Contract and commercial management benchmark report

Health and pharma sector

One in a series of ten sector-specific reports

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Preface

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Abstract

Facing unrelenting pressure and opportunities for change, the health and pharmaceutical sector is adjusting commercial models and adopting new forms of contract. These demand fresh capabilities, delivered through a blend of upgraded skills and digital technologies.

About this report

From June to September 2021, World Commerce & Contracting gathered data from more than 800 organizations, providing in-depth visibility into their contracting and commercial capabilities. This report focuses on input from 45 companies in the health and pharmaceutical sector, providing sector-specific analysis and comparison with cross-sector performance and trends.

How to use the WorldCC benchmark reports

Benchmarking compares against four levels:

Level 1
Your own past performance

Level 2
Others in your sector

Level 3
World-class standards

Level 4
Goals or vision

This report should be used to make a direct comparison with the current state of others in your sector (Level 2). The *Benchmark report 2021* (published September 2021) provides a cross-sector comparison, but more importantly offers insight to world-class performance, and can therefore be used to measure your current state against those world-class standards (Level 3).

Drawing from those standards of excellence, you may want to set a future goal or vision that represents an as-yet unachieved aspiration and would set you apart from others (Level 4).

Forewords

The health and pharmaceutical sector inevitably found itself at the forefront in handling the consequences of the Covid-19 pandemic. It rose to the challenge, proving adaptive to the demands of a global public health crisis.

Moving forward, there is every sign that new commercial and contracting policies and practices will be adopted to support increased efficiency and effectiveness in forming and managing business relationships.

The pandemic generated an urgent need for alliances and partnerships; it demanded greater speed of decision-making and a spirit of collaboration and increased data sharing. It has accelerated the sector's dependence on technology to drive data flows and streamline procedures. As this report makes clear, contract and commercial management (CCM) are critical components of these fundamental shifts in capability and cooperation.

Whether it is commercial models, contract types, cycle times, skills or supporting tools and systems, the pressure for investment and improvement is clear. This report offers insight into current state and provides a framework for the change agenda.

Tim Cummins
President,
WorldCC

Sally Guyer
Global CEO,
WorldCC

Icertis is proud to be the sponsor of World Commerce & Contracting's latest benchmark report – the most comprehensive survey of commercial and contracting professionals ever, featuring contributions from a diverse group of contract professionals from a multitude of sectors.

In addition to the global findings included in the *Benchmark report 2021*, released in Q4 last year, the survey surfaced deep insights into the unique challenges and opportunities faced by specific sectors – insights we will continue to explore in-depth to help sector practitioners chart a contract and commercial management course tailored to their needs and priorities.

In the pages that follow, you will learn how healthcare and pharmaceutical companies compare to other sectors. This sector was, in large part, an early and widespread adopter of contract and commercial management technology – three-quarters of health and pharma companies report that they've dedicated specific resources to CCM (e.g. contract lifecycle management technology). However, the survey found that volatility in the healthcare field has accelerated the risk of system outdatedness, creating a constant challenge for companies that wish to remain current and competitive in their approach to contracting.

As longtime providers contract lifecycle management (CLM) software to businesses in every sector, we at Icertis understand the specific challenges each sector faces. We see sector-specific data like this as critical to the maturation of contract lifecycle management – moving beyond an introduction to best practices to provide specific guidance on how CLM can improve contracting performance, reduce value erosion, and keep your organization out in front in an ever-changing sector. Thanks for reading.

Samir Bodas
Chief Executive Officer,
Icertis

Executive summary

The overall pressures for change that are occurring across the health and pharmaceutical sector are also reflected in contract and commercial management. As the sector faces the need to become more adaptive, there is an increased requirement for speed and greater focus on outcomes.
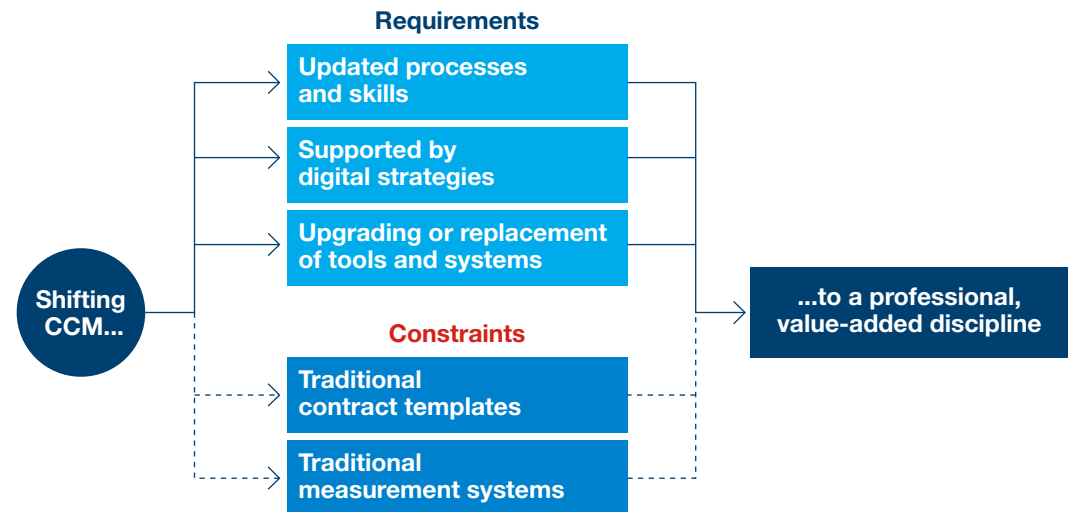
CCM is steadily shifting to a more professional, value-added discipline, yet in many cases is constrained by traditional contract templates and measurement systems. Updated processes and skills need to be supported by digital strategies and appropriate upgrading or replacement of tools and systems.

Health and pharma were among the earliest to introduce technology in support of contract management, but there are signs that some of these systems may now be outdated

and no longer 'fit for purpose', especially for the emergent types of agreement that are increasingly in use.

Overall, the sector declares higher than average levels of clarity over ownership of CCM, with three-quarters having dedicated resources, typically within a fully centralized function. However, one in six organizations have no dedicated resource and appear to have little definition of the role or how it should be performed; these are in general relative start-ups within some of the high-growth areas of the sector.

Even among those asserting clarity of ownership, this initial appearance of definition and control is not fully supported by deeper analysis. For example, relative to cross-sector averages, the role performed by CCM resources is narrower and it is not clear where other supporting activity is undertaken. In a critical value area such as post-award, the central CCM teams are playing a significantly smaller role than other sectors, even though some of the contract models that are becoming more prevalent (performance, outcome, as-a-Service) would typically drive the opposite.

Requirements

Shifting CCM...

- Updated processes and skills
- Supported by digital strategies
- Upgrading or replacement of tools and systems

Constraints

- Traditional contract templates
- Traditional measurement systems

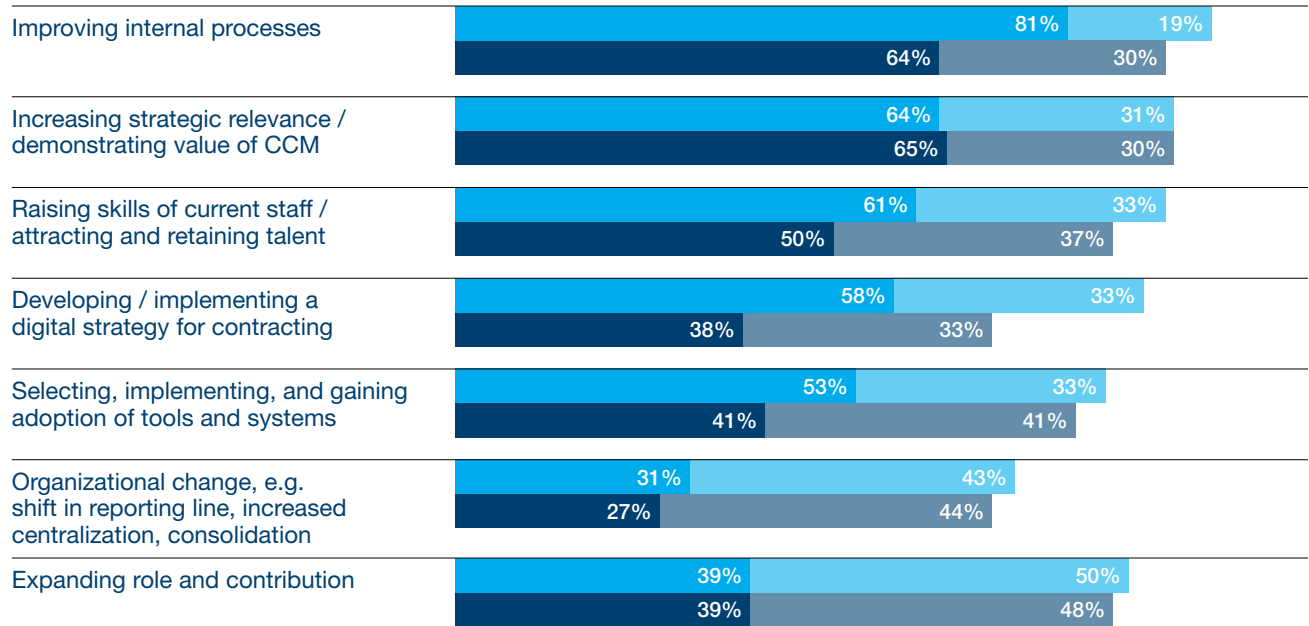...to a professional, value-added discipline

Health and pharma sector findings

Priorities for improving CCM

The levels of volatility, innovation and change in the health and pharma sector are creating pressure on multiple areas of CCM capability. Of all sectors, it stands out for the scale and importance of multiple initiatives – for example, improving internal processes is viewed as high importance by 81% and medium importance by the remaining 19%; increasing strategic relevance and demonstrating value by 64% (high) and 31% (medium); raising skills and attracting and retaining talent by 61% and 33%; developing and implementing a digital strategy by 58% and 33%. Even the lowest ranked area (organizational change) scores 31% and 43%, meaning that in every area the sector scores higher than the cross-sector averages, in one case by as much as 20%.

Selecting, implementing and gaining adoption of tools and systems is rated high importance by 53% (12% above the cross-sector average) and medium importance by 33%. This is in spite of the fact that the sector is at or above average in many areas of deployment. However, perhaps reflecting the changes in contracting and commercial models, organizations have recognized the need to improve internal process and develop a digital strategy prior to (or in conjunction with) further technology selection and deployment.

CCM priorities for teams or functions

Improving internal processes
- 81% / 19%
- 64% / 30%

Increasing strategic relevance / demonstrating value of CCM
- 64% / 31%
- 65% / 30%

Raising skills of current staff / attracting and retaining talent
- 61% / 33%
- 50% / 37%

Developing / implementing a digital strategy for contracting
- 58% / 33%
- 38% / 33%

Selecting, implementing, and gaining adoption of tools and systems
- 53% / 33%
- 41% / 41%

Organizational change, e.g. shift in reporting line, increased centralization, consolidation
- 31% / 43%
- 27% / 44%

Expanding role and contribution
- 39% / 50%
- 39% / 48%

Health and pharma sector
High / medium importance

Cross-sector average
High / medium importance
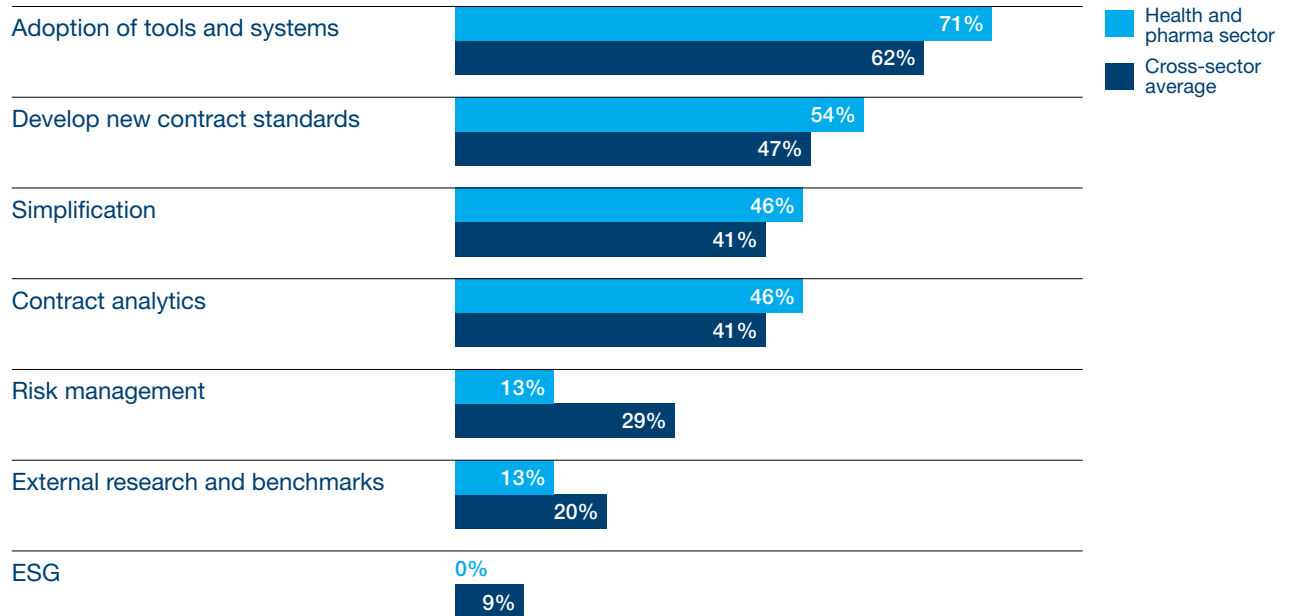
Nature and extent of executive focus

42% of survey respondents in the health and pharma sector report an increased level of executive focus on CCM. This is lower than the cross-sector average of 50% and, at 13%, the number saying it is viewed as unimportant is considerably more than the average of 4% (though this lack of focus is predominantly in smaller, fast-growing organizations where the number and diversity of external relationships remains limited). For 38%, this focus includes an expanded role for CCM and in most cases this appears to be linked with increased investment in technology.

With 71% saying that the adoption of contract management tools and software is under active consideration, the sector leads the field in its push towards automation – reflecting a broader need to digitize and streamline operations. This is also evident in the primary initiatives – for example, contract analytics (46%), contract simplification (46%), development of new contract standards (54%) – all above cross-sector averages.

However, there are indications that the context for any expanded role for CCM is narrower than in some other sectors. Initiatives seen elsewhere are low on the list in health and pharma – for example, 0% see an increased role in ESG, only 13% an increased role in risk management, and similar percentages identify current initiatives in areas such as external research and benchmarks or improving skills (even though this was identified as the third highest priority for improvement).

The sector is significantly above average in planning to consolidate buy-side and sell-side contract management resources (13% versus cross-sector average of 5%). This adds to the 17% which already have either full or partial integration.

Initiatives that are being considered (in the context of CCM)

	Health and pharma sector	Cross-sector average
Adoption of tools and systems	71%	62%
Develop new contract standards	54%	47%
Simplification	46%	41%
Contract analytics	46%	41%
Risk management	13%	29%
External research and benchmarks	13%	20%
ESG	0%	9%

Current state of CCM technology

The table shows the deployment status of key areas of functionality in the health and pharma sector. The right-hand part of the table show the cross-sector average, provided for purposes of comparison. In several important areas, health and pharma is ahead of the average. Significant areas where it is behind the average are in automated clause libraries, automated contract circulation and redlining, and automated obligation extraction and monitoring.

Extent of deployment of CCM software tools	Health and pharma sector					Cross-sector average				
	Deployed	In process of deploying	Would like to deploy	Little or no interest	Don't know what this is	Deployed	In process of deploying	Would like to deploy	Little or no interest	Don't know what this is
Front-end contract request / selection interface to business unit	35.3%	23.5%	23.5%	5.9%	11.8%	24.0%	13.5%	24.8%	27.4%	10.4%
Ability to assemble standard contracts from templates	31.6%	26.3%	36.8%	5.30%	0%	25.0%	15.8%	30.1%	27.2%	2.3%
Ability to assemble contracts from a clause library	5.6%	22.2%	50.0%	22.2%	0%	11.0%	14.0%	41.0%	32.4%	1.7%
Digitized contract playbooks	11.1%	16.7%	50.0%	22.2%	0%	8.0%	12.0%	37.0%	31.5%	11.5%
Defined and automated workflow for non-standard terms or agreements	22.2%	16.7%	38.9%	22.2%	0%	22.0%	13.5%	38.6%	31.7%	5.5%
Collaboration portal for joint editing	11.8%	35.3%	29.4%	23.5%	0%	11.0%	13.5%	34.7%	29.2%	4.0%
Monitor reviews / approvals status	27.8%	33.3%	27.8%	11.1%	0%	28.0%	20.3%	32.3%	17.4%	2.3%
Automated document circulation, redlining	5.6%	33.3%	33.3%	27.8%	0%	14.0%	15.4%	39.4%	27.2%	4.3%
Risk scoring	5.6%	22.2%	61.1%	11.1%	0%	18.0%	13.0%	40.5%	23.7%	4.9%
Repository of signed contracts	52.6%	26.3%	21.1%	0%	0%	59.0%	16.8%	15.1%	6.3%	2.0%
Contract obligation extraction	10.5%	21.1%	47.4%	21.1%	0%	16.0%	16.2%	40.8%	22.5%	4.6%
Post-signature monitoring of compliance with contract terms	21.1%	15.8%	47.4%	15.8%	0%	20.0%	16.9%	39.1%	20.6%	3.4%
Integration with other key applications (ERP, financial systems, etc.)	15.8%	31.6%	36.8%	15.8%	0%	18.0%	20.6%	37.4%	20.3%	3.4%
Management reporting / dashboard	20.0%	35.0%	35.0%	10.0%	0%	25.0%	23.5%	36.3%	13.3%	2.0%
Contract analytics – individual agreements	21.1%	21.1%	47.4%	10.5%	0%	14.0%	16.9%	46.3%	19.1%	4.0%
Contract analytics – portfolio of agreements	5.3%	31.6%	52.6%	10.5%	0%	14.0%	16.0%	45.0%	21.1%	4.3%
Artificial intelligence / machine learning	6.3%	18.8%	43.8%	31.3%	0%	4.0%	11.9%	40.3%	35.9%	7.8%

□ 0%   ■ 1-19%   ■ 20-39%   ■ 40%+

Contracts and the contracting process

The complexity and typical duration (term) of contracts in the health and pharma sector is similar to the cross-sector averages. At USD107,000 the lowest value contracts handled by groups responsible for CCM are beneath the average and this may account for the high volume of agreements that are being handled (see below).

The sector is more template-driven than most, with 50% having fixed templates and 42% fixed templates with pre-approved fallbacks. There is minimal use of standard terms databases and no apparent in-built flexibility – perhaps due to the limited capabilities of current technology. At almost 70%, the success rate of using standard templates is also higher than average, although 38% of the time these are with some negotiated amendment.

On a 'contracts per head' basis, health and pharma personnel handle almost double the cross-sector average in pre-award. Several factors appear to influence this. Among them are the extensive use of templates and standards (the extent of what is negotiated appears to be somewhat lower); a lower level of complexity and variability when compared with some sectors (those in health and pharma are still much more involved in preparing or reviewing low complexity agreements than the average); a narrower set of responsibilities compared with many other CCM functions. This volume per head is even greater in post-award at three times the cross-sector average. Given the relatively low percentage of time that health and pharma groups spend on post-award, this can only be because of the much narrower role that they perform, together with the above-average use of technology.

Compared with others, health and pharma has been undertaking work to simplify contracts and agreements. Over the last two years, 38% (sell-side) and 46% (buy-side) have undertaken initiatives to simplify language and, in many cases, contract structure.

Others have this work in plan (8% sell, 19% buy). These efforts have most commonly focused on Master Service Agreements and Cloud / as-a-Service.
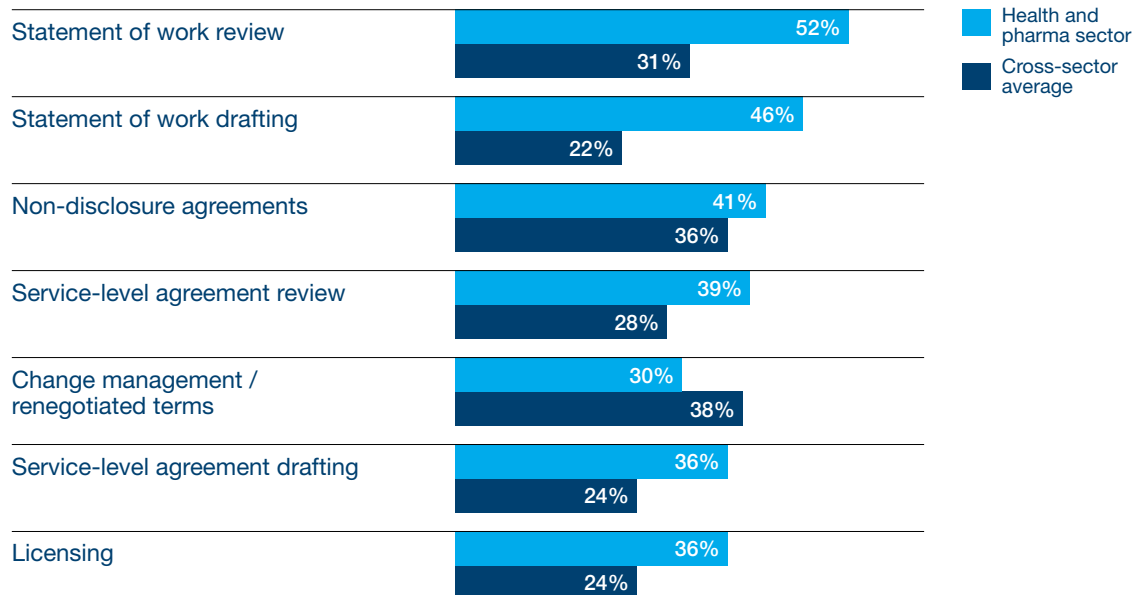
The agreements which absorb CCM resources are shown in the chart below, versus the cross-sector average. The involvement with Statements of Work and Service Level Agreements is significantly higher than cross-sector averages and may indicate the extent of the shift to services contracting.

It is also notable that the sector is using outcome (30% versus 25%), performance (36% versus 30%) and as-a-Service (55% versus 37%) agreements more than the average and this is expected to grow. These forms of

contract require distinct capabilities, both in their formation (ensuring clarity over the required outcome or what represents good performance) and in their management (overseeing and monitoring performance or outcome, addressing shortfalls or requirements for change).

Having made the above observations, current involvement with post-award change and renegotiation at 30% is below the cross-sector average of 38%. With changing commercial and contractual models, the opposite might be expected and this raises questions over where contract governance and management is being undertaken and with what level of efficiency and effectiveness. In particular, is the sector preparing for the continuing shift towards services and outcome-based contracting models?

Frequency of substantial input into the following contract documents by CCM teams or functions

	Health and pharma sector	Cross-sector average
Statement of work review	52%	31%
Statement of work drafting	46%	22%
Non-disclosure agreements	41%	36%
Service-level agreement review	39%	28%
Change management / renegotiated terms	30%	38%
Service-level agreement drafting	36%	24%
Licensing	36%	24%

Resources, organization and reporting

The health and pharma sector is above average in having clarity over responsibility for contract and commercial management, with 72% (versus average 63%) saying responsibility for contract management is clear and 64% (versus average 58%) saying the same for commercial management. However, 16% in each case say that there is no clarity and little or no dedicated resource. This, too, is above the cross-sector average and is largely the case within some of the newer start-up businesses.

75% of those responding have dedicated, full-time contract and commercial managers. Many in the sector have a long history of contract management resources supporting sales, though historically these were often administrative in nature. It is notable that dedicated resources are now emerging to support buy-side relationships, in some cases providing an integrated contract and supplier relationship management discipline. Sometimes, these are relatively small and specialist groups – for example, within the IT function.
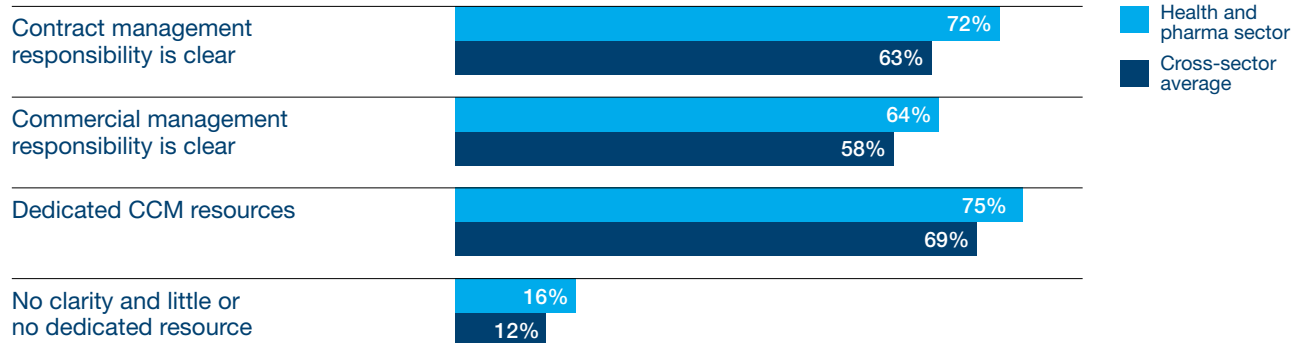
In the 25% of organizations where CCM resources are limited or do not exist, the role is predominantly performed by people within Procurement, though in some cases it falls within Legal or Operations.

While training and skills are not as strong a priority as in some sectors, 46% indicate that they would like to undertake a skills audit (versus cross-sector average of 34%) and 36% feel they do not sufficiently understand current skill gaps (versus 26%). Only 23% (versus 43%) have the budget in place to support improvement.

The number of people in the total workforce who are estimated to have some involvement in the contracting process is 25%, essentially in line with the cross-sector average.

In terms of organization, CCM resources are far more centralized than the average, with 57% operating a fully centralized function and 30% a center-led model (cross-sector averages are 33% and 19%).

Responsibility for CCM

	Health and pharma sector	Cross-sector average
Contract management responsibility is clear	72%	63%
Commercial management responsibility is clear	64%	58%
Dedicated CCM resources	75%	69%
No clarity and little or no dedicated resource	16%	12%

Organizational design

	Health and pharma sector	Cross-sector average
Fully centralized	57%	33%
Center-led	30%	19%
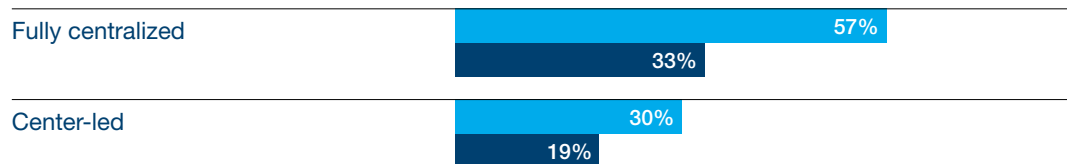
Resources, organization and reporting (continued)

However, the reporting line in the health and pharma sector is quite variable and reflects some interesting differences in focus. For example, 22% (against a cross-sector average of 15%) report to Legal, generally reflecting a strong emphasis on regulatory and compliance risk; 17% (average 10%) report to Finance, these are typically more focused on managin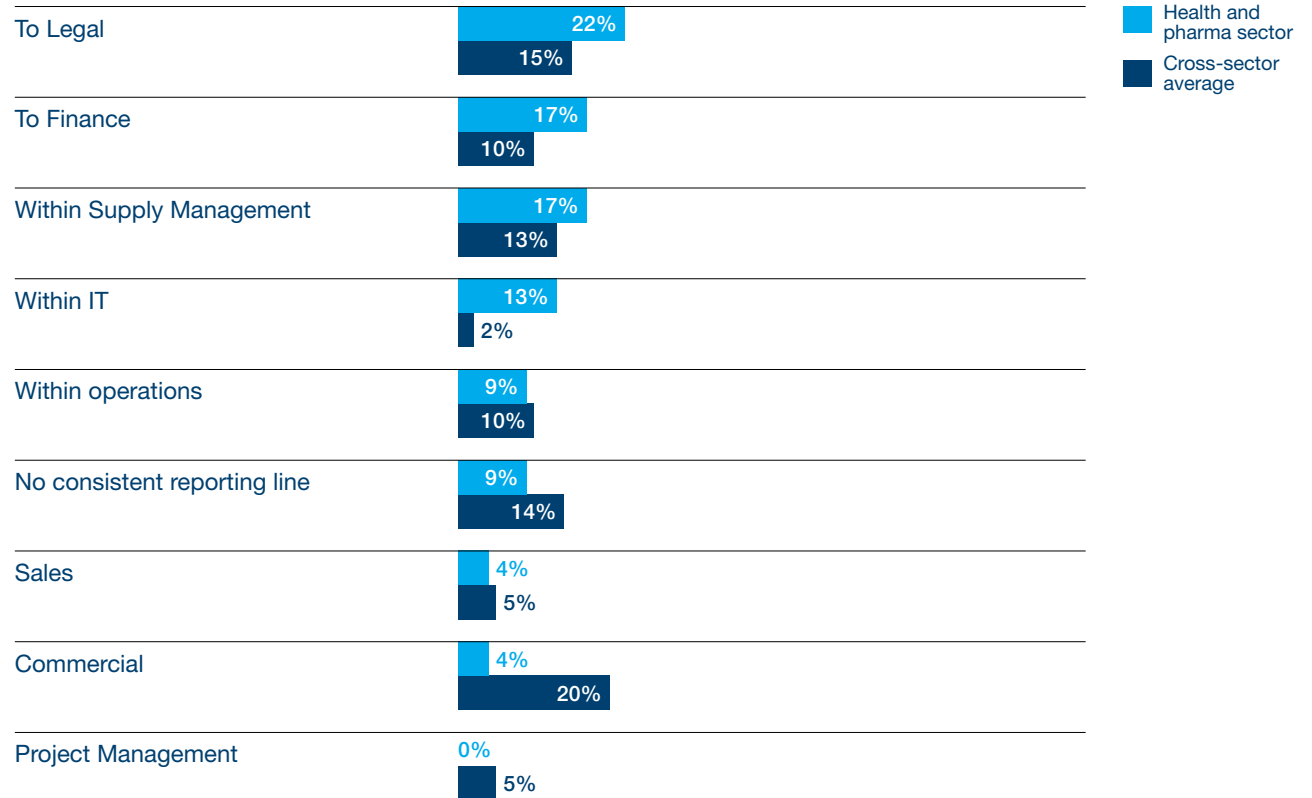g areas such as discounts and rebates and are often more sell-side oriented; 17% (average 13%) are within Supply Management; and 13% (average 2%) are within IT, reflecting the growing criticality of technology in the sector. Only 4% have a stand-alone contracts or commercial function (average 10%) and 9% are part of Operations (average 10%).

The sector is significantly above average in planning to consolidate buy-side and sell-side contract management resources (13% versus cross-sector average of 5%). This adds to the 17% which already have either full or partial integration.

Finally, with 67% saying 'none', the sector makes lower use than average of offshore or outsourced resources in CCM activities. To the extent they are used, it is primarily in contract review / discovery and accounts payable / receivable. Relative to other sectors, there is little outsourcing / offshoring of contract administration.

CCM reporting

Category	Health and pharma sector	Cross-sector average
To Legal	22%	15%
To Finance	17%	10%
Within Supply Management	17%	13%
Within IT	13%	2%
Within operations	9%	10%
No consistent reporting line	9%	14%
Sales	4%	5%
Commercial	4%	20%
Project Management	0%	5%

Legend:
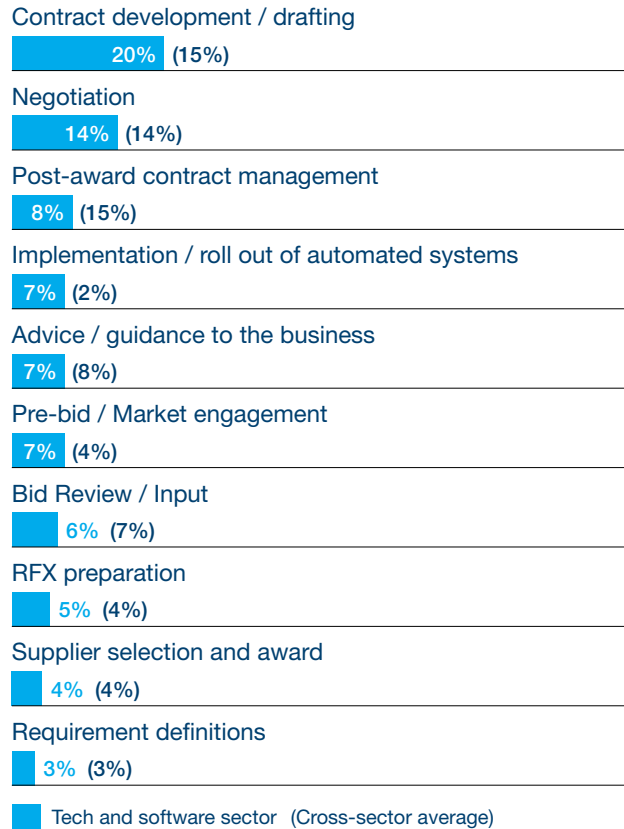- Health and pharma sector
- Cross-sector average

Responsibilities and time allocation

The top ten areas of responsibility identified by CCM groups in health and pharma are:

Top ten responsibilities

Negotiation
86% (83%)

Contract development / drafting
82% (79%)

Post-award contract management
77% (70%)

Advice / guidance to the business
68% (76%)

Maintain / oversee compliance with standards and policies
68% (59%)

Establish commercial / contracting strategy
64% (65%)

Develop standards / policies
59% (57%)

RFX preparation
59% (42%)

Implementation / roll out of automated systems
59% (34%)

Maintenance of automated systems for CCM
59% (31%)

■ Health and pharma sector (Cross-sector average)

Where time is allocated in those top ten areas of responsibility:

Top ten workload distribution

Contract development / drafting
20% (15%)

Negotiation
14% (14%)

Post-award contract management
8% (15%)

Implementation / roll out of automated systems
7% (2%)

Advice / guidance to the business
7% (8%)

Pre-bid / Market engagement
7% (4%)

Bid Review / Input
6% (7%)

RFX preparation
5% (4%)

Supplier selection and award
4% (4%)

Requirement definitions
3% (3%)

■ Tech and software sector (Cross-sector average)

Relative to other sectors, the list points to a significantly less strategic role than many and this is borne out by the typical CCM objectives (see next page). The focus on operations and transactional support acts as a barrier to change. Health and pharma groups are much less likely to be leading change initiatives (27% versus 43%) and are spending far more time on drafting and developing contracts. This is in part explained by the dominant use of standard templates, often without readily available fall-backs.

As previously observed, it is also notable that CCM resources spend far less time than the average on supporting or managing contracts post-award, especially on the buy-side.

The importance of market research is understood, but in many organizations little time is being invested. The objectives about which this community would like to know more are:
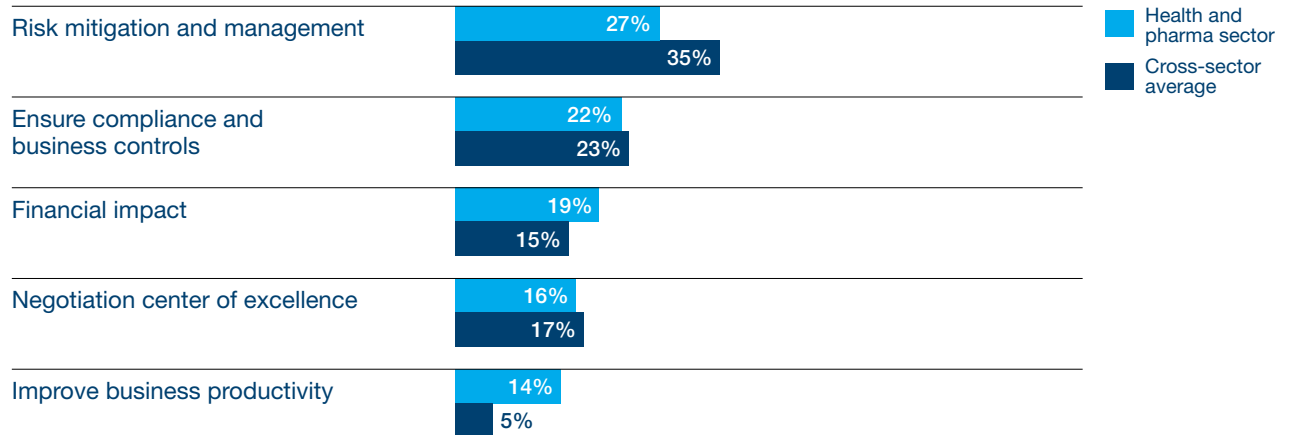
- Pricing / charging models
- Best practices in offering design or contract structure
- Trends in commercial offerings (we know that there is considerable interest in outcome and performance-based agreements plus greater focus on as-a-Service).
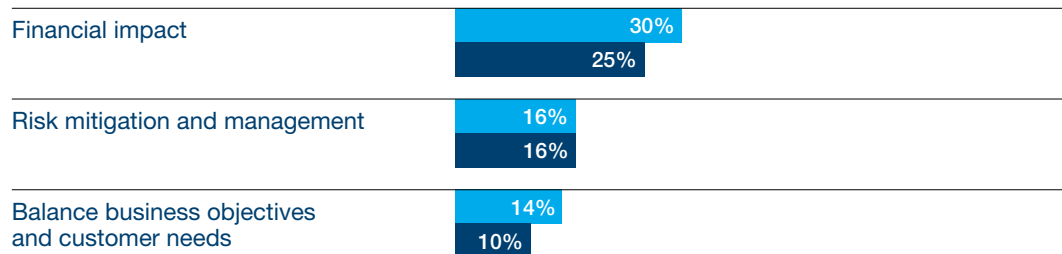
CCM objectives

The primary objectives for contract management teams in the health and pharma sector are strongly oriented towards risk and compliance, which is not untypical when dominant reporting lines are into Legal and Finance.

CCM objectives are broadly consistent with cross-sector norms at an operational level, but the absence of more strategic goals is notable. For example, areas such as involvement with change initiatives, creating competitive advantage and identifying opportunities for added-value do not feature.

Primary objectives for contract management

Legend:
- Health and pharma sector
- Cross-sector average

Objective	Health and pharma sector	Cross-sector average
Risk mitigation and management	27%	35%
Ensure compliance and business controls	22%	23%
Financial impact	19%	15%
Negotiation center of excellence	16%	17%
Improve business productivity	14%	5%

Primary objectives for commercial management*

Objective	Health and pharma sector	Cross-sector average
Financial impact	30%	25%
Risk mitigation and management	16%	16%
Balance business objectives and customer needs	14%	10%

*No other objective scored sufficiently high to make this list.

Measurements

As previously observed, the volume of contracts being handled per head in the health and pharma sector is dramatically above the cross-sector average, but this may be in part because the percentage of agreements requiring some form of intervention is also above average (e.g. 81% of low complexity agreements versus average 67%). This higher volume does not translate to longer cycle times – in fact, the typical bid to signature cycle time is around 30% faster than the cross-sector average.

This performance is in part likely to be because of better technology, specifically in support of front-end access. However, there may be other answers. Possibilities include greater success in imposing template agreements or minimizing the extent of negotiation; a differing view of 'complexity'; more collaborative sector relationships or culture; better defined workflows, though in that case it is unclear why 'improving internal processes' is the number one priority for improvement.
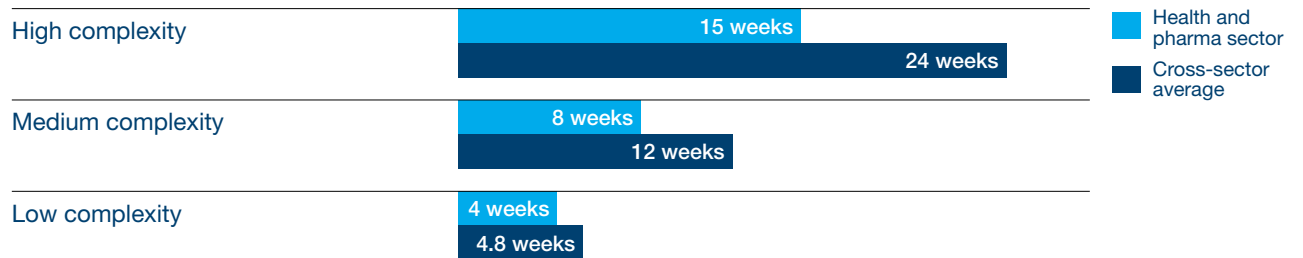
The top items on which measurement is undertaken are:

1. Cost reduction
2. Cycle times
3. Satisfaction of internal customers
4. Negotiated benefits
5. Compliance with standards
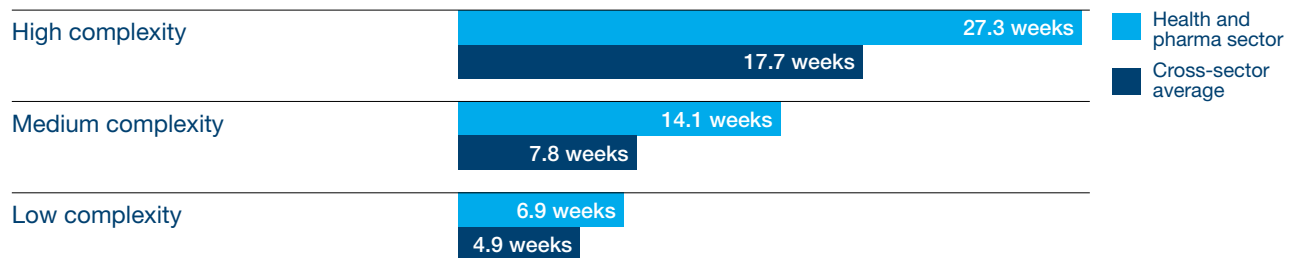6. Volume of contracts / negotiations per head

The top items that are reported are:

1. Negotiated cost reduction / savings
2. Number of contracts negotiated
3. Number of suppliers with a contract
4. Number of contracts / POs issued
6. Contract compliance (standards and performance)

Domestic contract cycle time

High complexity
- 15 weeks (Health and pharma sector)
- 24 weeks (Cross-sector average)

Medium complexity
- 8 weeks (Health and pharma sector)
- 12 weeks (Cross-sector average)

Low complexity
- 4 weeks (Health and pharma sector)
- 4.8 weeks (Cross-sector average)

Legend: ■ Health and pharma sector ■ Cross-sector average

International contract cycle time

High complexity
- 27.3 weeks (Health and pharma sector)
- 17.7 weeks (Cross-sector average)

Medium complexity
- 14.1 weeks (Health and pharma sector)
- 7.8 weeks (Cross-sector average)

Low complexity
- 6.9 weeks (Health and pharma sector)
- 4.9 weeks (Cross-sector average)

Legend: ■ Health and pharma sector ■ Cross-sector average
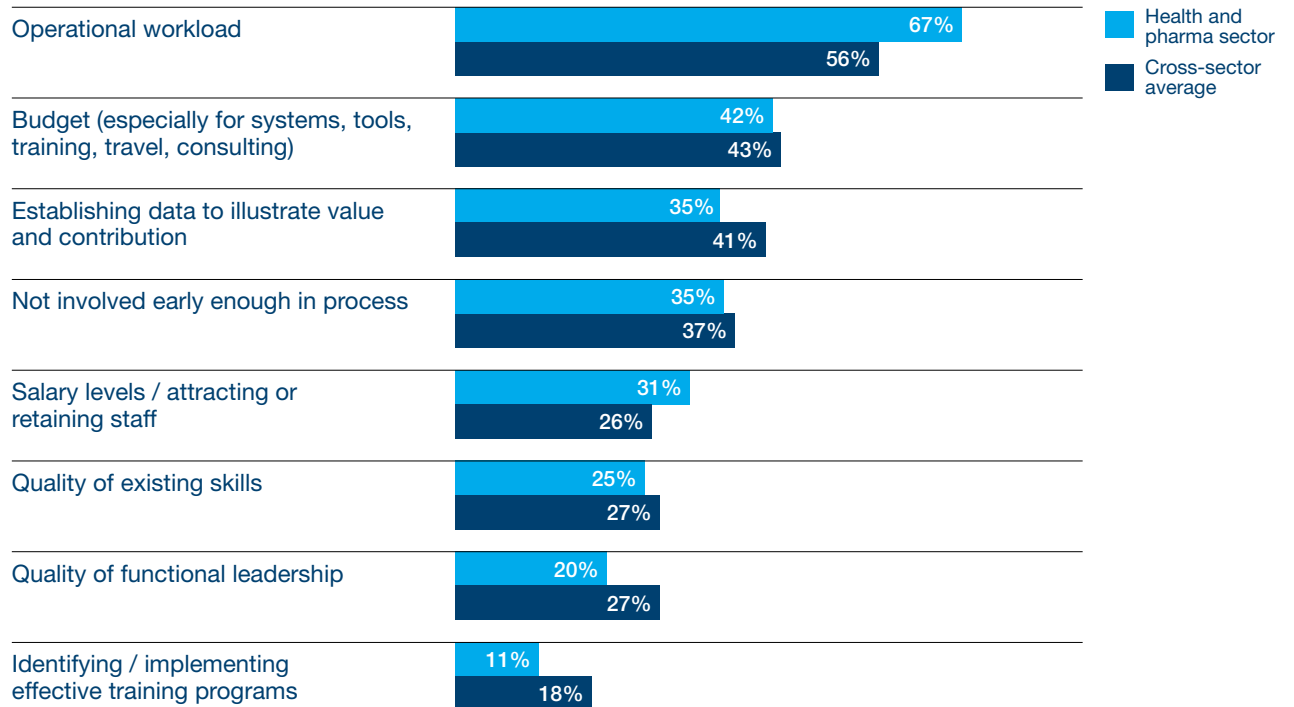
Barriers to improvement

Operational workload in the health and pharma sector is by some margin the biggest barrier to addressing the change priorities. 67% cite this as a significant obstacle, against the cross-sector average of 56%. Budget (in second place) is viewed as a barrier by 42% (compared to 43% average). The only other area with significant negative variation from the average is salary levels / retention, with 31% versus 26%.

Significant barriers to achieving strategic prioirities

Legend:
- ■ Health and pharma sector
- ■ Cross-sector average

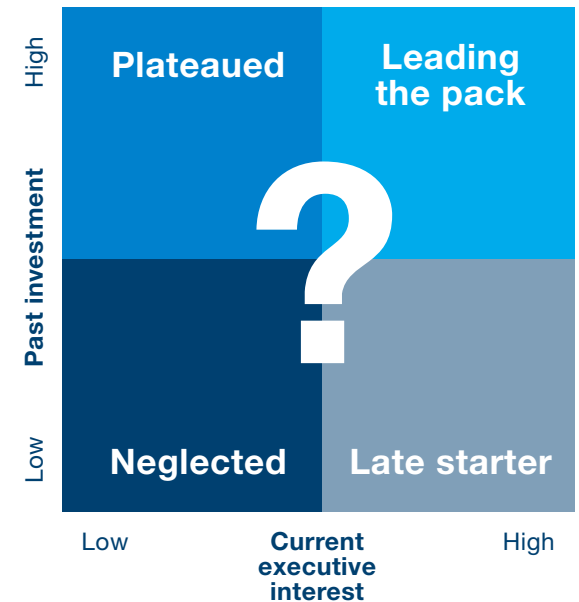| Barrier	Health and pharma sector	Cross-sector average
Operational workload	67%	56%
Budget (especially for systems, tools, training, travel, consulting)	42%	43%
Establishing data to illustrate value and contribution	35%	41%
Not involved early enough in process	35%	37%
Salary levels / attracting or retaining staff	31%	26%
Quality of existing skills	25%	27%
Quality of functional leadership	20%	27%
Identifying / implementing effective training programs	11%	18%

Conclusions

As an sector increasingly driven by technology, it is not surprising that automation and digitization of contracting processes are viewed as a priority in health and pharma. So long as they are accompanied by contract simplification (for example, user-based design, development of clause libraries and fall-backs), these initiatives will contribute to greater efficiency, speed and management of operational risk.

It is also encouraging to see the extent to which organizational consolidation is occurring, in particular merging buy-side and sell-side CCM resources. This creates potential for fully integrated contract data management, enabling major improvements in areas such as contract value retention and predictive risk and opportunity management.

Where exposures may arise is from a lack of focus on the sector's strategic developments and the impact they will have on required CCM capabilities. For example, the benchmark data does not suggest a shift of resources or skills into the more demanding world of performance, outcome, and as-a-Service agreements, or the need to adopt more agile working methods.

Where are you on the journey?

Matrix diagram with axes "Past investment" (vertical: Low to High) and "Current executive interest" (horizontal: Low to High):
- Plateaued (High past investment, Low current executive interest)
- Leading the pack (High past investment, High current executive interest)
- Neglected (Low past investment, Low current executive interest)
- Late starter (Low past investment, High current executive interest)

About World Commerce & Contracting

World Commerce & Contracting is a not-for-profit association dedicated to helping its global members achieve high-performing and trusted trading relationships. With 70,000 members from over 20,000 companies across 180 countries worldwide, the association welcomes everyone with an interest in better contracting: business leaders, practitioners, experts and newcomers. It is independent, provocative and disciplined existing for its members, the contracting community and society at large.

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About Icertis

With unmatched technology and category-defining innovation, Icertis pushes the boundaries of what's possible with contract lifecycle management (CLM). The AI-powered, analyst-validated Icertis Contract Intelligence (ICI) platform turns contracts from static documents into strategic advantage by structuring and connecting the critical contract information that defines how an organization runs. Today, the world's most iconic brands and disruptive innovators trust Icertis to fully realize the intent of their combined 7.5 million+ contracts worth more than $1 trillion, in 40+ languages and 90+ countries.

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Benchmark sector-specific reports

This report is one in a series of 10, based on data extracted from WorldCC's *Benchmark Report 2021*. Each report provides in-depth visibility into CCM capabilities for the following sectors:

- Aerospace and defense
- Banking, insurance and financial
- Engineering, construction and real estate
- Health and pharma
- Manufacturing and processing
- Oil and gas
- Public sector and government
- Services, outsourcing and consulting
- Technology and software
- Telecomms.