



CRM Consolidation in Commercial Pharma

WHITE PAPER

Merging Fragmented Sales and Medical Affairs Platforms Without Losing Field Adoption

Abstract

Most commercial pharma organizations did not set out to run fragmented CRM environments. They accumulated them, one regional deployment, one acquired business unit, one medical affairs workaround at a time, until sales, medical affairs, and market access teams were working from different systems with different versions of the same customer record. The industry-wide platform shift now underway, as Veeva's fifteen-year partnership with Salesforce winds down and organizations choose between Veeva Vault CRM and Salesforce Life Sciences Cloud ahead of a 2030 deadline, has turned CRM consolidation from a discretionary efficiency project into an unavoidable decision most commercial organizations will face this decade regardless of what triggered it. The technical migration is rarely the hardest part. Experienced teams put these programs at eighteen to thirty-six months minimum, and the real bottleneck is organizational: redesigning global templates across dozens of affiliates, harmonizing healthcare provider master data, and retraining field forces without losing the adoption that took years to build. This white paper applies established system-consolidation and change-management best practices to CRM consolidation specifically, laying out a practical approach for commercial and IT leaders navigating a system change that will define their next decade of field engagement.

A Consolidation Decision That Isn't Really Optional Anymore

For most of the past fifteen years, commercial pharma CRM meant Veeva running on Salesforce's platform. Veeva built commanding market dominance on that arrangement, holding roughly 80% share of pharma CRM and serving 47 of the top 50 pharmaceutical companies. That stability let organizations treat their CRM platform choice as effectively settled, freeing attention for what ran on top of it rather than which platform to run.

That stability ended when Veeva announced in December 2022 that it would end its Salesforce partnership and move its CRM to its own Vault infrastructure. The Salesforce contract expired in September 2025, opening a transition window that runs through a hard 2030 deadline. Every organization currently running Veeva CRM on Salesforce now has to choose: migrate to Veeva Vault CRM, or move to Salesforce's own Life Sciences Cloud offering, which more than 70 organizations had already selected by the end of 2025.¹

This is not a routine platform refresh. It is an industry-wide forcing function that happens to be arriving at the same moment many organizations were already sitting on years of accumulated CRM fragmentation, regional variants, acquired business unit systems, and medical affairs tools that never fully integrated with commercial CRM in the first place.

Why the Technical Migration Is the Easy Part

Organizations tempted to treat this as primarily a technical project consistently underestimate it. Experienced teams describe these consolidation programs as requiring eighteen to thirty-six months minimum, and the real bottleneck is not code or configuration. It is organizational alignment: redesigning global CRM templates across thirty or more affiliates that have each customized their workflows over years, harmonizing healthcare provider and healthcare organization master data that has drifted apart across regions, revalidating compliance documentation for GxP and data privacy requirements, retraining thousands of field personnel, and rebuilding integrations with closed-loop marketing, sample management, and medical inquiry systems that all depend on the CRM platform underneath them.²

The consolidation choice also is not uniform across an organization. A commercial organization already running other business functions on Salesforce may find real value in consolidating onto Salesforce Life Sciences Cloud to avoid duplicate user management and separate reporting environments. An organization deeply invested in Veeva's broader application ecosystem, promotional material management, medical communications, clinical systems, may find more native value staying inside Vault CRM. Neither answer is universally correct, which is exactly why this decision needs a structured evaluation rather than a default.

Applying Best Practices: A CRM Consolidation Practice

Diagnosing platform sprawl and guiding organizations through consolidation without losing what made the fragmented systems useful in the first place is a discipline grounded in established best practices. CRM consolidation is one of the sharpest tests of that discipline, because the systems in question sit directly in front of the field force whose adoption determines whether the whole program succeeds.



1. **A Single Source-of-Truth Decision Before Platform Selection.** Resolve which system will own the master healthcare provider and organization record before selecting the target CRM platform, so the platform decision serves the data strategy rather than the reverse.
2. **A Template Rationalization Process, Not a Template Copy.** Treat the migration as an opportunity to rationalize thirty-plus affiliate-specific workflows into a manageable core template with defined local variance, rather than replicating existing sprawl on new infrastructure.
3. **Field Adoption as a Tracked Workstream.** Run field force change management, training, and adoption monitoring as its own dedicated workstream with its own success metrics, not as an afterthought to the technical cutover.
4. **A Phased Migration Sequenced by Risk, Not Convenience.** Sequence affiliate and business unit migrations by data complexity and regulatory exposure, so the hardest integrations are tackled with lessons learned from earlier, lower-risk phases.

None of this requires picking a platform before the strategy is clear. It requires applying that same underlying discipline, understanding what each fragmented system was actually solving for before deciding what replaces it, to a decision the industry's own vendor landscape has made unavoidable.

What CRM Consolidation Buys, and Where It Gets Hard

Advantages

- **One accurate customer view across functions:** sales, medical affairs, and market access working from the same healthcare provider record eliminates the reconciliation errors fragmented systems create.
- **Lower total platform cost:** consolidating licenses, integrations, and support overhead across a smaller number of systems reduces the ongoing cost of running commercial technology.
- **Faster rollout of new field capabilities:** AI-assisted call planning, next-best-action tools, and other emerging capabilities deploy once against a unified platform rather than separately against each fragmented system.
- **Stronger compliance posture:** a single, well-governed CRM platform is materially easier to validate and audit than a patchwork of regional variants.

Risks and Barriers

- **Field adoption can quietly fail:** a technically successful migration that field reps route around through workarounds and shadow systems has not actually solved the fragmentation problem.
 - **Affiliate customization resists rationalization:** years of local template customization often reflect genuine regional business need, not just accumulated drift, and flattening it too aggressively creates new friction.
 - **The 2030 deadline invites both delay and rush:** organizations waiting too long compress an eighteen-to-thirty-six-month program into an unworkable timeline, while others rush a platform decision before the underlying data strategy is resolved.
 - **Integration dependencies multiply the blast radius:** closed-loop marketing, sample management, and medical inquiry systems built against the old CRM all need to be rebuilt in sequence with the core migration.
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Case in Point: The Region That Kept Its Old System Alive

A global specialty pharmaceutical company began its CRM consolidation with a clear technical plan and an aggressive eighteen-month timeline. The core platform migration for its largest markets went smoothly. One mid-size affiliate, however, had spent years building a heavily customized workflow layer on the legacy system to support a therapeutic area with an unusually complex prescribing pathway, and that customization had never been documented as a formal requirement anywhere in the company's systems inventory.

When that affiliate's migration arrived, the standardized template the rest of the organization had adopted simply did not support the workflow the local field force depended on daily. Rather than escalate, the regional team quietly kept the legacy system running in parallel and had field reps enter data in both systems, one for daily work and one to satisfy the corporate reporting requirement. The duplicate entry went undetected for nearly five months, discovered only when a data quality audit found the affiliate's reported activity volume did not match its licensing usage.

The root cause was not a technical failure. It was a consolidation plan that treated affiliate customization as noise to be standardized away rather than as a signal to be evaluated before the migration reached that region. The company's remediation, a formal requirement-gathering pass with every affiliate before its migration wave rather than after, is exactly the field-adoption workstream a properly disciplined consolidation practice builds in from the start.

Recommendations for Commercial and IT Leaders

1. **Start your platform evaluation now, not closer to 2030.** given that experienced teams put these programs at eighteen to thirty-six months minimum.
2. **Resolve your master data strategy before your platform choice.** so the healthcare provider and organization record strategy drives the decision rather than following it.
3. **Formally document affiliate customization before migrating each region.** treating unusual local workflows as a signal to evaluate, not an obstacle to standardize away.
4. **Run field adoption as its own workstream with its own metrics.** separate from the technical cutover timeline, so adoption gaps surface before they become shadow systems.
5. **Sequence your migration by data and regulatory complexity.** so early phases build organizational learning before the hardest integrations arrive.
6. **Rebuild dependent integrations in lockstep with the core migration.** rather than treating closed-loop marketing, sample management, and medical inquiry connections as a later phase.

Measuring Success: KPIs for CRM Consolidation

- **Field adoption rate:** the percentage of active field reps using the consolidated CRM as their primary system of record rather than a workaround, tracked toward full adoption.
- **Master data reconciliation rate:** the percentage of healthcare provider and organization records successfully unified into a single golden record across former source systems.



- **Shadow system usage:** the number of legacy or parallel systems still receiving active data entry after a given migration wave's cutover date, tracked toward zero.
- **Migration wave cycle time:** the actual time required per affiliate or business unit wave against the planned timeline, used to recalibrate later phases.

Conclusion

CRM consolidation in commercial pharma has stopped being a discretionary efficiency initiative. With Veeva and Salesforce both actively competing for the industry's business ahead of a 2030 hard deadline, every organization currently running the legacy Veeva-on-Salesforce arrangement is making this decision whether it planned to or not.

The organizations that come through this well will be the ones that treat the technical platform choice as the smaller part of the problem. Applying disciplined best practices to build a dedicated CRM consolidation practice, master data strategy first, field adoption tracked as its own workstream, affiliate customization evaluated rather than flattened, gives commercial and IT leaders a structured path through a transition that will shape field engagement for the next decade.

About OmniTek & Contact Information

OmniTek Consulting is a trusted partner for organizations seeking to enhance governance, operational agility, and decision-making. We specialize in modernizing business processes with a blend of human-centered design, technology expertise, and hands-on change management.

For commercial and IT leaders navigating the industry-wide CRM platform shift, OmniTek applies proven best practices to build a practical consolidation practice: a resolved master data strategy, a rationalized template approach, and field adoption tracked as a first-class workstream. Whether you are evaluating Vault CRM against Salesforce Life Sciences Cloud or planning your affiliate migration sequence, OmniTek can help you build a consolidation program that field teams actually adopt.

Contact us today to explore how OmniTek can support your transformation journey and drive lasting results.



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Endnotes

ⁱ IntuitionLabs, "Why Veeva Split from Salesforce: Pharma CRM Shake-Up," on pre-split Veeva CRM market share, the Salesforce contract expiration, and the 2030 migration deadline, available at <https://intuitionlabs.ai/articles/veeva-salesforce-split-pharma-crm-shake-up>

ⁱⁱ CustomerTimes, "Life After Veeva on Salesforce: A CRM Playbook for Pharma," on migration program timelines and organizational integration challenges, available at <https://www.customertimes.com/blogs/the-veeva-salesforce-split-a-field-guide-for-life-sciences-leaders>

