



Welcome to the House.

Expert Reinforcement for Healthcare Strategy Teams

Turning Insight into Infrastructure



You already
know more than
you can act on.

Most healthcare
teams aren't
short on insight.



Most healthcare teams aren't short on insight.

They're short on shared clarity, durable decisions, and the structures to move forward together

It's what happens when experience, urgency, and complexity collide



Because work
doesn't slow
down so
strategy can
catch up.

Decisions happen mid flight.



Decisions happen mid flight.



While teams are stretched, priorities compete,
And the cost of getting it wrong actually matters

**Any strategy that can't survive that moment
won't survive at all**

We've seen this
moment before.

Across healthcare brands — large and small, established and emerging — **we kept encountering the same pattern:**

Experienced teams, strong hypotheses, real insight on the table... **and** real difficulty turning all of that into aligned decisions and forward motion.

Not because the teams weren't capable. But because experience was fragmented, urgency was constant, And no one had the time or distance to help the work take shape.

That's the gap House was built to fill.

How we work when the stakes are real

Over time, we started writing down the rules that actually helped work move – across teams, brands, and moments where the pressure was real.

They're not values or best practices. They're patterns we've learned to trust.



1

HOUSE RULE

People tend to support what they help create.

2

HOUSE RULE

Never stop flying the airplane.

3

HOUSE RULE

Momentum leaks.

4

HOUSE RULE

Experience is your most underused accelerator.

5

HOUSE RULE

Ideas don't survive without a plan.

6

HOUSE RULE

If it takes too long to explain, it won't get done.

House Strategy turns **insight into infrastructure**

We work with healthcare teams to **make complex decisions easier to see, test, and act on** – by shaping insight into shared frameworks, operating models, and systems that hold up under real-world pressure.

We step in as senior reinforcement **when judgment matters more than volume**, helping teams align, decide, and move while the work is still in motion.

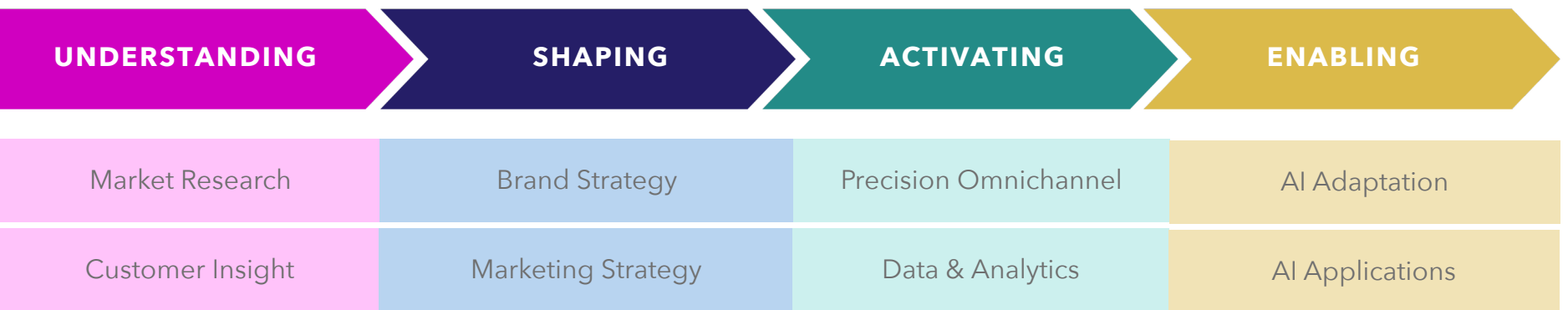
UNDERSTANDING

SHAPING

ACTIVATING

ENABLING

House Strategy turns insight into infrastructure



These aren't standalone services – they're parts of a system built to help teams decide and act with confidence.

This work **didn't start at House**

House was built by **senior strategists who've spent years inside healthcare** – supporting launches, rebrands, growth pivots, and moments when the stakes were high and the answers weren't obvious.

Across **pharma, biotech, rare disease, and healthcare services**, we kept seeing the same patterns repeat – and refining how to respond to them.

That experience is what shaped the House Rules – and the work that follows.

AMGEN

teva

 **Pfizer**

Insulet

 **axsome**

**ascendis
pharma** 

oliva.

 **NOVARTIS**

MDLinx

 **Biogen.**

Lilly

 **VERTEX**

Here's what
that looks like
in practice.

Higher res (best we
can do) headshot of
Leigh outlined.

House work is built side by
side – with client teams,
partners, and subject-matter
experts who know the terrain
best. That **collaboration**
shapes every insight and
every decision that follows.

What you'll see next is a
curated selection from our
work across healthcare –
chosen to reflect the kinds
of challenges we're
solving together.

Headshot
outlined #2

Headshot
outlined #3

Headshot
outlined #4

Headshot
outlined #5

Headshot
outlined #6

Case Example

From broad audiences to moments of readiness

A neuroscience brand needed to move beyond traditional audience definitions that weren't helping teams make **sharper decisions about messaging, media, or timing**. Existing segments described who patients were – but not when or why they were ready to act.



WHAT WE DID

House partnered with the team to build a **behavioral segmentation grounded in lived experience** – how patients search, scroll, hesitate, and decide as symptoms change. We focused on **drivers, barriers, and signals** of readiness rather than demographics or diagnoses.



WHAT CHANGED

The work produced **three evidence-based segments** mapped by need and readiness, giving teams a clearer way to align message, channel, and timing. Planning shifted from broad reach to **precise moments** where intervention could realistically change behavior.



WHY IT HELD

Because the segments were designed for use, not explanation, they became a **shared reference point across functions** – supporting messaging decisions, media planning, and prioritization well beyond the initial work.

Case Example

Seeing physicians as people, not just professionals

A healthcare publisher needed to grow in a crowded content market, but traditional audience research wasn't helping teams decide **what to build, prioritize, or retire**. Titles and specialties explained reach – not relevance – and the risk was continuing to optimize content volume without becoming a trusted daily habit.



WHAT WE DID

House combined **qualitative research with behavioral signals** from content usage and engagement to understand how physicians actually move through their day – when they read, how they skim, what they save, and where fatigue shows up. We centered lived experience and real constraints rather than formal role definitions.



WHAT CHANGED

Insight shifted from abstract personas to **concrete content decisions**. Teams gained **clarity on which formats, topics, and moments** were worth investing in – and which were simply adding noise – allowing focus to narrow instead of expand.



WHY IT HELD

Because the work produced shared judgment, not just insight. It gave teams a **durable way to evaluate new ideas** against real physician behavior, supporting editorial, product, and growth decisions well beyond the initial research.

Case Example

Turning heritage into modern relevance

A family-built manufacturer entering branded thyroid care needed **to establish credibility quickly** – without abandoning decades of trust or sounding like a category latecomer.



WHAT WE DID

House partnered with the team to define an **authentic brand story, true voice, and message system** rooted in clinical precision and lived patient need. We translated legacy into relevance without oversimplifying it.



WHAT CHANGED

The work resulted in **two distinct, purposeful brands** with clear positioning and **messaging frameworks** that teams could confidently activate across functions. We also ran an RFP to bring in a right-fit creative partner to scale the work.



WHY IT HELD

Because the strategy wasn't performative. It **gave teams language they believed in** – and could consistently use – as the brands moved toward launch. Working in a synthetic MLR environment also sped the approval and launch process.

Case Example

From scale to signal in rare oncology

A rare oncology launch faced a familiar paradox: a small, biomarker-defined population managed largely by general oncologists, in a crowded class where familiarity often outweighs novelty. **Awareness wasn't the barrier – confidence and timing were.** The challenge was reaching clinicians at the moment between diagnosis and decision, not just at scale.



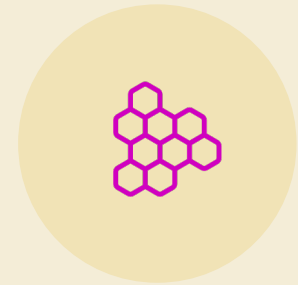
WHAT WE DID

House helped design a **precision-at-scale launch model** that started broad, then sharpened as signals emerged. We combined mutation-aware segmentation, behavioral cues (testing, prescribing, engagement), and trigger-based activation to align message, channel, and cadence with real-world decision moments.



WHAT CHANGED

Planning shifted from **channel-first execution to signal-led orchestration**. As diagnostic, digital, and claims signals clarified intent, engagement became more specific, more relevant, and easier for teams to prioritize. Field, media, and digital efforts moved in concert instead of in parallel.



WHY IT HELD

Because the strategy was built to adapt, not lock. It reflected how rare oncology decisions actually unfold – unevenly, under time pressure, and with growing confidence over time. The result was a **repeatable framework teams could use beyond launch**, not just during it.

Case Example

From internal hypotheses to real-world readiness

A diabetes device company had **strong, experience-based hypotheses** about why primary care adoption lagged – but those assumptions lived across functions and weren't consistently tested, prioritized, or connected to **how care actually unfolds in busy practices**. The risk wasn't lack of insight; it was fragmentation and drift.



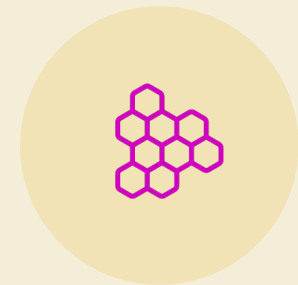
WHAT WE DID

House partnered with the team to surface, challenge, and **validate internal hypotheses through deep qualitative research** with primary care providers and support staff. We mapped the modern T2D visit experience, identified structural barriers and motivators, and synthesized findings into a set of actionable readiness dynamics



WHAT CHANGED

The work shifted the organization **from debating assumptions to working from shared evidence**. Teams aligned around what was proven versus presumed, gained clarity on where adoption was realistic today versus aspirational, and could prioritize strategy, messaging, and support based on actual readiness rather than intent.



WHY IT HELD

Because the insight didn't live in a static deck. The research was extended into **an interactive, always-on insight environment**, allowing teams to explore scenarios, pressure-test ideas, and ask new questions as they emerged. This made insight usable in real time – supporting strategy, launch planning, and decision-making long after the initial research was complete.

Case Example

From ambition to a repeatable innovation system

A healthcare agency had strong creative talent, trusted client relationships, and growing demand for modern capabilities – but no shared infrastructure to support innovation at scale. Strategy, data, AI, and engagement lived in pockets, making progress uneven and difficult to sustain. **The risk was falling behind industry expectations despite clear appetite to evolve.**



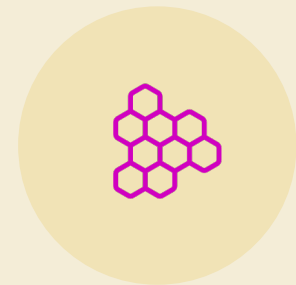
WHAT WE DID

House partnered with leadership to assess **solvable capability gaps and define a multi-phase innovation growth model.** We mapped the skills, tools, data, and operating principles required for modern engagement, then translated that into a practical blueprint – covering productized capabilities, staffing models, AI integration, governance, and investment priorities.



WHAT CHANGED

Innovation shifted from ad hoc effort to shared system. Teams **gained a common language for modern marketing, clarity on where to invest first, and a roadmap** that aligned talent, process, and technology. Strategy became a connective layer – informing staffing decisions, product development, client conversations, and near-term growth opportunities.



WHY IT HELD

Because the model was designed to be lived, not admired. **The blueprint became the foundation** for new products, training programs, AI-enabled workflows, and client-facing solutions – **allowing the organization to adapt continuously** without reinventing its approach each time the market shifted.

What to expect when you work with House

Senior judgment, applied early

We step in where clarity matters most – before momentum leaks and decisions stall.

Real partnership, not performative process

We work alongside teams to shape thinking, not hand off answers.

Experience put to use

We start from what teams already know and help turn it into decisions that hold.

Structure without rigidity

Clear frameworks, practical plans, and systems designed for real-world pressure.

Work that lasts

Strategy built to survive execution, not just presentation

This is how insight becomes infrastructure.

Thank you for visiting the House.



Leigh Householder

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**OUR DOOR IS
ALWAYS OPEN.**