

MEDICAL-COMMERCIAL
COLLABORATING TO WIN IN THE
DIGITAL ERA



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Executive summary

Rapidly reinventing itself for a digital-first world in which remote engagement is the norm, the life sciences industry is racing to improve the value it adds for healthcare providers (HCPs).

Their needs have changed dramatically. Increasingly, HCPs learn, ask questions and share insights via their smartphones. Time-pressed, they seek more value from meetings. They expect convenience, rapid responses and engagement on their terms. They want a seamless experience regardless of which part of an organization they are dealing with.

The imperative is clear for life sciences functions to collaborate to a far greater degree.

The nature of the trends and challenges they are contending with are outlined in our global survey of more than 1,000 senior professionals working mostly in pharma (46%) with the rest working in biotech (12%), medtech/device (4%) or consumer health companies (2%).

This report explores the survey findings in detail, analyzing them with life sciences professionals who are in the midst of shaping new strategies and tactics of reinvention for the digital age.

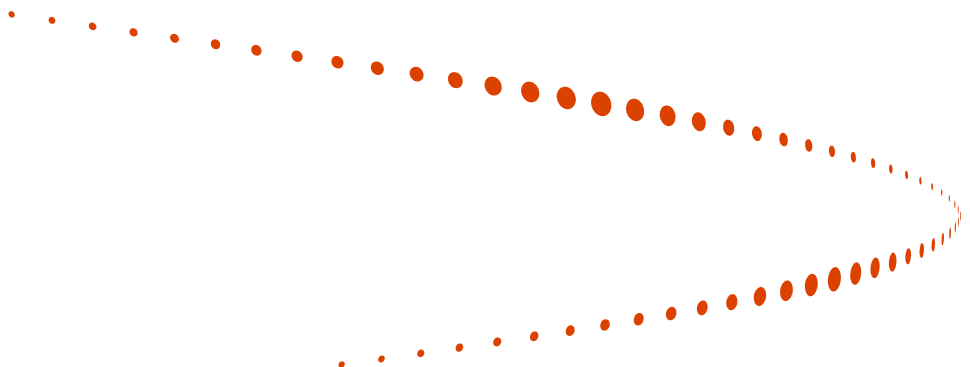
The industry is clearly making rapid progress and investing in areas including digital capabilities, medical education and medical congresses. It is also re-examining approaches in key areas, such as content, launches and field engagement strategy.

But it is also bumping up against challenges. Geographically-based compliance rules make less sense in the borderless lands of digital. Territoriality inside the organization is an additional problem. It can stymie efforts to cooperate, especially where internal objectives are not aligned. And in a world where sharing insights internally is more important than ever, the technology to do so is usually found wanting.

Life sciences businesses must also contend with a high degree of uncertainty. To what extent will the post-pandemic emergence lead to a return to old ways of working? How different will the role of the Commercial field force be in a year? Three years?

Despite the lack of clarity here, the opportunity is evident. The industry can leverage digital to deliver targeted content at scale, to expand geographical reach and to engage deeply and meaningfully by sharing insights into HCP needs, and then analyzing and responding to them to greater effect.

As this report shows, the pioneers are starting to lay the path to success in a changed world.



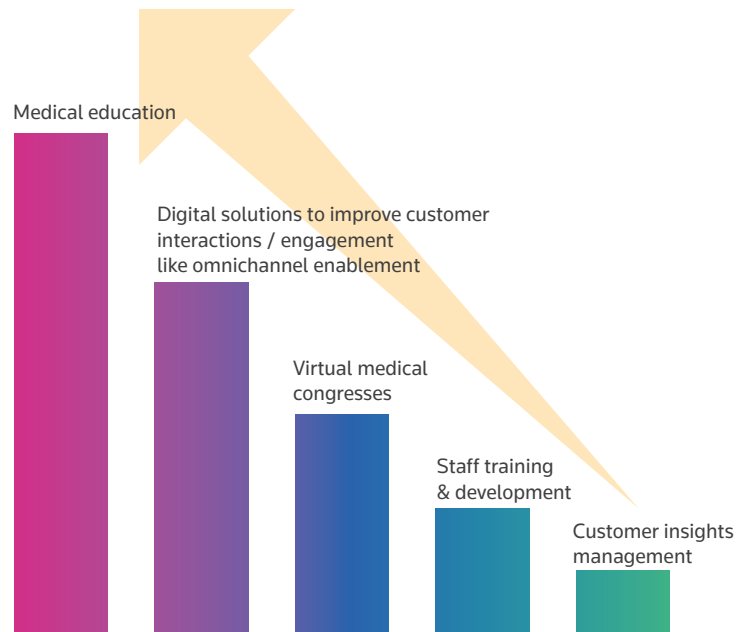
Introduction

Our survey paints a picture of an industry rapidly learning to serve HCP needs better in a digital setting and investing accordingly.

It also recognizes the need for the different functions to work together to provide a better response to HCP enquiries and to be even more responsive to their educational and informational needs.

The overwhelmingly majority (95%) of respondents agree that greater collaboration is beneficial and, as we will outline, most predict that deeper and broader collaboration is coming.

Before exploring the nature of this collaboration in more detail, we outline some of the overarching trends that put the need for deeper collaboration into context.

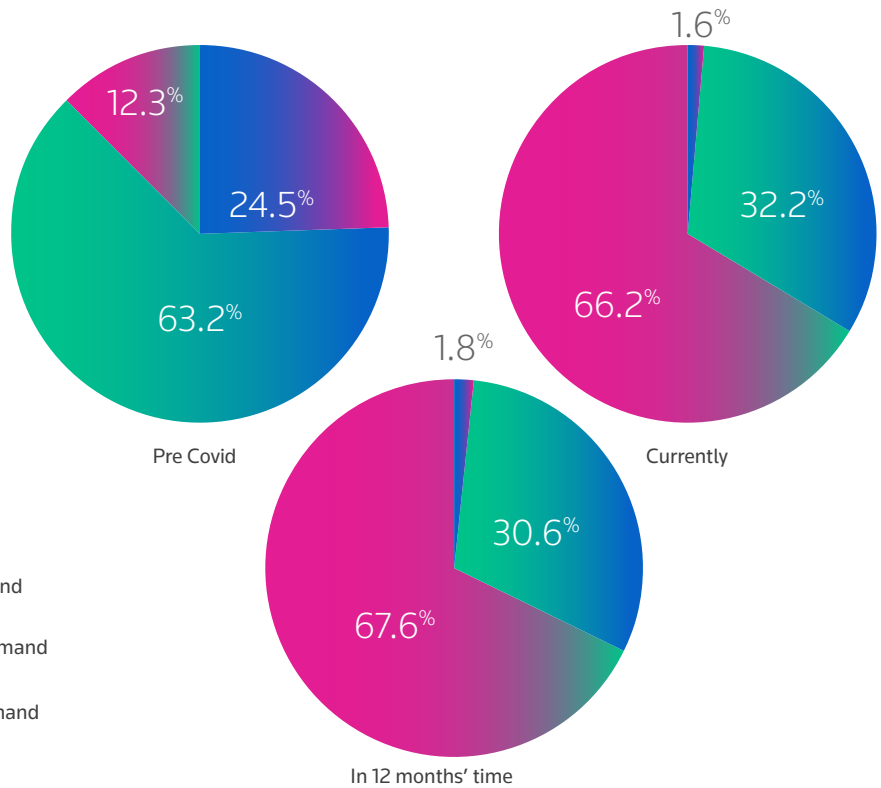


Rank where medical affairs investment is going in 2021



Key trends

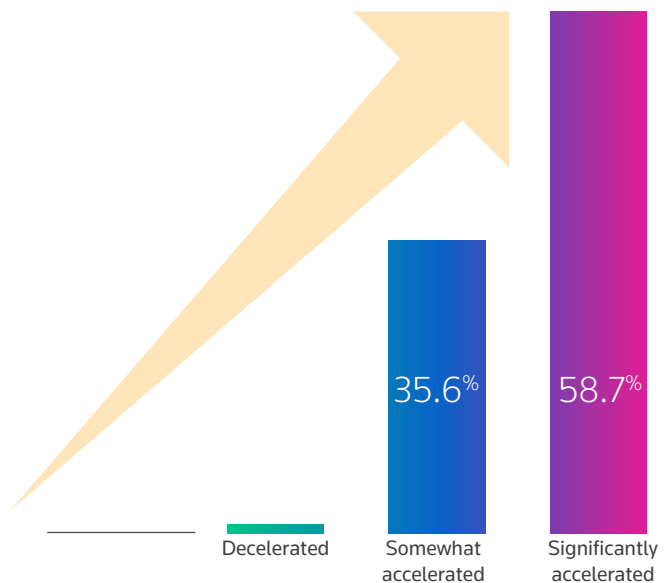
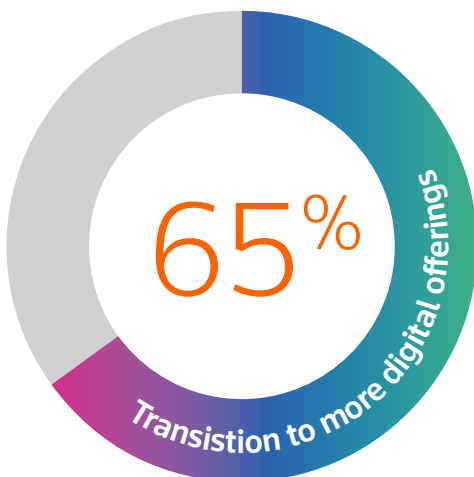
Digital-first engagement is gathering pace – Unsurprisingly, the survey reveals that customer demand for more digital engagement soared during the pandemic and will continue to be high over the next year. The vast majority of respondents expect the pace of acceleration to continue over the next one to three years somewhat or significantly. Life sciences businesses expect their own digitization efforts to accelerate in response.



How has the demand for digital engagement from your customers changed? And what do you predict for the future?

Also unsurprisingly, providing more digital offerings is a leading strategic priority across the board for Sales, Marketing and Medical Affairs respondents. In fact, it is chosen as the most common priority, by 65% of respondents, closely followed by the need to improve the customer experience (64%).

But the race to adapt to a digital world is not a straightforward one. A significant minority do not have faith in their ability to deliver excellent customer experience digitally. Almost a third are not confident about or don't know if they are delivering excellent customer experiences. Only 17% are very confident in this regard.



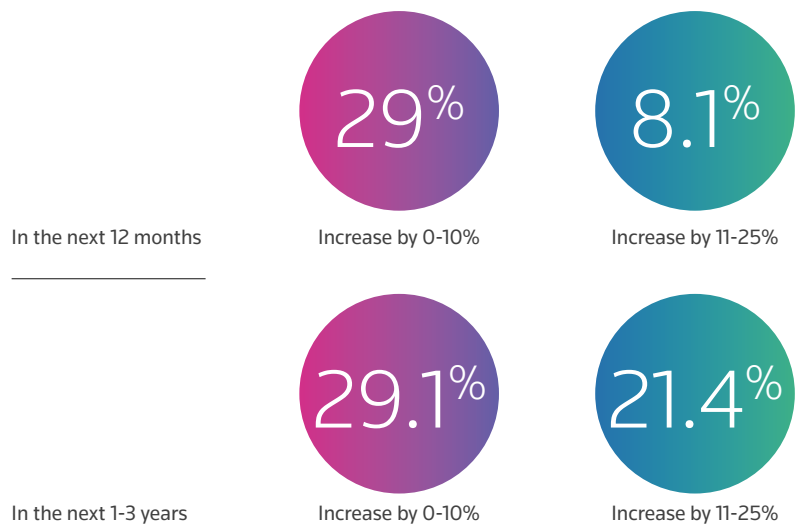
How do you see your digitization efforts changing over the next 1-3 years?

Investing in the customer experience is a priority

Companies clearly see the need to transform the customer experience (their second most pressing strategic priority) and 39% cite more collaboration as the most important means of achieving this. They also see collaboration as a means to better customer understanding and thus better internal decision making.

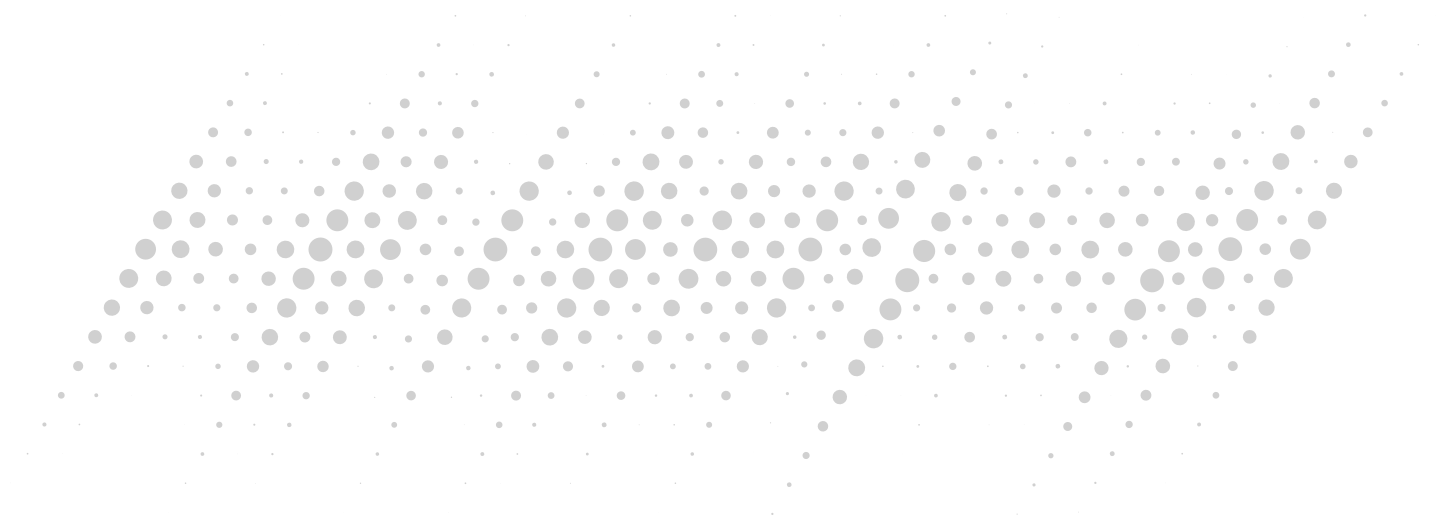


Medical's rise continues – Another clear trend is the rising importance of Medical Affairs as a function. HCPs are asking more of MSLs and the survey shows a general expectation that there will be more Medical Affairs representation at a board level and more funding for medical capability building over the next year. MSL headcount is also expected to increase, in contrast with Sales field force numbers, which are expected to remain relatively static or fall slightly.



How do you anticipate your company's MSL headcount to change?

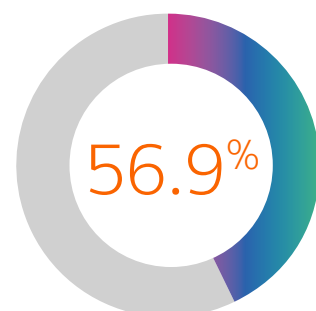
Clearly customers are now looking more to Medical Affairs than to Commercial, and perhaps surprisingly in the light of this, the survey revealed that the expectation is that there will either be no decrease or only slight decreases to sales force headcount in both the next year and within three years. This is at odds with the industry analysts' predictions of widespread restructuring across commercial teams as organizations adjust to doing business in a post-pandemic market and cuts that have already been announced to rep numbers in some companies.



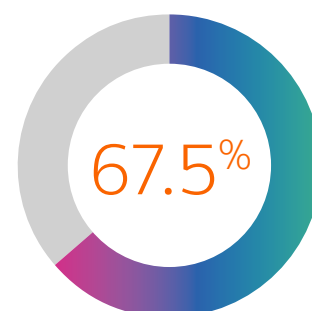
New engagement dynamics, new collaborations

As already discussed, the survey reveals an industry that overwhelmingly sees deeper collaboration as desirable. It offers a number of benefits including the opportunity to create more valuable customer content, better responsiveness to HCPs and more personalized engagement.

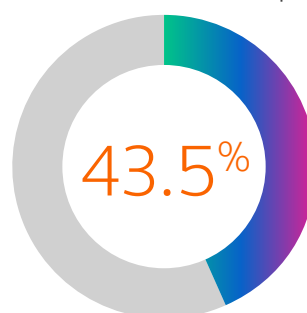
There is a high degree of existing and planned collaboration in the coming year relating to content creation, medical education and launch planning, but less so when it comes to areas such as insights management and field strategy planning.



More valuable content for customers



Responding to changing HCP needs



Increase in personalized engagement

What are the drivers behind increased collaboration?

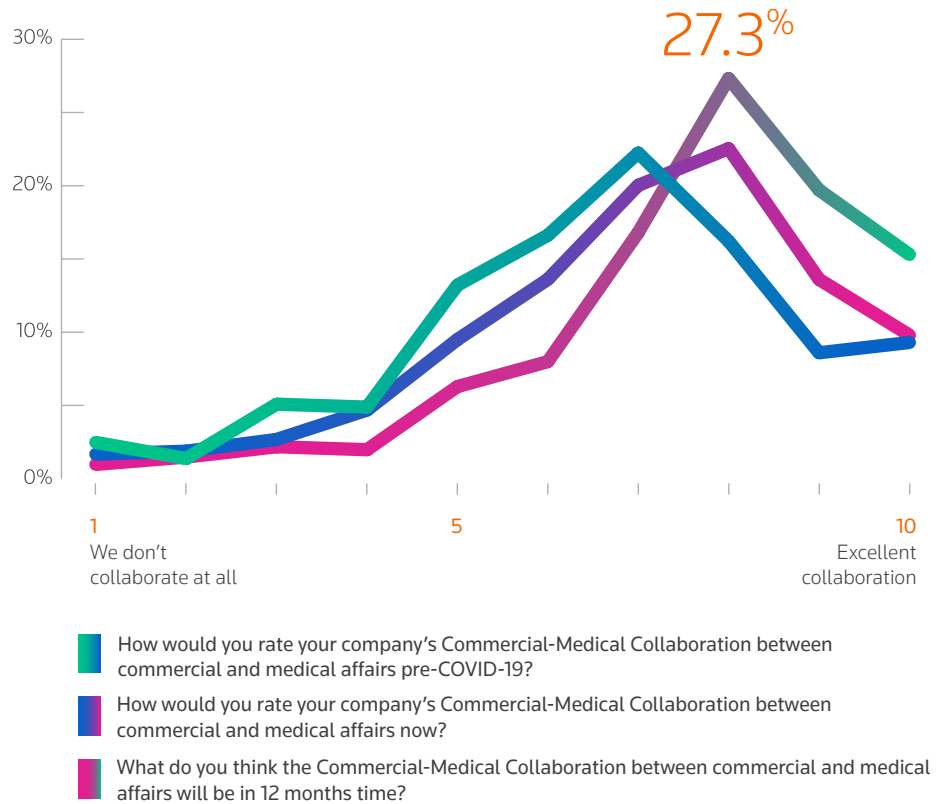
In my organization, commercial and medical affairs collaboration happens in the following areas:

	Not at all	Extensively
Content creation	11.9%	39.5%
Medical education	13.1%	46.9%
Key account management	23.5%	19.6%
Launch planning / go-to-market strategy	7.5%	51.4%
Insights management	16.9%	24.9%
Commercial strategy	24.6%	24.4%
Field strategy planning	33.2%	15.4%
None of the above	77.2%	4.1%

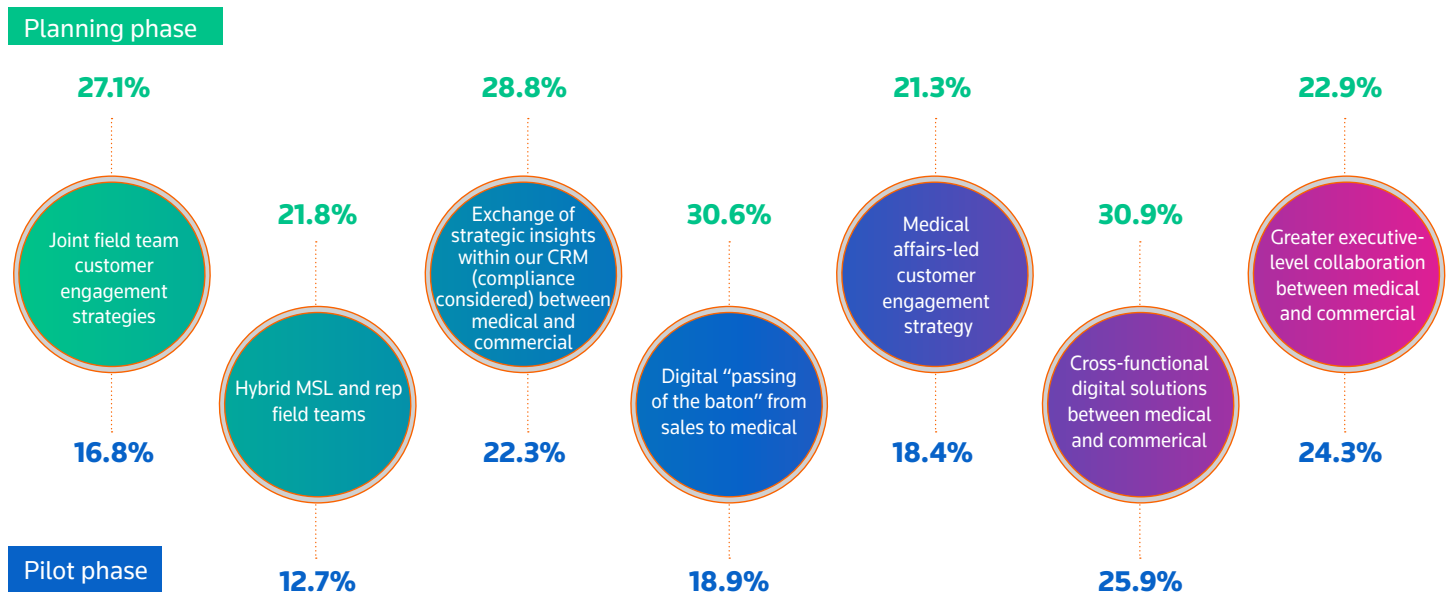
Collaboration has been increasing and more is planned across the board in the next year –The survey reveals a clear increase from before the pandemic to today and an expectation of further collaboration to come.

More than half of respondents in both the commercial and the medical functions expect more collaboration across key initiative areas over the next year, including content creation, medical education, launch planning and insights management.

A range of collaborative efforts are underway either in the planning or the pilot phase including in joint field team engagement strategies, hybrid MSL/ commercial field teams, exchange of CRM insights, a cross-functional approach to digital solutions and greater collaboration at the executive level between Medical and Commercial. These are all issues also mentioned by the leaders interviewed for this report.



The collaborative culture between commercial and medical affairs in your organization



How will the following exist in your organization in the next 12 months?

"The need to coordinate internally has never been greater," says Terri Phillips, M.D., Chief Medical Affairs Officer, Merz Aesthetics. "The challenge we have always faced is coordinating our customer activities globally and that challenge has become increasingly urgent. We must have our act together so that the customer has a seamless interaction."

"If I am a customer ordering a product and then I have an off-label question that needs to go to Medical Information, the company should be able to immediately transfer my request over to the right place."

While differing global regulatory regimes make such a process difficult to realize in its entirety, with one-size-fits-all solutions all but impossible, technology can help realize some of the potential, says Phillips.

"It's a strong need now. We are launching a Global Medical Affairs, medical education platform. We have on-label training available through an enhanced digital platform, and have the opportunity to augment customer access to more advanced content upon request, in a seamless fashion," Phillips says. "Customers have limited time and information needs are immediate."

How AI could augment insights sharing

As shown above, most life sciences companies plan to share strategic insights on the CRM, or are already doing so. Merz Aesthetics is one such organization that is investing in technology to improve the insights it gathers across functions.

"Our vision is to aggregate the multiple information streams through which we receive daily customer insights, across the organization, and compliantly use that information in real time to provide customers with a bespoke solution to their requests," says Phillips. "Are they reporting concerns, information gaps? What are customers saying about us and our competitors? Then, ideally, we aggregate that data to look for small gems to help us pivot as quickly as possible."

Phillips sees an opportunity to enhance such insights sharing with

advanced analytical tools.

"There has to be a use of AI for this. You have to be able to utilize predictive analytics and better understand customer needs, based on the systems they have clicked into and the questions they want answered. We have the opportunity to improve integration and analysis of information coming into the CRM from MSLs on a global basis."

AI is an area of particular interest for its potential to help pick up apparently minor pieces of information to help build early insights into emerging trends, Phillips says. "We want to connect the dots and anticipate the next best action."

To this end, Merz is planning to enhance its Medical Affairs data analytics and predictive modeling capability, hiring for this specific skill set within the function.

"If I am a customer ordering a product and then I have an off-label question that needs to go to Medical Information, the company should be able to immediately transfer my request over to the right place."

Terri Phillips, M.D., Chief Medical Affairs Officer, Merz Aesthetics

The roadblocks to deeper collaboration

Despite the benefits of wider collaboration, the life sciences industry is contending with regulatory and organizational impediments including a need to get buy-in from Commercial and Medical leaders. IT capability gaps are another challenge.

Compliance rules are not fit for a borderless, digital-first world – As shown below, all functions identify regulatory constraints as the chief barrier to deeper collaboration.

The extent and nature of any collaborations between Medical and Commercial has historically been bounded by the local regulatory landscape. In some countries the Commercial field team and MSLs are permitted to liaise in certain ways

directly to serve HCPs in a manner that is forbidden elsewhere.

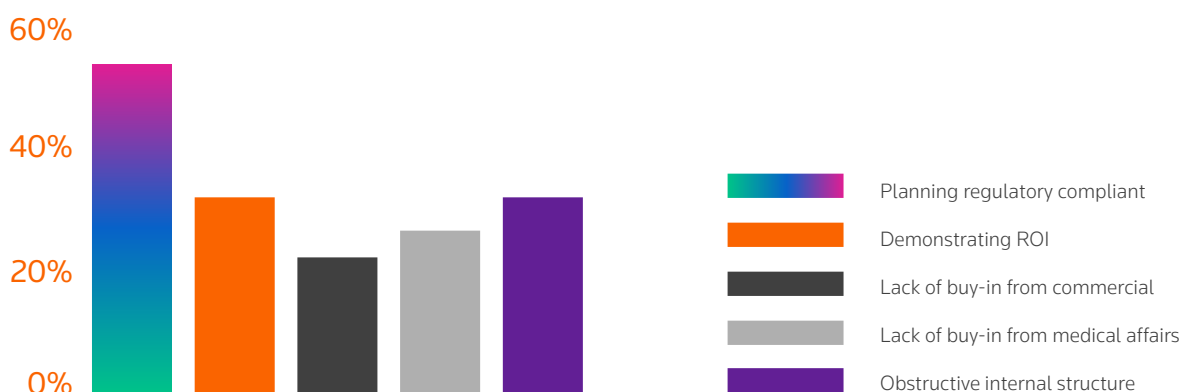
But in the digital-first era these boundaries are less clear, requiring a new approach from life sciences businesses and those who regulate them, says Luca Dezzani, Vice President, US Medical Affairs, Eisai US. “With everything going virtual from conferences to board meetings, which rules do we apply? The pandemic has made us reflect on some of these different rules and ask if it still make sense in 2021.

“When you think about global Medical organizations, one day you are speaking with a US KOL or an Asian one,” Dezzani says. “Does it make sense that we have different rules in different areas of the world?”

While compliance rules are very real, overcaution in the hand offs between functions that lead to multiple permissions and verifications being requested between different services is an attitude that life sciences businesses need to address, says Chris Wade, AVP Strategic Solutions, Exeevo. “Compliance is held up as a challenge but sometimes organisations need to be brave enough for their senior leadership to look at this for what it is. What level of risk are we prepared to take on? When drug companies are fined for wrong doing they are generally not being fined for trying to help someone but for playing fast and loose.”

“Compliance is held up as a challenge but sometimes organisations need to be brave enough for their senior leadership to look at this for what it is. What level of risk are we prepared to take on?”

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What are the current challenges to collaboration between medical affairs and commercial?

Misaligned internal objectives are holding back collaboration – The survey identifies misaligned objectives between functions as a significant concern that could prevent deeper cross-functional collaboration.

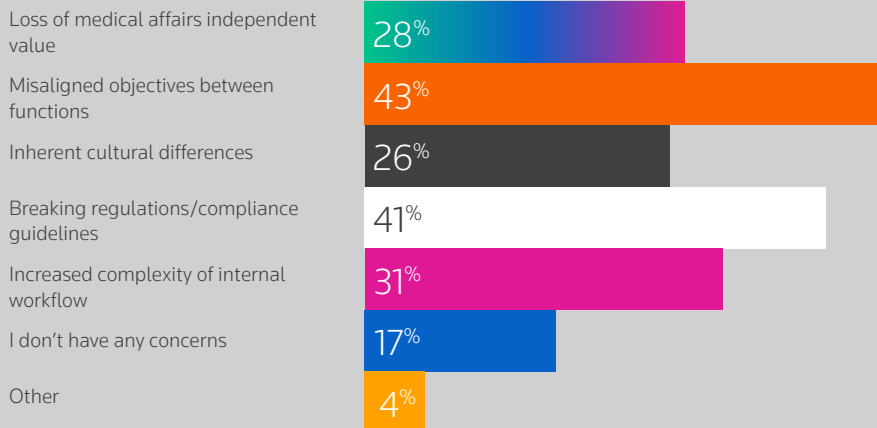
And as we have seen, a perceived lack of buy-in from Medical Affairs is the second most commonly cited barrier among Commercial functions.

The result can be confusion and lost opportunities to add value owing to a poor handoff between functions, says Michael Kavanaugh, Executive Director, Scientific Communications and Strategic Engagement, Boehringer Ingelheim Pharmaceuticals. “Right now the way Medical and Commercial interact is clunky. It can take days for feedback to be given and it can feel like you are submitting a request into a black hole.”

By looking at customer engagement through HCPs’ eyes it becomes clear that coordinating engagement should be an urgent task.

This is something companies should be addressing, says Jason Silverstone, Regional Medical Director, APAC, PTC Therapeutics. “There is a huge focus on how we facilitate customer needs and not bombarding HCPs with information. Ensuring that team members are adding value to the clinician during a visit is important and requires co-ordination between different teams to avoid similar discussions being had with the same clinician in close proximity to each other. Focusing on addressing customer needs will help companies to set themselves apart from their peers.”

What are your greatest concerns when it comes to commercial and medical affairs collaborating?



A lack of internal role clarity and multiple interfaces are preventing customer needs from being met

– The survey revealed internal obstructions as the third most commonly cited barrier to deeper cooperation. These can throw up practical barriers to greater collaboration, even for relatively simple processes.

A recent example is that during the pandemic it became harder to secure a real signature from an HCP, where for compliance reasons there is a formal transfer of a request from Commercial to Medical. This is leading to a drop in Medical Commercial referrals, says Zhen Su, SVP, Head of Global Oncology, EMD Serono. "The reps had major challenges obtaining the signature during the pandemic. They did not want the compliance risk and the SOP for attaining an e-signature was not in place, although this was resolved later on."

At a time when HCPs are more demanding of a faster pace and don't have the patience to wait for information on a topic, this is a problem.

There is clearly a need to rethink how Medical and Commercial interact to provide greater transparency of responsibilities, faster responses and a holistic, proactive approach to engagement rather than the historically reactive and provisional one, says Su. "We need to innovate and redesign the Commercial/Medical customer service component.

"Establishing greater role clarity is important too," says Phillips. "Who is accountable, who is consulted and informed, whether Marketing, Medical Affairs or R&D, and where is the ultimate service request fulfilled? Who has accountability to give this customer what they need?"

A related problem is the profusion of interfaces field teams need to engage with in order to get the information they want and which

prevent pharma companies from seeing these interactions in one place, says Silverstone. "Everywhere I have worked there are so many disparate systems – ten in Sales, one or two in Medical. We need a system that allows a firewall but allows you to see all the interactions in 360 degrees. We are some way off from that, but have no doubt that this will be solved sooner than later."

The comparably fragmented experience of HCPs when they engage with a single organization also needs to be fixed, says Phillips. "We have to behave as a single entity to the customer. That's even more important now because of the way we access information on our smartphones. It requires that we have really close alignment, despite all the regulatory limitations. We have to be customer-centric and that requires that we break down the silos that customers experience."

The pandemic exposed pharma's 'inside/out' culture, which is the very opposite of and even inimicable to digital's 'outside-in' nature, says Exeevo's Wade.

Fixing internal organisational collaboration challenges does not fix this customer experience challenge, says Wade. "You may be able to collaborate with sales or medical but you still may not really be thinking about what your customer is experiencing. The first instinct is to think about internal resources before thinking first about what the customer needs."

A fundamental shift is needed to reverse this and technology can help make it happen by enabling personalised responses to individual HCPs that are specific to their needs rather than generic responses, says Wade.

Starting with the end objective in mind - an outside/in approach that puts the customer experience first - will help set the course for appropriate actions for everyone internally, says Wade.

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Transforming engagement through collaboration: The way ahead

Done right, new collaborations will result in a better understanding of customer needs, a clear delineation of roles, new tasks and skills for the field force (many of them digital in nature), along with new ways to track and measure engagement online. There is also a willingness to re-examine compliance pathways in order to encourage greater Commercial/Medical collaboration.

Leadership and communication are key to ensuring a joined-up customer experience

– Life sciences leaders should be leading efforts to create a team approach in which everyone understands their role and those of others in meeting HCP needs.

"I believe strongly that medical team members need to be commercially astute and understand the strategy of the business," says Silverstone. "That allows you to maximise your input and to work well with your Commercial colleagues, but with separation and delineation of the functions."

Sending the most appropriate person or team to respond to a customer need should always be the answer, says Silverstone. "It may be based on knowledge, it may be based on experience or it may be based on relationship. If the salesperson or the MSL can have that discussion, and if you have the existing relationship and it is good for customer service and experience, then A takes it, not B."

For this to happen, Commercial and Medical need to understand each other well, he adds. "That, to me, is Nirvana, where you have a medic who is commercially astute and a Commercial person who understands the place of the data and the scientific discussion."

The relationship between the two functions should be synergistic. "If you can bring in your medical partner to get an answer, do so, and in turn the medical team passes it on when appropriate."

Customer experience teams will ideally work together, across functions, to provide that optimal experience, Silverstone adds. "Whether it is Medical or Commercial is the last piece of the puzzle.

"Territorialism, where people dig their heels in or want to stamp their authority on a situation, is a lose-lose situation. That's where it falls on the leaders who set the tone of 'one team, one intended outcome'."

Communication underpins everything, adds Silverstone. "Trust and good communication is the recipe for resolving most problems. Are we serving the patients? Are we serving the doctors? Are we addressing their needs? It is incredible the harmonious rhythm you can find with that approach."

The way rare disease therapy providers already operate, with less distinction between Sales and Medical but instead a customer service and patient service model, may offer some ideas about how the relationships between Medical and Commercial might evolve in the wider life sciences world, says Su. "There the boundaries can be less clear cut and better tailored to HCPs' needs."

Going deeper into digital – Overcoming the challenges of the new engagement context will mean adapting to the new possibilities in digital. This is becoming even more pressing given the growing digital-first preferences of a younger generation of millennial physicians. A deeper embrace of the possibilities of digital includes developing relationships with Digital Opinion Leaders (DOLs), embracing social media more fully and creating new digital MSL roles.

The constraints on face-to-face meetings and on medical congresses have further accelerated the rise of DOLs, to whom more HCPs are turning for insights and knowledge. DOLs' power has magnified since the pandemic. No longer focusing their efforts on communicating with large audiences at physical events, such as medical congresses, now they are creating more digital content either on their own or in concert with pharma partners.

By aligning more with this new generation of HCP opinion leaders, life sciences businesses can continue to engage and do so at scale while also observing clear compliance boundaries. "A lot of medical training is being done digitally. We empower our customers as authors and researchers," says Phillips. "When they publish their literature, we increasingly consider how we can support them in getting their message out on social media?"

This approach offers a way to meet many of the new engagement imperatives, adds Phillips. "Our customers are beginning their own digital education channels and they are doing it in bite-sized chunks and offering the chance to engage with them in chat functions. You are almost in their office with their patients."

Partly in response to the digital-first engagement realities that now prevail, another emerging approach is to create specialized MSLs to serve digital HCP needs.

The extent of the transition in how HCPs wish to engage with pharma and the manner in which they are now consuming information, has induced AstraZeneca to establish discrete Digital MSL roles. "This is not just a physical MSL doing digital," says Alex Bedenkov, AstraZeneca VP Medical, International. "It is using AI, analytics and chatbots to supply and provide HCPs with additional instruments and tools to ensure the best possible patient outcomes."

Medical Affairs will also need to devote more time and attention to social media in general, says Dezzani. "Most Q&As are happening on Twitter. If you're not doing social listening you're losing fresh insights into things like disease states. Instagram is also growing.

"With social media we do more than listening. We also do medical education, like CME on Twitter, and the number and metrics we see are mind-blowing if we compare that to traditional symposia where you may only have 100 or 200 people.

"Now with Twitter we see thousands of physicians. It is convenient and quick. You can take a Twitter CME in half an hour and go through the whole thing or you can do it through the week every time you have five minutes," says Dezzani.

The ease of offering CME via social media is just one example of how well digital can scale to serve wide cohorts of HCPs and with relatively modest resources. It is an approach that requires a new mindset, says Wade. "If it's digital first, the expectation is that my customer can find what they want without having to be guided to it by a rep.

"Yet lots of organizations still have that call-to-action mindset using reps as the guidance system, maybe sending emails to a customer with links to prompt them. That makes sense for high-value customers but what about the other 80%? Maybe they get a newsletter or ask Medical Affairs when they have question, but there's no follow up to those engagements."

A digital-first approach enables a company to address this large customer cohort, says Wade. "They still haven't grasped the nettle and faced up to the reality that customers want a different way of doing business. Chunks of the market still have nobody actively working with them from a sales point of view so everything falls back on their marketing activity or the medical team."

"Lots of organizations still have that call-to-action mindset using reps as the guidance system, maybe sending emails to a customer with links to prompt them. That makes sense for high-value customers but what about the other 80%?"

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Reimagining the role of the field force

– Several of the leaders we interviewed for this report agree that HCPs now prioritize MSL meetings over commercial field team meetings. “In 2020, there were instances where the response rate for commercial colleagues who tried to reach out to doctors was 5%. I had a 60% response rate with the same doctors,” says Silverstone.

“An experienced rep who knows their stuff can occupy that same role. In primary care especially that is more common. Your high-science reps want that depth of discussion. Medics look forward to reps who know their stuff. Expectations of MSL knowledge is high, so MSLs need to be able to distill the data in meaningful ways to the clinician. Being underprepared or not across the data is not an option.”

But simply swapping rep engagements for MSL ones on a like-for-like basis is not the way to meet HCP needs in these new circumstances, says Kavanaugh. “The wrong answer would be to increase the size of the Medical field team and then go with a frequency [of face-to-face engagements] model like sales reps. The role of the Medical field team is something you have to make sure stays focused on scientific exchange.”

The focus here should be improving the quality of relationships, adds Kavanaugh. “This gives us the opportunity to get feedback on a new post-congress for example. You talk virtually to experts and you build good relationships without getting on planes to see them.”

The new engagement realities also has implications for the role of Commercial field team members, who find themselves in a new context. “It is a new job now,” says Dmitry Schourov, France Lead, Biopharma Operations, Pfizer Biopharmaceuticals Group. “It is not the one they were hired for years ago. It is much more complex. The rep’s role will be as an orchestrator of multiple messages coming to the HCP through the omnichannel approach. This is the go-to-market change model which is happening.”

The role of the rep from here on in will be to be able to operate across the entire communication infrastructure within multiple channels, such as rep-triggered email and other virtual communications, and to see, via the CRM, how they are interlinked, adds Schourov. “They are being asked to digitally present, to prepare and send follow-up emails, schedule next calls, provide relevant tailored content and feed the CRM with relevant updates that define a particular HCP’s ‘persona’ and that segments them appropriately.

“It is a challenge because it requires a number of capabilities, with many jobs being done by one person. It requires a lot of changes which are painful and not easily handled by the sales force.”

Implementing AI can help here, says Schourov. “Increasingly, they will also be directed by the AI component, which will already have synthesized all the information requests an HCP has made and the communications and media they have already engaged with, and will direct them to take the corresponding next best action.”

There is clearly a job for AI tools to facilitate the Commercial field team in making more effective actions, says Chetak Buaria, Global Head of Commercial Excellence, EMD Serono. But this can also work the other way around with the Commercial field team training the AI. “For me, the mind of a smart rep is the best personalization, and the smartest AI engine anyone could think of,” says Buaria.

“Part of their job is to assimilate all sorts of data points to create the experience for the customer that we are all aspiring for. The job of AI is how you can pull out some of the thinking that is going on in your smartest reps to convert into an algorithm that can help uplift the rest of your reps.”

Finally, some tasks that are not deep scientific ones, such as helping an HCP with reimbursement questions, for example, might be handled by a new category of customer service role that operates like a knowledge hub or like Apple’s ‘Genius’ product experts in its retail stores. “This could mean a smaller MSL field force with many HCP needs served digitally,” says Su.

Upskilling and training are needed for deeper collaboration – Both functions need to plug skills and knowledge gaps to meet the new demands of HCPs for deeper product knowledge and better digital engagement.

Medical's lagging digital capabilities need to be addressed rapidly. "It has been forced on us, but it is not an area where Medical had its arms wide open," says Silverstone. "There is a lot of dependence on the IT teams."

Medical has much to do to cultivate a 360-degree, aerial view of the customer here, he adds. "Setting up the metrics and engaging pre-, during and post meetings with clinicians is not Medical's bread and butter by any means. I think Medical has to work more closely with the digital teams. There is a need to redefine metrics, to have systems that are able to keep up with the changes and measure initiatives and the impact and pull-through thereof."

Hiring for the mindset needed to innovate and work in an uncertain and fast evolving engagement context is also important, says Kavanaugh. "We need people who are comfortable trying new things and failing, who can think creatively about what our audience wants in order to understand the information they are seeking. I want someone prepared to go into the role and to change the role by finding ways to make it better."

Sales teams also need to upskill, says Phillips. "There will need to be more depth to the sales force and they will have to be able to engage as deep and as wide as your entry level MSL on the product science, and the handoffs should be for the complexities around the product or advanced clinical applications."

Marketing teams also urgently need to recruit for new skill sets and for greater numbers too, in order to carry out the many tasks and roles suddenly being asked of them, says Schourov. "There is

a need to upskill the existing teams, to make them think and work differently. It requires a comprehensive change management program across the organization."

Enhanced content for digital consumption is now a priority across functions – Digital content and digital engagement, heavily skewed to the Commercial side before the pandemic, now must be urgently adapted to suit the new context.

"Before COVID there was no need to have mass engagement on the Medical side," says Silverstone. "That is a big change. There is a great opportunity if Medical can embrace that, and not in a way that pushes Commercial down. It is adding value and building a relationship with the customer."

The content challenge is vast and pharma has barely begun to address it, says Schourov. Marketers used to producing mass-targeted content for face-to-face presentations now need a range of different communications from short, attention-grabbing marketing messages to rep-triggered emails with more interactive elements.

Each call will now have a specific context and requirement. Segmentation is therefore essential and dynamic collaboration has to happen between Sales and Marketing in order to achieve proper up-to-date and relevant messaging to the different segments.

These new content demands require a new approach to hiring in Medical, says Kavanaugh. "Whereas the emphasis used to be on hiring content folk with a decade of experience in publications, now it is as much about their ability to translate scientific knowledge into dynamic new forms of content, such as infographics, audio and video for 'smart' posters, as well as plain language summaries that are easier for primary care doctors and patients to understand."

"There is a need to upskill the existing teams, to make them think and work differently. It requires a comprehensive change management program across the organization."

Dmitry Schourov, France Lead,
Biopharma Operations,
Pfizer Biopharmaceuticals Group

Technology is an enabler of collaboration – There's a clear need to invest in technology that helps harness the knowledge and expertise of individuals across an organization, making the data accessible to others so that they can quickly gather insights and act, says Matt O'Donnell, Microsoft Us Life Sciences Industry Executive. "Specific areas to consider are knowledge graphs and semantic search that are both powered by advanced artificial intelligence."

Artificial intelligence is an enabling technology that simulates human cognition and empowers individuals on multiple fronts, says O'Donnell. "Concrete examples of applied AI are to help individuals find subject matter experts, identify relevant medical publications, predict areas of interest for a HCP, Bots to enable intelligent self-service, and suggest best next action based on historical successes."

“We are putting together digital offerings that are more bite-sized and snackable, like podcasts, information on the go”

Terri Phillips, M.D., FAAP, Chief Medical Affairs Officer, Merz Aesthetics

Following a needs assessment that Merz undertook early in the pandemic, it has embarked on an extensive content program. “We are launching a much more sophisticated medical digital education offering,” says Phillips.

“We are putting together digital offerings that are more bite-sized and snackable, like podcasts, information on the go. We are trying to condense insightful lessons in very short snippets.

We want to expose customers to as much content as they desire and make it possible to listen in their car or on the plane. We are trying to meet them where they are.

“We have to get our data out digitally. You can’t rely on print journals alone. We have to find a way to get information onto their smartphones. We are trying to enable one-touch access on smartphones in a way that is compliant with prevailing regulatory guidance.”

Some content is even now going beyond the smartphone and into the augmented and virtual reality realms. For example, VR is a significant emerging area requiring investment, says Phillips. “We have a VR tool for sophisticated injections of neurotoxins for patients who have post-stroke spasticity. VR is a huge platform for learning. We need to expand it and do more of it.”

New objectives, new metrics are required

– new ways of working will demand new goals to be set and new ways to measure success for both Commercial and Medical field roles. “What used to be measured is now different for both. It is all about the digital engagement and occasional face-to-face,” says Silverstone. “A premium on good use of time applies.”

Cultivating flexible, adaptable salespeople willing to get a need addressed is the way forward. “Someone who is willing to unpack the customer need and make the assessment of who is best placed to respond to this enquiry, seeing it through customers’ eyes. Have we addressed their needs and helped them care for their patients? Will they want to engage with us again?”

“The distinction of ‘I have to make that sale’ ‘is not in keeping with the way things are moving. If the clinician’s questions are answered and he/she deem the product to be best suited for the patient, the sale goes to the commercial person anyway,” says Silverstone.

“A commercial person setting up a call and introducing a medical colleague to continue the conversation to make good use of the physician’s time is perfect. In the Zoom world I am not sure that is happening but it is auditable and possible. You can do it compliantly, but it is not well established. It is not yet ‘best practice’, it is a ‘next practice’ we need to evolve.”

New metrics for assessing digital engagement are needed too, he adds. “The whole notion of needing to see this many clinicians per month and measuring that may need to change toward what different touch points you have, whether a phone call or a Zoom interaction. Things like duration of interaction, what kind of follow ups, and other objectives like pull through. Did they talk about that upcoming event? Did that clinician register? Did they attend? Has it impacted the way they practice and improved patient care?”

Conclusion

The change in the way HCPs engage is clear, and so is the industry's recognition of the importance of collaboration.

However, the evidence of the industry's readiness to make the profound changes needed is less apparent. Almost half (43%) of the survey respondents describe their organization as either risk averse or conservative.

This suggests that uncertainty about the near future is holding many back from making definitive moves when it comes to committing sufficiently to a digital-first future that entails a far deeper commitment to collaboration than the old engagement paradigm.

"Right now the biggest challenge is that a lot of organizations are in wait-and-see mode," says Su. "They think that the world will return to its previous setting. They see in-person as important and too risky to give up. Pharma has a habit of following, to see who has the magic recipe. They want to wait and see rather than going through another revolution."

This is an understandable reflex, that might be explained by the fact that companies crave certainty that they are doing the right thing rather than simply being down to a fear of change.

Nonetheless, waiting for certainty before adapting a new engagement approach carries its own risk. The extent of the shift in the engagement and launch landscape should be apparent as the world emerges from the pandemic.

The challenge is more urgent than some in the industry admit, says Wade. "There is an assumption of a return to business as usual. There is a mentality that they can ride out a year or two of disruption - delayed launches or failed trials - but externally people are saying the industry will be hacked to pieces."

Su agrees that betting on a return to pre-pandemic practices is fraught with risk. "Right now many Commercial teams think this will go back to normal," says Su, "but with a live-or-die crisis, everyone has to change. The leadership will be under pressure. One year's delay means one year less topline. The executive management level definitely see this as an urgent activity. They need people with experience on both sides that know how to jointly redesign it holistically."

Success in achieving a more seamless Medical/Commercial setup (along with the right engagement and support for patients) will confer a significant competitive advantage, adds Su. "There is an opportunity to be creative in this new white space. You don't have to fight anyone."

Silverstone agrees that the pandemic-induced upsides are there to find. "Look at all the opportunities we never had before in webinars and medical education. You can broaden your horizons with multi-country collaborations. There is less being spent

on travel, which can be redeployed into digital solutions and digital engagement, and there are all these platforms where you can maintain continuous engagement with clinicians."

The march towards patient-centricity serves as a further imperative to broader and closer collaboration, says Bedenkov. "There is no more 'us-versus-them' anymore. It is about patient-centricity and customer-centricity. We all have different roles to play there without duplication or competition. The only objective is to support patients on their journey together with HCPs.

"We don't have the time or luxury to operate in silos and argue about who does what. We plan strategies together. A Medical Affairs strategy with no connection to Commercial or Market Access is useless."

The only way ahead is cross-functionally with agile teams acting as one team, one voice, he adds. "There needs to be a sense of urgency and an understanding that you cannot avoid this. The fastest will win."

"We don't have the time or luxury to operate in silos and argue about who does what. We plan strategies together."

Alex Bedenkov, AstraZeneca VP Medical, International

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