Advisory Board

How the Role of Medical Affairs Is Evolving in 2021

Keeping up with an ever-changing health care ecosystem starts with investing in the right talent and organizational structure to support your strategy. Medical leaders at life science companies across the industry—from small firms with nascent medical affairs groups to multi-BU conglomerates—are continuously iterating on their organizational model and creating new roles to better address emerging priorities. Below, we outline three key ways the medical affairs function is evolving.

LEARN MORE

Want to learn more about our research? Check us out at advisory.com/medicalleader or email medicalleader@advisory.com

01 To elevate their impact across the product lifecycle, medical leaders are creating new roles that formalize connections with internal and external customers.

Most companies recognize the value of leveraging their medical teams for insight and feedback, but it's not always clear how to operationalize that goal. While organizational structures vary significantly by company, many firms are starting to formalize medical affairs' connections with colleagues and customers by creating new roles dedicated to bridging specific stakeholder groups.

Most of these roles are specifically designed to foster communication, collaboration, and coordination. Several report up through medical affairs, but some sit adjacent to medical and serve as liaisons to other functions like HEOR, market access, or key accounts. Below are several examples of roles designed to support specific organizational goals.

Roles designed to support coordinated evidence generation:

- **RWE Center of Excellence Lead** to prioritize and coordinate RWE projects across the portfolio
- **Head of Evidence and Value** to ensure customer-driven endpoints are included in upstream, clinical development decisions
- **Hybrid Medical and Market Access** role to support parallel development of medical and economic value narratives

Roles designed to elevate external stakeholder engagement:

- **Medical Account Managers** to work alongside medical science liaisons so they can more effectively engage IDNs and develop partnership opportunities
- **Health Technology Assessment Liaisons** to monitor HTA activity and facilitate proactive participation in reviews
- **Digital Medical Strategy Groups** to develop digital content and communication strategies for HCP and patient audiences

Today, the majority of these "bridge" roles support collaboration with downstream commercial functions, but there is untapped opportunity to work more closely upstream—particularly with R&D. Given their insight into how payers and providers make decisions, medical teams are uniquely suited to weigh in on evidence needs early in the product lifecycle, which can save their organizations time and money on downstream and post-launch studies.

02 Life science companies are continually adapting their organizational models to optimize RWE generation and use.

As new sources of real-world data emerge and become more usable, organizations are investing in additional capabilities to incorporate RWE as a key component of the value narrative. In particular, they are focused on optimizing existing data assets, coordinating projects across the enterprise, and evaluating new use cases for RWE. Often these priorities are reflected in changes—some subtle and others substantial—to existing models for evidence generation.

Some organizations, particularly large organizations with multiple business units, are developing an above-brand RWE Center of Excellence to centralize planning and operations. A centralized model can help prevent duplicative data purchases and reduce the risk of analyses producing different results. Other organizations are expanding the medical or HEOR function to include RWE management, depending on which kinds of customers or products are highest priority.

Regardless of the specific model, there are a few best practices applicable to every organization:

- Formalize processes for cross-functional alignment on RWE use.
- Streamline the acquisition and maintenance of real-world data sets.
- Develop predetermined metrics for RWE success (including, but not limited to, regulatory approvals or value-based contracts).
- Train field staff to communicate RWE effectively and anticipate sources of concern.
- Lead company-wide education initiatives to raise awareness of RWE studies and capabilities.

03 As medical information becomes more available, tailored, and actionable through digital platforms, the role of the MSL must evolve—but how it evolves is up for debate.

Given the proliferation of online physician networks, social media, and online journals, medical information has never been more widely available or as easily accessible. This begs a sobering question: If HCPs and other clinical customers can theoretically access the information they need on-demand online, what value does the medical science liaison (MSL) bring to the conversation? How must the role of the MSL evolve in this new information ecosystem?

On one hand, HCPs and other customers have access to a nearly infinite amount of information online. With the help of digital tools and artificial intelligence, that information is becoming increasingly curated and tailored to specific audiences. In theory, HCPs may not rely as heavily on MSLs to distill and share relevant clinical information, because that job will be accomplished quite well via digital technologies. On the other hand, with so much clinical information available online, HCPs may still lean on trusted MSLs to make sense of the overwhelming amount of information available, especially when newly released data challenges previously held assumptions about certain diseases, populations, or treatment options. For the foreseeable future, an MSL's ability to field customer questions, diagnose customers' evidence needs, and situate new data within the larger context of previously available evidence will remain vitally important. However, the ways that MSLs deliver those services and incorporate advanced digital technologies (like artificial intelligence) are likely to change.

As the medical/scientific information-sharing landscape continues to evolve, the role of the MSL must adapt alongside it. The information MSLs will need to share, the ways they will disseminate it, and the ways that customer insights get fed back into life sciences organizations will ultimately depend on how HCP information consumption also evolves.

Want to learn more about our research? Check us out at advisory.com/medicalleader or email medicalleader@advisory.com

CREDITS

PROJECT DIRECTOR

Pamela Divack

PROGRAM LEADERSHIP

Brandi Greenberg

CONTRIBUTING EXPERTS

Solomon Banjo

Katie Schmalkuche

Daphney Gaston

DESIGNER

Kate Young

LEGAL CAVEAT

655 New York Avenue NW, Washington DC 20001
202-266-5600 | **advisory.com**