



# 2023 ZS medical affairs outlook report

Analyzing the evolving medical affairs landscape and future trends

By Sunil John and Sarah Jarvis



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## Executive summary

As the healthcare ecosystem settles into a new normal, medical affairs organizations must understand the evolving demands and expectations of an increasingly varied and growing set of stakeholders.

ZS's 2023 medical affairs outlook report highlights key insights and trends, including developments in the medical affairs landscape, evolving go-to-market (GTM) strategies and the growing focus on patient centricity. To gain a holistic view of the medical affairs ecosystem, we have analyzed the perspectives of medical affairs professionals—referred to as internal respondents—and key opinion leaders (KOLs), who are referred to as external respondents.

### Key findings

An analysis of this year's survey data identified the following key trends:

- **Evolution of medical affairs organizations:** Like [last year's report](#), we found a majority of medical affairs organizations are still in an evolving phase of organizational maturity. They're in the process of establishing robust strategic planning processes, designing well-coordinated roles and responsibilities and enabling data-driven decision-making.
- **A hybrid engagement landscape:** As the industry anticipated, a hybrid model of engagement is the future. External respondents continue to expect about 40% of their interactions to be virtual in 2024 and beyond. Interestingly, they prefer similar durations for interactions across both in-person and virtual settings.
- **Evolving medical roles:** As the medical engagement landscape evolves, newer roles such as virtual medical science liaisons (MSLs) are becoming more prominent. More than half of external respondents indicated they have interacted with a virtual MSL in the past year.
- **Omnichannel maturity:** Like last year, more than half of internal respondents said their organization has at least a foundational state of omnichannel interaction capabilities and they're focusing on optimizing the customer experience through personalized solutions. Together, these strategies will help organizations enhance customer centricity.
- **Investment areas:** While field medical continues to be the top area of investment in medical affairs, internal respondents indicated their organizations are becoming more agile by focusing on tools and technology, insight generation, impact measurement, real-world evidence strategy and more.



- **Scientific market shaping:** More than 60% of external respondents indicated they would prefer MSLs begin scientific engagements during or before phase 3 of clinical trials.
- **Patient centricity:** In addition to customer centricity, medical affairs organizations are also increasing efforts to make the pharmaceutical landscape more patient-centric. One way they're doing this is by interacting with patient advocacy groups (PAGs) to gather patient insights, while also focusing on initiatives to address health disparities. More than 85% of the external respondents found the initiatives taken by medical affairs organizations to address health inequities to be moderately or extremely effective. Additionally, almost three-quarters of the external respondents said they are planning to become more patient-centric by identifying eligible clinical trials to improve patient access to therapies.

## Methodology

In the first half of 2023, ZS fielded two industrywide surveys that yielded insights on current and future trends across the medical affairs landscape. Participants included 129 medical

affairs professionals from more than 40 global companies and 224 healthcare professionals and KOLs from the U.S., Canada and Europe. Almost 70% of the surveyed internal respondents worked at the director or executive level. External respondents were spread across therapy areas including, but not limited to, oncology and hematology, neurology and cardiology. Total mentions in the report denotes where qualitative responses have been bucketed based on similarity, as one respondent can contribute to multiple mentions.

## Evolution of medical affairs organizations

In an evolving landscape, companies must continually evaluate the environment to stay on course with industry expectations. ZS has developed a proprietary medical maturity model called M<sup>3</sup> that benchmarks medical affairs organizations. This model has helped medical affairs teams identify organizational expectations and strategize about where they can improve.

M<sup>3</sup> is based on three key dimensions: a strategic planning process, data-driven decision-making and coordination amongst roles. The M<sup>3</sup> analysis assesses maturity and identifies essential growth drivers and opportunities for medical affairs organizations. Results from the M<sup>3</sup> analysis have helped us classify medical affairs organizations as nascent, evolving or best in class.

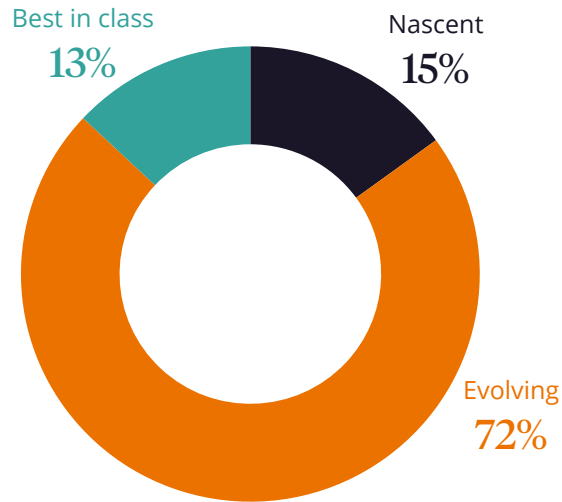
FIGURE 1

### Phases of medical affairs maturity



FIGURE 2

## How internal respondents rated their medical affairs organization using M<sup>3</sup>



Similar to what we found in our 2022 ZS medical affairs outlook report, most medical affairs organizations are in the evolving phase of organizational maturity. As we look toward the future, organizations should focus on becoming more customer-centric by developing a robust customer engagement model and an agile GTM strategy that considers external stakeholders' preferences. It's also important they focus on understanding patient needs and undertake initiatives to address their challenges.

## An evolving GTM strategy

We have identified four steps medical affairs must pursue to revamp its GTM strategy. They are:

- Understand the engagement landscape
- Redefine medical roles
- Strengthen omnichannel strategies
- Prioritize investments



## Understand the engagement landscape

While in-person engagements dominated MSL-KOL interactions pre-pandemic, MSLs have been actively interacting with KOLs via virtual platforms in the past few years—and while a majority of KOLs are satisfied and comfortable with the current hybrid model of engagement, there is still room for improvement. In the current post-pandemic normal, virtual interactions remain an essential part of MSL-KOL interactions. A small percentage of KOLs indicated the hybrid model makes it difficult to establish personal relationships with MSLs, resulting in engagements that are less interactive. We found 10% of KOLs want only in-person engagements with MSLs in 2023, while the number rises to 14% for 2024 and beyond.

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**KOLs in the EU have slightly lower satisfaction and comfort levels with the hybrid model of engagement as compared to KOLs in the U.S. and Canada.**

External respondents prefer to engage on a quarterly basis with an MSL from an individual pharmaceutical company. Both internal and external respondents expect more than half of their future interactions to be in-person in 2024 and beyond. Although KOLs prefer to meet MSLs in person, the average duration of interactions they desire for both in-person and virtual settings—which include video conferencing platforms like Zoom and Microsoft Teams—is just over 20 minutes.

FIGURE 3

### The present and future of in-person interactions

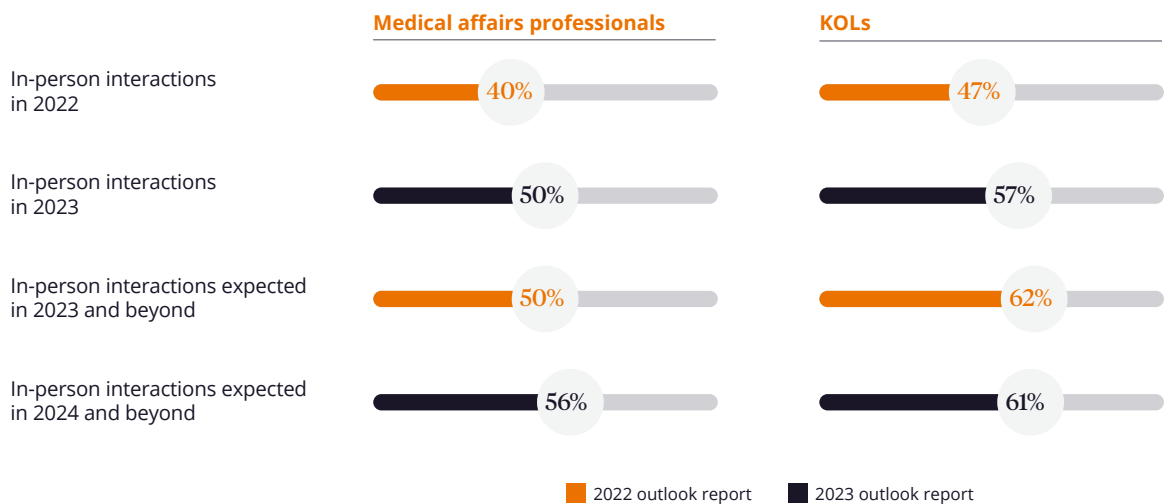


Figure 3 highlights the average percentage of total interactions that were in person in 2022 and 2023, as well as the average percentage of in-person interactions stakeholders expect in the future.

### Redefine medical roles

As KOLs become more digitally savvy, medical affairs organizations are seeking to adapt and evolve. Virtual MSLs have become more prominent, as more than half of external respondents indicated they have interacted with a virtual MSL in the past year. Virtual MSLs provide support to healthcare providers and KOLs by responding to their questions via virtual interactions. KOLs consider effective communication and collaboration to be the most important attribute for a virtual MSL, and during interactions they expect virtual MSLs to provide comprehensive scientific information and updates on clinical trials.

In addition to virtual MSLs, KOLs are also interacting with various personnel and teams from the medical affairs organization, such as medical education, medical communication and others.

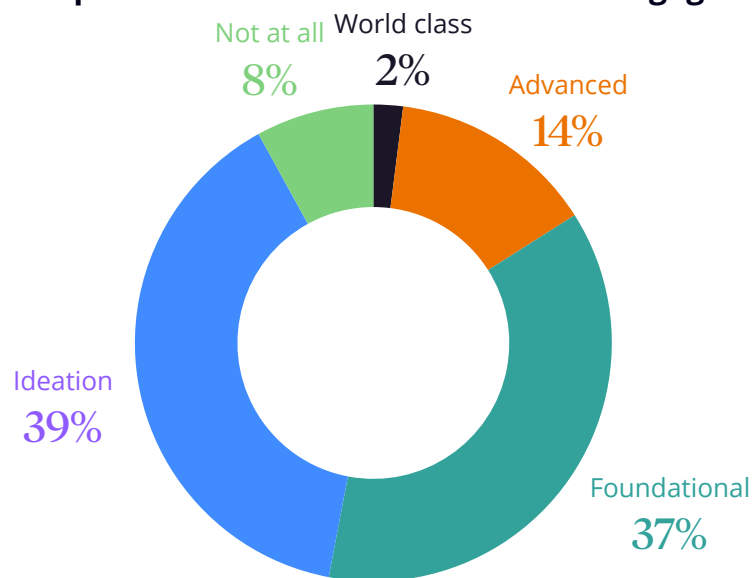
### Strengthen omnichannel strategies

In an effort to enhance the KOL experience and establish stronger scientific relationships, medical affairs organizations have redesigned their omnichannel strategies in recent years to cater to KOLs’ preferred channels and content. More than 90% of external respondents find omnichannel engagement with medical affairs organizations to be moderately or extremely effective. They find it to be flexible and convenient, enabling them to efficiently communicate and collaborate with medical affairs professionals. They also say omnichannel engagement allows each interaction to be tailored to specific needs.

Nearly 40% of internal respondents indicated their organization is in the ideation phase of their omnichannel engagement model, while 37% indicated their organization is in the foundational phase. In addition, 14% of the surveyed internal respondents believe their organization already has achieved advanced capabilities in omnichannel engagement strategy. It’s clear medical affairs organizations are increasing their investments in omnichannel engagement.

FIGURE 4

### How internal respondents rate their omnichannel engagement strategy





Still, there is room for improvement, as external respondents said they're missing the personal relationships they were able to form with medical affairs professionals before omnichannel gained traction. They also believe omnichannel initiatives are a bit time consuming.

As they aim to improve the customer experience, 71% of internal respondents said their medical affairs organization will enhance customer centricity by optimizing customer experience with personalized solutions.

Medical stakeholder groups vary greatly across therapy area, specialty, age and more, making it important to segment stakeholders based on common interests, preferences and needs. To achieve this, medical organizations are implementing KOL segmentation and archotyping activities, as reported by almost half of the internal respondents. A quarter of respondents also reported that they're actively ideating to set up the same.

In order to effectively implement KOL segmentation, medical affairs organizations need to have a 360-degree view of the KOL. Like we observed in 2022, 45% of internal respondents said their organization has implemented a centralized data, analytics and insights hub for field medical. And the percentage of respondents who said a centralized data hub is under ideation grew from 19% in 2022 to 34% in 2023.

Virtual channels provide the opportunity to use different data sources to generate insights that can support field medical engagement planning. Forty percent of internal respondents reported that implementation is underway for customer engagement planning process and tool development, while a third of internal respondents said their organizations are implementing systems for virtual channel data capture and analysis.

To provide a more personalized experience, 36% of respondents said their medical affairs organizations are also implementing content modularization by creating blocks of content that can be easily shared in the manner a stakeholder prefers.

## **Prioritize investments**

Like last year, internal respondents said field medical is their top area of investment, followed by health economics and outcomes research (HEOR) and publications. As they work to advance from the evolving phase to best in class, organizations are prioritizing additional resourcing, as well as education and training for their field medical teams.

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## **Field medical continues to be the top area of investment, with the highest investments in additional full-time employees.**

As HEOR emerges as an important investment area for medical affairs organizations, companies are looking to enhance their integrated evidence planning (IEP) process. IEP helps organizations deliver a complete and differentiated evidence package that addresses the needs of external healthcare stakeholders beyond regulatory requirements. Almost a third of internal respondents ranked technology or tools that enhance knowledge management, collaborative plan development and evidence execution as the most important IEP investment.

## **Scientific market shaping**

The dissemination of scientific information is an important step when establishing and maintaining the scientific share of voice among various pharma stakeholders. Medical affairs is a crucial function and should focus on providing the right information at the right time. Medical affairs organizations should also explore collaborating with KOLs and consider how to leverage digital solutions and social media to become more customer-centric.

### **Scientific engagements**

Medical affairs continues to play an important role prior to a drug's launch, with more than 85% of external respondents saying they would like to begin scientific engagements with MSLs before launch. More than a third of the external respondents said they would prefer to begin engagements during phase 3 of clinical trials. Additional insights we gained from our analysis include:

- The most important educational needs of KOLs change as products progress through their life cycles. Organizations should be cognizant of this and prioritize relevant information during their interactions with KOLs.
- External respondents were asked to select one phase—from phase 1 through post launch—they would like to begin MSL engagements from, and to also specify information that they felt was most valuable in that particular phase. For each phase, nearly half of the

mentions indicated that relevant clinical data—which includes the mechanism of action (MOA), safety and efficacy data and more—was the most valuable piece of information. Notably, relevant clinical data is most valuable for all the KOLs who want to begin interactions with MSLs in the post-launch phase. We also found that during:

- Phase 1: 25% of the mentions from external respondents indicated collaboration opportunities on clinical trials and research programs as the most valuable information, while 16% of mentions indicated trial objectives and future vision.
- Phase 2: Almost a quarter of the mentions from external respondents indicated the latest pipeline developments and product information as most valuable, followed by clinical trial design information at 18% of mentions.
- Phase 3: More than a quarter of mentions from external respondents indicated clinical trial design information as most valuable, followed by the latest pipeline developments and product information at 15% of mentions. Additionally, MSLs can provide information to KOLs on congress presentations and publications during this phase, according to 5% of mentions from external respondents.
- Peri-launch and launch phase: Almost one-fifth of mentions from external respondents indicated cost effectiveness and coverage as the most valuable information, followed by latest pipeline developments and product information, according to about 15% of mentions.

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**Relevant clinical data remains the most valuable information for KOLs throughout the product life cycle, according to nearly half of the mentions from external respondents.**

### **How KOLs and medical affairs can collaborate**

Most KOLs prefer to start engaging with MSLs prior to launch. In addition to scientific engagements, there are opportunities for medical affairs to co-create solutions and collaborate with KOLs. They can work together to create better outcomes for patients by improving patient access and accelerating trials.



More than a third of mentions from external respondents indicated that they would like to collaborate with medical affairs organizations on clinical trials and research programs. They want medical affairs teams to organize cross-functional meetings, provide engagement avenues and share product and disease expertise.

KOLs also told us they take multiple factors into consideration when partnering with pharma companies on clinical trials. More than two-thirds of external respondents said the most important factor is product perception and the unmet need the product addresses, followed by interim clinical trial results. In addition, more than half of the external respondents consider prior collaboration experience with the company. Factors such as other drugs in the pipeline also play a key role, according to almost half of the external respondents.

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**More than a third of mentions from external respondents indicated that they would like to collaborate with medical affairs organizations on clinical trials and research programs.**

As pharma adopts digital technologies and virtual interactions, decentralized clinical trials (DCTs) are emerging as an important approach to improve trial recruitment and patient centricity. Almost a third of all external respondents said they had been an investigator in a DCT. From this, almost a third of mentions from external respondents indicated that medical affairs organizations can play an important role in DCTs by sharing relevant information and historic results, followed by providing technological, logistical and administrative support. Medical affairs organizations can also help co-create and simplify trial design, establish a single point of contact for clinical trials and educate MSLs.

## Digital and social media

As virtual engagements still constitute about 40% of MSL-KOL interactions, it's crucial for pharma organizations to understand KOL preferences and identify the most effective tools and technologies for reaching them. Almost half of the external respondents rated video conferencing as the most effective digital technology used in MSL-KOL interactions. PowerPoint slides and animations, links to online resources related to product trials, scientific data and drugs are also effective digital resources, according to external respondents.

Social media is integral to the evolving medical landscape and stakeholders—from healthcare professionals to patients to caregivers—are using it. External respondents are using social media platforms such as Doximity, Sermo, Twitter and others. They are using social media to keep up with latest developments, disseminate medical information and consult and engage with colleagues.

As social media becomes increasingly important, internal respondents said refining engagement strategies by identifying the right set of stakeholders is a key focus area for their organization's social media strategy. Internal respondents said their organizations are also focusing on enhancing their insight generation process by leveraging robust techniques such as conference tracking and monitoring, audience sentiment analysis and automated insights extraction. Internal respondents expect these digital strategies to strengthen relationships with external stakeholders and amplify their customer-centric approach. This can be accomplished by developing analytical capabilities and implementing technological solutions that anticipate and respond to stakeholder needs.

## Patient centricity

With the common goal of delivering value to patients, pharma companies and KOLs are undertaking multiple initiatives to improve the patient experience. One problem they're working to solve is the lack of representation of different population segments in trials, which

leads to health inequities. More than half of internal respondents said that initiatives to improve diversity, equity and inclusion are an important area of focus. And more than 85% of external respondents found initiatives from medical affairs organizations to address health inequities—including access programs, payment support initiatives, engaging with a diverse set of stakeholders and patient education support—to be moderately effective or extremely effective.

Nearly three-quarters of external respondents said they're identifying eligible clinical trials and support programs to help patients with access to therapies. As was the case in 2022, more than a quarter of external respondents ranked aiding the effective development of novel medicines as an important avenue in which medical affairs organizations can support patient centricity.

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## **More than 85% of external respondents found initiatives taken by medical affairs organizations to address health inequities to be moderately effective or extremely effective.**

Internal respondents also view patient support programs as a vital initiative to support underserved patient populations. Both internal and external respondents are helping create educational materials for patient awareness and collaborating with PAGs to provide guidance to patients and caregivers.

KOLs are also emphasizing the patient value of therapies when engaging with payers. Most KOLs cite safety and efficacy data as a key discussion point in their interactions with payers, followed by topics such as patient-reported outcomes and quality of life. Medical affairs organizations should educate MSLs—especially payer-focused MSLs—on topics that will help them convey the value of therapies.

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**A slightly higher percentage of oncologists indicated they plan to be more patient-centric by identifying eligible clinical trials and supporting programs to help patients with access to therapies, compared to non-oncologists.**

Medical affairs organizations are focused on implementing innovative solutions to address patient needs. Two-thirds of internal respondents said their organization will use digital tactics to improve health and transform patient outcomes, while 41% said it's extremely important to the patient experience to utilize compliant claims and electronic health record data to identify trends in the disease landscape.

As medical affairs continues to navigate hybrid engagements, evolving roles, investment priorities and more, it's critical to keep patients at the center of all their efforts. By incorporating the patient voice into treatment decisions and leveraging digital tools, medical affairs organizations can help improve health outcomes and deliver more value to patients around the globe.

## About the authors



**Sunil John** has been with ZS for more than 13 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 outcome-based KPIs, frameworks for patient centricity, digital strategy and road mapping for medical affairs, medical insights and omnichannel engagements.



**Sarah Jarvis** is a principal in ZS's San Francisco office and leads the medical affairs practice. Sarah has worked in healthcare for more than 25 years, and currently helps medical affairs clients bring business and customer-oriented solutions to teams across their organizations. Sarah partners with clients across different stages of development, from emerging pharma where medical affairs organizations have yet to be established, to large organizations with thousands of people in medical affairs globally. ZS teams supported 80 medical affairs organizations in 2022.





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