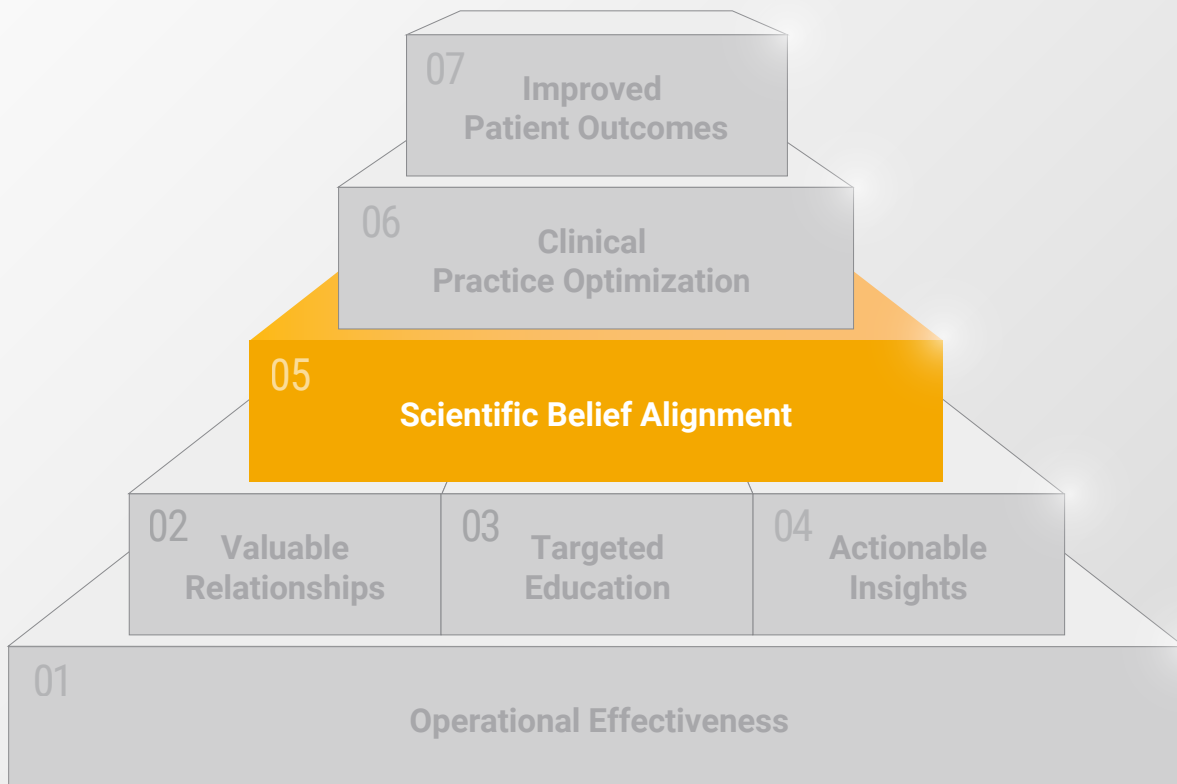


# Measuring the Impact of Medical Affairs

Part 6: Measuring the shift in scientific beliefs and evidence interpretation



We've explored the first half of the **medical impact model** and our focus now turns to the last three modules: **external outcome metrics**. These metrics demonstrate how the efforts of medical affairs affect change in scientific belief, clinical practice, and patient outcomes.

Scientific belief alignment (SBA) – the alignment of the interpretation of evidence between medical affairs and its stakeholders – is the first external outcome metric and the focus of discussion with our expert contributors.

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## Contributors



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*Certain companies named may have a business relationship with Veeva, and certain contributors named may have a financial interest in Veeva and/or their respective companies. The views expressed in this white paper are solely those of the contributors and do not necessarily represent the views of their respective companies. Contributors were not remunerated for their participation.*

There are mixed opinions in the industry on whether medical affairs should be transmitters or translators of data. But discussions among our expert contributors have uncovered a clear consensus: medical affairs should not only deliver data, but also transform it into a meaningful scientific narrative.

KOLs agree. Research shows that [the vast majority](#) believes it's appropriate for biopharma companies to share an explicit opinion on how the company interprets the data and how the company thinks its products should be used in clinical practice. KOLs value this data and points of disagreement often lead to deep scientific exchange. These exchanges provide an opportunity to drive the critical scientific debate necessary to advance medicine and provide the best possible patient outcomes.

Measuring how that opinion is received helps medical affairs gauge their effectiveness and also signals when to adapt. Access to this data impacts the overall company and also proves the strategic value of the medical affairs organization.

In this paper, you'll hear more about how our expert contributors have put this into practice. Our [Appendix](#) also provides additional resources to share and discuss with your team.



**Christoph Bug, MD, PhD, MBA**  
Vice President, Global Medical  
Veeva

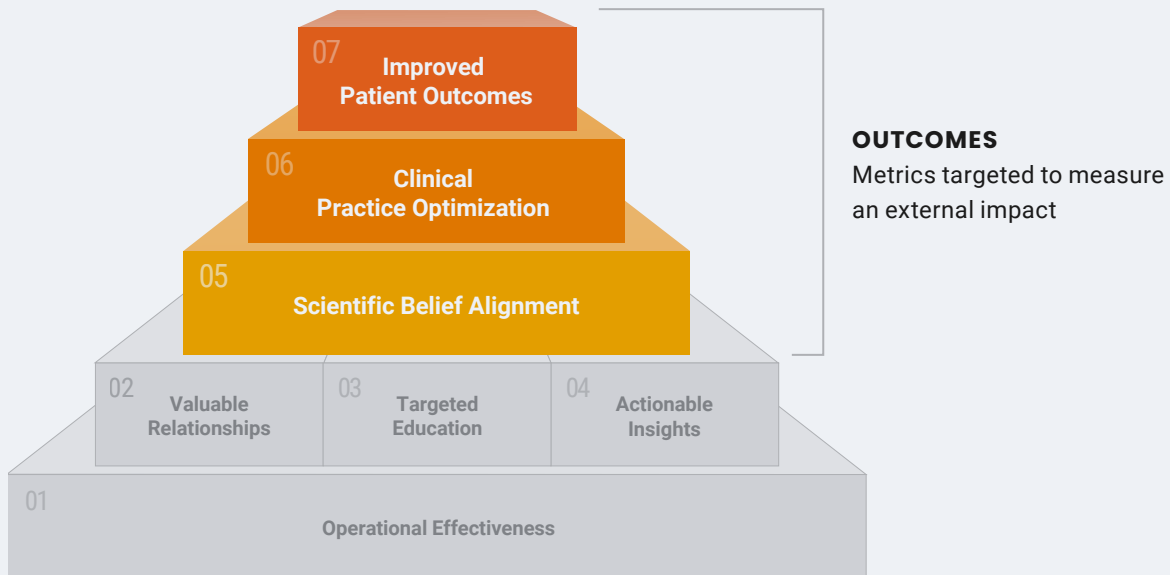
# Scientific Belief Alignment

The [medical impact model](#) takes a holistic approach to measuring impact, beginning with simple measurement and increasing in complexity as the focus areas become more intricate and require more complex analytics. In our [previous white papers](#), we've addressed modules one through four and the metrics that monitor achievements in each specific aspect:

- The activity and productivity of medical teams ([operational effectiveness](#))
- Three enablers important for:
  - Connecting with the right stakeholders ([valuable relationships](#))
  - Getting those stakeholders the right information ([targeted education](#))
  - Bringing their feedback to the organization ([actionable insights](#))

The focus of this paper is **scientific belief alignment (SBA)**, the first of three **external outcome metrics**. Outcome metrics move away from simply counting activities to truly demonstrating value to key opinion leaders (KOLs), healthcare providers (HCPs), and ultimately patients. They serve as the necessary bridge, translating medical affairs efforts into actual changes in clinical practice and patient care.

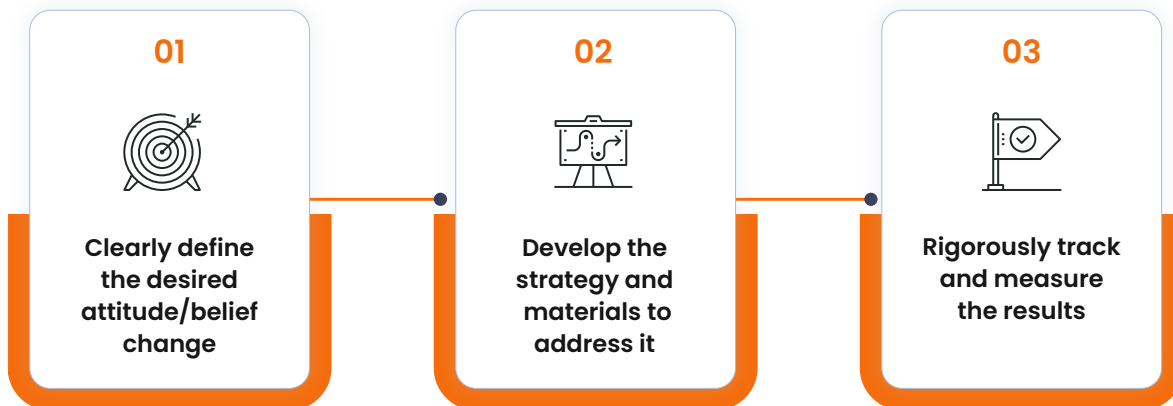
## The Medical Impact Model



The alignment of the interpretation of evidence and what that means for clinical practice between medical affairs and its stakeholders is vital to understand, but is rarely explicitly measured. To measure how their activities shape scientific beliefs and alignment, medical affairs teams should ask:

- How aligned are customers to our scientific statements?
- Why are key stakeholders interpreting evidence in different ways?
- What is needed to close the gaps in scientific belief alignment?

A good approach to scientific belief alignment includes the following steps:



Those tied to traditional metrics may find this new territory challenging. But, measuring this crucial attitudinal shift is mandatory to unlock the medical function’s strategic value.

## Beyond data dissemination

*“A core remit for medical affairs teams is to share an explicit scientific position and an opinion on how the product should be used in clinical practice, and bring reactions and insights from the HCPs back to our organizations.”*

**Andrew Fariello**

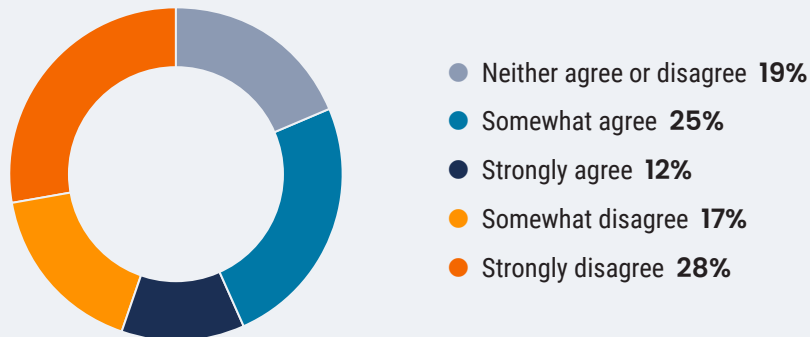
Medical Expert

(former VP Global Medical Affairs, Head Medical Excellence Oncology, AstraZeneca)

To be truly strategic, medical affairs needs to go beyond disseminating evidence. They must also share an explicit scientific position on its interpretation, including implications for clinical practice. However, the biopharma industry still debates whether medical affairs should have, and share, a scientific position on how they interpret the evidence they present and/or what that means for clinical practice.

When asked if it is appropriate for MSLs to express their scientific opinion on data when presenting to a KOL, **field medical teams are split.**

It is acceptable for an MSL to express their opinion on data when presenting scientific evidence to a KOL.



As a result, medical leaders appear divided into two distinct camps when it comes to this strategic aspect of medical affairs' role. The first group maintains a traditional perspective: medical affairs should provide raw, unbiased data and evidence, while the interpretation, positioning, and clinical relevance of that data are outside the function's remit. Some view the latter as promotional and something that should be handled by commercial teams. Others believe that KOLs are reluctant to receive interpretation of evidence from medical teams.

The second group argues that the core value of medical affairs lies in translating data into its practical implications for clinical practice and offering and discussing a clear view on product use. They feel the function's strategic value is drastically diminished without this role, characterizing discussions that only share untranslated data as superficial and a failure to achieve genuine scientific exchange.

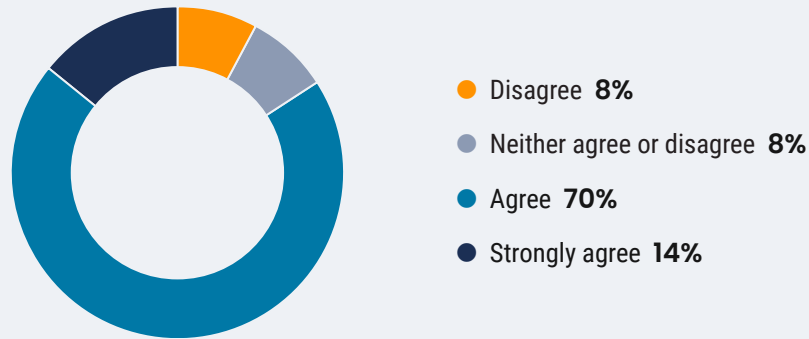
## Scientific opinion: A KOL perspective

When it comes to KOLs, however, we don't observe this same split. In fact, they feel that sharing scientific opinions is key for informed, transparent scientific exchange that helps them formulate their own position.

**Recent research** confirms this sentiment: 84% of KOLs feel it is appropriate for biopharma companies to share an explicit opinion on how their products should be used in clinical practice.

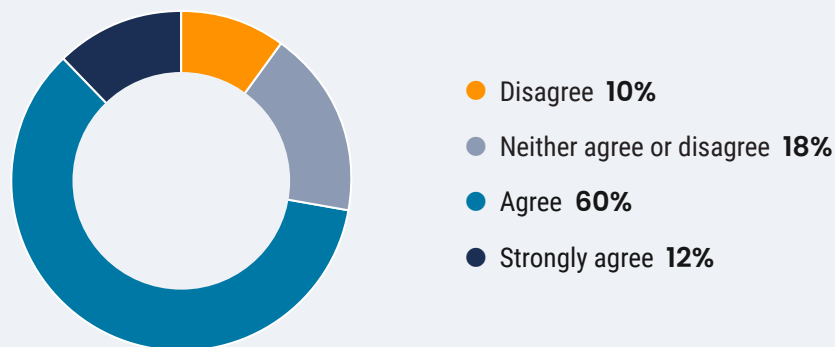
Most KOLs want biopharma companies, and field medical teams specifically, to share their scientific opinion.

It is appropriate for biopharma companies to **share an explicit opinion** on how their products should be **used in clinical practice** (in a compliant way).



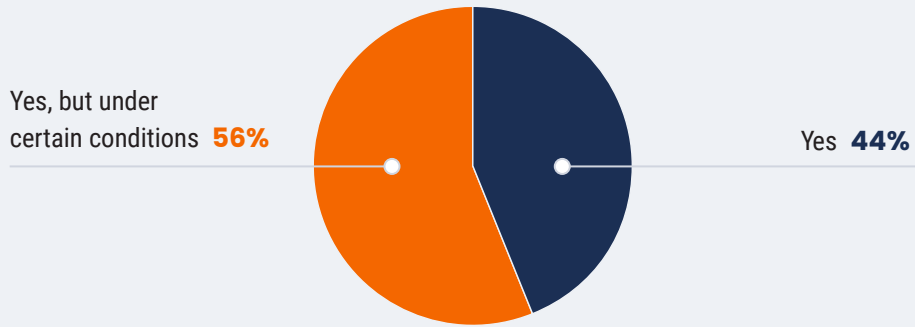
Seventy-two percent of KOLs surveyed also agree or strongly agree that when presenting evidence, it is appropriate for biopharma companies to share an explicit opinion on the interpretation of evidence.

When presenting evidence, it is appropriate for biopharma companies to **share an explicit opinion on the interpretation of this evidence** (in a compliant way).



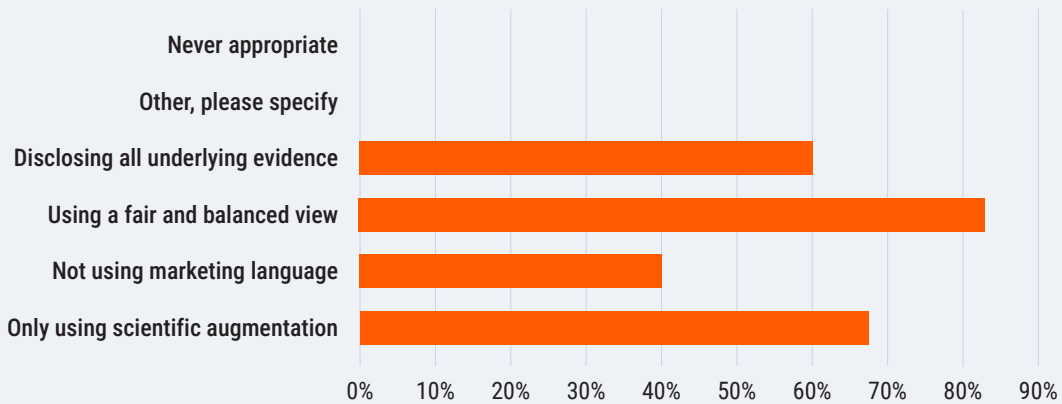
And 100% of KOLs surveyed believe it is appropriate for medical field teams (MSLs) to share the scientific opinion during interactions with healthcare professionals.

Is it appropriate for medical field teams (MSLs) of biopharma companies to **share their scientific opinion during interactions with healthcare professionals** (in a compliant way)?



Those KOLs who believe sharing an opinion is only appropriate under certain conditions stress that it must be fair and balanced.

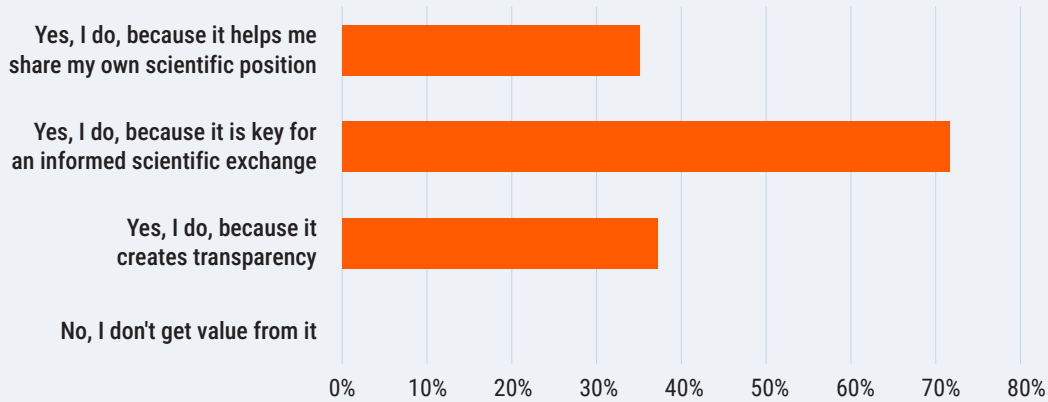
Which conditions need to be fulfilled to make sharing the "corporate" scientific opinion appropriate?



Source: [2025 KOL Satisfaction Report](#)

However, **all KOLs** say they benefit from the sharing of corporate scientific opinion.

### Do you get value from representatives of biopharma companies being explicit about the company's scientific opinion?



Source: [2025 KOL Satisfaction Report](#)

Our expert contributors agree: the fundamental role of medical affairs is not merely to deliver data, but to transform it into a meaningful scientific narrative and expose this in scientific exchanges with their key stakeholders.

Biopharma companies generate immense clinical evidence, but its value is lost without a clear expert perspective on how it improves patient care.

*“If you're providing information, but not creating a space of conversation and opinion exchange on how that resonates in every patient profile, you are missing the opportunity to evolve practice.”*

**Patrick Laroche**

Vice President, Medical Affairs EMEA, Johnson & Johnson Innovative Medicine

## Defining the position: Narrative over data

*“Alignment should not be with the scientific data, but with the scientific narratives. The real art is translating data into what it means for clinical practice.”*

**Mohamed Samir**

Vice President, Hematology, Global Medical Affairs, BeOne Medicines USA  
(former Chief Medical Officer, Global Oncology, Takeda)

The “scientific position” – also referred to as the “scientific narrative,” “scientific key messages,” and “scientific reason to believe” – must go beyond raw clinical trial results and focus on how this data translates to patient care.

The formulation of the **scientific narrative** must begin as soon as the initial evidence is available. Medical affairs should be involved at this early stage, running in parallel with clinical development and providing crucial contributions by:

- 01.** Offering valuable **regional and local insights** (such as care pathways, HCP preferences, and treatment landscapes).
- 02.** Carefully **testing the developing narrative** through early interactions with key stakeholders.

Typically, the narrative is fully refined, cross-functionally aligned, and “locked in” when the evidence package is ready for regulatory submission. From this point onward, medical affairs is the only function that externally presents the narrative until regulatory approval is attained and commercial can communicate based on the license.

This early activity positions medical affairs to capture critical insights on how the narrative resonates, which aspects are convincing, and where perceived shortcomings exist. The key steps in this targeted scientific education are outlined in our [previous paper](#).

Sharing an explicit scientific position during these interactions is critical to advancing scientific belief alignment. When properly framed, the scientific position is inherently patient-centric, connecting evidence to specific patient profiles and clinical situations.

“The scientific opinion is the conjugation between what the evidence is telling us and the specific situation of a patient segment or a given patient profile that makes that opinion important,” says Laroche. “That’s where the real value is and why we need to have an opinion.”

Using this approach allows MSLs to shift their focus from “What is the data?” to “What does the data mean for your patients?” – a conversation highly valued by busy clinicians.

*“Medical’s role has shifted from being a data transmitter to a scientific interpreter. The scientific complexity and the volume of data has increased substantially and HCPs do not have the time nor the bandwidth to digest it all.”*

**Pascal Vande Gucht**

Head, Medical Digital & Analytical Solutions, UCB

## Scientific opinion and the evolving role of medical affairs

Some medical affairs teams seem more reserved when it comes to owning an explicit scientific opinion. However, owning this opinion is increasingly integral to medical affairs’ role as it undergoes a fundamental evolution, shifting from a support function to a strategic pillar of the organization, alongside commercial and R&D.

Reasons for this transformation include:



### Increased data complexity

The era of one blockbuster product supported by one simple trial is over. Today's assets – particularly in oncology or immunology, gene therapies, and specialized medicine – are supported by vast, sophisticated, and often fragmented data sets. This complexity requires a knowledgeable expert to contextualize the information.



### Higher regulatory and ethical thresholds

Public scrutiny and stringent regulations forced a stronger separation between commercial and medical activities. As a result, a distinct, modern medical affairs function was created to provide a transparent, medically trained expert voice. Today's assets are backed by unprecedented rigor across R&D studies, regulatory evaluations, and HTA assessments, giving medical the authority and the evidence package to provide decisive, evidence-based guidance.



### Customer demand and scientific partnership

**Data** shows that medical experts not only want this evolved role, but appreciate when companies share specific interpretations about products they have developed. They find this input valuable, even if they don't agree. This misalignment sparks the critical scientific debate needed to advance medicine and ensure patients receive optimal care.

*“Going from a function that merely shares data to a trusted partner for deep scientific exchange is a natural evolution for medical affairs. Building on long-standing capabilities, we now deliver a broader range of services and create even greater value for HCPs and KOLs.”*

**Patrick Laroche**

Vice President, Medical Affairs EMEA, Johnson & Johnson Innovative Medicine

Therefore, the argument is no longer about whether medical can share a position, but whether it *must* – to fulfill its core mission of translating science into better patient outcomes and securing its role as a strategic leader.

## The compliance challenge: A mindset problem?

Medical affairs often cite compliance as:

- A reason for limiting the sharing of scientific opinion
- An obstacle in measuring medical impact

To mitigate compliance risk, teams must ensure the narrative is always **evidence-based, objective, and non-promotional**.

The issue is not the *existence* of a position, but the *motivation* behind it. The scientific narrative focuses on explaining what the data shows, the interpretation of it, and why it's believed the product is the right choice for specific patients at a specific time, based on the evidence. "The true value of medical affairs is its commitment to transparency – highlighting the positive, the negative, and the gaps in the data," says Mark Rees-Saunders, international MSL and medical excellence lead at Exact Sciences. "This behavior has been fundamental in allowing MSLs to develop trusted and credible scientific relations with their HCPs."

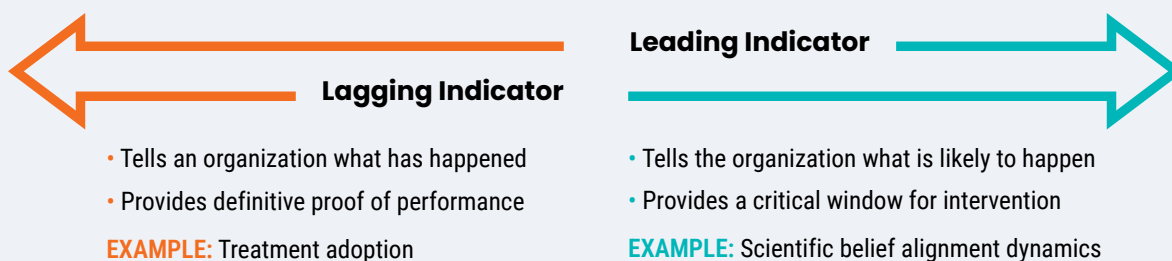
But, how compliance colleagues evaluate field teams sharing a clear scientific position can vary widely. Their judgment depends on factors like the company's definition of medical affairs, the context and objectives of the communication, and their interpretation of relevant local regulations.

## Measuring belief: The strategic value

If expressing a scientific opinion is central to medical affairs, then measuring how that opinion is received is essential for gauging the function's effectiveness and knowing when to adapt.

SBA is best understood as an **attitudinal metric** – a proxy for conviction, belief, or commitment that precedes a change in behavior. "During drug pre-approval, you rely predominantly on perceptions and beliefs," says Andrew Fariello, medical expert and former vice president global medical affairs, head of medical excellence oncology at AstraZeneca. "These are critical because they serve as the leading indicators of product adoption and launch performance."

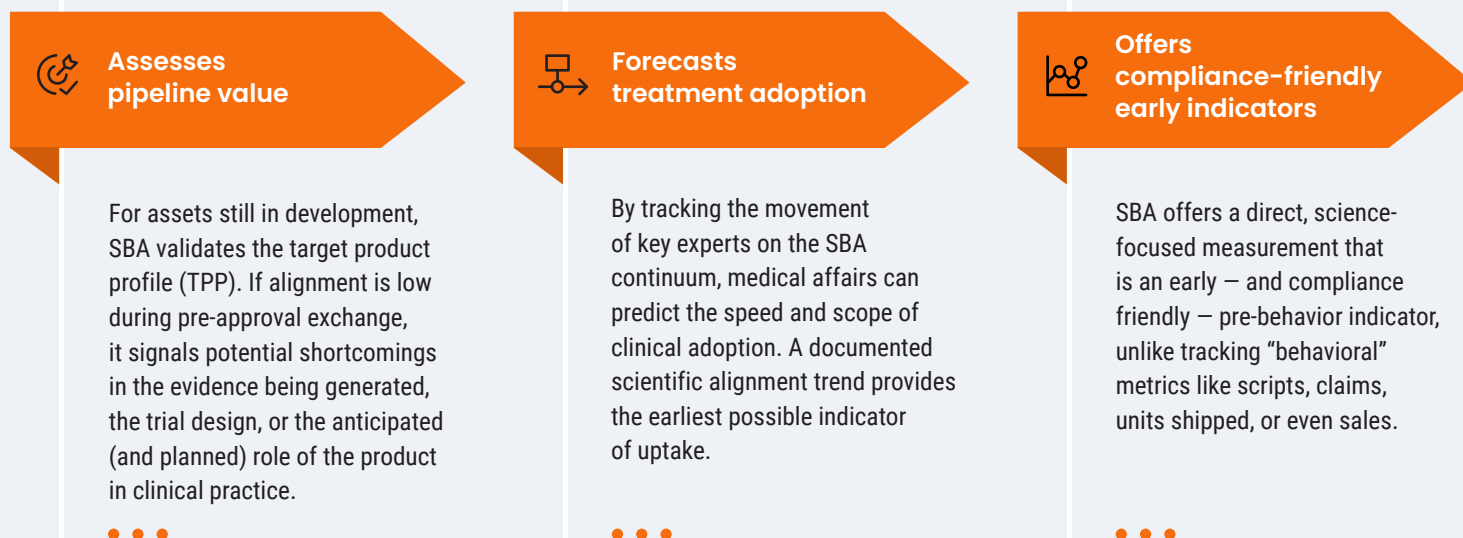
**SBA can help medical affairs understand what has happened or is likely to happen.**



SBA provides the earliest possible indicator of later adoption. For pipeline planning and forecasting, this metric is invaluable and allows companies to correct its evidence generation, positioning, or communication strategy before launch.

But even with in-market products, organizations that use SBA observe that a shift in scientific conviction often precedes a corresponding change in actual patient treatment patterns. Therefore, SBA can play an important role in forecasting impact on clinical practice and validating the effectiveness of product strategy.

## The strategic impact of SBA across the product lifecycle



Focusing on SBA can help the organization shift from merely reporting past performance to actively monitoring, predicting, and shaping future clinical practice.

## The bidirectional value of disagreement

*“If you meet someone who has a different opinion, take it as a valuable opportunity to learn something.”*

**Mark Rees-Saunders**

International MSL and Medical Excellence Lead, Exact Sciences

The greatest value of SBA lies in identifying disagreement, not merely validating success. If the goal is shared understanding of the evidence, the metric must be bidirectional.

To successfully measure scientific belief, the organization must adopt a clear principle: stakeholder disagreement is an organizational opportunity, not a field team failure. Treating it as a flaw in execution leads to superficial reporting and missed opportunities for insight.

“Bringing insights back to the organization lets us respond quickly and change our thinking, especially if what we believe is not aligned to what the HCP community believes,” says Fariello.

The core challenge for medical affairs leadership is to foster a culture that views intellectual tension as an opportunity, not a threat. When scientific disagreement is treated as a failure, there are negative consequences that cascade throughout the organization, including:

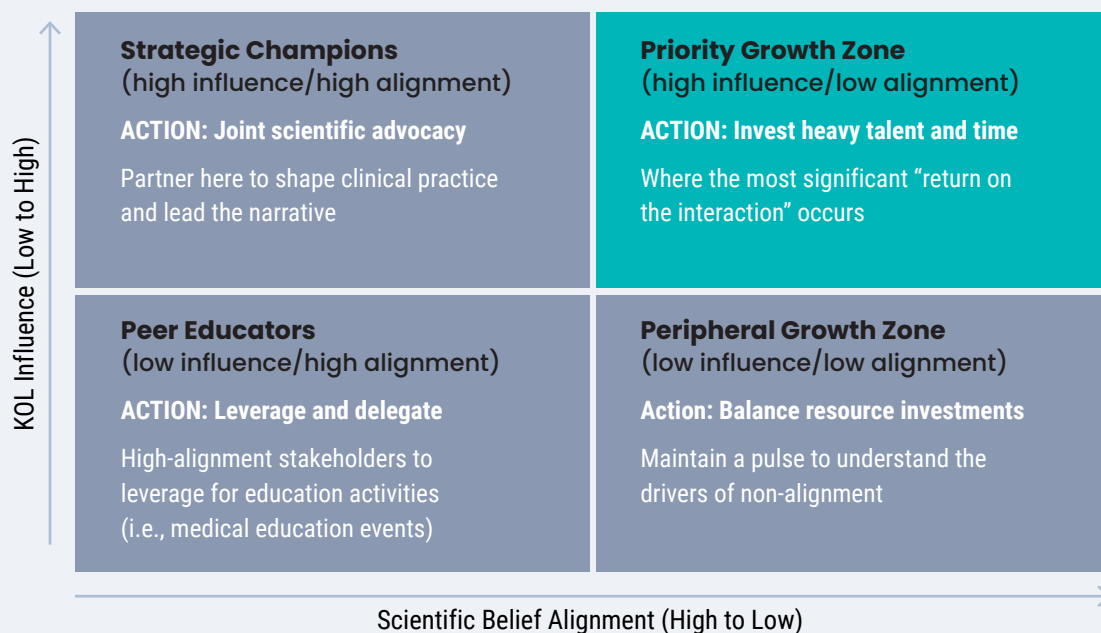
- 01. Lost scientific insights:** If an MSL fears documenting a “non-aligned” observation, they will avoid probing the underlying reasons for the disagreement. This means the company never learns why its evidence package or scientific narrative is failing to resonate. The most critical information – the medical insight that can inform clinical development, publication strategy, or messaging – is suppressed.
- 02. Superficial relationship building:** Instead of engaging in the deep, challenging dialogue that experts value, MSLs gravitate toward “easy conversations” with already-aligned supporters, essentially validating existing beliefs. This turns the MSL role from a genuine peer exchange into a less impactful, transactional interaction.
- 03. Compromised data integrity:** By inflating positive alignment to avoid perceived failure, the field data becomes unreliable, painting a falsely optimistic picture of the scientific landscape. This compromises the value of SBA as a strategic diagnostic tool, leading leadership to make decisions based on inaccurate perceptions of expert conviction.

Medical leaders must consistently emphasize that disagreement acts as a trigger for strategic action, not a stop sign. It validates that the medical affairs function is having meaningful debates with the right experts.

## Resource allocation

Beyond gathering insights, SBA creates a critical dimension for stakeholder segmentation and targeting that goes beyond simple influence. It allows teams to identify the highest-value targets: experts who are highly influential but currently not aligned to the scientific narrative.

### Strategic alignment of resources and influence



This approach helps you assess your stakeholders, based on the definitions below, and then appropriately allocate resources.

**Priority growth zone:** This quadrant highlighted in the matrix above represents an organization's most significant investment in both time and talent – to access those stakeholders who have high influence, but low alignment. While traditional metrics might simply track the frequency of interactions in this space, SBA allows medical affairs to measure the actual return on that investment.

**Peer educators:** These stakeholders are in high alignment but have lower influence. This group is important to leverage for activities like speaking at your medical education events and delivering peer-to-peer education. They usually have greater bandwidth or are keen to position themselves and should be more open to collaboration with regards to education.

**Strategic champions:** Consider this group who have high influence and are highly aligned as the most important supporters of your narrative. Think carefully how you can goal align and cooperate with them and where you join forces to shape clinical practice.

**Peripheral growth zone:** While you might want to balance your investments to these lower influence targets with low alignment, it's still important to stay close to them to understand what is driving that non-alignment.

Your investments in engaging with these groups should reflect the strategic value each segment has for you. For example, motivating your field teams to get to stakeholders who are in the priority growth zone quadrant might take them more time and more efforts. Make sure your operational metrics (visits per week/months) do not counter act these initiatives.

By focusing on scientific alignment in this way, leadership can ensure that their most influential experts aren't just being reached, but are actually moving toward a shared understanding of the evidence. This depth of insight is what justifies the high resource allocation and transforms a standard relationship into a strategic partnership.

## Operationalizing and validating scientific belief alignment

While the conceptual value of SBA is high, implementation is notoriously difficult, primarily due to accuracy and validation issues. However, organizations that take steps to address bias, implement standardized processes, and apply multi-source validation can overcome these challenges.

### Overcoming bias in measurement

Since SBA measures attitude, it is not easy to quantify. Attitudes cannot be observed directly. They can only be asked for or their consequential or resulting behavior can be observed.

However, inferring attitude from behavior alone is risky, as actions do not always perfectly reflect belief. Furthermore, alternative methods like surveys are not immune to error and suffer from inherent biases in how questions are framed or results interpreted.

Therefore, the primary obstacle in measuring SBA is bias, particularly within the MSL-stakeholder exchange. While MSLs are uniquely positioned to assess stakeholder alignment during peer-to-peer exchanges, linking this metric to individual performance targets creates a conflict of interest.

If MSLs feel pressure to “score well,” the data becomes corrupted by optimism bias. When the measurement of alignment is tied to a personal metric or compensation, it creates immediate pressure – and an incentive – for the MSL to self-report higher, more positive scores, effectively treating the alignment score as an easy-to-hit personal KPI. Therefore, when done, these assessments should be implemented in a non-target and non-incentivized way and guidance should be provided.

“The moment MSLs realize this might be a personal objective, anxiety sets in,” says Mohamed Samir, vice president, hematology, global medical affairs at BeOne Medicines USA and former chief medical officer, global oncology at Takeda. “They perceive it as a measure of their individual performance, which ultimately produces data that does not truly reflect the scientific landscape.”

Ensuring the focus is on organizational strategy, not individual performance, can help medical affairs mitigate this. The MSL is the “measuring tool” responsible for diagnosing gaps, not the sole person responsible for closing them. “Once field teams realize the data’s purpose is to inform strategy and not measure their performance, you see a reduction of bias relatively quickly,” shares Laroche.

# Building an operational framework for success

*“MSLs shouldn’t spend time curating complex reports. Instead, they should simply select a score and document the reason for alignment or disagreement in a structured CRM field.”*

**Patrick Laroche**

Vice President, Medical Affairs EMEA, Johnson & Johnson Innovative Medicines

Organizations that are successful in capturing SBA usually employ a structured framework – define, align, anchor, and capture. Following these key actions streamlines the approach and removes any ambiguity from the process.

Define the concept	Align internally	Anchor to scientific concepts	Capture seamlessly
<p>Clearly articulate what scientific alignment entails.</p> <p>This requires choosing a specific metric that might include:</p> <ul style="list-style-type: none"><li>• Agreement with a core scientific statement</li><li>• Stated conviction about adherence to a patient journey</li><li>• Theoretical conformity to guidelines</li><li>• Agreement to a specific treatment choice (as best option) within a clinical case study</li></ul>	<p>Internal alignment must precede external measurement.</p> <p>It must be explicit and within medical affairs, but also with market access and commercial.</p> <p>Before engaging stakeholders, the organization must explicitly define its scientific position in writing. This is typically done in the target product profile (when still in clinical development) and later in the brand and medical plans.</p> <p>This process is critical, as it often uncovers subtle but significant internal disagreements with regard to the internal interpretation of the evidence or the role of the product in clinical practice that were previously overlooked.</p>	<p>To maintain scientific rigor, assessments should focus on specific disease concepts, explicit patient cases, or scientific messages, rather than broad metrics like product favorability or individual attributes.</p>	<p>Minimize friction in the data capture process, whether the source is a survey, an interview, or a field report.</p> <p>For MSL teams specifically, the CRM must serve as the single, centralized interface for all data entry.</p>

Detailed examples of operationalizing the SBA can be found in the [Appendix](#).

## Validating scientific belief alignment reporting

Self-reporting is a common method for MSLs to capture SBA, helping to show medical impact and predict future clinical practice change. As mentioned earlier, since bias is often introduced during this subjective reporting, it’s essential that teams use other sources to validate that the reported insights reflect the actual level of alignment.

Multi-source validation leverages diverse data streams that are then applied to and layered with the MSL's assessment. Fariello explains, "You take signals from external sources like deep customer data, then combine that with information input into CRM by the MSL and other insights."

Let's look at the two key categories of existing validation solutions:

### 01. Corroboration via attitudinal data

This method validates the MSL's score by comparing it to other independent, non-incentivized inputs about the expert's public attitude and scientific activity.

- **Scientific footprint and sentiment analysis:** Advanced tools can analyze unstructured data from an expert's public scientific presence (e.g., publications, congress presentations, social media, clinical trial participation). If an MSL scores an expert as "aligned" but that expert has recently published a conflicting scientific narrative, the system flags it.
- **External market research:** While more costly, a periodic, blinded survey of a core cohort of targeted experts — asking the same patient-profile-based questions used in the CRM data capture — provides an invaluable external benchmark against the aggregated field scores. This helps calibrate and correct for systemic internal bias.

### 02. Validation via compliant behavioral proxies

Behavior is the ultimate indicator of alignment. Since most consider medical affairs linking activities to scripts or sales revenue as non-compliant, validation relies on proxies that demonstrate conviction without referencing commercial outcomes. This also creates a link to the next module in the [medical impact model](#) — clinical practice optimization.

Samir views scientific evidence as the primary basis for clinical confidence. "When I am scientifically convinced," he explains, "that confidence informs my understanding of how a therapy may be appropriately considered in clinical practice, consistent with its approved use, individual patient needs, and body of evidence."

The most impactful proxies derived from real-world data (RWD) and claims data include:

- **New patient starts/uptake:** Tracking the initiation of the therapy in a defined patient segment (i.e., the *first* prescription for the *right* patient profile) is a strong indicator of an expert's conviction.
- **Adherence and persistence rates:** If alignment is high, it should correlate with the expert having a greater belief in the drug's utility, leading to repeat prescriptions and hence more long-term use. Lower-than-expected adherence for an aligned expert may signal non-scientific hurdles (e.g., reimbursement, side effect management protocols), providing a critical diagnostic insight. Positive attitude of HCPs towards a product also leads to better patient adherence.

As data volume increases and technology advances leveraging AI, multidimensional methods for validation will emerge. For example, a modern platform could aggregate diverse data points to generate a "confidence score," signaling how probable the MSL assessment is when comparing with external sources. By weighting various sources, the score could mitigate individual bias and provides an objective benchmark.

Medical affairs leadership could then use these scores to prioritize oversight: high-confidence data requires less intervention, while low confidence — often caused by contradictory external data — triggers deeper investigation into the underlying scientific divergence.

## SBA: An active driver of strategy

SBA can be a passive metric — something you observe and learn from. But the real value comes when it’s an active driver of strategic decisions. For example, SBA can identify critical gaps in the alignment journey, provide insight for creating personalized journeys for important KOLs, and, as mentioned earlier, better allocate resources to focus on the highest-valued experts.

### Diagnosing gaps

SBA can function as a vital diagnostic tool, identifying the attitudinal breakdown point in the journey from awareness to clinical adoption. This diagnosis allows medical affairs to direct resources to fix the right problem, whether an internal issue or an external systemic hurdle.

For example, if SBA is low, medical affairs might look at possible causes and how to rectify each.

Possible cause		Action
Scientific narrative is weak	→	Reassess content or communications strategy
Wrong evidence is being shared	→	Ensure content reflects most up to date information and use right evidence at the right time
Team is talking to the wrong experts	→	Review and adjust targeting

### Creating 1:1 KOL personalized journeys

SBA enables truly personalized engagement by integrating internal data to map a unique belief continuum for every expert.

“If we assess the many indicators of alignment coming from multiple data sources, we increase the confidence of where an HCP is on the belief continuum,” says Fariello. “We can then determine the next best scientific action medical affairs should take.”

An advanced system leveraging this data can predict this next best action (NBA) — whether it be a conversation, channel, or evidence set — required to move an individual expert to the next stage of conviction without wasting their time.

HCPs, like Dr. Vital Hevia, urologist and robotic surgeon at ROC Clinic and HM Hospitals, agree. “Physicians have limited time and don’t need repetitive information, so the transfer must be efficient, with scientifically trusted information coming through the right channel,” he says. “Every interaction should inform the next communication.”

Unlocking next best action recommendations allows medical affairs to evolve from simple coverage metrics to strategy orchestration. For instance, if a KOL accepts a mechanism of action (MOA) but questions the patient profile, the system recommends a targeted discussion on sub-group data rather than a generic MOA review.

## The role of AI in SBA

AI has emerged as a primary tool for healthcare professionals (HCPs) seeking scientific information with [nearly 70% of physicians using it daily](#). This usage is only poised to grow as a new generation of physicians, trained in the digital age, views AI as an integral element in how they get their work done.

As HCPs continue to use AI, an MSL’s true differentiator will shift from disseminating data to interpreting and sharing scientific opinion. As mentioned earlier, [research](#) shows that KOLs clearly value this scientific exchange with MSLs – 100% agree that it’s appropriate for MSLs to share their scientific opinion during interactions.

The role also includes listening for alignment or disagreement and bringing that information back to the organization. Valuable learnings and debate that come from these interactions, especially when it comes to disagreement, cannot be replaced by technology.

Therefore, while AI can provide certain information, medical affairs expertise is essential when sharing scientific opinion in the field and helps:

- Enrich evidence with proprietary company data and internal insights.
- Contextualize findings based on ongoing dialogues with other global experts.
- Map the “knowns and unknowns” by identifying knowledge gaps and misconceptions.
- Facilitate high-level debate by applying deep product expertise to complex scientific conversations.

To remain indispensable, the function must move beyond information sharing to actively optimizing clinical practice and patient outcomes.

Fariello reflects, “If sharing the scientific position and discussing it based on the evidence is not our role, what will we do when AI is fully reliable to provide all accurate and relevant medical information even to the level of individual graphs or Kaplan Meier curves, when access to primary data is fully democratized.”

He also ponders how this will affect various teams within biopharmas. “You might not need a team that just answers questions, but you still need MSLs to provide a view on where evidence fits and to identify agreement or disagreement,” he says. “When there is misalignment, MSLs should uncover the barriers to adoption. Medical affairs is critical for these deep conversations.”

There will be a place for AI, but as [Carlos Eid](#), medical influencer, cautions, “Either we empower MSLS to reach their full strategic potential, or risk having their impact replaced by digital tools and automation.”

**Read our new white paper, *The Role of Medical Affairs in Times of AI*.**



## Conclusion

While scientific belief alignment is important, it's the means to the end goal — **improved patient outcomes** — and the metric that measures the crucial conversion of scientific exchange into therapeutic conviction. It is the necessary transition point that proves medical affairs is not just busy, but *effective*.

Patient-centricity should be the industry's north star. “Help get the right patient on the right product,” says Rees-Saunders, “downstream outcomes — including uptake — follow naturally as a result of sound clinical decision-making.”

By embracing SBA, medical affairs gains the ability to:

- **Own the scientific narrative:** Position the company as the authoritative voice on evidence and appropriate product use.
- **Drive strategy through insights:** Systematically identify and act on disagreement, challenging the company to improve its data and messaging.
- **Direct resources effectively:** Target high-important, non-aligned experts where the work is difficult but the impact is greatest.

The future of medical affairs demands a new level of strategic authority that will only be earned by moving away from activity reports and focusing on measurable outcomes. A decisive first step on the journey toward demonstrating its critical impact on clinical practice and patient lives is operationalizing and validating scientific belief alignment.

**Stay tuned for our next paper in the series on clinical practice optimization.**



## APPENDIX

# Example: A Step-by-Step Approach to SBA

# 01

Decide which products/indications SBA will cover.

OWNER

Medical Leadership

## RECOMMENDATIONS

Start early with the products and indications that are most strategically relevant to you. Scientific belief alignment can be measured even before approval, but the process and questions must stay within your compliance guardrails.

# 02

Translate company's scientific position/narrative into concrete patient profiles.

OWNER

Medical compound/brand team

## RECOMMENDATIONS

- Allow sufficient time to discuss with colleagues. Ensure all available evidence is taken into consideration.
- Create no more than 3 patient profiles/sub-populations per indication.
- Think beyond label indication. It's not about eligibility for the treatment, but scientific conviction that this product is the right one for this patient profile.
- Make the patient profile as specific as possible so you'll know if your KOLs follow your interpretation of the evidence down to the level of individual patients.

## EXAMPLE

*Which patient sub-populations benefit more from the company's products – according to the company's interpretation of the evidence – than from the therapeutic alternatives? At which point in the treatment pathway and based on which evidence?*

# 03

Turn patient cases into multiple choice questions.

OWNER

Medical compound/brand team

## RECOMMENDATIONS

- Don't use more than 5 answer choices.
- Create only one "right" answer that identifies scientific alignment.
- Log answers in CRM, noting if there is scientific alignment (or not) on patient case with KOL.
- Plan how you will analyze and present the data before you capture it.

## EXAMPLE

*Imagine an X-year old patient with the following pre-treatments, comorbidities, and genetic markers. According to your interpretation of the current evidence, which of the following treatment option is the most appropriate?*

# 04

**Train MSLs to ask KOLs the multiple choice question – explicitly or implicitly – every time they engage.**

**OWNER**

**Field medical leaders  
Medical compound/brand leaders**

## RECOMMENDATIONS

- MSLs do not need to repeat the question at every engagement. They will know from conversation with the KOL if they have changed their mind since the last interaction.
- Keep in mind that for many, this will be a very new way of working and differs from traditional scientific data dissemination. It is vital to train your MSLs so they feel comfortable and confident asking about the specific patient cases and having discussions on the interpretation of the evidence.

# 05

**Provide guidance on and prioritize patient profiles/questions.**

**OWNER**

**Field medical leaders  
Medical compound/brand leaders**

## RECOMMENDATIONS

- This is an important step since MSLs cannot always check on every case identified in Step 2. Communicating regularly with MSLs about which case has the highest strategic relevance helps them prioritize accordingly or shift focus if priorities change.
- Provide guidance on how to discuss the answer. In most instances, a conversation on the company's scientific position/interpretation of the evidence will follow. Make sure your MSLs are well versed on how to have this conversation.

# 06

**Pull data quarterly/prepare dashboard.**

**OWNER**

**Medical analytics team**

## RECOMMENDATIONS

Dashboard should show the SBA dynamic:

- Per case (% of KOLs in the selection who are aligned to each patient case)
- Per KOL population (% of aligned vs non-aligned KOLs on all cases)

# 07

**Review data internally/gather any necessary additional information from field leaders.**

**OWNER**

**Medical compound/brand team**

## RECOMMENDATIONS

- Don't treat non-alignment as a field-failure. It's an opportunity to gain very critical insights on what works versus what does not.
- If MSLs feel SBA is a performance metric, this will introduce a large bias.
- Field teams are responsible for the effective capture of SBA. However, moving the KOLs along the SBA continuum is a team effort.

# 08

**Evaluate if MSL assessments require external validation.**

**OWNER**

**Medical compound/brand team**

## RECOMMENDATIONS

**If yes and it's viable budgetwise:**

The compound/brand team selects a market research agency that recruits individual KOLs for phone interviews (based on a list of the KOLs in selection). During these interviews, the agency asks KOLs the same multiple choice questions on the patient cases the MSLs are using.

*Note: This should not be done online to ensure that the targeted individual is answering the questions.*

The data will be anonymized, but provides, even on an aggregate level, a validation of the internal measurements. A small positive deviation of the internal data is to be expected as there is question and answer bias when humans interact face-to-face, but if the results deviate largely a diagnostic will need to be run to identify the cause.

# 09

**Apply results to medical planning.**

Use validated results as a baseline for medical planning, identifying the target SBA level and outlining the specific activities and timelines necessary for achievement.

**Utilize results for strategy optimization.**

Leverage SBA results over time to track performance and optimize planning including reviewing individual activities, targeting, and allocating resources.

**Share results to create cross-functional alignment.**

Present results in cross-functional meetings to show the value of the function and align on corrective actions that lie outside of the function's remit (i.e., price or access limitations).

**OWNER**

**Medical compound/brand team**

## RECOMMENDATIONS