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PREPARING FOR 2026

a solli Roundtable

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PREPARING FOR 2026 - ROUNDTABLE

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INTRODUCTION

Every industry has inflection points - but few experience them as acutely as healthcare is today. Entering 2026, the pharmaceutical media landscape sits at a collision of forces: growing AI capabilities, heightened regulatory pressure, surging public scrutiny, and a marketplace where both patients and healthcare professionals demand more clarity, more relevance, and more empathy than ever before.

Against this backdrop, solli convened the second annual 'Preparing for…' roundtable, bringing together senior leaders from across the ecosystem - including pharma brand marketers and omnichannel architects, to data and technology pioneers, agency strategists, and the leaders powering the next generation of HCP and EHR engagement.

What unfolded was not just a discussion about what's ahead, but a focused, collaborative conversation about the behaviours and decisions that can strengthen the industry's role in supporting patients and HCPs. While the challenges were acknowledged, the tone was forward-leaning - centred on the opportunities to act with clarity, creativity, and responsibility in a year that will demand all three.

There was a particular kind of energy in the room - the kind that emerges when leaders recognise both the stakes and their agency to influence the outcome. Participants spoke openly, challenged one another thoughtfully, and consistently reframed problems as possibilities. As Bill Veltre, Executive Vice President, Head of Media, Deerfield, noted early in the discussion, "From an industry perspective, pharma is so resilient; this is our opportunity to take the bull by the horns, we can weather the storm." That sentiment set the tone: a recognition of external pressures paired with a conviction that the industry can not only navigate them but elevate its impact through better communication, stronger trust, and more human-centred engagement.

This report captures that spirit - forward-looking, pragmatic, and grounded in a belief that 2026 is not merely a year to respond to change, but one in which the industry can demonstrate its leadership, its impact, and its central role in improving healthcare outcomes.

1. REAFFIRMING TRUST: PHARMA'S ROLE IN THE AI ERA

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Trust sat like a backbone through every part of the discussion - not as a buzzword, but as a living challenge shaping almost every decision brands will make in 2026. What emerged from the conversation was a nuanced picture: an industry unfairly maligned, yet still accountable for rebuilding confidence in a world where information is infinite and credibility is scarce.

Stuart Green, SVP & GM, Veradigm Life Sciences, grounded this tension early, acknowledging how stubbornly public skepticism persists, even as pharma delivers profound societal value. "I often find it incredible," he noted, "how an industry like the pharmaceutical industry gets attacked… meanwhile saving so many lives." His point highlighted a paradox that shapes modern communications. Even when intentions are good - even when the impact is lifesaving - the industry operates under a magnifying glass.

Alison Tapia, Digital and Omnichannel Consultant, reminded the group that trust challenges aren't new. Access. Affordability. Advertising. These three "A's," as she put it, haven't loosened their grip on public perception - and they won't in 2026. Yet she also emphasized that this constancy is precisely why how pharma shows up must evolve: with clearer language, fewer assumptions, and more humanity.

"Being a strategic partner is super important."

– Tony Sherry, GM, Healthcare, IQM

"I think it's our time to write that history. Make pharma a really good example of how to work with the administration while also keeping patient education, access and affordability and ultimately the compliant parameters in mind.

– Bill Veltre, Executive Vice President, Head of Media, Deerfield

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> **I think pharma is ahead going into 2026, against many other industries, when it comes to compliance and using data because we've had to do it for a while.**
>
> *– Romain Bogaerts, VP of Product, Swoop*

Market turbulence, rather than destabilising the industry, has sharpened its focus. epocrates' President & General Manager, David Minkin, framed the moment not as a threat but as a catalyst for progress. As he put it, "There is a velocity and an acceleration to the changes happening now… and I don't see that really ever slowing down." His point reinforced a theme felt throughout the session: rapid change isn't something to brace against, but something the industry is increasingly equipped to navigate with confidence.

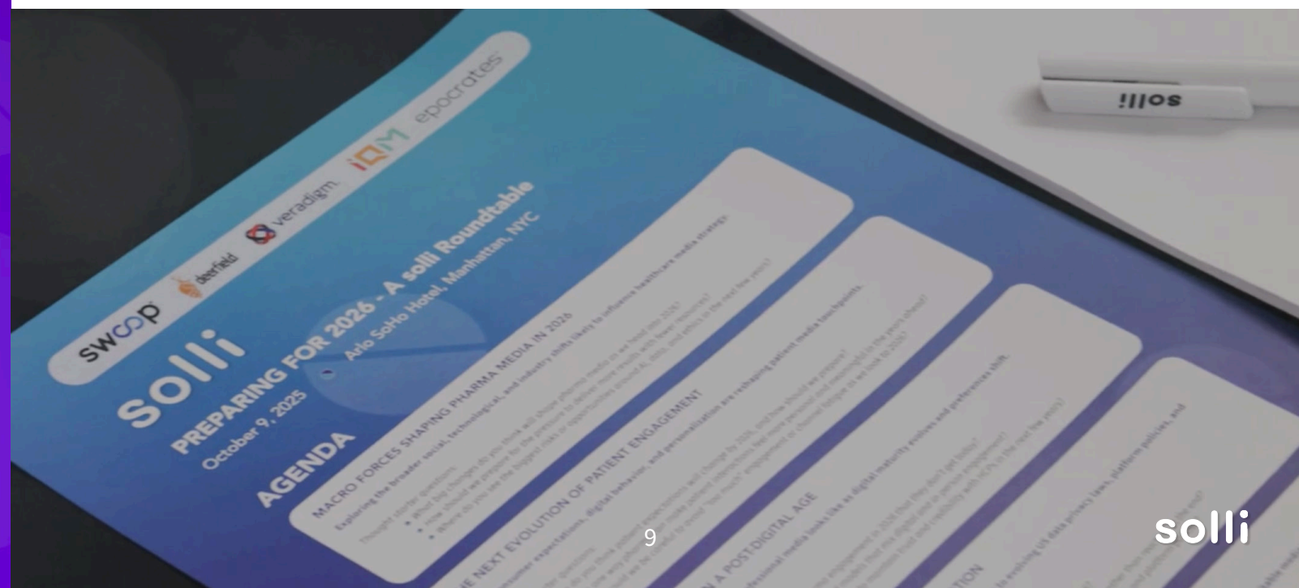
And for Minkin, the path through that acceleration was unmistakably clear - trust. As he stressed, "Trust is critically important." It is the anchor that allows innovation to move forward responsibly, the compass that guides decision-making, and the foundation on which all future patient and HCP engagement must be built.

And yet, as Romain Bogaerts, VP of Product at Swoop, pointed out, the industry often receives too little credit for its vigilance. In fact, compared with other verticals, he argued, "pharma is ahead… especially in privacy-safe targeting and responsible data use." That advantage matters - because it means the industry enters the AI era not from a place of uncertainty, but from a position of strength.

It's on this foundation that pharma media should move forward with confidence. But doing so requires intention: partnership that is transparent, meaningful, and aligned. As Tony Sherry, GM, Healthcare at IQM, put it simply, "being a strategic partner is super important." Trust doesn't stay contained within one organisation - it flows outward from brands to partners, and ultimately to patients and HCPs. Its integrity is only as strong as every link in that chain.

In the end, Alison Tapia articulated the heart of the matter: in a moment defined by both unprecedented public scrutiny and unprecedented technological possibility, "we must be human first." Trust is built - and kept - through clarity, empathy, and consistency.

2026 will undoubtedly test the industry. But it also presents a rare opportunity: to lead with intention, to communicate with purpose, and to demonstrate, on its own terms, the value and integrity that define healthcare at its best.



2. A NEW ERA OF MEDIA PLANNING: THE METRICS THAT MATTER

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Planning, as the participants agreed, is undergoing a fundamental reset. The familiar rhythms of annual timelines, linear media flows, and static KPIs no longer match the speed or complexity of today's market. And while planning cycles are accelerating, the most meaningful metrics - especially those tied to health outcomes - often take longer to materialise. That tension between moving fast and waiting long enough to measure what truly matters is becoming one of the defining dynamics of 2026.

Pharma's challenge is not a lack of data or tools, but the need to rethink how decisions are made: faster, smarter, and closer to the real behaviours of patients and HCPs. The group repeatedly returned to one truth - the era of relying on legacy metrics is ending, and a new, more meaningful standard of effectiveness must take its place.

Artificial intelligence was widely seen as a catalyst - one that's changing the speed, structure, and ambition of planning. But participants were quick to emphasize that AI isn't replacing expertise; it's amplifying it. "You can embrace AI," Green said, "and it can really help people." Minkin agreed, framing AI as an accelerator - powerful, yes, but requiring human oversight to ensure it elevates, rather than distorts, decision-making.

The bigger shift, however, lies in the evolving role of the brand marketer. Bogaerts described it vividly: a responsibility to "manage different speeds with different outcomes," each requiring different tools, timelines, and signals. Planning cycles that once operated on quarterly or annual rhythms now demand responsiveness measured in days or hours.

Both AJ Dopwell, Associate Director, Obesity HCP Marketing, Marketing & Patient Solutions, Novo Nordisk, and Alison Tapia, two experienced brand-side marketers, echoed this shift, emphasising that teams must plan with far greater fluidity and speed than ever before. And while they acknowledged the financial processes and structural realities within large, complex pharma organisations, the conclusion was unmistakable: agility isn't optional in 2026 - it's the new operating reality of pharma media.

With planning cycles speeding up, the conversation naturally shifted to the tools the industry uses to judge success - and where they may fall short. The group agreed that when decisions must be made in days rather than quarters, volume-based metrics lose their meaning. Reach, impressions, match rate: they may offer comfort in big numbers, but they don't reveal whether anything truly changed. As several leaders noted, these metrics don't tell the truth of impact - they tell the truth of

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"Pharma does need to plan the year ahead, these are very large and complicated corporations. But within that, can we have rapid cycles; quarterly updates; monthly updates? Some strategies can move at different paces because we get data back at different paces.

– Romain Bogaerts, VP of Product, Swoop

> **The days of the giant flowchart are over. It's no longer this annual buy that targets 90 % of your list with X number of creative refreshes over the years.**
>
> *– AJ Dopwell, Associate Director, Obesity HCP Marketing, Marketing & Patient Solutions, Novo Nordisk*

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And outcomes were the drumbeat. The question "Did it impact outcomes?" surfaced multiple times - not rhetorically, but as a challenge to the industry's reflexive dependence on optimizing what's easiest to quantify rather than what's most meaningful.

Here, a more nuanced point emerged: while outcome metrics such as adherence, initiation, or persistence carry the greatest strategic value, they often require more time to surface. The industry must therefore balance the need for agility with the patience required to let true impact reveal itself. This is both the science and the art of 2026 planning - moving quickly enough to stay relevant, but not so quickly that you abandon the metrics that matter. Those who strike this balance effectively will win.

As the conversation progressed, the group homed in on a shared belief: that insights, not inputs, are where partners must now differentiate. "What additional data points can I pump in?" Sherry asked - not to increase volume, but to increase relevance. Veltre added that partners must shift from being match engines to being strategic engines.

This is also where intent - rather than identification - becomes a crucial planning dimension. "Intent in targeting is becoming more important," Bogaerts noted, capturing a trend many have observed but few have operationalized.

The final word, fittingly, came back to outcomes. "The focus must be on health outcomes," Bogaerts said - a concise articulation of where the industry must aim its measurement sophistication, with the courage to stop optimizing what's familiar and start optimizing for what matters.

3. DATA & COMPLIANCE'S MOMENT: THE ENABLERS OF PHARMA'S FUTURE

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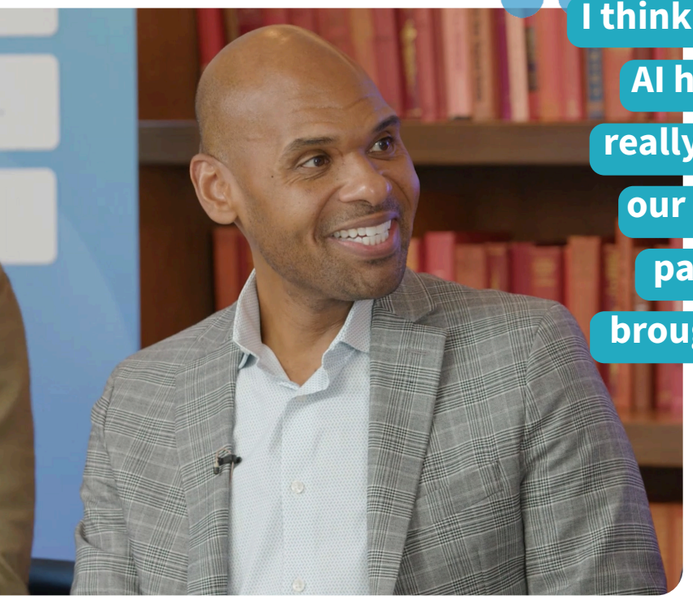
If 2024 and 2025 forced the industry to become reactive to shifting regulation, 2026 will demand something more proactive - an approach where compliance is not a guardrail applied at the end, but a strategic asset embedded at the start.

Dopwell articulated this shift crisply: "They need to be brought along… from the very beginning." Compliance, in other words, cannot be a department; it must be a collaborator.

Veltre agreed, reframing compliance not as policing but as partnership. His point was clear: the organisations that thrive in 2026 will be those that transform compliance teams from blockers into co-designers, where every "no" becomes an opportunity to collaborate, negotiate, and build better solutions together.

A timely reminder was articulated by Bogaerts: pharma is already ahead. Years of operating with strict guardrails have given it an advantage in a moment when other industries are struggling to retrofit compliance into loosely governed systems. Data minimization, privacy-safe targeting, responsible use of identifiers - these aren't new to pharma; they're familiar terrain.

Minkin expanded on this, noting that the industry may be "more prepared today" precisely because of the constraints it has long navigated. That preparedness will matter in 2026, as U.S. states create increasingly fragmented regulatory environments.



"I think that the use cases in which AI has a place in our industry is really going to be determined by our compliance, our regulatory partners, and they need to be brought along this journey from the very beginning.

– AJ Dopwell, Associate Director, Obesity HCP Marketing, Marketing & Patient Solutions, Novo Nordisk

"That idea of compliance going from reactive to much more proactive is definitely a way that we have to navigate this new world, otherwise, we'll be in paralysis.

– David Minkin, President & General Manager, epocrates

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This fragmentation introduces operational complexity. Sherry spoke directly to that reality: state-by-state differences can no longer be treated as edge cases; they must be planned for from the outset.

The consumer layer adds another dimension. Patients and HCPs are rapidly becoming more privacy-savvy, more attuned to data use, and more demanding of transparency. Dopwell's caution - "expect the unexpected in 2026" - wasn't pessimism. It was realism.

Opt-in frameworks, first-party data strategies, and clearer value exchanges will define the next phase of responsible data use. Bogaerts emphasized this particularly well, highlighting the importance of combining first- and third-party data in ways that are both privacy-safe and outcome-driven. Tapia added an important complement - a reminder that opt-outs must also evolve, becoming simpler and more universal as users increasingly expect the ability to step back from all communications, not just isolated channels.

Green's final note in this section was one of the most provocative of the day: "Organizations that invest into compliance should be rewarded." In an environment where privacy is increasingly weaponized in public discourse, his argument was simple - responsible actors should be recognized, and championed.

The consensus: compliance is now a crucial, proactive partner - a differentiator that will determine who moves ahead and who falls behind. But it will take deliberate effort from every part of the pharma media ecosystem to fully realise that advantage.

"I think there's something to be said about strategizing for compliance too; spending more time as a brand team with partners and agencies on it.

– Bill Veltre, Executive Vice President, Head of Media, Deerfield

4. PATIENT ENGAGEMENT REDEFINED: NAVIGATING A COMPLEX WORLD

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Nothing underscored the industry's responsibility more than the discussion around patients. The group was unanimous: what patients want, need, and expect has changed dramatically - and the industry must evolve at the same pace.

Convenience emerged as a central driver of modern patient engagement, and it sparked one of the most aligned moments of the discussion. Alison Tapia captured it clearly - patients want results faster, access sooner, and communication that respects their time. "Time is so important," she emphasised, reflecting a sentiment echoed around the table. But the group was quick to point out that convenience on its own isn't enough. AJ Dopwell emphasised that true engagement requires relevance - patients need to see themselves in the creative, not just demographically, but through lived experiences, cultural cues, and emotional realities.

That intersection of convenience and relevance set the stage for a deeper discussion on how technology can help. Romain Bogaerts expanded the point, outlining how predictive analytics can anticipate needs and surface support earlier along the patient journey. His argument was practical, not theoretical: better signals mean better timing. Or as he put it, "The lagging effect will be good business" - a reminder that meaningful empowerment isn't only good for patients, but for brands as well.

Yet technology alone cannot solve for shrinking windows of influence. Bill Veltre noted that the opportunity to support and guide patients is becoming tighter; miss the moment and the chance evaporates quickly.

We get lost on how to do things rather than what is it we're trying to do.

– Romain Bogaerts, VP of Product, Swoop

I think about what would make things better for them. The answer for them is time… small steps can lead to big wins.

– Alison Tapia, Digital & Omnichannel Consultant

That urgency underscored why agility in engagement strategies is no longer optional. It also reinforced another thread woven through the conversation: humanity. As David Minkin put it simply, “As an industry, we need to have empathy.” Innovation without empathy risks becoming just more noise.

Reaching underserved communities brought this point into even sharper focus. Stuart Green reminded the group that closing gaps in care requires more than messaging - it requires intention, investment, and sustained effort. Data can spotlight inequities, but addressing them demands follow-through.

And as the discussion rounded out, Tony Sherry reminded the group that patient understanding must be whole, not partial. All aspects of a patient - their beliefs, fears, motivations, cultural context, and lived experience - need to be taken into consideration. This can be done compliantly and ethically through the responsible use of the vast data available today. But only when these dimensions are understood together, he argued, can sophisticated targeting translate into meaningful impact.

Ultimately, the group pointed toward a future where technology opens the door - but humanity carries the relationship. Patient engagement in 2026 will belong to those who can balance intelligence with empathy, and speed with meaning.

How are we reaching them? How are we respecting them?

– Stuart Green, SVP & GM, Veradigm Life Sciences

5. HCP ENGAGEMENT EVOLVED: WHERE TECHNOLOGY MEETS EMPATHY

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It’s looking at HCP almost as an account-based marketing program… you reach their entire care team… everyone that can make those decisions.

– Tony Sherry, GM, Healthcare, IQM

If patient engagement is transforming, HCP engagement is undergoing something even more radical - a reinvention shaped by new pressures, new expectations, and new tools. The group aligned early on a foundational truth: healthcare professionals are people with the same pressures, anxieties, and time constraints as the patients they care for. As David Minkin put it, empathy must guide communication “just as much as precision.”

That lens shone through the entire conversation. The industry can no longer rely on a single archetype of “the HCP.” As Tony Sherry noted, new ways of reaching clinicians are emerging because the profession itself is diversifying - across specialties, sub-specialities, generations, settings, and digital behaviors. Romain Bogaerts pushed the point further, highlighting how traditional segmentation often overlooks high-impact groups like younger clinicians, referral drivers, and influencers embedded within care teams.

> **There are millions of HCPs out there who digest information differently, who can look at the same case and come out to a different outcome. That's where the complexity of all of this comes in.**
>
> *– Stuart Green, SVP & GM, Veradigm Life Sciences*

The complexity of that ecosystem came into sharp relief with Stuart Green's observation that, with nearly a million active HCPs in the U.S. - each consuming information differently - any one-size-fits-all approach collapses instantly. As Sherry noted, HCP engagement is becoming "almost an account-based marketing program" - a shift from broadcasting messages to orchestrating relationships, with the HCP at the centre and the wider care team playing critical roles in supporting both clinician and patient; not just physicians, but the nurses, pharmacists, administrators, and others who influence decisions and shape the patient experience. In this model, meaningful engagement depends on understanding the full ecosystem around the HCP - and designing communication that reflects the realities of how care is actually delivered.

But strategy alone isn't enough if the execution adds friction. AJ Dopwell made the stakes clear: poor targeting doesn't just waste budget - it makes clinicians' lives harder. And in a system already stretched by burnout, irrelevant or poorly timed communication is no longer something the industry can afford to contribute to.

This led naturally to the question of infrastructure. The group agreed that the next frontier will require a unified technology layer - one capable of connecting data, sharpening signals, aligning messages, and enabling smarter activation across channels. As Alison Tapia put succinctly, "There's no flowchart for the year." HCP engagement must be fluid, adaptive, and informed by real-time insight rather than rigid planning cycles.

Across the discussion, one idea emerged as the clearest North Star: HCPs want support - not noise, clutter, or added complexity. They want communication that respects their time, elevates their expertise, and makes care easier.

And that is the shift ahead: if 2025 was about reaching HCPs more efficiently, 2026 will be about engaging them more meaningfully - meeting them with the right message, at the right moment, in a way that genuinely helps them do what they do best.

> **The HCP is also a patient… understanding that these people are working very long days, they're burning out… that helps us break through the noise and land a message that ideally makes their lives better or the lives of their patients better.**
>
> *– David Minkin, President & General Manager, epocrates*

6. EQUITY IN ACTION: KEEPING HEALTH FOR ALL AT THE CENTER

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The conversation closed on DEI - not as a trend or a mandate, but as a moral and strategic imperative. The tone across the table was unequivocal: equity cannot be optional in 2026. AJ Dopwell set the expectation clearly, stressing that DEI must hold firm “under budget pressures,” because commitment is measured not by what organisations do when resources are plentiful, but by what they sustain when they are not.

A crucial theme emerged, that DEI must be measured, not merely stated. Participants emphasised that without meaningful, transparent measurement, good intentions risk becoming performative. Measurement, they argued, is what removes ambiguity - it gives organisations proof of progress, protects DEI from being deprioritised during commercial pressures, and makes it clear that equitable practice is not only the right thing to do, but the smart thing to do. In an industry navigating cost constraints and competing priorities, data becomes the safeguard that ensures DEI remains integral, not optional.

> **“I think it needs to actually be executed successfully, reported on and then proven because oftentimes we don’t get to the proven stage so it’s easy to cut it year after year after year.**
>
> *– AJ Dopwell, Associate Director, Obesity HCP Marketing, Marketing & Patient Solutions, Novo Nordisk*

That perspective naturally evolved into a broader call for shared responsibility. Tony Sherry emphasised that partners play a central role - not just in execution, but in ensuring accountability and rigour. He urged brands and agencies to explicitly ask suppliers, within RFPs, what more they can do to support DEI, framing it as an opportunity for deeper collaboration rather than a compliance exercise. Others echoed that point, underscoring that DEI is not the remit of a single team; it must be ingrained across data practices, creative development, targeting, partnerships, and measurement.

The discussion deepened further when it turned to clinical trials. Romain Bogaerts and AJ Dopwell highlighted that diversity in trials is not only a question of representation, but of scientific validity. Without inclusive participation, real-world outcomes suffer; accuracy erodes; equity gaps widen. Increasing diversity is not a “nice to have” - it is central to developing treatments that work safely and effectively for the full population.

With pressure around DEI investments continuing to rise, 2026 will test the industry’s resolve more than any year before it. Yet the path forward is navigable: measure it, resource it, and embed it. When DEI becomes a daily discipline rather than a declaration, meaningful progress not only becomes possible - it becomes sustainable.

CONCLUSION

What emerged from this year’s roundtable wasn’t a picture of an industry on its back foot, but one standing firmly in both its responsibility and its opportunity - even amid mounting pressure. The leaders around the table made it clear that 2026 will not be defined by external forces alone, but by the choices the industry makes: the choice to lead with trust, to plan with intelligence, to innovate with discipline, and to communicate with humanity.

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