

From Campaign Delivery to Behaviour-Led Customer Journeys

Why global healthcare teams need more than marketing automation to create meaningful customer movement.

Executive summary

Most global healthcare teams already have platforms, data and content infrastructure in place. The missed opportunity is often not technology. It is the absence of behavioural logic behind the journey. Better outcomes start by understanding where customers slow down, why they slow down, and what kind of engagement would actually help them move forward.

Most global healthcare digital teams have strong infrastructure. Platforms are in place. Automation is running. Content is produced, approved, localised and deployed across markets. By most operational measures, the system works.

And yet movement, actual change in what customers believe or do, is often slower than it should be. Campaigns reach the right people. Journeys complete. Metrics are reported. But the outcomes that really matter are harder to point to.

This is not usually a platform problem. It is a thinking problem.

THE WRONG QUESTION

A lot of journey design starts from the wrong place. The question being asked is *what are we sending, and when?* rather than *why is this customer not progressing, and what would actually help them move?*

Those are different questions. The first produces campaign calendars. The second produces behavioural insight.

Automation can scale activity. It cannot, on its own, explain why someone is not moving forward. That requires understanding what kind of barrier is sitting in the way.

Each situation requires something different. Sending the same journey to all of them, triggered by the same logic, will underperform for most of them, not because the platform is wrong, but because the audience has not been understood at that level.

THE DATA PROBLEM

Large organisations usually have substantial data: research findings, CRM signals, content engagement, local market feedback and campaign results. The challenge is that these rarely sit together in a way that supports useful interpretation.

Teams end up making journey decisions with partial pictures. They optimise against what they can measure, without always having a clear view of the behavioural question they are trying to answer.

The issue is often not the absence of data. It is the absence of connected interpretation.

“The issue is often not the absence of technology, but the absence of behavioural logic behind the journey.”

WHAT CHANGES WHEN YOU START WITH BEHAVIOUR

Salesforce Marketing Cloud and similar platforms can perform very differently depending on what sits behind them. The platform is not the constraint. The segmentation logic, journey objective and content matched to specific barriers are where value is either created or lost.

When audience groups are profiled behaviourally, rather than only by role, brand, market or therapy area, the work that follows gets sharper. One segment may need clinical evidence in a specific context. Another may need peer examples. A third may need practical workflow support.

Each is a different journey, built around a different objective and measured differently. The platform activates it. The thinking has to come first.

Barriers Are Not All Information Gaps

When a customer is not acting, the instinct is often to give them more: more evidence, more content, more touchpoints. But if the barrier is not lack of information, more information will not solve it.

A clinician may understand the data but not believe the outcome applies to their setting. A decision-maker may need peer validation before they will move. A local team may have the assets but lack the practical support to apply them.

That is why the journey has to begin with the behavioural question, not only the campaign plan.

WHERE TO START

The teams that move fastest tend to pick something specific rather than launching a full transformation programme. A practical starting point is one campaign, one therapy area, or one journey.

Map what data exists. Identify where progress stalls. Define the behavioural barrier. Build the journey around solving that barrier, using existing platforms and content where they fit.

A CLOSING THOUGHT

The next phase of healthcare digital engagement will not be decided by teams that automate more activity. It will be decided by teams that understand their audiences more precisely, map decision friction more clearly and build journeys that are designed to move people forward, not simply reach them.

That shift does not require replacing what is already in place. It requires putting better behavioural thinking in front of it.

About Frontera

Frontera is a research-driven global health and life sciences partner. We work with digital marketing teams to translate audience insight and campaign data into behavioural profiles, friction maps and journey designs that existing platforms can activate at scale. If this reflects a challenge you are currently working through, it is worth a conversation.

A PRACTICAL DISCUSSION COULD START WITH:

1. Choose one live campaign, market, therapy area or customer journey.

2. Map the data currently available and where it sits.

3. Identify where customer progress appears to slow down.

4. Define the likely behavioural barrier behind that friction.

5. Assess how existing platforms could activate a sharper journey.

Suggested next step

A focused working session around one campaign or journey would make the opportunity tangible without requiring a broad transformation programme.