VISION 10/10: Medical Affairs Looks Forward

Yes, hindsight is 20/20, but Medical Affairs is looking ahead—to unprecedented transformation in every aspect of organization development, customer engagement and value delivery.

Syneos Health Consulting’s Medical Consulting team shares 10 key insights from our first 10 Medical Affairs leadership summits.

As Medical Affairs transformation moves forward, these insights will prove valuable as Medical Affairs leadership assesses, prioritizes and executes their strategies.
Introduction

In 2010, Syneos Health Consulting identified the need for Medical Affairs leaders to engage in an open exchange of ideas about the transformation going on in Medical Affairs. That year, we hosted our first Medical Affairs Leadership Summit.

Over the years, these leadership summits have proven themselves to be unique events in the industry. They are data-driven, encourage debate and produce actionable insights for Medical Affairs leaders to incorporate immediately.

We now conduct leadership summits annually in the U.S., EU and APAC regions.

By the Numbers:

- **75+** Participating Organizations
- **400+** Survey Questions Asked
- **1,800+** Unique Data Points
Introduction

What Good Is Data for the Sake of Data?
We wanted to pull out meaningful insights from seven years of summits. So our team at Syneos Health Consulting had our own internal summit—where we reviewed all of the data and insights generated from 10 summits and debated (a lot) about the 10 most important learnings.
Medical Affairs Exhibits Multiple Personalities—by Design

A major contributor to some of the challenges Medical Affairs teams face is the wide range of competencies Medical Affairs professionals are asked to demonstrate. In other functions in a pharmaceutical organization, the set of competencies for a given role are very well defined and fairly focused. But read a job description for medical communications or a field medical role and you may wonder if one of the requirements is a multiple personality (or competency) disorder. What you find are competencies that range from the highly technical to collaboration to advanced customer engagement. One solution is to design Medical Affairs teams with the foundation that all team members will have a core set of competencies but other, more specialized competencies will exist among a few team members. Medical Affairs leaders need to further recognize the complexity of this challenge, and make progress by designing training programs and career paths that allow for the unique talent of Medical Affairs professionals to be realized to the fullest extent.

Click here for more information about where MA leaders see their team’s gaps and strengths
Click here for more information about perceptions of the MA talent pool
Click here for more information about the breadth of MA functions
**Talent Retention/Development**

Survey Findings: The Current State of Medical Affairs

**QUESTION:**
Considering your current Medical Affairs team as a whole, please evaluate each skill set/area of expertise.

### Key Skill Sets or Areas of Expertise Within Medical Affairs Team

- **Forecasting and budgeting**
  - Significant improvement needed: 4
  - Adequate, but room for improvement: 7
  - Meeting the needs of the organization: 4
  - Exceeding the needs of the organization/demonstrating unique value: 1

- **Cross-functional collaboration**
  - Significant improvement needed: 1
  - Adequate, but room for improvement: 9
  - Meeting the needs of the organization: 4
  - Exceeding the needs of the organization/demonstrating unique value: 1

- **Relevant clinical research and evidence generation**
  - Significant improvement needed: 2
  - Adequate, but room for improvement: 7
  - Meeting the needs of the organization: 6
  - Exceeding the needs of the organization/demonstrating unique value: 1

- **Management and leadership skills**
  - Significant improvement needed: 4
  - Adequate, but room for improvement: 4
  - Meeting the needs of the organization: 4
  - Exceeding the needs of the organization/demonstrating unique value: 3

- **Relevant clinical practice expertise**
  - Significant improvement needed: 1
  - Adequate, but room for improvement: 6
  - Meeting the needs of the organization: 4
  - Exceeding the needs of the organization/demonstrating unique value: 4

- **Customer knowledge and insights**
  - Significant improvement needed: 6
  - Adequate, but room for improvement: 6
  - Meeting the needs of the organization: 3
  - Exceeding the needs of the organization/demonstrating unique value: 3

- **Balancing compliance with the business needs of the organization**
  - Significant improvement needed: 1
  - Adequate, but room for improvement: 3
  - Meeting the needs of the organization: 8
  - Exceeding the needs of the organization/demonstrating unique value: 3

- **Other areas of relevance to a MA team**
  - Significant improvement needed: 1
  - Adequate, but room for improvement: 2
  - Meeting the needs of the organization: 2

*Source: U.S. MA Leadership Summit Survey of 19 Summit Members, September 2014*
Talent Retention/Development

Survey Findings: Key Capabilities Required When Joining a Medical Affairs Organization

QUESTION:
What are the key capabilities when seeking new talent to join the MA organization? What are the key capability gaps within the resource pool (forced ranking)?

Key Capabilities Looked For

<table>
<thead>
<tr>
<th>Capability</th>
<th>Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication skills</td>
<td>10</td>
</tr>
<tr>
<td>Business acumen</td>
<td>7</td>
</tr>
<tr>
<td>Strategic thinking</td>
<td>7</td>
</tr>
<tr>
<td>Operational efficiency</td>
<td>6</td>
</tr>
<tr>
<td>Scientific knowledge</td>
<td>5</td>
</tr>
<tr>
<td>Entrepreneurial approach</td>
<td>4</td>
</tr>
</tbody>
</table>

Forced Ranking of Capability Gaps

1 = largest gap, 6 = smallest gap

- Communication skills: #2
- Business acumen: #3
- Strategic thinking: #1
- Operational efficiency: #6
- Scientific knowledge: #5
- Entrepreneurial approach: #4

Source: MA Leadership Summit Survey of 13 Summit Members, April 2015
GMA Structure

Survey Findings: Functions

QUESTION:
Which of the following functions are within your GMA organization?

Functions within GMA Organization

- Publications: 89%
- Medical information: 83%
- Research (ISTs, IITs): 83%
- Medical directors: 78%
- Medical communications: 72%
- MA operations: 67%
- MSLs: 61%
- Grants: 56%
- Medical training: 56%
- Research (Phase III/IV): 56%
- Medical writing: 45%
- Project management: 33%
- HEOR: 28%
- Other, please specify: 22%

Source: U.S. MA Leadership Summit Survey of 19 Summit Members, September 2014
The silver bullet, the holy grail, the $10,000 question... just a few descriptors for this topic. As Medical Affairs teams grew and took on more responsibility, this challenge was inevitable. Medical Affairs leaders look at value demonstration in two general ways: activity based and outcomes based. Ensuring that Medical Affairs functions are actively pursuing agreed upon deliverables and producing the activity level necessary (pubs, KOL interactions, SRL response time, etc.) is, as more than one Medical Affairs leader has commented, “the price of admission...and survival.” Medical Affairs value driven by specific outcomes gets a bit more complicated. Customer surveys are key to establishing a baseline to describe an organization’s reputation, commitment and trust among its customers. But adding traditional sales metrics is universally agreed upon as an inappropriate outcome to measure. Value demonstration is best approached by ensuring activity measures are a priority, embarking on outcomes that make sense to the organization, but all the while leading a consistent effort to share successes among the most critical internal stakeholders.

Click here for more information about MA’s value specifically during launch
Click here for more information about demonstrating value internally
Click here for more information about how MA leaders describe value
**Launch Readiness**

Survey Findings: Medical Affairs Delivering Value in Pre-Launch Setting

**QUESTION:**
What are some of the areas Medical Affairs demonstrates the most value during launch readiness? (Please select top 3)

<table>
<thead>
<tr>
<th>Area</th>
<th>Value Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>KOL interactions</td>
<td>9</td>
</tr>
<tr>
<td>Internal strategy development</td>
<td>8</td>
</tr>
<tr>
<td>Medical/clinical insights</td>
<td>6</td>
</tr>
<tr>
<td>Market access preparation</td>
<td>4</td>
</tr>
<tr>
<td>KOL identification and profiling</td>
<td>4</td>
</tr>
<tr>
<td>Medical communications (publications and congresses)</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: U.S. MA Leadership Summit Survey of 13 Summit Members, September 2015
Metrics/Value

Survey Findings: Current Situational Assessment

QUESTION:
Check the top three internal stakeholder activities that have the most potential to demonstrate Medical Affairs value. (Select at least 1, but no more than 3 answers)

Internal Stakeholder Activities that Have the Most Potential to Demonstrate Medical Affairs Value

- Communication of medical insights outside of the medical organization (i.e., commercial, market access, etc.) - 88%
- Contributions to strategic brand planning, life cycle management and related initiatives - 76%
- Contributions to launch planning - 53%
- Evidence generation - 41%
- Communication of medical insights internally within the medical organization - 24%
- Training of non-Medical Affairs personnel - 12%
- Medical/legal/regulatory review - 6%

Source: U.S. MA Leadership Summit Survey of 19 Summit Members, September 2014
Metrics/Value

Survey Findings: Current Situational Assessment

QUESTION:
To what extent do you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>In general, MA members at every level support efforts to demonstrate value</td>
<td>5</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Value demonstration is more of a longer term internal PR campaign than a defined set of metrics and measurements</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>The inability to demonstrate value has a tangible, negative impact on the MA function at my company (e.g., ability to secure FTEs, expand budget, inclusion in strategic meetings, etc.)</td>
<td>4</td>
<td>7</td>
<td>5</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Value Demonstration for MA is a top priority for me and my leadership team</td>
<td>7</td>
<td>8</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value Demonstration, in some form, is currently being pursued for my MA organization</td>
<td>6</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Source: U.S. MA Leadership Summit Survey of 19 Summit Members, September 2014
Value Demonstration (2 of 2)

As long as compliance is shaping MA activities, meaningful value demonstration is impossible

- Strongly Agree: 1
- Agree: 3
- Neither Agree nor Disagree: 10
- Disagree: 3

Value demonstration should be designed around a balance of external and internal customers

- Strongly Agree: 1
- Agree: 13
- Neither Agree nor Disagree: 4

Value demonstration should be designed around internal customers only (commercial, clinical, C-suite)

- Strongly Agree: 1
- Agree: 4
- Neither Agree nor Disagree: 4
- Disagree: 8

Value demonstration should be designed around external customers only (patients, providers, payers)

- Strongly Agree: 3
- Agree: 4
- Neither Agree nor Disagree: 4
- Disagree: 6

Source: U.S. MA Leadership Summit Survey of 19 Summit Members, September 2014
For too long, Medical Affairs has gone with the flow of the life cycle of a product. If sales, marketing and other commercial-function efforts are focused at certain times and milestones, then so too should Medical Affairs, right? Not necessarily. During our leadership summits it was clear that forward-thinking leaders are challenging this model. Other factors such as the amount of evidence available, future indications being pursued, the prevalence of the disease/condition and the competitive landscape are just a few examples of the many factors that will lead to the creation of a Medical Affairs-specific product life cycle.

Click here for more information about
**MA’s strategic role in the product life cycle**
Best Practices in Medical Strategic Planning

Survey Findings: Medical Affairs Involvement in Product Strategy

QUESTION:
How involved is Medical Affairs in defining product strategy throughout the life cycle at your organization? (Please rate for each stage: 1 = not at all and 5 = very high involvement)

- Phase I: 2.0
- Phase II: 2.4
- Phase III: 3.4
- Launch: 4.1
- Post-Launch: 4.1

Average response

Source: APAC MA Leadership Summit Survey of 15 Summit Members, April 2017
Pharmaceutical and biotech organizations generate a significant amount of evidence. Evidence seems to be everywhere. For Medical Affairs, the insights we have gathered at our most recent summits strongly suggest that Medical Affairs leadership should look to own, advise and support the various elements of the evidence generation strategy. The versatility of Medical Affairs positions it perfectly to expand from owning evidence communication to being a driver of holistic evidence generation strategy development within the broader organization. Simply put, Clinical Development gets the approval, Medical Affairs gets the adoption, Commercial gets the sale.

- Click here for more information about how MA Leadership perceives evidence as part of leadership
- Click here for more information about how MA Leadership manages evidence
- Click here for more information about how MA sees evidence generation in the APAC region
- Click here for more information about how MA sees evidence generation in the EU region
- Click here for more information about how MA and evidence impacts market access in the EU
Making Evidence Work

Survey Findings: Scientific Leadership

QUESTION:
Please rank your Medical Affairs organization on the following topics:
(0 = we don’t do it today; 1-4 = we do this today with level of sophistication; 5 = very sophisticated)

Medical Affairs is perceived as a trusted scientific partner/advisor (partners with and helps external thought leaders and clinicians stay current and translate cutting-edge science to address clinical needs and potentially provide better patient care)

Medical Affairs drives the identification of life cycle lift opportunities by the proactive analysis of research and real world evidence

Medical Affairs provides sound scientific interpretation of data and its implications, whether product-specific or disease state or both

Medical Affairs owns/actively participates in health economics and outcomes research and value-based medicine initiatives

Medical Affairs focuses on solving for unmet need and advance treatment of disease

Average response:
- Medical Affairs is perceived as a trusted scientific partner/advisor: 3.7
- Medical Affairs drives the identification of life cycle lift opportunities: 2.7
- Medical Affairs provides sound scientific interpretation of data and its implications: 3.8
- Medical Affairs owns/actively participates in health economics and outcomes research: 3.3
- Medical Affairs focuses on solving for unmet need and advance treatment of disease: 3.9

N=11

Source: APAC MA Leadership Summit Survey of 15 Summit Members, April 2017
Medical Affairs utilizes advances in data capture and analytics capabilities to translate data and integrate information and derive insights on how to improve health outcomes.

Medical Affairs rigorously prepares evidence demonstrations in the marketplace, enabling products to successfully navigate regulatory, market access and launch.

Medical Affairs owns end-to-end evidence agenda (e.g., compilation, curation, indexing, analysis, distribution across preclinical through LoE) and serves as ambassador and facilitator of relevant and targeted information exchange across enterprise.

Medical Affairs leverages/translates clinical evidence to support adoption planning and launch activities.

Medical Affairs supports translation of research evidence into clinical practice.

QUESTION:
Please rank your Medical Affairs organization on the following topics:
(0 = we don’t do it today; 1-4 = we do this today with level of sophistication; 5 = very sophisticated)

Source: APAC MA Leadership Summit Survey of 15 Summit Members, April 2017
Making Evidence Work

Survey Findings: Real World Evidence in APAC

**QUESTION:**
*With regard to characterizing your APAC Medical Affairs post-approval real-world/late-stage studies, do you agree or disagree with the following statements?*

- **The role of MA in generating real world evidence in APAC is well-defined**
  - Strongly Agree: 31%
  - Agree: 38%
  - Neutral: 53%
  - Disagree: 31%

- **A clear and structured approach, following GMA post-approval real world evidence generation/study practices**
  - Strongly Agree: 53%
  - Agree: 40%
  - Neutral: 7%
  - Disagree: 7%

- **Doing more with less, looking for innovative approaches**
  - Strongly Agree: 6%
  - Agree: 56%
  - Neutral: 31%
  - Disagree: 7%

- **MA role in post-approval studies will always be a broad one, with the needs of the business being the priority**
  - Strongly Agree: 60%
  - Agree: 27%
  - Neutral: 13%
  - Disagree: 13%

- **Multiple countries and regions demand a customized approach to MA post-approval studies**
  - Strongly Agree: 81%
  - Agree: 13%
  - Neutral: 6%
  - Disagree: 6%

Source: MA Leadership Summit Survey of 16 Summit Members, February 2016
Medical and Market Access

Survey Findings: Medical Affairs Responsibility for Evidence/Data Generation

**QUESTION:**
*In your organization does Medical Affairs have responsibility for evidence/data generation to support Market Access?*

- **Yes** 38.5%
- **No** 23%
- **Depends on country/region** 38.5%

Source: EU MA Leadership Summit Survey of 13 Summit Members, April 2015
Medical and Market Access

Survey Findings: Medical Affairs Roles that Impact Market Access

QUESTION:
Please rank the roles for Medical Affairs in impacting Market Access.
(1 = lowest, 6 = highest)

Source: EU MA Leadership Summit Survey of 13 Summit Members, April 2015
QUESTION:
Please rank the customer-facing activities that have the most potential to demonstrate Medical Affairs value.

**Customer-Facing Activities that Have the Most Potential to Demonstrate Medical Affairs Value**

- Evidence generation, communication/scientific exchange: 9 (1), 2 (4), 1 (N=15)
- Payer interactions/collaborations: 1 (1), 6 (3), 3 (1)
- Organized provider (IDNs, health systems, etc.) interactions/collaborations: 1 (1), 1 (2), 2 (3), 2 (1)
- Medical information: 2 (1), 2 (2), 3 (4), 4 (4)
- Supporting clinical trials (Phase II and III): 2 (2), 6 (7)
- Other (Phase IV implementation): 1 (1), 14 (N=15)

Source: MA Leadership Summit Survey of 19 Summit Members, September 2014
Embedded in the DNA of the Medical Affairs professional is the need to help colleagues and customers whenever possible. An outcome of this genetic mutation is that Medical Affairs is spread too thin, both at the individual level and at the organizational level. Medical Affairs leaders are taking a much closer look at how their teams will impact the business around the globe, rather than trying to be everything to everyone. But the contribution of Medical Affairs at the local and regional level must be evaluated in a fundamentally different manner than R&D and Commercial contributions. Contributions such as a local publication presence and activities, a significant field medical team, and call center infrastructure are a few examples of investments that should be evaluated closely by both Medical Affairs and the local/regional operating entity. As Medical Affairs leaders collaborate more and more with their Commercial counterparts, a central theme should be how Medical Affairs deploys the right resources in the right places at the right time so that local and regional businesses benefit.

Click here for more information about
**how MA characterizes launch in APAC**

Click here for more information about
**MA responsibilities on a global and regional level**

Click here for more information about
**key gaps when operationalizing a global MA function**
Think Global and Act Local

Survey Findings: Role of MA at Launch in APAC

**QUESTION:**
*With regard to characterizing your APAC Medical Affairs launch experience, do you agree with the following statements?*

1. The role of MA at launch in APAC is well-defined
   - Strongly Agree: 6%
   - Agree: 38%
   - Neutral: 25%
   - Disagree: 31%

2. MA role during launch will always be broad, with the needs of the business being the priority
   - Strongly Agree: 6%
   - Agree: 38%
   - Neutral: 25%
   - Disagree: 31%

3. A clear and structured approach, following GMA launch excellence practices
   - Strongly Agree: 56%
   - Agree: 25%
   - Neutral: 19%

4. Doing more with less, seeking innovative approaches
   - Strongly Agree: 13%
   - Agree: 63%
   - Neutral: 12%
   - Disagree: 12%

5. Multiple countries and regions demand a customized approach to MA launch support
   - Strongly Agree: 19%
   - Agree: 75%
   - Neutral: 6%

Source: APAC MA Leadership Summit Survey of 16 Summit Members, February 2016
Think Global and Act Local

Survey Findings: Organization Details and Reporting—MA Responsibilities

QUESTION:
What are the areas of responsibility of the global Medical Affairs group and the regional/country MA groups?

Areas of Responsibility of Medical Affairs Group

Source: U.S. MA Leadership Summit Survey of 14 Summit Members, September 2013
Think Global and Act Local

Survey Findings: Operationalizing a Global Function—Key Global Gaps

QUESTION:
What are the key gaps your global MA group has in operationalizing activities led by the global MA group?

Key Gaps in Operationalizing Activities Led by Global MA

- Global MA group does not have the expertise or resources to effectively develop plans and/or conduct activities at the regional/country level (54%)
- Inconsistent regional/country input into the planning phase (54%)
- Planning capabilities within organization are insufficient (38%)
- Other (31%)
- Goals and/or objectives are not aligned between global MA and regional/country groups during planning/implementation phases (8%)

Source: U.S. MA Leadership Summit Survey of 14 Summit Members, September 2013
Think Global and Act Local

Survey Findings: Operationalizing a Global Function—Key Regional Gaps

QUESTION:
What are the key gaps your global MA group has in overseeing activities led by the regional/country MA groups?

Key Gaps in Operationalizing Activities Led by Regional/Country MA Groups

- Global MA does not have the appropriate resources for effective oversight: 62%
- Reporting Structure Limitations: 54%
- Lack of Standardized Processes: 23%
- Poor Communication: 23%
- Other: 23%
- Goals and/or objectives are not aligned: 0%

Source: U.S. MA Leadership Summit Survey of 14 Summit Members, September 2013

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Our APAC leadership summits produced some of the liveliest and thought-provoking interaction among all our summits. One theme has been that APAC Medical Affairs organizations are as eager to learn about the missteps experienced in the U.S. and EU as they are interested in best practices. As Medical Affairs functions expand in other parts of the world, missteps from the U.S./EU should not be repeated—because as you know the definition of insanity is doing the same thing over and over again, but expecting different results. Global Medical Affairs leadership should be aware of this and look to invest time, money and human resources in ways that may be a departure from the EU/U.S. approach.

Click here for more information about
how global and APAC MA collaborate
Click here for more information about
APAC MA and current vs. future responsibilities
Click here for more information about
future competencies for APAC MA field medical teams
Global-APAC Medical Affairs Collaboration

Survey Findings: Increase Input by APAC Medical Affairs for Global Medical Affairs Strategies

**QUESTION:**
*When considering the balance between global Medical Affairs expectations and the needs of region/country Medical Affairs organizations in the APAC region, how is this relationship best described?*

- APAC MA have an opportunity to tailor activities to their region, but no influence on overall strategy: 69%
- APAC MA provide input into global strategies and develop related activities independently: 31%
- Global dictates strategy and specific activities, APAC MA execute these activities: 0%
- APAC MA set their own region/country strategy and related activities and simply inform global: 0%

Source: APAC MA Leadership Summit Survey of 16 Summit Members, February 2016
Expertise in Local Reimbursement/Delivery Dynamics

Survey Findings: More Important for Field Teams in the Future

**QUESTION:**
*For your field medical function, what is the current and future balance of responsibilities?*

- **Expertise in local healthcare reimbursement dynamics**
  - Current: 19%
  - Future: 14%

- **Expertise in local healthcare delivery landscape**
  - Current: 20%
  - Future: 17%

- **Product-specific expertise**
  - Current: 29%
  - Future: 37%

- **Disease-state expertise**
  - Current: 32%
  - Future: 33%

Source: APAC MA Leadership Summit Survey of 16 Summit Members, February 2016
Business Acumen and Advanced Communication Skills

Survey Findings: Most Relevant Competencies for Future Field Medical Teams

QUESTION:
In the future, what new competencies/skill sets might be required for field medical team members?

*Other: Field-based medical leadership, scientific knowledge

Source: APAC MA Leadership Summit Survey of 16 Summit Members, February 2016
The field medical team is universally accepted to be the face of the organization for some of the most important customers a pharmaceutical company engages with. In addition, the role of the field medical team in gathering, sharing and driving change resulting from insights provides unique value. To date, the investment in training, communication tools and content for scientific exchange have not been adequate. Some of the investment is financial, but another often-overlooked type of investment is time. Internal functions such as human resources, information technology, legal and compliance should take more time to understand the unique impact the field medical role has on the business, clinical practice and lives of patients. Additional money must be spent and risk taken to allow for the true potential of field medical to be realized.

Click here for more information about
the key challenges driving the evolution of field medical teams

Click here for more information about
the importance of dedicated market access field medical teams
Talent Retention/Development

Survey Findings: The Current State with MA

**QUESTION:**
What are the top three challenges driving the need to evolve your MSL team?

**Key Challenges Driving Evolving Role of Medical Affairs**

- **Evolving and complex customers** (payers, IDNs, patient advocacy, etc.) - 73%
- **Significant shifts in the healthcare delivery landscape** (ACOs, quality measures, etc.) - 67%
- **Increased emphasis on launch readiness and success** - 60%
- **Complex products** (e.g., personalized medicine) - 40%
- **Decrease in traditional access areas to physician customers** (sales, marketing, etc.) - 33%

Source: U.S. MA Leadership Summit Survey of 19 Summit Members, September 2014
Medical and Market Access

Survey Findings: Importance of MSLs Dedicated to Market Access

QUESTION:
How important is having field-based medicine roles (MSLs) dedicated to market access?

Source: U.S. MA Leadership Summit Survey of 13 Summit Members, April 2015

N=13

- Extremely Important: 38%
- Somewhat Important: 54%
- Not at All Important: 8%
Medical Affairs leaders readily admit that some additional learning is needed in this emerging area. Some areas of “digital” seem to be natural areas of interest for Medical Affairs, including the emergence of the DOL (digital opinion leader), leveraging digital to stay connected with customers (MedInfo, ad boards, MSLs, etc.) and enhancing scientific exchange. But things get a bit confusing when digital technology is mentioned as a dominant customer channel for communication. More evaluation is clearly needed regarding how digital technology can enable Medical Affairs to achieve its objectives and deliver more value to the organization. It just may be that Medical Affairs transformation will be accelerated in some key areas with the utilization of digital technology and platforms.

- Click here for more information about MA’s engagement with digital opinion leaders
- Click here for more information about an MA strategy focused on the digital space
- Click here for more information about field medical teams and digital technology
Digital Opinion Leaders

Survey Findings: Engagement

QUESTION:
To what extent have you started to engage with digital opinion leaders (DOLs)?
(Please rate on a scale 1-5, where 1 = not at all and 5 = integral part of our DOL strategy)

Source: EU MA Leadership Summit Survey of 15 Summit Members, April 2017
QUESTION:
Do you have a consistent strategy to integrate the voice of the customer in the digital space into your organization’s planning process? (Please rate on a scale 1-5, where 1 = not at all and 5 = consistently done)

Source: EU MA Leadership Summit Survey of 15 Summit Members, April 2017
Field Teams and Technology

Survey Findings: Comfort and Use

QUESTION:
How comfortable would you say your field-based medical teams are using technology (e.g., iPads, apps, remote access to modules, CRM systems, etc.) to engage with customers? (Please rate on a scale 1-5, where 1 = not at all and 5 = very comfortable)

Source: EU MA Leadership Summit Survey of 15 Summit Members, April 2017
Astatine is the rarest of elements. Some Medical Affairs leaders say that about a good Medical Director or Medical Information Manager. Californium (no kidding) is the most expensive element at $27 million per gram—kind of like a Bay Area VP of Medical. Francium is the most unstable element, i.e., it is hard to retain. During our summits across all three geographies, the topics of attracting and retaining Medical Affairs talent was a very common one. So, if you think your Medical Affairs talent is best described as hydrogen (most common), sulfur (least expensive) and xenon (most stable) well, that’s just not elementary. The truth is, talent management is proving to be more complex than organic chemistry—and we need to focus on finding solutions.

Click here for more information about retaining MA talent in the APAC region

Click here for more information about the biggest threats regarding MA talent retention

Click here for more information about partnering with Human Resources

Click here for more information about retaining talent in the EU

Click here for more information about what MA talent is necessary to keep pace with MA evolution

Click here for more information about retaining talent in the U.S.
Finding and Retaining Qualified MA Personnel

Survey Findings: The Most Significant Pain Point for MA Organizations

**QUESTION:**
To what extent do you agree or disagree with the following statements?

- Finding and retaining qualified medical personnel puts a strain on my organization
- My medical organization is significantly under-resourced; MA personnel are “stretched too thin”
- Budget is a primary constraint impacting what projects and activities my medical organization can be involved in

Source: APAC MA Leadership Summit Survey of 16 Summit Members, February 2016
Biggest Threats to Losing Key Medical Affairs Individuals

Survey Findings: Frustration with Compliance Environment Leads the List

QUESTION:
In considering your talent retention situation, what do you consider the three biggest threats to losing key Medical Affairs individuals?

Source: APAC MA Leadership Summit Survey of 16 Summit Members, February 2016
Resourcing/Talent Management

Survey Findings: Recruiting Medical Affairs Candidates

**QUESTION:**
How well does the HR recruiting function do in identifying Medical Affairs candidates?

- **38%**
  “They have a clear understanding of the skill sets required and are excellent partners.”

- **54%**
  “They need constant guidance in identifying candidates.”

- **8%**
  “They need limited consultation with MA, but generally are good in identifying candidates.”

Source: APAC MA Leadership Summit Survey of 16 Summit Members, February 2016
Resourcing/Talent Management

Survey Findings: Key Resources and Talent Issues

QUESTION:
To what extent do you agree or disagree with the following statements?

- Finding and retaining qualified MA personnel puts a strain on my organization: 25% Strongly Agree, 50% Agree, 23% Neutral, 25% Disagree
- Budget is a primary constraint impacting what projects and activities my MA organization can be involved in: 23% Strongly Agree, 23% Agree, 23% Neutral, 31% Disagree
- Spreading MA personnel “too thin” over multiple activities and responsibilities is a major barrier to retaining personnel: 17% Strongly Agree, 58% Agree, 8% Neutral, 17% Disagree
- Lack of a defined career path is a major barrier to retaining personnel: 15% Strongly Agree, 38% Agree, 16% Neutral, 31% Disagree
- Being disconnected from patient care is a major barrier to retaining personnel: 23% Strongly Agree, 62% Agree, 15% Neutral, 0% Disagree

Source: EU MA Leadership Summit Survey of 13 Summit Members, April 2015
Talent Retention/Development

Survey Findings: The Current State with MA

**QUESTION:**
*In your opinion, what function-specific and unique skill sets/competencies are needed to address the evolving role of MA?*

### Key Function-Specific Competencies Required for Role of Evolving Medical Affairs

<table>
<thead>
<tr>
<th>Competency</th>
<th>% Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy and operations</td>
<td>73%</td>
</tr>
<tr>
<td>Medical leadership (medical directors, etc.)</td>
<td>67%</td>
</tr>
<tr>
<td>Field medical teams</td>
<td>53%</td>
</tr>
<tr>
<td>Medical education and communications</td>
<td>53%</td>
</tr>
<tr>
<td>Publications</td>
<td>33%</td>
</tr>
<tr>
<td>Medical information</td>
<td>33%</td>
</tr>
<tr>
<td>Medical research</td>
<td>20%</td>
</tr>
<tr>
<td>Other (please specify*)</td>
<td>7%</td>
</tr>
</tbody>
</table>

*Strategic planning
Source: U.S. MA Leadership Summit Survey of 19 Summit Members, September 2014
Talent Retention/Development

Survey Findings: The Current State With MA

**QUESTION:**
In considering your talent retention situation, what do you consider the three biggest threats to losing key MA individuals?

Threats for Talent Retention

- **Lack of a defined career path**: 79%
- **Overwhelming workload** (i.e., lack of work/life balance): 64%
- **Other (please specify*)**: 36%
- **Lack of scientific/clinical aspects of the job**: 36%
- **Lack of interest in pipeline**: 14%

*Competitive recruiting; new competitor companies vying for a small therapeutic area; shift in therapeutic focus of pipeline

Source: U.S. MA Leadership Summit Survey of 19 Summit Members, September 2014
The establishment and success of the phactMI™ Web portal signals that the medical information function is also undergoing a transformation. A consortium of 26 member companies, phactMI™ has the overarching goal of bringing medical information transparency to the healthcare community. In addition to making it easier to access medical information across companies, phactMI is also generating awareness about the value of medical information from the pharmaceutical industry. Although not a specific topic during our summits to date, medical information is routinely the topic of conversation during discussions about evidence dissemination, field medical teams, organizational design and talent management.

Click here to visit
www.phactmi.org
Medical Affairs Vision 10/10 represents both a point of view and supporting industry survey data focused on key areas of Medical Affairs transformation.

Medical Affairs transformation is more than an academic exercise. True transformation requires both a vision and a practical approach to implementation. Each Medical Affairs organization will transform differently, with consideration given to company culture, business priorities and organizational readiness. Syneos Health Consulting has a strong track record of partnering with Medical Affairs teams to design and implement every aspect of Medical Affairs transformation.

For more information on how our Medical Consulting team is partnering with Medical Affairs leaders to move Medical Affairs transformation forward, please contact:

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About Us

About Syneos Health
Syneos Health™ (Nasdaq:SYNH) is the only fully integrated biopharmaceutical solutions organization. Our company, including a Contract Research Organization (CRO) and Contract Commercial Organization (CCO), is purpose-built to accelerate customer performance to address modern market realities. Created through the merger of two industry leading companies – INC Research and inVentiv Health – we bring together more than 21,000 clinical and commercial minds with the ability to support customers in more than 110 countries. Together we share insights, use the latest technologies and apply advanced business practices to speed our customers’ delivery of important therapies to patients. To learn more about how we are shortening the distance from lab to life™ visit SyneosHealth.com.

About the Medical Practice Area
Our Medical Practice Area helps clients evolve their medical organization in a manner that provides ongoing value to internal and external stakeholders. Our focused medical industry expertise, thought leadership and dedication to seeing projects through completion gives us unrivaled capabilities across all therapeutic areas. As the leader in Medical Affairs consulting, we are unmatched in our commitment to providing leading-edge strategies, both organizationally and in support of a therapeutic area, drug class or specific product. Additionally, our Clinical Development capabilities guide clients in developing, optimizing and aligning product development processes at the local, regional and global level. An intimate understanding of the role of Medical Affairs as a key partner with Clinical Development and Commercial functions allows us to help clients reach a new level of alignment and integration, thereby increasing competitiveness in the marketplace.