



# Medical Affairs in a Post-COVID Environment: A New Customer Engagement Model

An Amplity Health White Paper

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HEALTH

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## Introduction

COVID-19 has had devastating effects on individuals, economies, and health systems around the world. If there is a pandemic silver lining, part of it may be that the disruption has created an opportunity for biopharmaceutical companies of all sizes to revisit how they engage with customers, including the chance to take a fresh look at how their Medical Affairs teams communicate with increasingly important stakeholders. While communication preferences had already been shifting toward more digital platforms over the last several years, COVID amplified the dynamic, creating an urgency for biopharma manufacturers to quicken the pace of change.

## This paper sheds new light on several aspects of the accelerated shift to digital engagement in Medical Affairs

- Quantifies the impact of COVID-19 on Medical Affairs customer engagement
- Identifies pre-COVID communication channel shifts
- Proposes a new blended engagement model for Biopharma and discusses the benefits for Medical Affairs organizations and customers
- Introduces the need to flex and coordinate Medical and Commercial efforts across a product's lifecycle, and
- Summarizes considerations for sourcing Medical Affairs field teams

## Background

A great deal has been written about the impact of the COVID-19 pandemic on biopharmaceutical company (Biopharma) engagement with their healthcare provider (HCP) customers. Overnight, an industry that had already been struggling to maintain access to customers and had been so reliant on face-to-face engagement found itself extremely limited in its ability to engage with customers in person.

In the report, *A New Post-COVID Health Care Professional (HCP) Customer Engagement Model for Pharma, An Amplify White Paper*, published in September 2020, we made a case for Biopharma to use these difficult times as an opportunity to accelerate the transition to a new way of communicating with their customers. We recommended a shift to a genuinely blended engagement model, leveraging multiple communication channels in an intelligent and coordinated way to better meet customer and business needs. While this is an essential transition for the commercial side of the business, it is every bit as important for Medical Affairs professionals to make a parallel shift in the ways they engage with their vital stakeholders.

Before COVID, Medical Science Liaisons — expert communicators who serve as a scientific resource to internal and external stakeholders by providing insights on relevant scientific information to the medical community — may have found themselves traveling up to 75% of the time, meeting with providers and key opinion leaders (KOLs) and attending advisory board meetings, conferences, and medical lectures.

Enter COVID: typical Medical Science Liaison (MSL) activities were significantly curtailed, not only due to restrictions in travel and face-to-face engagement, but also by restrictions placed on entry to medical institutions. During COVID, HCPs' focus shifted away from the scientific exchange to meet acute patient needs. In an April 2020 report of a poll of 856 physicians from the US, France, Italy, Germany, Spain, and the UK, respondents said that, in the absence of face-to-face engagement with biopharma manufacturers, they favored email (63%), webinars (34%), Pharma websites (31%) and video conferencing (25%).

To stay engaged with key Medical Affairs customers — which may include health system decision-makers, payers, policymakers, opinion leaders, researchers, and providers — during and likely after the COVID-19 pandemic, Biopharma will need to shift engagement from face-to-face to a virtual/remote approach, supplemented with additional non-personal and on-demand channels. These on-demand channels can include call centers, web portals, webchats, and apps.

## Shifting Communication Channel Preferences

By the end of 2020, nearly 70% of HCPs in Europe were expected to be “digitally native,” meaning they grew up in a time of ubiquitous technology, including the internet. Not only are HCPs increasingly comfortable using non-face-to-face channels to communicate with Pharma, many of them spend a significant amount of time on digital channels. On average, HCPs under 50 years of age spend between 70 and 75 minutes online each day for professional purposes. Even HCPs older than 50 spend 50-70 minutes per day online for professional purposes.<sup>5</sup>

Before COVID, HCPs were beginning to see value in more remote and digital channels. In 2018, for example, when 101 HCPs were asked about the benefits of remote engagement with Pharma, a large majority cited the importance of *convenience*, with statements like “it fits into my work schedule better” (76%), “it saves me time vs. face-to-face meetings” (73%), and “it allows me to discuss information from my home if I choose to” (68%). They further commented on the *effectiveness* of digital communication, with comments such as “I concentrate more on the information” (60%) and “it stops it from being a mostly social chat” (50%)<sup>5</sup>

And even as early as 2012, Advisory Board Meetings and medical conferences, important forums for MSL-to-HCP engagement, were already shifting from predominately face-to-face to multichannel events. As one example, virtual attendees outnumbered physical attendees at the European Society of Cardiology Conference in 2014. The drivers of this shift include the changing demographics of advisors, speakers, and attendees who are more digitally native and travel adverse, refinement of enabling technologies for web-conferencing and virtual collaboration, the proliferation of social media platforms, and the benefits seen in virtual engagement. Impetus Digital, a virtual event platform provider, notes several advantages to remote events, including a 50% increase in speed of insight gathering, a 40% increase in the quality of insights gathered, a 90% increase in advisor engagement, and a 75% decrease in costs, compared to in-person conferences.

The bottom line is clear:

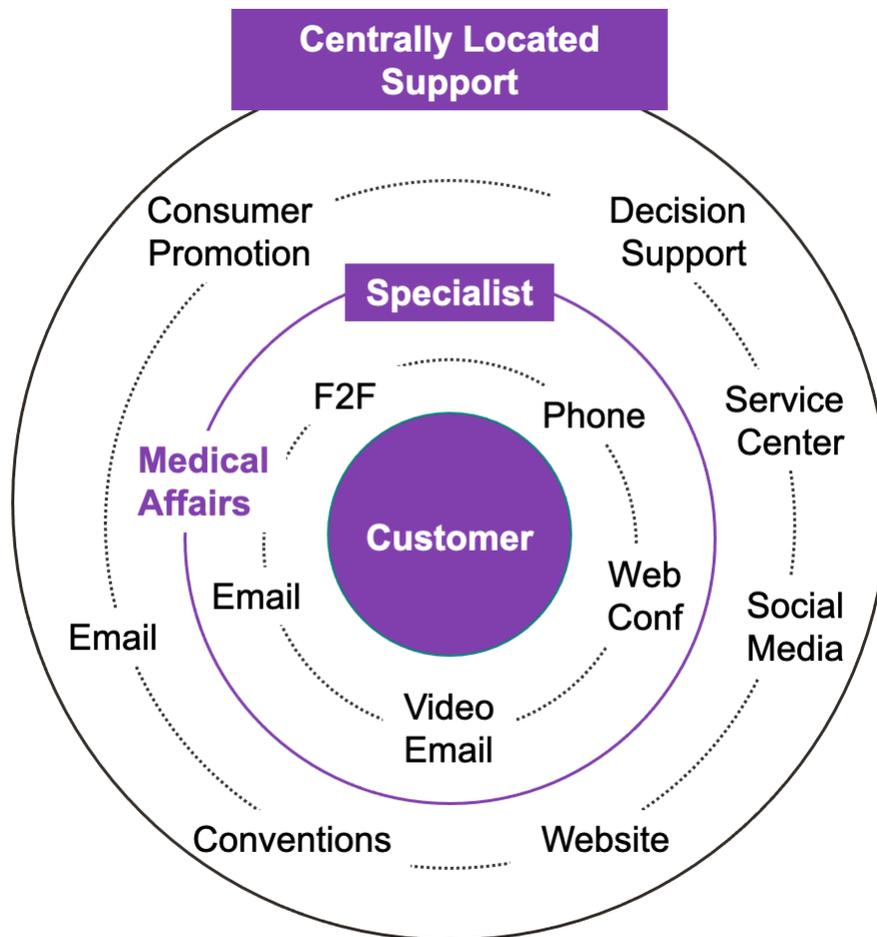
**MSLs’ customers are ready for a new way to communicate with Biopharma**

## The Blended Engagement Model

In *A New Post-COVID Health Care Professional (HCP) Customer Engagement Model for Pharma*<sup>1</sup>, we introduced the idea of a multichannel Account Specialist, with customer-facing responsibilities and the ability to coordinate customer engagement across channels and functions.

The Account Specialist uses their experience, judgment, and an artificial intelligence (AI)-enabled decision-support database to make choices on when and how to engage with customers through multiple communication channels, both face-to-face and remotely through phone, web-conference, email, and chat. Surrounding the Specialist are all the centralized and customer-facing resources needed to meet customer and business needs. The model is summarized in Figure 1.

**Figure 1: A New Customer Engagement Model**



The specific individual assigned to the Account Specialist role can shift across time and customer type.

- In clinical and prelaunch phases, Account Specialist tasks would be conducted by a Medical Affairs professional (e.g., an MSL).
- After product introduction, for customers where product promotion is the primary objective, a commercial salesperson would fill the role.
- For customers where the primary objectives are more aligned with Medical Affairs goals (e.g., KOL/speaker prep, guideline development, scientific exchange), a Medical Affairs professional would be the engagement lead.
- In situations where commercial access to HCPs is limited or non-existent, the Medical Affairs role becomes more important to the commercial success of the brand.
- In any case, each of these various customer segments may be found in any given healthcare ecosystem, requiring coordination across a manufacturer's Medical and Commercial teams to meet customer and business needs as well as to create an excellent customer experience. More on the need for coordination across Commercial and Medical later.

**Transitioning to this blended engagement model has implications for people, processes, and technology/ platforms/tools/**, detailed in our previous white paper<sup>1</sup>. Specific to Medical Affairs, MSLs must be recruited and/or trained for remote engagement, a skill very different from face-to-face engagement. They also need resources that can be shared through potentially new virtual engagement platforms.

## Benefits of Blended Engagement for MSLs

This new engagement model for MSLs has clear benefits for MSL customers, Biopharma business leaders, outsourced partners, and MSLs themselves. Customers get what they want from Biopharma packaged in a better customer experience. Business leaders get a more effective and efficient engagement model. MSLs have better engagement with their important customers, a better work/life balance and greater job satisfaction.

Figure 2 summarizes the key benefits of this new MSL blended engagement model.

**Figure 2: Key Benefits of Blended MSL Customer Engagement**

Benefit	Explanation
<b>Better Customer Engagement/Experience</b>	<ul style="list-style-type: none"> <li>Utilizing a customer's preferred communication channels creates better connectivity and a better customer experience</li> <li>Customer can engage from home, at times that are more convenient for them</li> </ul>
<b>MSL Accessibility</b>	<ul style="list-style-type: none"> <li>Less travel allows MSLs to be more easily accessible to their customers for on-demand needs</li> </ul>
<b>Reduced Costs</b>	<ul style="list-style-type: none"> <li>Reduction in travel time allows for more customers per MSL and fewer MSLs per therapeutic area</li> <li>Reduction in travel costs</li> </ul>
<b>Better Access to Talent</b>	<ul style="list-style-type: none"> <li>MSLs can be sourced from a wider geography and can engage with customers from across larger geographies (especially important for rare disease categories)</li> <li>Less travel makes positions more attractive to a greater pool of talent</li> <li>Less travel creates greater employee satisfaction, leading to better employee engagement and retention</li> </ul>
<b>More Efficient Use of MSLs</b>	<ul style="list-style-type: none"> <li>Less travel time allows MSLs to contribute to other internal strategic initiatives</li> </ul>
<b>Better Talent Development</b>	<ul style="list-style-type: none"> <li>Less travel time provides more time for MSL training/ preparation</li> </ul>

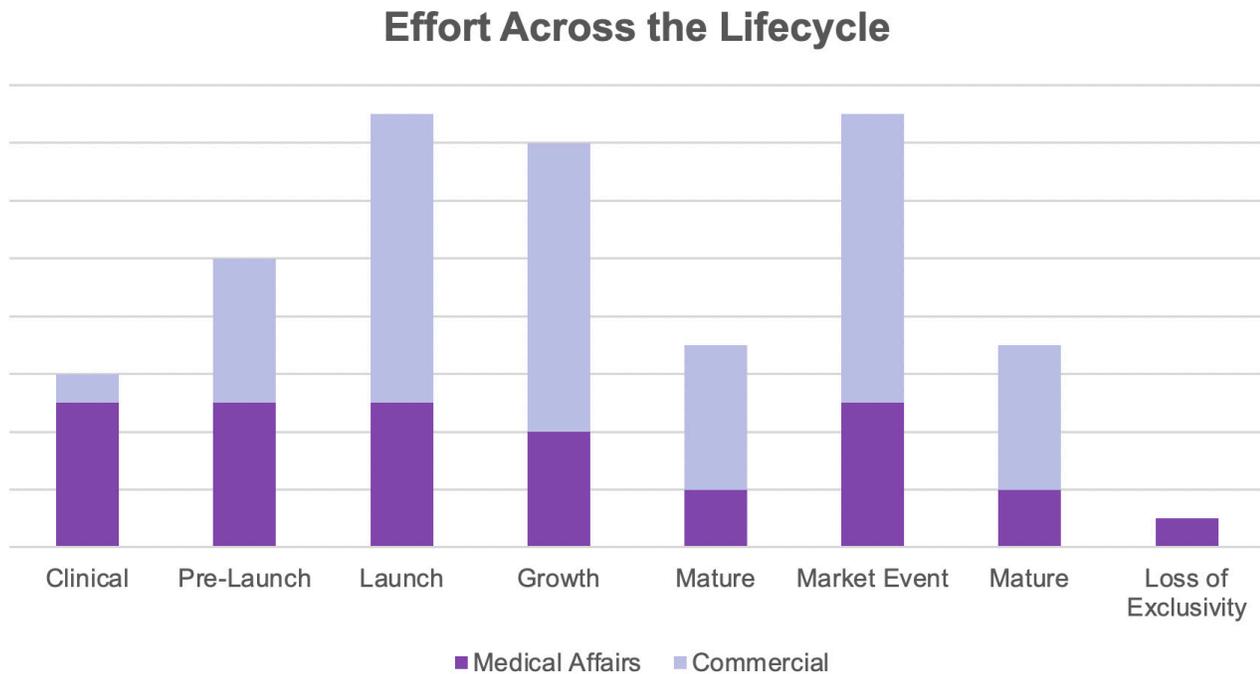
As mentioned earlier, this blended personal engagement should be complemented by more on-demand and non-personal resources:

- Medical Information app/web portal
- Multichannel Medical Affairs hub (phone, email, social media, chat, etc.)
- Social Media Channels (i.e., Twitter, YouTube, LinkedIn, Doximity)
- Virtual Medical Affairs booth for Congresses

## Medical Affairs and Commercial Engagement Across the Lifecycle

Customer and business needs change across a product's lifecycle. With medical and commercial teams engaged, to varying degrees, in nearly every stage of a product lifecycle, from clinical development through product maturity, it's imperative that activities across these teams be carefully coordinated to assure efficient use of resources, proper regulatory compliance, and an excellent customer experience. Figure 3 provides an illustrative view of the relative efforts of Medical Affairs and Commercial teams across a typical product lifecycle.

**Figure 3: Medical Affairs and Commercial Effort Across a Product Lifecycle – Illustrative**



It's not just that both teams are expending effort during each phase of a product Lifecycle, but also the type of work being done that suggests the need for careful collaboration across the teams. As one example, in the clinical phase, the Medical Affairs Team is gaining market insights from Key Opinion Leaders (KOLs) while the Commercial Team is conducting market research to inform the clinical development plan and marketing strategy. Insights from KOLs is critical to the design of the market research, including any knowledge and data gaps that may exist.

Figure 4 provides examples of the type of work happening in each organization with customers during these phases.

**Figure 4: Emphasis of Effort (Simplified)**

	Clinical	Pre-Launch	Launch	Growth	Mature	Market Event*	Mature	Loss of Exclusivity
Commercial	<ul style="list-style-type: none"> <li>Build Marketing Team</li> <li>Perform market research to inform clinical development plan and marketing strategy</li> </ul>	<ul style="list-style-type: none"> <li>Develop launch strategy and tactics</li> <li>Hire and train sales teams on disease and brand</li> </ul>	<ul style="list-style-type: none"> <li>Make sales calls to prescribers to drive adoption</li> </ul>	<ul style="list-style-type: none"> <li>Manage lifecycle strategy</li> <li>Make sales calls to drive depth of prescribing</li> </ul>	<ul style="list-style-type: none"> <li>Provide customer Support</li> </ul>	<ul style="list-style-type: none"> <li>Craft brand strategy for market event</li> <li>Make sales calls to drive adoption of new or changing uses</li> </ul>	<ul style="list-style-type: none"> <li>Provide customer Support</li> </ul>	
Medical Affairs	<ul style="list-style-type: none"> <li>Identify and support clinical investigators</li> <li>Gain and share insights (e.g., burden of disease, care gaps)</li> <li>Help shape clinical strategy</li> <li>Help shape brand medical strategy</li> </ul>	<ul style="list-style-type: none"> <li>Prepare KOLs and speakers</li> <li>Develop guidelines</li> <li>Inform HECON and Real World Evidence (RWE) analyses</li> <li>Manage initial discussions with payors and formulary decision-makers</li> </ul>	<ul style="list-style-type: none"> <li>Lead continued discussions with payors and formulary decision-makers</li> <li>Support KOLs and speakers</li> <li>Inform Phase IV clinical studies in support of lifecycle management</li> <li>Support medical information requests</li> </ul>	<ul style="list-style-type: none"> <li>Socialize RWE and Outcomes Research</li> <li>Support investigator studies and medical education grants</li> <li>Gather and share strategic insights</li> </ul>	<ul style="list-style-type: none"> <li>Support medical information needs</li> <li>Gather and disseminate customer and competitive insights</li> </ul>	<ul style="list-style-type: none"> <li>Prepare KOLs and speakers</li> <li>Adjust guidelines as needed</li> <li>Renew RWE and HECON</li> <li>Engage with payors and formulary decision-makers as needed</li> </ul>	<ul style="list-style-type: none"> <li>Support medical information needs</li> <li>Gather and disseminate customer and competitive insights</li> </ul>	<ul style="list-style-type: none"> <li>Provide ongoing support for medical information requests</li> </ul>

\*e.g., new indications, competitive entry, new guidelines

## Assuring Regulatory Compliance

The coordination between Commercial and Medical Affairs is often complicated by regulatory compliance considerations. To allow Medical Affairs to meet customer needs related to disease and product information — which may be outside of the approved product label — Commercial and Medical Affairs must often maintain an arms-length relationship. However, despite the need for compliance-related silos, a partnership between Commercial and Medical Affairs must be maintained.

This essential partnership can be enabled by ensuring that Medical Affairs has a seat at the table with the marketing team, acting as a key contributor to brand strategy and execution. Furthermore, coordination in the field, where most compliance concerns arise, can be facilitated by supplying all operatives with the same Customer Relationship Management (CRM) platform. The platform can then be used to inform all members of the team of critical customer touchpoints and to notify members when action on their part is required or requested. Alternatively, the use of a central Medical Affairs hub (i.e., call center) can be used to triage field engagement by Medical Affairs in response to Sales Rep requests.

## Sourcing the New Medical Affairs Engagement Model

When building a Medical Affairs field team, it is important to consider the pros and cons of outsourcing versus insourcing, which are summarized in Figure 5.

**Figure 5: Pros and Cons of Outsourcing vs. Insourcing**

	Pros	Cons
<b>Outsourcing</b>	<ul style="list-style-type: none"> <li>Flexibility to quickly scale up or down based on asset performance vs. expectations and needs during different lifecycle stages</li> <li>Ability to leverage best practices learned across small, medium, and large Pharma and across therapeutic areas</li> <li>Indirect costs (e.g., Operations, HR, Finance, Fleet) are reduced because they are shared across Pharma companies</li> <li>Costs for building and maintaining core capabilities are shared across Pharma companies</li> <li>Agility and speed of execution</li> <li>Access to Medical Affairs talent across therapeutic areas</li> <li>Lower internal fixed headcount costs</li> </ul>	<ul style="list-style-type: none"> <li>Perception of and potential for lower retention rate vs. insource (possibility of higher turnover)</li> <li>Capabilities don't become a strategic advantage for any individual Pharma company</li> <li>Requires close integration with brand teams and other internal functions</li> <li>Co-employment regulations require partnership with a competent vendor to ensure high quality</li> </ul>
<b>Insourcing</b>	<ul style="list-style-type: none"> <li>Historically better employee retention</li> <li>Ability to directly control quality (no co-employment requirements)</li> <li>Potential for easier coordination with internal functions</li> </ul>	<ul style="list-style-type: none"> <li>Cost of building and maintaining capabilities is borne entirely by each company</li> <li>Historically slower to execute</li> <li>More challenging to scale up or down</li> <li>Pharma company bears full direct and indirect costs to operate</li> <li>No learnings from other Pharma</li> </ul>

There is a solid case to be made for outsourcing the field-based Medical Affairs team. Chief among the arguments are economic benefits (e.g., operating costs spread across multiple Pharma companies, economies of scale), access to talent, and flexibility. John Ebeid summarizes the case for outsourcing in *Fuel Growth Through Innovative Talent Strategies*: “Life sciences must aggressively embrace new workforce models as a way to fill in-house capability gaps and overcome marketplace challenges by externally sourcing innovative ideas, knowledge, skills, and technologies.”

When choosing an outsource partner, select from among companies with a history of high-quality scientific engagement, and consider the benefits of partnering with a provider that offers services across both Commercial and Medical functions in appropriate therapeutic areas. This can better enable coordination between Medical Affairs and Commercial across a product's lifecycle, limit the number of contracted partners, and provide flexibility as Medical Affairs and Commercial needs ebb and flow over time.

## Conclusion

Biopharma has been slow to adopt digital communication and was forced by the COVID-19 pandemic to accelerate the shift. Following the pandemic, it is likely that many customers who experienced engagement via enhanced remote and digital channels will see their ongoing value and continue to prefer them. This notion is borne out by Isma Bennatia, MD, MBA, Vice President of Medical Affairs for Amgen Europe:

“Things are changing – our industry is changing – and the transformation is underway. COVID-19 acted as a catalyst for this transformation, not just in HCP-MSL interactions and not just in Medical Affairs, but in the overall healthcare ecosystem. HCPs now see virtual interactions and telehealth as essential pieces of the care delivery model. Patients like it, physicians like it – and it works.”

Thus, in the post-COVID era, we expect blended engagement — including both face-to-face and remote communication through phone, web-conference, email, and chat — to become the norm for both Medical Affairs and Commercial teams. To *really* collaborate, they must align on how they plan for, engage in and deliver their individual goals in service of patients. This alignment is proving to have optimal company impact at the field level, and therefore is crucial that biopharma decision makers seize this opportunity. As part of that process, this is also an excellent time to review the sourcing model to consider the potential benefits of Medical Affairs outsourcing



## How Amplity Can Help

**Amplity Health has the expertise, people, and infrastructure needed to help clients overcome any clinical, medical, or commercialization hurdle.**

We have helped pharma make decisions around sizing, strategizing, and deploying clinical and medical teams in multiple therapy areas across countries and cultures. We've perfected a blended engagement model that is proven effective regardless of who your targets are, how long your targeted list is, or where your products are in their development lifecycle.

Learn more about how Amplity can help your teams work in a post-COVID environment here: <https://www.amplity.com/clinical-and-medical-solutions/>

And when you're ready to discuss how we can partner to create better healthcare solutions, contact us: <https://www.amplity.com/contact-us/>

## About Amplity Health

A true partner to global healthcare companies, Amplity Health builds transformational solutions by challenging boundaries and the status quo. With wide-ranging capabilities such as clinical and medical outsourced teams, capabilities development, field sales solutions, insights and patient identification solutions, consulting, sourcing and recruiting, multichannel messaging, execution, and more. Connect with Amplity on [Twitter](#) and [LinkedIn](#).

## Endnotes

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