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Whitepaper

Post-GDPR Consent Management

An opinion paper from ysura GmbH
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Pharmaceutical companies require strategies for increasing their engagement level with healthcare professionals (HCP) and the collection of channel consent has long been a fundamental part of that strategy. With the advent of the GDPR, it is no longer adequate to collect simple, perpetual, per-channel consent. Pharmaceutical companies are coming to the realization that consent previously collected may no longer fulfill the GDPR requirements for transparency and unambiguous acceptance, or were not originally collected in a GDPR-compliant manner. GDPR has ushered in a new need to reassess communication strategies and to establish new approaches to multi-channel, multi-content engagement that's relevant to each individual HCPs interests. In this paper we explore the regulatory background as well as offer some advice regarding strategies and technology that can be used to achieve this goal.

Post-GDPR

In 2002 the European Commission released it first directive[1] regarding the sending of commercial electronic messages. This law encompassed all forms of digital communication, such as SMS, email, telephone and fax. This was only strengthened by the 2016 General Data Protection Regulation (GDPR) which came into Europe-wide effect in 2018. Some of the terminology used in the first directives was not adequately defined, such as the definition of "unambiguous consent" or "commercial purposes", and this led to individual company interpretation, and in some cases abuse[2]. Those gaps in clarity were closed with the introduction of the GDPR as well as the path to the assessment of penalties simplified.

In response to GDPR many companies were quick to implement new policies that were hoped to ensure that they complied to the new regulations, but these new processes were, in general, not aligned with business, not sustainable, or were not flexible enough to be able to be quickly adapted to new market conditions[3]. Many companies still haven't reviewed their prior consents to ensure that they were still applicable post GDPR[3]. As of late 2019 no penalties had been assessed against pharma companies regarding their consent practices, but that will most likely soon change due to the planned "scaling-in" of the regulation since it was introduced.

Companies that have not yet reviewed the opt-ins that were collected prior to the introduction of the GDPR – with specific focus on the transparency of that opt-in text and the unambiguous acceptance requirement – will need to do so and if applicable, need to collect those consents again. Also important to note is the term "unambiguous consent". As defined, this means that the HCP has to actively select something in order to opt-in. There is no implicit opt-in given, and no checkbox that's already been checked by default. This is often where, after review, pharma companies deem that their old consent process, and the consent previously collected, no longer complies.

The Evolution of the HCP

Over half of the HCPs in practice today are digital natives[4, 5] and are accustomed to collecting the majority of their professional information online sources, such as HCP portals, social media, online journals, as well as by virtually attending academic meetings[6]. While many HCPs are still receptive to pharma rep visits, they are expecting higher-quality information that's more poignant and relevant to their current needs. This expectation for specialized content has led to a shift in the pharmaceutical field sales structure, with the introduction of Medical Liaisons, inside sales reps and other information-specialists. Reps are slowly becoming more "healthcare consultants", and this has been leading to a more targeted and personal approach towards engagement.

As pharmaceutical companies make this shift towards digitalization and multi-channel, a new level of complexity has been arising: How best to provide the HCP with the most relevant information in a timely manner and without unnecessary information overlap -- and to do this with absolute compliance. The basis of this current strategy revolves around the collection of channel consent, the majority of which still occurs as a result of a face-to-face (F2F) visit or events. The problem with this strategy is that as the market shrinks and pharma reps are getting shut out of entire organizations, the ability to collect that consent through F2F visits is slowly evaporating. This leads to the "value" of a consent increasing, and the importance of keeping that consent vital. Some pharmaceutical companies are even looking towards the future and collecting "visit" consents[3], just in case access is further restricted by future regulations.

In a recent study by DT Consulting[7], it was determined that only 10% of European HCPs preferred the traditional F2F rep visit as a form of pharma engagement. That value was 16% for MSL visits, once again displaying the shift towards "healthcare consulting". This also means that the majority of HCPs already prefer a digital channel rather than a physical one, a different channel that first requires consent.

Consent Management

Each company has a different strategy based on their own interpretation of the GDPR and their willingness to comply as written – this is usually based on prior business practices and the success that company has achieved previously. Which level of detail is actually required is not a topic for this paper, but the general recommendation according to those involved in GDPR law is that if the question needs to be asked, then for transparency purposes, always select a higher level of detail in the consent purpose declaration. Prior to the GDPR, consents were usually perpetual consents that were not associated with specific campaigns or topics. This "one consent fits all" approach is no longer appropriate post-GDPR. Some companies have already made the switch to "one consent per purpose" and with limited durations, which according to the GDPR is more compliant – and in some cases has been significantly more successful[3].

"Per Purpose" consents generally involve a mix of channels and topics that are highly tuned to the interests of specific HCP groups. This requires a higher level of segmentation when defining marketing campaigns, but in turn provides more relevant information to the HCP in that segment. That same DT Consulting study showed that HCPs as a whole were not receiving the information they most desired or receiving that information on that HCP's preferred channel – and this was across all channels, not just the F2F. This implies that while it may require more effort in the future to craft these specifically targeted campaigns, there is immense potential if applied appropriately that a highly targeted campaign could increase the level of satisfaction in HCP engagements.

In order to manage complex multi-channel campaigns that are specialized for smaller subsets of the available HCP pool, companies need to implement Consent Management systems that can handle these complexities, including the management of all of those segments, and be flexible enough to rapidly adapt to changing business conditions. That same system should provide the option to release individual templates to specific business units and user groups, for a specified time-frame.

Consent Management should also be able to be integrated with other multi-channel digital offerings, such as personalized Email, eDetailing (remote or per-visit), Campaign, and Event Management. The amount of administrative overhead required by any solution should also be taken into account as the most time required in managing campaigns is spent in the creation and management of the consent templates. As such, any solution chosen should also offer an easy interface in order to manage and adapt those templates as business conditions change.

Consent Collection Strategy

HCP consent must be freely given, specific, informed, unambiguous and easily revocable. Each specific "purpose", such as "website analytics" and "sending an email" must be individually and specifically requested and it must be clear exactly to what the HCP is consenting. Interpretation of the "specific purpose" requirement varies and is based on individual company strategies, current and past business practices, and experiences. There is currently no clear definition if that means "one HCP, one channel" consents actually comply with the "spirit" of the GDPR or highly-detailed, time- and topic-limited consents are more compliant. It can be assumed, though, that the higher level of granularity could weather a compliance test more successfully than more general consents. As such, it is appropriate for pharmaceutical companies to reassess their compliance strategies periodically and to keep abreast of market trends.

As most companies still look at "channel consents" as the primary strategy employed in communicating with HCPs, there will always remain the risk of information overload in HCP communication. This strategy focuses on "quantity not quality", where "quality" means "specificity". Historically, in most industries, marketing campaigns attempted to reach the largest number of recipients with the most generalized content. As the digital age has progressed, this has become less and less successful. Multi-stage, long-running campaigns, finely targeted to the target segment, which provide high-quality and useful content have proven to be much more effective.[8,9] This is a fundamental change in approach that many industries have already embraced, and one that pharmaceutical companies are, with some exceptions, just starting to implement.[10]

The cost of a rep visit has reached an all-time high, starting at an average of 154€ per visit[3, 11] for primary care HCPs. What is harder to measure is the value of a consent. It is our opinion that pharma companies are actually undervaluing that collected consent. We believe this because most companies still concentrate on "frequency of contact" rather than a more targeted process.

An analog to this "frequency" strategy in the corporate sales market would be mass advertising for specific products. This has proven ineffective when selling to the enterprise level. Enterprise sales methodologies, such as Targeted Account Selling (TAS), focus on the needs of the target organization, both disclosed and undisclosed. This means that TAS focuses on need discovery, such as monitoring the job postings and reading through the financial reports, in order to discover the potential customer's undisclosed needs. This requires time and quite a bit of understanding and insight into the market. This does lead to fewer targets, but a more concentrated effort on those fewer targets. While not a direct comparison, this is still relevant to the pharma industry. Pharma is positioned to be able to engage an HCP with both the "frequency" and the "focus" strategies. The HCP simply needs to be asked their preferences in topic, channel, and frequency. This also can help to reduce the risk of information overload, and the subsequent loss of consent, by simply focusing on the information that will bring the most value to each specific HCP. An increase in relevant content delivery may be advantageous to specific HCPs, a decrease may eliminate the risk of consent revocation. All it takes is a quick visit in order to ask.

One method to start engaging HCPs in this manner could be to run a campaign specifically focused on collecting consent. Not only could a large number of consents be collected in a short period of time, better insights into individual HCP preferences could also be collected. Alternatively, at the end of a standard eDetailing session, an HCP could be asked if they wanted further information, over which channel, and with which frequency. By collecting a topic-specific preference, these preferences can be used to extrapolate that HCP's general preferences and be used in campaigns for other topics. By asking for this data, a company can get a better understanding of each individual HCP.

Consent Collection Strategy

Exactly how a campaign should be created, and its content, is the purview of each individual pharmaceutical company. But, in general, a campaign should be created first, and then an appropriate consent strategy should be built to support that campaign. Not only can the collection of consent be integrated into the campaign directly but the campaign can simply be a "consent collection" campaign.

For example, a rep visits an HCP and introduces a new content delivery strategy. The HCP is offered a list of topics and channels over which they would be interested in receiving information. The rep can explain that these choices can be adjusted at any point through an online portal, the link for which is included in the confirmation email they will receive. They also inform the HCP that this consent will expire after a defined period of time, and then set the HCP up for a future visit also focused on consent topic collection.

With the information gained by the consent marketing campaign, detailed preference information has been gathered over a large part of the target market. This information can then be used to define HCP "channel affinity" scores for those individual HCPs. Segmenting the HCPs over other criteria can in aggregate be used to extrapolate channel affinity scores for that entire segment. This information can then be fed to the marketing department in order to start segmenting those HCPs and creating highly-defined, highly-relevant campaigns for each of those segments.

Handling consent collection in this manner offers the opportunity to present the pharmaceutical company as an engaged participant in HCP engagement.

Regardless of the strategy chosen, due to the regulatory environment, consent has to be given per marketing channel. Following our recommendations, this should be implemented even more granularly than that, and incorporate each HCPs preferences for frequency and content. Rather than becoming a burden, due to the greater need for marketing professionals generating more specific content, it can be seen as an opportunity that can lead to deeper insights into the customer base. A higher level of detail in consent collection can be utilized to better segment customers for future campaigns. For example, by switching to a campaign-focused consent process rather than a general consent process, a company can get a historical record that shows a pattern in information consumption, such as which channels and topics were preferred. That pattern can then be used to define the potential campaign segment knowing that there is a higher likelihood that the HCP will accept that consent because they previously preferred that specific method of interaction. By plugging in those insights into a marketing automation tool, such as a personalized email system that can automatically enable and disable content based on an HCPs preferences, an even more focused style of engagement can be achieved.

Fewer Consents or Marketing Opportunity?

GDPR has and will lead to a further decrease in the numbers of generic channel consents collected. This is by design and the life sciences industry needs to adapt, just like other industries already have. But this is actually an opportunity to engage better with the HCPs. By collecting channel and topic-specific requests, with a self-expiring timeframe, not only will an HCP be more likely to engage, but they will feel more like their interests are being taken into account by the pharma company. Other industries have learned that "share of voice" is less important than "share of mind". And trust, based on relevant and respectful, content delivery policies, can help pharma companies achieve this as well. GDPR is simply attempting to put the control back to where it belongs, in the customer's hands.

Opt-In Template Management

Whether an opt-in is collected digitally, manually or by a paper process, the messaging of that consent must be unambiguous and clearly defined. Each potential channel needs to be expressly selected by the HCP and the addition of fine-print or misleading text can render that opt-in invalid and even result in financial penalties. Regardless of where this consent is collected, the message needs to be identical. Whether through a paper consent form, a digital collection method or integrated into a preferences portal, if that consent relates to the same channel, campaign or event, that message needs to be the same. That message also needs to clearly define the limits of the consent and several template-appropriate methods to opt-out. Misleading or circuitous opt-out pathways can also lead to financial penalties.

As mentioned previously, pharmaceutical companies often attempt to collect general channel consent that's not limited by timeframe, topic or other preference. Without a good personal relationship it is becoming more difficult to obtain that type of consent. In these instances it is beneficial to utilize a consent collection method or template that also allows for the capture of further preference data. The ability to pre-select which types of information they wish to receive, rather than have to opt-out of that content at a later point of time, may help to overcome those objections.

For campaign-based templates, it's also valuable to collect that communication channel and topic preference as that can be used to fine tune how that engagement progresses, especially when running multi-branch campaigns.

Opt-Out Pages

For marketing or personalized emails it is important that the HCP has an option to opt-out with a single click. In fact, this is a requirement for GDPR compliance. According to the GDPR, this opt-out process needs only to relate to the current category of emails that was sent. For those companies who only have one type of email consent, this means a complete opting-out of all email communication. For others with a more granular approach, this may mean only opting-out of a single type of communication (e.g., for newsletters, product information, a single conference, etc). In these instances, it is important for a pharmaceutical company to consider the complexity of their consent process and potentially to offer the HCP the option to opt-out of several different categories of communication. Analyses have shown that offering a customer a higher level of transparency and more control in selecting the marketing content sent to them can lead to increased retention – at least for those who would most benefit from the information supplied.[3, 12]

Types of Consent

Digital Signature

Collecting consent with a digital signature has been growing in popularity over the years, especially as more CRM systems provide this capability natively. Digital signature consents can be similar to the paper process, in that they require explicit opt-in for defined channels and also require a signature. They can also differ from paper consent templates significantly. Digital signatures can be single-opt-in, requiring no further action by the HCP, or double-opt-in, requiring a second-level of opt-in from the customer. Double Opt-In sends the HCP a confirmation email prior to any further marketing communication and requests that they click on a link in order to complete the opt-in process. Depending on the CRM system utilized, double-opt-in also can provide the following benefits: 1) The rep can be immediately notified if the email address entered is incorrect (undeliverable), 2) there are no ambiguities relating to who actually provided that consent, 3) the HCP can immediately opt-out if they desire and 4) a communication preferences portal or company-specific landing page can be displayed after that final consent step (thereby offering the pharmaceutical company the opportunity to engage directly after the opt-in process is completed). Best practice for single-opt-in would also be to send a confirmation (thank you) email allowing the HCP to opt out, while also providing links for further information.

Benefits	Disadvantages
Immediately available	Not all HCPs comfortable with this process
Fully auditable	Time between initial collection and double opt-in collection is not valid
Can contain multiple channels	HCP misses or forgets to respond to double opt-in email
Can include double opt-in by email	
Instant opt-out through HCP portal	
Can employ a landing page after double opt-in collection	

Advanced Telephone Consent

In some instances it's impossible to make contact through email or f2f channels with HCPs who may be interested in information supplied by a pharma company. As telephone calls are not directly regulated in the same manner as emails (and follow an opt-out principle[2]), some companies rely on eReps for their first contact with an HCP. By tying this telephone consent process into a double-opt in electronic process, not only can contact be established with those HCPs, consent can be fully documented as per GDPR standards. This interpretation slightly resides in a "gray zone" as it excludes pure cold-calling and requires a "business relationship" with the prospective HCP. This means that the HCP truly has to be practicing in a specialty served by the pharma company and the information that would be sent needs to be relevant "to the public good". If this can be established by informed segmentation of prospective HCPs, then this may also be a viable option for obtaining new consents from unaccessible HCPs.

Benefits	Disadvantages
Reaches "unaccessible" HCPs	Requires intelligent segmentation
Can be documented as per GDPR standards	Exists in a "grey" zone of regulation
Can be handled by eReps or external agency	Only valid with double opt-in
Could be tied to day-after-visit quality control calls for accessible HCPs	Time between initial collection and double opt-in collection is not valid
	HCP misses or forgets to respond to double opt-in email

Paper Process

Many pharmaceutical companies still utilize a paper-consent process. At f2f meetings, an HCP may be asked to provide consent for any number of specific marketing channels. In this instance, the paper consent form is usually forwarded back to headquarters for processing, whereby that consent will be archived for compliance purposes and the consent added manually to a CRM system for future usage. In this instance, GDPR dictates that the HCP receive a copy of that paper consent that clearly defines their options for opting out of further communication, not only regarding that channel, but other channels as well, and how to do so without requiring that the HCP go online (e.g., phone, fax, letter, etc.)

While perhaps antiquated, there are still some benefits associated with the paper consent process. Many HCPs feel that a physically signed paper is more symbolic than a digitally acquired consent. As they are provided with a copy of that consent form, they also have a physical record of their transaction. Also beneficial is that a paper consent does not require a double-opt-in process.

Benefits	Disadvantages
Always available	Antiquated
Subset of HCPs prefer paper	Not agile enough for following current trends
Can still be integrated with an automated process	Delayed data processing in comparison to digital methods
Provides HCP with an immediate copy	Process errors more prevalent
More symbolic	Requires archiving
No double opt-in required	
Can always be prepared as a backup for digital signature	

Often, paper consent is used as a backup to another form of consent collection, such as digital, for the cases where either technology fails or an HCP would prefer to accept the paper consent. Some Consent Management systems offer the option to simplify the paper consent process by either allowing for bulk upload of consent from a list or by printing unique codes on each consent form in order to better electronically track that individual consent through processing. As the paper process has the most potential for processing errors compared to the digital alternatives, it is advantageous to ensure that any potential solution also provides some level of partial automation and tracking for this process.

Portal

Online pharmaceutical company portals often ask for information in order for an HCP to download a whitepaper, product information, conference program or clinical study. Often a company requires that the HCP enter their email address and also accept certain terms and conditions. Previously that may have included a pre-selected checkbox authorizing the sending of further emails. GDPR has changed this process in that 1) the checkbox must not be pre-selected[13, 14] and 2) the HCP should be allowed to continue with the download without opting-in to further communication (unless there is some prohibitory regulatory reason)†.

GDPR also states that if an email is still required for sending the information to the HCP, and unless unambiguous consent was collected for usage tracking, the personal usage metrics and email address should not be stored for purposes other than the transactional delivery of that information. This is still generally a "grey area" as most portals also have some type of general terms and conditions that were accepted in order to be allowed access to that portal, and some level of tracking for "quality-of-service" may take place. But, in our opinion, we would make the following recommendations:

Don't Require Email for Direct Download: There's no reason to collect email addresses if email consent was not provided. If the user is allowed to direct download or view in-portal the requested information, then there is no legitimate reason for collecting that email address.

Simply Provide the Information: Allow users to download information without requiring consent or any personal information. This provides the needed information while also building trust with that HCP. By allowing the user to optionally provide contact information and consent to further communication, the quality of data collected is assured to be of higher quality. In this instance the HCP – or in a traditional sales pipeline, the "lead" – is better qualified. That HCP has explicitly chosen to receive further information, and therefore more likely to read the information provided.

Store Only When Necessary: Displaying requested information within the portal directly or allowing for direct downloads is preferable, from a user-trust perspective. Sometimes it may be required for quality-of-service concerns to email the information to the user directly. In these instances, if an explicit opt-in was not provided, the email should still be sent to the recipient's address. After delivery confirmation, that should be considered the end of the "transaction", meaning no further HCP data for that request should be persisted anywhere, whether that's a CRM system, transactional email provider or other platform. GDPR stipulates that personal information, including a user's email address, should only be used for the specified purpose, for the defined transaction, and with consent.

Aggregated Anonymous Statistics: The collection of anonymized and aggregated statistical information regarding the information delivery is allowed to be stored for further analysis. No personally identifying or customer-profiling information should be stored, unless the user has also given unambiguous consent and understands clearly what that consent entails.

If Unsure, Don't: Any company should consult a GDPR-specialized lawyer if any ambiguities arise. This paper is an opinion-paper based on our definition for best practices regarding building user trust and increasing the quality of data collected. It should not be used as a legal recommendation in any way.

"Profiling" vs. "asking for preferences"

> "... any form of automated processing of personal data consisting of the use of personal data to evaluate certain personal aspects relating to a natural person, in particular to analyse or predict aspects concerning that natural person's performance at work, economic situation, health, personal preferences, interests, reliability, behaviour, location or movements."
>
> Article 4.4, GDPR, Definitions

"Asking for HCP preferences" is not "profiling", it's requesting unambiguous consent to being provided the requested data at the requested frequency and for as long as has been agreed.

Opt-Out Pages

Online informational portals often offer a "communication preferences" page providing the HCP the option to opt in or out of specific content. For compliance purposes, this same page is usually linked at the bottom of any email that is sent to the HCP. Besides being just a means for the pharmaceutical company to remain compliant, it also offers those companies another option to engage the HCP. The digital generation expects certain standards to be upheld with regard to marketing content being delivered to their inboxes. Immediate opt-out requiring nothing other than clicking a single link is one expectation (no two-step process requiring the entering of their email address). Another is the ability to control the amount, content and timing of informational emails. A customer consent or preferences portal can help in this regard and can also lead to a higher level of engagement. While an HCP may be inclined to opt-out of further communications, when presented with options to simply reduce the amount of content, or to further fine tune the content that is delivered, an HCP may reconsider.

The most customer-retentive preferences portals allow for instant opt out, but immediately thereafter display a message and opportunity to opt back in to other more-specific content or adjust the timing of the emails being sent. Often it wasn't the fact that the HCP received a specific email that led to consent rejection but rather that they received either too many emails or content that is not relevant to their needs. By providing the ability to fine-tune this selection, even after an initial opt-out, an HCP still has the opportunity to redefine their preferences.

Exceptions: Transactional Emails

Emails sent in the process of confirming an HCP sample request or received through conference registration, for example, are considered transactional. Even if general communication opt-in was not provided, a rep is allowed to send emails that relate to a "transaction" between the pharmaceutical company and the HCP. This does require that the emails involved in that transaction, when a more general consent is not present, be limited to information specific to that transaction. This transaction is also allowed to transfer across channels, if required, as there is no specific GDPR guidance related to transactional channel-switching. This means that it would be possible to confirm registration to an event by email and send a reminder by SMS. Naturally, best-practice is to request from the HCP their preferred transactional communication channel (post, email, text message, etc.)

Technical Requirements

Consent Storage

The basis for adherence to GDPR regulations is a perpetual, retrievable archive of all consent events. This means, at the basic level, that every change in a channel consent needs to be recorded for that specific channel or consent type. Steps that must be recorded are at a minimum the following: Not Requested (or simply not defined), Requested, Rejected, Accepted, and Re-Requested. With these five simple status levels, including the date/time of the action, the user performing the action and the HCP, the full audit history can be retrieved. The ability to retrieve this data to this level of detail is critical in avoiding financial penalties when challenged.

For even greater compliance, the underlying technology used to store this consent data should be persistent and immutable. This means that it should be technically impossible to be able to change an event that has occurred in the past. Many CRM systems are considered "transactional" and auditing is handled as an afterthought. Database tables store the current status of consent while history tables store the audit history. In essence, one table could be changed without changing the other. This type of technical architecture should be avoided. While several technologies exist to "trigger" an event when one database table is changed, it is

preferable, at least for the consent collection portion of the CRM architecture, to have an "event store". An event store is essentially a record of all changes to the system -- a pure audit table from which all database tables are derived. This prohibits the deletion of an "event" that has occurred in the past while still presenting an underlying schema to the CRM system that shows the current status. Only this way is full compliance with all existing and future auditability requirements ensured.

When using a standalone Consent Management System, it's important to ensure that its integration into the CRM system also respects the consents. It should not be possible for the CRM system, for example, to send an email to an HCP without first checking for that channel consent. If this is impossible to ensure with the current CRM system, then it is advisable to also utilize a third-party emailing tool that does respect the consent that was collected.

Digital Signature

Many pharmaceutical CRM and Consent Management providers offer the HCP the option to sign the consent digitally. If the application offers this capability, there are some regulations that need to be adhered to.

Several countries have guidelines and regulations regarding the storage of electronic signatures. In the USA it's the Food and Drug Administration's (FDA) 21 CFR Part 11 and in Europe it's EudraLex Annex 11 section 14. In essence, it states that the electronic signature must be immutable (cannot be changed) and linked specifically to that HCP and the consent that was collected. That same signature cannot be utilized or viewed outside of the context of that consent collection event. Furthermore, the ability to export that signature is absolutely prohibited.

Therefore, when selecting a digital consent management solution, it is always advised to inquire as to whether the supplier adheres to these conventions.

Paper-Process Archive

When utilizing a paper process, the paper consent forms that were collected need to be permanently archived. Considering the number of potential forms involved, a digital archiving system should be used. At the minimum, the pharmaceutical company needs to have the capability to scan every signed document and associate that document with the consent, channel, topic (such as 'newsletter', 'product', 'disease' or 'conference') and the signing HCP. It should be simple to produce an audit trail and the scanned document, whenever requested – even if requested by the HCP during their next rep visit.

If this is not technically feasible, there are various document storage providers who can take over the scanning and archiving. The Consent Management System and CRM should also provide an interface that the storage provider can access in order to update the HCP/consent records.

From Consent Collection to Successful Multichannel

It was expected that the introduction of GDPR would lead to decreased access to customers. In some ways this has proven true, but for the most part GDPR just sets in regulation the best practices that have already been used in other industries. Increasing the level of control a customer has regarding the marketing content they receive in other industries, such as information technology, has resulted in higher-quality content and a higher level of specificity, which benefits the customer.[15] By allowing customers to fine-tune the marketing content they receive has led to companies having a better understanding of their customers.[12] The consents that have been retained post-GDPR are representative of the customer's true preferences, and when capitalized upon, this increased insight can be utilized to even better communicate with those customers.

A 2019 study[7] found a significant divergence in the type of information HCPs were looking for from

pharmaceutical companies to the information they were receiving. This should be alarming to many companies who do not already have an integrated HCP consent preferences and campaign management process as well as be an opportunity for each company to measure their own success against their peers relating to customer satisfaction. The divergence between what an HCP needs and what they are getting is significant across all channels. This implies that HCP preferences are over the industry as a whole are not truly being respected. Post GDPR there is a significant opportunity to redefine how consent management can be used to add that level of detail into newly created highly-focused campaigns.

How ysura Can Help

ysura's Consent Management System can handle all of the situations mentioned above. It is a fully-compliant Consent Lifecycle Management solution that can be integrated into most CRM systems, or ordered as a module for our own, and allows for unlimited consent types, for any topic, channel, and region. Whether that's digital opt-in with digital signature, double opt-in, a paper or other manual process, ysura ensures compliance and indefinite auditability. With access to HCPs on the decline, it's more important than ever to establish and maintain a comprehensive multi-channel strategy, and a fully-featured consent management system can be at the heart of your HCP engagement.

By integrating other optional modules, that compliance can be ensured in your personalized email, campaigns and events management processes. And, you can grow your solution on your terms. Add GDPR-compliant consent management to your existing CRM system now, wait for it to prove it's worth, and then add further modules later. ysura Personalized E-Mail integrates seamlessly with Consent Management, as do our eDetailing, Marketing Automation, Campaign and Events modules. No need to take an up-front risk larger than your current business needs.

ysura also offers consulting services in areas such as marketing automation, analytics, market segmentation, territory alignment and more.

Feel free to download our module-specific product sheets or our CRM acceleration whitepapers for more information and examples of how we can cover just about any requirement that your company has.

Please note, this is not a legal recommendation. In no way does this whitepaper absolve your company from consulting with a GDPR-qualified lawyer regarding your specific business needs.

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ysura offers software solutions to the pharmaceutical market, including Sales and Marketing Optimization, Customer Relationship Management (CRM), Multichannel Marketing Campaigns, Consent (opt-in) Management, Activity Planning, Order Management, Mobile Solutions, Sample Management, Key-Opinion-Leader Management and Augmented Video Conferencing.

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† This is a pure opinion based on an open Dutch lawsuit[16, 17] that challenges the legality of the "Cookie Wall" that prohibits the use of a service unless a user explicitly accepts tracking by a cookie. Cookie Walls are innocuous at best in comparison to requiring the consent of further email communication in order to complete the transaction (download). It is my opinion that during challenge by the Court of Justice for the EU, the Dutch interpretation will be determined to be a correct interpretation and that "Cookie Walls" are not GDPR / ePR compliant. If this determination is made, then it will expose such "download wall" practices to also be illegal.