



ZS medical affairs outlook report 2021

Analysis of medical affairs growth and industry trends

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Executive summary

The need for strategic medical affairs groups has become essential for pharmaceutical companies as the healthcare ecosystem moves past the COVID-19 pandemic. As new trends and challenges emerge, given evolving stakeholder choices and landscape dynamics, medical affairs leaders must recognize current and upcoming changes to refine and drive their go-to-market strategies, organizational investments, trainings and more.

To shed some light on this necessity, ZS's 2021 medical affairs outlook report explores the impact the pandemic has had on medical affairs, the evolution of field medical roles and activities, current industry trends, future areas of focus and long-term implications for medical affairs. This study provides the perspectives that medical leaders must focus on, as both internal and external stakeholders operate in an environment that is evolving beyond the pandemic and from the traditional modus operandi as well.

Key findings include:

- The pandemic has **forced medical affairs leaders to focus on strategic changes**, engagement models and role redefinitions to stay on course with key opinion leaders' (KOL) evolving needs.
- While a portion of KOL engagements are expected to revert to face-to-face in the post-pandemic era, **virtual is here to stay**.
- **Investments in people, tools and technologies** are essential to ensure internal readiness and address external stakeholder needs.
- In addition to scientific and therapy area trainings, **field medical personnel must be trained to effectively use virtual tools** and have value-based discussions with external stakeholders.
- **Medical roles and responsibilities will continually increase**, as will engagements with new stakeholders, such as hospital networks, payers and patient advocacy groups.



The study

Methodology

In Q2 2021, ZS fielded two industrywide surveys yielding insights on current and future trends across medical affairs organizations. Participants included over 100 medical affairs personnel from around 40 global companies—also referred to as internal respondents—and 224 healthcare professionals and KOLs from North America and Europe, also referred to as external respondents. Eighty percent of surveyed internal respondents were at a director or executive level, while more than a third had a global purview. External respondents were spread across therapy areas such as oncology, neurology and cardiology. Respondents provided their perceptions across several issues, including the pandemic’s impact on interactions and medical functions, future focus areas for medical affairs, key inputs on strategies to be considered, trainings, new customer types and more. The report also highlights stakeholder opinions on the potential evolution of both the medical functions and the field medical science liaison (MSL) role.

Redefining the KOL-MSL relationship

Needing to adjust to pandemic-related restrictions, MSLs and KOLs were forced to undertake virtual engagements—one of the major shifts during the past year. While face-to-face engagements have historically been favored, virtual engagements have recently surged. About 50% of internal medical respondents noted the engagement model changes for field medical as one of the major highlights of the pandemic period. Globally, nearly a third of KOLs had up to 24 planned interactions across different pharma MSL teams between March 2020 and February 2021; specifically, 38% of European respondents said they'd reached this point, while only 20% of U.S.-based KOLs said the same.

Medical affairs personnel believe about half of the future interactions will be face-to-face—and that virtual engagements are here to stay. Additionally, KOLs see about 60% of their future interactions becoming face-to-face. Despite the slight difference between the external and internal respondents, fewer than two-thirds of all future interactions are set to be face-to-face. Globally, 70% of surveyed KOLs said they're extremely comfortable with virtual MSL interactions, although technical difficulties and a lack of dynamic exchanges remain major challenges.

While about half of the external respondents were satisfied with virtual MSL engagements in the past year, those from Canada indicated a strong comfort level and satisfaction with these virtual engagements. In general, younger KOLs have been quick to adapt to virtual engagements across the globe.

While both U.S. and global internal respondents expect about 50% of future MSL-KOL interactions to be face-to-face, respondents from Europe only expect about 35%.

Although 51% of internal respondents agreed that virtual interactions have worked best when the MSL has had a prior relationship with the KOL, 86% said virtual hasn't worked well when the MSL meets a new KOL for the first time. Therefore, in-person connections that establish new MSL-KOL relationships are essential moving forward.

Because KOLs believe the personalization from face-to-face interactions is missing in virtual, medical leaders must prioritize relationship building. Understanding customer needs and modifying interaction plans is essential when building future engagement plans. Moreover, revamped engagement plans must be created for KOLs who don't have sufficient bandwidth or are highly involved in patient treatment. Such customized engagement plans are key to gaining both the trust and personal touch in future interactions.

More than three-fourths (76%) of experienced KOLs feel that face-to-face interactions are more personalized, while 58% of less experienced KOLs said the same; 84% of KOLs from the U.K. think face-to-face interactions are more personalized.

Understanding KOL preferences will improve engagements. According to the external survey respondents, COVID-19-related information and clinical trial updates were the most valuable information provided by MSLs during the pandemic.

Another way to improve engagements is through exploring areas where KOLs are comfortable adapting to virtual modes for information consumption. For example, more than 50% of external survey respondents said they want to receive regulatory updates and scientific articles and publications virtually instead of face-to-face. KOLs have said they're ready to receive regulatory updates through self-serve avenues, such as chatbots, automated messages, and on-demand video and audio. Additionally, about 60% of KOL respondents said they're comfortable sharing and receiving scientific information via new and emerging information avenues, such as WebMD, UpToDate and other virtual platforms. Social media and company-sponsored websites are also gaining traction.

Growing preference for virtual engagements and digital content

Eighty-two percent of Canadian KOLs prefer to receive scientific information via virtual engagements.

KOLs from Europe (56%) prefer receiving congress/conference updates virtually as compared to those from the U.S. (38%). However, more U.S.-based KOLs (63%) are comfortable in following up on such information via digital self-serve channels as compared to those from Europe (41%).

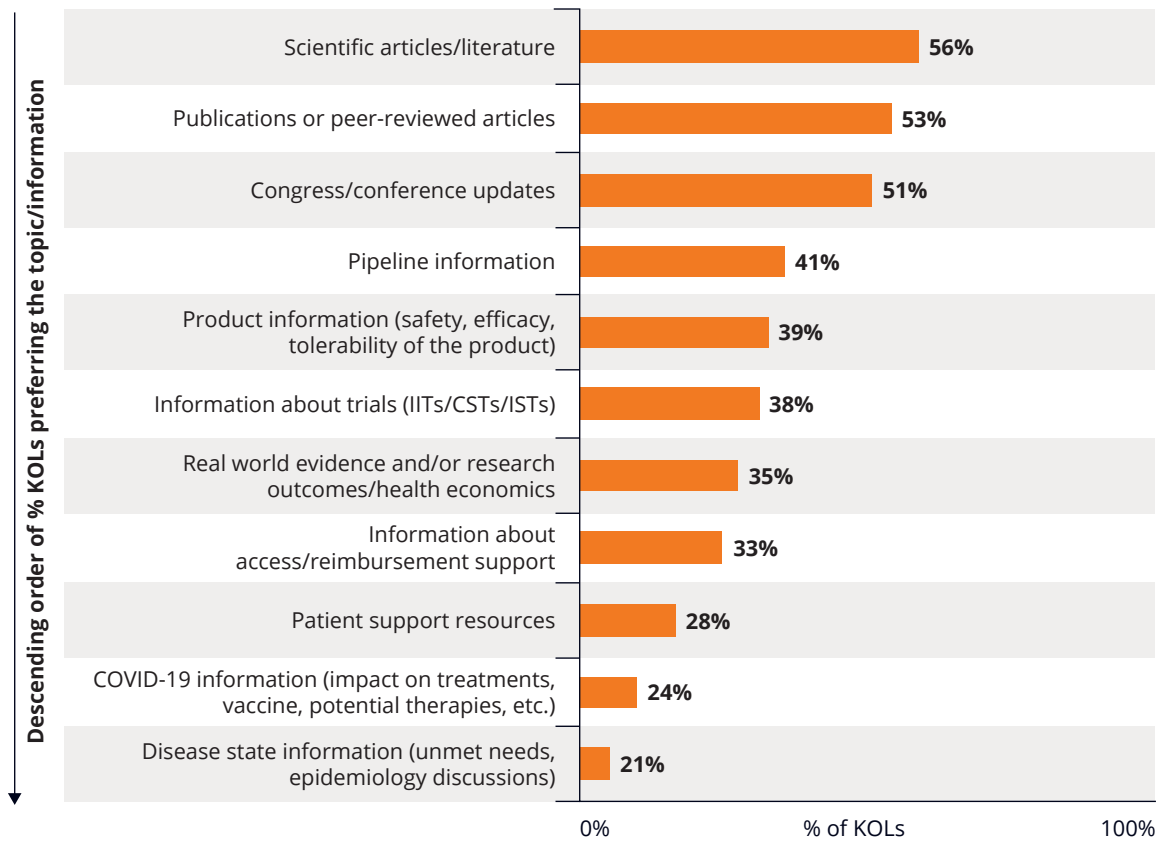
More than half (59%) of U.S.-based KOLs said they're extremely comfortable receiving news and sharing scientific information through self-serve channels, while only 41% of those in Europe said the same.



The bottom line: Building and managing engagement plans according to specific stakeholder needs will help medical teams establish strong relationships with their customers in this digital era.

FIGURE 1:

Information preferred to be attained through virtual instead of face to face



Building the future medical affairs roadmap

Medical affairs must reach market and customer needs as expectations continually evolve. Here are four key pillars required to revamp your go-to-market strategy for medical affairs.

1. Expanding the medical affairs customer map

ZS's 2019 medical affairs outlook report highlighted the expanded set of roles and activities under the medical affairs purview. Fast forward two years, and along with expanded activities, medical is engaging with newer customer types. More than 70% of medical affairs personnel said they're interacting with hospital networks, while about 60% said they're engaging with community oncologists and patient advocacy groups. Finally, more than a third (36%) said they're interacting with digital influencers who are gaining prominence.

Most engagements with digital influencers and payers have occurred in the U.S., and new customer types are more prominent in the U.S. as well.

Medical affairs has moved beyond the traditional KOL-only engagement model, and the increasing customer umbrella reflects its growing importance. Interactions with different customer types also highlight the entry of rich field medical insights that can be used to keep up with evolving market trends.

2. Understanding future focus areas

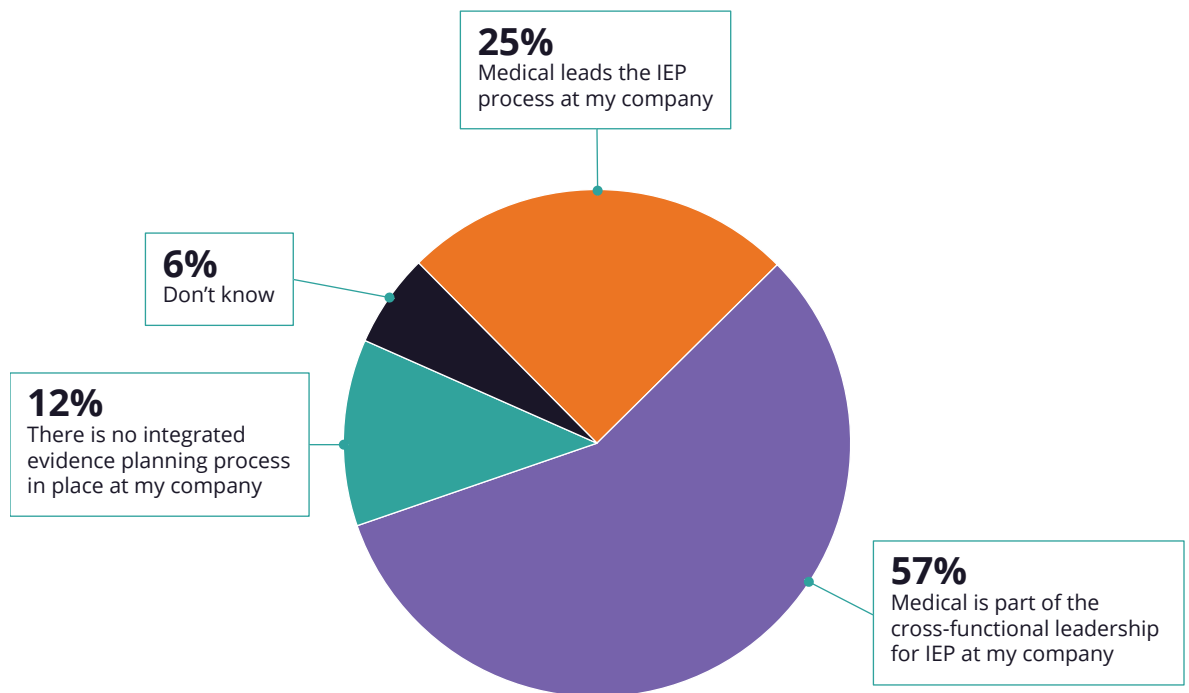
Globally, 77% of KOLs believe that future medical affairs organizations should co-create solutions with healthcare customers to develop provider and patient-centric resources that address current educational gaps. Additionally, nearly two-thirds (64%) of external respondents believe that medical affairs organizations must focus on digital dissemination of high-quality medical content, while cross-disease area expertise leveraging cross-geography insights have also emerged as key focus areas. This highlights the need for field medical personnel to have a solid profile of the associated disease states and therapy areas beyond the core area of focus. These aspects are crucial because topics such as drug-to-drug interactions—as well as the impact of comorbidities that physicians are concerned about while making treatment decisions—have gained traction during the pandemic.

More than two-thirds (67%) of surveyed KOLs are likely to use telehealth and other digital resources moving forward. Specifically, 75% of U.S.-based KOLs are likely to do so, while 62% of those from Europe said the same. And beyond scientific support, KOLs look forward to medical affairs organizations assisting with web-based solutions, because KOLs want to incorporate telehealth services in their ongoing practice. Medical education and medical information teams come into play here, given that they offer accurate information and content to allow physicians to make good decisions. Sharing insights and trends within medical affairs teams creates best practices across different regions, which enables physicians to make good decisions while using digital resources when treating patients.

Today, medical affairs groups play a strategic role in numerous key activities within pharma companies, such as launch planning, integrated brand planning, scientific market development and, more recently, integrated evidence planning (IEP). More than three-fourths of internal medical respondents said medical affairs is a part of the IEP process at their company, while 25% said medical affairs leads the IEP process at their company (figure 2).

FIGURE 2:

Integrated evidence planning within pharma



3. Building and strengthening relationships through key investments

Globally, almost 80% of surveyed medical personnel said field medical is among the top three teams receiving leadership investments. Field medical is a key area for medical affairs, as building and sustaining customer relationships while creating new ways of establishing said connections is crucial. Additionally, the demand for in-depth and customized scientific information is a critical aspect being focused on. Because of this, the medical communications function, which 52% of respondents ranked as one of the top three areas of investment, follows field medical teams as a key investment area. Ensuring internal technical readiness to provide stakeholders with the right content is vital, since engagements and content are being refined.

The investment charter is well-established regarding investments in people, content and systems for analysis and processing. For example, most internal respondents who provided an input for field medical investments said investing in people-based aspects such as resourcing and upskilling is important. Similarly, respondents said medical communications teams should focus on tools and technology (figure 3).

FIGURE 3:

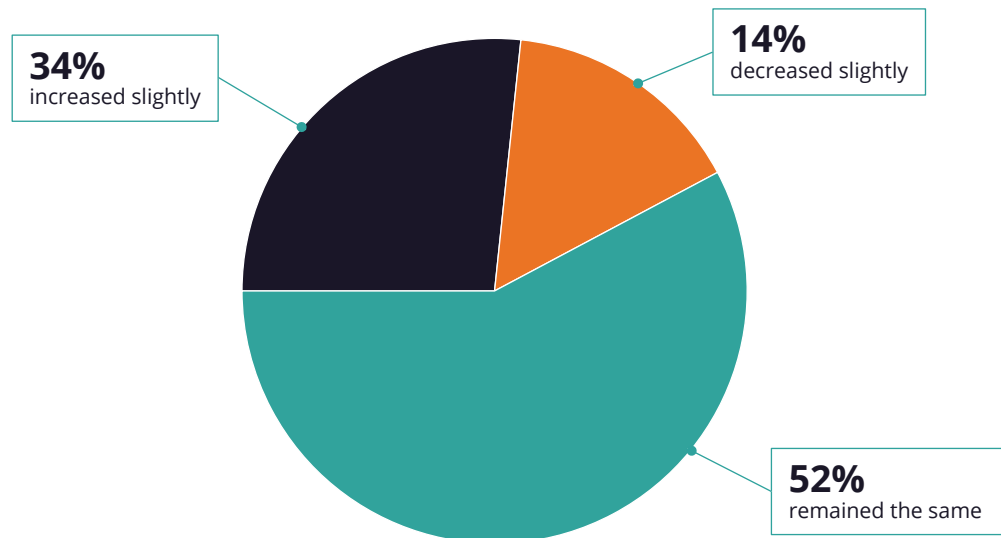
Investment charter for medical affairs

	Tools and Technology (Digital)	People (Additional resourcing, upskilling and training)	External vendor/ consulting support
Field medical	36%	62%	2%
Medical communications	46%	11%	43%
Medical analytics	54%	25%	21%
Publications	21%	17%	46%
Health Economics and Outlook Research (HEOR)	4%	59%	26%
Medical information	65%	21%	14%

The more we explore these investments, the more we see that people—including additional resourcing, training and upskilling—is the main priority of field medical teams. Nearly two-thirds (62%) of internal respondents who provided thoughts on investment areas for field medical cited people as the key investment. The importance of people is further validated, given that about half of the surveyed medical personnel said they haven't seen any changes in the field medical team size during the pandemic, while about a third said they've experienced a slight increase. People investments also increased in health economics and outcomes research (HEOR) because there's a specialized need in this area to focus on tools and technology—a key investment area as well for medical information groups.

FIGURE 4:

Changes in the field medical team sizes



Some pharma companies are considering a centralized data and analytics hub for their medical teams: 31% of internal respondents said the ideation for this has begun in their organization while 37% said the ideation phase is over—and the implementation phase has started. The need for systems that capture and analyze data from virtual channels is also picking up steam, with nearly 35% of internal respondents saying they're currently implementing these.

While medical teams look to redefine their future engagement models, strategic changes can be expected in medical communication, analytics and HEOR groups. More than 30% of respondents said these functions have already undergone change. Medical teams must define the vision for their people, processes and technology to ultimately achieve successful investments and engagement-model changes.

4. Defining the MSL of the future

As the medical affairs landscape evolves, MSLs and other field medical leaders must reinvent themselves. Dedicated trainings and upskilling are key to driving this transformation.

More than half (53%) of external survey respondents said MSLs need the most training in scientific and therapy areas and an understanding of KOL challenges and needs. It appears medical teams are ahead on this, though, as 81% of internal survey respondents said their teams have already undergone scientific and therapy-area trainings since March 2020. Upskilling the MSL for virtual engagements has also been an area of focus.

Beyond that, KOLs want to see future MSLs frequently engage in value-based discussions and maintain a strategic mindset. Medical organizations seem to be headed in this direction: About a third (33%) said they're currently creating training programs focused on strategic mindsets, while 30% said they're creating programs that highlight a holistic view of healthcare systems.



Rising need for training and upskilling

Nearly two-thirds (61%) of oncologists said scientific and therapy-area training is extremely important, while only 47% of non-oncologists said the same.

Most (95%) internal respondents from the U.S. and Europe said they or their field medical team have undergone scientific and therapy-area focused trainings, while only 68% of global internal respondents said the same.

A majority (90%) of internal U.S. respondents have completed their virtual upskilling trainings, while only about 65% of those in Europe and around the globe have done so.



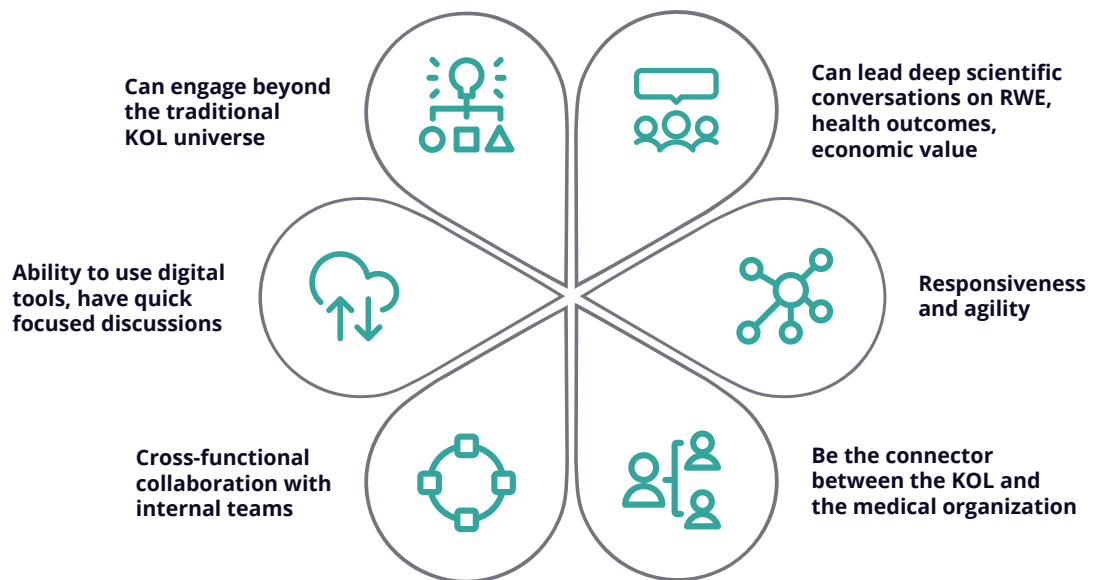
4 months: Average amount of time it takes to recruit a new MSL

Conducting these trainings is one thing, but applying the skills learned in them is another. Medical leaders must monitor the quality and outcomes of these trainings to ensure implementation throughout their organization. Most surveyed medical respondents said there's a lot of room to improve the quality of trainings, specifically with regard to how they're organized and conducted. Additionally, trainings must improve on defining appropriate KPIs and feedback loops to evaluate these programs, which will ensure healthy stakeholder relationships

Ultimately, future MSLs are expected to wear many hats and possess a variety of capabilities (figure 5).

FIGURE 5:

Expected MSL traits



The future is bright

The future of medical affairs is bright, as many KOLs said MSLs across companies have exceeded their expectations. Specifically, they listed more than 100 unique company names—a strong indicator of the sustained KOL-MSL engagements during and after the pandemic. Additionally, medical is being invested in across many different functions and is involved in or leading key areas, such as integrated evidence planning.

Moving forward, medical leaders must keep the following in mind:

- The pandemic has triggered various changes to how medical teams operate now and in the future, including a mix of strategic and tactical shifts. Medical affairs must follow these shifts to continue being the critical scientific face of the pharma company, as well as to maintain its ability to create and sustain relationships with the KOLs, healthcare professionals and other stakeholders.
- The medical affairs customer base has widened, as have the ways in which medical affairs engages with stakeholders. This means medical affairs and field medical teams must understand changing customer needs and prepare themselves to actively engage these people.
- Medical teams must prioritize trainings. Specifically, it is essential to organize and conduct trainings on the right topics and with the right metrics to track and assess progress.
- Appropriate investments across different medical functions in relevant areas is essential to keep pace with the evolving landscape. The investment charter for medical affairs is a good foundation to prioritize.
- As a function of these changes, field medical roles will undergo a strategic transformation: These roles must be smarter, sharper and more agile.

About the authors



Sunil John has been with ZS for 11 years and co-leads the firm's global medical affairs practice. He has authored several articles and industry reports on various medical affairs issues, such as MSL assessments, future customer engagement models and using data to define customer centricity for field medical teams. Sunil has spent the last seven years at ZS focusing exclusively on global medical affairs, helping emerging and large pharma, biotech and MPS clients with business strategy, launch planning and organizational design. He also assists with KPIs, digital strategy and road mapping for medical affairs, medical insights and omnichannel engagements.



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Shrikkanth Gopalan is a decision analytics manager and part of the ZS medical affairs leadership team. He has worked with multiple clients and geographies across various medical affairs issues, from strategy through to implementation. Shrikkanth has enabled the delivery of various medical affairs projects across various pharma and biotech clients. Additionally, he has worked on effectiveness assessment, deployment strategies, organizational design, strategic support and more.



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