

## THE FUTURE OF PHARMA FIELD FORCE: FROM VOLUME TO VALUE-BASED HEALTHCARE

### 1. Introduction: A Global Healthcare Inflection Point

For decades, healthcare systems across the world have largely operated on a volume-based model, where hospitals, physicians, and providers are reimbursed based on the number of consultations, tests, procedures, or prescriptions generated. This fee-for-service approach expanded access and created scale, but it also contributed to rising healthcare costs, fragmented care delivery, and inconsistent patient outcomes.

Across developed markets, a structural shift is now underway toward **value-based healthcare (VBHC)**—a model in which providers are rewarded for delivering better clinical outcomes, improving patient experience, and reducing the total cost of care. Instead of rewarding activity alone, value-based systems reward effectiveness, efficiency, and measurable health impact.

This shift has profound implications for the pharmaceutical industry. As healthcare systems increasingly demand outcomes rather than inputs, pharma companies must reconsider how they create value, how they engage healthcare professionals (HCPs), and how their field forces are designed for the future.



India remains predominantly volume-driven today, yet several indicators suggest that the country too is moving steadily toward a more value-oriented healthcare ecosystem. For Indian pharma leaders, the question is no longer if change will come—but how prepared they are when it does.

## 2. Volume-Based vs Value-Based Healthcare

Dimension	Volume-Based Healthcare	Value-Based Healthcare
Payment Model	Fee-for-service	Pay-for-performance / outcomes
Primary Focus	Quantity of services delivered	Quality of outcomes achieved
Incentives	More visits, tests, procedures	Better patient health and efficiency
Patient Role	Passive recipient	Active participant
Pharma Role	Product supplier	Outcome partner
Risk	Overutilization	Metric misalignment if poorly designed

The essential distinction is clear: volume rewards activity, while value rewards impact. For pharma, this means moving beyond traditional promotion models toward partnerships that help improve adherence, persistence, diagnosis, disease awareness, and measurable patient outcomes.

### 3. Why This Matters for Pharma

Historically, pharma companies have competed on product efficacy, brand recall, sales coverage, and prescription generation. These levers remain important, but they are no longer sufficient in a value-driven environment.

Tomorrow's healthcare stakeholders—whether hospitals, payers, physicians, or patients—will increasingly ask different questions:

- Does this therapy improve long-term outcomes?
- Can it reduce hospitalization or disease complications?
- Does it improve patient adherence?
- Can it lower the total cost of treatment?
- What additional support does the company provide beyond the molecule?

As a result, the pharma commercial model must evolve from product-centric selling to solution-centric engagement. Companies that continue to compete only on detailing frequency and sales force size may find themselves disadvantaged against players who can demonstrate broader healthcare value.



#### 4. India: The Reality Check

India remains largely volume-based, but several forces are accelerating change. First, there is an increasing government push toward efficiency and broader healthcare access. Programs such as Ayushman Bharat are early examples of bundled-care thinking and signal long-term policy intent toward cost-effective healthcare delivery.

Second, digital adoption has dramatically accelerated. Telemedicine consultations grew sharply during the COVID-19 period and digital health usage has sustained strong momentum thereafter. Virtual consultations, e-pharmacies, remote diagnostics, and health apps are becoming part of mainstream healthcare behavior.

Third, a generational shift among doctors is underway. Younger, digitally native healthcare professionals are more open to omnichannel engagement, shorter-form digital content, data-led interactions, and technology-enabled learning.

Fourth, patients are more empowered than ever before. Platforms such as Practo, Tata 1mg, PharmEasy, and disease-specific communities are creating better-informed and more price-sensitive consumers who increasingly participate in treatment decisions.

## 5. The Pharma Field Force: Today vs Future

The field force remains the single most important commercial engine for most pharma companies. However, the role of the representative is changing rapidly.

Dimension	Today's Field Force	Future-Ready Field Force
Role	Product promoter	Healthcare partner
Engagement Mode	Face-to-face calls	Hybrid omnichannel model
Content	Product features, trials	Outcomes, adherence, patient value
Technology	CRM reporting tools	AI-enabled insights & personalization
Metrics	Calls, coverage, Rx volume	Engagement, adherence, outcomes
Mindset	Transactional selling	Consultative problem-solving

The future field force will not be judged solely by how many doctors they meet, but by how effectively they create meaningful engagement and influence measurable health outcomes.

## 6. What Future-Ready Pharma Looks Like

### 1. Omnichannel as Standard Practice

Future engagement will combine face-to-face meetings with WhatsApp detailing, email journeys, micro-video campaigns, webinars, and on-demand content. HCP preference will increasingly dictate channel mix.

### 2. Consultative Conversations

Representatives will need to discuss patient pathways, adherence barriers, therapy outcomes, and practice challenges—not only product features.

### 3. Data-Led Execution

Advanced CRM systems, segmentation tools, predictive analytics, and real-time dashboards will improve targeting and message personalization.

### 4. Value-Based KPIs

Companies must gradually move from volume KPIs (calls / Rx) to value KPIs such as HCP satisfaction, adherence support, engagement quality, and patient outcome proxies.

### 5. Agile Experimentation

Leading companies will pilot new engagement models with small doctor cohorts before scaling successful models nationally.

### 6. Strategic Blueprint for Indian Pharma Leaders

To prepare for the next decade, Indian pharma companies should consider five strategic priorities:

1. Redesign field force capability models to include digital fluency, business acumen, and consultative communication.
2. Modernize incentive systems beyond prescription volume alone.
3. Build integrated commercial ecosystems combining sales, marketing, medical, digital, and analytics teams.
4. Invest in adherence and patient-support programs that create measurable therapy outcomes.
5. Adopt test-and-scale operating models to rapidly pilot and deploy innovation.

The winners of the future may not necessarily be those with the largest field force—but those with the smartest and most adaptable one.

### 7. Conclusion

The pharmaceutical industry stands at a strategic inflection point. The shift from volume to value is reshaping healthcare economics, stakeholder expectations, and commercial models across the world. India may move at its own pace, but the underlying forces—digital adoption, informed patients, policy evolution, and younger HCP behavior—are already visible.

For pharma companies, this means the traditional sales representative model must evolve into a future-ready healthcare partner model. Those who act early to redesign capability, metrics, engagement, and culture will be best positioned to lead in the next era of growth. In the decade ahead, competitive advantage will not come from activity alone. It will come from relevance, adaptability, and the ability to create measurable value.

## About Growth Magnet Review (GMR)

The Growth Magnet Review (GMR) is an initiative by Growth Magnet Advisory (GMA) to decode inflection points shaping Indian pharmaceutical and healthcare industries. GMR publishes research-driven insights, practical frameworks and strategic reviews- aimed at helping pharma leaders anticipate change, challenge assumptions and act with foresight.

## About the Author

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