

Five Questions Your Promotion Dashboard Wasn't Built to Answer

CRM and engagement data show what a brand did. The questions that decide next year's promotional budget sit on the HCP's side of the conversation.

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At Fierce Pharma Week in September, a room of commercial, media and medical leaders was asked which signal will matter most for campaign planning five years from now.

4%

PICKED IMPRESSIONS, CLICKS AND OPENS

Live audience poll, Fierce Pharma Week, Sep 2026

That is a striking answer from the people who own those metrics. It is not a rejection of the dashboard. Today's promotion dashboard is better than it has ever been. It shows HCP-level call activity, rep call notes, email and website engagement, and partner channels feeding into CRM. It is built to run promotion: who to call, what to send, and what happened next on the brand's own channels.

It was not built to show promotion from the other side of the conversation.

Brands are personalizing more, and the HCP's experience is getting more fragmented. Five questions follow from that.

WHY THE GAP IS WIDENING NOW

Promotion is now signal- driven

Messages are triggered by each HCP's own engagement, not a fixed calendar, so no two HCPs see the same sequence.

Reps walk in pre-briefed

AI tools now turn CRM history into a pre-call view of what each HCP is likely to want.

HCPs get their answers elsewhere

More than a third of US physicians now use AI at least daily (Doximity, 2026). Among US hematologist-oncologists, AI use nearly tripled in a year, from 17% to 46% (ZoomRx, 2026).

QUESTION 1

Is pre-call intelligence actually making calls better?

DASHBOARD SEES

The AI briefing, the call, and the rep's note on what was covered

NEEDS THE HCP'S VIEW

Whether HCPs find calls more relevant and remember more

Pre-call AI is one of the fastest-growing investments in commercial pharma. It predicts, from behavioral data, what each HCP wants to discuss, and the call note records what the rep says was covered. Both describe the brand's side of the call.

Whether HCPs, as a group, find calls more relevant and remember more of them sits outside that loop. Physicians are clear about what earns a rep their time: 94% say new or relevant clinical information, and 72% say rep preparedness ^(ZoomRx, 2026). Those are exactly what pre-call tools promise to improve. Whether calls actually got more relevant is something only the HCP can report.

HOW TO ANSWER IT

Compare HCP-reported call relevance and message recall across segments, or before and after a pre-call rollout.



QUESTION 2

What is your competitor saying to the same HCPs?

DASHBOARD SEES

Your own calls, emails and media, in full

NEEDS THE HCP'S VIEW

Competitor activity reaching the same targets, and your share of it

Your dashboard is complete on your own activity and has no view of anyone else's. That matters more as access tightens. Rep access fell from 60% of HCPs in 2022 to about 45% in 2024, and half of accessible HCPs meet with three or fewer companies [\(Veeva Pulse, 2024\)](#).

A brand can hit its call plan and still lose share of voice if a competitor reaches the same HCPs more often with a sharper message.

HOW TO ANSWER IT

Measure share of voice and message recall across the category from the HCP's side, so performance is read against the competition rather than against your own plan.

QUESTION 3

What did HCPs see outside your channels?

DASHBOARD SEES

Owned and CRM-integrated channels

NEEDS THE HCP'S VIEW

Journals, point-of-care tools, third-party sites, peer communities, AI assistants

Owned and CRM-integrated channels are measured well. But HCPs form views across journals, point-of-care tools, third-party sites, peer communities and AI assistants, and much of that never reaches the CRM. One panelist at Fierce Pharma Week noted that the few seconds a physician spends choosing a therapy at the point of care can follow 10 to 30 earlier touchpoints with the brand.



When most of those touches are invisible, the last visible touchpoint gets credit it may not deserve, and the channels that built the HCP's confidence get none.

HOW TO ANSWER IT

Observe digital exposure across channels, including competitor and non-integrated placements, and pair it with what HCPs say they actually noticed.

QUESTION 4

Did engagement change anything?

DASHBOARD SEES

Opens, clicks and time on site: attention

NEEDS THE HCP'S VIEW

Belief shift and intent to prescribe: persuasion

Opens, clicks and time on site measure attention, not persuasion. A strong click-through rate shows the subject line worked. It does not show that the HCP now believes the efficacy story or intends to prescribe differently.

Prescription data does answer that, but it can lag a media touch by six months or more.

In between sits the question budget owners actually ask: **is this message moving belief?** More engagement is not always better either. Half of physicians cite the overwhelming amount of content as a barrier to accessing medical education [\(Sermo, 2025\)](#).

HOW TO ANSWER IT

Track leading indicators on the HCP side (message recall, perception shift, intent) wave over wave, so course corrections happen within weeks rather than after the script data arrives.

QUESTION 5

Are you reaching the HCPs who don't engage?

DASHBOARD SEES

HCPs who open, click, visit or take the call

NEEDS THE HCP'S VIEW

Low-access and low-engagement HCPs across the full target list

Engagement data only describes HCPs who engage. With 68% of physicians now requiring an appointment to see a rep ^(ZoomRx,2026), a meaningful share of the target list rarely shows up in CRM. These are often the high-value, hard-to-reach HCPs the brand most needs. Predictive models trained on engagers inherit the same blind spot.

HOW TO ANSWER IT

Use a sample that represents the full target list, including low- access and low-engagement segments, and report what reaches them and what they take away.

Two views, one decision

	CRM AND ENGAGEMENT DATA	HCP-REPORTED RESEARCH
Level	Individual HCP	Segment and market
Whose view	The brand's: activity, behavior, rep notes	The HCP's: recall, relevance, belief, intent
Built to answer	Who to reach and what to send	Whether promotion is working

These are not competing systems. CRM runs promotion one HCP at a time. HCP- reported research is blinded and reported by segment, and it shows whether that promotion is landing. The brands pulling ahead connect the two, using the HCP's view to decide what the dashboard should optimize next.



As FY27 plans are finalized, the question
for every brand team is simple:

Which of these five can you answer today?

Sources:

- Doximity, [State of AI in Medicine](#) (2026, n=3,151 US physicians)
- ZoomRx, [From Search to Synthesis](#) (2026; passive tracking of 132 US hematologist oncologists, Q1 2025–Q1 2026)
- ZoomRx, [What Earns Physician Time](#) (2026, n=105 US physicians)
- Veeva Pulse, via [PharmExec](#) (2024)
- Sermo, [HCP Sentiment 16](#) (2025, n=499 physicians)
- Live audience poll (n=48) and panel remarks at Fierce Pharma Week, Philadelphia, September 14–17, 2026



ZoomRx is a life sciences consultancy combining primary pharmaceutical research, proprietary data infrastructure, and AI-enhanced analytics to help biopharma make commercial decisions faster. ZoomRx partners with 100+ leading biopharma companies across the world.

ZoomRx Trackers provide continuous HCP-reported measurement of promotional effectiveness, covering message recall, perception shift, and competitive share of voice across the full target list.

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