

Medical affairs: Key imperatives for engaging and educating physicians in a digital world

Insights into Pharmaceuticals and Medical Products



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Medical affairs: Key imperatives for engaging and educating physicians in a digital world

Medical affairs teams have an increasing role to play in shaping product strategy as healthcare professionals seek more personalized, tailored, and user-friendly information—but only if they are able to engage physicians successfully. Five strategic imperatives can help them master customer engagement in a digital world: start with your customer, develop a channel strategy, build a content development engine, measure continuously, and become more agile.

As the trend toward medical affairs (MA) becomes an even more significant part of biopharmaceutical companies, MA teams have emerged as key players not only in advancing the success of their companies, but also in helping to improve patient outcomes. Underpinning this role is their ability to engage customers—especially physicians—effectively via digital channels.

Traditionally, however, MA teams have relied heavily on face-to-face interactions to fulfill their brief. Today, though, physicians are willing to invest less time in meeting people in person to obtain information, so the MA role is challenging as digital begins to transform the way teams engage customers. MA leaders are rethinking how they operate in an increasingly digital world driven by the following signs of the growth in digital in healthcare.

- **How physicians are consuming medical content is evolving.** As physicians have become digital consumers in their everyday lives, they are also changing the way they consume medical information in their professional lives and embracing the convenience of digital channels that provide content on demand.
- **There is an increasing need for education and high-quality information,** given the proliferation of specialty and more complex medicine. Moreover, there are escalating external demands to demonstrate the additive value of therapies, along with increasingly stringent requirements related to transparency and compliance. These requirements stem from a variety of sources, including legislation targeting the transfer of value, such as the European Federation of Pharmaceutical Industries and Associations (EFPIA) code and the Sunshine Act in the United States, which requires disclosure to the Centers for Medicare and Medicaid Services (CMS) of any payments or other transfers of value made to physicians or teaching hospitals.
- **Opportunities for using digital and delivering content are multiplying** with the availability of more sophisticated electronic channels and the advent of new technologies such as virtual reality. At the same time, the emergence of miniaturized devices and sensors, which enable collection of granular real-world patient data that can be integrated using analytics platforms, now affords greater transparency regarding product effects and their use.

Physicians' use of digital content for discussion, research, and collaboration continues to grow: nine out of ten physicians believe their time spent on digital for professional purposes will grow in the next year.¹ Today, physicians globally spend at least 1.5 hours online per day conducting research, with at least half of that on social media. We found that 72 percent of doctors believe that social media channels improve the quality of patient care and more than 30 percent use them for professional

¹ McKinsey survey 2016; average of responses from Canada, Germany, and the United States.

purposes, often preferring open forums to physician-only online communities. For example, in the neurological disease space, physicians who used SERMO—a social network for physicians to collaborate and share ideas—were 53 percent happier with the job they do. Meanwhile, 38 percent of physicians who do not currently use social media believe they will use it for professional purposes in the next two years. Doctors' reasons for using various channels are even more fascinating. Today, physicians seek digital journals and publications to understand disease mechanisms and learn about new therapies; however, 61 percent of those using social media consider it an equally or more effective way to obtain answers to specific case-related questions or concerns.

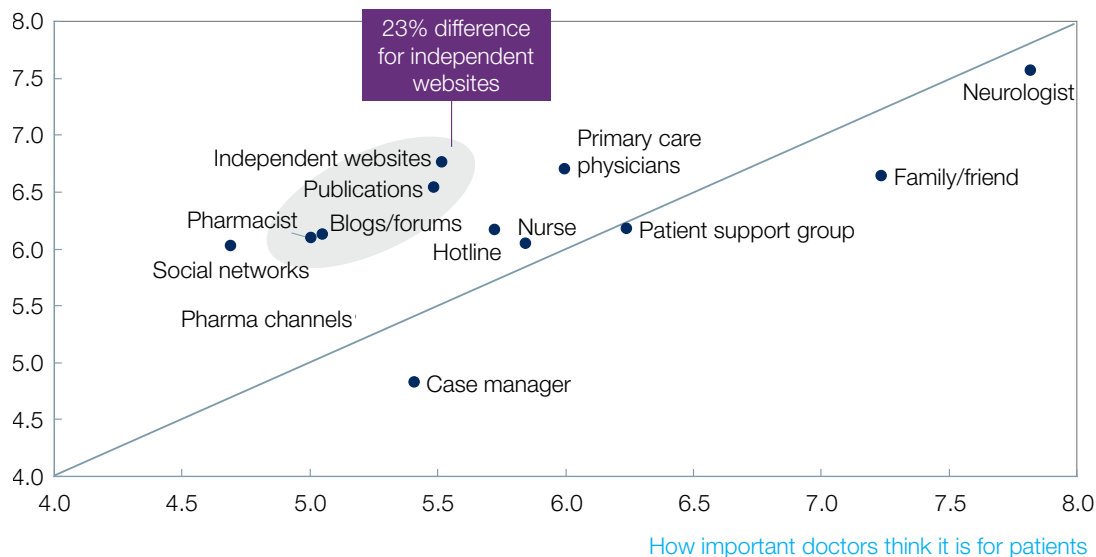
Patients have long gravitated to digital with 90 million patients discussing health topics online. In the United States, 80 percent of patients carry out online research prior to a consultation, and four out of five patients would share their data to receive better care.² Interestingly, however, despite the emergence of digital for both patients and physicians, physicians do not always understand the role and importance that digital resources play for their patients (Exhibit 1).

Exhibit 1

Alignment between patients and doctors on relative importance of various health information sources

Scale 1–8, 8 = greatest importance

How important it is to the patient



Source: McKinsey analysis

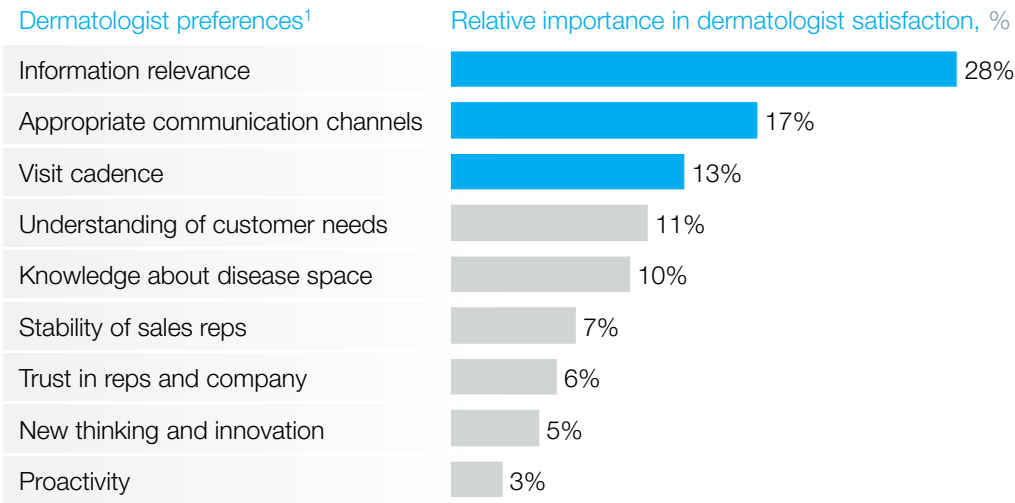
² Susannah Fox, "The social life of health information," Pew Research Center, January 15, 2015, <http://www.pewresearch.org/fact-tank/2014/01/15/the-social-life-of-health-information/>.

Meanwhile, physicians’ expectations for the quality of engagements continue to grow exponentially: 81 percent of physicians are dissatisfied with their interactions with biopharmaceutical companies, and over 40 percent no longer perceive a “need” for medical support from pharma. Driving this dissatisfaction is a perceived lack of personalized, relevant content (28 percent) and appropriate communication channels (17 percent), as Exhibit 2 indicates. This disruption has been caused, in part, by global advances in data availability and enhanced analytics capabilities, which have enabled companies across all industries to create personalized experiences. Indeed, there is a gap opening up in relation to the use of analytics to improve physician satisfaction between research and knowledge vendors on the one hand and biopharmaceutical companies’ medical affairs organizations on the other; this will continue to commoditize what MA groups traditionally have provided, and apply pressure to use advanced analytics to be more effective in their engagement.

Exhibit 2

Personalized, relevant content and appropriate communications channels are priorities for physicians

DERMATOLOGY EXAMPLE



¹ McKinsey HCP Survey n=300.
Source: McKinsey analysis

Despite these clear trends—and continuing discussion of how digital will transform the customer engagement model along with medical affairs’ contribution to it—adoption has been slow, and its impact remains unclear. In fact, McKinsey research exploring adoption of digital by medical affairs teams at biopharmaceutical companies found that:

- 50 percent of biopharmaceutical companies view their digital strategy as “conservative”—that is, preferring face-to-face interaction with limited deployment of new technologies.
- 40 percent support the “status quo”—that is, equipping medical science liaisons (MSLs) in the field with basic tablet technology, building customer tools, and slowly moving to virtual formats.
- Only 10 percent of pharmacos report that they are “investors” in digital for MA—that is, supporting tools that enable real-time exchange between corporate headquarters and field medical or facilitating immediate access to information for MSLs and opinion leader physicians, and moving relationships into virtual formats.

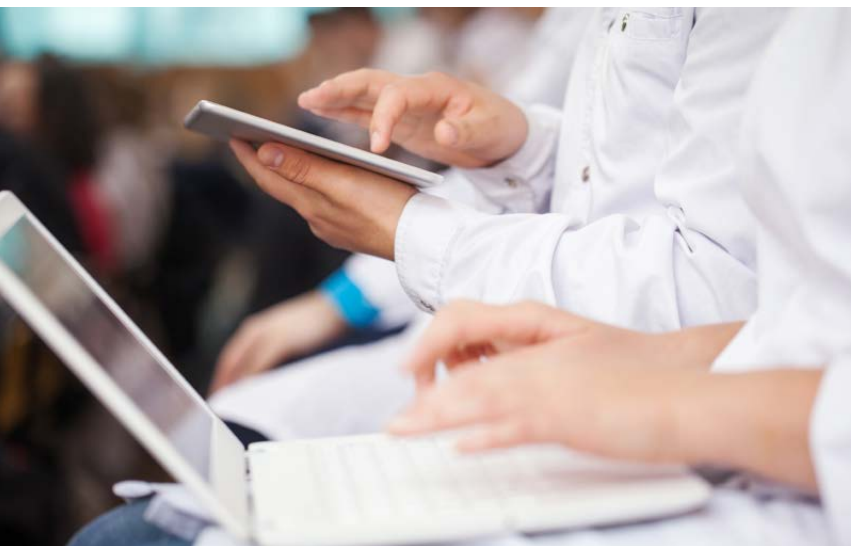
While opaque compliance regulations may account for some of this caution, other causes include the investment required to update technology infra-structure, as well as a widespread MA mind-set that views digital as a “nice to have” rather than critical, in order to support isolated initiatives.

The current rate of adoption is reflected in digital’s limited impact, with many physicians dissatisfied with the current state of affairs. McKinsey research among physicians found that two-thirds of medical professionals complain they are bombarded with generic digital content and are seeking more personalized, tailored, and user-friendly information (for example, short videos). At the same time, there is an expectation that MA teams can do more to provide unbiased digital content.

These perceptions and unfulfilled needs raise a critical question for medical affairs: how should teams deploy digital technologies in their customer engagement model to help physicians and improve patient outcomes? Like all of us, doctors use digital as part of their daily lives, yet dedicated

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biopharmaceutical digital platforms have tended to fall flat in the eyes of physicians. In practical terms there is trade-off between building the perfect tool and making use of what exists or, indeed, small investments focused on actually making physicians’ professional lives easier. For instance, digital



MSLs were tried a couple of years ago but largely dropped because they weren't busy enough and there were over concerns around regulatory guidance—the consequence is that this has made medical leaders reluctant to act. Accordingly, it is clear that there is an opportunity to evolve the traditional physician engagement model to provide the right digital content—data or insights—to physicians, either directly through owned, proprietary channels, or through third-party channels, which fit in providers' workflow. What is less clear is the path to achieving a digital medical affairs model. A switch to a test-and-learn mindset would enable medical leaders to try out and learn from digital approaches to customer engagement, to identify the next generation of digital field medical teams.

This article proposes the stepping stones along such a path. We identify five imperatives that can help the medical affairs function to master customer engagement in a digital world.

1. Start with your customer.

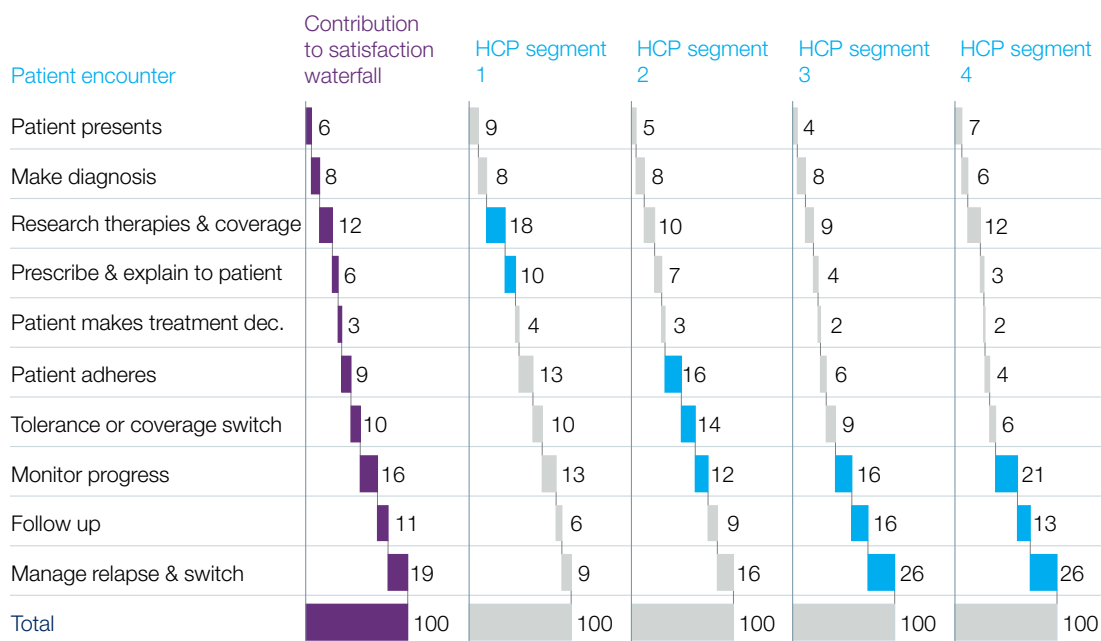
Every digital engagement design has to start with the customer at the center, while clearly making a link back to the product or disease area. Medical affairs teams are well positioned for this role with their detailed understanding of customers—physicians and patients—as well as the product. Such deep understanding of the customer allows MA teams to uncover insights that enhance product strategy, which can then be implemented by the commercial and medical affairs functions. Accordingly, companies should seek to develop clear processes that enable MA teams to maximize the benefits of their privileged position vis-à-vis physicians by uncovering and feeding back insights that shape commercial strategy to ensure it meets the needs of customers.

In this context, medical affairs teams need to develop a profound understanding of physician journeys in both quantitative and qualitative terms; general journey descriptions are useful but deeper understanding of individual journeys is even more useful. Combining the two (we call this “quantified experience design”) can bring granular understanding of how physicians spend their day. This includes identifying when, how, and through which channels they consume medical information; how they interact with other stakeholders; and when they engage with biopharmaceutical companies.

Quantitatively, this can be achieved primarily by mapping the physician journey. To do this, we need to identify physician segments—machine learning being the most sophisticated way to achieve this—and link them to customer relationship management (CRM) data as well as other datasets to understand the core drivers of satisfaction. Each physician experiences two journeys: 1) the patient-encounter journey; and 2) the knowledge-accumulation journey. It is important to note that the various steps on the journey vary in their significance to different physician segments (Exhibit 3). Appreciating this is the first “step” toward understanding how best to satisfy the physician's requirements.

Exhibit 3

Different health care professionals (HCPs) value different steps of the patient encounter



Source: McKinsey analysis

To really get “under the skin” of why these steps contribute so much to satisfaction, we need to understand both the rational and emotional aspects of every stakeholder journey. These can only be revealed through deep immersion in the stakeholder experience. We can then seek to uncover unmet needs or identify “micro moments” during which there are opportunities to add value—so-called “moments of truth.” Our research has shown that the current medical information world is fragmented and that physicians prefer to have a single source of information, which they can use when they need to make quick queries; for example, platforms like UpToDate are fairly handy for rapid information search. PhactMI, a collaboration of biopharmaceutical company medical information (MI) departments dedicated to supporting physicians in their commitment to provide quality patient care, is an important first step toward providing a comprehensive online information source—see sidebar “Collaborative platform phactMI aggregates information to speed responses to health care professionals.” Beyond this, physicians still rely largely on web searches and scientific publications, but acknowledge that information could be presented in a more engaging way such as short videos on personalized, modern platforms.

Collaborative platform phactMI aggregates information to speed responses to health care professionals (HCPs)

The not-for-profit platform, Pharma Collaboration for Transparent Medical Information, known as phactMI, was founded by 19 biopharmaceutical companies to improve awareness of the value that medical information (MI) teams deliver and to aggregate and provide access to medical information on many conditions through a single portal (www.phactmi.org). Physicians no longer have to search for product information across each member site individually; they can submit queries on specific brands and companies through the website, which are then routed to the appropriate company for response. Member companies (currently 24) are banking on the improved response and increased efficiency of delivering medical information to strengthen relationships with physicians. The platform is funded by members, and membership is open to most pharmaceutical and biotech companies, which meet the requirements for high-quality provision of medical information.

2. Develop a winning digital channel strategy, not a series of “one-off” efforts.

Armed with a deep understanding of its customers, as well their own team’s position and capabilities, medical affairs organizations can then develop a winning engagement strategy for the digital world. This needs to be comprehensive and well coordinated—encompassing both digital and face-to-face channels when needed as part of an integrated strategy—rather than a collection of projects in isolation. One fundamental issue concerns which digital channels MA wants to own and which third-party channels could be used to build a presence where stakeholders already congregate. For example, forums where companies cannot control the content would require an effective partnership strategy. Other considerations include:

- How do you make content personal? Simply adding more “digital noise” to the already fragmented medical information/education system will neither help differentiate companies nor make information more visible.
- For owned channels, content needs to be “sticky” which means producing content in compelling formats such as physician preferred short three minute videos or advanced user-centric designs for digital channels and tools, including a simple but engaging interface and the ability to personalize content.

Clarifying these strategic goals and delivering a memorable customer experience, often by doing relatively simple things to achieve those goals, will enable MA to become leaders in digitally engaging physicians—much like companies from other sectors such as consumer goods or personal technology that have been able to achieve success with their customers.

3. Build a content-development engine that continuously delivers fresh insights.

A common pitfall for medical affairs is that there is too much focus on channels and too little focus on content strategy—content must be the cornerstone of every digital strategy with digital channels being the enabling tool.

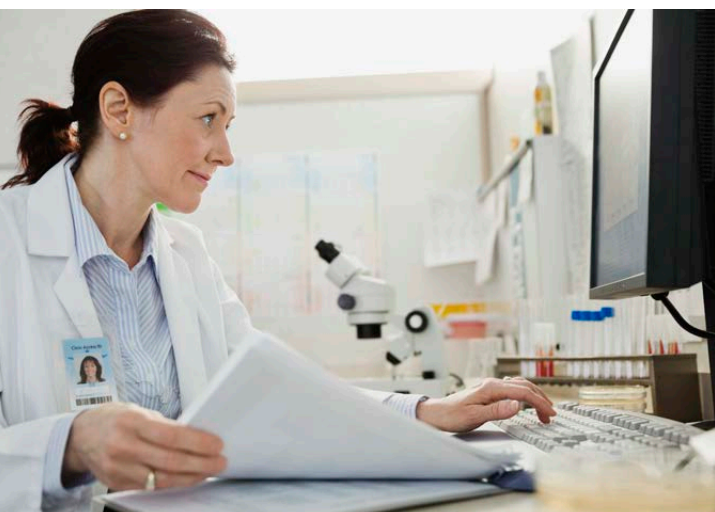
A common pitfall for medical affairs is that there is too much focus on channels and too little focus on content strategy—content must be the cornerstone of every digital strategy with digital channels being the enabling tool. Moreover, content should clearly be high quality and unbiased, because these characteristics drive trust and adoption. Too often, biopharmaceutical companies publish generic content from common vendors, a policy that does not allow them to differentiate themselves. This leaves users dissatisfied and needing to look elsewhere for answers to their questions.

Furthermore, the status quo is now to offer curated content. With many of the digital sources that physicians are now using—whether for generic news or medical information—the content is tailored to their needs. However, the digital content offered by medical affairs is often lagging. When presented correctly, digital engagement can be more effective than traditional print media. Consider how major newspapers such as *The New York Times* have gained over 60 percent more

digital readers in their website this year and are on track to double digital revenue from 2014 to 2020.³ The digital channel can be powerful, because it can be personalized in real time: the right message at the right time, based on physician patterns. This offers a perfectly tailored sequence of information, in sharp contrast to today's status quo—preparing material in advance and hoping it is the right content, in the right order.

Channels are important, of course, and the right content needs to be strategically placed throughout the year using the right channels, while taking into consideration factors such as information from medical conferences and journals. Having a high-velocity, disciplined content development process is critical, and this requires

MA to make intelligent choices about sourcing and packaging of content. Tailored content can become very expensive, very quickly, so repurposing internal content or being creative about content sourcing (for instance, crowdsourcing of content through online medical community platforms) would be a smart approach. Overall, tailoring communications and content to the different physician segments (for example, opinion shapers, versus rising stars, versus general practitioners) is the key to effective engagement. These groups will likely require different types of content, level of detail, and sophistication to find the output appealing.



³ www.forbes.com, "New York Times' digital subscriptions continue to drive growth," May 4, 2017.

4. Measure, measure, measure.

Inferior and poorly targeted content does not engage the user and is ultimately wasted. So how do you know if your strategy is delivering the expected impact? Analytics is the answer—for example, linking CRM data on engagement and outputs with data on patient outcomes derived from electronic medical records. The ability to capture and interpret a variety of metrics is a prerequisite to both setting an initial digital strategy and adapting it in real time. Capturing the value of digital content to your stakeholders, and thus to your company, can be achieved using a variety of approaches.

- **Generating user insights**—The capacity to personalize platforms depends upon the ability to collect user experience information (in a manner that complies with privacy laws and terms of use) about how physicians engage with digital platforms and their content. Analyzing individual stakeholder patterns uncovers their preferences and enables content providers to make adjustments to best serve individual users as well as enhance overall digital strategy. Every digital interaction generates data that can be used to derive insight. Machine learning can be used to determine the perfect content pattern in order to answer questions such as “What does my physician want to discuss?” or “What is the most effective way to discuss it?”. Natural language processing can be used to understand the most frequent things physicians are emailing and calling about. The feedback can then be used in the deployment of teams and content creation.
- **Measuring impact**—MA teams must also capture clear operational and impact metrics related to their digital offerings. Continuous measurement of operational usage includes number of visits and downloads, as well as time spent per page. Quality metrics such as content quality rating and usability ratings also provide valuable feedback. Best-practice companies would go further and look at the role digital engagement has on other channels in order to determine the downstream call rate, the repeat visit rate, and how sessions change from one to another.
- Finally, impact metrics such as sentiment and recommendation scores can provide insight into whether the content actually improved clinical practices or patient outcomes. Identifying a range of metrics to capture and monitor will help MA teams determine whether their strategy is achieving its goals, and also whether the digital channel mix is optimal for those goals. Our observation is that very few biopharmaceutical companies continuously measure and optimize operational metrics such as visits, conversion rates, and time spent. All three of these metrics are needed in order to optimize digital engagement.
- **Integrate measurements into a 360-degree feedback loop**—Even with measurement, many organizations fall short in their ability to bring the results back in, and “course correct.” This can

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be achieved by establishing a “360-degree command center,” a dedicated set of one or two teams who are reviewing the results globally and ensuring that the key findings are integrated into future strategy. This acts as a “SWAT team” to identify root causes of issues and key drivers of performance, with a mandate to guide local medical teams accordingly, based on global insights. Taking this a step further, firms could consider augmenting the command center with technical integration application programming interfaces (APIs) that ensure there is a feedback loop for digital channels.

5. Deploy digital to become more agile in anticipating and responding to needs.

Inevitably, however, organizations can spend too long developing and testing, rather than just implementing. Overall, we require a change in mind-set: we need to try out new ideas and keep learning rather than looking for the “perfect” solution, which can take so long to develop that it’s no longer perfect—just a significant investment. Organizational agility takes many forms and can be enhanced both through the structure and culture of the organization as well as the tools and systems deployed. A successful digital culture inevitably includes early iterative testing of offerings with stakeholders. The mindset required is: “Don’t let perfection be the enemy of the good.” Instead of requiring a perfect platform, agile teams will launch a prototype that can be continuously tested and refined through user feedback. This approach requires a mind-set shift for most MA teams: a “test, learn, and can do” attitude stands in direct contrast to traditional processes, which are heavy on committee consensus and long proposals. This fresh way of working is critical to developing a compelling digital experience.

In terms of tools and systems, one way to transform stakeholder engagement is to empower MA and MSLs with a physician “next-best-action” recommendation system. The veracity of data and effectiveness of machine learning can further empower medical affairs, whereby the insight generated can be integrated into a next-best-action system—a common practice in mature industries such as banking. Such analytically enabled next-best-action systems can transform the current outdated engagement model into one that is proactive by helping to prioritize visits for known opinion leaders and responding to proactive outreach.

Addressing common questions can create exponential value. Which physicians should we communicate with, and with what frequency? What is the best channel for the communication: is it face-to-face, email, video chat? What topic should be discussed, and explicitly how? What are the current specific pain points for my physician and how do I address them? All of these questions can be answered with machine learning, predicted in real time, for each physician to guide their engagement. MSLs could rely on daily use of the recommendation system as a new “brain companion” designed to help increase the effectiveness of the field medical team and, importantly, the satisfaction of the physicians they engage.

Another important element is forward-looking agility. Medical affairs' digital strategies are often largely reactive, based upon current physician preferences and stated interests, and addressing current sources of medical information, education, and engagement. However, while satisfying current user needs is obviously necessary, it is equally important to identify developing demand trends such as the desire to use

patient-focused big-data analytics as well as new sources of medical content such as virtual reality for surgeries. Just as Uber has transformed the for-hire transport business by having private persons deploy their underutilized vehicles, we can imagine something similar emerging in the healthcare sector with the use of big data to profile patients, improve clinical decision making, and enhance medical information distribution and education.

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Conclusion

These five imperatives can guide medical affairs toward achieving digital mastery. It should be noted that digital capabilities are also needed elsewhere in the organization, and would be difficult for MA to develop them in isolation. The medical affairs organization should work hand in hand with commercial to redesign the go-to-market model to integrate digital and non-digital channels more effectively. Furthermore, they should consider digitization to improve major multi-step, time critical processes such as material review, knowledge management, grant management, and digital knowledge management tools.

A winning digital strategy means taking a wider industry perspective. Medical affairs teams can and should find ways to collaborate with MA teams within other companies. Platforms can originate with specific biopharmaceutical companies and potentially evolve to become cross-industry platforms. At the same time, medical affairs organizations should be specific with regulatory bodies about what they are trying to achieve—in this way they can work to redefine compliance rules for the digital age.

Without a digital refresh, biopharmaceutical companies remain at a disadvantage and risk being disintermediated by new market entrants as the preferred source of healthcare information. New rules of engagement designed specifically for the digital world will spark innovation within MA to facilitate delivery of the tailored and unbiased content that physicians and other stakeholders are now demanding to help them improve patient outcomes.





