WHITE PAPER

How medical affairs can turn patient voice into measurable impact

By Sunil John

In the white paper "Patient centricity in action: Medical affairs as the catalyst," we established that medical affairs is uniquely positioned to advance patient centricity through its scientific expertise, access to data and cross-functional reach. We also emphasized that internal transformation is needed to drive external impact, with a cultural mindset at the center.

Yet across the industry, patient centricity often remains more an ambition than a consistent operating model. Pharma continues to rely heavily on payer and provider inputs, while the patient perspective is still underrepresented in how unmet need is defined, measured and acted on.

At the heart of the issue is a persistent misalignment. Providers often view unmet need through clinical measures, such as efficacy, safety and guideline alignment. Patients experience unmet need through a broader daily reality: symptom burden, emotional support, financial strain, logistics, caregiver reliance and disruption to work and family life. When one perspective dominates, organizations risk solving for an incomplete version of the problem.

Given that context, it becomes less surprising that adoption of patient centricity has remained slow. We've identified three structural reasons why:

1. **Organizational silos:** These prevent companies from having an overarching view of the patient, leading to a fragmented patient experience.
2. **Connection to business objectives**: It's challenging to link patient centricity initiatives to business objectives with clear measures.
3. **Inconsistent focus:** Attempts to focus efforts are inconsistent, accelerating only intermittently.

From intent to impact

Progress is still being made in some corners, of course. Medical affairs teams are expanding partnerships with patient advocacy groups (PAGs), investing in patient education, using claims and electronic health record (EHR) data to spot care trends and advance health equity work. But many efforts remain disconnected from core decision-making, which limits their impact. Key opinion leaders (KOLs) see the same gap: Despite signs of progress, 78% view current patient-focused efforts as only moderately effective or not effective. The challenge is no longer recognizing the importance of patient voice. It's scaling that voice in a way that changes evidence planning, engagement strategy, field deployment and choices across the product life cycle.

To better understand what patients need from pharma, providers and payers, ZS conducted a voice of patients study to survey 100 breast cancer patients in the U.S. The study explored patient journeys, needs, preferences and perceptions of the healthcare ecosystem. Those insights show where medical affairs can move patient centricity from aspiration to action by embedding patient voice into culture, governance, capabilities, measurement and ways of working.

Why scaling patient voice matters

The need for this shift is urgent. Many organizations can see what is happening clinically, but they don't always understand why patients delay care, disengage, decline treatment or drop out. That gap can spread across the life cycle. In development, assumptions about visit burden, travel, caregiver involvement and perceived relevance can affect trial feasibility and recruitment. The ZS Impact Institute's 2026 Future of Health Report found that 45% of U.S. patients delay seeking care until symptoms become disruptive, while 29% of patients reported not starting a prescribed treatment and 54% discontinued treatment prematurely. These findings suggest that many barriers to outcomes often remain invisible unless organizations systematically capture patient experiences across the journey.

At launch and beyond, engagement models built around academic KOL networks may support scientific depth but miss community-level factors that shape access, initiation, adherence and persistence. The disconnect is visible at the point of care as well: Only 41% of patients are meaningfully involved in treatment decisions.

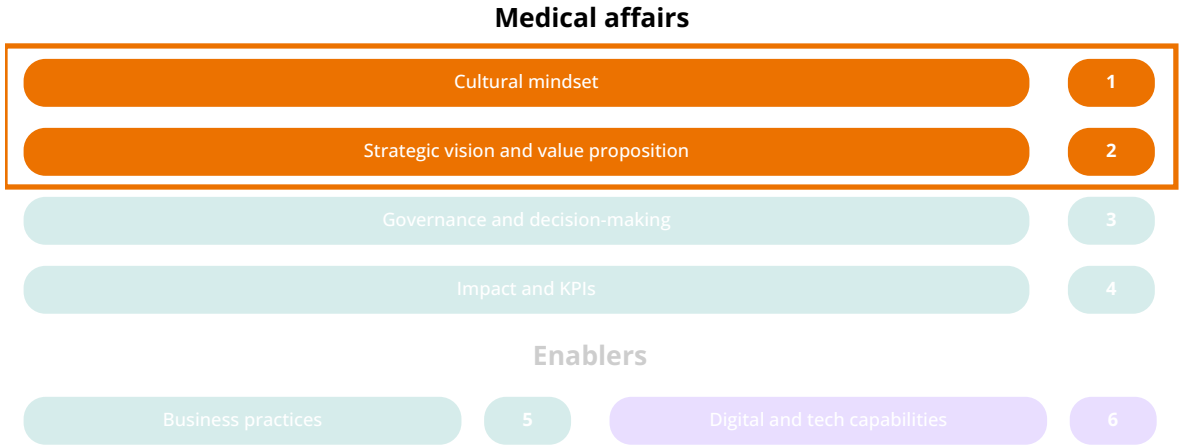
This white paper makes the case for scaling patient voice through medical affairs. It examines how patient insight can be integrated internally into culture, strategy, governance, capabilities and impact measurement, then translated externally through field medical teams, PAGs, KOLs and care ecosystem partnerships. The goal isn't just more activity. It's more relevant insight, better decisions and stronger outcomes for patients. When medical affairs connects patient voice to evidence, engagement and execution, it can help pharma transform intent into impact.

Internal transformation: Integrating new insights into the patient centricity framework

In the "Patient centricity in action: Medical affairs as the catalyst" white paper, we introduced an organizational framework positioning medical affairs as the catalyst for advancing patient centricity. By building on that foundation and integrating the key actionable insights from the voice of patients study, we can now explore tangible, dimension-linked tactics that medical affairs can activate to bring this framework to life.

FIGURE 1:

Cultural mindset, strategic vision and value proposition



Actionable insights from the voice of patients study

- A lack of emotional support services is a top unmet need or challenge faced by almost 40% of patients. They're seeking more empathy and understanding from the healthcare system.
- On average, patients rated their autonomy in treatment decision-making at 68%.
- Over 65% of patients trust clinical data reported by other patients more than evidence reported by the pharmaceutical industry.
- Patients indicate that pharma educational materials help them feel empowered, but could be more relevant and accessible.

Medical affairs tactics for cultural mindset, strategic vision and value proposition

Beyond internal communications and the patient-centric value story we previously outlined, medical affairs can institutionalize practices that model empathy—not only through external interactions but within internal medical culture itself, by taking concrete steps to embed a deep understanding of patient sentiment into everyday practice. To foster this cultural transformation, medical affairs can implement targeted initiatives that ensure teams consistently "speak the language of patients."

These can include patient-focused newsletters, story-based learning modules, cross-functional case-sharing and training programs built around emotional intelligence, active listening and patient sentiment interpretation. Recognition programs can reinforce desired behaviors and make patient centricity part of everyday practice, not just an aspiration. For example, organizations can reward teams that build patient-informed strategies, simplify complex science into plain language and incorporate feedback into planning.

Strategically, medical affairs' long-term vision and value proposition should be grounded in measuring and demonstrating the outcomes that matter most to patients. This includes designing evidence-generation plans that capture emotional, physical and social well-being, while ensuring that real-world outcomes research reflects the full lived experience of patients rather than purely clinical endpoints. Integrating patient-reported outcomes (PROs) and leveraging output from PAG collaborations into trial design and evidence pathways can create a more meaningful, patient-centered value story—one that aligns with patients' preference for peer-reported information. With the industry needing to shift toward more authentic, human-centered communication, insights from PAGs and real-world patient experiences can be systematically incorporated into medical strategy and decision-making. This ensures the patient isn't an afterthought but a defining element of the company's long-term differentiation.

Underpinning this approach is a simple but critical shift: Unmet need must now be defined through both the provider and patient lens, rather than privileging one over the other. Bringing both perspectives into the same decision frame helps medical affairs understand the gap and respond in the right way.

- When both perspectives show that needs are being met, teams should reinforce what's working.
- When both point to persistent unmet need, teams may need higher-touch support, such as targeted education, care-pathway support or additional evidence generation.
- When only one perspective shows a gap, the response should be more tailored. This could include updating the narrative, expanding engagement through nonpersonal channels or giving providers tools to identify patient-specific barriers.

The importance of this dual-perspective approach is becoming increasingly evident. In the 2026 Future of Health Report, 36% of U.S. patients cited side effects as the primary reason for not initiating treatment, while providers ranked side effects only seventh among expected barriers. This illustrates how relying on provider perceptions alone can lead organizations to misdiagnose the true drivers of patient behavior and highlights the need to systematically incorporate patient voice into unmet need definition and decision-making.

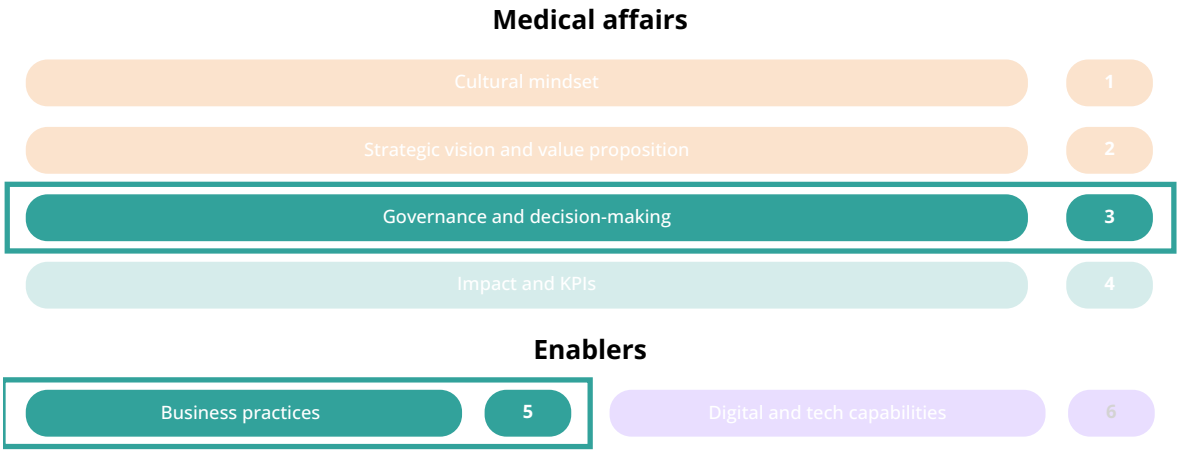
Defining need this way helps teams see where gaps exist and determine the right avenue, scale and intensity of response.

In parallel, medical affairs can strengthen the strategic value proposition by improving patient-facing education. Organizations should apply the same rigor to patient content that they use for healthcare provider (HCP) and payer materials, ensuring it's tailored and grounded in patient insights. This positions patients as a key stakeholder group and integrates them into the organization's strategic vision. When medical affairs consistently demonstrates that patient perspectives shape culture, strategy and the value story, it strengthens trust, improves relevance and moves patient centricity from intention to measurable impact.

To fully operationalize this shift, medical affairs must move beyond using a provider-led definition of unmet need and adopt a dual-perspective approach that integrates both provider insights and patients' lived experience. This makes it easier to identify where needs are truly aligned versus where gaps require differentiated intervention.

FIGURE 2:

Governance, decision-making and business practices



Key actionable insights from the voice of patients study

- After emotional support, the most common unmet needs are difficulty navigating the healthcare system and limited awareness of early warning signs. More than 35% of patients reported these challenges, even though many described positive experiences with payers, oncologists and primary care physicians (PCPs).
- Nearly half of patients said the diagnosis stage is when they feel the greatest need for support, guidance and information from the health system. Unnoticed symptoms and delay in getting symptoms checked are the primary reasons for late breast cancer diagnosis among patients.
- Nearly half of patients aren't associated with PAGs, primarily due to time and distance constraints. Others are hesitant because they're unsure how to reach out, or simply unaware.
- Additionally, only about half the patients said their doctor discussed clinical trial eligibility.

Medical affairs tactics for governance, decision-making and business practices

In the voice of patients study, PAGs emerged as one of the most valued and frequently used support systems for patients. PAGs help address top needs such as navigating appointments and treatment pathways, providing clear information on disease and therapy options, offering emotional support and connecting patients to peer communities. They're also a key driver of patients' overall experience with the health system.

Medical affairs can play a critical role in elevating the role of PAGs by establishing a formal PAG engagement governance framework outlining compliant partnership models, approval flows and cocreation processes for educational resources—particularly those focused on navigating diagnosis, identifying early signs, understanding next steps and accessing support sooner. Medical affairs can also create opportunities for two-way collaboration, such as advisory boards, routine insight-gathering touch points and defined processes for incorporating PAG feedback into evidence planning, medical strategy and decision-making forums.

Developing a dedicated PAG liaison team, or assigning clear PAG responsibilities to medical science liaisons (MSLs), can also ensure consistent capture of the patient voice, beyond providers and payers. Emerging insights can be integrated into internal planning cycles and territory engagement plans.

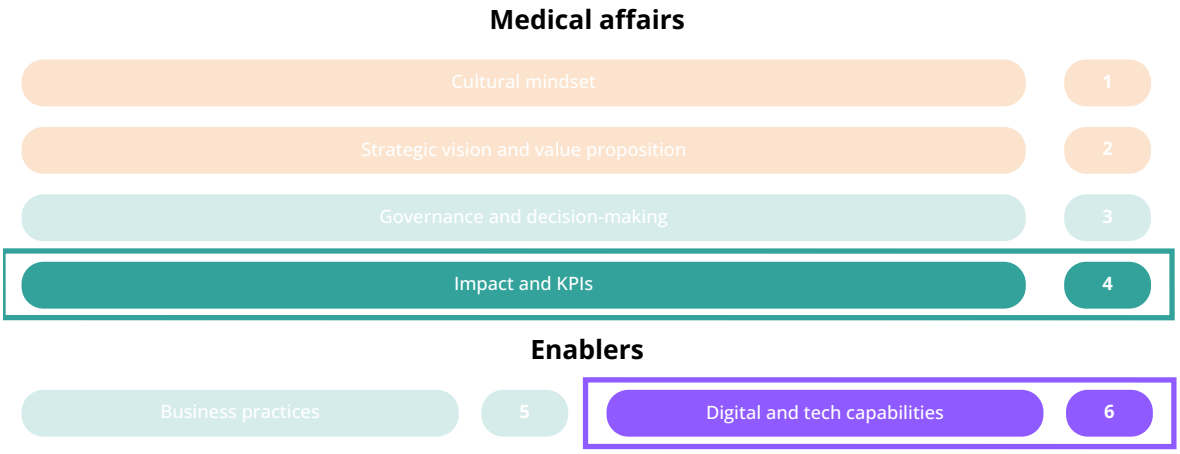
For decisions to remain relevant over time, patient insights must be captured with the same rigor as clinical insights—not through one-time satisfaction measures, but through a structured and longitudinal set of journey-based questions asked consistently from diagnosis through ongoing management. Organized into repeatable modules, these questions can scale across geographies, brands and disease areas. When complemented by voice of patient programs, these questions allow patient perspectives to function as a diagnostic input that surfaces silent gaps early rather than as an episodic snapshot.

To further help patients navigate the healthcare ecosystem, medical affairs can deploy specialized roles, such as patient navigators and care coordinators. These professionals can help streamline the diagnosis-to-treatment journey by providing practical guidance early, at the point patients report the highest need. Within regions, triangulating insights from MSLs, PAG liaisons and navigators can help identify local health-system bottlenecks and underserved populations, enabling the design of region-specific tactics and interventions.

Strengthening governance for patient support programs is also vital. It requires clear operating principles, defined scope and measures that go beyond financial assistance. These guardrails help ensure programs address real patient needs, embed patient voice into medical affairs decisions and improve engagement across the health system.

FIGURE 3:

Impact, KPIs and digital and tech capabilities



Key insights from the voice of patients study

- Open communication, accessibility and details about product safety make patients feel heard.
- Patient community forums, direct conversations and digital surveys are the most effective avenues for patients to share their health outcomes with pharma companies.
- Patients hold neutral views of pharma and have limited manufacturer recall for their medications.
- Sixty-five percent of patients trust information from personal, direct sources, compared to 35% of patients who trust digital or nonpersonal sources, such as websites and social media.
- Patients often visit official medical sites from institutions like the Mayo Clinic or the CDC, and condition-specific websites, for information about current and new treatments their doctors didn't discuss.
- Seventy-five percent of patients believe that virtual healthcare and digital technologies improve transparency.

Medical affairs tactics for impact, KPIs and digital and tech capabilities

Patients trust and have confidence in their physicians. They depend on them as their primary source of reliable information and generally report positive interactions with their oncologists

and primary care providers. This dynamic underscores an opportunity for medical affairs to strengthen the pharma-HCP-patient connection by equipping HCPs and KOLs with the right scientific and patient-facing materials. KOL perceptions often influence how patients view pharma, making field medical a critical translator for the company.

It's vital for patients to have easy access to tailored, validated and credible educational resources, including curated links to trusted medical sites and company-supported tools or portals. The goal is to reduce the "click burden" for patients seeking information and ensure that what they find is both clear and trustworthy. Medical affairs—either through the PAG liaisons or MSLs—can further expand patient awareness by offering structured pathways to resources. This creates visibility into how their experiences and needs are being integrated into ongoing scientific efforts.

In parallel, medical affairs can harness digital and technology capabilities to improve education, monitoring and engagement—all key areas of focus for patient centricity. Depending on digital maturity and feasibility, tactics may include:

- Digital companion apps that offer disease and treatment education
- AR/VR tools that help patients visualize disease progression and understand complex medical concepts
- Adherence-enabling technologies such as reminder apps or smart pill bottles

Webinars, virtual events and moderated social media channels can serve as continuous patient-listening forums and trusted spaces for nonpromotional, evidence-based information sharing. These digital accelerators directly respond to patient needs for accessibility, clarity and support outside of clinic visits.

Medical affairs' unique ability to drive the strategic use of PROs is a major enabler of these efforts. PROs can uncover needs not captured by clinical endpoints, inform personalization of care and strengthen the value proposition of therapies. Medical affairs can integrate PROs into clinical trial design, EHRs, publications and scientific exchange by drawing on validated instruments, such as EQ-5D, PROMIS and SF-36/SF-12, as well as digital collection methods and third-party real-world evidence or claims-based sources. Embedding PROs throughout the evidence generation life cycle ensures that patient experience becomes quantifiable and consistently measured.

Ultimately, impact and KPIs are anchored in what matters to patients. Beyond traditional activity metrics, success should be measured through patient-centered indicators such as:

- Uptake of digital or educational resources
- Improvements in comprehension or satisfaction
- Adoption of patient-facing tools by HCPs
- Integration of PROs into trials and scientific outputs
- Engagement with PAGs or community forums

By anchoring impact in patient outcomes and leveraging digital tools that reinforce transparency and trust, medical affairs can translate patient insights into everyday practice. This strengthens the organization's value proposition and elevates the role of medical affairs.

A more mature patient-centric measurement model should also distinguish between direct and indirect patient impact.

- Direct impact includes initiatives that tangibly improve patient experience, access, support or understanding.
- Indirect impact includes activities that strengthen the broader care environment in which patients make decisions and receive treatment, such as improving provider education, scientific consistency and the clarity of patient-relevant communication.

Together, these lenses move medical affairs beyond activity-based reporting toward a more meaningful model of patient-centered accountability.

Voice of patients insights: Patient engagement and trust

To further build on the right medical tactics for a true patient-centric vision, we also completed a deeper analysis of patient insights—moving beyond reporting to uncover patient segments, their experience differences, and where and how medical affairs can intervene.

External transformation: Patient-centric field deployment

Now that we've discussed how internal transformation can enable medical affairs to be more patient-centric, we explore how this can be translated into external engagement models—particularly through the field, HCPs, KOLs and health systems, along with the broader care ecosystem that shapes real patient experience.

Intersectional care gaps

Another key pillar of the medical affairs patient centricity framework is understanding care gaps. Both ZS experience and the voice of patients study shows this challenge is more

pronounced for women, as women continue to face delayed diagnoses, underrepresentation in clinical research and limited access to treatments tailored to their biological and social contexts.

Geographic disparities compound these gaps, as rural, low-income and racially diverse states or counties have the highest unmet need. In the voice of patients study, 48% of respondents in the Midwest and 44% of respondents in the West reported treatment delays after diagnosis, compared with 18% of respondents in the South. This indicates meaningful regional variation in post-diagnosis treatment continuity.

Similarly, patient perceptions of support vary widely, with 52% of Northeast patients feeling most supported by their oncologist, versus only 17% of patients in the West. Conversely, primary care support is lowest in the Northeast (5%) compared to 33%–39% elsewhere. These findings underscore the importance of applying a geographic lens to interventions.

The patient journey begins with awareness and preliminary consultation, a stage when drop-off rates remain high. Overall, one in four patients discontinue at this stage, and this rate climbs in counties with high unmet needs in women's health. Not surprisingly, stronger-performing counties see a lower rate. After the first HCP consultation, drop-off rates increase again in high unmet need areas compared to better-performing counties. These early-stage gaps highlight the critical role of education and outreach in driving engagement.

Drop-offs persist through diagnostic and specialist consultation stages, with counties with high unmet needs consistently showing elevated rates. The most striking disparity occurs at the access stage, when nearly one third of patients fail to proceed due to healthcare or insurance barriers (though this issue is virtually eliminated in counties with strong performance). Structural access challenges such as coverage and infrastructure are decisive factors in treatment continuity.

By focusing on regions where patients are most vulnerable to early-stage drop-offs, organizations can significantly improve treatment uptake and health outcomes. A holistic framework spanning resourcing, responsibilities, stakeholders, channels and measurement is needed to deliver this impact via medical affairs.

Let's now explore practical use cases that show how patient-centric MSL resourcing and the right stakeholder engagement can improve efficiency and drive meaningful impact.

Use case 1: Refining GTM strategy

The ZS proprietary medical need index (MNI) uses social drivers of health (SDOH) factors to adjust MSL workload for each KOL based on the needs of their region. This helps field teams focus effort where patient needs are greatest and equips KOLs with timely insights to address barriers, improve care and take more patient-centered actions.

In a sample universe of 700 KOLs—including tier 1 international and national KOLs, tier 2 regional KOLs and tier 3 local KOLs—each group showed different levels of patient impact before MNI was applied. Tier 1 KOLs took an average of six actions and reached 45 patients each. Tier 2 KOLs took eight actions and reached 79 patients each. Tier 3 KOLs took five actions and reached 16 patients each. Together, this KOL universe reached about 32,000 patients.

Of these 700 KOLs, about 220 are in regions with high unmet need for a specific therapy area, based on prioritized SDOH factors. Together, these 220 KOLs reach about 10,400 patients. This signals an opportunity to shift some MSL effort toward KOLs in high-need regions, giving them timely, tailored insights through deeper engagement. MSLs would still engage other KOLs, but MNI adds a patient-centric layer to traditional tiering by adjusting workload and interaction volume within a plus or minus range of 20%.

Our ZS analysis reveals that reallocating MSL efforts to areas with higher patient unmet needs enables KOLs in these regions to take up to three additional patient-centric actions. These actions improve screening, trial enrollment and therapy access—all of which expand the potential patient universe and bring more patients into the treatment funnel. Further, higher-tiered KOLs, with their extensive networks, disseminate knowledge from MSL engagements more broadly, acting as a multiplier and potentially impacting even more patients.

For these 220 KOLs, reallocating workload through MNI helped drive more patient-centered actions. Combined with the network effect of KOL engagement, this impacted about 4,000 patients, an increase of roughly 40%. This significant achievement could be attributed to improved trial recruitment, better diagnosis or adherence, improved patient awareness and other factors.

This scenario demonstrates how a patient-centric approach in MSL deployment can tangibly improve external outcomes.

Use case 2: Advancing KOL engagement

Patient-centric KOLs prioritize care that reflects patient needs and value MSLs who support that work through educational materials and patient advocacy partnerships. They expect MSLs to share real-world evidence and PROs and to seek ongoing engagement with patient care coordinators (PCCs). These KOLs recognize challenges such as limited patient access due to cost, availability or geographic constraints, as well as patients' resistance to therapy changes. The 2025 ZS Medical Affairs Outlook Report notes that more than 60% of KOLs

in women's health recommend PCCs, which can meaningfully improve the overall patient experience.

ZS analysis shows that when organizations are patient-centric internally and focus on patient-centric KOLs, field teams can achieve higher likelihood to recommend (LTR) with less engagement time. Comparing two KOL groups—patient-centric evidence seekers and other clinical influencers—the analysis found that patient-centric evidence seekers reached maximum LTR with about nine fewer hours of interaction.

Specifically, KOLs who are more focused on patient-centric information reached higher LTR ratings much earlier compared to their peers. They required nine fewer hours of engagement effort, which translates to approximately 18 fewer interactions.

Organizations can identify patient-centric KOLs and prioritize outreach efforts accordingly. Historically, we've seen that a higher LTR leads to more post-engagement actions. That means with this approach, more patients can be impacted with the same amount of effort.

The same logic extends to the substance of each interaction: ZS analyses show that grounding provider engagement in a clear understanding of patient needs, barriers and preferences—true personalization rather than added volume—increases impact per interaction by roughly 1.5x. Providers can therefore identify appropriate patients, hold more relevant trial discussions and support informed screening and enrollment. In other words, patient experience and trial feasibility can improve together. One doesn't have to come at the expense of the other.

Coordinated and accessible care

Another pillar of the medical affairs patient centricity framework is integrated care—specifically, how vertical coordination across different functions, levels and services of care can streamline information flow and improve access. This ultimately enhances the quality of healthcare for patients by ensuring that care delivery is well-coordinated and aligned with patient needs.

PCPs and general practitioners (GPs) often serve as the first point of contact for patients, and PCPs or community physicians affiliated with key health systems or integrated delivery networks (IDNs) are particularly well positioned to deliver the right care, in the right setting, at the right time. IDNs are strongly associated with improved patient experiences and outcomes due to their emphasis on coordinated care pathways.

When designing field engagement strategies, medical affairs should prioritize identifying physicians and KOLs affiliated with health delivery systems such as healthcare organizations (HCOs), accountable care organizations (ACOs) and IDNs, where the potential for impact

is greatest. This aligns with what matters most to patients—effective coordination and navigation within health systems. The strategy can be further strengthened by targeting the intersection of these affiliated HCPs and KOLs with regions with higher unmet needs, enabling tailored engagement approaches that address unique patient requirements within specific geographies. It is equally important to extend engagement beyond established academic KOL networks to the community providers, caregivers and PAGs who are often best positioned to surface local patterns.

To ensure these strategies remain patient-focused, medical affairs teams should implement robust mechanisms for capturing continuous patient feedback. Partnering with local or regional PAG chapters and patient-focused organizations can amplify impact by fostering trust and collaboration within the community, improving pharma perceptions.

While MSLs increasingly take on institutional engagement responsibilities, deploying specialized roles—such as medical account managers, medical advisors or managed care directors—can further strengthen patient-focused partnerships across key accounts, the organization and PAGs. These roles can also ensure that patients maintain high levels of payer-related knowledge and experience, which is a critical driver of overall satisfaction and outcomes.

Proof of concept: Applying a women's health lens to scale patient voice

Women's health brings the external patient-centric model into sharper focus because it shows how easily unmet need can be missed when organizations rely on traditional clinical, provider or market access lenses alone. Historically, women's health has been narrowly associated with reproductive and gynecologic care, even though women are disproportionately affected by, or experience differently, a much broader set of conditions—including autoimmune diseases, migraines, thyroid disease, chronic pain syndromes, cardiovascular disease and other conditions shaped by biological, clinical and social drivers.

The issue is not only whether women receive access to treatment, but whether the healthcare system recognizes symptoms early enough, interprets them appropriately, reflects women adequately in evidence generation, and defines improvement in ways that matter to daily functioning. Women's health serves as a useful proof of concept for why medical affairs needs to scale patient voice more systematically. Patient insights should shape how teams define unmet need, generate evidence, engage stakeholders and measure impact.

This lens reinforces why practice change in patient-centric medical affairs must begin earlier in the journey. In many women-specific, women-dominant or women-differentiated conditions, the most meaningful shift may not necessarily be a change in therapy choice. It may instead be earlier diagnosis, more comprehensive screening, stronger recognition of overlapping symptoms and comorbidities, better escalation from primary care to specialists or greater provider confidence in interpreting nonclassical presentations.

For medical affairs, this means field engagement should not only support treatment decisions

but also shape the upstream clinical behaviors that determine whether patients enter the right care pathway at all. That means relevant measures of impact may include reduction in diagnosis time, improved screening in high-need geographies, reduced pathway variability, increased diagnostic confidence and improved recognition of patient-reported symptom burden and functional disruption.

Examining women's health also strengthens the case for reprioritizing investment and evidence generation. Traditional investment decisions may consider disease burden and commercial opportunity but may not consistently account for where women are underrepresented, underserved or experiencing different safety, tolerability, adherence, quality-of-life or symptom-burden patterns. Medical affairs can help address this by elevating field insights on recruitment barriers, referral gaps, trial awareness and real-world patient needs. It can also support evidence plans that reflect actual disease epidemiology and advocate for broader use of real-world evidence and PROs where traditional trials may not fully capture.

This also has implications for patient-relevant content and dissemination. In conditions where women face delayed recognition or feel less heard by the healthcare system, medical affairs can support HCPs with educational materials that improve recognition of early symptoms, clarify referral pathways and enable more informed patient conversations. MSLs can play an important role in identifying where patient realities are not fully reflected in current scientific narratives, while medical affairs can translate these insights into more relevant education, publications, partnerships and awareness initiatives.

Finally, applying a women's health lens shows why scaling patient voice requires engagement beyond traditional academic KOL networks. A broader stakeholder ecosystem is often needed to influence how women seek care, receive referrals, understand symptoms, access support and make treatment decisions. This is especially important in regions where SDOH, access limitations, mistrust or diagnostic delays contribute to higher drop-offs across the patient journey. Field medical teams can use patient voice, disease burden, SDOH signals and local access barriers to identify where engagement will have the greatest impact. In this model, medical affairs becomes a connector across evidence, education, care navigation and stakeholder engagement, helping the organization translate the lived realities of women into better evidence, sharper content, stronger partnerships and more targeted deployment.

Women's health demonstrates the broader strategic point of this white paper: Scaling patient voice is not about adding more patient-facing activity at the end of the life cycle. Rather, it's about using patient reality to reshape how medical affairs defines unmet need, prioritizes investment, generates evidence, designs field engagement, measures impact and partners across the care ecosystem.

Women's health makes this visible because the gaps aren't isolated to one stage of care. They cut across awareness, diagnosis, evidence, access, support, trust and follow-through, requiring medical affairs to connect internal transformation with external deployment in a more deliberate and measurable way.

Patient insight can move medical affairs from intent to impact

Patient centricity is a fundamental transformation that begins internally within medical affairs and extends outward through every interaction. It also begins with how unmet need is defined, ensuring that patient voice is not treated as a downstream input, but as a core lens through which evidence, strategy and engagement are shaped across the life cycle.

The insights from the voice of patients study make it clear that empathy, evidence and continuous adaptation must form the foundation of this shift. When medical affairs integrates patient perspectives into its culture, strategy and decision-making, it moves beyond intention to measurable impact.

Embedded early and consistently, patient insight compounds across the life cycle: it enables faster evidence generation, stronger approval readiness, more relevant health economics and outcomes research (HEOR) planning and more effective go-to-market execution. The value comes not only from speed but from precision. By pinpointing where patients are being lost and where provider and patient perspectives diverge, medical affairs can target interventions where they matter most.

And how do we show that value? Tools like the **trust indices** and **effort curve** provide a more accurate lens on impact, reinforcing that quality of engagement outweighs quantity of touch points.

By aligning internal cultural change with external deployment strategies, medical affairs can close systemic gaps, improve equity and strengthen the quality of care. This ensures that every scientific exchange, every educational resource and every partnership contributes to better experiences and outcomes for patients. This is how medical affairs advances from delivering information to enabling better decisions—and fulfilling its unique role as the catalyst for a truly patient-centric healthcare system.

About the author

Sunil John leads ZS's global medical affairs and evidence practice. He advises pharmaceutical companies on reimagining the role of medical affairs through organizational strategy, evidence generation, digital innovation and AI-enabled decision-making. A recognized thought leader, Sunil has shaped industry perspectives on medical affairs transformation, next-generation scientific engagement models and the evolving role of medical affairs in driving patient, clinical and business impact. His expertise spans medical affairs strategy, field medical, medical excellence, medical information, medical education, integrated evidence planning and real-world evidence.

Having worked across North America, Europe and Asia-Pacific, he advises pharmaceutical companies on elevating the role of medical affairs across the product life cycle—from phases 1-3 in clinical development through scientific engagement, evidence generation and post-launch impact—helping organizations strengthen the connection between science, evidence and decision-making.

Sunil helps leaders define outcome-based performance frameworks, advance patient-centric capabilities and enhance the effectiveness, influence and measurable impact of medical affairs through the strategic application of data, analytics, technology and AI.

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