Physicians dissatisfied or neutral with digital component at launch²

How to ensure impact and uptake of Global planning?

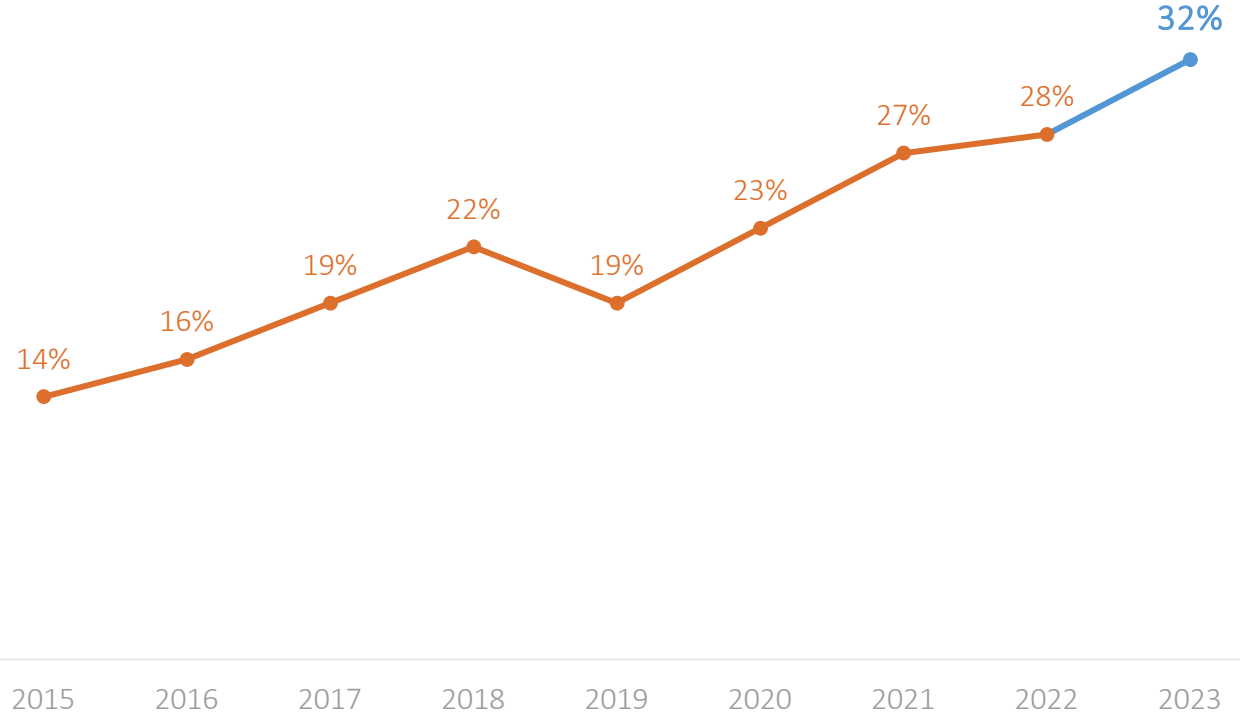
How can local markets benefit from Global launch strategy and execution?

1. **Source:** Ready for launch: Reshaping pharma's strategy in the next normal. McKinsey & Company. 2020
2. **Source:** Navigator365™ EU5 Specialists Q3 2022 (n=40100)



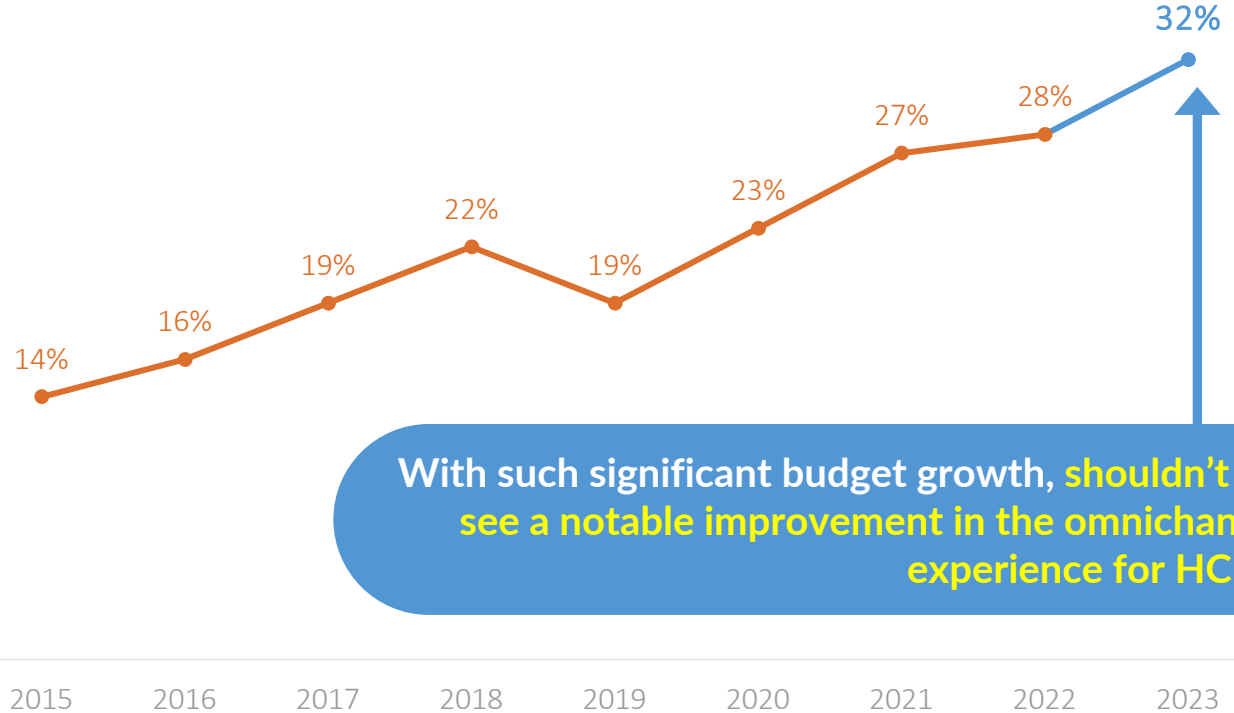
How do HCPs feel about Pharma's launch efforts in 2023?

Since 2019 the portion of pharma's budget allocated to digital has increased substantially



 Maturometer™ 2023 n=217

Since 2019 the portion of pharma's budget allocated to digital has increased substantially



With such significant budget growth, **shouldn't we see a notable improvement in the omnichannel experience for HCPs?**

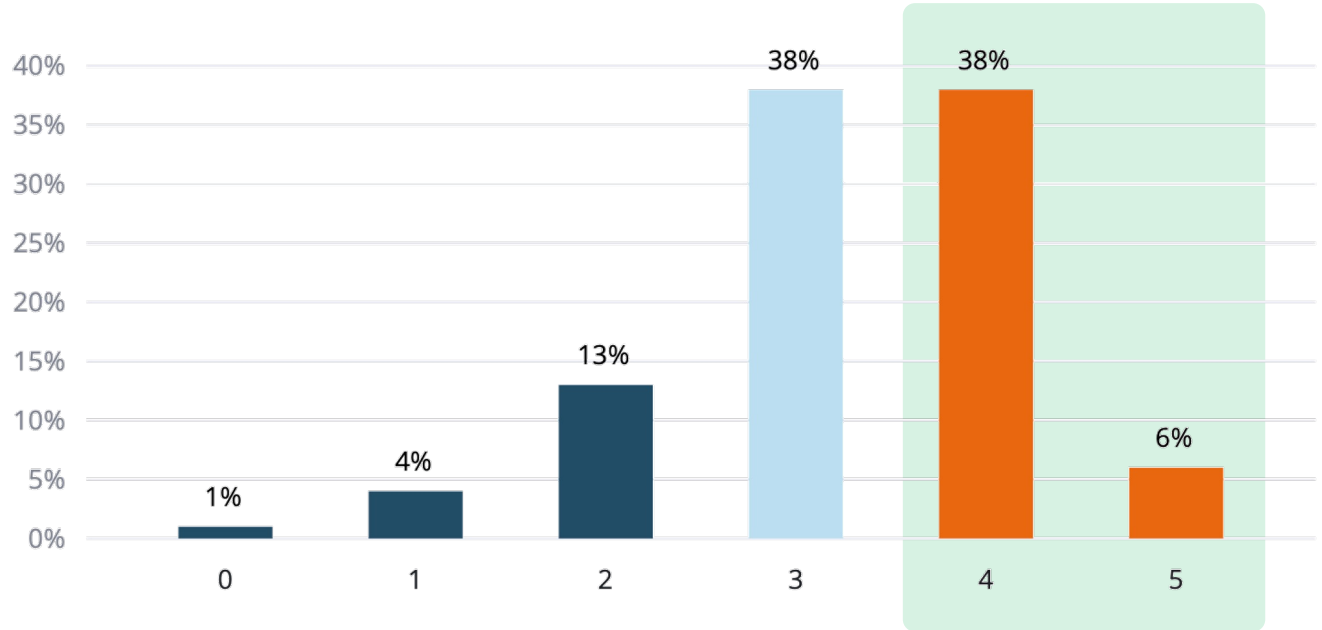
 Maturometer™ 2023 n=217

Nope... HCP satisfaction levels with pharma digital clearly need some work!

Q: Satisfaction with digital during recent product launches?



44%



Source: Navigator365™ EU5 Specialists Q3 2023 (n= 4031)

Nope... HCP satisfaction levels with pharma digital clearly need some work!

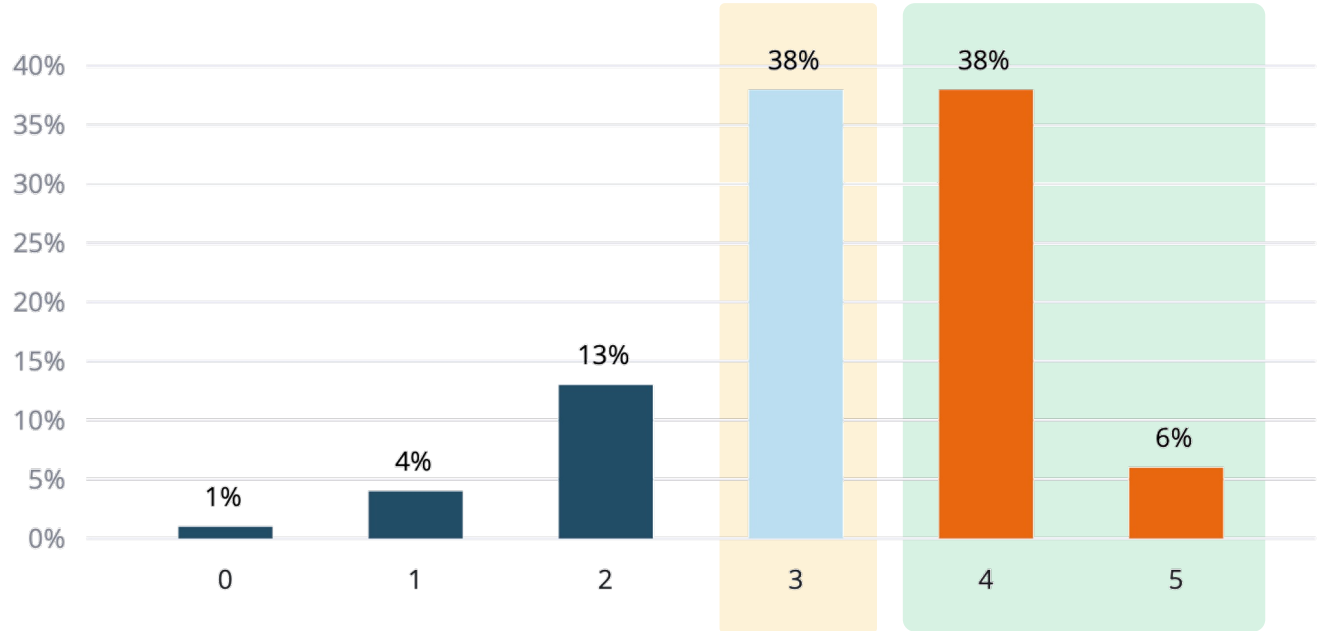
Q: Satisfaction with digital during recent product launches?



44%



38%



Source: Navigator365™ EU5 Specialists Q3 2023 (n= 4031)

Nope... HCP satisfaction levels with pharma digital clearly need some work!

Q: Satisfaction with digital during recent product launches?



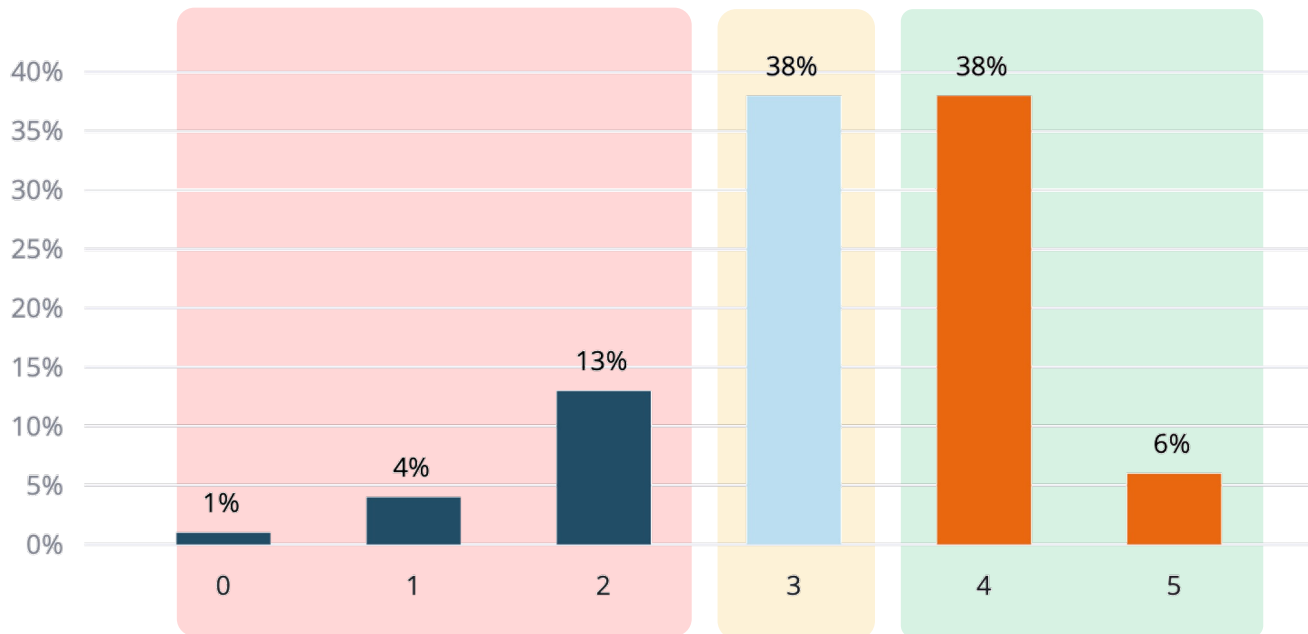
44%



38%



18%



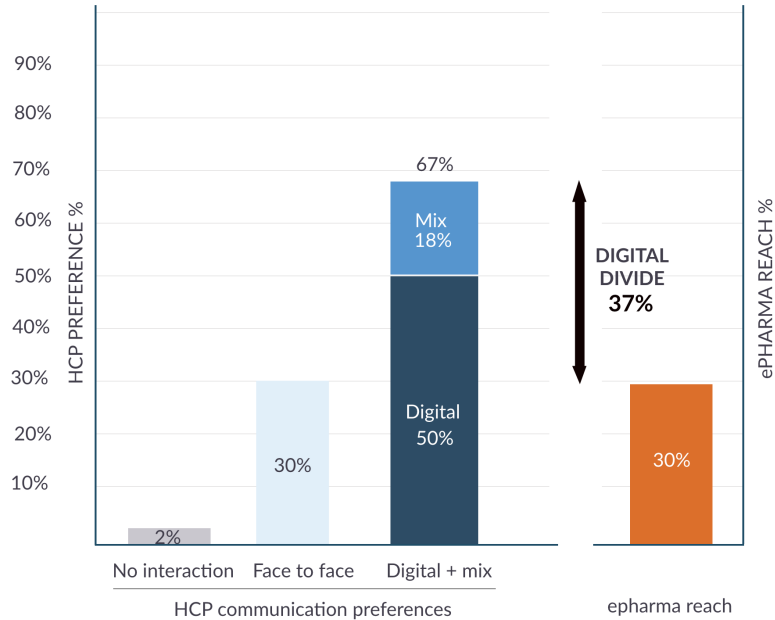
Source: Navigator365™ EU5 Specialists Q3 2023 (n= 4031)



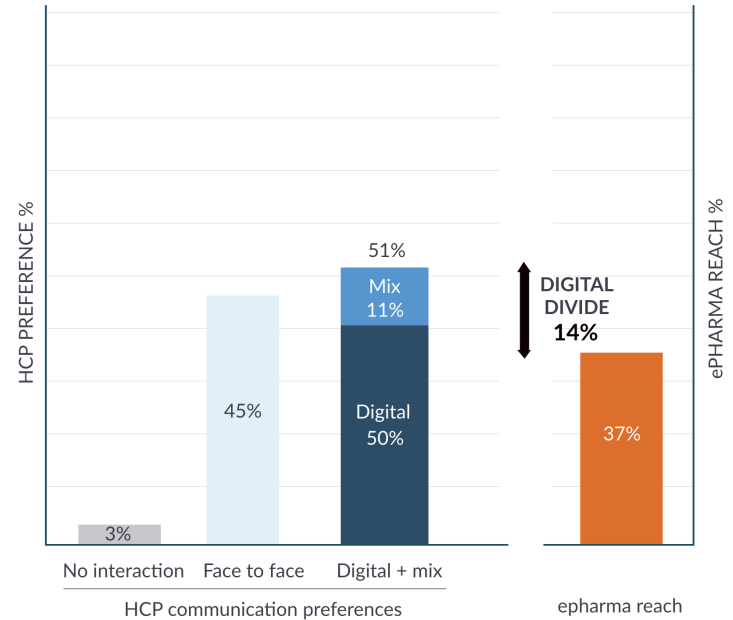
What are the potential causes for dissatisfaction at launch?

Is Pharma's focus on the wrong topics?

DIGITAL DIVIDE EDUCATIONAL - EU5 Specialists, Q3 2023
N=4831



DIGITAL DIVIDE PROMOTIONAL - EU5 Specialists, Q3 2023
N=4831

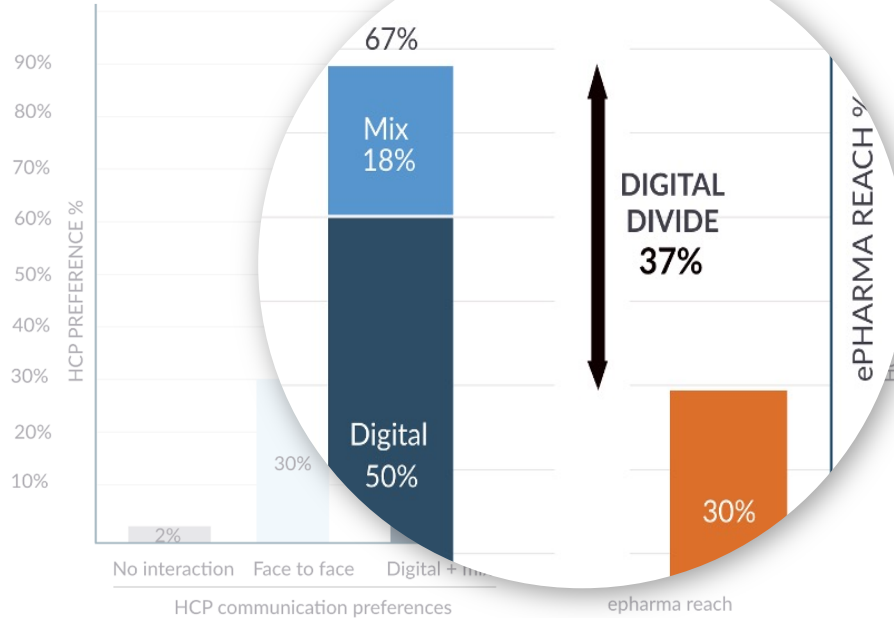


The Digital Divide is defined as the delta between the % of HCPs preferring digital or mix and the average % reach of the top 3 online educational or promo channels ('ePharma reach')

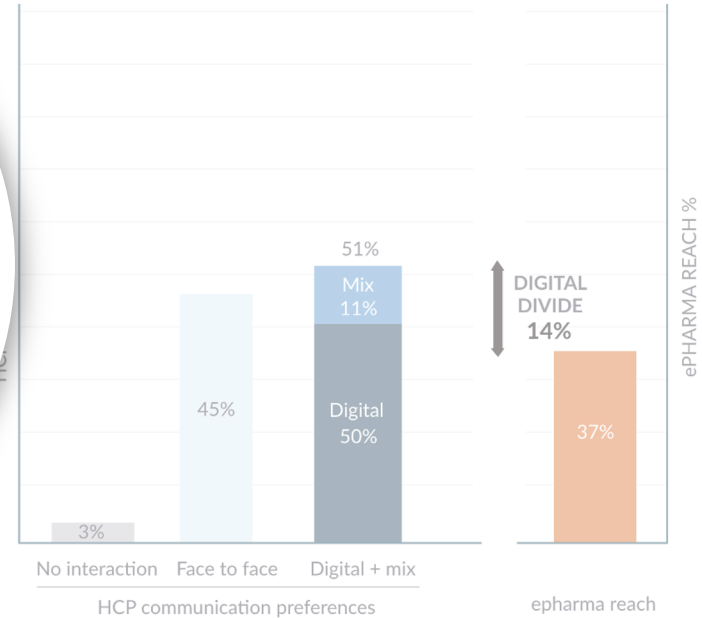
Source: Navigator365™ EU5 Specialists Q3 2023 (n= 4831)

Is Pharma's focus on the wrong topics?

DIGITAL DIVIDE EDUCATIONAL - EU5 Specialists, Q3 2023
N=4831



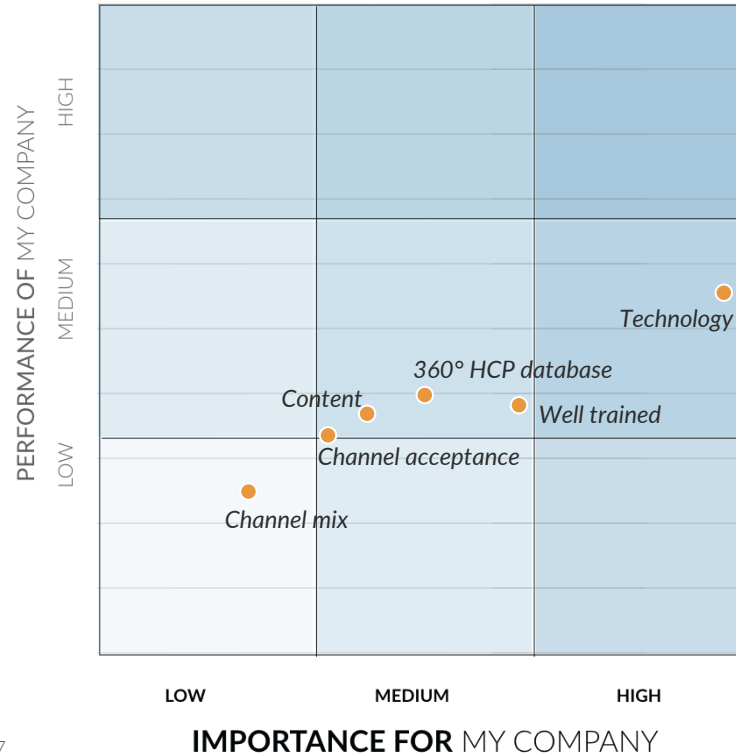
DIGITAL DIVIDE PROMOTIONAL - EU5 Specialists, Q3 2023
N=4831



The Digital Divide is defined as the delta between the % of HCPs preferring digital or mix and the average % reach of the top 3 online educational or promo channels ('ePharma reach')

Source: Navigator365™ EU5 Specialists Q3 2023 (n= 4831)

Is Pharma investing in the wrong omnichannel tools and processes?

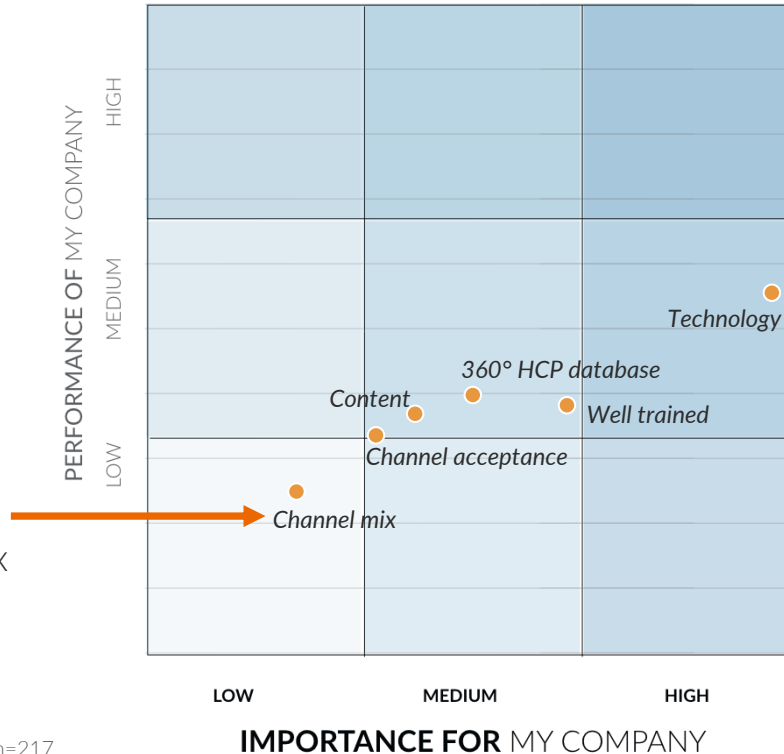


Source: Maturometer™ 2023, EU Biopharma, n=217

Is Pharma investing in the wrong omnichannel tools and processes?

Greater restriction to HCPs in Europe means the channel mix is critical for (Launch) Excellence in Europe

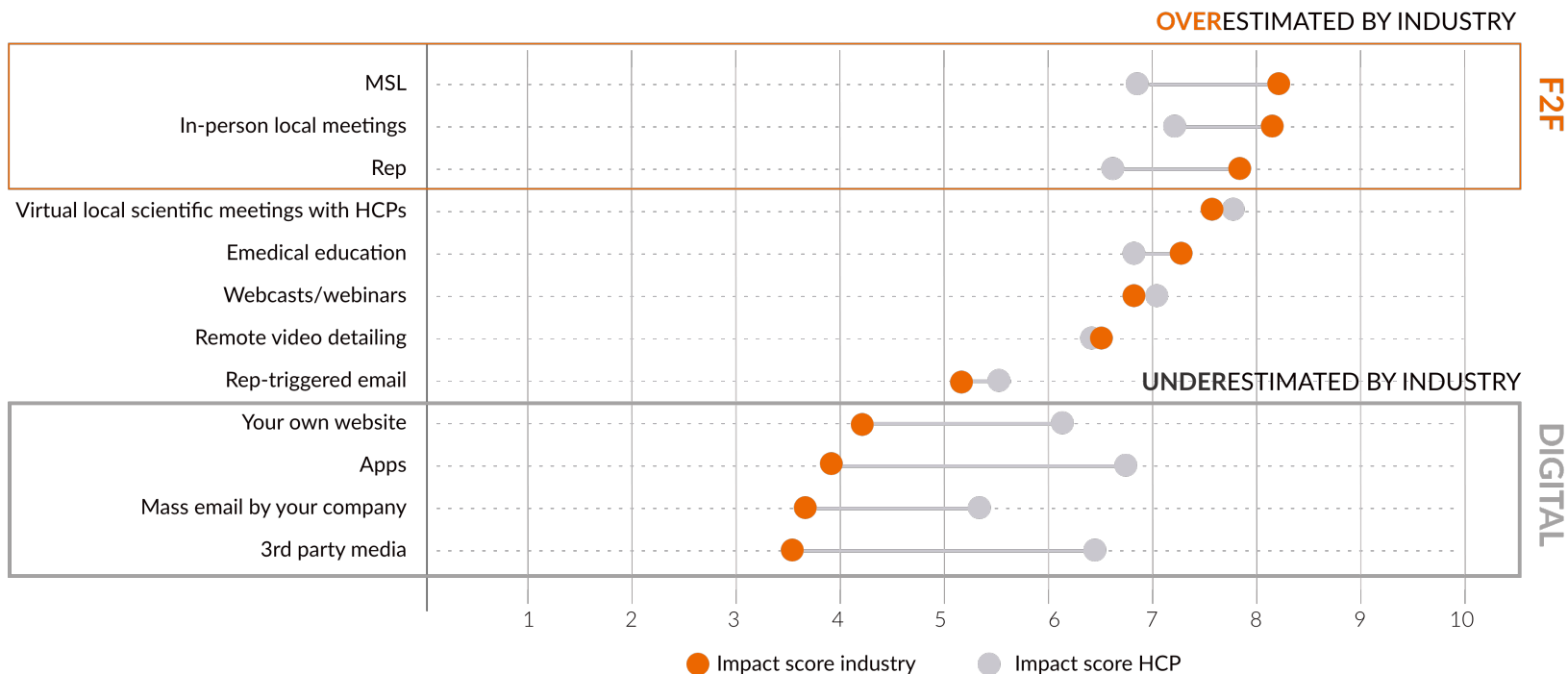
Not so much in channel mix



Large portions of digital budget seem to be spent on technology

Source: Maturometer™ 2023, EU Biopharma, n=217

Is Pharma still overestimating the impact of F2F?



Sources:
 Across Health Maturometer™ 2022, EU Biopharma (n=127),
 and Navigator365™ Core Specialists 2021 (n=4661)

Q: TO WHAT EXTENT DO THESE CHANNELS IMPACT CLINICAL DECISION MAKING BEHAVIOUR? – EU PHARMA INDUSTRY VS. EU SPECIALIST HCPS



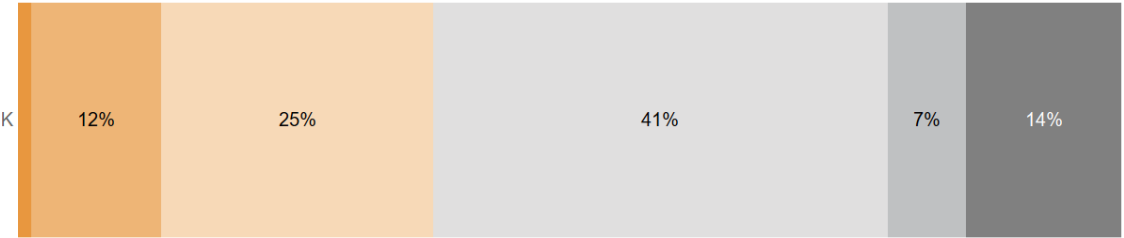
How can Global better support Local markets for a successful launch?

The disconnect between HQ and local is an age-old problem

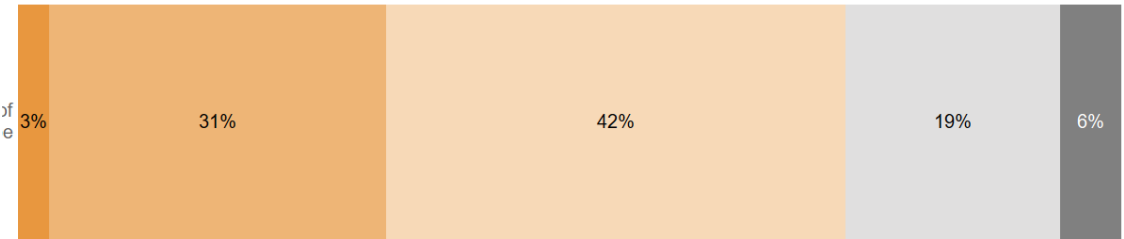
🤔 To what extent do you leverage digital content from the Global/Regional teams?



EU5
(n=85*)



Rest
of Europe
(n=36*)



*Respondents working at the national/local level

- More than 75%
- Between 51 and 75% of what they offer
- Between 26 and 50% of the digital content they offer
- Less than 25% of the digital content they offer
- We leverage none of the available content from Global / Regional teams
- We do not get any digital content from these teams

Source: Maturimeter™ 2023, EU Biopharma, n=217



Lack of resources/budget/time

Compliance restrictions

Timing

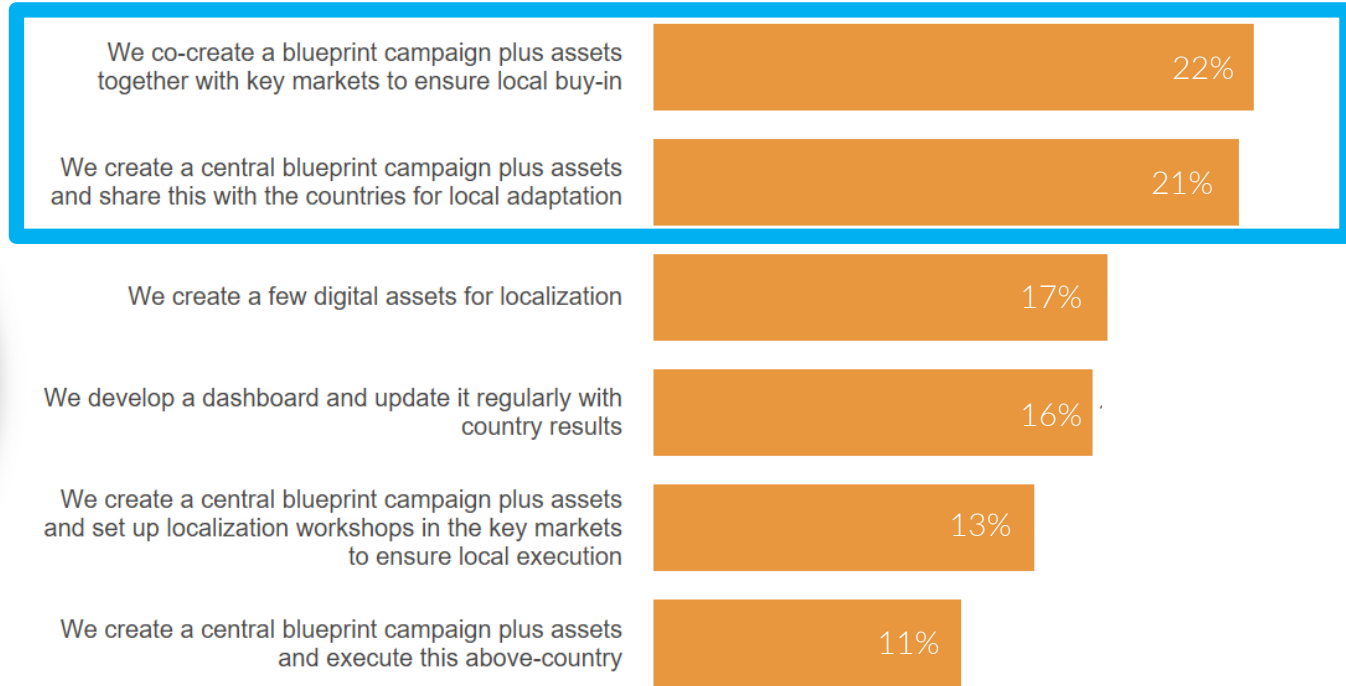
Relevance of channels, content and speakers

NIH syndrome (not invented here)



Co-creation and central blueprints lead the way

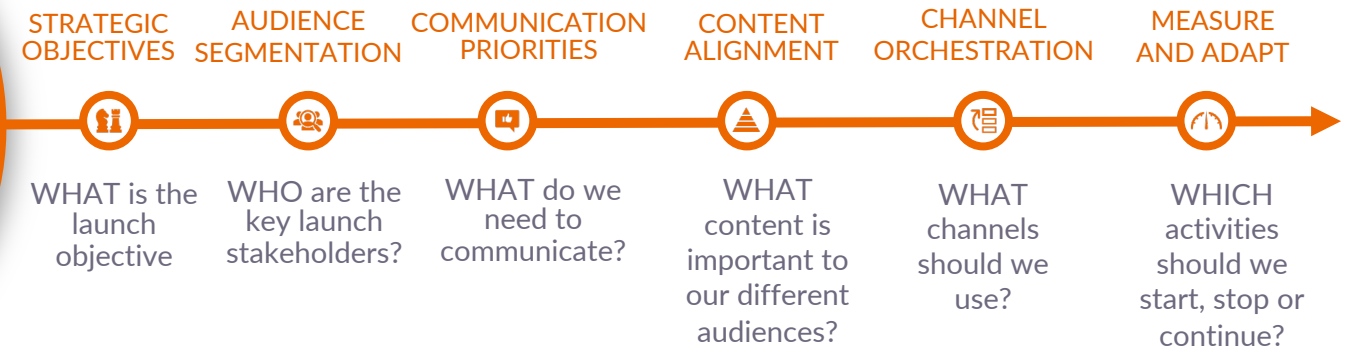
🗋️ How do you involve key local markets in your digital planning?



Source: Maturometer™ 2023, EU Biopharma, n=217

What does good look like?

Global to Local omnichannel launch blueprint steps



STRATEGIC OBJECTIVES



WHAT is the launch objective

AUDIENCE SEGMENTATION



WHO are the key launch stakeholders?

COMMUNICATION PRIORITIES



WHAT do we need to communicate?

CONTENT ALIGNMENT



WHAT content is important to our different audiences?

CHANNEL ORCHESTRATION

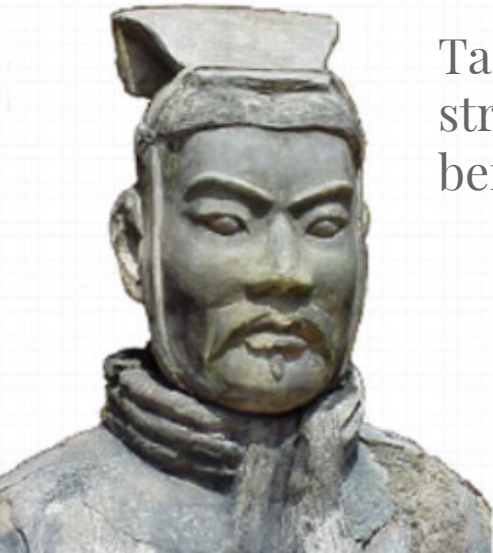


WHAT channels should we use?

MEASURE AND ADAPT



WHICH activities should we start, stop or continue?

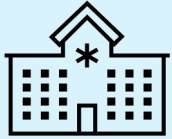


Tactics without strategy is the noise before defeat

Sun Tzu

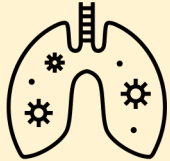
What's the problem we are trying to solve at launch?

From the perspective of the HCP or the patient (NOT the perspective of your company)



POTENTIAL:
How important are they to us?

Behavioural: Product adoption
Level of Rx vs total patients (low/no, switch, loyal)
Demographic: Potential
Practice size, IQVIA potential data, ...
Demographic: Personal profile
Contact information, age, gender, specialty, ...



ATTITUDES AND BEHAVIOURS:
What do they think about the disease area, the product and the company?

Attitudinal: Personas
Evidence based, perceptive to patient preference, guidelines follower
Attitudinal: Product & Company mindset
Perceptions and beliefs on the service, product or company



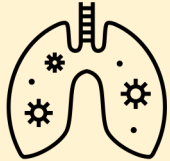
DIGITAL AFFINITY:
How do they want to communicate with us?

Behavioural: Channel affinity
Known channel usage/interest & prediction of other channel interests + per adoption journey stage



POTENTIAL:
How important are they to us?

Behavioural: Product adoption
Level of Rx vs total patients (low/no, switch, loyal)
Demographic: Potential
Practice size, IQVIA potential data, ...
Demographic: Personal profile
Contact information, age, gender, specialty, ...



ATTITUDES AND BEHAVIOURS:
What do they think about the disease area, the product and the company?

Attitudinal: Personas

Evidence based, perceptive to patient preference, guidelines follower
Attitudinal: Product & Company mindset
Perceptions and beliefs on the service, product or company



DIGITAL AFFINITY:
How do they want to communicate with us?

Behavioural: Channel affinity
Known channel usage/interest & prediction of other channel interests + per adoption journey stage

STRATEGIC OBJECTIVES

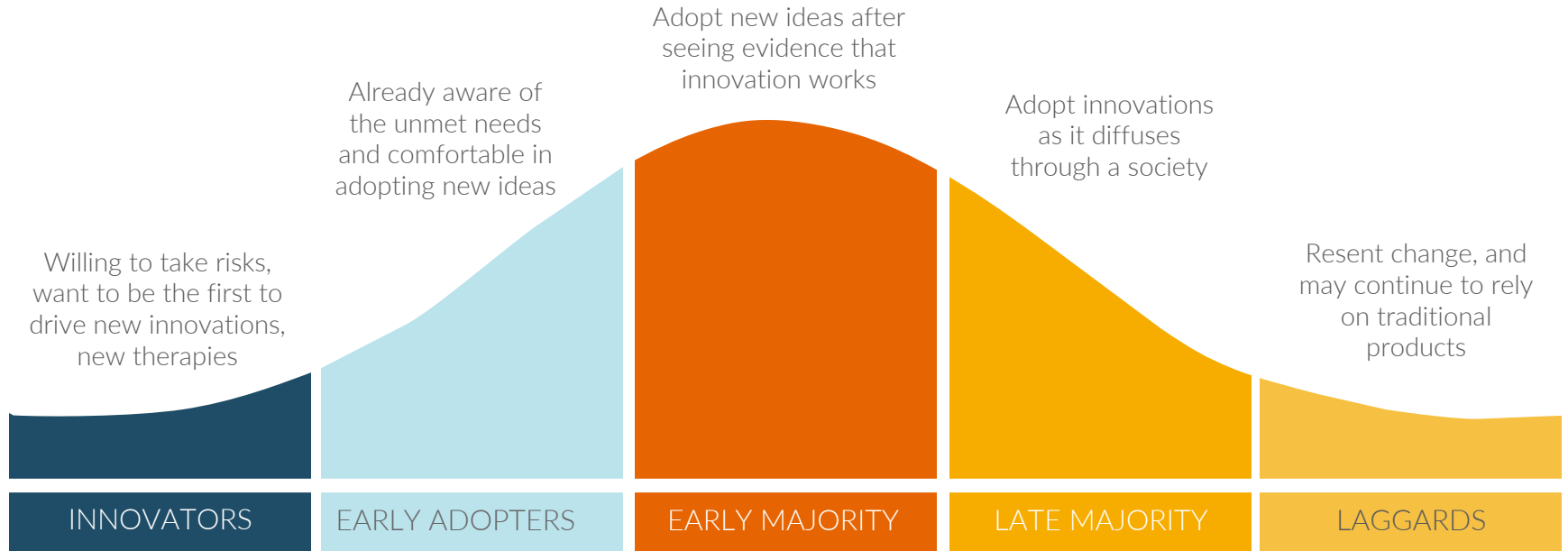
AUDIENCE SEGMENTATION

COMMUNICATION PRIORITIES

CONTENT ALIGNMENT

CHANNEL ORCHESTRATION

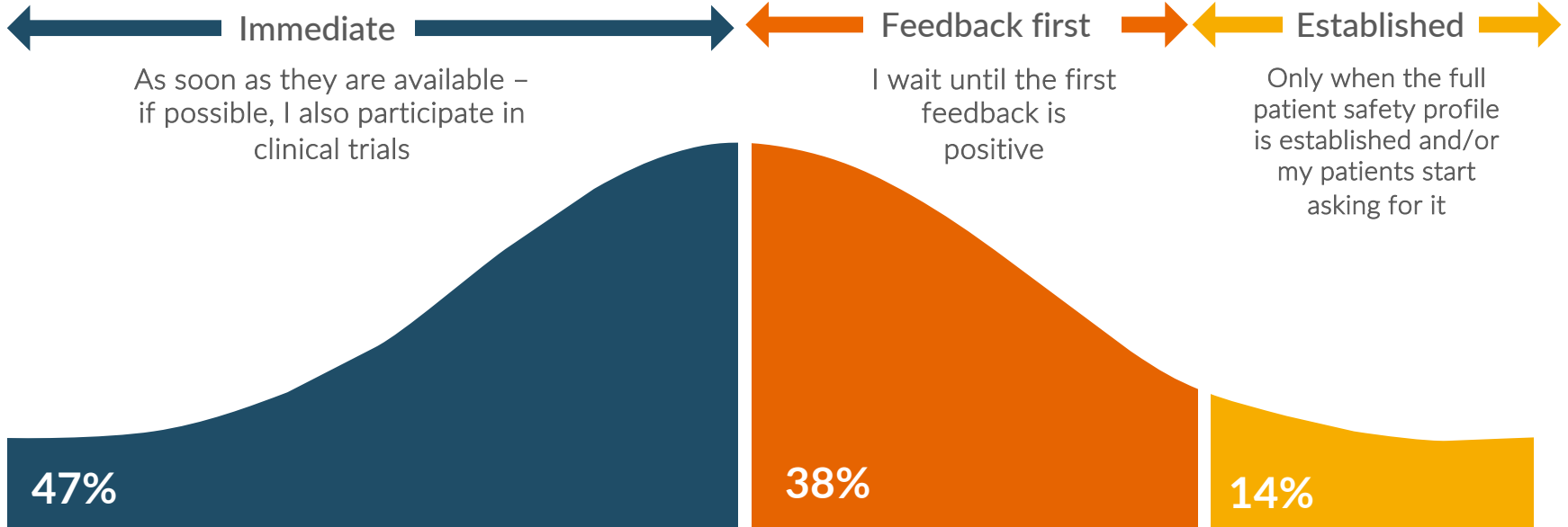
MEASURE AND ADAPT



The diffusion of innovation curve E.M Rogers 1962



? When do you prescribe a new product?



Source: Navigator365™ EU4 + UK Specialists Q3 2023 (n= 4831)

STRATEGIC OBJECTIVES

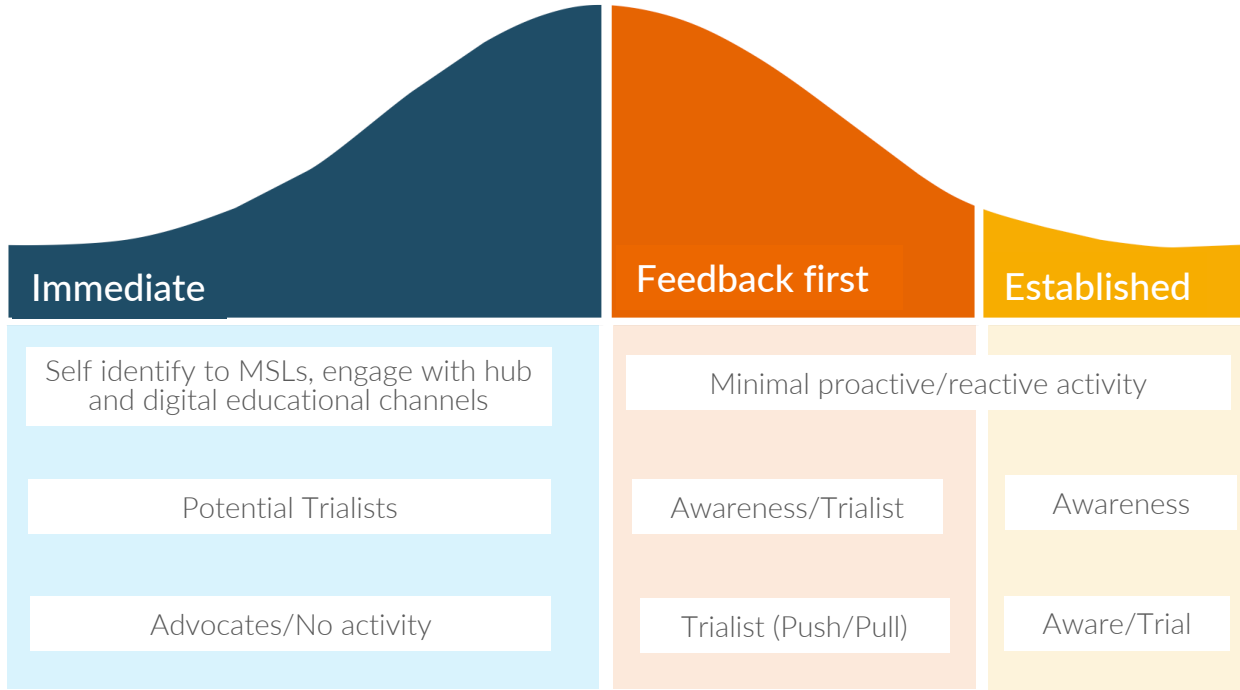
AUDIENCE SEGMENTATION

COMMUNICATION PRIORITIES

CONTENT ALIGNMENT

CHANNEL ORCHESTRATION

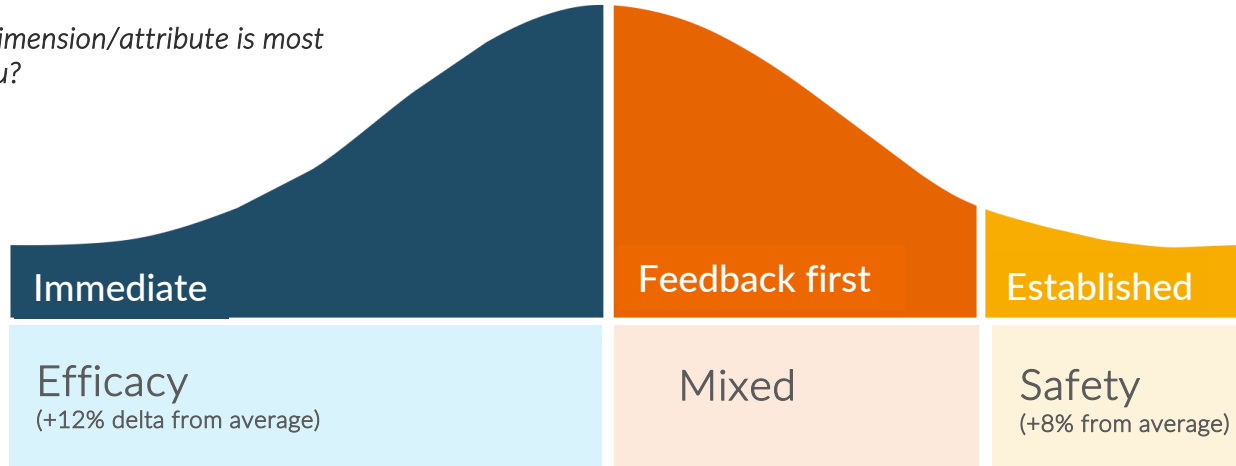
MEASURE AND ADAPT



Source: Navigator365™ EU4 + UK Specialists Q3 2023 (n= 4831)



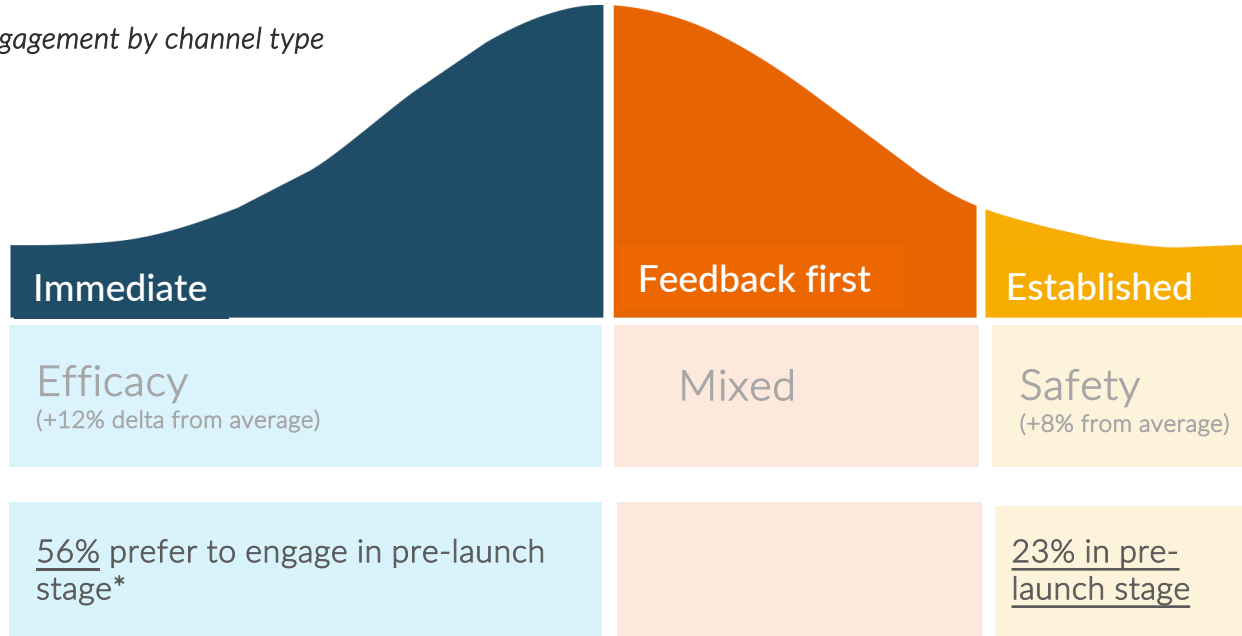
Which product dimension/attribute is most important for you?



Source: Navigator365™ EU4 + UK Specialists Q3 2023 (n= 4831)

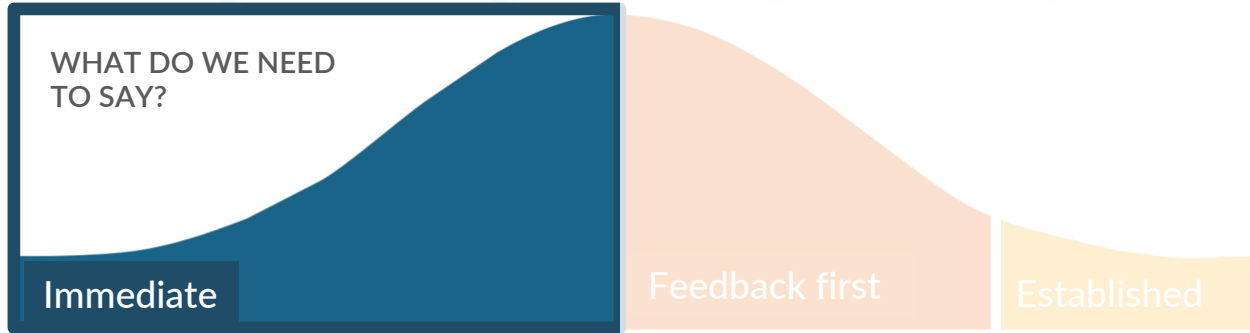


? Preferred first engagement by channel type



*12mo -3mo ahead of launch

Source: Navigator365™ EU4 + UK Specialists Q3 2023 (n= 4831)



Enhance existing Field Medical engagement with high channel mix

Data-led scientific exchange

- *Actively looking for data – make sure its there!*
- *Scientific innovation*
- *Assertive therapeutic strategy*
- *Provide tools and access to data to enable them to become advocates*

Medical play a critical role here – ensure cross-functional planning starts early

STRATEGIC
OBJECTIVES



AUDIENCE
SEGMENTATION



COMMUNICATION
PRIORITIES



**CONTENT
ALIGNMENT**



CHANNEL
ORCHESTRATION



MEASURE
AND ADAPT



**WHAT content is
important to our
different audiences?**

“Content is King”



Bill Gates • 1996

STRATEGIC OBJECTIVES

AUDIENCE SEGMENTATION

COMMUNICATION PRIORITIES

CONTENT ALIGNMENT

CHANNEL ORCHESTRATION

MEASURE AND ADAPT

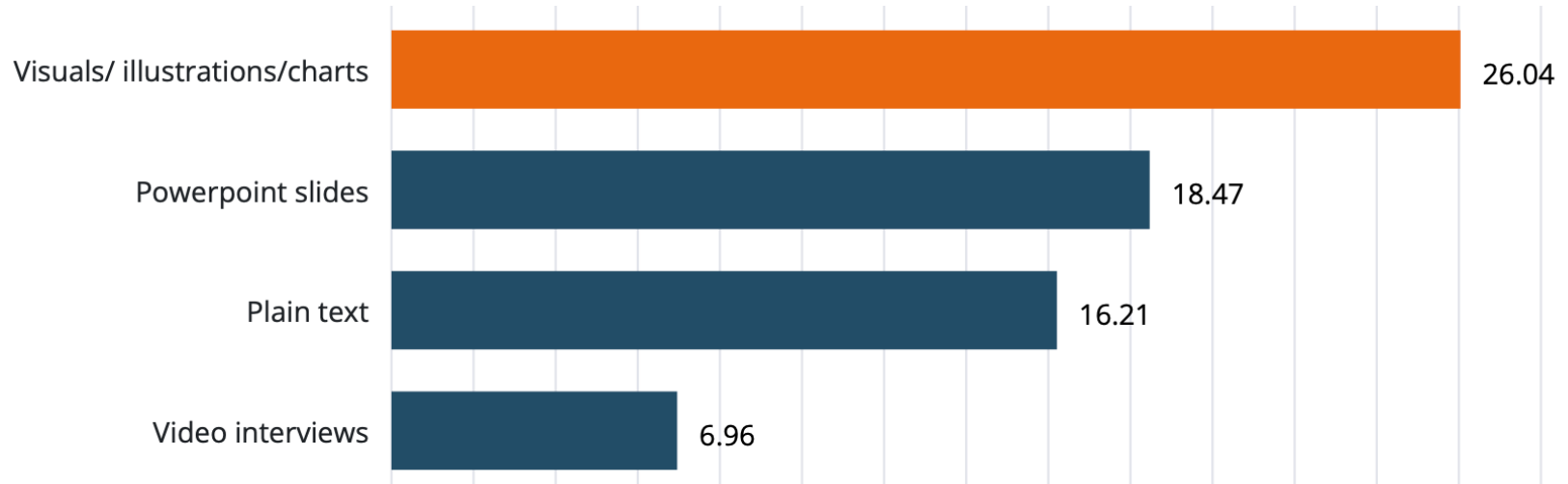


Scientific Platform sits at the core of all launch communication

Compelling, differentiating, robust and consistent story is essential when multiple internal stakeholders and external local agencies are involved



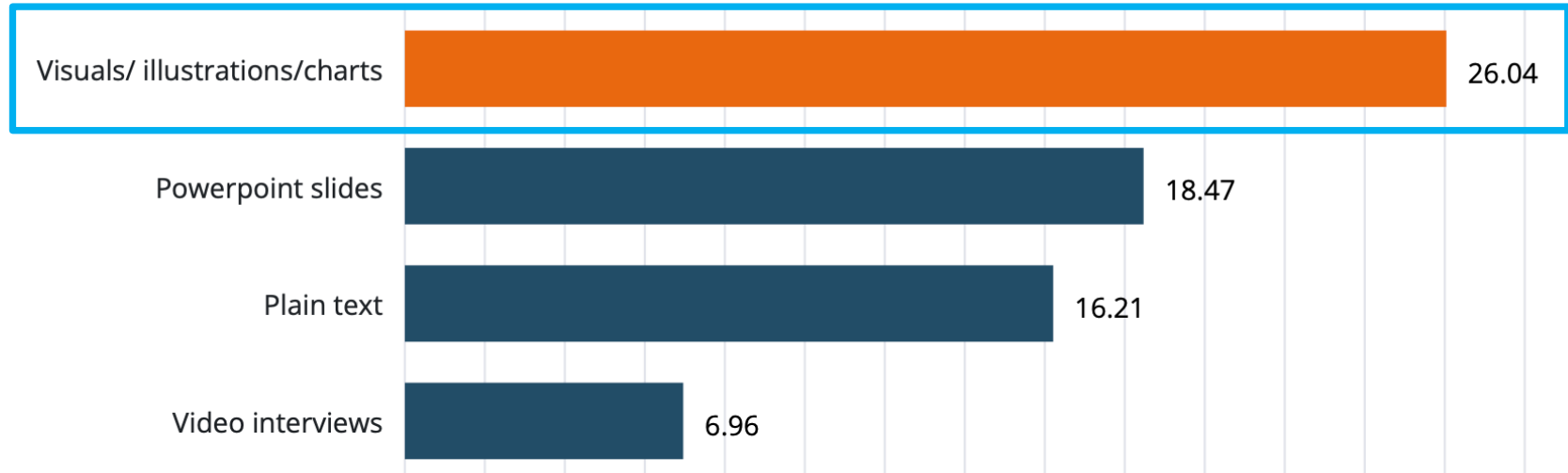
Q: Which formats do you prefer for online engagements with pharma content?"



Source: Navigator365™ EU5 Specialists, Q3 2023, n=4031)



Q: Which formats do you prefer for online engagements with pharma content?"



Source: Navigator365™ EU5 Specialists, Q3 2023, n=4031)



EXponential data

Data is expanding faster than our ability to assimilate and apply it effectively

The doubling time of medical knowledge in 1960 was 50 years; in 1980: 7 years; and in 2010: 3.5 years.

In 2020, it was projected to be just 73 days¹

1. Denson et al. Trans Am Clin Climatol Assoc. 2011; 122: 48-58

Source: Navigator365™ EU5 Specialists, Q3 2023, n=4031*)

OPEN ACCESS
Check for updates

Beverage consumption and mortality among adults with type 2 diabetes: prospective cohort study

Le Ma,^{1,2,3} Yang Hu,¹ Derrick J Alperet,¹ Gang Liu,⁴ Vasanti Malik,^{1,5} JoAnn E Manson,^{6,7,8,9} Eric B Rimm,^{1,6,7} Frank B Hu,^{1,6,7} Qi Sun^{1,6,7}

For numbered affiliations see end of the article
Correspondence to: Qi Sun
qsun@hsph.harvard.edu
(ORCID 0000-0002-8480-1563)
Additional material is published online only. To view please visit the journal online.
Cite this as: *BMJ* 2023;381:e073406.
http://dx.doi.org/10.1136/bmj.2022.07.3656
Accepted: 07 March 2023

ABSTRACT

OBJECTIVE

To investigate the intake of specific types of beverages in relation to mortality and cardiovascular disease (CVD) outcomes among adults with type 2 diabetes.

DESIGN

Prospective cohort study.

SETTING

Health professionals in the United States.

PARTICIPANTS

15 486 men and women with a diagnosis of type 2 diabetes at baseline and during follow-up (Nurses' Health Study: 1980-2018; and Health Professionals Follow-Up Study: 1986-2018). Beverage consumption was assessed using a validated food frequency questionnaire and updated every two to four years.

MAIN OUTCOME MEASURES

The main outcome was all cause mortality. Secondary outcomes were CVD incidence and mortality.

RESULTS

During an average of 18.5 years of follow-up, 3447 (22.3%) participants with incident CVD and 7638 (49.3%) deaths were documented. After multivariable adjustment, when comparing the categories of lowest intake of beverages with the highest intake, the pooled hazard ratios for all cause mortality were 1.20 (95% confidence interval 1.04 to 1.37) for sugar sweetened beverages (SSBs), 0.96 (0.86 to 1.07) for artificially sweetened beverages (ASBs), 0.98 (0.90 to 1.06) for fruit juice, 0.74 (0.63 to 0.86) for coffee, 0.79 (0.71 to 0.89) for tea, 0.77 (0.70 to 0.85) for plain water, 0.88 (0.80 to 0.96) for low fat milk, and 1.20 (0.99 to 1.44) for full fat milk. Similar associations

were observed between the individual beverages and CVD incidence and mortality. In particular, SSB intake was associated with a higher risk of incident CVD (hazard ratio 1.25, 95% confidence interval 1.03 to 1.51) and CVD mortality (1.29, 1.02 to 1.63), whereas significant inverse associations were observed between intake of coffee and low fat milk and CVD incidence. Additionally, compared with those who did not change their consumption of coffee in the period after a diabetes diagnosis, a lower all cause mortality was observed in those who increased their consumption of coffee. A similar pattern of association with all cause mortality was also observed for tea, and low fat milk. Replacing SSBs with ASBs was significantly associated with lower all cause mortality and CVD mortality, and replacing SSBs, ASBs, fruit juice, or full fat milk with coffee, tea, or plain water was consistently associated with lower all cause mortality.

CONCLUSIONS

Individual beverages showed divergent associations with all cause mortality and CVD outcomes among adults with type 2 diabetes. Higher intake of SSBs was associated with higher all cause mortality and CVD incidence and mortality, whereas intakes of coffee, tea, plain water, and low fat milk were inversely associated with all cause mortality. These findings emphasize the potential role of healthy choices of beverages in managing the risk of CVD and premature death overall in adults with type 2 diabetes.

Introduction

In 2021 about 537 million adults worldwide had diabetes and this number is projected to rise to 783 million by 2045.¹ The risk of cardiovascular disease (CVD), other morbidities, and premature death is particularly increased in adults with type 2 diabetes.² Dietary interventions play a fundamental role in the glycemic management of adults with type 2 diabetes, although the prevailing dietary recommendations and nutritional guidelines for the general population may not necessarily be directly relevant to adults with diabetes because of their altered metabolism of carbohydrates and other macronutrients.³ It is therefore important to evaluate various dietary intakes, such as beverages, in relation to disease outcomes and mortality among adults with diabetes.

That different types of beverages may have distinct health effects depending on the contents of sugar and other constituents has been well documented.⁴⁻⁶ Several meta-analyses of prospective cohort studies have shown that high intake of beverages with a low energy density, such as plain water, low fat milk, and

Beverage consumption and mortality among adults with type 2 diabetes

Summary



Higher intake of sugar sweetened beverages (SSBs) was associated with higher all cause mortality and cardiovascular disease incidence and mortality, whereas intakes of coffee, tea, and plain water were inversely associated with all cause mortality, especially when replacing SSBs

Study design



Prospective cohort study | Average follow-up: 18.5 years

Population



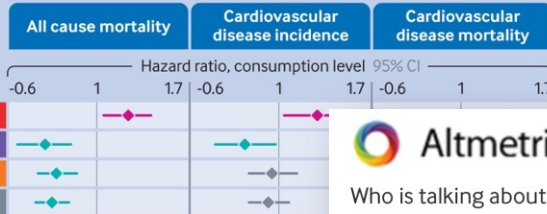
15 486 US adults with type 2 diabetes | Average age: 61.3 years | Proportion of women: 73.6%

Comparison



Controls

Outcomes



<https://bit.ly/BMJdiabev>

WHAT IS ALREADY KNOWN ON THIS TOPIC

Depending on the content of sugar and other constituents, different types of beverages may have distinct health effects

The prevailing dietary recommendations are largely based on findings in the general US population

Evidence is limited among adults with type 2 diabetes, who have altered metabolism of energy and macronutrients

WHAT THIS STUDY ADDS

Among adults with type 2 diabetes, higher intake of sugar sweetened beverages (SSBs) was associated with higher all cause mortality and incidence of cardiovascular disease, whereas intakes of coffee, tea, plain water, or low fat milk were inversely associated with all cause mortality

Greater increase in coffee and tea consumption from before to after a diabetes diagnosis was significantly associated with lower all cause mortality

Replacing SSBs with coffee, tea, or plain water was statistically significantly associated with lower all cause mortality among adults with diabetes



Who is talking about this article?



- Picked up by 94 news outlets
- Blogged by 5
- Tweeted by 1149
- On 2 Facebook pages
- Reddited by 2

STRATEGIC OBJECTIVES

AUDIENCE SEGMENTATION

COMMUNICATION PRIORITIES

CONTENT ALIGNMENT

CHANNEL ORCHESTRATION

MEASURE AND ADAPT



Oncology Facts

2023 Key Takeaways

Who are we dealing with?

54% Of Oncologists in the United States, self-report being early adopters to new medicine and treatment plans, through a genuine interest in engaging with biopharmaceutical industry players.

1 in 3 Looking on the Oncologists' openness to engaging with pharmaceutical companies, 1 in 3 declare demonstrating a certain reluctance to do so. They opt to self-digest the presented evidence and tend to be slow in adopting to new treatments.

What do they want?

Bouncing back?

With this year's slight increase in preference for digital educational services, we are once again seeing "bouncing back" percentages as 69% of Oncologists prefer digital / OC in comparison to pure face-to-face formats only being preferred by 1 in 4.

Supply & Demand

Less than 1% of oncologists are successfully reached via digital channels. The gap between HCPs wanting digital / OC educational services and them getting it, i.e. the educational "digital divide," has grown over the past 3 years as pharma companies continue to struggle with finding the right Cx strategy.

For promotional purposes, their communication preferences remained stable, with >50% of HCPs preferring digital / OC. Furthermore, 63% of oncologists who are looking to engage with you in a digital or OC manner, see their expectations met.

How to service them?

Importance 58% Of oncologists state that digital content is the only component in their clinical decision-making process. Back in 2022, less than 1 in 2 reported this claim.

Satisfaction 46% Only 46% of oncologists are fully satisfied with digital engagements with pharma.

Understood 32% Only 32% of oncologists feel that pharma companies truly understand their clinical needs and expectations.

Where should we focus?

The climb continues

Digital satisfaction remains low even after pharma's self-reported digital budget growth has risen to 32% of total research budget. KEY TAKEAWAY: Not understanding your customer's digital needs and expectations is leading to missed opportunities, definitely not nurturing the premium Cx philosophy.

Don't trust your gut

With only 1 in 4 of physicians in the US not placing importance in digital channels and only 6% being completely satisfied with their experience, also relying on your gut and past experience and all data-driven insights guide your business omnichannel strategy.

How will it be viewed? (print/mobile/desktop/social)

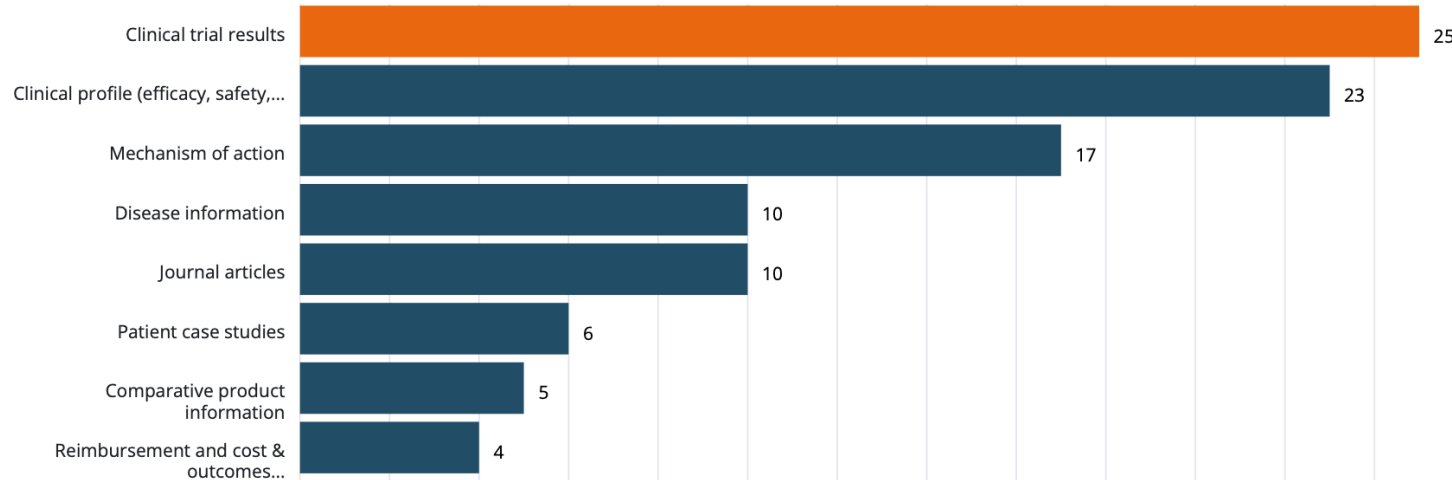
What will HCPs do with it? (nothing in isolation!)

Where will it be hosted? (indexed/unindexed?)

How will it be distributed? (MSL/KAM/3P/DM)



Q: What types of product content do you find most important in a launch situation?"

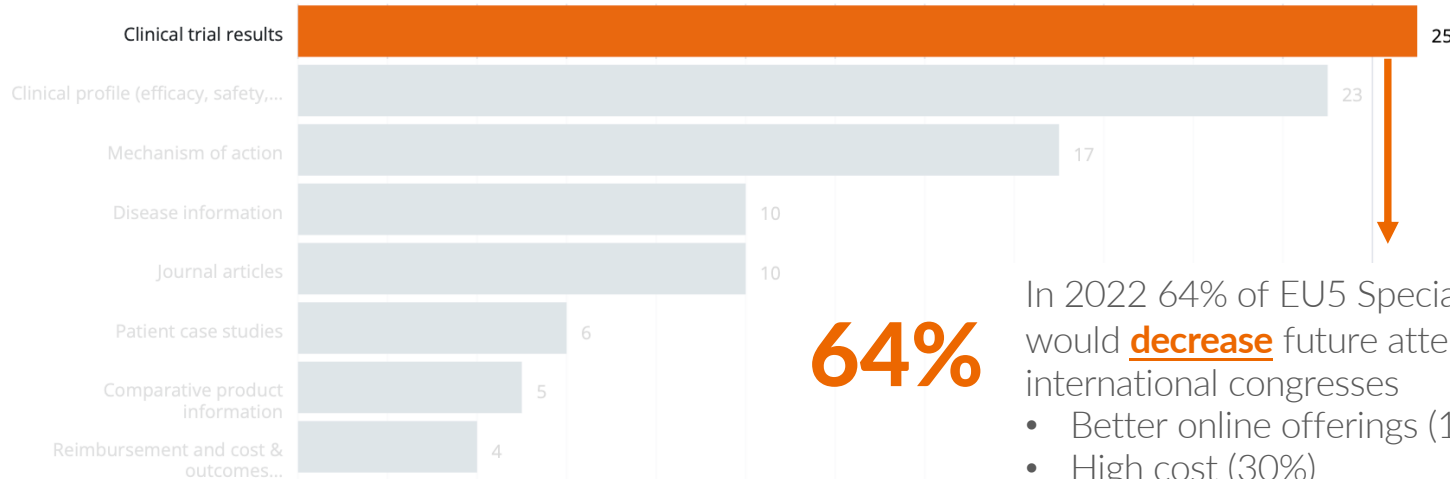


HCPs were asked to distribute 100 points to no more than 3 options
Score = sum of points averaged among HCPs

Source: Navigator365™ EU5 Specialists, Q3 2023, n=4031)



Q: What types of product content do you find most important in a launch situation?"



HCPs were asked to distribute 100 points to no more than 3 options
Score = sum of points averaged among HCPs

64%

In 2022 64% of EU5 Specialists said they would **decrease** future attendance at international congresses

- Better online offerings (16%)
- High cost (30%)
- C-19 impact (18%)

Source: Navigator365™ EU5 Specialists, Q3 2022, n=4010)

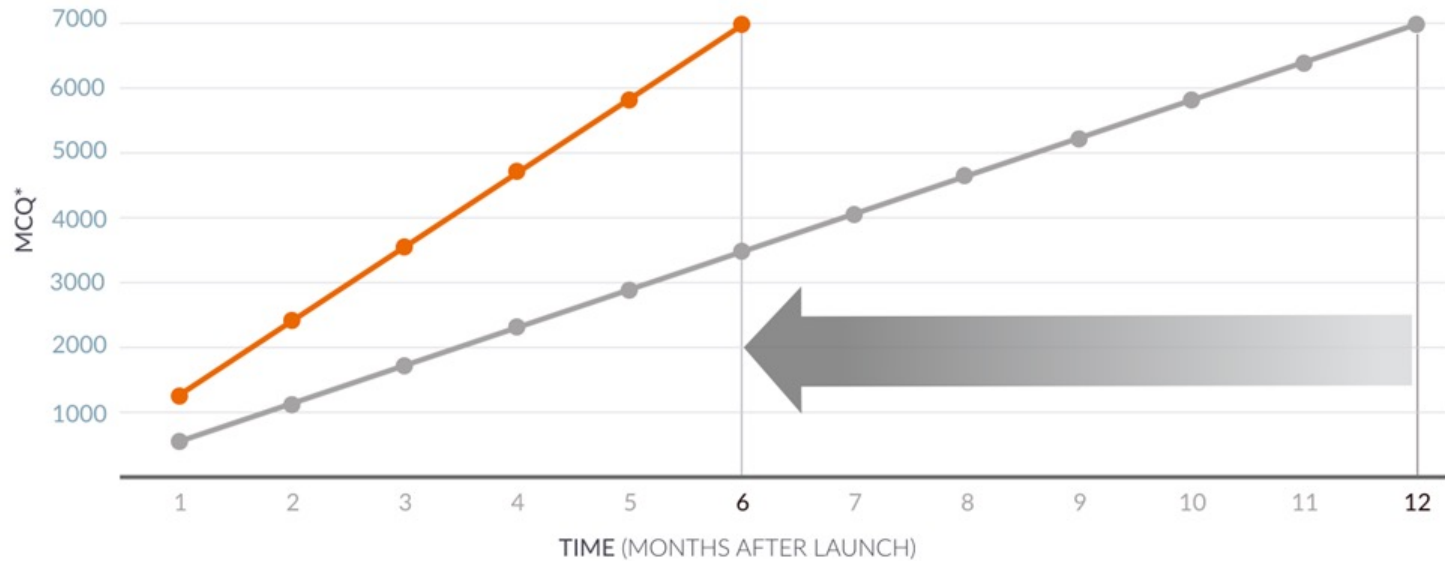
Source: Navigator365™ EU5 Specialists, Q3 2023, n=4031)



WHAT channels should we use?

TIME TO CRITICAL FREQUENCY

—●— TTCF omnichannel —●— TTCF field force only





WHAT channels should we use?

Global to local?

Channel preference differences in local markets
(hospital system set-up, regulatory environment, digital maturity....)



STRATEGIC OBJECTIVES

AUDIENCE SEGMENTATION

COMMUNICATION PRIORITIES

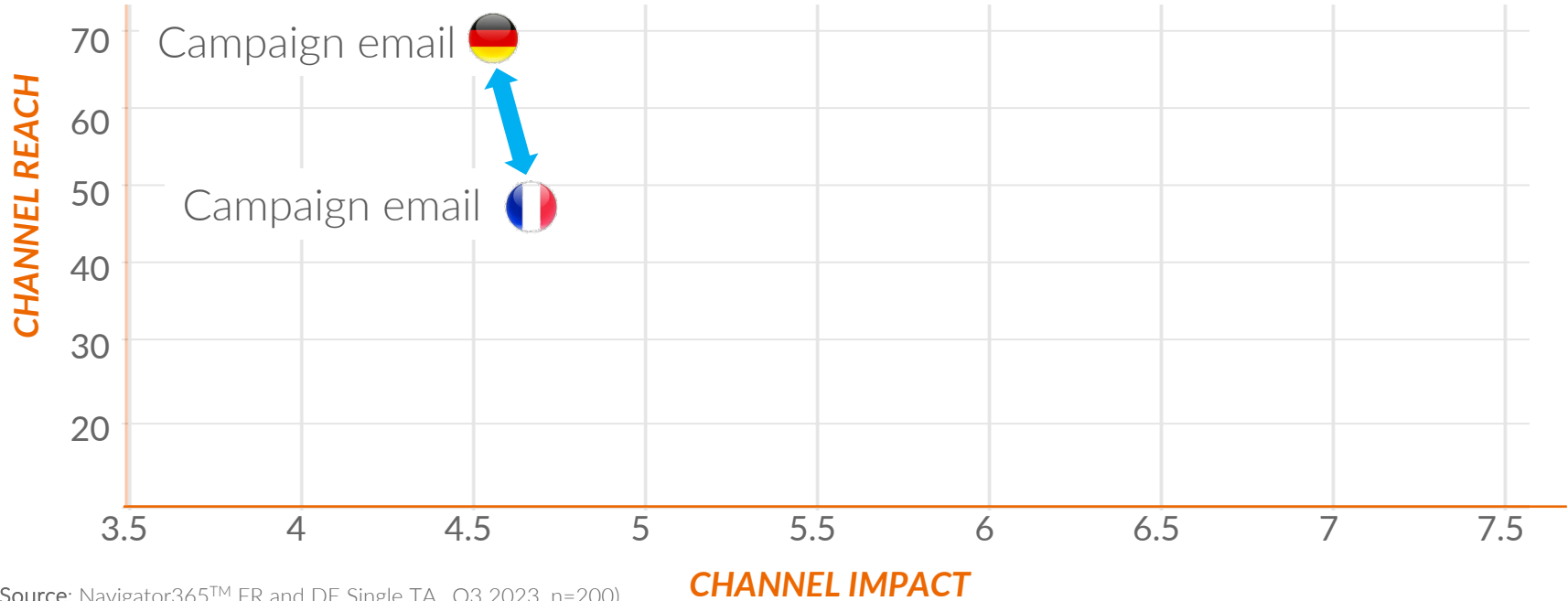
CONTENT ALIGNMENT

CHANNEL PRIORITISATION

MEASURE AND ADAPT



WHAT channels should we use?



Source: Navigator365™ FR and DE Single TA., Q3 2023, n=200)

STRATEGIC OBJECTIVES

AUDIENCE SEGMENTATION

COMMUNICATION PRIORITIES

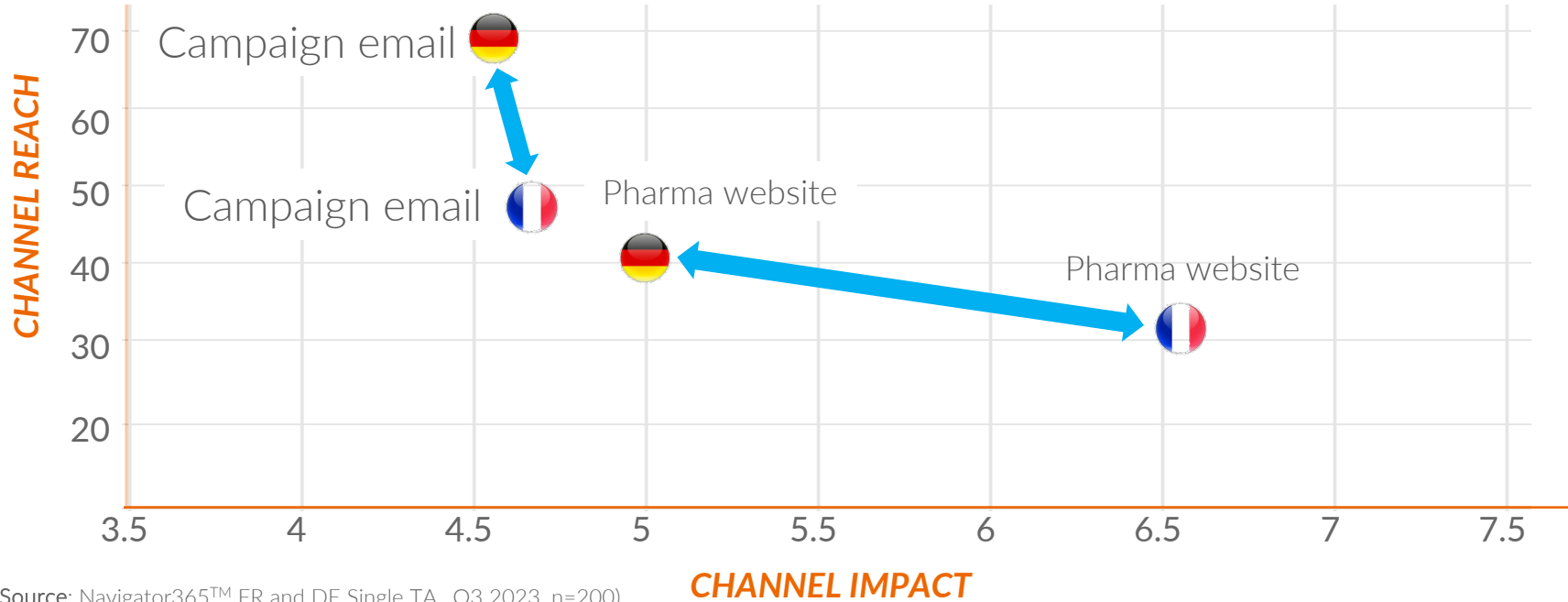
CONTENT ALIGNMENT

CHANNEL PRIORITISATION

MEASURE AND ADAPT



WHAT channels should we use?



Source: Navigator365™ FR and DE Single TA., Q3 2023, n=200)

STRATEGIC OBJECTIVES

AUDIENCE SEGMENTATION

COMMUNICATION PRIORITIES

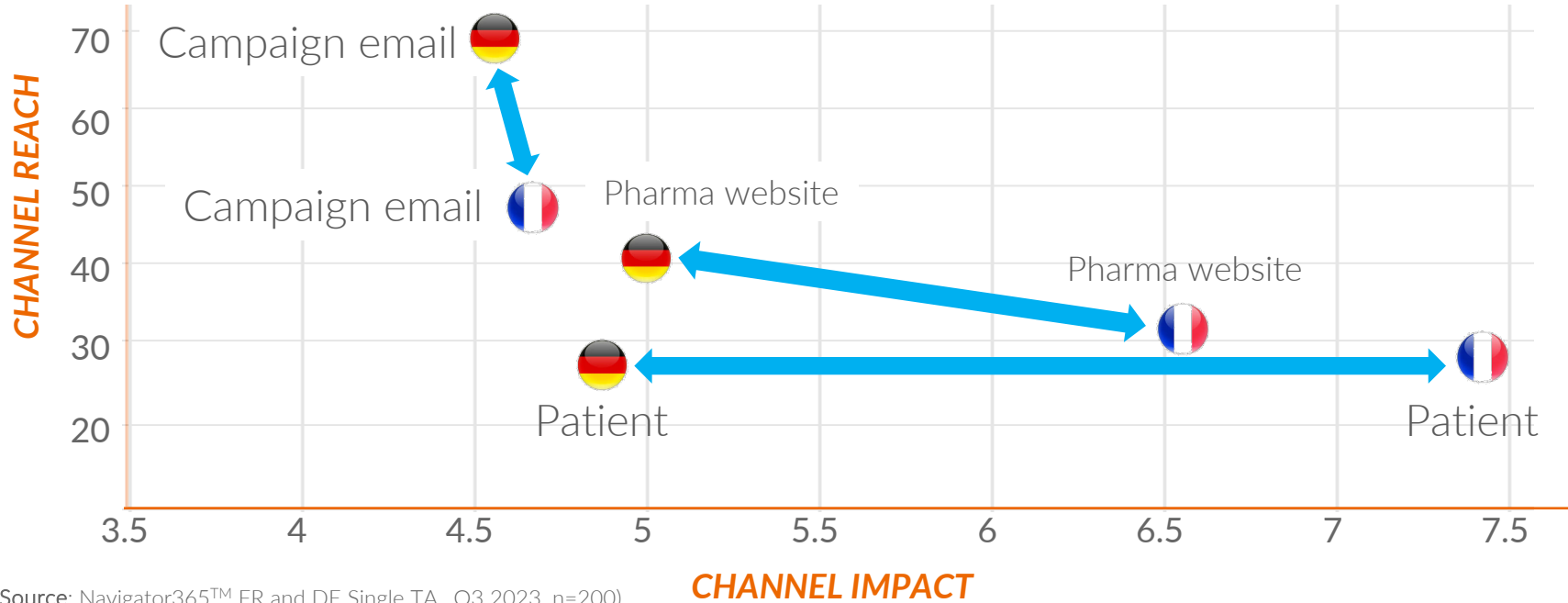
CONTENT ALIGNMENT

CHANNEL PRIORITISATION

MEASURE AND ADAPT



WHAT channels should we use?



Source: Navigator365™ FR and DE Single TA., Q3 2023, n=200)

STRATEGIC OBJECTIVES

AUDIENCE SEGMENTATION

COMMUNICATION PRIORITIES

CONTENT ALIGNMENT

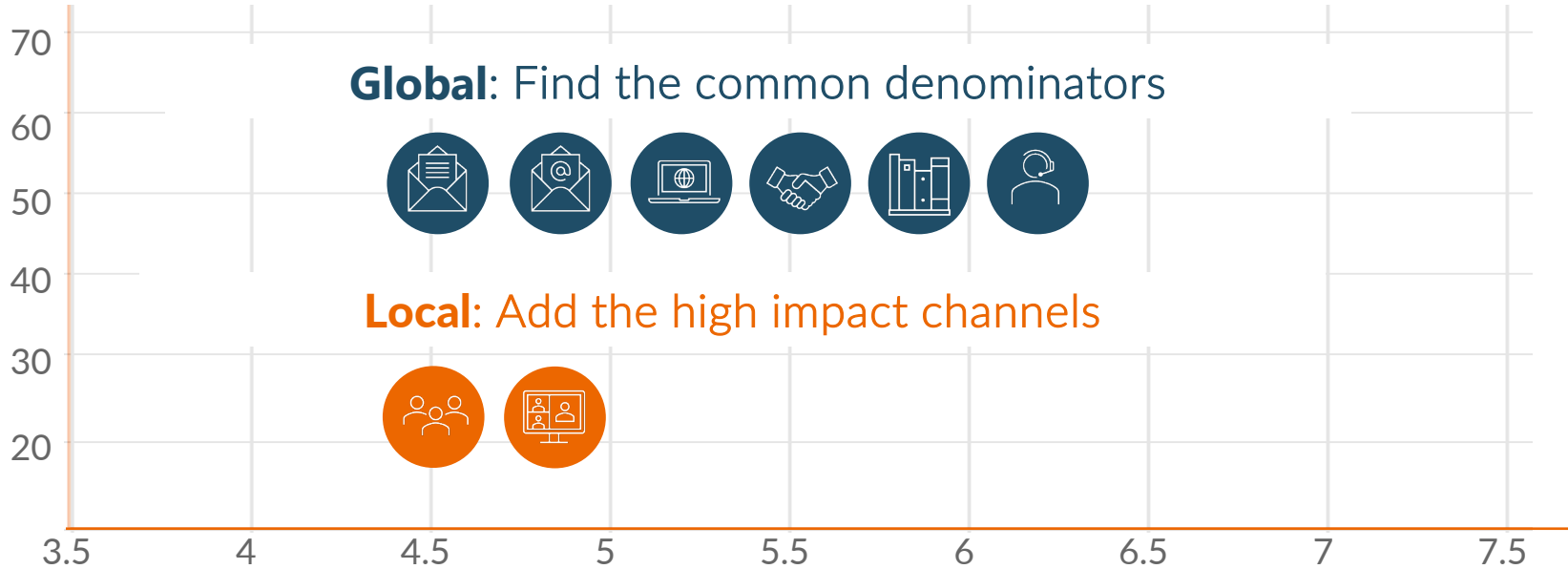
CHANNEL PRIORITISATION

MEASURE AND ADAPT



WHAT channels should we use?

CHANNEL REACH



Source: Navigator365™ FR and DE Single TA,, Q3 2023, n=200)

CHANNEL IMPACT

STRATEGIC OBJECTIVES

AUDIENCE SEGMENTATION

COMMUNICATION PRIORITIES

CONTENT ALIGNMENT

CHANNEL ORCHESTRATION

MEASURE AND ADAPT



WHAT channels should we use?

PART 1

PART 2

PART 3

PART 4





WHICH activities should we start, stop or continue?

CHANNEL (DIRECT)

BRAND (INDIRECT)

QUALITATIVE

QUANTITATIVE

REACH
(do we connect?)

1 Reach & Interaction – The foundation of any campaign – are we generating the right number of touchpoints to achieve our behavioural objectives?

Email	Web	Rep
Open rate	# of visitors	Calls
Conversion rate	Time spent on site	Meetings attended
Opt-out rate	% page scroll	Event
Click-through rate	Time spent on site	# invited
Delivery rate	Downloads	# invite accepted
Subscribers	Bounce rate	% attended



WHICH activities should we start, stop or continue?

CHANNEL (DIRECT)

BRAND (INDIRECT)

QUALITATIVE

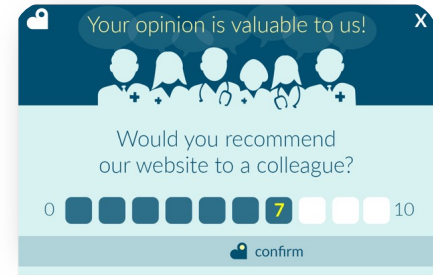
ENGAGEMENT
(do they like it?)

Engagement – Is our content appreciated and valuable for our audience?



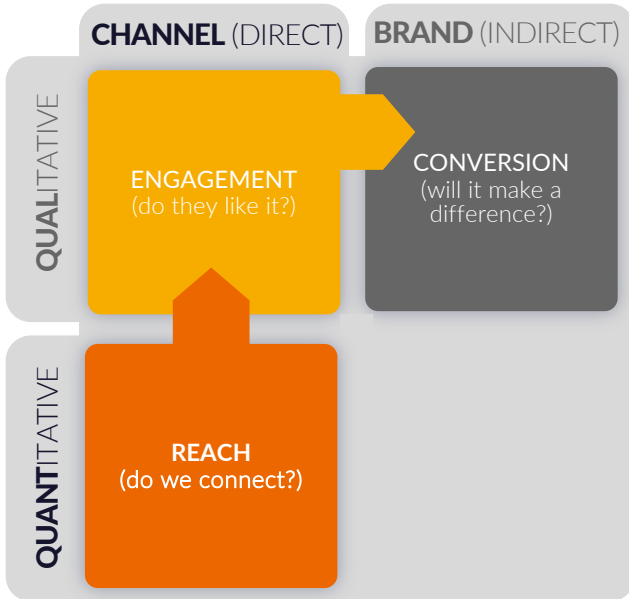
QUANTITATIVE

REACH
(do we connect?)





WHICH activities should we start, stop or continue?



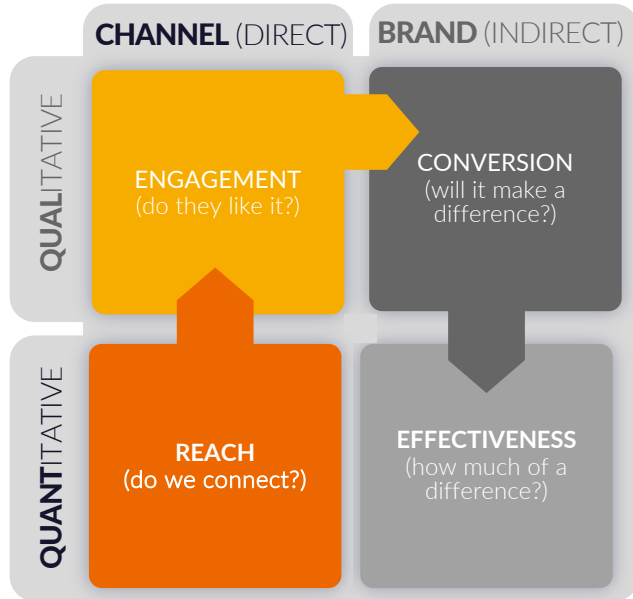
🔄 **Attitudinal conversion** – Do we make an impact and are we changing audience's mindset?

- Impact of educational event on clinical practice
- Intent to apply learning to clinical practice
- Intend to prescribe
- NPS of company
- NPS of educational campaign

T-12m ->T-6m>T0m > T6m



WHICH activities should we start, stop or continue?



④ **ROI** – How were we able to increase reach & impact at a lower cost, using Omnichannel?

New indication launch FORXIGA (diabetes)

Key drivers for launch success: :

1. High NPS
2. Digital variety (“richness of mix”)
3. Digital share of overall brand mix and vs other products in same class
4. Quality of rep engagement (knowledgeable, value-add)

IQVIA: no-more-surprises-understanding-predictors-of-launch-success (2021)

Development of a pragmatic playbook

The playbook needs to form the 'backbone' of the Omnichannel ambition and vision



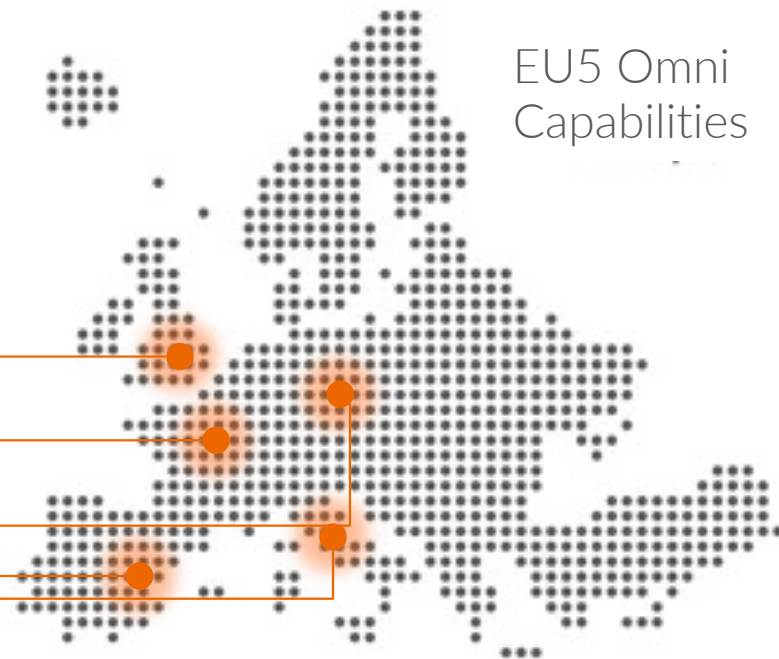
Use UX/UI best practices to craft a playbook that is both intuitive and straightforward, ensuring seamless adoption by local markets

Include local market adoption features like a 'workshop-in-a-box' section for immediate implementation

Supported by clear communications roll-out/plan

Tip: Ensure to run LOC Omni readiness ahead of framework roll-out

Capabilities	★★★★☆	Align with market dynamics
Channel activation	★★★★★	
Capabilities	★☆☆☆☆	Validate and finetune segmentation / personas
Channel activation	★★☆☆☆	
Capabilities	★★★★☆	Ensure A→B shift sits true with local knowledge
Channel activation	★★★★☆	
Capabilities	★★★☆☆	Content Gap Analysis
Channel activation	★★★★☆	
Capabilities	★☆☆☆☆	Capabilities, Capacity and Local OC Maturity
Channel activation	★★★★★	



If you can – pick a pilot market to iterate from

Summary take aways

1. Half of HCPs neutral/dissatisfied with Pharma efforts at launch
2. “Immediates” are critical to launch success in the pre/peri-launch phase – they are hungry for content and data prior to launch make sure they can access it across multiple owned, earned and paid channels
3. Co-creation and buy-in is critical to increase uptake of plans
4. Ensure you take an evidence-based approach for channel selection
5. Ensure a robust set of KPIs early-on to measure launch success
6. Learn from your pilot markets
7. Eventual launch campaign/tactics need to be scalable based on market needs and capabilities

How can we support your launch?



Pick up the phone
or drop me an email

Ben.harbour@a-cross.com
+44 7480 373735



Questions?



Stay tuned!

Join us on our **next year's webinars**

Reimagine

customer
engagement

customer
engagement



The webinar series

2024

Want to receive the
Across Health
newsletter?



First Name *

Last Name *

Email *

I agree to be updated with the latest Across Health news via Newsletters. I have read and agree to the [privacy policy](#).*

Fields marked with * are mandatory

> Submit

across.health/newsletter

Stay tuned!

Watch out for our Global Trends Report 2023

Available in January
Watch out for our newsletter
to receive your free copy

Not subscribed yet?

Sign up here:
across.health/newsletter



Please give us your feedback!

Right after the webinar a short satisfaction survey will be launched.
We would love to know your opinion!

