



# ZS medical affairs outlook report 2024

Achieving go-to-market success with next-gen medical affairs

By Sunil John and Sarah Jarvis



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## Executive summary

As the healthcare industry adapts to a new landscape, medical affairs organizations must stay attuned to the evolving needs and expectations of an increasingly diverse and expanding set of stakeholders.

The 2024 ZS medical affairs outlook report sheds light on key insights and emerging trends, including advancements in the medical affairs domain, evolving go-to-market strategies, a growing emphasis on technology and clinical practice changes. To gain a comprehensive understanding of the medical affairs ecosystem, the report analyzes the perspectives of both internal medical affairs professionals as well as external key opinion leaders (KOLs).

By closely examining these varied viewpoints, the report aims to equip medical affairs leaders with the knowledge and foresight required to navigate the dynamic healthcare landscape and effectively engage with their expanding stakeholder base. As the industry continues to evolve, this holistic analysis provides critical guidance to help teams adapt and thrive.

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# Key findings

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

## Evolution of medical affairs organizations

While most medical affairs organizations remain in a state of evolving organizational maturity, the percentage classifying themselves as best in class increased from 13% to 19% over the past year. Companies are focused on refining their strategic planning processes and enhancing cross-functional collaboration to further improve their organizational maturity.

## Priority investment areas

Field medical continues to be the top area of investment in medical affairs, apart from research and medical education. While the majority of internal respondents indicated that investment in people is the most important area, external vendor and consulting support is increasingly important in areas like medical communications and health economics and outcomes research (HEOR).

## Technological advancements

While there have been slight capability changes from last year, most medical affairs organizations are increasingly data-driven and digital. They are starting to use generative AI for insight generation and analytics, content development and publication, literature reviews and other tasks. Some are also exploring the potential of incorporating capabilities like chatbots and social media.

## External perceptions of pharma companies

On a "likelihood to recommend" (LTR) scale of -100 to +100, the likelihood of KOLs recommending medical science liaisons (MSLs) as a source of information varies widely across a list of 25 pharmaceutical companies, with over 95% of the companies scoring between -100 and 30. This variation is driven by factors such as MSL attributes, KOL relationships, medical share of voice and company portfolio. Similarly, KOLs have differing perceptions about the coordination across touch points within a pharmaceutical company. These findings underscore the need for pharmaceutical companies to enhance their engagement strategies with KOLs.

## Expanding customer universe and new medical roles

External respondents, or KOLs, said they participate in professional societies, pharmacy and therapeutics (P&T) committees, clinical steering committees and more. In addition to KOLs, medical affairs organizations engage with community physicians, hospital networks, payers, nurse practitioners, clinical research teams, pharmacists and many others. To address this diverse array of stakeholders, nontraditional medical roles are emerging, including field medical excellence, payer-focused MSLs, medical account managers and portfolio MSLs.

## Engagement preferences and KOL accessibility

Both medical affairs professionals and KOLs expect nearly 60% of total planned interactions to be face-to-face in 2025 and beyond, but internal respondents indicated that KOL inaccessibility is their most difficult challenge in trying to reach KOLs. Not surprisingly, off-target stakeholder engagement is also on the rise. Moving forward, 78% of KOLs want a hybrid engagement model—meaning both face-to-face and virtual meetings with MSLs—while a subset (19%) only want face-to-face meetings.

## Scientific engagement

MSL interactions encourage KOLs to take specific actions that help drive changes in their clinical practices. On average, a KOL takes three to four actions after an MSL interaction, and the most common action is sharing information with colleagues, as reported by over 55% of respondents. Additionally, nearly half of KOLs said they switched their treatment or line of therapy following an MSL interaction.



## Methodology

In the first half of 2024, ZS fielded two industrywide surveys that yielded insights on current and future trends across the medical affairs landscape. More than 160 medical affairs professionals from more than 35 global companies participated, as did 160 KOLs from the U.S., Canada and Europe. Over 75% of the surveyed internal respondents work at the director or executive level. External respondents were spread across therapy areas including, but not limited to, oncology, ophthalmology, neurology and cardiology.

## Reevaluating the go-to-market framework in medical affairs

The role of medical affairs is increasingly critical in today's evolving healthcare landscape. Medical affairs plays a pivotal role in advancing scientific understanding, which enables it to support product launches and facilitates the appropriate adoption of new therapies. As the frontline interface between the medical community and the organization, it's uniquely positioned to drive appropriate practice change among KOLs who enable clinical decision-making. Successfully engaging with them requires tailored, timely and relevant medical content delivered through their preferred channels. By understanding the evolving needs and challenges faced by KOLs, medical affairs can reconfigure their strategic go-to-market (GTM) framework, which will empower their KOLs to make better decisions and drive practice change. This leads to improved patient outcomes.

In this dynamic healthcare landscape, KOLs place varying levels of emphasis on receiving valuable information at specific stages of the product life cycle. Medical affairs organizations have the unique opportunity to advance scientific understanding throughout the product life cycle until launch. But failing to provide information when it's needed can result in missed opportunities for meaningful KOL engagement and understanding.

According to our survey, more than 55% of KOLs in the U.S. and EU believe MSLs should begin scientific engagements before or during phase 3 clinical trials. Most KOLs said they need the latest pipeline developments and product information during phase 3 clinical trials and require trial design information during phases 1 and 2. Our analysis revealed that if the required information is shared with KOLs one stage later than they prefer, the opportunity to effectively advance and disseminate scientific knowledge declines significantly.

When this happens, KOLs are less likely to have confidence in the therapy or find the information relevant, and they'll have less time to integrate and adopt the therapy into their clinical practice. This loss is highest at phase 3 and peri-launch because of the high adverse impact of receiving late information on 56% of KOLs in the universe who want MSLs to begin engagements at these stages.

Moving forward, medical affairs organizations should carefully consider the diverse stakeholders they need to engage, the frequency and settings of these engagements, the right time to begin interactions and the relevant content to deliver. Standardized engagement

approaches may be less effective than in previous years. To maximize the potential for impactful engagements, it's important to understand KOL preferences for receiving relevant information. To solidify their role as a critical enabler of practice change, medical affairs organizations must reevaluate their GTM strategies to ensure they are agile, responsive and aligned with the dynamic needs of KOLs and the broader healthcare ecosystem.

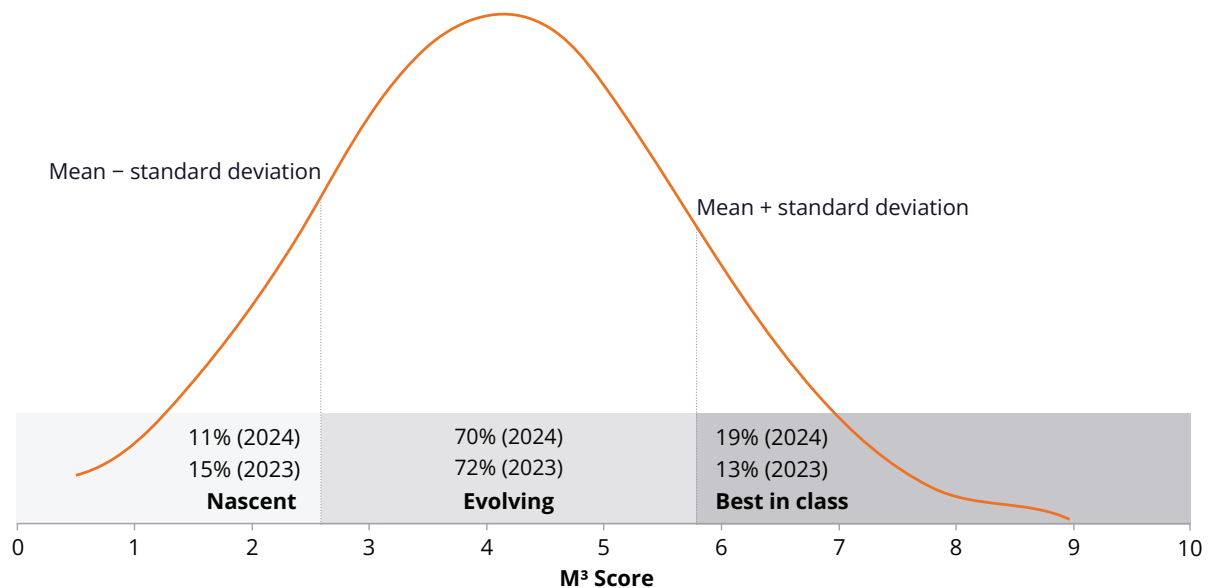
## Paving the way for next-gen medical affairs

After the COVID-19 pandemic, companies are assessing the medical affairs landscape, industry expectations and their core capabilities that drive success. To help organizations evaluate their capabilities, ZS has developed a proprietary medical maturity model called M-cubed (M<sup>3</sup>) that benchmarks medical affairs organizations' capability maturity across the industry. This model has helped medical affairs leaders understand organizational expectations and devise strategies for areas of improvement.

M<sup>3</sup> is based on three key dimensions: Strategic planning processes, data-driven decision-making and coordination among 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:

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



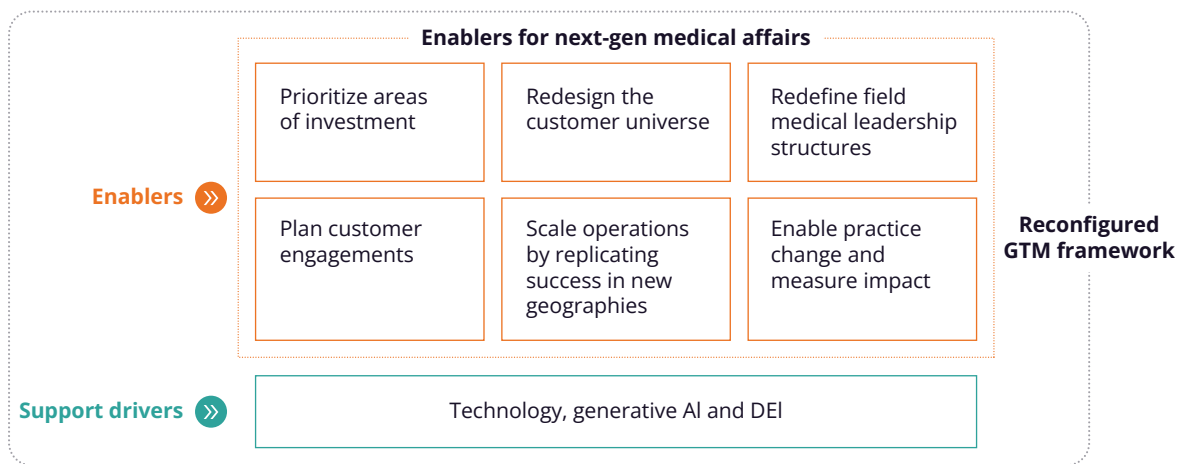
Similar to our findings last year, a significant majority of respondents view their pharmaceutical companies to be in the evolving stage. However, 19% of respondents said their medical affairs organizations are best in class, up from 13% in 2023.

The medical affairs organizations that are considered nascent or evolving can grow by improving the maturity of their capabilities. To enhance strategic planning, organizations can adopt new ways of working and develop long-term strategic plans that align to brand strategy. They also improve coordination across roles by defining clear responsibilities and establishing forums for transparent cross-functional data sharing. Additionally, an insight-driven omnichannel strategy and a centralized customer relationship management system better enable data-driven decision-making.

Once an organization has assessed its current capabilities, there are six key enablers—which we will call next-gen medical affairs—that can help organizations determine where they can direct their efforts to enhance outreach and achieve objectives. The support drivers for a reconfigured GTM framework for medical affairs (see Figure 2) are technology, generative AI and diversity, equity and inclusion (DEI).

FIGURE 2:

### Reconfigured go-to-market (GTM) framework



## Enablers for next-gen medical affairs

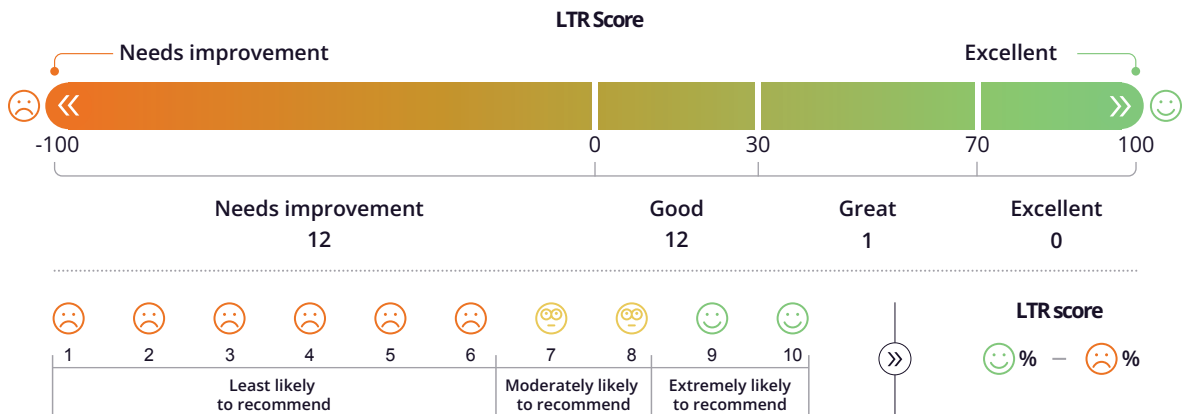
It’s crucial to understand the wide variation in KOLs’ propensity to recommend MSLs as a source of information before you can transform the GTM framework. These ratings provide valuable insights into the effectiveness of MSL engagements and the quality of relationships with KOLs. High “likelihood to recommend” (LTR) ratings signify successful and meaningful interactions that result in strong, trust-based relationships. Lower ratings identify areas requiring improvement.

On an LTR score range of -100 to +100, based on KOL interactions with MSLs from 25 pharmaceutical companies, we observed that as many as 12 companies need improvement. These 12 companies received an LTR score of less than 0. This score is calculated by subtracting the percentage of KOLs who rated their interactions 1 to 6 from the percentage of KOLs who rated them 9 or 10.

For companies that were rated higher, 12 received an LTR score between 0 and 30, and only one company had a score greater than 30. KOLs who provided an LTR rating of 9 or 10 did so because the MSLs demonstrated strong scientific expertise and effectively addressed their specific needs and preferences.

FIGURE 3:

**Likelihood to recommend (LTR) score range based on KOL ratings from a list of top 25 pharmaceutical companies**



KOLs prefer MSLs of one pharmaceutical company over others because of their existing product portfolio, pipeline products and available engagement opportunities, such as research collaborations. Another factor driving KOL perceptions is the level of coordination across the various touch points of pharmaceutical companies. KOLs appreciate companies that co-create tailored solutions for them and ensure efficient scheduling, with as many as 19 companies receiving a mean rating of 5 and above, based on KOLs’ experience of observing coordination across the touch points at these companies. High scores demonstrate a deep understanding of KOL preferences and a commitment to addressing their evolving needs.

There are multiple ways to create impact for stakeholders. Companies can focus on these six enablers to define their next-gen medical affairs and achieve GTM success.

**Enabler 1: Prioritize areas of investment**

Based on their unique circumstances and needs, organizations should thoughtfully consider investment areas when reevaluating the go-to-market (GTM) framework.

Apart from research and medical education, senior medical affairs leadership indicated field medical is their top area for investment, with the function garnering 29% of their investment budget. It’s followed by medical communication (15%) and medical information (14%). When probed on the specific areas of these investments, 87% of the internal respondents who provided the split for field medical investments indicated that the biggest area of investment is expected to be in people.



For publications, medical communications and HEOR, organizations emphasized their primary investments will be in external vendor or consulting support. Along similar lines, most of the internal respondents from emerging pharmaceutical companies consider field medical teams, scientific communication and publications to be key areas of initial investment for medical affairs.

The need for investment in field medical can be attributed to an increasingly complex stakeholder universe and its specialized data requirements, with this dynamic resulting in the emergence of nontraditional roles in medical affairs. Nearly 60% of internal respondents indicated field medical excellence is the top nontraditional role that medical affairs organizations are prioritizing, followed by payer-focused MSLs and medical account managers. The majority of respondents said that most of the nontraditional field medical roles under consideration already exist in their organization, while a small group is planning to introduce them in the future. These roles are crucial for developing effective strategies and fostering collaborations within medical affairs, as they help ensure the delivery of value-driven solutions that meet the needs and requirements of KOLs. Of the external respondents who interacted with teams beyond MSLs, nearly 80% have engaged with medical education teams, and more than half have interacted with medical communication and publications teams.

Given the growing complexity and unique needs of stakeholders, organizations should plan the frequency of engagements and take a pragmatic, thoughtful approach to prioritizing investments. As leadership invests more in medical affairs, a stronger backing is needed for its allocation across different functions—especially field medical teams, people and technology.

## **Enabler 2: Redesign the customer universe**

Changes to any GTM framework requires internal alignment, planning and preparing for external stakeholder needs, as organizations must cater to more stakeholders than ever. Adapting their capabilities and processes to effectively address external stakeholders is increasingly important, and delivering them customized information requires meticulous planning and careful execution. Internal coordination is critical for delivering a cohesive and tailored experience for each external stakeholder group.

According to internal respondents, medical affairs organizations plan to reach approximately 60% of their total KOL universe. Both medical affairs professionals and KOLs expect 58% of total planned interactions to be face-to-face in 2025 and beyond. While both groups say three to four annual interactions with MSLs are optimal, there is a significant difference in preferred face-to-face meeting duration. Internal respondents say interactions with KOLs take an average of 34 minutes, while KOLs expect these meetings to last 24 minutes. Nevertheless, there is consensus on the duration of virtual interactions, with both groups indicating that about 21-26 minutes is right for virtual meetings over platforms like Zoom.

Fifty-two percent of internal respondents identified KOL inaccessibility—stemming from a lack of dedicated time, geographic dispersion and other factors—as their most difficult challenge in trying to reach KOLs. This is validated by external respondents, who cited their limited availability for engagements as the primary reason for their low accessibility to MSLs. Nearly 80% of internal respondents stated that MSLs go beyond their existing stakeholder lists to expand their reach. The reasons for this are to provide reactive support and to explore emerging or new KOLs for engagement.

But there are a lot of positives for organizations to focus on—29% of KOLs mentioned that they were extremely accessible, followed by 54% of KOLs stating that they were moderately accessible. In fact, more than 60% of KOLs don't anticipate any change in their accessibility to MSLs in the future; most that do anticipate an increase in their accessibility.

As we look toward the future, the breadth of stakeholders medical affairs will need to engage with will also increase. It's interesting to note that over two-thirds of internal respondents indicated that medical affairs organizations are increasingly contacting community physicians and planning an average of five interactions per year with them. Additionally, medical affairs organizations are also engaging institutions, hospital networks, payers and patient advocacy groups. About 60% of external respondents suggested MSLs should expand their interactions to include nurse practitioners, physician assistants and clinical research teams. We see MSLs engaging with pharmacy and therapeutics (P&T) or health technology assessment (HTA) committee members to share scientific information about unmet medical needs and how gaps can be addressed. These stakeholders are pivotal in their ability to drive important practice change to improve patient outcomes through appropriate guideline recommendations or medical coverage discussions. It's important to note that not all stakeholder engagements will be one on one, and some may want to engage in group settings.

Beyond one-on-one interactions, 76% of external respondents identified symposiums and conferences as the most important group settings for engaging with MSLs, with a typical interaction frequency of two times annually. They also highlighted key national and regional congresses that are essential for their therapy areas, such as those hosted by the American Academy of Ophthalmology and the American Society of Clinical Oncology. Nearly 40% of external respondents indicated that increasing their overall scientific knowledge about recent trends is the most important factor in defining a successful congress interaction.

To effectively manage this diverse range of engagements, comprehensive customer engagement planning is essential. This involves detailed scheduling, prioritizing key events, rebalancing workloads and carefully assessing available capacity to meet outreach objectives.

## Enabler 3: Redefine field medical leadership structures

Field medical leadership structures are crucial for determining the team's strategic objectives, resource allocation and adaptability to a dynamic market. Of course, it's important to consider whether these organizational structures are well defined and positioned for the future. At ZS, we have identified three broad potential models for field medical leadership structures, each with its own implications for how the organization engages with the market and its stakeholders:

- Therapy area-based teams, in which leadership manages and is responsible for a single therapy area across regions
- Teams organized by geographies where responsibility spans multiple therapy areas in a single region
- A hybrid field medical structure that includes managing multiple therapy areas in multiple regions

Nearly 60% of internal respondents indicated their medical affairs organizations currently have a therapy-area-based field medical leadership structure, while 25% said their teams are organized by geographies. Of these respondents, 80% noted that they don't foresee any changes to their existing structure. For the small portion of internal respondents expecting changes, they are considering a different hybrid model that combines therapy area and territory, or one that better aligns with commercial organizations. At ZS, we have also observed some recent trends that include an increasing focus on medical communications and setting up centers of excellence for medical strategy and operations to enable teams to focus on higher-value work. These functions are becoming an integral part of the overall structure.

Owing to the increasing breadth and depth of MSL interactions, optimal team sizing and collaboration across roles becomes essential. This includes identifying stakeholder types, engagement settings and frequency; defining MSL roles and responsibilities; and building up the workload and capacity for MSLs that help determine their team sizes. MSL headcounts generally vary based on medical objectives, therapy areas, product portfolio and upcoming launches, as well as tiering within different account archetypes and other factors. Medical affairs professionals from various pharmaceutical companies reported an eight-to-one median sales force to MSL team size ratio across therapy areas. This ratio may be higher in therapy areas like cardiovascular and respiratory, meaning there are more sales reps versus MSLs, where the crowded landscape and primary-care-physician-driven markets demand more extensive coverage. This proactive approach ensures that teams are positioned to lead and succeed in the ever-changing healthcare environment.

## Enabler 4: Plan customer engagement

The customer engagement planning framework used by medical affairs must adapt to accommodate evolving business processes, technological innovations, shifting strategic priorities, expanding organizational roles and the incorporation of diverse stakeholder perspectives. After identifying target stakeholders and determining methods of engagement, medical affairs professionals must decide the timing and appropriate content for engagement. There are two distinct periods when MSLs can engage with KOLs: pre-launch and post-launch. The pre-launch period is segmented to align with the various stages of the product life cycle, while the post-launch phase aligns with the patient's disease journey. The emphasis should be on delivering relevant information, tailored to meet the specific needs of the KOLs, at the appropriate stages.

Regarding the phases of the product life cycle, 31% of the external respondents want MSLs to begin engagement during phase 3. In fact, 39% of the P&T committee members surveyed want MSLs to start engagement during phase 3 trials. On the other hand, 25% of the external respondents want these engagements to begin six months prior to launch. During this pre-launch phase, KOLs indicate the information they find most valuable—this includes updates about the latest pipeline developments and product information, trial design information and summaries about congress presentations and publications.

Post-launch, the role of field medical teams should be to provide relevant information at various stages of the patient journey, including diagnosis, treatment decision-making, disease management, treatment adherence, disease progression or recurrence, monitoring and follow-up, and palliative care. More than 65% of external respondents identified treatment decision-making and disease management as the most important stages of the patient journey for receiving more information and education from MSLs about a marketed product. This underscores the importance of this information in patient care.

Encouragingly, the current state of engagement shows positive results. Over 80% of external respondents indicated that they are engaged well by pharma companies to address their scientific needs. This positive engagement is further highlighted by the fact that nearly half of the external respondents communicate their medical unmet needs with medical

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affairs organizations, and the majority of them find it easy to do so. For the few who find it challenging, they suggest proactively addressing their practice needs, providing the right point of contact and enhancing after-hours accessibility. Finally, only 6% of KOLs expect a decrease in their accessibility to MSLs in the coming years. Most of those decreases are driven either by a declining number of MSLs or organizational restrictions or guardrails. In fact, 32% of KOLs expect to increase their engagement with MSLs in the coming year.

An important aspect of customer engagement includes evidence strategy and planning. More than half of internal respondents moderately agree that their company maintains an easy-to-use, single source of truth for all evidence generation activities. And 35% completely agree that the scope of their integrated evidence plans governs medical affairs, HEOR and real-world evidence analyses. Meanwhile, 56% of external respondents said pharmaceutical companies have never consulted or involved them in drug evidence planning.

This, along with the LTR score, highlights the need to tailor messaging to the right stakeholder, while delivering the right content at the right time. A future-ready GTM framework should respond with agility to shifts in perceptions, preferences and customer behavior. This approach not only fosters stronger customer relationships but also enhances overall perceptions and impact.

## **Enabler 5: Scale operations by replicating success in new geographies**

How do organizations scale a successful GTM strategy? We have observed that ensuring appropriate integrated evidence generation strategy and operations are taking place, prioritizing investments, refining customer outreach, restructuring field medical leadership and strategizing customer engagements are critical components of next-gen medical affairs. These actions are not only essential for navigating the healthcare landscape but also for ensuring alignment with customer needs and regulatory frameworks. By drawing insights from established markets, medical affairs can replicate successful frameworks in new geographies. This approach enables adaptation to local nuances while leveraging proven methodologies, fostering sustainable growth and maximizing healthcare impact across diverse regions.

Replicating a GTM strategy in the medical affairs landscape across newer geographies presents both opportunities and challenges. One major obstacle is budgetary approval, with 65% of senior medical affairs professionals whose organizations have multicountry operations saying they foresee challenges in receiving budgetary approvals for scaling operations. And 61% struggle with identifying addressable markets in new geographies. These hurdles can hinder the effective expansion of operations and require strategic solutions.

Rather than applying standardized methodologies everywhere, companies with multicountry operations should consider categorizing countries and grouping them together to ensure homogeneity in deployment strategies across different geographies. To streamline

operations and successfully replicate the GTM framework, medical affairs organizations often archetype countries or affiliates. This involves categorizing countries based on their specific characteristics and needs, an approach that helps customize the structure, strategy and GTM approach to align with the unique dynamic of various healthcare markets. Almost 77% of internal respondents whose organizations have multicountry operations said they prioritize addressing unmet patient needs in the local healthcare landscape, and 71% recognize variations in standards of care and alternative healthcare practices as the most important factors for archotyping countries or affiliates.

When scaling to newer geographies, it's vital to strike the right balance between replicating the core elements of the successful GTM and adapting it to local market dynamics and customer needs. This may involve tailoring product information, engagement channels and structures to fit the unique characteristics of each new market. This approach helps organizations remain agile and responsive to the evolving needs of diverse markets.

## **Enabler 6: Enable practice change and measure impact**

It's of course important to assess the impact of the GTM framework, and one key indicator is practice change. KOLs often see themselves as facilitators of practice change within the healthcare landscape. More than 60% of external respondents consider themselves practice change enablers because they adopt and share new and innovative treatments, actively participate in knowledge sharing events and contribute to the development of treatment guidelines. Notably, 26% of these respondents are members of a P&T committee, and 67% are involved in professional societies.

These practice change enablers also acknowledge the important role the medical affairs team plays in facilitating this change, as they share relevant new data and information while providing research and networking opportunities to support the change process. Field medical teams, including MSLs, engage to drive this change in clinical practice and enhance patient care. MSLs provide value-based care evidence, simplify scientific information, share peer-reviewed data, offer patient-centric educational materials and relay patient stories. These activities educate KOLs who can then adopt new practices, improve patient outcomes and enhance healthcare delivery.

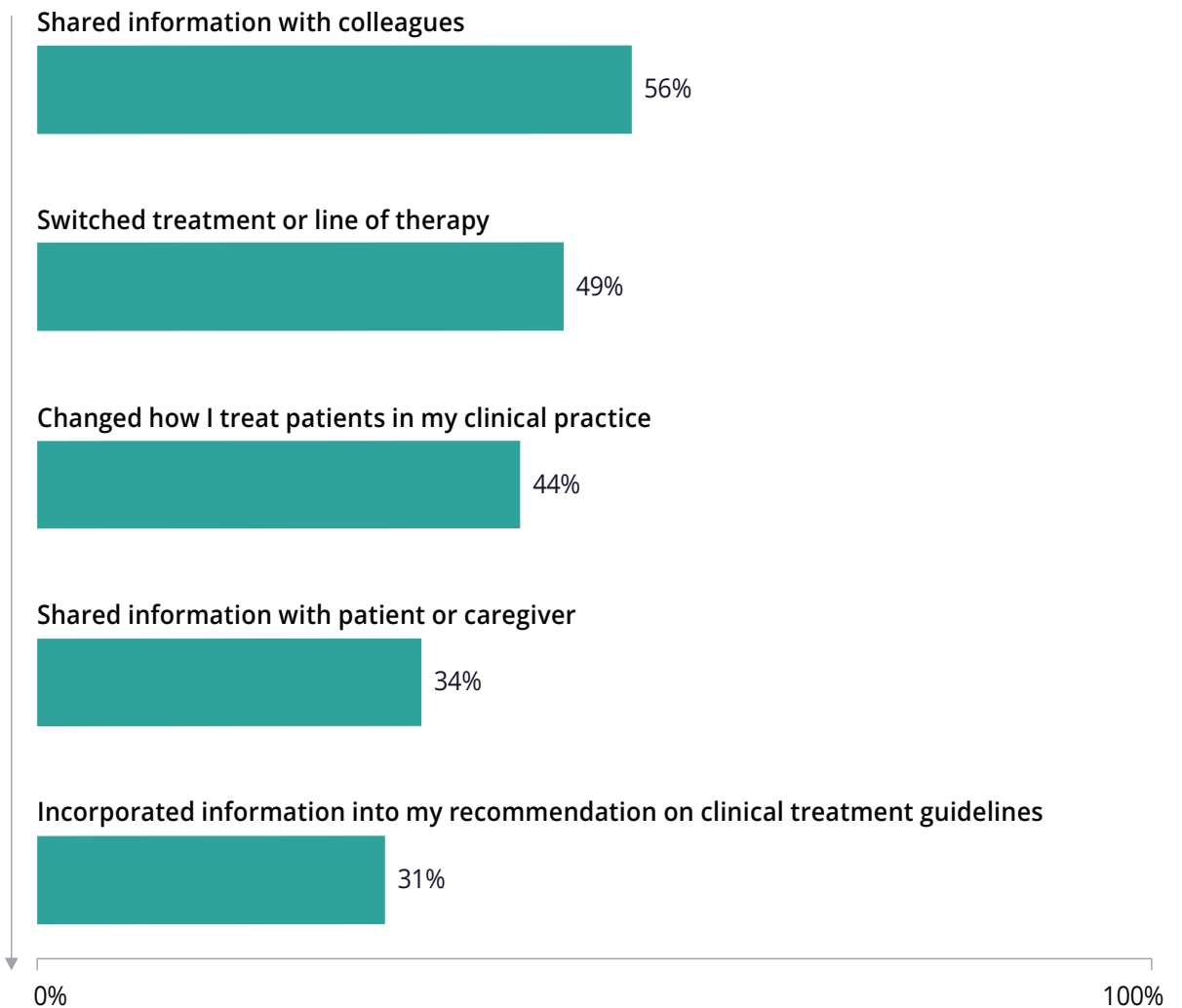
The impact of medical affairs efforts is evident in KOL actions. On average, a KOL takes three to four actions after an MSL interaction, with 56% of KOLs indicating they have shared information with their colleagues after an MSL interaction. Nearly 50% reported switching a treatment or line of therapy for their patients.

To encourage these KOL actions, MSLs should strategically plan their engagements based on the specific needs of their KOLs. It's vital to foster customer centricity and effectively address the unmet needs of KOLs. KOLs indicate they're more likely to take action if MSLs provide easy-to-consume scientific information and share peer-reviewed data and publications.

The third most common post-engagement action taken by KOLs is changing how they treat patients in their clinical practice. The proportion of KOLs who took this action was higher among those who had more than seven interactions (51%) compared to those with three to four interactions in the previous year (29%). In the EU, 42% of the KOLs enrolled in or screened a patient for a sponsored clinical study following an MSL interaction, though only 8% did the same in Canada.

FIGURE 4:

**Top 5 actions taken by KOLs after interactions with MSLs**



By reinventing the GTM strategy and aligning the team’s focus on the right activities, MSLs empower KOLs to take actions that drive meaningful patient outcomes, which helps ensure resources are used efficiently to achieve strategic objectives. As companies continue to evolve and adapt, prioritizing practice change and impact measurement will be key to success.

## GTM support drivers

To effectively address challenges and replicate the GTM framework's success in new geographies, companies should focus on three support drivers: technology, generative AI and DEI. While technological integration can streamline operations and enhance data-driven decision-making, implementing omnichannel strategies ensures seamless and consistent customer engagement across multiple platforms.

Generative AI can help automate complex tasks in medical affairs, improving efficiency, innovation and most importantly, productivity. And prioritizing DEI internally and externally fosters a more inclusive work environment and enhances the ability to connect with diverse markets. These pillars collectively create a robust framework for sustainable growth and effective global expansion.

## Technology

As healthcare becomes more complex and the demand for personalized, data-driven solutions grows, medical affairs organizations are leveraging technology to enhance efficiency, engagement and outcomes. We've observed a shift toward centralized data management, modular content creation and newer segmentation techniques, all aimed at improving the effectiveness of field medical teams and fostering stronger relationships with key stakeholders.

Half of internal respondents indicated their organizations have already started implementing KOL segmentation and archotyping activities, allowing for more targeted and effective engagement strategies. The percentage of respondents reporting their organization is either in the process of conceptualizing or actively implementing KOL segmentation initiatives increased from 70% in 2023 to 78% in 2024.

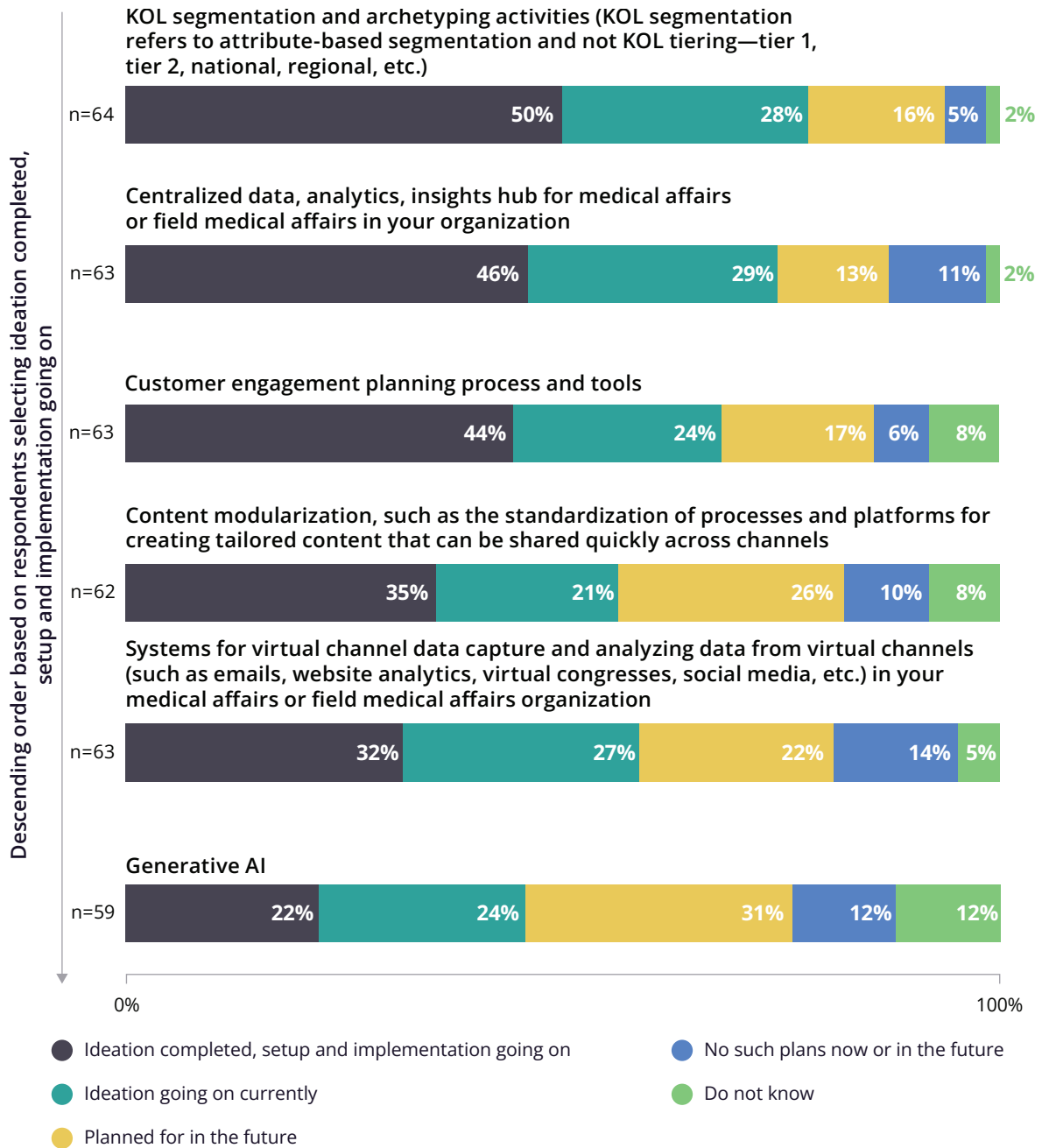
To provide a more personalized experience, 35% of respondents said their medical affairs organizations are implementing content modularization by creating blocks of content so that their engagements are both flexible and tailored to individual needs. As virtual interactions become more prevalent, capturing and analyzing data from these channels is essential for better understanding stakeholder behaviors and preferences. Similar to last year, 32% of internal respondents said their organizations are implementing systems for virtual channel data capture and analysis. Further, 46% said their organizations have implemented a centralized data, analytics and insights hub for field medical. This centralized approach enables better data management, streamlined workflows and more actionable insights. Nearly half of the external respondents indicated that they use social media for either consuming or sharing any scientific content. However, nearly 70% of internal respondents are yet to use data science and AI at scale to support evidence strategy and planning.

While there have been slight changes in the state of capabilities from last year, most facilities are increasingly becoming data-driven and digital.



FIGURE 5:

### State of facilities in the medical affairs organizations



Omnichannel strategy is also an important lever in the GTM framework of the future. Its success will require a clear vision for digital, an understanding of stakeholder needs and a focus on short-term wins and long-term objectives. Designing information buckets and deploying resources to meet the needs of stakeholders will be especially important. Similar to last year, the majority of internal respondents indicated their organization is in the ideation

phase of their omnichannel engagement model. Encouragingly, 22% of internal respondents believe their organization has already achieved advanced capabilities in omnichannel engagement strategy, compared to 14% last year.

As the industry continues to embrace these technological changes, medical affairs organizations will be better equipped to address market complexities, drive meaningful practice changes and improve patient outcomes.

## Generative AI

Generative AI can assist in data analysis, insight generation and developing personalized engagement strategies, making it possible for companies to adapt their GTM approach to specific market needs and dynamics. More than 45% of internal respondents said their organizations are either in the ideation phase or have already begun setting up capabilities for generative AI, while 31% of respondents reported their organizations are planning to implement gen AI in the future.

Thirty-six percent of internal respondents indicated their medical affairs organizations use gen AI for insight generation and analytics, and 16% use it for content development and publications. Other gen AI initiatives planned by medical affairs are focused on literature, medical, legal and regulatory affairs reviews, medical information and chatbots.

More than 90% of external respondents said they have never used a chatbot for contacting or seeking information from a pharmaceutical company. Those who have reported positive features such as fast responses, succinct and direct information and a user-friendly interface. By leveraging AI's capabilities and chatbots, medical affairs teams can improve efficiency, enhance stakeholder engagement and make more informed decisions.

## Diversity, equity and inclusion (DEI)

DEI has rightly become a critical support pillar for pharmaceutical companies worldwide as they strive to cater to the diverse healthcare needs of all population segments. Internal respondents emphasized the efforts their companies are taking to diversify clinical trials and testing, engage with various communities, support societies and fellowships, and provide educational content focused on diverse populations. Of these respondents, one-fifth of medical affairs professionals consider their 2024 health equity efforts to be extremely effective. On the other hand, most KOLs expressed a more moderate level of satisfaction with the industry's progress to address disparities. Interestingly, KOLs in Canada have noted that the medical affairs groups in their region are more effective in addressing health equity compared to the global average.

Of the pharmaceutical companies that KOLs engage with, they expect 45% of them to have health equity initiatives in 2024, an increase from 39% in 2023. Some of the health equity initiatives KOLs observed include education and outreach, access programs for underserved patients, payment support or co-pay assistance initiatives and inclusive scientific research initiatives or trials. KOLs also identified the need for clinical data in varied patient populations as the most important DEI information.

## Leveraging next-gen medical affairs for GTM success

Go-to-market success in medical affairs requires a strategic approach to customer identification and resource allocation, along with establishing a robust framework that addresses challenges in the evolving healthcare landscape. By focusing on addressing unmet stakeholder needs, understanding local healthcare practices and using data and technology, pharmaceutical companies can enhance efficiency, streamline operations, optimize engagements, build stronger relations and drive practice changes to benefit patients, all as they expand their presence in new geographies.



## About the authors



**Sunil John** leads ZS's global medical affairs space. He has authored several articles and provided perspectives on various medical affairs issues, including reinventing the go-to-market strategy for medical affairs, next-gen medical affairs and future customer engagement models. He has expertise in defining the value and impact of medical affairs, agile resource planning and deployments, productivity assessments and omnichannel. Sunil focuses exclusively on global medical affairs across field medical, medical excellence, medical information and medical education. Across emerging, midsize and large pharma companies, Sunil helps biotech and medtech clients with business strategy, launch planning and organizational design. Sunil assists with outcome-based KPIs, frameworks for patient centricity, digital strategy visioning and planning. He also drives the use of medical insights and data to define customer centricity and assess field medical teams.



**Sarah Jarvis** is a principal in ZS's San Francisco office who leads the medical and evidence practice. Sarah has worked in healthcare for more than 25 years, and currently helps medical affairs clients bring business, evidence 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 globally. ZS teams supported over 100 medical affairs organizations in 2023 and 2024.



## About ZS

ZS is a management consulting and technology firm focused on transforming global healthcare and beyond. We leverage our leading-edge analytics, plus the power of data, science and products, to help our clients make more intelligent decisions, deliver innovative solutions and improve outcomes for all. Founded in 1983, ZS has more than 13,000 employees in 35 offices worldwide.

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