

REPORT



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INNOVATION IN 2026

A solli Roundtable

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INTRODUCTION

Pharma media finds its new shape - and rethinks what effective innovation looks like.

The Innovation in 2026 roundtable brought together leaders from across pharma, media, data, publishing and point of care for a closed filmed discussion in New York. The agenda was built around four core areas: AI and media planning, measurement, compliance, and future media opportunities.

What emerged from the conversation was not a sector dazzled by novelty. It was a sector working through what innovation changes in practice: how patients search, how HCPs process information, how trust is earned, how targeting needs to evolve, and how media performance should now be

measured. Across the table, there was a strong sense that pharma media is no longer preparing for this shift. It is already inside it.

The discussion also had a distinctive tone. It was practical, candid and often self-correcting. Participants challenged one another, sharpened one another's thinking, and kept returning to the same underlying question: if health audiences are changing fast, what does good media now look like?

That is what gives the conversation its real value. This was not just a discussion about technology. It was a discussion about the next operating logic of pharma media.

What follows are the six clearest themes to emerge from the roundtable.



AI IS THE GREAT EQUALIZER

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AI was framed not simply as another efficiency layer but as changing who can access expertise, how quickly they can interpret information, and how knowledge itself is distributed. That matters in healthcare more than almost anywhere else. Historically, there have always been gaps between expert and non-expert, academic and community, specialist and patient. The panel's view was that AI is starting to compress those gaps.

Participants described a world in which HCPs are increasingly using AI to synthesise journals and support clinical workflows, while patients are using the same kinds of tools to translate reports, upload records and prepare better questions. The old asymmetries are not disappearing, but they are narrowing. As Stephanie Loiseau put it,

“It has made knowledge almost a commodity which anyone can have at their fingertips.”

– Stephanie Loiseau,
Senior Director, Sun Pharma



“AI is a great equalizer.”

– Vivek Gaur, Director, Marketing Analytics, BeOne Medicines USA, Inc.

That has profound implications for marketers. If knowledge is more widely distributed, the role of media changes too. It becomes less about simple access to information and more about helping audiences navigate, interpret and act on it. The discussion repeatedly returned to the fact that AI is both improving retrieval and making technical content more legible. As Ted Sweetser described, AI is a “translational layer”, the interface that can take dense clinical information and make it usable for ordinary people.

The significance of that is hard to overstate. In the roundtable’s framing, AI is not just making things faster. It is changing the baseline expectations of what audiences can understand and what they will expect from health communication in return. That is why Jose Ferreira noted that

Running underneath this part of the conversation was another, more nuanced question: where does pharma sit relative to other industries? Here, the room was not fully aligned. There was a recognition that adoption in healthcare may be slower in some respects, particularly because pharma audiences often skew older and because the sector carries more operational and regulatory complexity than most others. But there was also a clear counterpoint: in areas such as identity, data strategy, audience understanding, and the ability to map complex human journeys, pharma may actually be ahead of many other sectors. The discussion did not resolve that disagreement completely, but that was part of what made it useful. It suggested an industry that may not always move fastest but often solves harder problems, and in some of those areas may already be further advanced than it gives itself credit for.

“
the knowledge gap was increasing. With AI, it’s closing down rapidly.”

–Jose Ferreira,
 Chief Product Officer,
 CMI Media Group



“
The technology is making us go more rapidly, and we can get things into market a lot faster.”

– Alex Yanko, Senior Digital Product Marketing Manager at Novocure



FROM SEARCH TO CONVERSATION

One of the most important shifts described during the roundtable was not the death of search, but its transformation. Participants were careful not to overstate the decline of traditional search behaviour. Several made the point that search is still performing and still matters. But the conversation made equally clear that a growing share of health discovery is moving from keyword search into dialogue.

That change matters because it alters the shape of the journey. One speaker contrasted the old internet health experience, where a symptom search could quickly spiral into panic, with today's more interactive model. The shift becomes clear in behaviour: while traditional search still accounts for the majority of activity, users are increasingly moving into conversational interfaces, asking follow-up questions, uploading documents and refining understanding through exchange rather than retrieval.

The roundtable did not suggest that brands should walk away from search. Quite the opposite. Search remains active, and participants stressed the importance of rethinking SEO in light of AI summaries, zero-click behaviour and changing discovery patterns. But the more important point was strategic: pharma media now has to think beyond search as a channel and start thinking about search as one behaviour inside a much broader conversational ecosystem.

Brand marketing is the new SEO.

– Vivek Gaur, Director, Marketing Analytics, BeOne Medicines USA, Inc.



In a world of AI overviews and conversational retrieval, visibility will increasingly depend not just on technical optimisation but also on brand presence, credible publishing, trusted partnerships, and whether a brand is cited or surfaced in the environments these models draw from.

“Patient-facing websites... are seeing massive drops in traffic, from around 43% at best, to as much as 60–80% in some cases.”

– Vivek Gaur, Director, Marketing Analytics, BeOne Medicines USA, Inc.

The result is a more complex but also more interesting landscape. Search has already evolved. It is no longer enough to think in terms of links, pages and rankings alone. Increasingly, the task is to understand how brands show up inside conversations.

THE IMPATIENT, EMPOWERED PATIENT

One of the strongest alignments from the roundtable was that technology is producing a more informed, more self-directed, and in some ways less patient health audience. That phrase ‘less patient’ came up more than once, and it captured an important shift in expectations. People are getting used to immediate answers, simplified explanations and personalised prompts. They will increasingly expect healthcare information to work the same way.

That is not a trivial behavioural change. It alters both the design of content and the rhythm of media. Participants noted that people now want information readily available at their fingertips. They want it quickly, clearly and in language that meets them where they are. AI lowers the barrier to entry here: users can begin with very basic symptoms or questions, long before they have the vocabulary or confidence to navigate clinical language.

“We have less patient patients now.”

– Rich Russey, SVP, Sales & Market Impact, MedPage Today





“The current pharma patient is exhibiting certain behaviours, but what’s coming behind that is an avalanche of change.

–Jose Ferreira, Chief Product Officer, CMI Media Group

The roundtable’s view was that this is not simply about convenience. It is about agency. AI is giving patients and caregivers more confidence to start earlier, ask better questions, and take a more active role in their health journeys. Becky Hallam, described this as opening up “more of the journey,” particularly in the period before a formal clinical interaction. While Stephanie Loiseau shared how health now sits alongside the broader expectations of digital life: if people are used to curated, relevant,

personalised experiences elsewhere, they will increasingly expect the same in health, too.

That leaves brands with a clear challenge. Simpler does not mean shallower. Faster does not mean less important. If audiences are becoming more empowered, then the media needs to become more responsive to where they are in the journey, what they are ready to hear, and how much context they need in that moment.

“We are seeing a rise in an opt-in user... They are taking proactive steps to sign up for content or services that is going to be able to deliver information specific to where they are.

– Kate Calabrese, SVP of Emerging Digital Media, PatientPoint



TRUST IS THE NEW BATTLEGROUND

Technology today is also making the question of trust much more urgent. Participants were equally clear that easier access to information does not automatically produce confidence in that information. In fact, the opposite may also be true: more information can create more uncertainty.

That is why trust emerged as one of the defining battlegrounds of the conversation. One participant described “the trust factor” as central. Another warned that audiences are becoming more distrustful precisely because they are now exposed to such a flood of content and do not always know what is accurate.

The discussion made clear that credibility will not be won through polished messaging alone. It will depend

on sourcing, clarity, consistency and the broader way brands show up in the ecosystem. Participants talked about the need to work with trusted publishers, to ensure information is accurate and linkable, and to think seriously about the role of advocacy, support and visible social contribution in building confidence.

This is where the roundtable moved beyond tactics into something more foundational. Trust is not simply a media issue or a content issue; it is an organisational issue. In an AI-shaped environment, audiences will judge brands not just by whether they appear, but by what they stand for, what they validate, and whether they feel dependable when the stakes are high in the health arena.



“The biggest risk for brands is misinformation

– Rich Russey, SVP, Sales & Market Impact, MedPage Today

“We need to leverage more of our partnerships...some of those trusted partnerships are critical to push forwards the overall industry.

–Glenniss Richards, Senior Director, Digital Media Activation, Bayer

PRECISION OR PRESENCE

A constructive tension in the conversation centred on the idea of being everywhere. Some speakers made a strong case for broad presence across the ecosystem, reflecting the reality that patient and HCP journeys are increasingly fragmented, with multiple touchpoints shaping decisions at different stages. From that perspective, scale still matters, ensuring brands are visible across the environments where those moments occur and where influence can be built over time.

“
If we feel that we’re being seen and heard and we’re being fed content and messaging that’s relevant to our needs, we’ll have a higher likelihood of wanting to engage and learn more.

– Kate Calabrese,
SVP of Emerging
Digital Media, PatientPoint

At the same time, there was clear recognition that presence alone is no longer sufficient. In a more complex and signal-rich environment, relevance becomes the defining factor. The challenge is not simply to maximise reach, but to make that reach meaningful; aligning environments,

messaging and timing with real audience needs. What emerged was not a trade-off between scale and precision, but a reframing of how the two work together: effectiveness comes from ensuring that coverage is intentional, and that presence translates into relevance within the moments that matter most.

That thinking carried through into a more practical, executional view. From a programmatic perspective, technology’s role is not to extend coverage indiscriminately, but to prioritise where brands can genuinely add value; selecting the environments where they can “show up well.” This was reinforced in more human terms: when messaging is irrelevant, it does more than underperform, it signals a lack of understanding.

Precision as an operational requirement depends on a stronger data strategy, more thoughtful audience construction, better use of signals and tighter coordination across platforms. Just as importantly, it requires discipline: the willingness to prioritise relevance within that broader coverage, and to focus effort where it will have the greatest impact.



“
It’s really interesting to think about how we use the technology to get better at precision within the context of being everywhere.

– Becky Hallam, Group Vice President, Platform, PulsePoint

FROM METRICS TO MEANINGFUL OUTCOMES

Measurement was framed around outcomes; how media activity connects to real patient and HCP impact. The discussion built from there, focusing less on what is broken and more on what needs to evolve to better reflect how journeys now unfold.

There was broad agreement that familiar metrics like clicks and CTR still have a role to play, but no longer tell the full story on their own. In an environment shaped by zero-click search, AI-driven discovery and more fragmented journeys, the challenge is not to abandon these measures but to place them within a more complete view of performance, one that captures influence as well as interaction.

That challenge becomes even sharper in pharma, where meaningful outcomes often unfold over long timeframes. New patient starts, scripts, adherence, brand lift and qualified reach all surfaced in the conversation as more meaningful markers, but the real insight was not that one metric should replace another. It was that measurement now has to become more layered, more connected to the journey stage, and more realistic about what impact looks like in complex health decisions.

This is also where the roundtable looped back to a broader question the room never fully resolved: whether pharma is ahead or behind other industries in its use of data and measurement. Here too, the discussion was revealing precisely because it was not fully aligned. Some participants argued that pharma still has ground to make up, particularly in modernising its habits and moving

away from legacy indicators. Others made the stronger case that in areas like identity resolution, device graphing and understanding people through high-stakes, longitudinal journeys, pharma may already be ahead of many other sectors. That more positive argument mattered. It suggested that the challenge is not simply one of catching up, but of recognising where the industry already has distinctive strengths and building from them with more confidence.

“The inferiority complex that I hear all the time is actually a good thing, because it’s a motivator.”

– Jose Ferreira, Chief Product Officer, CMI Media Group

This is also where the roundtable looped back to discoverability. If more journeys begin in AI interfaces, if more search experiences end without a click, and if brand visibility is being mediated by new systems, then media effectiveness cannot be judged by old interaction models alone. That is what made the earlier line so strategically important here too: “Brand marketing is your new SEO.” In other words, measurement now has to account not just for exposure or action, but for whether brands are present, trusted and retrievable in the new decision environment.

“A huge trend that we’ve seen agnostically across every brand... has been data stewardship and ownership.”

– Ted Sweetser, VP of Strategic Partnerships, PurpleLab



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● WHAT THE ROUNDTABLE REVEALED

The Innovation in 2026 roundtable captured a sector in transition but with growing clarity about what comes next. The conversation focused on how innovation needs to be applied: with stronger judgement, better alignment to real-world behaviour, and a more confident definition of what effectiveness now looks like.

What emerges is a new operating reality. Discovery is becoming conversational. Patients are more active and less patient. Trust is harder to earn and more important to keep. Precision is redefining how scale works. And measurement is shifting toward outcomes that reflect real impact, not just activity.

The room was not fully aligned on whether pharma is ahead of other industries or still catching up. But that tension was productive. It pointed to an industry that recognises where it needs to move faster, while also beginning to acknowledge that in areas of complexity, identity and real-world understanding, it may already be further advanced than it assumes.

The challenge now is execution; turning that understanding into more deliberate, more effective, and more confident innovation in practice.

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