



How medical affairs can drive patient-centric outcomes

By Sunil John



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The pharmaceutical landscape is a rapidly evolving and complex ecosystem, comprised of multiple stakeholders with different needs. It's important for these stakeholders to work toward a common goal: delivering value to patients. With an increased focus on precision medicine, early detection of diseases, development of novel therapies and patient support programs—along with greater investments in research and development—the importance of patient centricity is coming into view.

As indicated by more than half of the external respondents in the [2022 ZS medical affairs outlook report](#), medical affairs has the opportunity to move beyond its traditional role and participate in the development of novel medicines and patient support programs. Further, to ensure patient centricity in drug development, the U.S. Food and Drug Administration's patient-focused drug development guidelines provide direction to identify what matters most to patients for measurement in clinical trials. Specifically, these guidelines address how to design and implement studies to effectively capture the patient's voice.

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As an important pillar of the pharmaceutical organization, medical affairs is scientifically equipped and well positioned to deliver solutions that create greater impact for patients. These solutions include medical education, addressing unmet patient needs, improving access to care at different stages of the treatment journey and more. Medical affairs can add value by evolving roles and structures, devising digitization strategies, improving cross-functional collaboration, medicalizing launches, fostering insights-driven decisions and improving the speed of therapies to market.



Unmet
patient needs
and industry
challenges

There are a number of patient needs and industry challenges—some more visible than others—that are important for medical affairs professionals to understand as they put patients at the center of their work. They include these three challenges:

Challenge 1: Addressing health inequities and disparities

The global patient community is diverse in terms of income, housing, education, access to care, quality of care, community features—including poverty, access to nutritious foods and personal support systems—as well as environmental factors, linguistic differences, health behaviors, transportation options and more. These variables are known as social drivers of health (SDOH) and they lead to some sections of the population remaining unserved or underserved.

A lack of diversity in medical illustrations, trial publications and evidence generation can also lead to health inequities. And some populations may not have insurance coverage and experience challenges navigating the healthcare system. That's why we must focus on addressing health inequities and disparities among different segments of the population.

Challenge 2: Considering the patient's voice across the treatment journey

A patient journey involves symptom identification, diagnosis, appropriate treatment and disease management. An accurate patient journey can be described as one where a patient has proper awareness, access and aid related to the disease.

Across the treatment journey, there are various points—such as ordering tests based on symptoms, referring to appropriate specialists, choosing the therapy, treatment guidelines and more—where the providers and patient make crucial decisions that determine the trajectory of the patient's journey. The patient's voice at these points in the journey should be captured by key stakeholders.

Challenge 3: Understanding how to best engage KOLs

The expectations of key opinion leaders (KOLs)—healthcare providers (HCPs) and others—for engagement quality with pharma companies continue to grow exponentially, but the types of discussions and their subject matter sometimes fail to meet the needs and wishes of HCPs. This observation is supported by a dearth of personalized and pertinent content, a lack of suitable communication channels and an abundance of generic digital content from various sources. These include highly unstructured data from electronic health records (EHRs), payer data, clinical trial data and more.

Current state of medical affairs in reaching patients

While medical affairs does not directly engage with patients, it indirectly helps them by explaining the science and providing scientific information to various stakeholders, including the medical information and education team, as well as publications. These stakeholders reach KOLs and inform them of the latest developments on drugs, diseases and other medical information.

In this changing pharma landscape, medical affairs teams have started engaging stakeholders beyond academic KOLs. Medical affairs is reaching community KOLs, hospital networks, un-tiered physicians, pharmacists, digital online influencers and more as medical affairs seeks to address its scientific needs and capture insights that can drive future organizational strategies. Medical affairs also collaborates with patient advocacy groups (PAGs) to capture the voice of patients. And lastly, it engages with nurse practitioners, physician assistants and other care providers who are likely to be directly involved with patient examination and diagnosis, which leads to better disease management.

How can medical affairs solve for unmet patient needs?

Medical affairs can help address unmet patient needs around health equities and disparities, education, access, quality of care and more by understanding and using these three solutions.

Solution 1: Better understand health inequities and disparities

SDOH such as economic stability, neighborhood and environment, social and community structure, education and healthcare access, and quality of care all reveal various avenues where medical affairs can provide support and bring about positive impact for patients.

Education, healthcare access and quality of care

People who have access to quality education tend to be healthier because they are more likely to have the financial resources to access quality healthcare and relevant information. Medical affairs can ensure that easily understandable patient education and awareness



campaigns on relevant diseases are made available through channels that are accessible to underserved populations. Still, many members of underserved populations don't have insurance coverage and may not be able to afford the required preventive care, medication, recommended screenings and more. The medical affairs team can ensure clear articulation of clinical and economic value to providers and patients to improve drug access and get drugs added to the formulary. Team members can do this by increasing the use of epidemiological data, analytics and other nontraditional data and studies that are supported by robust, customer-centric data models.

Medical affairs can help address SDOH by supporting community health centers or other facilities that reach underserved communities through telehealth to improve access and extend provider reach. It can also promote the use of community health workers or navigators to support patients and patient-centered medical homes, which aim to improve coordination of care. It's important for medical affairs teams to assess care gaps by engaging public health professionals, particularly those who concentrate on community and population health through health screenings, immunizations and more.

SDOH data will play a key role, as it helps medical affairs teams understand the prevalence and incidence of different diseases in specific populations and geographies. This helps address patient pain points and deploy resources, including medical science liaisons (MSLs). They can target care gaps, instead of relying on the traditional interaction of workload-based deployment.

Solution 2: Educate patients via medical information and communication teams

Patients who are knowledgeable about an illness and the appropriate management approaches are more likely to seek and adhere to prescribed treatments. In addition to educating providers about the evidence and any variations across different populations, medical affairs can support patient education by developing relevant and easily understandable materials on the disease and its management. It can also help ensure the information is reaching the right audience in their preferred language and through appropriate medical education channels. It's important to convert difficult scientific language into content that is understandable to patients.

Enhanced patient centrality in clinical trials

It's critical to design and deliver patient-centric clinical trials. Medical affairs can incorporate its knowledge of clinical trial pain points to help design more patient-friendly trials that integrate remote check-ins and outreach materials with easy-to-understand language, decentralized trials and more. These actions can also improve recruitment and patient retention.

The knowledge gained from field interactions on patient populations of different ages, genders, ethnicities and more with a particular disease is valuable. The insights can help prioritize these populations during recruitment and ensure their representation in clinical trials, thereby helping produce data that is applicable to a wider range of patients in the clinical setting. Representative trials build trust and ensure greater reach among underserved populations. Additionally, knowledgeable stakeholders with the relevant expertise—including patient organizations, data standards specialists, clinical trial finders, matching services, contract research organizations and researchers—can work together to develop a structure to collect and disseminate uniformly formatted and enriched data on clinical trials.

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Solution 3: Listen to KOL and patient perspectives

Medical affairs teams can improve engagement with KOLs and other stakeholders by optimizing engagement and leveraging their preferred channels at the right time. There should be a unique engagement strategy for different stages of the product life cycle. Customizing content along the KOL journey, modernizing content delivery, efficiently using medical insights and displaying the overall value of medical affairs will help cater to HCP needs and combat cost and budget challenges. Additionally, it's possible to use analytics to improve physician satisfaction between research and medical affairs organizations. This will push medical affairs groups to engage more effectively while meeting the compliance requirements associated with using sensitive patient data. Medical affairs can achieve this a few different ways.

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Medical partnerships: By partnering with a broad range of healthcare stakeholders such as KOLs, payers, patient organizations and others, medical affairs can gain insights on patient unmet needs and become their voice within the pharma organization. Medical affairs can play a key role in driving company strategy and encouraging a patient-centric future trajectory. It can also improve on partnerships by using innovative engagement channels, such as social media, and delivering scientific information in the form of patient narratives so that stakeholders can articulate what the information means for the patient.

PAG engagement: PAGs play an important role in healthy dialogue between pharma and patients. Medical affairs teams can collaborate with PAGs by conducting awareness campaigns, developing educational materials and support programs, refining clinical development plans and trial design and other tactics. Further, medical affairs can optimize PAG engagement by making sure that their objectives align with the company's objectives and that the target audience of the PAG is relevant for the company. This can be achieved by assessing the disease prevalence and the density of PAGs in specific areas.

When building engagement strategies that prioritize which PAGs to engage with and the amount of field resources that should be allocated for such engagements, it's important to take their defining attributes into account. These include reach, regionality, maturity, membership, engagement frequency, disease stage relevance and existing relationships. PAGs can be instrumental in removing stigmas around diseases even before treatment starts, leading to better patient acceptance and response in the treatment journey. PAGs can also help recruit participants for clinical trials and their involvement can be incorporated in earlier stages of drug development to ensure alignment with patient needs.

Digital engagement: Medical affairs is evolving in how it engages with customers by tapping different channels for digital engagement. The function is also identifying and partnering with new digital opinion leaders, which leads to a change in how information and insights are gathered and consumed. Medical affairs teams should see the value in partnering with tech experts in the digital age to improve engagement with patients, while making information dissemination more effective.

Collaborating to bring electronic, patient-reported outcomes and solutions to patients can provide standardized assessments for collecting data directly from patients about health status or experience with a health condition. When integrated into care, these solutions can facilitate communication between patients and providers, while improving the management of health conditions and patient satisfaction. And medical affairs can use this data to support the value proposition of therapies in the patient journey.

Medical affairs can diligently use artificial intelligence (AI) and machine learning (ML) capabilities to enhance the impact on internal as well as external stakeholders. Medical affairs can also gain insights from multiple internal databases by using both structured and unstructured data captured from KOLs in the field, allowing them to better align engagements within the medical strategy. These capabilities can accelerate and synthesize insights from real-world data and steer MSL interactions, identifying the best engagement channels and the most relevant evidence for individual specialists. These capabilities can also be used to collect and evaluate metrics to develop a digital strategy and adapt it in real-time to guide MSL engagement with physicians, instead of having a preplanned interaction strategy. There is a need for medical leaders to adopt a mindset to try out digital approaches to customer engagement and learn from the ones that do not work—for example, virtual real MSLs.

Additionally, sentiment analysis tools can gain insights beyond the capability of surveys. By gauging whether patient experiences were positive, neutral or negative, these tools can extract relevant content and gather emotional feedback to understand opportunities for improvement. Having a centralized database for all the data captured by medical affairs teams, instead of generating structured patient insights in a siloed environment, can help guide physicians in real-time.

New roles: Having a team with new field medical roles focused on the scientific exchange around drugs, medical partnerships and patient education can help establish a well-built primary care system that aids in prevention, early detection and better management of diseases. For example, nurse educators, health economics outcomes research (HEOR) professionals and payer-focused roles can help meet evolving customer needs. Further, these new roles will suit the specific data requirements of KOLs and cater to their needs as well.

KPIs to measure the impact

Innovative patient-focused engagement with different stakeholders, along with an analysis of the huge pool of data gathered by various initiatives, help generate useful insights that can benefit patients. Using metrics to measure the influence of patient-centric activities and track the progress toward addressing patient needs not only helps the bridging of care gaps but also ensures optimum utilization and deployment of pharma resources.

Disease landscape: The incidence data can be used to create an incidence rate heat map and understand the care gap areas that need to be prioritized. Further, the claims and EHR data can help understand the percentage of patients who have been diagnosed, treated or dropped from treatment. It can also shed light on other epidemiological insights. HCP and patient referral patterns can be identified, and treatment journeys across multiple provider types can be assessed.

Engagement effectiveness: The number of interactions with various PAGs to track the digital footprint, the number of followers and their engagement with relevant posts can all be analyzed to understand their sentiments towards a particular product or topic. Impact can also be assessed by measuring the percentage of discussions by indication; understanding the preferred channels of engagement and evaluating the interactions through these channels; identifying trends in frequently asked questions; identifying the most shared materials; and determining the number of medical information request forms (MIFS) submitted. In addition, it's important to estimate the average turnaround time, while tracking clinical trials participation and the breakup of MIFS and similar requests.

Digital footprint: Metrics related to digital offerings could include number of visits and downloads, time spent per page, sentiment analysis and more. Analyzing these metrics can generate useful and actionable insights.

Medical affairs: Supporting patient centricity

The development and collection of data from patient experiences—often called patient experience data, or PED—across all parts of patients’ lives is becoming increasingly important in research and healthcare, as stakeholders aim to provide evidence-based data on patient unmet needs, health outcomes and impact. Medical affairs can track its progress in addressing patient needs by adopting assessment metrics based on claims and HEOR data, incidence data, PAG interactions and more so they can better understand existing care gaps.

Medical affairs plays a critical role in how organizations provide trial support, educate patients about diseases, improve patient care and consider health economics and other aspects of the complex pharmaceutical ecosystem. By forming medical alliances, implementing digital strategies, prioritizing underserved populations and concentrating on evidence generation that addresses patients’ unmet needs throughout the treatment journey, medical affairs can leverage its position as the scientific voice of pharma companies to become champions of patient centricity with both internal and external stakeholders.

About the author



Sunil John has been with ZS for more than 12 years and co-leads the firm's global medical affairs practice. He has authored several articles and provided perspectives on various medical affairs issues such as reinventing the go-to-market strategy for medical affairs, future customer engagement models and using data to define customer centricity and assess field medical teams. For the last seven years at ZS, Sunil has focused exclusively on global medical affairs across field medical, medical excellence, medical information and medical education. He also helps emerging and large pharma, biotech and medtech clients extensively with business strategy, launch planning and organizational design. Sunil assists with KPIs, digital strategy and road mapping for medical affairs, medical insights and omnichannel engagements.



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