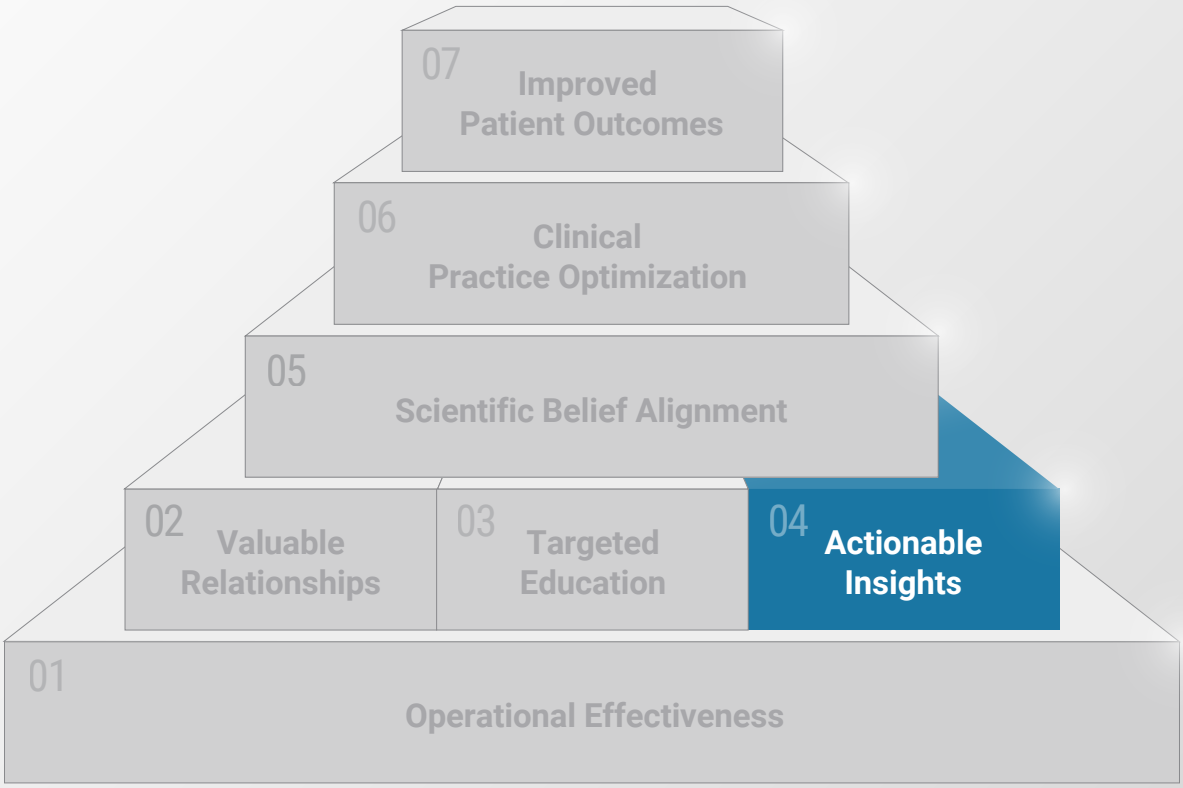
Veeva

Measuring the Impact of Medical Affairs

Part 5: Determining the quality and actionability of insights



> *"What we started to really understand from insights is the why behind the what. 'What' is the information, the 'why' is really the insight."*
>
> **Lucie Williams**
> Vice President, Global Head of Medical Excellence, Ipsen

Our **series of white papers** on medical impact continues. Previous papers introduced a practical approach to measuring medical impact, learnings around **operational effectiveness**, and best practices for assessing and measuring **valuable relationships** — one of the three enablers in the **medical impact model**.

This paper will focus on the enabler, **actionable insights**. Insights, derived from interactions with HCPs, KOLs, and patients, are crucial for making informed decisions about product development, launch strategies, operational tactics, and ongoing product lifecycle management.

Most organizations have insights processes and some metrics in place, but as technology progresses, the possibilities for capturing and analyzing insights are rapidly evolving.

Disseminating information more efficiently allows all functions to act quickly with the ultimate goal being to positively impact patients. Now is an opportune time to review your own processes and explore new approaches and updates.

To bring this topic to life and provide examples of how biopharmas are advancing this area, we've gathered learnings and best practices from industry leaders.

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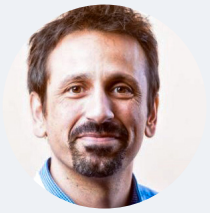

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In addition to the real-life examples of how teams are refining and improving their collection and measurement of insights, we hope you find our checklist and other resources in the Appendix helpful for discussing the topic with your team.

Christoph Bug, MD, PhD, MBA
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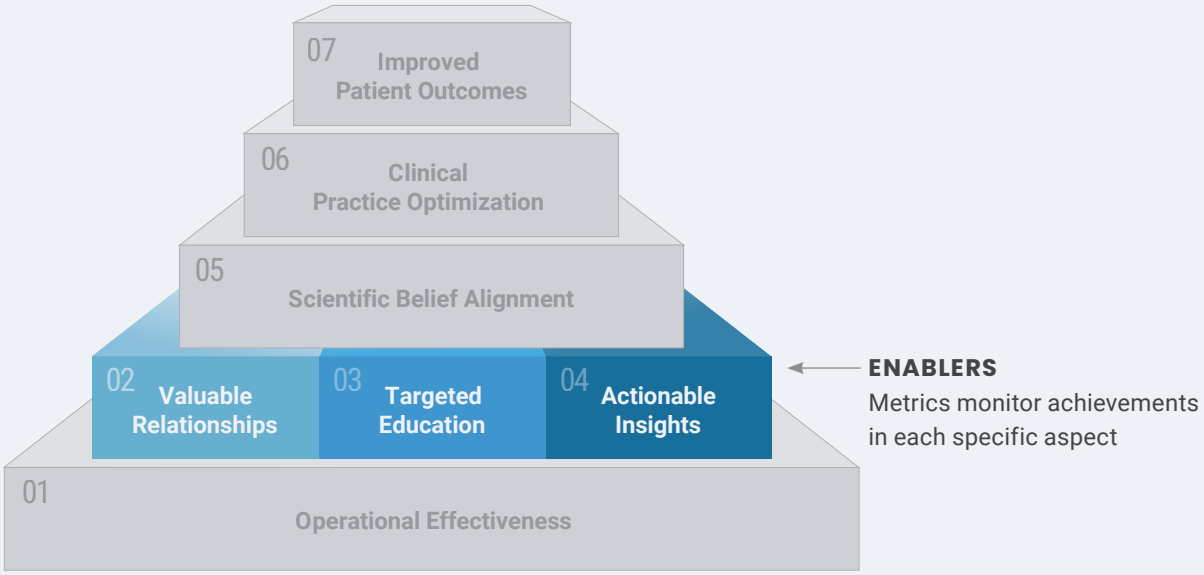
Actionable Insights

The medical impact model has three enablers: valuable relationships, targeted education, and actionable insights. These enablers involve connecting with the right stakeholders, getting them the right information, and bringing key insights back to the organization. Each works individually but also functions together to support the success of the remaining modules.

The Medical Impact Model



Insights, often called the "currency" of medical affairs, come from interactions with key stakeholders and are the foundation of informed decision-making and strategy development. Because these insights are sought after by many areas outside of medical affairs, it's important to understand how they influence behaviors across the larger organization.

While looking at the *number* of insights is a natural place to start, going beyond numbers to determine the *quality* and *actionability* of those insights can help teams better evaluate how these insights inform and change behavior. Here are some questions for medical affairs teams to consider:

- Are the organization's key questions being answered by the insights?
- Are we capturing insights that shape a better evidence strategy?
- Are the insights followed by appropriate actions?
- Are we communicating the actions resulting from the insights back to the organization to ensure that the cycle continues?

The answers help assess how well your current process supports listening to stakeholders, capturing information, and returning it to the organization.

A relationship of supply and demand

Insights work on the principle of supply and demand. Some people in the organization have specific questions that they want answered, such as: Is our data resonating with stakeholders? Is the science around our new molecules well understood? Which is the right comparator for our next clinical trial? How does clinical practice evolve in this region?

Others in the organization constantly capture "answers" in the form of insights during interactions with key stakeholders.

Supply and Demand

The core challenge is effectively aligning information supply with demand. This means:

01. Ensuring those collecting answers understand the questions (supply)

02. Those with the questions get the answers they need (demand)

Lucie Williams, vice president, global head medical excellence, Ipsen, sees an interdependancy with insights. "The supply is mainly but not limited to field medical, but the actions can be implemented across the organization, from R&D, to medical, to commerical, to others," she states. "The questions mainly come from cross-functional teams or medical leads. Communicating between these groups is critical to have clarity on listening priorities. It also ensures that the insights collectors understand the valuable contributions they have made so they will continue to be motivated to provide insights which will be actioned outside their own function or role responsibility."

Getting these connections right can benefit the entire organization with insights that:

- Inform all facets of strategic planning and operational execution
- Guide evidence generation and data dissemination
- Ensure effective scientific communication/education
- Ultimately improve clinical practice and optimize patient outcomes

Medical affairs teams say their most significant challenge is identifying "real insights," linking them to action, and demonstrating their impact.

MAPS Insights Standards & Guidelines: Key Success Factors, 2023

Challenges with current insights processes

Despite much effort to optimize medical insights, barriers remain. Teams still face key challenges, including:

01. Determining the strategic relevance and quality of individual insights.

02. Capturing insights from non-CRM users (HQ, senior colleagues) who typically don't document insights.

03. Making sense of the large volumes of insights/information.

04. Gathering insights from non-field sources (medical information, ad boards, etc.).

05. Sharing the essence of insights with the right people at the right time.

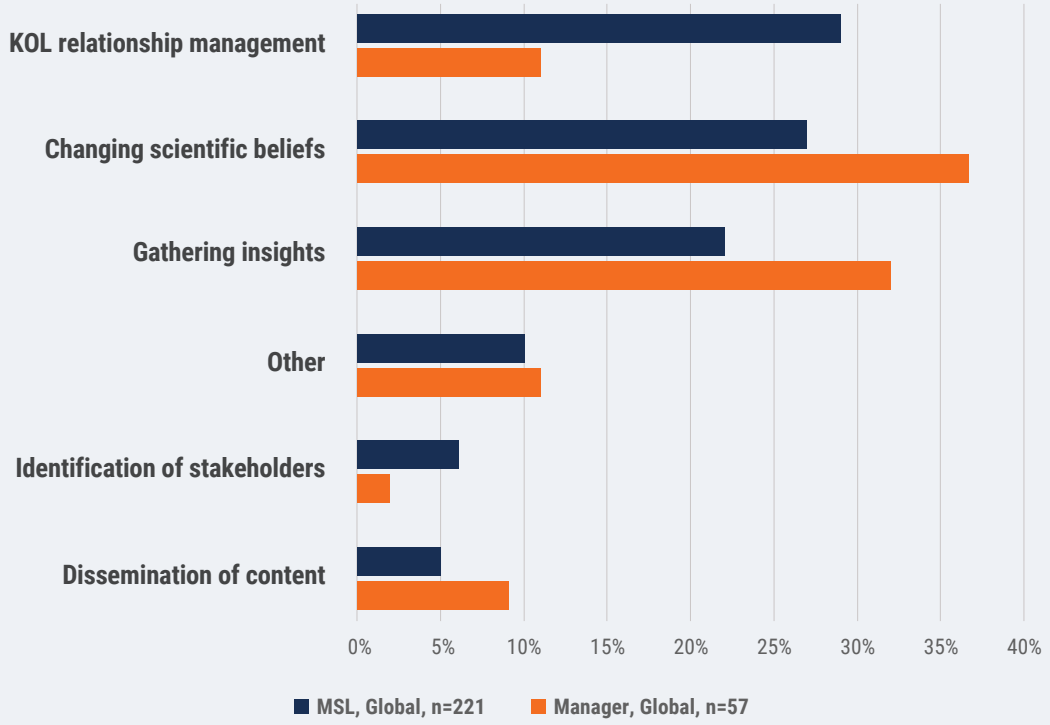
06. Determining the impact of insights on strategy or tactics overall and providing feedback to the capturing team thereby closing the loop and having clear communication on the action and impact of the insights.

Data shows that these challenges can result in an inefficient flow of information within the organization and, oftentimes, demotivated or frustrated field colleagues.

MSLs say gathering insights is one of the most challenging responsibilities, along with managing KOL relationships, and changing scientific beliefs. However, managers of field medical teams find the insights gathering process to be even more formidable, along with changing scientific beliefs.

Key Challenges of MSL Work

Which of the following responsibilities do you, or the MSLs you manage, find the MOST challenging?



Online survey: Challenges, Opportunities, and Impact on MSL-KOL Engagement, sponsored by Medical Science Liaison Society (MSLS) and Veeva, Nov-Dec 2024.

This white paper will explore how teams are improving the capture, analysis, reporting, and measurement of insights. We'll look at the expanding possibilities of technology, the changing role of humans in the process, and critical areas to focus on to successfully capture the right insights, get them to the right people, and assess their impact.

Putting the pieces together: How to successfully approach insights

Visualize the capture and management of insights like a jigsaw puzzle. Both involve the art of creating something new from many individual pieces. Medical affairs teams can learn from expert puzzle solvers who, like them, bring together a large volume of seemingly fragmented pieces — or insights — to create a bigger picture for the whole organization.

	Puzzle	Insights
	**Get the puzzle basics right**	Establish fundamentals like definitions, processes, and tools
	**Start with the edges**	Set cross-functional strategies for individual therapeutic areas and products
	**Sort by color and pattern**	Organize insights by categories and determine patterns
	**Build connections**	Leverage what you know to find associations
	**Work in sections**	Allow access to smaller, individualized reports based on needs and interests
	**Celebrate wins**	Look at both quantitative and qualitative metrics to determine success and share impact

Let's take a closer look at each tip and apply it to the insights process.

Get the basics right: Establish definitions, processes, and tools

As with any process, it's important to have certain fundamentals in place before moving forward. For successful puzzling, having the right workspace is essential. The correct light prevents eye strain, while a dedicated workstation allows you to construct the puzzle from start to finish without interruptions.

The basics of a successful insights program include definitions, processes, and tools. Once you establish these, you have a strong foundation to support your approach to insights.

> *"We define an insight as having a deep and fresh understanding of all the elements we consider around a stakeholder: needs, wants, feelings, and beliefs. These elements reveal the underlying motivations of both their attitude and behavior in clinical decision-making."*
>
> **Lucie Williams**
> Vice President, Global Head of Medical Excellence, Ipsen

Define "insight" for your organization

Agreeing on what an "insight" means to your organization is a critical step. You can look elsewhere for inspiration, but coming up with your own interpretation is more important than using a standard definition. Another key point is establishing the difference between an "insight" and "information."

At Takeda, a medical insight is defined as a contextualized discovery that informs the medical, therefore integrated, strategy. "We try not to be too specific on the data," says Georgios Tramountanis, data, digital, and technology, global head medical core capabilities - global portfolio division. "As an insight is not simply data, observations, or stakeholder opinions, but rather a meaningful finding that highlights new information, uncovers knowledge gaps, and identifies strategic opportunities. These insights help address unmet needs across the healthcare landscape and ultimately guide actions that benefit both healthcare professionals and patients."

An insight is relevant information collected by a medical affairs professional through a verbal or written exchange with an external stakeholder, medical information inquiries, or analysis of disease community data, which, after analysis and validation, can inform the strategy, confirming new or preexisting views that drive planning, actions, and decisions.

Medical Affairs Professional Society (MAPS). (2024). Medical Affairs: The Roles, Value and Practice of Medical Affairs in the Biopharmaceutical and Medical Technology Industries. CRC Press, Taylor & Francis Group.

Create a process by asking key questions

Many industry leaders also believe that the key value of an insight is not **what** information was captured, but **why** it was important.

Dina Harley, executive director, medical modernization and strategic partner engagement at Novo Nordisk, shares that far before introducing a platform, they built a process and culture to make it worthwhile to capture insights. "You had your topics that you were listening for, typed it up, and emailed it to someone," she says. "We continuously trained on what a good insight is to build a culture of what makes it valuable and high quality."

When defining your insights process, here are some key questions to consider:	
01. How do we link our organization's key success factors and/or scientific imperatives to the insights process?	06. How will we analyze the insights?
02. What do we need to know?	07. Who owns the process?
03. Who has the information we are looking for?	08. How do we share the essence/raw data, and with whom?
04. Who will capture the insights and when?	09. How do we measure or track the impact of the insights?
05. How will we capture the insights?	10. How do we give feedback to the capturing teams?

While these questions are a good start to examining your overall insights process, some of these details may change as you develop specific strategies for therapeutic areas and products, which we'll discuss later in the paper.

Choose the right tools

The right tools can streamline your insights process — from capturing and tagging to analyzing and sharing — and make it more efficient for users and stakeholders.

Providing an intuitive "workspace" where users enter information with just a few clicks makes the process less onerous. This makes it easy for MSLs *and*, ideally, HQ medical affairs teams to capture insights in familiar workspaces and devices (desktops, laptops, smartphones). Capturing those insights in one central, global, and standardized repository creates the best visibility and value.

Automating manual functions like tagging, compliance checks, entity detection, and translations can save time and increase speed to insights. Tools can make it easy to expedite analysis and route the insights and themes to the right people so they can act quickly.

Only 21% of medical affairs teams have a centralized place to collect and organize insights.

MAPS Insights Standards & Guidelines: Key Success Factors, 2023

Start with the edges: Setting strategies for individual therapeutic areas

Completing the frame of a puzzle provides a visual structure that makes it easier to fill in the middle. With at least one flat side, edge pieces are simple to identify.

Capturing insights also starts with creating a frame. Setting strategies for specific therapeutic areas and products helps you focus on what you want to know and why, and provides a structure for getting there.

For example, if safety is a focus area, your strategy should outline the specific insights you hope to collect. This will help you plan who you need to talk to (clinical versus academic stakeholders) and specifically what topics to listen for or questions to ask. Another focus might be a new mode of action, which some HCPs are skeptical about. Again, this requires a specific strategy with different stakeholders, timing, key insight topics (KITs), and key insight questions (KIQs).

Harley agrees that this step is crucial. "It's capturing the knowledge or expertise from thought leaders about the topic at hand, and it can be wide-ranging," she says. "It could be an unmet need, the therapeutic itself, or the therapeutics' place in therapy. It's critical to predefine what you want people to listen for."

Make it cross-functional

Medical affairs teams engage with KOLs, HCPs, and other experts and use clinical and scientific expertise to identify and understand external healthcare challenges and opportunities. This makes them a natural fit for leading the insights process.

However, the demand for insights often comes from outside the medical affairs organization. Fostering collaboration with cross-functional partners like clinical development, market access, or commercial teams helps optimize processes and ensures alignment between those capturing insights and those benefiting from them.

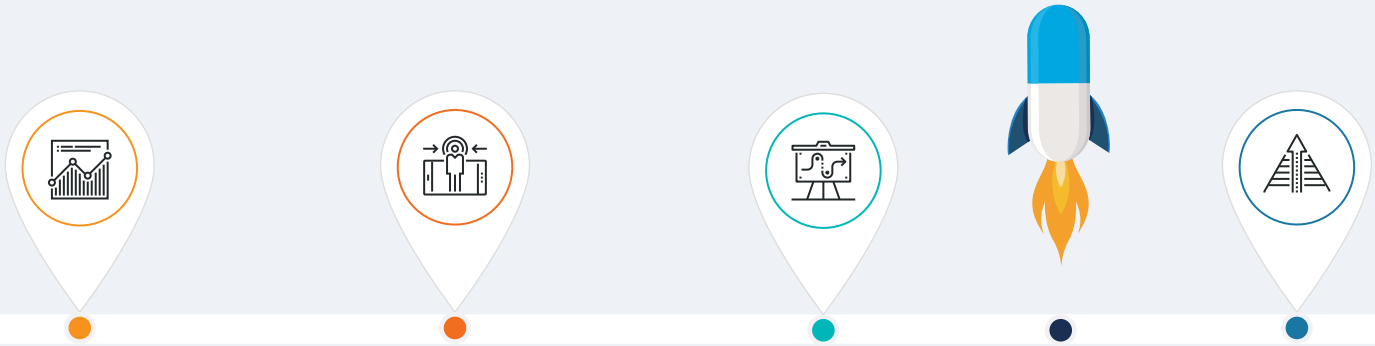
One author notes that there are many functions across the organization collecting information from the external stakeholder community. To make the information meaningful and to prevent duplication of efforts, it is critical to start with a cross functional strategy for insights.

Williams agrees. "While it is critical to have clear accountability depending on the activity and insights to be collected, there is a real need to give full transparency and visibility across the cross-functional team to ensure the sharing of appropriate information across the functions."

Map insights to timing

Mapping out the types of insights you hope to gather against the stages of the product life cycle will also help you refine your strategy and dictate how you will execute it over time. Identify objectives — and the information you need to support them — from early stages to later in the product development. The table below provides examples for each part of the launch phase.

Launch Phases



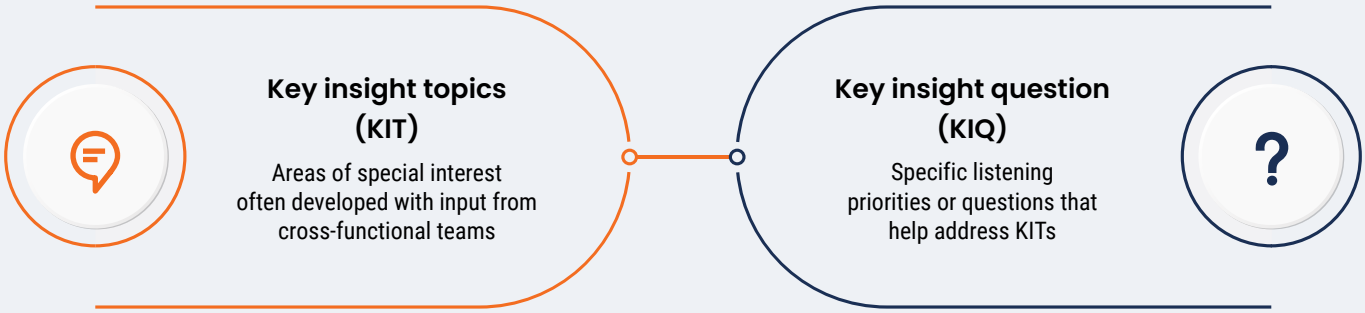
48–24 MONTHS	24–12 MONTHS	12–0 MONTHS	LAUNCH	6 MONTHS POST LAUNCH
Assess the market • Determine relevant patient population and size • Define patient journey and evaluate medical needs • Identify top-tier KOLs and experts • Gain feedback on target product profiles, clinical development plans, and trial design • Develop scientific communications platforms and plan • Focus on disease state education	**Build customer engagement model** • Discuss and support clinical trial execution challenges • Align on scientific narrative • Establish broader scientific exchange (including emerging experts and community leaders) • Initiate market access strategy • Understand competitive clinical trial landscape	**Prepare and execute launch plan** • Get feedback on regulatory strategy • Get feedback on scientific launch communications, strategy, and messaging • Refine the patient journey • Refine post-launch evidence generation strategy • Finalize scientific content • Define field team size, structure, territories • Create specific HCP engagement plans • Define KPIs and metrics		**Execute omnichannel engagement and refine strategies** • Execute on engagement plans • Gather data and real-world evidence • Get feedback on launch strategy execution • Refine education and evidence needs • Track progress on KPIs and metrics

Translate your strategies into KITs and KIQs

Once you have identified timing, determine your key insight topics (KITs) and key insight questions (KIQs) to make it easier to operationalize.

Medical teams often consult cross-functional teams when defining KITs, then create KIQs that become listening priorities or focus areas. The KITs and KIQs drive the communication strategies.

KITs and KIQs



Mark Weintraub, U.S. field strategy execution lead at Novartis, emphasizes the importance of clearly communicating strategy across all internal stakeholders. Field leaders are part of the integrated product strategy and medical strategy teams, which helps them identify key insight topics of interest across the organization and set the focus for the field teams for a specific time period. They then share the strategic objectives and goals through their technology solutions. "We've organized our CRM so that the MSL sees the person, product, and medical outcome or strategic imperatives, as well as the medical narratives or message, every single day," he says.

Weintraub also utilizes the CRM to get answers to specific questions. "We leverage the survey functionality of our CRM and have the MSLs fill these out after their conversations with customers," he says. The topics might include the HCP's level of understanding, the agreement or alignment, or more specific questions, such as how the HCP sees certain types of patients. "These insights then come into the organization as a more structured response."

Move from static to agile

However, even when field medical teams are clear about their insight-gathering priorities, other potential drivers may cause misalignment. Strategy teams typically provide field medical teams with guidance to surface relevant information. The volume and granularity of the questions they provide can make it challenging for field teams to prioritize.

Move away from static annual guidance toward a more agile cadence. Automate how emerging trends are identified and disseminated across the organization. A dynamic approach to prioritization also improves alignment between global medical and field teams. It accounts for changes in the landscape and better reflects where knowledge is most needed.

Communicate and create understanding

Communicating the strategy to the cross-functional team is an obvious step, but it's essential to ensuring that all colleagues involved fully understand. This allows them to ask the right questions and to identify important insights when interacting with stakeholders.

"There's been a lot of work to align MSL interactions to our organization's strategic imperatives and the objectives we have for medical affairs," says Christopher McBurney, vice president, head of U.S. medical affairs stakeholder engagement at Novartis. "There shouldn't be an MSL who doesn't know the goals for the products they are working on."

Michael Hamann, executive director, EU medical affairs capabilities at MSD, says field colleagues who capture insights must fully understand the strategy so they can think ahead. He recommends broad communication with MSLs to ensure they are not missing key information. And he also advises that briefing them on what questions are in scope is not enough. "There should be explicit questions, but they shouldn't be too narrow, otherwise, the team might lose the opportunity to capture insights around the topic," he says. "They need to be able to hear something and, with their knowledge of the company's strategy, understand that it is very relevant."

Williams agrees with this assessment. "We have to communicate the strategy, so we start with the big picture first," she says. "That's conveyed through the brand plan communication to the cross-functional teams."

How one company is setting and executing cross-functional strategy

When it comes to insights, one team uses cross-functional strategy setting together with campaign-like execution.

01. The insights they want to collect become part of the overall strategy development. Recently the insights strategy has been fully integrated into the brand planning process.

02. Once the insights strategy is part of the overall brand planning process, the functional owners are assigned. Everyone can see the strategy and the campaigns associated with that element.

03. The team then defines "listening priorities" to provide clear direction to the teams who are collecting the insights on the areas of focus and of strategic interest.

04. There are also other opportunities to capitalize on major events such as international congresses, where insights "campaigns" would focus on specific listening priorities related to that event. This could include data releases or new scientific or clinical presentations which could have a strategic impact on the business.

Sort by color and pattern: Organizing insights

Sorting is key to mastering complex puzzles. Dividing the pieces by similar colors, patterns, or textures helps you stay organized and reduces the overwhelming feeling of looking at hundreds of pieces.

Use categories (e.g., unmet medical needs, educational needs, scientific positions) to organize individual insights into groups to provide structure to your insights. Using a tool that helps find hidden patterns is important when working with insights. Don't restrict the entry to just actionable (mature) insights. It limits the information you put into the analysis engine.

The increasing role of intelligent technology

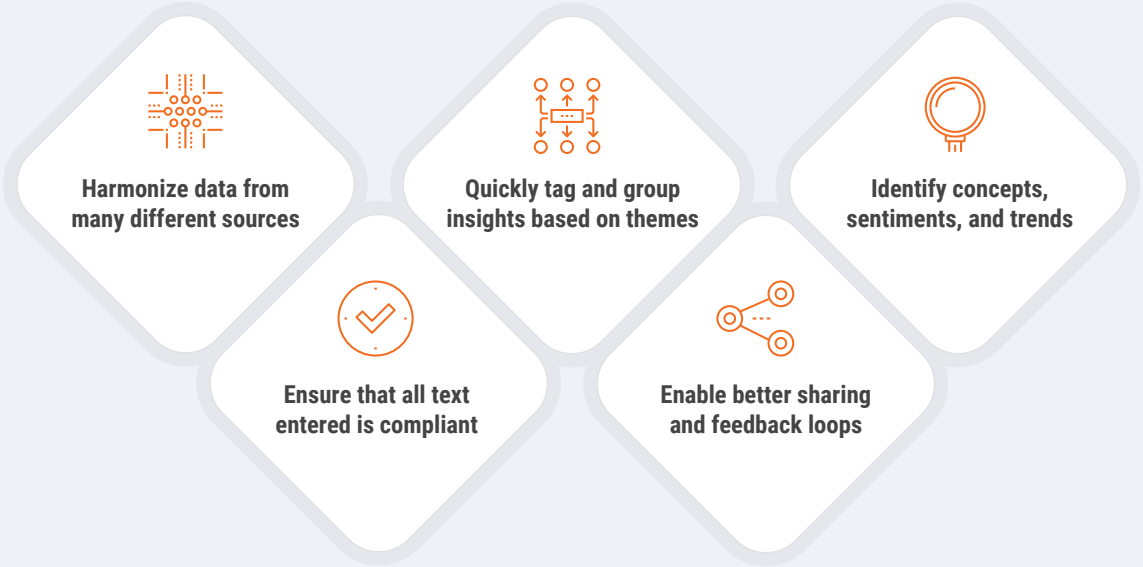
New technologies incorporating AI and machine learning (ML) are rapidly overtaking manual tasks like organizing and assessing the actionability of insights. As one author commented, "The technology has advanced so much that we now just capture all the information. The focus has moved from input to analysis."

Data from the Medical Affairs Professional Society (MAPS) provides an inside look at how companies are targeting AI for medical insights management:

- Eight out of 10 medical leaders expect digital, advanced analytics, and AI to have a high impact on customer insights, medical communication, and evidence generation.
- Specifically, with GenAI and Machine Learning (ML), medical affairs leaders foresee three major objectives: driving more predictive insights, faster evidence and content generation, and more efficient data analyses.
- Beyond these objectives, most medical leaders believe the highest-priority GenAI and ML use cases include data analysis, insights, and scientific content generation.

These intelligent tools automate and speed up the capture and analysis of information, including tagging and sorting to find the relevant patterns. The human in the loop can then focus on the context and strategic implications of the insight.

Technology has made the capture and analysis of insights more efficient.



Actionability is dead

Typically, "collectors" of insights, such as MSLs, were expected to input findings from their engagements with varying degrees of specificity and depth. Some logged every minute of every interaction, while others only input them as an afterthought. Often, this generated "data" but not necessarily "insights."

Some organizations tried to mitigate this by teaching users to enter only "actionable insights." MSLs were thus responsible for identifying the actionability of insights before they documented them.

With the capabilities of new technologies outlined above, MSLs no longer need to limit what they document. An actionable-only strategy may block entries that are part of a pattern, but not actionable in and of themselves, and hinder a team's ability to identify hidden patterns that can only be recognized when analyzed in a group with other entries.

"If you limit entries to only 'actionable insights,' you may miss opportunities that someone did not think to enter into the system," says Tramountanis. "It's when you hear that same thing from a lot of people — the volume and voice it has — then it becomes an insight."

"In the past, analyzing information was manual and difficult," says Tramountanis. "Now we are in a position to capture ALL the information from a discussion with a stakeholder, and we generate the insight by analyzing all the data together."

Volume is necessary

AI solutions also require a large volume of data to identify trends and patterns, another benefit of MSLs entering everything. "You need volume to detect patterns," says Harley. "A single individual entering an insight cannot detect the patterns and know whether an insight is actionable or not."

McBurney says technology has changed the strategy of his organization. In the year they asked their MSLs to capture "strategic" insights instead of just "actionable" ones, the number of insights collected doubled. "AI enables us to sift through and make significant changes," he says. "We are now at the table and sharing this information in a constructive way that confirms or changes our medical strategy."

Looking at these longitudinal data patterns not only helps uncover new information but also confirms what you already believe.

Weintraub agrees, "A lot of time, the value is in the confirmatory insights that these longitudinal patterns help to identify." For example, he says, if the team is going down a path to invest hundreds of millions of dollars in an asset in Phase III, sometimes they need that confirmation.

"There is some bias when we discuss 'actionable insights' that you need to change something, but you are also taking action when you confirm that you are on the right path."

Manual data tagging is a significant effort when capturing insights. Team members submitting insights must navigate static metadata and annotate their own submissions subjectively. This approach undermines accuracy and objectivity, magnifying risks when scaled across the global organization. Using AI to tag unstructured free text insights removes these risks. However, given the nature and complexity of medical subject matter, humans should still review these tags for accuracy.

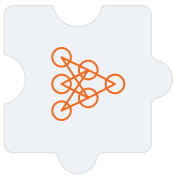
A new role for humans

With these current technologies, humans' role in the insights process is shifting. In the past, humans ensured entries were compliant and useful. They also approved insights. These manual tasks often slowed down the processes, but now technology is making them more efficient. "Because we had to do manual approvals, the time from entry to the time of availability of an insight was 30 days or longer," says Harley. "Now, AI automatically checks for things like compliance and length."

Without these manual tasks, humans can now focus on the context and the connections between the different observations as they relate to the business' strategic imperatives. Based on the analysis, they can then recommend actions that better support those imperatives.

Williams describes how they once spent a lot of time trying to define what an actionable insight was. They encouraged people to do a self-assessment or a manager to do a sanity check on what the MSL entered. "Advancing technology has the potential to reduce the need for this step, however, there is always a need for 'human oversight' to validate the outputs," she says.

However, even with the greatest technology, leaders agree that humans will remain in the loop — in some way — to review, refine, ensure accuracy, and provide context.



Build connections: Leverage what you know to find associations

Puzzles typically have standout areas — bright colors, distinct shapes, bold patterns, or recognizable structures. Focusing on these features can help you build momentum.

When working with insights, it helps to systematically connect individual insights to the information you already have. Puzzle pieces also have unique nubs and cutouts. Matching those shapes can help you fit pieces together even if the color isn't a perfect match. Mentally rotating pieces can also help.

Great tools will match insights based on their "shape" no matter where they come from on the global "board" and perform pattern recognition much faster and more precisely than humans ever could. While rotating information mentally is difficult for humans, it is easy for machines with the right software.

As mentioned above, humans still need to take the results of the analysis and turn them into actions. Therefore, actionability becomes part of the output rather than the entry stage.

Connections are also critical when combining different sources of insights. Leveraging connections to find patterns in individual insights from various sources delivers more precise outcomes than "just" combining the essence of the insights.

Enriching data/knowledge

We've already discussed how technological advancements make things like tagging and sorting quicker and easier. Modern insight tools perform pattern recognition much faster and more precisely than humans ever could. Ideally, you would use a tool that automatically tags the insights into categories and correlates/connects those insights with existing data. This allows you to leverage those connections to enrich the individual insights and adds another level of searchability.

Individual objects mentioned in insights, such as products, trials, congresses, or even individuals, may correlate to knowledge within the organization. For example, if an insight mentions ASCO, you might already know quite a bit about this congress. Connections can enrich individual entries and also help find patterns.

These correlations are another reason MSLs should not focus only on "actionable insights." If they do, they might miss them.

Approaching insights from multiple sources

Technology also helps when it comes to connecting data from multiple sources. With the expanding number and type of external stakeholders, there are constantly new sources of insights for medical affairs teams. Some common ones include:

Field medical	MSLs gather information through interactions with external stakeholders.
Advisory boards	More in-depth discussions, for example, with top KOLs to understand their scientific position.
Medical information	A largely untapped source, these insights come from medical information colleagues who talk to HCPs, patients, and caregivers regularly and collect key information regarding recurring product inquiries, knowledge gaps, and channel availability gaps.
Social media	While only **26% of medical affairs teams** collect insights from social platforms, reviewing digital discussions about your product and those of your competitors can help identify patient issues, educational journeys, and sentiment/shifts in opinion.
Publications	Extracting insights by monitoring publications and comments on those publications.
Surveys	Often executed by service providers, this primary research with HCPs and KOLs aims to answer specific questions.
Real-world evidence (RWE)	Gathering information on how drugs are being used in clinical practice and their real-world impact.

With so many sources, the challenge most companies face is integrating this information. While most organizations have a process for managing field insights, truly solving the multi-sourcing of insights remains a challenge.

47% of medical affairs teams do not integrate insights from different sources or integrate them via labor-intensive manual processes.

MAPS Insights Standards & Guidelines: Key Success Factors, 2023

"It would be amazing to run a multi-source insights process," says Tramountanis. "At the moment, the ad board generates their summaries, and the field teams are separate, so there's a lot of opportunity to generate one common report that summarizes the trending topics."

"Right now, insights coming from different sources are only accumulated at a global team level, which is not optimal," Hamann adds. "It would be great to have a tool that can process insights from different sources and get to the essence in near real-time."

Some organizations rely solely on AI to distill findings from different sources, but the results are not ideal. Since AI is only accessing the summary of the insights from different silos, it can't relate the individual insights and misses out on the ability to recognize patterns and build connections. As a result, users can only view the correlations between the summaries from multiple sources at a high level.

The better approach is to put all the raw insights into one system and process them together, allowing you to build connections.

Williams agrees, "The ultimate goal is an overlay system that draws insights from multiple sources." However, she also warns that information might become diluted as it feeds into the aggregate summaries. "I think there is a place for both," she says. "It's important that we bring the sources together, but we still need to understand the individual function insights and be able to act on those."

When combining sources, there should be a common denominator across all of the insights. This allows teams to correlate individual insights versus only the summaries and provides better results. People who write ad board reports, for example, could translate the individual pieces and feed them to the same tool that takes in the data from field medical teams. The med info team could add their insights, too. Information from the different sources would be standardized into something the "engine" can process. "This is part of the process improvements we all need to work on," says Harley. Her teams are looking to see if they can incorporate at least the executive summaries of the ad board into a common database to find some comparisons. "If you look at an advisory board, historically, you get this executive summary that then sits in a repository on somebody's drive."

The role of sentiment

Sentiment analysis helps medical affairs teams understand how stakeholders perceive products, evidence, and company information to tailor engagement strategies and communication tactics. Sentiment is primarily qualitative and comes from sources like social media posts, survey responses, clinical trial reports, or insights directly. Sifting through and analyzing this significant amount of data is time-consuming.

Now, technology has advanced free text analysis to quantify sentiment. Good AI engines can efficiently analyze data from interactions across social platforms to determine, for example, product sentiment versus competing products. This qualitative measure can be benchmarked and tracked to see how different strategies impact sentiment and can also help identify the key drivers of sentiment.

While these are fascinating advancements, the authors believe there is little value in looking at sentiment in isolation. For example, moving from 55% positive insights to 65% within one year may not tell you much. The real value comes from drilling down to understand the context of the change. Our authors also say negative sentiment on a specific topic may provide more valuable learnings because it reduces the hyper-focus on only the positive things.

Williams provides an example. In a small sample of sentiment analysis, there appeared to be differing sentiment depending on geography. However, the sentiment was not so informative and she agrees that drilling down further brings more value.

Her team delved deeper to see why this was the case and whether there were differences in engagement strategy. “It’s definitely positive to look at sentiment, but it’s only the first part of the journey,” she says. “There is still work to see what it really means and how we can compare sentiment to how the scientific narrative is being implemented. But, it gives us a tool to dig deeper.”

Hamann agrees, “It’s difficult to analyze sentiment and draw valid conclusions.” For these reasons, he suggests training field colleagues to remove the more emotional aspects from the insights process and instead focus on the scientific ones.

Work in sections: Reports based on needs and interests

Rather than trying to complete the entire puzzle at once, it's better to build individual portions and connect them to the mainframe. This will help you make steady progress.

In the same way, putting all the insight findings in one report can overwhelm colleagues. Using a tool that allows them to search can make it easy to find the information that is most important to them. With the ability to query the system in a self-service fashion, you can still aggregate the big picture, but serving individual portions makes visible progress much faster.

Focus on getting the right information to the right people

To support effective decision-making, the right parts of the organization need access to potentially impactful insights once surfaced. This goes back to the supply and demand model from the beginning of the paper. Now that there is a supply of insights, they must get to the people who need them.

Acting on insights could create a competitive advantage for commercial teams before a drug launch (e.g., by investing more time addressing a market dynamic). When available to clinical development, they could shape the course of a trial, for example, by identifying protocol amendments that could boost recruitment.

Williams thinks about these communication efforts as individual "campaigns." "You should tailor the communication to the campaign," says Williams. "We realize, however, that we can't always dictate how a campaign should be communicated because there are so many different variables." The insights campaign could be six months or a week, depending on the product lifecycle. "The campaign defines the communications plan," she says.

For example, with congresses, the team sends different communications to different people at different times. Then, they supplement these communications with additional touchpoints across the campaigns via email. A general example of how this can be done is available in the Appendix.

McBurney also focuses on communication. His team shares medical insights with the integrated product strategy teams. Then they determine if they need to do something different from a commercial, patient services, or market access perspective. "Before, our medical objectives and insights plans would live in a silo," he says. But because their profiles have a high cross-functional value, he is trying to elevate this.

It is also important to discuss specifics with certain teams. How will you ensure you capture all the information needed to meet your strategic objectives?

Self-service portals: The best way to showcase results

As mentioned earlier, there are many "consumers" of insights — from local, regional, and global medical teams, to commercial and R&D — and each has a specific set of interests based on their role. For example, a local medical director responsible for oncology in France might want to know what is happening with certain therapies and patients in only her region. However, a global medical director needs to know what is happening with the same therapy but at a global level.

Because the needs of these internal consumers vary, a one-size-fits-all solution often falls short. Therefore, a single report to a wide group is rarely the best way to communicate the results of insights captured. However, a short report for senior management may be well received.

Old-fashioned escalation processes also hinder the flow of insights through the organization. Using legacy technology, it can take up to 90 days for life sciences companies to surface and report medical insights.[1] A typical approach is to wait for the medical function to compile and share a comprehensive slide deck on its findings from expert meetings. Yet these static reports have limited value. By the time they are compiled, the information could become outdated, and teams might have missed the window of opportunity. In addition, stakeholders want to see insights related to their focus, which is often only a small part of a comprehensive report.

Our authors agree that a self-service portal is the best way to present key insights to diverse internal stakeholders, allowing them to access relevant data on demand. "Reporting on insights today can take so much time," says Tramountanis. "You do the analysis, build a presentation, send it to your team for feedback, and edit it again. It's probably 2-3 months before we have something to share."

He believes top leaders benefit from an email summary or the like, but for most of the organization, a self-service dashboard is both easier to use and can be updated regularly. "If you are working on a presentation, you can't wait for a report that will come at the end of the month," he says. "You want to see what's happening now."

Hamann is looking at a three-level model for communicating these insights internally at MSD. First, a local review decides what gets to the regional level. Then, the regional level gets escalated to the global level.

However, self-service portals can also be organized by topics, which are consolidated during the tagging process. The "consumer" of the insights can then filter for their topic irrespective of the region.

[1] Veeva internal, non-published data, 2025. Based on interviews with top biopharma company executives.

Celebrate wins: Determine success and share impact

Each time you connect two puzzle pieces or complete a section, take a moment to celebrate. Solving a difficult puzzle is a step-by-step process. Every small win builds momentum toward completion and keeps you motivated.

With insights, you should not rely solely on operational metrics to show progress. Proactively search for small and big successes. Look at situations where captured insights led to a change of strategy or tactics. Share these anecdotes with your team and celebrate them.

Qualitative versus quantitative metrics

Many organizations have implemented basic quantitative metrics for measuring insights. This includes operational metrics such as the number of insights generated. While valuable, most believe that these metrics are not enough.

"If you ask people to give you 10 insights a month, they will give you 10 insights a month," says Tramountanis. "So I don't think the value will be a standard quantitative metric."

Qualitative metrics focus more on whether the insight was, in fact, "actionable," meaning did it identify gaps and/or inform strategy. And, as a result of the insight, is the organization making a change to the medical or brand strategy — adjusting goals, determining the need to generate more evidence, analyzing data further, and/or providing more education?

Some organizations looking at qualitative metrics may ask the following questions:

01. Does it signal a change in knowledge and behavior that we need to recognize and do something about?

02. Is the process working? As soon as an actionable insight is identified, is there a process in place that can immediately define the correct action?

Accept, for the most part, you can only measure quantity. It's difficult to measure the quality of a process. For example, if you deliver insights to the clinical team, how can you measure the actions they take as a result?

Sometimes there are only certain things we can measure quantitatively. You might be able to get some operational metrics to ensure the process is working, but you don't establish a metric system just to come up with a number.

Make sure to capture success stories. People who own insights should proactively reach out to their customers and ask:

- Did our insights help you?
- What did you do with them?
- Can you share examples or anecdotes?

It's important to share this information with the organization along with quantitative operational metrics, even if the successes are anecdotal. Not only does this show success to other customers, but it will also motivate MSLs.

"The value of insights is in evolving our strategy," says Williams. "We are trying to identify gaps and unmet clinical needs, and if we can do that, it will ultimately allow us to evolve what we're doing."

"Making people hit a certain target number of insights per month is not the way to measure value," Tramountanis says. "The value comes when we identify data gaps or inform strategy."

For example, an insight might identify that there wasn't enough communication on the safety of a product. With this knowledge, the team may create a poster to communicate that information more clearly. "It's hard to put quantitative measures around it," says Tramountanis. "But there are qualitative metrics around identifying a data gap, changing strategy, evidence generation, or further analysis of the data overall."

Hamann agrees, "We have to move away from the operational value of insights, like the fact that we captured 5,000 insights. The value is clearly strategic. How many insights led to a change in strategy, and what were the consequences to the organization?"

Willams focuses on insights summary reports which identify what insights were captured and what happened as a result of the insights.

She suggests four things a report should cover:

- What were the questions we wanted to ask?
- What were the main insights gained?
- What action has been taken?
- What was the impact?

Having these basic reports at the country level allows others to go in and see the results, helping them determine how to update their own strategies. "We are still trying to build momentum around this and encourage our teams to operate like this," she says.

Overall, for many companies, insights metrics remain anecdotal. "It's basically solicited feedback, and that's critical in organizations where they are still trying to prove the value of an insight," says Harley. Don't steer away from sharing anecdotes. They can be powerful if communicated effectively.

Feedback loops to insight generators

Another metric to consider is the successful implementation of feedback loops. Once someone takes an action, has the impact been communicated back to the person who provided the insights? This can help:

01. Keep people motivated to collect future insights

02. Ensure that capturing insights remains a priority

03. Provide examples of success so others can replicate it

"Medical insights feed the loop from strategy to execution. Ideally, topics are identified in advance and the information is shared back at a regular cadence. Alternatively, we can retrospectively query the database. Information from a database query then becomes hypothesis-generating, requiring validation before action is taken," says Harley. "Though difficult to do in a systematic way, providing the team with regular updates on where and how the medical insights were used to inform a decision is essential to close the feedback loop and reinforce the reasons for gathering and documenting the insights."

Next steps: Moving your insights forward

Just like a puzzle, insights require putting many individual pieces together to create a big picture. Many people outside of medical affairs rely on this information, which, when shared with the right people, can help positively affect patient outcomes.

As with any process, it's beneficial to continually review what is working and areas you can improve. Our Appendix provides useful resources, including a health check tool, that you can use as a starting point in discussions with your team. Here are some next steps to keep in mind as you think about evolving your insights processes.

01. **Enable frictionless insights capture:** Make it easy for everyone — MSLs and HQ medical affairs teams — to capture insights, including multiple points of data entry. If you haven't already, consider moving from manual data tagging to using AI to tag unstructured free text insights. However, given the nature and complexity of medical subject matter, it's important to keep humans in the loop to review tags.

02. **Organize cross-functional teams:** The insights process for specific therapeutic areas and products can involve many internal stakeholders. When planning your process, organize a cross-functional leadership team to represent everyone who will contribute to or benefit from insights. Keep compliance in the loop and ensure that everyone understands the strategy and questions that need to be answered.

03. **Don't restrict insights to "actionable" only:** Previously, MSLs were tasked with entering only insights they believed could be actioned. With new technologies, MSLs can now enter all information without worrying if something is actionable. More is actually better since new solutions require a large volume of data to identify trends and patterns.

04. **Bring together multi-source data:** When data is in silos, users can only view the correlations between the summaries from multiple sources at a high level. Integrating multiple systems into a single repository ensures that all relevant data is standardized, connected, and in one place. That way, you can build connections between all of the raw insights.

05. **Ensure the right insights get to the right people:** Information in static reports can be outdated by the time they are compiled, and teams may miss the window of opportunity. Real-time sharing of insights through dashboards and self-service portals improves collaboration and helps internal strategy teams access the data that is relevant to them.

06. **Determine metrics that matter:** Set metrics upfront so teams can regularly assess their effectiveness. While quantitative metrics are important, it is more valuable to understand the quality of the insights — whether they address gaps in strategy or answer key business questions — and their actionability. Anecdotes can be powerful examples of success when communicated effectively.

Stay tuned for the next chapters in our white paper series, which will focus on outcome metrics closer to the patient.

Sign up to receive the paper here.

APPENDIX

Medical Impact Workbook

Evaluation of Key Areas
and Potential Metrics

A. Insights Checklist

In the white paper, we identified key areas for running an efficient insights initiative that can positively impact patients. Use this checklist to ensure you and your team are answering all of the important questions that contribute to success, from capturing and documenting to sharing results and showing impact.

Insights Area and Questions

Notes

1. The basics

- ☐ How do we define the benefits (current/future) of our insights process?
- ☐ In our organization, how do we use insights to:
  - ☐ Inform all facets of strategic planning and operational execution?
  - ☐ Guide evidence generation and data dissemination?
  - ☐ Ensure effective scientific communication/education?
  - ☐ Improve clinical practice and optimize patient outcomes?
  - ☐ Other?
- ☐ How do we determine what a good insight is?
- ☐ How do we make our colleagues aware of the benefits we expect from the process?
- ☐ How do we make our colleagues aware of our definition of a “good insight?”
- ☐ What does success look like in our insights process?
- ☐ How do we measure success (processes and KPIs)?
- ☐ Do our senior leaders know how we define and measure success?

Insights Area and Questions	Notes

2. Overall strategy

- ☐ Who owns the overall insights process?
- ☐ Who owns the overall insights strategy?
- ☐ What insights do we need based on the product life cycle? (Early vs late? Pre-launch vs post-launch?)
- ☐ How do we link our organization's key success factors and/or scientific imperatives to the insights process?
- ☐ What are we looking for from the insights process (What do we need to know)?
- ☐ What are our key insights topics (KITs)?
- ☐ What are our key insights questions (KIQs)?
- ☐ Who has the information on our key topics/ answers to our key questions?
- ☐ How do we best get the information/answers?
- ☐ How do we train those capturing insights on the overall strategy and the insights operations?

3. Capturing/documentation

- ☐ Who captures insights (medical field only vs field + home office vs everyone, including senior leaders)?
- ☐ What other sources of insights, in addition to field medical (ad boards, social media, etc.), have we considered?
- ☐ How do we aggregate multi-source insights?
- ☐ How do we ensure those capturing insights know and understand our product/company strategy?
- ☐ Do those capturing insights know and understand our key insights topics (KITs)?

Insights Area and Questions

- How do we ensure those capturing insights know and understand our key insights questions (KIQs)?
- How do we train those capturing insights on how and where they are expected to capture the insights?
- What are the capturing requirements for our tools?
- Who owns the tools?
- What are the shortcomings of our tools when it comes to capturing insights?
- How do our home office colleagues document the insights they get from key stakeholder interactions?
- How do senior leaders document insights they get from key stakeholder interactions?
- How do we ensure that all non-field colleagues are aware of expectations, buy into the process, and know the documentation systems?
- What quantitative operational insights targets/metrics have we set?
- Who owns the process or operational metrics review?
- Who sees the results?
- How do we clearly communicate our quantitative operational insights targets/metrics?
- How do we get our colleagues bought in and committed?
- Who monitors the operational targets/ metrics (MSL managers, regional or global functions)?

Notes

Insights Area and Questions

Notes

4. Analysis and communication

- ☐ Who owns the analytics process?
- ☐ How will we analyze insights?
- ☐ How do we share the essence/raw data?
- ☐ With whom do we share the essence/results of the analysis?
- ☐ What will the consumers have access to (raw data or only reports/aggregated data)?
- ☐ How do we aggregate from local to global?
- ☐ When sharing insights, how do we address non-medical functions (clinical, market access, commercial)?
- ☐ How will we work with potential compliance limitations when sharing widely?
- ☐ Who do the consumers reach out to in case they have questions/want to discuss?
- ☐ How do we enable more efficient sharing/communication (self-service option, dashboards, etc.)?

5. Metrics and impact

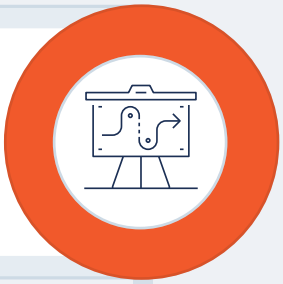
- ☐ Who owns the measurements/metrics?
- ☐ Who communicates the results?
- ☐ With whom are the results/metrics/measurements shared?
- ☐ How are they shared?
- ☐ How do we measure/track the impact of the insights?
- ☐ How are we capturing feedback on the impact of shared insights (anecdotes of strategy or tactic changes)?
- ☐ How do we give feedback to the capturing teams?

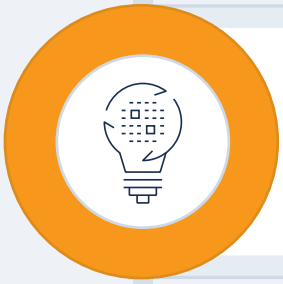
B. Medical Insights Health Check

While most organizations have insights processes and some metrics in place, it's always good practice to evaluate what is working and identify areas for improvement. The following questions can help you initiate a health check of your insights initiatives with your team.

STRATEGY

- Have you established up-to-date priorities for gathering insights?
- Does everyone know about it?
- How often is your medical organization's metadata reviewed and updated?
- Are insights capture and analysis locations integrated into the workflow of the medical teams?



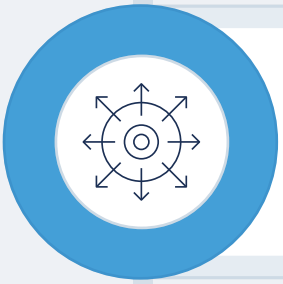


CAPTURE

- How much MSL time is spent capturing medical insights?
- Are the insights gathered aligned with the medical strategy and current needs of the organization?
- How accurate is the MSL tagging using available metadata?

ANALYSIS

- How much medical time is spent analyzing medical insights?
- Is your metadata useful during analysis?
- How long does it take to receive and process insights?
- Where are insights stored and how accessible are they?



DISSEMINATION

- How often are insights shared within medical and other functions?
- Is there a standardized reporting format and channel?
- Are actions or feedback routinely documented?
- How quickly are gaps in strategy or knowledge addressed?

WHAT ARE YOUR CURRENT AND TARGET TIMES FOR...

- ... Addressing priorities to resolve gaps in strategy?
- ... Capturing medical insights?
- ....Analyzing medical insights?
- ... Disseminating actionable medical insights?

C. Example of Communication

One biopharma company uses “campaigns” as part of their insights process for congresses. These campaigns ensure the team captures all the information needed to meet its strategic objectives. The campaigns incorporate specific communications tailored to timing, strategy, and topics they want to cover. The example below shows an outline of a campaign for a congress. You’ll see that there are different communications to different people at different times. Additional touchpoints via email supplement each campaign.

Timing	Strategy	Cover
Pre-congress	First-level communications are led by the person leading the congress at the global level. Communicates to the medical attendees the insights, topics, or listening priorities and the timing to collect. This could be relevant for pre-, peri-, and post-congress.	• What are the overall objectives? • How are we planning to achieve these? • What are the roles of each group (MSLs, medical advisors, etc.)? • Who is actually going to be at the congress? • What’s the activity pre- and post-congress?
During congress	Regular updates on the number of insights and the themes that are evolving.	• How are things progressing? • Is there anything we need to change? • Who needs additional assistance?
Post-congress	Broaden out from only those who attended the congress to the larger medical teams who are engaging with external stakeholders and continuing to gather insights around the same scientific topics relevant to the congress.	• How are we following up with the people who attended? • What about those that did not? • How are we collecting data from field teams? • How are we visiting customers?
Closeout	Share learnings and results; give feedback	• Did we achieve what we were trying to do? • What were our questions, and what did we find out?