



Patient centricity in action

Medical affairs as a catalyst for patient-centric transformation

By Sunil John and Sharon Suchotliff



For over a decade, the life sciences industry has been moving toward a higher level of patient centricity. This shift has been driven by growing consumerism, regulatory requirements, the recognition of diverse patient needs, increased competition and advances in data availability, analytics and technology. Although diverse stakeholders have paid significant attention to patient centricity, many still struggle to clearly define it and establish best practices for creating meaningful impact for patients and businesses.

ZS defines patient centricity as an organizational culture and set of business practices that consistently place patients at the heart of decision-making and respond to their needs—as articulated by the patients themselves—while driving positive business outcomes. Medical affairs teams can play a major role in advancing patient centricity and its impact. This paper will explore how medical affairs can leverage its unique position within pharmaceutical organizations to drive practice change, improve patient outcomes and address gaps in patient engagement and access to medicines.

The state of patient centricity

ZS has been assessing and benchmarking the patient centricity maturity of life sciences organizations since 2018. Our [2024 Patient Centricity Maturity Index](#) showed more than 70% of organizations in our study have advanced beyond basic capabilities and practices, indicating a new baseline for what good looks like. In fact, for the first time, we see quantitative evidence companies that lead in patient centricity also deliver better business results.

Today, most organizations exhibit some brand- or asset-specific patient centricity but only organizations that lead in patient centricity align these initiatives with their business strategy or outcomes. In many organizations, the absence of a unified vision and definition of patient centricity, coupled with organizational silos and the perception of compliance barriers, are the primary reasons preventing organizations from leading and prioritizing patient centricity as a core strategy.

However, to be future-fit, patient centricity isn't just a nice to have—it's a necessity. ZS's global research with 690 U.S. healthcare professionals (HCPs) reveals that only 10% of HCPs believe pharma is patient focused, yet they would be more inclined to choose an organization if it were. HCPs feel that company actions, rather than just brands and direct to consumer, define patient centricity. They also believe digital tools should be used to remove friction for patients, such as in patient enrollment for trials. Going forward, organizations will increasingly recognize patient centricity as a vital element of customer centricity and use it to differentiate and position themselves as the preferred partners for scientific collaboration.

Customer centricity can be interpreted as the ability to provide customers with exactly what they want by providing a deeper level of personalization. For patients, there's still a very long way to go.

The implementation of patient-centric strategies, though prioritized, tends to be fragmented, with different departments pursuing related goals in isolated ways. Medical affairs' contributions to patient centricity are often underplayed even though they hold a unique opportunity to drive significant impact. By investing in initiatives that shape medical practice and promote meaningful patient outcomes, these organizations can accomplish real change.

These initiatives cover a wide range of activities, from improving treatment accessibility to enhancing patients' quality of life. According to data published in the [ZS Medical Affairs Outlook Report 2025](#), about two-thirds of medical affairs professionals indicated they're focusing on enhancing patient centricity by catering to educational needs and providing better access as a strategy. However, companies face different challenges to achieving patient centricity, which offers medical affairs a unique opportunity to play a significant role. They include:

- **Lack of clarity on patient centricity.** There's often a gap between what pharmaceutical companies are doing and what patients need. Some initiatives are created more to check a box than address patient needs.
- **Lack of organizationwide vision and culture.** Without a unified vision, buy-in and resource allocation, the overall impact is limited.
- **Unclear articulation of impact.** When teams have difficulty demonstrating the results of initiatives, it can be hard to secure funding, support for expansion and leadership buy-in.
- **Reduced focus on patient-centric roles diminishes** capabilities that prioritize patient centricity.
- **Ineffective integration of patient insights occurs when** insights from patient initiatives are not effectively integrated across the organization.

These obstacles affect every level of an organization—strategic, operational and cultural—making it difficult to embed patient centricity fully into everyday practices, processes and employee attitudes. Overcoming these barriers requires coordinated efforts to ensure that patient needs and perspectives are consistently prioritized throughout the organization. One key reason patient centricity hasn't achieved the right results is that no one clearly takes responsibility for creating strategies, making decisions and following through on a shared vision. Moreover, the metrics intended to quantify the success of initiatives often aren't thoughtfully designed or tracked, hindering future investment decisions.

In the 2025 ZS Medical Affairs Outlook Report, we found strategic and regulatory resistance, as well as resource limitations, remain key obstacles to making medical affairs more patient-centric. These barriers generally fall into the following categories:

- **Need for cultural and strategic shift to adopt patient-centric practices (35%)**
 - To achieve genuine patient centricity, organizations must work collaboratively with patients as true partners, rather than merely claiming to prioritize patient needs without meaningful action. For example, it's still a struggle to simply get patient input in designing clinical trials.

- **Limited resources and budget constraints (31%)**
 - Companies continue to invest more in sales and marketing activities while positioning medical affairs as a support function.
- **Regulatory and compliance barriers to engagement (29%)**
 - Internal hurdles (such as SOPs that prevent certain forms of communication or engagement), long approval lead times for initiatives.
- **Cross-functional collaboration and alignment (20%)**
 - Insufficient resources, lack of clear and coherent direction and misalignment between field and headquarters leadership.
- **Data, technology and impact measurement limitations (14%)**
 - Companies often lack sufficient systems, processes and budgets for robust assessment of patient impact.

Patient-centric organizations actively listen to the patient voice, foster external partnerships and ensure quality access—core objectives that drive the daily work of medical affairs teams. Teams track key metrics and patient outcomes with an unbiased and compliant approach, directly addressing critical gaps. At both field and HQ levels, medical organizations implement changes that create measurable, on-the-ground improvements in patient lives.



Current medical affairs engagement strategies

Medical affairs is expanding and varying its engagement strategies by collaborating with healthcare providers, key opinion leaders (KOLs), patient advocacy groups (PAGs) and payers to improve patient outcomes. Medical affairs teams play a vital role in helping to inform and disseminate educational materials through HCPs, advising on clinical trials and providing insight to patient support needs that ultimately impact the patient experience. For example, [argenx](#) worked on primary research with patients and advocates to illuminate the impact of social drivers of health on people living with a rare disease and their needs when it comes to patient support.

According to ZS's 2025 Medical Affairs Outlook Report, 46% of medical affairs leaders said partnering with PAGs to gather patient insights is a critical way to improve patient experience. This is often achieved by partnering with functions managing patient organization relationships and collaborating on shared goals, such as raising disease awareness and improving diagnosis or access. Even as we look toward the future, KOLs feel medical science liaisons (MSLs) should engage with patient care coordinators, reinforcing the need for changes in engagement strategies in tune with what end stakeholders want. MSLs can also play a key role in the pretreatment phase by providing educational resources for diagnostic tools and trial results. They can help in addressing patient drop-off post-treatment by sharing real-world evidence (RWE) and follow-up care guidelines, along with facilitating patient assistance programs. These changes will require additional internal coordination with functions like patient support and market access who frequently interact with care coordinators, nurses and HCP office staff.

According to the 2025 ZS Medical Affairs Outlook Report, more than half of the KOLs surveyed currently interact with nurse practitioners/physician assistants (NPs/PAs) and pharmacists. In the future, while interactions with NPs/PAs, pharmacists and clinical research teams are expected to decrease, the desire to interact with patient care coordinators and reimbursement teams is projected to increase.

Leveraging data and analytics

Another key initiative within medical organizations is the growing use of RWE and data analytics to better understand patient needs and track outcomes. This helps teams gain insights into patient experiences, identify gaps in care and ensure that initiatives are aligned with patient needs.

Approximately 40% of the medical affairs professionals we surveyed said using claims and electronic health record (EHR)-compliant data to identify trends and patterns in the disease landscape is an extremely important focus area for their medical organization to improve patient experience.

This also presents an opportunity for closer collaboration with PAGs, who benefit from understanding patient experiences and having access to real-world data (RWD) and analytics.

What KOLs expect from medical affairs

At the frontline of patient treatment, KOLs play a prominent role in medical practices and treatment guidelines, making their feedback crucial in shaping patient-centric strategies. Below are a few key themes around KOL patient centricity expectations:

- 1. Improved educational materials.** KOLs stress the need for high-quality, accessible educational materials tailored to their needs. They seek materials that provide clear, actionable information to help them make informed decisions and empower patients to better understand their condition and treatment options.
- 2. Enhanced patient support programs.** Nineteen percent of KOLs would like medical affairs organizations to enhance patient support programs (PSPs) to better support their clinical decision-making. They recognize the value of PSPs and are calling for support beyond financial aid, emphasizing programs that enhance the patient experience and address diverse needs. For example, a recent ex-U.S. observational study showed that AbbVie's [AbbVie Care](#) patient support program for people taking Humira produced improvements in health-related quality of life, treatment satisfaction and other patient-level measures.
- 3. Patient-centered clinical trials.** KOLs are advocating for clinical trials to be more patient-centric, emphasizing the need to reduce the real-world burden on patients. For example, many organizations now regularly obtain patient input into protocol design to ensure trials are more accessible to the patient populations they're trying to reach.
- 4. Data-driven decision-making.** KOLs are increasingly interested in how data can be used to inform clinical decisions, specifically the applicability of RWD, such as claims and patient registries. Such data can provide valuable insights into patient outcomes and help identify areas where interventions can improve the overall patient experience.

Common themes in medical organizations and KOL priorities

To effectively address the shared goals of medical organizations and KOLs, several key areas of agreement stand out:

- **High-quality educational materials.** Both sides agree on the importance of creating patient-friendly educational content.
- **Patient-centered trial designs.** There is consensus on the need to make clinical trials more patient-centric by reducing patient burden, focusing on the endpoints that matter most to patients and improving inclusivity.
- **Enhanced PSPs.** Both medical affairs and KOLs acknowledge the importance of PSPs and advocate for programs that go beyond financial support, especially in complex treatment areas.
- **Data-driven insights.** Leaders across the field increasingly recognize and harness data and analytics to improve patient outcomes and track the success of patient-centric strategies.

With medical organizations and KOLs aligned on these key priorities, they can create meaningful opportunities to advance patient impact.

Powering patient centricity forward through medical affairs

As we look toward the future, there is a broader perception that medical affairs could play a much bigger role in patient centricity. Key functions can collaborate to support HCPs and KOLs, hospitals and office staff in addressing challenges related to providing optimal patient care and navigating prevalent issues like reimbursement. For instance, ZS research shows 50% of KOLs said a lack of RWE is a barrier for them and 43% had difficulty navigating payer reimbursement policies.

Medical affairs is uniquely positioned to drive this strategic imperative forward because teams:

1. Have scientific credibility and neutrality based on unbiased evidence-based approaches.
2. Are at the forefront of patient-related data, which provides the foundation for identifying patient needs and tracking the effectiveness of patient-centric initiatives.
3. Have multiple avenues and functions for creating and tracking patient impact, including:
 - a. Medical HQ teams (such as MedComm and MedInfo)
 - b. Health economics and outcomes research (HEOR) or value and access
 - c. Clinical trial management and recruitment
 - d. Field medical scientific exchange with KOLs and HCPs
 - e. Collaborating with PAGs and online patient forums
4. Have the ability to integrate patient perspectives throughout the product life cycle, from early research through postlaunch, to develop more relevant therapies.
5. Have cross-functional connection because they act as a bridge between commercial and R&D, aligning scientific, business and regulatory priorities with patient needs.

Research from ZS shows that medical affairs organizations place the highest importance on identifying and addressing unmet patient needs, with nearly half of respondents ranking this as their top priority. Other major patient-focused initiatives include working with PAGs and distributing educational resources designed specifically for patients.

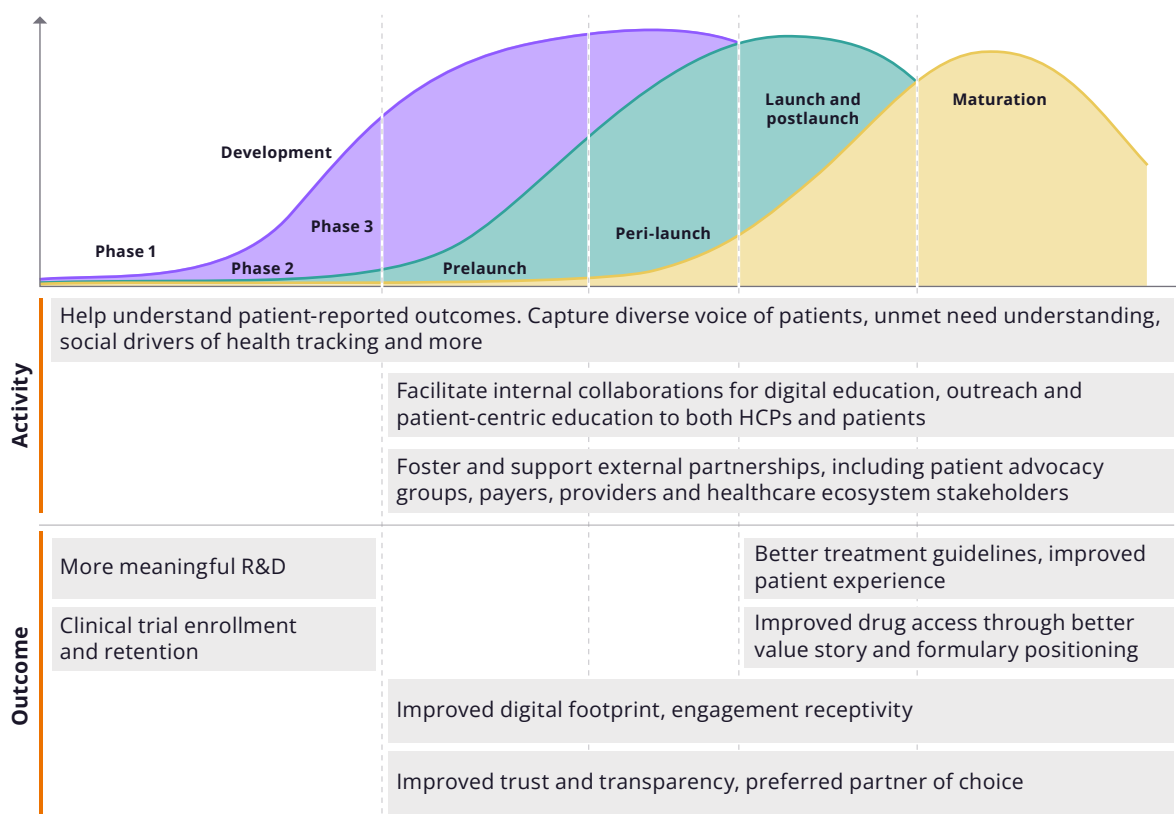
Further, medical affairs teams play a crucial role in shaping the market, from development through prelaunch, by engaging in knowledge dissemination, KOL interactions and research initiatives. Such efforts require close, compliant collaboration with internal cross-functional partners, including advocacy-focused functions and marketing, as appropriate.

The impact of these efforts is often long term, sometimes manifesting at launch as a halo effect that benefits HCPs, caregivers and ultimately patients. For instance, by prioritizing purposeful R&D and fostering diverse enrollment in clinical trials—in addition to targeted discussions with HCPs—organizations can build a stronger and more persuasive value proposition for their products.

This ultimately facilitates better and more inclusive patient access postlaunch. To establish a strong digital presence before launch, organizations can begin digital outreach during the prelaunch phase. These efforts might include sharing clinical trial data to build HCP awareness and understanding, as well as layperson-friendly content to educate broader audiences about the disease area. Sharing timely scientific updates through KOLs' preferred digital channels fosters interest, enhances engagement receptivity and helps build relationships between MSLs and KOLs.

FIGURE 1:

How medical impact is generated internally and externally across the product life cycle



As a company moves through different stages of the product life cycle, it can adjust its strategy to focus on the activities that most effectively achieve its desired outcomes. Such adaptability serves as a key link for connecting medical affairs activities and patient impact. Aligning these efforts is crucial for tying medical affairs activities to improvements in patient outcomes. Medical organizations are increasingly aiming to track KPIs beyond executional or activity-based metrics that demonstrate impact not only on HCPs but also on patients.

While measuring medical impact has always been challenging, the patient impact achieved through medical affairs is extensive and can be achieved both indirectly (internally) and directly (externally) through various field and HQ teams. Indirect impact, which does not involve direct engagement with HCPs or patients, is less visible and often long term. It benefits patients by improving healthcare ecosystems, processes and education while addressing their needs. Conversely, direct impact results in measurable changes in a patient's health, well-being or treatment experience through external engagement. As a ZS survey found, 65% of medical affairs leaders rely on outcomes-based measures to demonstrate impact. Twenty percent are also tracking patient outcomes and adherence as a key outcome-based metric.

They also noted that the best justifications for investment in medical include the ability to address unmet needs through targeted initiatives and improving patient outcomes by implementing RWE strategies.

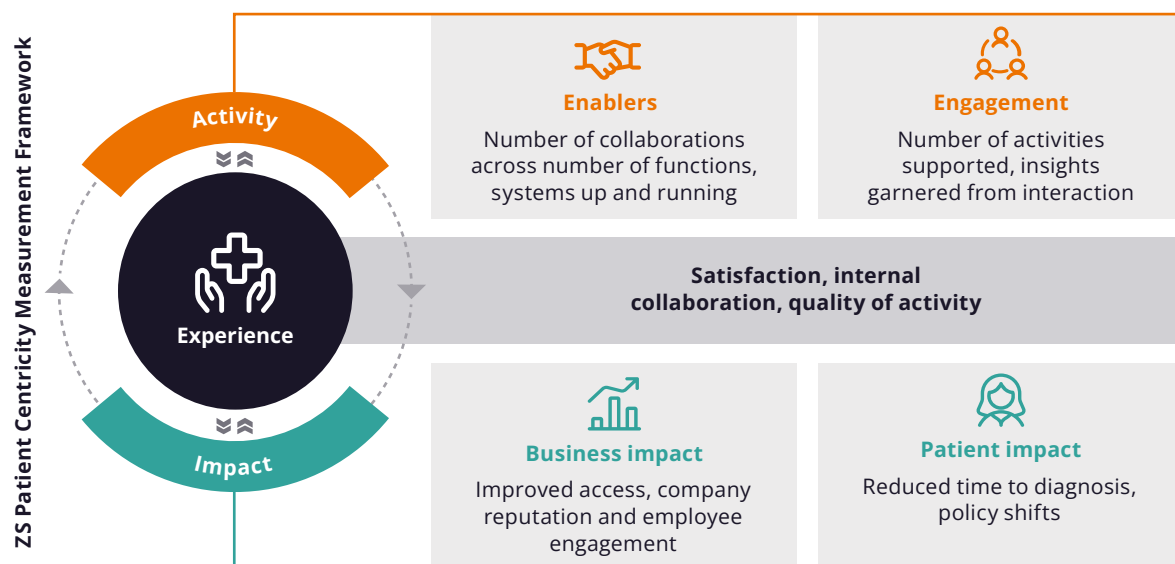
Measuring patient impact from noncommercial activities is not only possible—it's essential. That's why we developed the Patient Outcomes Impact (POI™) metrics at ZS. We wanted to give organizations a standardized, fit-for-purpose way to assess impact across key dimensions like disease prevention, burden reduction, clinical access and patient access.

We dive deeper into this framework in our recent [white paper](#), but the core message is simple: POI doesn't have to be daunting. While the end goal may feel aspirational, the most important thing is to start. Begin with metrics that are feasible today and build from there.

For many medical affairs organizations that means starting with activity tracking—like the number of collaborations with PAGs patient voice studies conducted or advisory boards that include patients. Over time, this foundation can support a more nuanced understanding of interaction quality and how those efforts translate to meaningful improvements in patient experience and outcomes.

FIGURE 2:

Measuring patient centricity, from activity to impact



Sample KPIs and metrics for each activity vary significantly, reflecting the impact of activities beyond mere execution metrics. Sample KPIs encompass key outcomes such as enhanced insurance coverage, peer support, disease education and quality of care. KPIs could also be based on patient impact and activity feasibility through a 2x2 impact versus feasibility KPI prioritization framework, categorizing KPIs into four tiers:

- Tier 1: High impact, high feasibility
- Tier 2: Moderate impact, high feasibility
- Tier 3: High impact, moderate feasibility
- Tier 4: Moderate impact, moderate feasibility

This tiering can aid the development of specialized engagement plans and guide investment decisions, while building a value story to convey internally and externally.

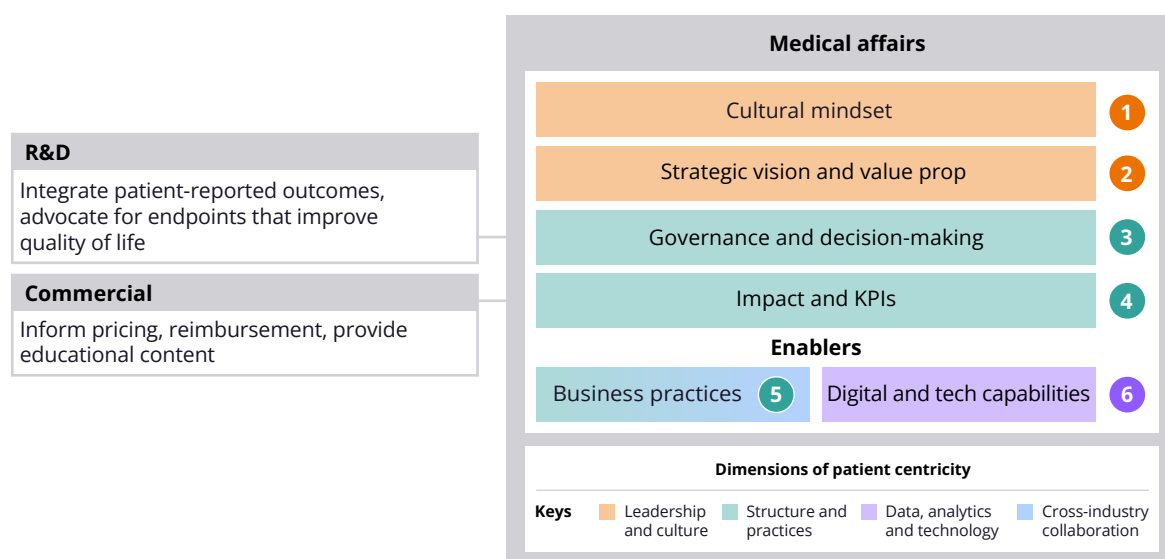
How internal transformation can drive external results

For medical affairs to truly enable the patient centricity agenda, it must undergo internal transformation by reorienting its strategy toward patient-focused goals. Transformation for medical does not mean a dramatic change to ongoing operations. To accelerate progress, organizations should adapt existing frameworks to focus on the priorities that truly drive improvement. By consistently refining execution based on these priorities, medical teams can effectively advance patient-centric goals.

Central to this is embedding a strong cultural mindset, which serves as the driving force propelling all other elements forward. Culture is a key link to achieving the overall strategic vision, as a cultural mindset is integral to the overarching patient centricity vision. Therefore, our framework incorporates it as an all-pervading theme.

FIGURE 3:

An organizational framework for improving patient centricity



Let's consider Company X, a leader in patient centricity augmented by medical. What would a high-level internal blueprint of this company look like?

Company X treats patients as partners, with every team member aligning patient needs with their role objectives. Senior leaders champion a vision that proactively enhances patient care, focusing on quality of life and holistic well-being. Patient centricity is embedded in policies and decision-making, with leadership ensuring accountability for patient-centered actions and driving continuous improvement. Patient-centric KPIs are established across all business units, emphasizing real-world outcomes and patient well-being.

This is enabled by Company X's transparent workflows and advanced digital capabilities, which facilitate RWE and patient data analytics. Their initiatives and digital efforts enable early intervention and comprehensive patient engagement across multiple channels, including digital assistance programs to enhance support and access to care.

However, not every organization needs to invest equally in each element of patient centricity; it depends on their current position and the level of transformation, cross-functional collaboration, and whether leadership buy-in is required. The above outlines a comprehensive view of a patient-centric organization led by medical, where impact and KPIs ensure accountability and digital and tech capabilities enable scalability. Medical can implement various steps and solutions to transition an organization from being a laggard to truly patient-centric.



How can medical transform internally?



1. Cultural mindset

- Some companies have demonstrated success by implementing patient-focused education and immersion programs where employees hear directly from patients about their experiences and treatment challenges. Then sharing patient case studies and leveraging insights from medical advisory boards and KOL discussions. Interactive programs could be designed by patient experience teams, HR and communications, and involve designating a specific month to celebrate patient centricity, innovation challenges and learning academies. For instance, Takeda developed an innovative program called #InTheirShoes that simulates what it's like live with inflammatory bowel disease through a series of challenges designed to bring the patient experience to life.
- Clearly communicate that prioritizing patient centricity is essential as the healthcare industry moves toward value-based care models. Additionally, new policies—such as the Inflation Reduction Act—and evolving regulatory requirements now implicate that patient perspectives are integrated early in drug development and clinical trial design.
- Continuously build a value story around the benefits of a patient-centric mindset for the organization, demonstrating how stronger relationships with patients and HCPs lead to greater trust and reliability, improved employee experience and commitment and a competitive advantage. For instance, in pursuing its patient centricity vision, Astellas defined key operational and cultural changes. Operationally, this included integrating patient perspectives into the creation of all solutions and medicines. Culturally, it involved ensuring that every employee, in every role, consciously considers patients in their work.
- Address personal goals, values and employee motivations, demonstrating how their everyday activities can meaningfully connect to measurable external impacts on patients. Establish “what’s in it for me” for different roles and groups.
 - Medtronic recently published its approach to measuring the progress of a patient-centric culture and the connection to impact. The approach focuses on key items that demonstrate an employee’s commitment and behaviors to patient centricity.



2. Strategic vision and value proposition

- By maintaining open communication and fostering collaboration with other functions, medical leadership can consistently emphasize patient centricity as a strategic priority. This approach helps clarify organizational goals and strategies, while also providing clear guidelines for implementation and investment.
- Reframe the concept of value from the patient's perspective, focusing on quality of life, ease of access, and overall well-being—beyond just clinical outcomes. Medical teams should serve as the internal advocates for both patients and healthcare providers, while also acting as the company's external representatives.
- Empower each avenue or business unit (such as HEOR, field medical and HQ) to focus on improving patient outcomes around a shared vision of patient centricity while enabling specialized contributions by aligning strategies, insights and data sharing.
- During annual strategic planning, the patient centricity vision can be divided into smaller "missions" assigned to different functions or teams, with each contributing to the overarching vision, while ensuring specialization. HEOR and value and access teams could focus on enabling better access for patients. Meanwhile, field medical teams could be deployed in areas with the highest unmet patient need, once insights and analytics identify the locations with significant unmet needs.



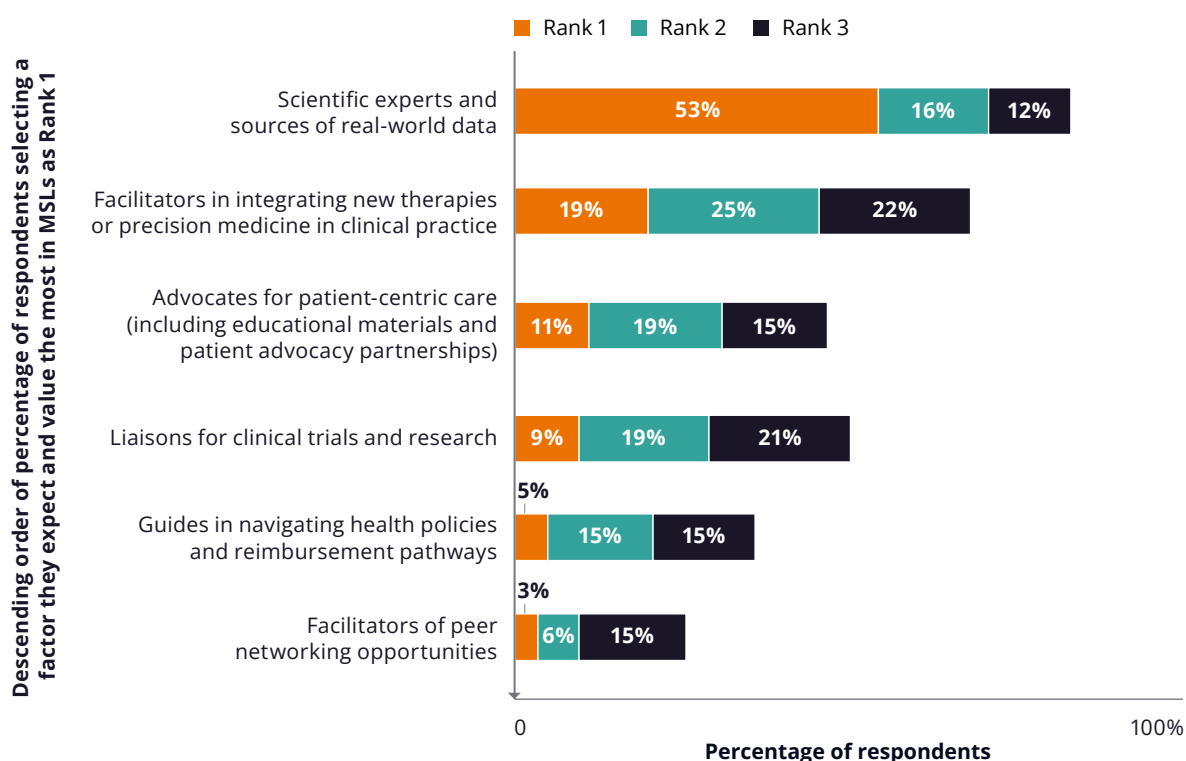
3. Governance and decision-making

- Set clear expectations and hold teams accountable for patient-centered actions by:
 - Defining clear roles and responsibilities for each function in upholding patient-centric governance.
 - Requiring all major strategic decisions (such as trial designs, education programs, access strategies) to include a patient impact assessment.
- Many organizations appoint patient centricity ambassadors to embed patient-first thinking across functions and business units and facilitate regular decision-making forums with stakeholders in R&D, commercial and regulatory areas. For instance, a company began hosting a high-visibility patient centricity summit covering the U.S. and the EU to create a strong network of patient centricity advocates within the organization. At the summit, they shared team accomplishments, insights and best practices with senior leadership and the broader organization.

- Ensure that decisions regarding medical education, digital engagement and HCP interactions align with patient needs by embedding patient-reported outcomes (PROs) and RWD into decision criteria.
- Integrate digital tools and analytics into daily decision-making processes. For example, that could include closing the loop by measuring deviations from optimal care in claims data and quantifying the impact of medical affairs activities.
- Enable MSLs to become advocates for patient-centric care, a key dimension of the MSL of the future.

FIGURE 4:

KOLs expect scientific expertise, innovation facilitation and patient advocacy from the MSLs of the future





4. Impact and KPIs

- Align KPIs with the vision for patient centricity.
- Drive a patient-outcome focused approach by integrating measures of POI, including clinical, experiential, access and equity aspects.
- Define functional or team-level KPIs to assess initiatives and distinguish between indirect and direct impacts. As briefly discussed above, these can be prioritized using frameworks such as:
 - Tiering by impact versus feasibility, as previously outlined.
 - Identifying short-, medium- and long-term KPIs—both leading and lagging—based on the level of change management required and existing support.
- Establish an end-to-end process for linking outcomes to execution ownership. As the industry evolves, organizations will have to shift from a pure focus on return on investment to integrating POI to assess impact and drive decision-making.



5. Business practices

- Communicate compliantly and transparently with patients about how their input influences decisions.
- Develop a structured approach to gather and act on patient insights. For instance, several pharma organizations established a patient engagement council for contracting with patients who could quickly and seamlessly provide input and guidance for the company's programs. Patients in this "council" are often engaged for multiple purposes including cocreation, insights generation and speaking engagements to support culture initiatives.
- Integrate mandatory patient input checkpoints into key business processes, such as asset selection and go-to-market strategies.
- Require a patient impact assessment before launching medical initiatives. Sample criteria for patient impact assessment:
 - Are patient insights actively used to guide decisions?
 - Are scientific, medical and ethical integrity prioritized over commercial goals?

- Is success measured by patient outcomes as defined by patients, not just business KPIs?
- Are patients engaged as partners rather than just recipients of treatment?
- Drive continuous improvement through real-world patient feedback loops.
 - Use digital tools, such as patient portals and mobile apps, to collect and integrate patient feedback continuously.
- Establish cocreation models where patients contribute to disease awareness and treatment education programs, fostering global collaboration with local impact and execution.
- Implement patient journey mapping to guide medical and clinical decisions based on unmet needs.



6. Digital and tech capabilities

- Develop skills, technology infrastructure and capabilities for evidence-driven, patient-focused decision-making across the organization such as:
 - Collection, analysis and interpretation of RWD to assess treatment effectiveness.
 - Expertise in patient registries, EHRs and claims data to identify where patients drop off.
 - Insights from PROs and quality-of-life data.
 - Machine learning models to predict patient adherence, treatment response and unmet needs.
 - Natural language processing to analyze patient sentiment and feedback from digital channels.
- Aggregate and integrate data via dashboards and unified platforms for comprehensive data analysis. Measure and incorporate PROs from digital surveys, apps and wearable devices.
- Collaborate cross-functionally to develop and implement digital patient solutions. A three-step process developed by ZS can help medical assess, cocreate and implement patient-centric digital initiatives to drive meaningful outcomes:
 - Assess digital maturity, including existing capabilities, readiness and gaps.
 - Identify actionable, patient-centric digital tactics aligned with organizational goals and maturity level.
 - Create a digital roadmap for future implementation of patient-centric initiatives.

- Leverage omnichannel patient engagement to provide education, support and interaction across websites, apps, social media and other channels. For example, pharma organizations like GSK, Janssen, Novartis have collaborated with the [Inspire](#) platform that facilitates a community for patients.

However, for medical to successfully drive the patient centricity agenda, the entire organization must commit to substantial change management efforts and foster a culture of continuous integration and improvement.

Different departments, levels and capabilities will require varying degrees of change management, while leadership must consistently demonstrate its commitment to the vision. A change management implementation plan and roadmap are essential to securing buy-in and guiding the organization to the transformational state it needs to achieve.



How can medical affairs manage change?

Organizational change requires the formulation of new habits—a complex process requiring significant cognitive effort. A successful change effort must understand and address employee behaviors, beliefs and personal and professional goals to identify and resolve potential sources of friction. One important insight is that employees may not be fully engaged with the change because they don't feel included in the process, or they may lack confidence in its potential benefits and how it will positively impact them.

To transition to a patient-centric organization effectively, everyone within the organization must be motivated and open to new ways of thinking. They also need to believe in the value of change, feel confident in its outcomes and be personally invested in the process. This will ultimately shift behavior and habits toward a unified vision. It's essential to consider employees' unique cognitive biases and heuristics throughout this process. If you want your company to manage change effectively, you need to:

1. Know your stakeholders

- Understand your organization by assessing how the change will impact each stakeholder, from leadership to operational-level employees. Align leadership goals and vision with employee needs.

2. Determine what makes change stick

- Translate needs into actionable tactics that effectively influence behavior while balancing the pace and degree of change.

3. Strategize for fruitful behaviors

- Tailor engagement tactics with the right messaging (what's in it for me) and channels (one-on-one coaching, email, group discussion); foster long-term habit formation through a collaborative environment; and establish feedback loops for continuous listening and iteration.

Further, identifying and segmenting stakeholders based on the impact on their job and change sentiment can serve as a guide for change management engagement.

FIGURE 5:

Example framework for managing medical affairs organizational change

| | | | | |
|---|-----------|--|---|-----------|
| Impact: How big is the change to their role? | Very High | Change strategy <ul style="list-style-type: none">• Focus messaging around what’s in it for them, empowerment and learning (where applicable)• Engage at group level | Change strategy <ul style="list-style-type: none">• Manage sentiment closely, engage at individual level• Focus alignment on vision statement• Empower to lead others through change | |
| | High | | | |
| | Medium | | | |
| | Low | Change strategy <ul style="list-style-type: none">• Keep group informed | Change strategy <ul style="list-style-type: none">• Keep group satisfied• Enlist as needed to champion change | |
| | | | | |
| | | Positive | Neutral | Resistant |
| Sentiment: How do they feel about the change? | | | | |

Depending on where a group falls within the framework, both the communication strategy and the overall experience design should be tailored in the following ways:

- 1. Communicator:** Who leads the communication, where is leadership involvement most needed and where the cascading effect is likely to be strongest?
- 2. Timing:** Appropriate communication sequencing, aligned with broader rollouts.
- 3. Relevancy:** Information tailored to the specific group and audience.
- 4. Channel:** Channels should be selected to maximize reach and awareness, taking into account time, cost and suitability for the intended audience. Consider whether communication should be one-way or two-way, static or interactive and choose between push or pull methods. Examples of effective channels include town halls, workshops, focus groups, emails, one-on-one coaching, newsletters and videos.
- 5. Consistency:** Required frequency of communication to ensure reinforcement and refreshment until new habits are established.

Additionally, change champions are instrumental throughout the change management process to drive successful implementation. They can act as a grassroots advocate—providing reassurance, support and encouragement for employees impacted. They can also monitor overall sentiment and attitudes toward change and new ways of working, raising challenges with change management teams to develop risk mitigation strategies, address concerns and close the feedback loop.

Change champions are typically people-oriented, empathetic, nonjudgmental individuals who excel at listening and communicating. They should understand systems, be willing to engage in difficult conversations and be perceived as credible and influential among team members.

By the end of the change enablement journey, with support from change champions, employees should grasp the patient centricity vision, understand role expectations, recognize what changes and what remains the same, comprehend the plan and believe embracing patient centricity will positively impact their role, job satisfaction and growth opportunities.

To secure buy-in right from the start, medical must continuously reinforce the value by demonstrating evidence of both potential and achieved impact.

Shaping the future of patient centricity

Medical affairs is uniquely positioned to advance patient centricity by drawing on its scientific expertise, access to data and strong cross-functional relationships. With a focus on meaningful engagement, robust analytics and alignment with KOL expectation, medical affairs can help drive better outcomes for patients while supporting broader organizational objectives.

However, realizing this potential requires more than intention. Addressing persistent challenges—such as the lack of clarity around roles or inconsistent integration of patient insights—demands a clear strategy, strong governance and a cultural commitment to putting patient needs at the center. With the right approach, medical affairs can serve as a catalyst for patient-centric transformation and deliver measurable impact where it matters most.



About the authors



Sunil John leads ZS's global medical affairs practice. He has authored several articles and provided perspectives on various medical affairs issues, including reinventing the go-to-market strategy for medical affairs, next-gen medical affairs and future customer engagement models. He has deep expertise in defining the value and impact of medical affairs, agile resource planning and deployments, productivity assessments and omnichannel. Sunil focuses exclusively on global medical affairs across strategy and advisory, field medical, medical excellence, medical information and medical education. Across emerging, midsize and large pharma companies, Sunil helps biotech and medtech clients with business strategy, launch planning, patient-focused outcomes and organizational design. Sunil assists with outcome-based KPIs, frameworks for patient centricity, digital strategy visioning and planning. He also drives the use of tech, AI, medical insights and data to define and assess the future of medical affairs.



Sharon Suchotliff co-authored "Reinventing Patient Centricity," the definitive ZS book on patient centricity—and the only book in the life sciences industry that spans the full product life cycle. She brings deep expertise in patient centricity and engagement strategy, capability development, patient advocacy organization (PAO) strategy, and enterprisewide transformation and execution.

In her work with global life sciences companies, Sharon focuses on pragmatic, actionable solutions that define and enable patient centricity—driving meaningful outcomes for patients and measurable impact for the business. She helps organizations embed the patient voice into critical business decisions, shaping strategies that resonate both at the corporate level and within specific therapeutic areas.

Drawing on experience from both inside and outside healthcare, Sharon has developed and implemented enterprisewide patient programs and targeted engagement strategies that reimagine how companies connect with and support patients. Her passion is helping organizations evolve beyond being merely patient-centric to becoming truly patient-led.



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