WHITE PAPER

Driving agility to improve productivity in medical affairs

Adapting stakeholder engagement strategies in line with the changing medical affairs landscape

By Sunil John and guest author Dr. Rav Seeruthun

Impact where it matters.®

Evolving healthcare landscape and stakeholder ecosystem

Medical affairs is undergoing a rapid transformation. This transformation needs a reinvention where multiple parts of the broader organization adapt constantly in tune with the needs of the industry and the healthcare landscape.

Field medical has historically received the biggest investment from leadership, and a big portion of this investment has been in people. This shows that reinventing the go-to-market (GTM) strategy is top of mind for everyone and highlights the importance of addressing the needs of external stakeholders effectively, while also driving internal changes to facilitate this transition to the next generation of medical affairs.

Driven by the evolving healthcare landscape and the increasing complexity of the stakeholder ecosystem, it is important to maintain agility in the external deployment of resources to succeed in this environment. This agility in medical planning requires an in-depth understanding of all the changes happening in the external landscape, plus the emergence of newer stakeholders, while planning to address their needs appropriately. Different stakeholders have diverse requirements. Throughout the product life cycle, we will encounter a wide range of important stakeholders with unique needs.

As the number and diversity of these stakeholders increases, it is important to enhance agility in medical planning to continually address existing and evolving needs in the right way. Although qualitative metrics exist, medical leadership needs to justify the value of its investments in medical to the broader organization and business. Given that quantitative metrics are easier to use and justify as inputs to investments, there is a preference for metrics that help demonstrate the extensive nature of the activities that medical affairs does. Yet the impact of medical affairs is often undermined within the organization, primarily due to the challenge in effectively measuring its contribution, as its role is nonpromotional in nature. Medical affairs must work through all of these challenges while keeping an eye on productivity, a topic that the industry is discussing extensively.

In line with this evolution, this white paper explores the various challenges and solutions associated with enhancing the agility of medical affairs engagement and operations. We focus on improving overall productivity, enhancing access and, most importantly, aligning resources to meet the evolving needs of stakeholders.

Why do we need to enhance agility in medical affairs planning and deployment?

As we all know, drug development is a lengthy and resource-intensive process, requiring 10-15 years to reach product launch. During this time, healthcare professionals and key opinion leaders (KOLs) assume various roles, from serving as principal investigators during trials to adopting new treatments to improve patient outcomes. To excel in these roles, different professionals need specific information at each stage of the process.

Field medical teams can play a crucial role in disseminating this tailored information at the appropriate stages, helping advance the scientific knowledge in the market ahead of the drug launch—a true indicator of success. A scientifically advanced market ensures that all the diverse stakeholders are informed and up to date with all their scientific needs and questions. It is important for every organization to establish credibility and help stakeholders realize the true potential of the therapy to accelerate adoption, and over the long term, enhance patient access.

Failing to provide the required information at the desired stage of the product life cycle can result in missed opportunities for meaningful KOL engagement and as a result, effective scientific advancement. For instance, not consulting or involving KOLs during the drug evidence planning process plays a role in changing their overall perceptions and, therefore, future engagement opportunities.

It is critical to assess the gain in KOLs' knowledge to understand the implications of this on a product launch. Tracking the knowledge-gain journey of KOLs across the product life cycle stages is highly complex. This journey depends on factors such as the KOLs' prior expertise and experience, the complexity of the therapy area, their preferred timing for receiving information and the pharmaceutical company's efforts in disseminating scientific information.

According to ZS data analysis, more than 55% of KOLs globally believe that medical science liaisons (MSLs) should begin scientific engagements before or during phase 3 clinical trials.

The illustration in Figure 1 attempts to depict this KOL knowledge gain journey using two key parameters: KOL product life cycle stage preference for beginning scientific engagements with MSLs and the pharmaceutical company's efforts in scientific information dissemination. All other parameters are assumed to be constant. **Scenario A** represents the **expected and ideal knowledge gain curve** by each phase, and **scenario B** represents the **actual knowledge gained** accounting for the impact of receiving information late by one stage. The area between the two scenarios (highlighted) depicts the total knowledge loss, which is calculated to be 50%.

Figure 2 shows the cumulative knowledge curves for both the scenarios based on the same data and assumptions, where each point represents the KOLs' total knowledge at a particular phase. The difference in knowledge in the landscape between the two scenarios at the post-launch phase is equal to the highlighted area in Figure 1.

The source for the data considered in the analysis is the 2024 ZS Medical Affairs Outlook Report, as well as ZS expertise and benchmarks working across organizations.

FIGURE 1:

Knowledge gain at each stage

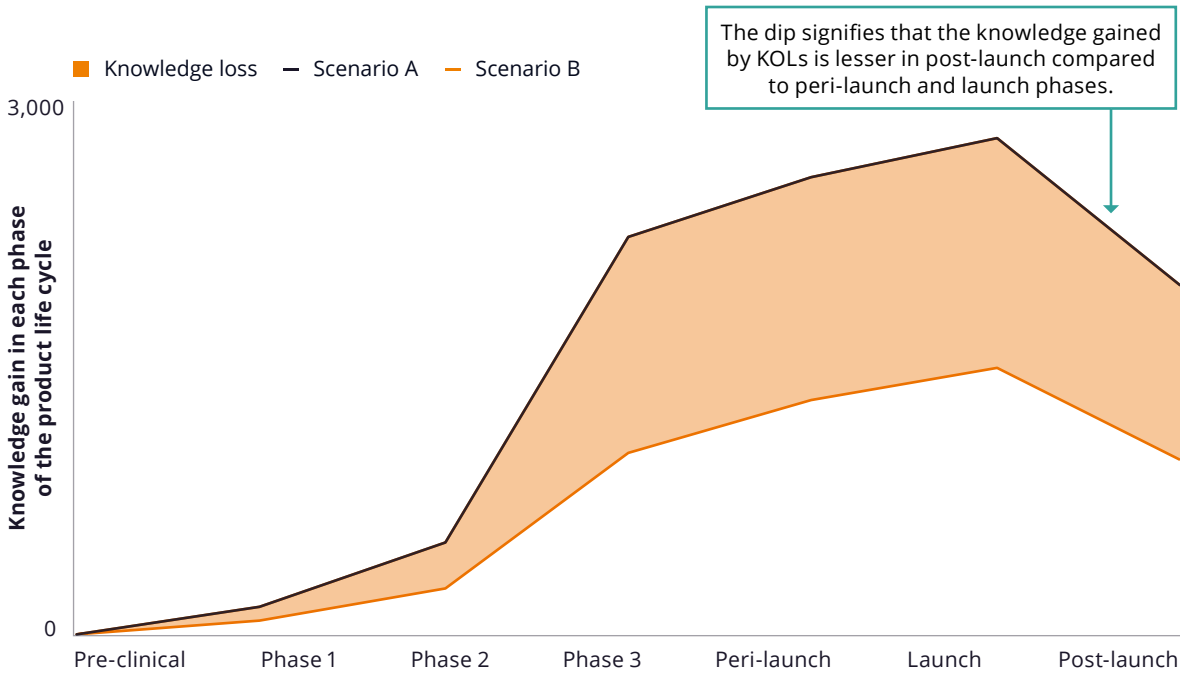
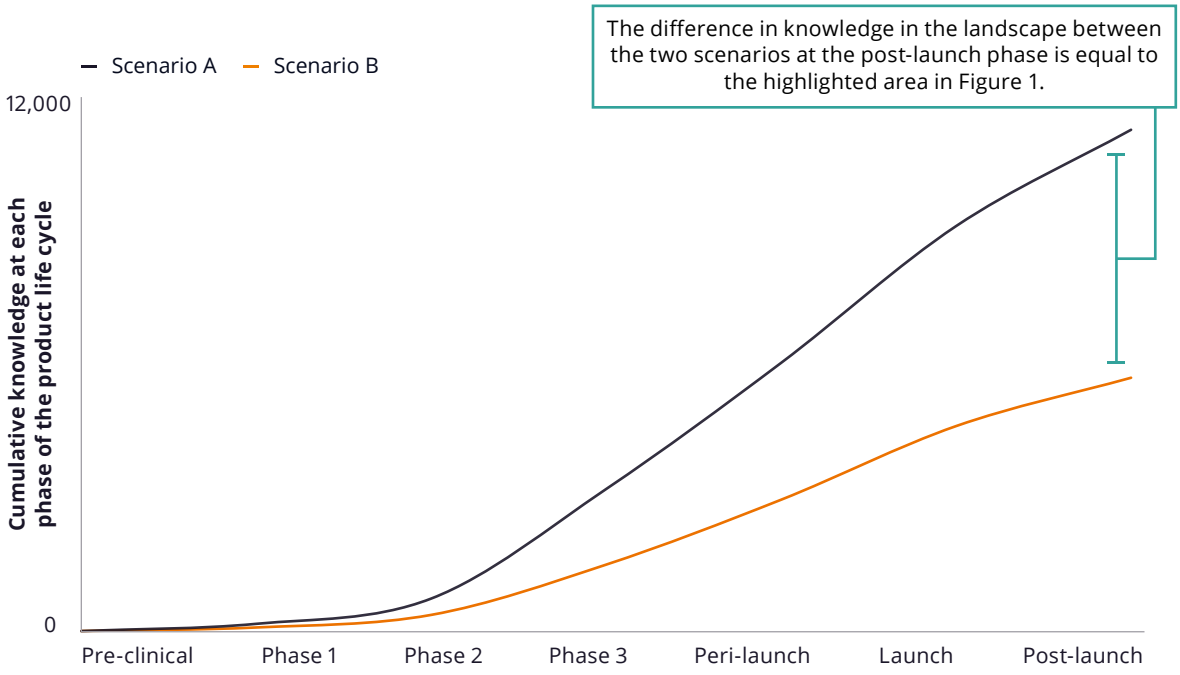


FIGURE 2:

Cumulative knowledge at each stage



There is a significant adverse impact of late information delivery to a large group of KOLs who prefer MSLs to start engagements at these critical stages, from phase 3 to launch.

We recognize that field medical teams are at the forefront of launch planning by managing various responsibilities, from sharing field insights with R&D to engaging with KOLs. However, their strategies are often short-sighted and static, only addressing immediate needs. This can significantly affect the launch timeline and overall success of the product. **To address this, medical affairs, particularly field medical teams, must embrace agility as a core principle.** This means being responsive to changes in the market, the regulatory landscape and stakeholder needs with the flexibility to pivot their strategies as needed.

This agility can be achieved across major trends or shifts in stakeholder engagement that can help in driving much-needed changes in clinical practice. The five broad areas (see Figure 3) needing agility are:

- Changing stakeholder landscape
- Mapping stakeholders across the product life cycle
- Evolving MSL responsibilities
- Revisiting MSL resourcing and deployment
- Measuring productivity during interactions

FIGURE 3:

Areas in stakeholder engagement needing agility to drive practice change

Changing stakeholder landscape

Stakeholder identification has undergone major shifts over the years. Traditionally, KOL identification used to be based on metrics such as their number of publications, clinical trials they participated in and other static metrics to enable identification and then tiering. With other evolutions, the stakeholder identification process has also undergone changes, and organizations now follow an extensive process. Medical affairs leadership leverages varied data sources to identify leaders in specific therapy areas, as well as regional and local KOLs in regions with high disease burden. These new techniques enable identification of more KOLs whom organizations can engage to advance scientific understanding.

As the pool of identified KOLs expands, the expectations for the number of interactions that MSLs are supposed to do also increase. Today, organizations are planning over 350 interactions per year per MSL because virtual engagements have led to an increase in both the reach and frequency of these interactions. Interestingly, based on ZS's experience, organizations generally plan to engage only 60% of the potential KOL universe based on their strategic objectives. Nearly 80% of medical affairs leaders indicated that they go beyond their lists to engage the KOLs.

While sometimes MSLs aren't able to achieve their stakeholder reach due to capacity constraints, most of the time it is due to KOLs having limited accessibility to engagements. This may be due to institutions' restrictions, limited time because of patient care or geographic dispersion. In fact, we observe a big difference when comparing the stakeholder universe identified for planned field engagements with the KOLs who actually engaged.

For example, even for two disease areas with a similar stakeholder universe, the overlap between their stakeholder lists is low, raising doubts about the credibility of the KOL identification process. This can be the result of field medical teams concentrating on stakeholders who have limited interest or influence in their network or broader clinical landscape.

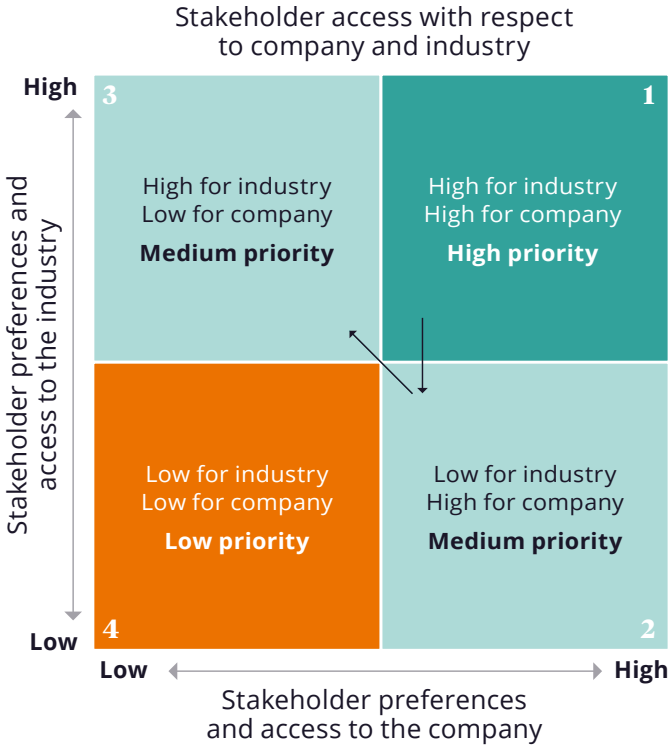
Additionally, we have observed that KOLs who are most comfortable adopting newer treatments are more likely to seek MSL engagements than KOLs who typically make treatment decisions driven by the existing standard of care and guidelines. These KOLs tend to recognize the value of MSLs in providing in-depth, evidence-based information to support their decision-making and helping them stay up to date with newer treatment options and the evolving landscape.

This means there is a need to revamp the KOL identification process, balancing KOL credentials and access with factors such as high disease burden, unmet needs and the influence of local KOLs who shape the scientific market in their regions. To better drive this identification and prioritization process, we use a 2x2 matrix to assess stakeholders' preferences and availability for a particular pharmaceutical company compared to the industry.

We have observed that KOLs who are most comfortable adopting newer treatments are more likely to seek MSL engagements than KOLs who typically make treatment decisions driven by the existing standard of care and guidelines.

FIGURE 4:

2x2 matrix for stakeholder prioritization



The arrows in Figure 4 above represent the order to prioritize the stakeholders based on their overall access to the industry and the company in question. Highest priority should be given to the stakeholders in the first quadrant who have high preference and access for MSL interactions in general.

The second priority should be the stakeholders who may not have high preference and access for the industry but do have these for the company. This could be due to their long-standing relationships with the company, opportunities for collaboration, satisfaction with MSL engagements and credibility, among other reasons.

In the third quadrant, we have stakeholders who have high preference and access for the industry but low preference and access for the company. This situation can possibly arise when stakeholders are dissatisfied with their current interactions with the company's MSLs. This dissatisfaction could come from a nonoptimal interaction frequency, MSLs providing information that does not add value, a lack of scientific expertise, ineffective communication, unresponsiveness, failure to cater to KOL-specific needs and other issues. These stakeholders need to be identified for stakeholder engagement by addressing any gaps that are leading to their access being low for the company.

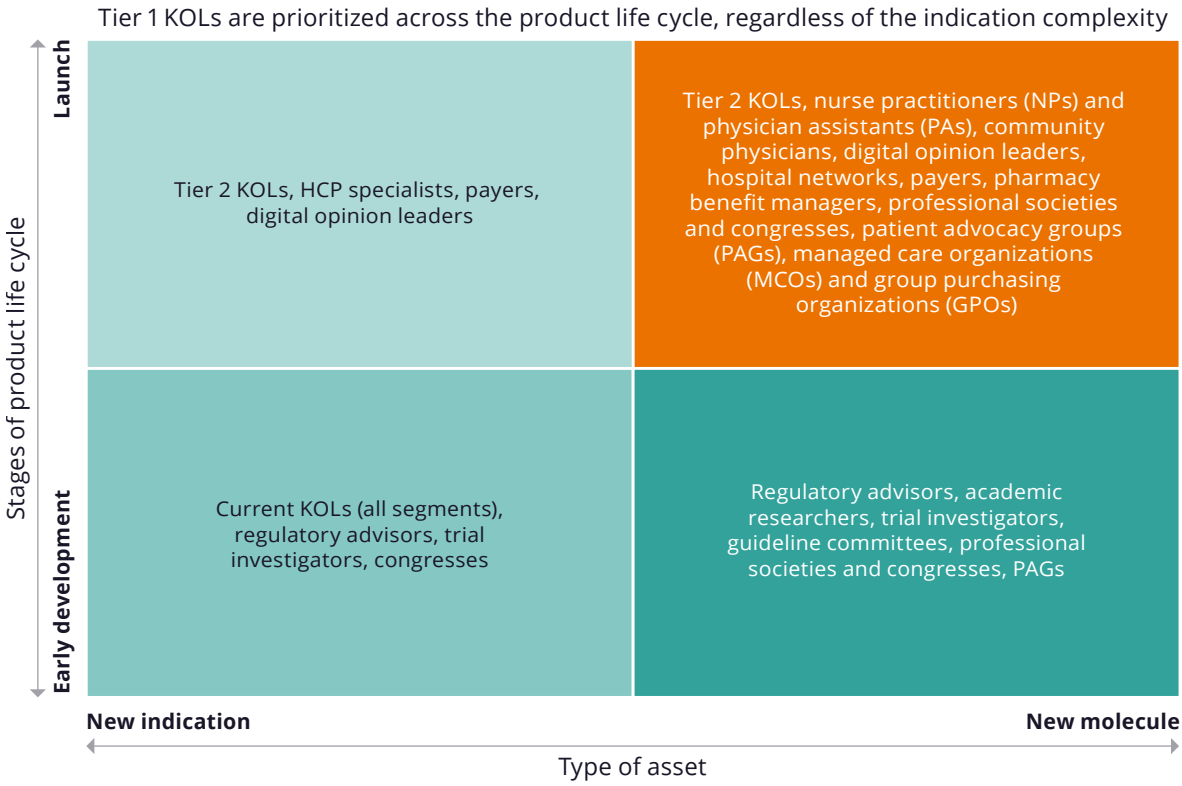
Stakeholders who lack access for interactions need to be deprioritized to optimize engagement. We understand that being agile in stakeholder identification and considering the evolving stakeholder landscape enhances reach within the universe. This gives the MSL additional capacity, freed by deprioritizing certain stakeholders that can then be reallocated to newer stakeholder types, or increase the reach and frequency toward the right stakeholders.

Mapping stakeholders across the product life cycle

Now that we have identified the different types of stakeholders to engage, it is important to understand that this list of stakeholders is dynamic. Throughout the different stages of the product life cycle, MSLs need to engage with different sets of stakeholders that require content tailored to their needs and preferences. This underscores the importance of stakeholder mapping. In Figure 5, we have mapped a list of stakeholders at different stages of the product life cycle, moving from early development to launch, depending upon type of asset.

FIGURE 5:

2x2 matrix for stakeholder mapping across the product life cycle based on type of asset



It is important for medical affairs organizations to prioritize engagement with Tier 1 KOLs at all stages, regardless of the type of asset. When considering a new molecule launch, it is crucial to engage academic researchers and trial investigators during early development. Outreach to community physicians and payers intensifies closer to launch, mostly during late phase 3 clinical trials. Across the entire spectrum of the type of asset from a new indication to a new molecule, organizations should have a targeted approach focused on leveraging existing resources effectively. This is true especially in the cases of new indications, as this approach also allows for streamlined expansion into new patient populations while building on established relationships and infrastructure.

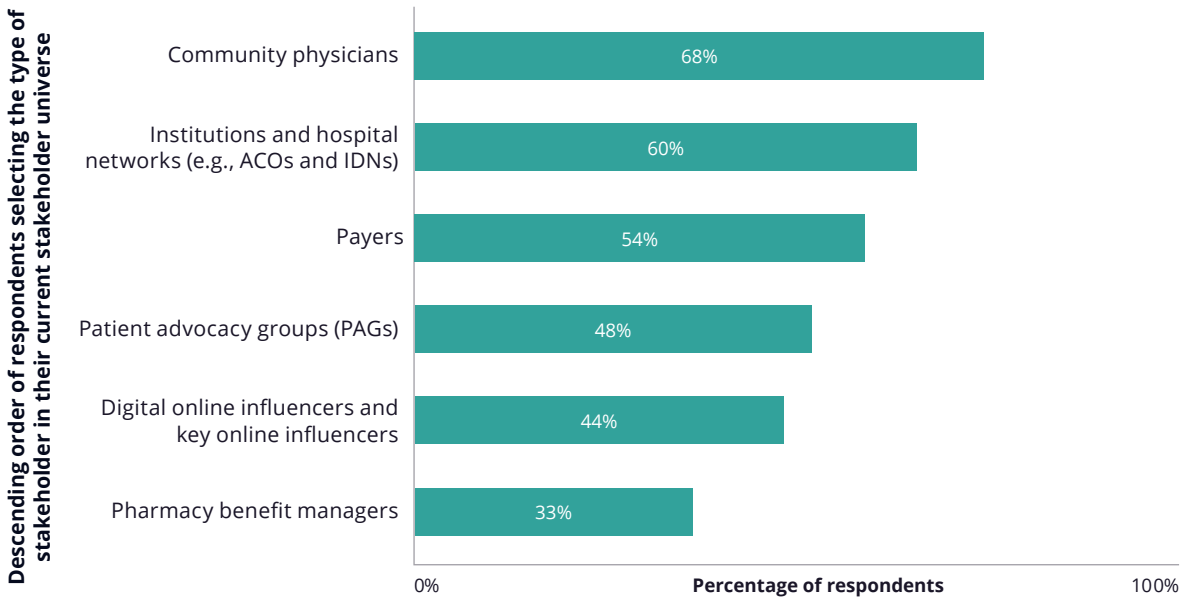
Besides the type of asset, there are other organizational and landscape attributes like organizational maturity, scale, disease prevalence and mechanism of action of the drug that define the stakeholder engagement strategies at different stages of the product life cycle. A field medical team should determine the stakeholder mix, their geographic coverage, depth of interaction and content delivery based on these strategies.

Evolving MSL responsibilities

MSLs have traditionally catered to physicians, specialists and KOLs in the medical community. But the changing medical landscape has led to the emergence of various new stakeholders, such as community physicians, institutions and hospital networks, payers, patient advocacy groups (PAGs), nurse practitioners and physician assistants. These stakeholders play critical roles in shaping healthcare policies, influencing treatment decisions and contributing to the success of medical interventions. The remit of the MSL role has also increased in the past few years to cater to this expanded universe.

FIGURE 6:

New stakeholder types being engaged, according to medical affairs leaders



Source: 2024 ZS Medical Affairs Outlook Report

Additionally, ZS has observed that MSLs are now providing a higher level of support for clinical trials. As a result, MSLs are now allocating dedicated time to support KOLs in clinical trials when analyzing their available capacity for engagements. This has led to a shift in the proactive-to-reactive support ratio from 80:20 to 70:30 in many cases. A portion of the proactive engagement capacity (approximately 10%) is allocated to cater to new stakeholders emerging in this space.

Apart from this evolution in the stakeholder universe and expanding data needs, KOL expectations have also increased. In the era of digital communication, KOLs who already have limited time for engagement due to patient care, receive a large volume of emails, messages and invitations. Cutting through the noise to ensure that MSL communications are noticed and valued can be challenging. MSLs also need to strategically engage specific types of KOLs depending on the purpose of the information. For example, they should engage with KOLs on the pharmacy and therapeutics committee for guideline-related discussions, while they should discuss patient-reported outcomes that affect access with KOLs involved in health technology assessment committees.

An interesting commonality observed among KOLs who highly prefer MSLs as a source of information is that they are primarily interested in engaging with pharmaceutical companies to partake in scientific discussions around products, disease areas and treatment landscapes. On the other hand, KOLs who are less likely to seek MSL engagements are often more interested in other avenues offered by pharmaceutical companies, such as publications or advisory boards. MSLs may not be the pharmaceutical company's primary representative for these avenues, as home-office-based roles could be more effective in such situations.

We also see that, with changing responsibilities and expectations, there are specialized or nontraditional roles either emerging or being planned for in the medical affairs space. These include roles such as field medical excellence, payer-focused or diagnostic-focused MSLs, virtual MSLs and medical account management roles, among others.

These changes demand that MSLs be both effective and efficient. Organizations must ensure that MSLs are equipped with the right set of tools, training and resources to handle these changes with agility. Considering that they are competing for mindshare from these KOLs, a one-size-fits-all approach might not be effective—MSLs need to personalize their content, communication style and channel of outreach accordingly. For example, engagement with physicians may necessitate a highly scientific and objective approach, while discussions with PAGs may focus more on understanding patient needs, requiring a high degree of emotional intelligence.

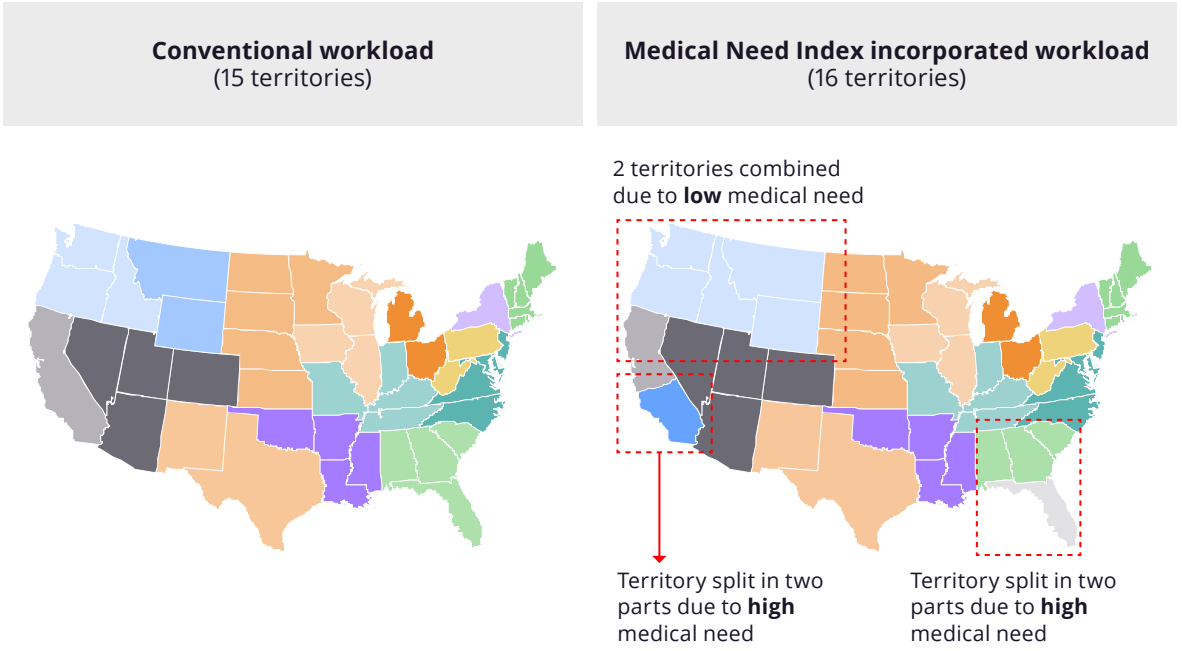
Revisiting MSL resourcing and deployment

Once the MSL sizing exercise is completed based on the assigned workload and available capacity, MSL territories are designed in line with territory design principles to ensure a balanced workload across the regions. This approach may fall short, however, as organizations grapple with multiple complexities. If the right set of stakeholders is not accurately identified, the prioritization of stakeholders will be flawed, leading to incorrect workload assumptions. Additionally, MSL responsibilities may not align with the organization's objectives, leading to wasted capacity and inaccurate sizing. These challenges underscore the necessity for agility in the stakeholder engagement planning process and highlight the need to revisit resourcing and deployment strategies.

To solve these issues, medical leadership can deviate from a purely data-driven approach and implement reasonable manual overrides. One method is to incorporate social drivers of health as a key factor in deployment rather than relying solely on account-workload-based territories. These factors help organizations determine the medical unmet needs of a region based on demographic distribution, disease prevalence, testing facilities, income disparity and other factors. Based on these varying unmet needs, workloads can be redistributed across existing territories or new territories can be added to address high unmet medical needs across the entire geography to refine resource allocation.

FIGURE 7:

Medical Need Index (MNI) based territory design compared to conventional methods



We have also observed that a few organizations have adopted product-centered teams or mirror commercial territory boundaries to minimize touch points for their stakeholders and provide an integrated stakeholder experience. For organizations that do not mirror territories, an alternative approach could involve developing and implementing a compliant cross-functional framework and defining clear accountabilities and touch points to ensure all functions have the necessary information to drive outcomes.

Instead of thinking of KOL identification, MSL sizing and MSL deployment as three disjointed phases, organizations should start by defining the desired end outcomes and then retrace the steps needed to achieve them. Competitor scenario planning also plays a big role here. Understanding key decision points for the organization and its competitors, medical affairs organizations can anticipate the workload change in the near term (6-12 months) and allow for the necessary flexibility in team deployment, ensuring that stakeholder relationships remain intact and effective.

Measuring productivity during interactions

Medical affairs is one of the most important pillars of a pharmaceutical organization. As mentioned in this paper, medical leadership needs to continuously justify the value of investments in the medical function to the broader organization or business. Quantitative metrics are easier to use to justify investments, which is why there is a preference for metrics that help demonstrate the gamut of medical affairs activities.

As a result, field medical teams have started to think about and gravitate toward quantitative metrics like productivity, which is predominantly driven by the reach and frequency of interactions, to demonstrate their impact and the level of activity going on in the field. In recent years, the field medical function has seen a significant increase in productivity expectations due to technological advancements, acceptance of medical affairs' role in launch success, evolving market dynamics and demand for an unbiased source of information.

These expectations have amplified the volume of interactions with broader remits for field medical roles. Planned interactions for an MSL in a year have gone up from 270+ to 350+ in recent years. With the newer mix of the stakeholder universe, the stakeholders that an MSL caters per year has also gone up to 100, with 4+ interactions planned per stakeholder. To be able to achieve this, hybrid engagements play a crucial role in the delivery of tailored content to stakeholders.

Volume of interactions is a good way to quantify the impact, but this number alone is not the right indicator to measure productivity. Despite frequent interactions with stakeholders, there are other factors that can hamper productivity:

- KOL preference for other sources of information
- Hospital restrictions or guardrails
- KOL inaccessibility

- Customized engagements for different KOL cohorts
- Logistical requirements for face-to-face or virtual interactions

While the MSL can plan engagements to address these needs, some of these may be beyond the control of the field personnel. Medical affairs organizations need to strike a balance between productivity and overall impact. The hope is that there is a clear link between effort and outcomes in the field with the goal to move beyond reach and frequency to define productivity. The best path forward would be to operate at the intersection of these considerations based on the current state of the organization.

Based on ZS experience, of those KOLs with a high perception of quality and preference for the MSL, over 30% take multiple impactful actions, driven by an average of three to five interactions per year. One such impactful action that we observed was using the information provided to improve the quality of healthcare provided to patients.

Quantifying and driving agility through field medical engagement

As we think about the right way to build agility in field medical engagements, it is important to understand where field teams should spend their effort and, most importantly, how.

As we've discussed here, there are multiple considerations at play—who to engage, how many times, for how long and then, most importantly, how to ensure interactions across the board maintain standard and industry-accepted levels of quality. We analyzed multiple datasets to see how we could triangulate and come to an answer beyond a one-size-fits-all approach.

As the industry thinks about productivity in terms of volume-based metrics, what it's not considering is that volume-based metrics do not answer a key question: "Are engagements having the desired impact?"

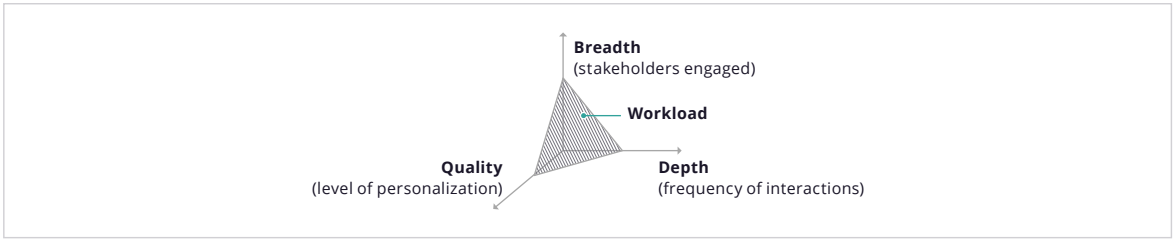
While we now understand the need for and importance of agility in stakeholder engagement, it is equally crucial to focus on the quality of interactions, in addition to increasing the volume of interactions. For example, the KOLs' likeliness to recommend (LTR) an MSL to their colleagues as a source of information is a comprehensive measure of the impact of MSL interactions, as it considers both the volume and quality of interactions provided by the MSL.

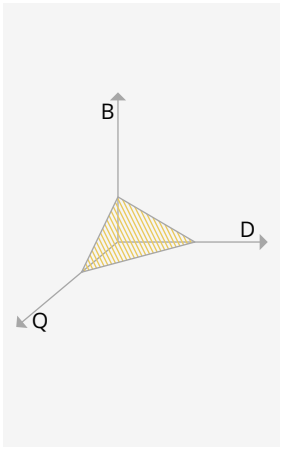
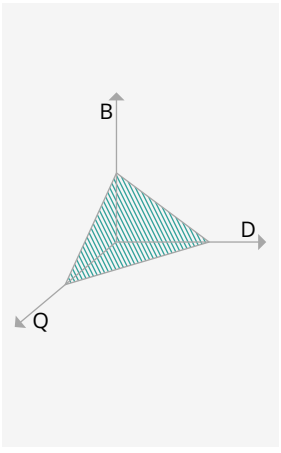
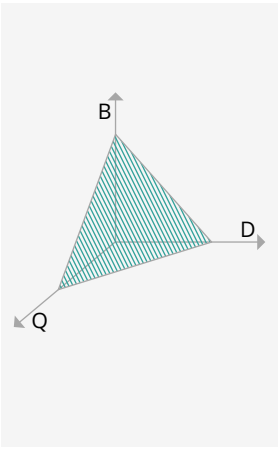
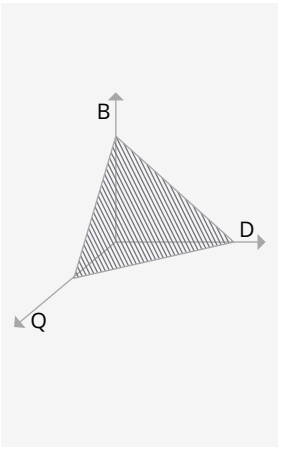
According to the 2024 ZS Medical Affairs Outlook Report, 13 out of 25 pharmaceutical companies have a positive LTR score (calculated as the percentage of KOLs highly likely to recommend an MSL minus the percentage of KOLs least likely to recommend an MSL). KOLs have highlighted the scientific expertise of MSLs, their ability to personalize interactions and clear, effective communication as key reasons for their high ratings. In fact, for the 12 companies with negative LTR scores based on their interactions with MSLs, KOLs cited several issues like sharing irrelevant information, lacking scientific expertise, not respecting their time and being unresponsive.

All of these insights lead us to consider interactions in a way that goes beyond mere frequency. In Figure 8, the triangular area represents the workload, which depends on these three major dimensions: breadth, depth and quality.

FIGURE 8:

Typical MSL workload and MSL team size observed across the product life cycle



Phase 2	Phase 3	Launch	Post-launch
			
	▲Breadth ▲Depth ▲Quality	▲Breadth ▲Depth ■Quality	■Breadth ▲Depth ▼Quality
Start of engagement The organization plans to engage PIs and identify clinical trial sites.	**MSL team size increases** as the organization plans to build relationships with KOLs. There's a slight increase in quality as the stakeholder universe and engagement strategy is defined at this stage.	**MSL team size increases further** as the organization plans to reach a broader stakeholder universe and cater to reactive requests while maintaining engagement quality standards.	**MSL team size remains constant** as the stakeholder universe is defined, but depth and stakeholder evidence needs increase, leading to a slight dip in quality. The quality recovers in the later stages once KOL relationships have been established.

Breadth: The breadth dimension refers to the number and diversity of stakeholders that MSLs engage with, such as healthcare providers (HCPs), KOLs, patient advocacy groups and internal teams. As the product progresses through its life cycle, the breadth of stakeholders typically expands, requiring MSLs to interact with an increasingly diverse set of individuals and organizations. This breadth generally plateaus post launch. With the increasing breadth of interactions, it is important to identify the right set of stakeholders at every stage and prioritize the depth of these interactions based on the pharma company's organizational objectives.

Depth: The depth dimension relates to the frequency and intensity of the interactions between MSLs and their stakeholders. During the early stages of the product life cycle, the depth of interactions may be more concentrated, with MSLs focusing on building relationships and gathering insights. As the product matures, the depth of interactions may evolve, with MSLs providing more ongoing support and education to their stakeholders. According to the 2024 ZS Medical Affairs Outlook Report, MSLs plan an average of three to four interactions per KOL annually. However, there is a misalignment in the interaction duration where medical affairs leaders state that they need to engage in person with KOLs for about 34 minutes while KOLs prefer shorter interactions of about 24 minutes. Understanding KOL preferences and aligning them with organizational objections can help identify the optimal interaction frequency and duration, enhancing the effectiveness of these engagements.

Quality: The quality dimension encompasses the level of personalization and effectiveness of the MSL interactions. This includes factors such as the relevance and timeliness of the information provided, the ability to address stakeholder needs and concerns and the overall impact of the interactions on the stakeholders' understanding and decision-making processes. The actions taken by KOLs after an MSL interaction often reflects the impact of the MSLs' efforts. MSL activities during an interaction, such as providing information on value-based care or sharing scientific information in an easy-to-consume manner, need to be thoughtfully planned to help specific changes in clinical practice.

The breadth, depth and quality of interactions can be adjusted based on the available resources and the objectives at each stage of the product life cycle. For example, the depth of the interaction can be held constant in the early phases while increasing the breadth and quality of interactions. In situations with limited MSL capacity, the workload can be fixed by adjusting the three dimensions based on the need of the situation. Developing a strategic approach that offers the flexibility to pivot based on evolving needs would be instrumental in achieving medical excellence. This would involve a more holistic consideration of these three dimensions to ensure that field teams are optimized to deliver the highest level of value and support.

Optimizing field medical engagements

It is one part of the story to engage stakeholders a certain number of times, but it is also imperative to understand whether the KOL is taking the right actions that drive patient outcomes. The measurement of impact for medical affairs has always been a tricky topic. It must be understood beyond the remit of regular or conventional metrics. The best way is to measure the actions taken and whether they are driving clinical practice change.

If an organization has limited capacity, it's important to ensure that quality is not compromised. But at the same time, the field team is also able to reach out to the right number of stakeholders, for the right number of times and with the right content to drive impactful actions. We have observed that when teams employ the right mix of breadth, depth and quality of engagements, a KOL is more likely to take meaningful patient-centric actions after engaging with an MSL.

For instance, based on ZS experience, of those KOLs with a high perception of quality and preference for an MSL, over 30% take the following actions, driven by an average of three to five interactions per year:

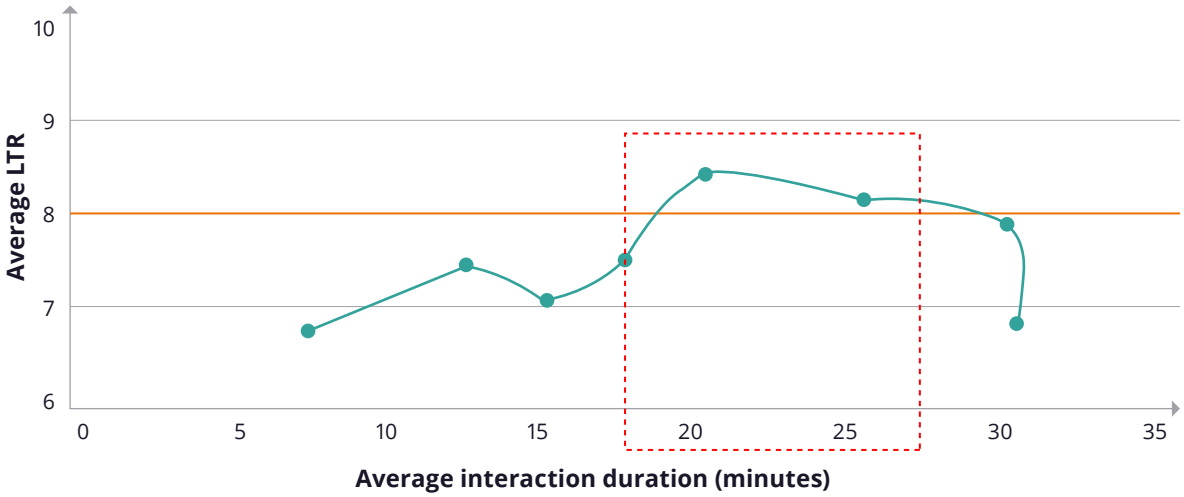
- Used information provided to improve the quality of healthcare provided to patients
- Used information provided by the MSL in responses to questions (patients, physicians, HCPs)
- Motivated them to think how they can further advance the clinical practice of their disease area
- Improved their confidence that they are making the best decision for patients

One aspect that has not been solved for in the medical affairs landscape is—at what point in time do we decide that additional interactions or time spent won't help? An analysis of the LTR scores provided with the average duration of interactions makes the story very clear. The best LTR that maximizes impact while keeping a check on effort (as in not using up all available bandwidth) is 8 (see Figure 9), after which the LTR declines for the additional time spent. Instead of trying to reach the gold standard of 10, one must realize that trade-offs need to be made between the ability to reach more people and engage them a greater number of times while maintaining the LTR and the time spent with them at an optimal level. LTR is also a very important indicator of quality of interactions.

The best LTR that maximizes impact while keeping a check on effort (as in not using up all available bandwidth) is 8, after which the LTR declines for the additional time spent.

FIGURE 9:

Average LTR reduces below 8 after the optimal interaction duration of 20-25 minutes



Another frequently asked question is—how often should virtual engagements be used, and are they impactful? The short answer is—yes, they are impactful, but virtual engagements should be used as a complement and not a replacement for face-to-face interactions. While we've observed that KOLs may not prioritize an organization's virtual engagement capabilities as a key driver of their overall engagement experience compared to factors like the company's products and research opportunities, it is still beneficial for MSLs to engage with KOLs through their preferred virtual communication channels—with certain guardrails in place. Virtual engagements can be most effective when reaching out to KOLs who already have an affinity for engaging with the pharmaceutical industry or have existing relationships with MSLs.

It is crucial that the use of virtual channels does not compromise the scientific knowledge contribution of the MSLs, which may decline when they overindex on virtual interactions. Leveraging virtual platforms, however, does enable MSLs to have more bandwidth and agility. In addition to saving time on travel and logistics, KOLs also tend to prefer keeping virtual engagements shorter on average—as long as MSLs dedicate the majority of their efforts (60% or more) to face-to-face interactions.

An optimal mix of proportion and duration of interactions that focuses on fostering a deep MSL-KOL relationship through in-person engagements, while leveraging the convenience of virtual channels, would not compromise the quality of interactions (as informed by the LTR—an important indicator of quality). As seen in our research, this drives KOLs to take meaningful actions, ultimately creating impact in the field.

By effectively using the appropriate number and duration of interactions, we can also achieve specific scientific objectives aligned with the organizational scientific engagement plan. In each region, a scientific objective can be linked to an action that KOLs take after engaging with MSLs. For example, suppose the scientific objective in the Central USA region is to reduce unmet medical needs, which can be facilitated by enabling clinical practice change among KOLs. The 2024 ZS Medical Affairs Outlook Report indicates that there are multiple activities available to drive specific actions, but each has a different impact. With that knowledge, we can equip MSLs to plan their interactions with KOLs more effectively, optimizing their 20-25 minutes of interaction time. By prioritizing their activities, MSLs can focus on those that are most impactful in facilitating practice change, such as:

- Providing complex scientific information in a simple, processed and accessible format
- Providing evidence on value-based care
- Sharing peer-reviewed data and publications
- Providing patient-centric educational materials
- Sharing patient stories and testimonials

If the scientific objective in a market (for example, Canada) is to increase patient education, which can be achieved by encouraging KOLs to share information with patients and caregivers, the priority order of actions would change to:

- Providing patient-centric educational materials
- Sharing patient stories and testimonials
- Providing evidence on value-based care
- Sharing peer-reviewed data and publications
- Providing complex scientific information in a simple, processed and accessible format

By making adjustments like these, the available interaction time can be used effectively while balancing the right number and quality (LTR) of interactions to achieve the intended actions from the KOL that directly meet regional scientific objectives.

Another key thing to note is that, while KOLs often prefer to seek information in their top areas of interest such as clinical trials data, treatment landscape information and disease state questions from third-party sources including medical literature and professional society or organization websites, there are specific areas or topics for which they highly value MSLs as a source of information:

- Information about company pipeline products
- Research program support for trials (IITs, CSTs and ISTs)

Interestingly, these are both examples of specific information that KOLs can't readily receive from elsewhere. This puts MSLs in a unique position to establish themselves as a trusted and reliable source for KOLs because of the support and information they need, in turn, increasing their value and impact. This could also lead to a higher preference for MSLs as a source of information for other key topics of interest.

We also observed a positive correlation between higher interactions, a higher LTR and a greater impact through actions taken by KOL after an MSL visit. What does this mean? Is this an anomaly? The answer is no, because it just emphasizes the need to get the time right to receive an optimal LTR rating. In Figure 9, when we examine time spent, KOLs providing different LTRs start falling into one of the 10 deciles, telling us a very different story—that even KOLs who might be providing a high LTR might want to meet MSLs for a certain optimal duration. This is why it is important to put things in perspective and not just look at groupings of LTR but cluster and understand the commonalities between different microclusters. Such analytical rigor will no doubt lead to more agility as we are able to define the level of granularity that makes medical engagement planning clear and lucid. We are then able to design engagement plans based on the needs of the end stakeholder and to avoid following existing philosophies of calling on Tier 1 KOLs six times, for example. We can accomplish all of this while building the ability to drive the right impactful actions that help medical affairs work toward the long-term vision of greater patient impact.

An optimal mix of proportion and duration of interactions that focuses on fostering a deep MSL-KOL relationship through in-person engagements while leveraging the convenience of virtual channels would not compromise the quality of interactions (as informed by the LTR—an important indicator of quality). As seen in our research, this drives KOLs to take meaningful actions, ultimately creating impact in the field.

Actions for medical affairs agility

The primary goal of becoming agile in stakeholder engagement is to drive patient outcomes through various actions that a KOL undertakes after interacting with an MSL. KOLs undertake these actions based on the specific needs of their clinical practice. And as we've seen, each action can be attributed to various MSL activities during an interaction, like providing evidence on value-based care or providing patient-centric educational materials. It is essential for MSLs to understand the therapy area objectives and tailor their engagements, varying their activities to meet stakeholder needs.

This stakeholder mix depends on the stages of the product life cycle when they prefer MSLs to begin engagement. Agility in stakeholder engagement starts with identifying and prioritizing stakeholders across the product life cycle to set achievable workload targets. This is followed by refining MSL responsibilities and activities, introducing new roles and continually upskilling MSLs to better navigate the ever-changing medical landscape. Finally, agility in resource planning and deployment ensures that MSLs can efficiently address high-priority areas and the unmet needs of stakeholders, ultimately enhancing patient outcomes.

While KOLs often prefer to seek information in their top areas of interest, such as clinical trials data; treatment landscape information; and disease state questions from third-party sources, including medical literature and professional society or organization websites, there are specific areas or topics for which they highly value MSLs as a source of information.

About the authors

Sunil John leads ZS's global medical affairs space. 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 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 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 and organizational design. Sunil assists with outcome-based KPIs, frameworks for patient centricity, digital strategy visioning and planning. He also drives the use of medical insights and data to define customer centricity and assess field medical teams.

Dr. Rav Seeruthun is the chief medical officer and co-founder of health-equity.ai, a company harnessing AI to address health inequalities. Driven by the stark reality that life expectancy within a single U.S. city can vary by up to 20 years, depending on the ZIP code, Rav is committed to finding innovative solutions to health disparities. Before founding health-equity.ai, Rav served as an officer and vice president of medical affairs at Genentech in San Francisco. There, he led the medical ecosystem model and was a key member of the customer engagement leadership team. Prior to this, he held the position of country medical director for all therapy areas at Roche U.K., following a career that spanned both commercial and medical roles at European and affiliate levels. Rav's educational background includes the study of medicine at St. Mary's Hospital Medical School at Imperial College London where he is a Fellow of the Faculty of Pharmaceutical Medicine. He also holds the distinction of being a William Pitt Fellow at Pembroke College, Cambridge, and has earned an Executive MBA from Cambridge's Judge Business School.

About ZS

ZS is a management consulting and technology firm focused on transforming global healthcare and beyond. We leverage our leading-edge analytics, plus the power of data, science and products, to help our clients make more intelligent decisions, deliver innovative solutions and improve outcomes for all. Founded in 1983, ZS has more than 13,000 employees in 35 offices worldwide.

Learn more: https://www.zs.com/solutions/life-sciences-randd-and-medical/medical-affairs