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WHITE PAPER

Sentiment and Advocacy Tracking in Biopharma

"Medical affairs has moved beyond responding to questions and sharing data to shaping evidence-planning and gathering insights — helping the organization understand what HCPs and patients really need," says Jamie Baldus, director, global field medical excellence at Biogen. An important part of this evolving role is the sharing of a critical asset: data on sentiment and advocacy.

Teams have traditionally used this information to tailor pre-launch field medical education, which has been shown to improve treatment adoption by 50%. It is also helping them better engage a new breed of HCP: digital KOLs and rising stars, who are four times more likely to adopt new treatments, greatly impacting launch success.

Now this intelligence is becoming highly valued outside of medical affairs, driving strategic decisions across the entire biopharma organization, including areas like clinical trial design and commercial launch plans. "Sentiment and advocacy provide a clear picture of the decision-making across HCPs, even down to regional and local differences," says Baldus. Improving measurement of this data can help medical affairs demonstrate its impact and reinforce its role as a critical partner in improving clinical outcomes.

This white paper explores how leading teams capture, analyze, and share sentiment and advocacy, elevating medical affairs as a strategic partner and supporting high-level decisions across the biopharma organization.



50%

Improvement in treatment adoption through pre-launch field medical education.

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>
> **Jamie Baldus**
> **Director, Global Field Medical Excellence, Biogen**

Defining the foundation: Sentiment versus advocacy

Sentiment and advocacy are related but distinct concepts. Sentiment is an internal belief, while advocacy is an external action.

SENTIMENT (INTERNAL)

An HCP's attitudes, beliefs, and internal feelings regarding a disease state, therapy area, or clinical data. It's often captured during standard scientific dialogue but is difficult to measure due to subjectivity.

ADVOCACY (EXTERNAL)

Observable behaviors and actions that actively support a clinical approach or product. Examples include endorsing and communicating guideline recommendations, public speaking, or participating in clinical trials.

Leading medical affairs organizations rely on assessing sentiment and advocacy to gain a deeper understanding of healthcare professionals (HCPs). "We adapt our actions to meet their needs rather than vice versa," says Rubdeep Bindra, medical director, medical affairs at Novo Nordisk Canada Inc. "Not everyone fits into a single bucket, so this approach allows us to better connect and establish trust with these stakeholders."

Others use it to gauge how effectively the scientific narrative is resonating. "In the pre-launch phase, sentiment can be a leading indicator," says Baldus. "It sheds light on how ready the community is for new data, where there are misconceptions or barriers with the data, and how people are processing early evidence." By identifying these early signals, teams can anticipate HCP needs as they transition through the product lifecycle, from clinical interest to active adoption. "When it comes to launch time, it also helps us understand evolving sentiment in real time so we can adapt education efforts and evidence plans accordingly."

An essential part of bridging strategy with measurable impact is standardizing definitions for sentiment and advocacy across medical affairs and related functions. Clear definitions keep teams focused on true scientific progression rather than activity. After organizations validate shared definitions, they can categorize HCPs by behavior and deliver targeted education that effectively advances sentiment.

Sentiment and advocacy differences across therapeutic areas

Sentiment and advocacy can vary significantly across therapeutic areas (TAs). Bindra says the maturity of the TAs and availability of treatment options are the key drivers. For example, diabetes is an established TA with many treatment options. "In such settings, limited differentiation often shifts advocacy and sentiments towards practical aspects like clinical guidelines, clinical data, cost, and convenience," he says. However, he points out for rapidly evolving TAs, like obesity or oncology where there is an abundance of new information and large differentiation, sentiment and advocacy can change rapidly. Therefore, it's especially important to measure these often stronger swings in sentiments and advocacy in near real time. In addition, other influencing factors include the speed with which evidence is evolving and the specific types of HCPs involved. Differences may exist not only between PCPs and specialists, but also among specialist subgroups (e.g., endocrinologists versus cardiologists).



Advocacy isn't uniform. it varies heavily by disease state, product legacy, and even specialist subgroups.

Baldus emphasizes, "In areas where there's rapidly evolving data or limited treatment options, which is often the case in rare disease, sentiment and advocacy may be a lot easier to track because things are shifting more quickly. HCPs may be more eager for innovation and for something to utilize for that patient population." She says that with established TAs, especially those with legacy products that people are very loyal to, the speed of change and what advocacy looks like varies greatly depending on the disease state.

Varying sentiment and advocacy levels among teams

It's common for different teams, such as medical and clinical, to report varying sentiment or advocacy levels.



Roles within an organization might look at advocacy and sentiment a little bit differently, but when you interpret the data through the lens of each team's overarching responsibilities, you can come to an agreement on how the data needs to be used within the organization."

Jamie Baldus
Director, Global Field Medical Excellence, Biogen

Bindra agrees it's pivotal to share insights across functions in a compliant and regulated manner, where there is no conflict of interest. "This allows us to capture true HCP sentiments in a holistic manner, so we can better target and inform our organizational strategies and tactics."

He adds that clinical teams often feel more ownership because they are running trials and implementing protocols from the start. "Since their advocacy is informed by direct, first-hand experience, they are more obliged to adopt therapies based on the benefits seen," he says. "However, from the medical perspective, advocacy would be based on factors like evidence-based medicine (EBM) and clinical guidelines."

See how medical affairs teams are refining and improving their collection and measurement of insights.

The bias challenge

While MSLs are a powerful source for capturing HCP sentiments, their inputs may carry selection bias and reporting variability. Therefore, the primary challenge remains: to ensure objectivity, consistency, and compliance across the field.

"As with any subjective process, it's good to be aware of inherent biases that might affect what someone reports," cautions Mostapha Haidar, associate director, medical omni-channel and engagement excellence at Novo Nordisk Canada Inc.

> *"There's selection bias where MSLs see their most engaged HCPs, confirmation bias where MSLs interpret interactions according to expectations, social desirability bias where HCPs say what they think the MSL wants to hear, and just general recall bias."*
>
> **Mostapha Haidar**
> **Associate Director, Medical Omni-Channel and Engagement Excellence, Novo Nordisk Canada Inc.**

For Haidar, naming these biases is only the first step — and recognizing them is something every medical excellence function should prioritize. His recommendation: embed bias mitigation directly into the system design.

This means establishing structured validation processes that cross-check field-reported sentiment against independent sources such as digital listening, advisory board outputs, and market research — ensuring that what reaches leadership is representative, not just reflective of whom the field happens to engage most.

Baldus offers two key guidelines for preventing bias:

- Ensure what's recorded reflects the HCP's mindset and not the MSL's assumptions
- Get clarity around sentiment ladder definitions

She says calibration is the best way to tackle these issues, noting, "MSLs ultimately calibrate themselves through structured scenarios, group discussions, and periodic sessions throughout the year to ensure that everyone is capturing sentiment in the same way. This also helps ensure the process is consistent across regions and therapeutic areas, which reduces variability and increases confidence in the data." Relying on internal and headquarter medical directors to establish clear definitions is also important.

Misinterpreting sentiment without having context can be a pitfall, according to Baldus. "Marking them on a ladder isn't enough," she cautions. "It's important to look at not only the sentiment measurement, but also the associated insight to get the why behind it."

Bias Mitigation Checklist

Cross-check data
Validate MSL insights against advisory boards and research

Capture the why
Never record a sentiment score without context

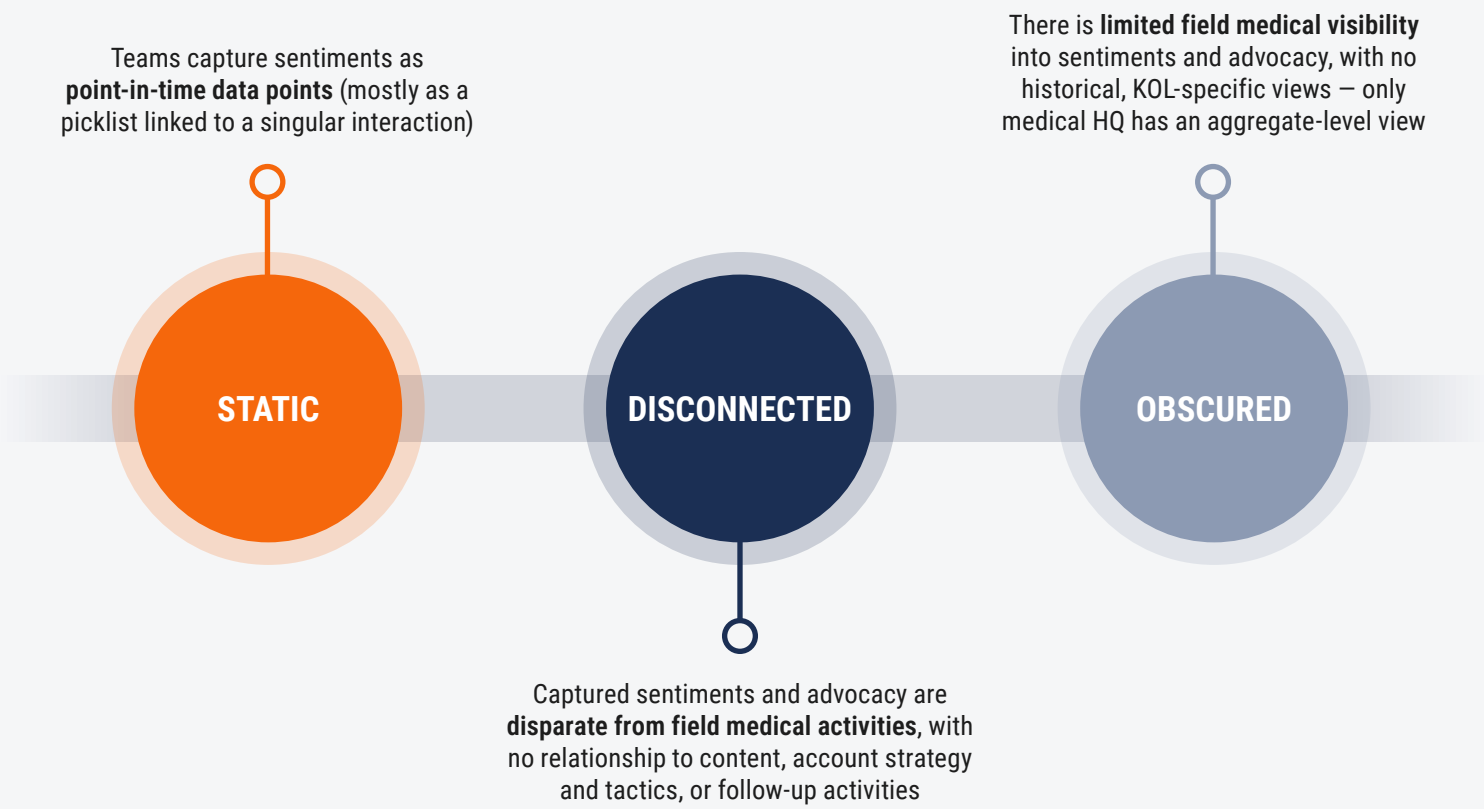
Standardize definitions
Have HQ medical directors define the "sentiment ladder"

Calibrate teams
Run year-round group sessions to align regional sentiment tracking

Connected engagement using advocacy and sentiment feedback

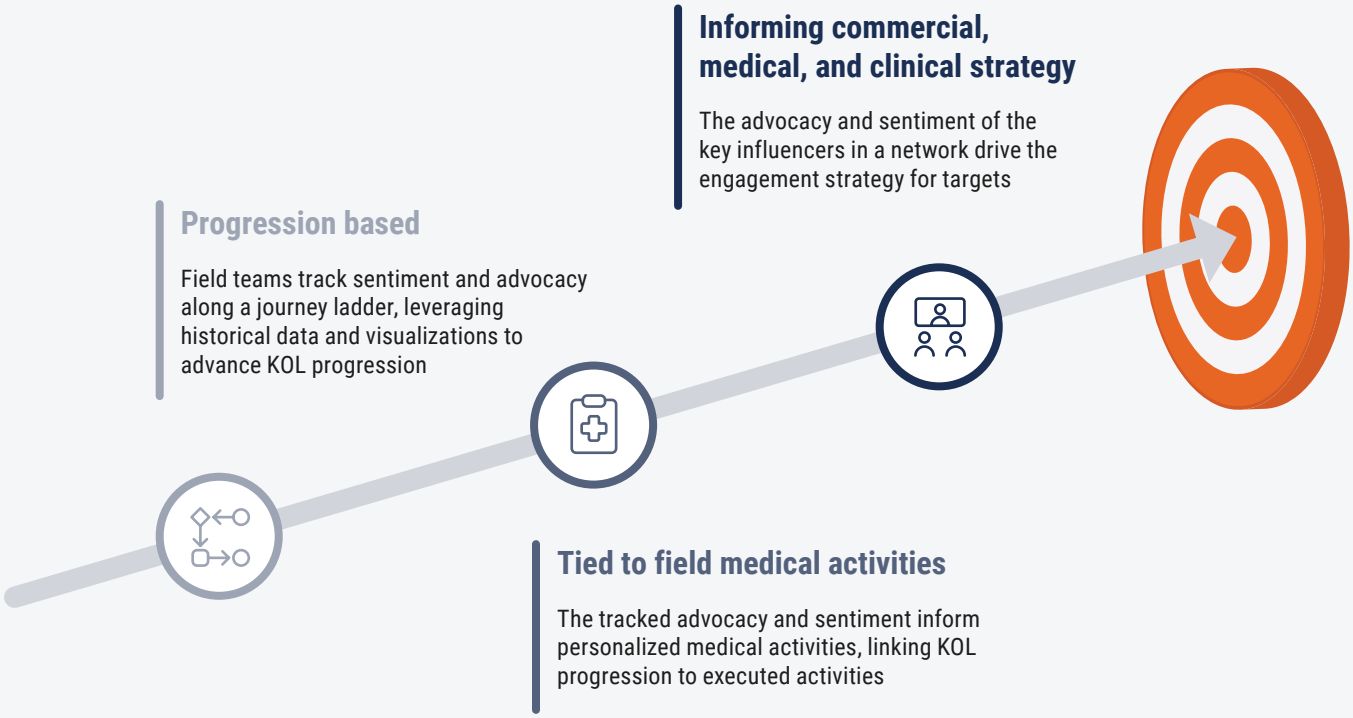
When it comes to sentiment and advocacy, the above challenges aren't the only ones for medical affairs. Even though the data is vital, it often goes unrecorded — and unshared across teams — because there is no standardized process for tracking it. Advocacy and sentiment tracking is often described as static, disconnected, and obscured.

Figure 1



While this method once worked to understand the sentiments of top-tier scientific thought leaders, it's no longer feasible given the expansion of field medical and increasing numbers of stakeholders to engage. For field medical to enhance their activities and improve KOL engagement, the best tracking method is a progression-based model that promotes 'connected engagement' — informing commercial, medical, and clinical strategy — that is tied to field medical activities.

Figure 2



Medical affairs has an opportunity to move to this more dynamic approach that benefits the entire organization. Some teams are already successfully making strides in this area. Let's take a look at best practices from around the industry as well as critical steps to consider.

Best practices from the industry

We need to move beyond static snapshots to predictive models that factor in sentiment velocity — ones that tell us not just where an HCP stands today, but how fast they're moving and in which direction."

Mostapha Haidar
Associate Director, Medical Omni-Channel and Engagement Excellence, Novo Nordisk Canada Inc.

Validated definitions of advocacy

Many organizations are starting to make improvements. One major challenge, and where Haidar says there is a gap, is defining advocacy. "What is an advocate?" he asks. "Your definition needs to tie to your strategy and what you're trying to achieve as a medical organization. Once you have definitions in place, you're able to inform strategies and measure impact."

From a medical excellence perspective, Haidar emphasizes that a clear advocacy definition is also a measurement governance decision. Without it, teams risk tracking only activity — meetings held, materials shared — rather than genuine scientific progression. The definition then serves as the foundation for all performance metrics.

When it comes to these definitions, Bindra cautions, "As an organization, we have our own internal bias in defining advocacy. To mitigate this, we validated our definitions externally through both qualitative and quantitative market research." The team tested the definitions with KOLs in different settings, including advisory boards and one-to-one meetings. This validated approach ensures ongoing accuracy in identifying advocacy levels. "It's so dynamic and it keeps evolving," he says. "What we did last year might not be relevant now, so it needs to be continuously happening, so we stay on track with our assumptions."

See how leading medical affairs teams are tracking Scientific Belief Alignment to gauge strategic effectiveness and demonstrate tangible business values.

Advocacy ladders help Bindra and Haidar identify what actions they need to take to meet their HCPs' needs and expectations. They categorize HCPs and then map out the issues, challenges, and behavioral aspects that define a person within a particular category. "A one-size-fits-all approach doesn't work since everyone is on a different journey," Bindra says. "We are making ourselves more HCP-centric to meet their needs and try to move them along those sentiment and awareness ladders."

Strong frameworks with MSL involvement

Bindra and Haidar have also developed a strong framework for capturing and performing data analysis in a structured way. This includes a standardized training plan for MSLs on how to capture sentiments and advocacy. "We are equipping MSLs with certain tools to avoid subjectivity, for example templates and tools to quantitatively and qualitatively assess sentiments and advocacy," says Bindra.

Baldus emphasizes that it's essential for MSLs to be part of the framework process before, during, and after it's built, so it continuously improves with their input. This includes involving the MSLs in calibrating, having discussions, and fully understanding the framework definitions so that everyone is aligned.

She also stresses the pitfalls of ignoring the cultural shift that must take place. Sentiment and advocacy tracking will only work if MSLs see its value and consistently incorporate it into their behaviors. "We need them to understand why and how this data becomes meaningful for the organization," she says. "Until then, it will be just another administrative task, not a significant part of their scientific engagement strategy."

Cross-functional collaboration and compliance

Cross-functional collaboration is another important part of improving sentiment and advocacy. Baldus suggests triangulating your sentiment with everybody else's inputs — insights, advisory boards, digital listening, and congresses — then pulling that data stream together with other data streams from commercial or clinical development. This offers the organization an opportunity to identify patterns, such as emerging questions and prospects for providing more targeted scientific support.

Haidar approaches cross-functional collaboration as a medical excellence capability, one that must be deliberately designed, not assumed.



Triangulating MSL sentiment with other data sources helps identify patterns.

> *True cross-functional insight sharing doesn't happen organically. It requires shared definitions, agreed governance frameworks, and clear protocols for what gets shared with whom, in what format, and through what process."*

Mostapha Haidar
Associate Director, Medical Omni-Channel and Engagement Excellence, Novo Nordisk Canada Inc.

In his view, medical excellence plays a central role in building and maintaining these structures, acting as the connective tissue between field medical, clinical development, and commercial — ensuring that sentiment and advocacy insights are translated into decisions at every level of the organization.

Bindra and Haidar also emphasize cross-team collaboration to establish common ground and alignment among internal teams. "Clinical and medical are very tight-knit, although there's room for improvement. However, when it comes to commercial and sales, we need to be mindful about compliance and regulatory components," says Bindra. "Every function has an important role, and we need to share information that is relevant to each other."

For Haidar, this is a similar insight delivery challenge: different functions not only interpret sentiment data differently, but they also need it structured and governed differently. "Medical excellence is responsible for ensuring the right insight reaches the right team in the right format," he explains. "That means designing delivery frameworks that serve each function's needs, not just producing a single report and hoping it lands."

To share with stakeholders, they leverage cross-functional team forums. "These stakeholders are hugely interested in understanding what kind of insights we are capturing," he says. "We synthesize all of these insights and align with compliance and regulatory to ensure what we share is within the appropriate boundaries."

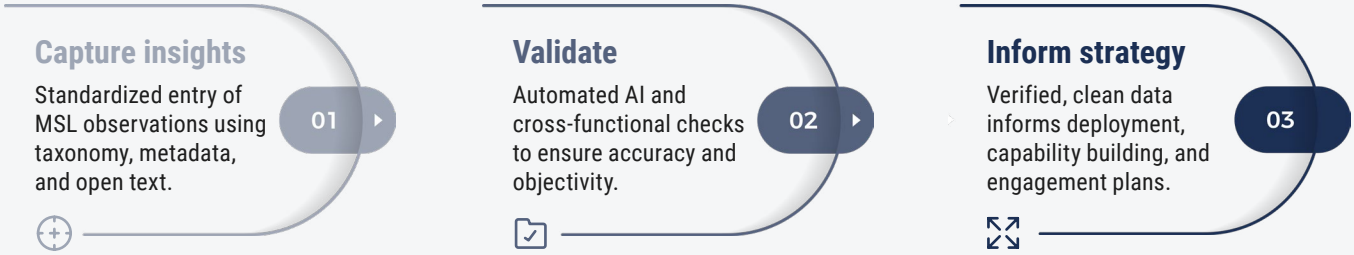
Baldus agrees: "It's important to collaborate across functions within an organization, especially when capturing sentiment," adding, "You still have to draw those lines between commercial and medical as far as how much you're sharing and what you're revealing with the sentiment."

Medical excellence bridges the gap between clinical development, field medical, and commercial teams.

Systems and processes for better data capture

A main challenge for medical affairs teams is capturing this data in a standardized way, ensuring the information is correct and capable of being shared compliantly across the organization.

For Bindra and Haidar, getting better systems and processes was a priority. Their original way of recording advocacy was very subjective, and the onus was on the MSL to interpret the information. Implementing a new, updated process that combines taxonomy, open text, and metadata now makes it easier for MSLs to record their interactions. They choose from pre-populated topics and can also add open text to describe discussions. The entries are then validated against outside sources.



Where Baldus describes triangulation as a cross-functional strategy, Haidar applies it as an operational discipline within medical excellence. The output is not simply a richer data set — it is a continuously updated view of HCP advocacy trajectories that directly informs field deployment decisions, capability building priorities, and the design of future engagement strategies.

The new process provides clean data that they can feel confident about using. “We know it’s answering something that we asked the field to find out about and helps inform our strategy.” Haidar stresses that getting good data quality is a combination of both the systems and the recorded insights. “Creating the right systems is important to getting the data entered correctly and also making sure it’s shared across teams in a compliant way.”

AI is also an important tool for the team when it comes to increasing efficiency in both capturing and analyzing sentiment and advocacy data. “AI helps us quickly analyze metadata from different sources and identify independent data sources we can use to validate MSL reports,” Bindra says.

To build on these early AI efficiencies, medical organizations are deploying autonomous AI workflows to transform how MSLs log scientific exchanges. Rather than requiring field teams to manually distill dialogues into static drop-down menus, natural language outputs capture and analyze more complex and nuanced information.

Segmentation and targeting

With sentiment and advocacy measurement in place, medical affairs teams can start thinking differently about segmentation and targeting, moving away from historical methods based on academic, non-academic, and similar categories.

> *There's an opportunity to take sentiment and advocacy to the next level with segmentation that provides us with a new way to approach HCPs who are thinking similarly. We can look at the people who are falling into that skeptical bucket and really understand who they are, where they are, and what regional differences exist, including variations in patient access."*
>
> **Jamie Baldus**
> **Director, Global Field Medical Excellence, Biogen**

For Bindra, advocacy allows teams to record insights against different topics like RWE, interest in speaking engagements, participation in publications, paper authorship, or data presentation — all of which help with targeting and segmentation.

"By embedding your strategy within your advocacy ladder, you can collect insights against those specific topics you listed there," he says. "Sharing these insights with your teams informs segmentation and identifies which customers to prioritize for each initiative." This approach is especially critical for identifying rising stars and digital influencers who can amplify your key messages.

Haidar extends this thinking into field execution strategy: where an HCP sits on the advocacy ladder should directly determine how the medical team engages them — the type of interaction, the depth of scientific exchange, and the resources deployed. "Medical excellence means ensuring that field capability and engagement strategy are always calibrated to where the HCP actually is on their journey," he says. "Advocacy and sentiment scores should be informing how we deploy our medical teams — and what content assets we send."

Moving beyond rigid academic categories allows medical teams to segment HCPs by how they actually think, feel, and behave.

Key factors for success

Achieving the future state of medical advocacy and sentiment tracking in a sustainable and scalable way has many benefits for not only medical affairs, but for the entire organization. Here are key actions to consider when moving to a progression-based model for sentiment and advocacy.

Secure medical team buy-in: Provide a clear sense of 'What's in it for me?' to field MSLs, building a thread between their daily priorities and the configuration of tools and technologies provided. A laser focus on the value proposition for end users will increase motivation for change and adoption of new ways of working.

Select a solution designed specifically for medical: Forcing 'off-the-shelf' products or commercially-led solutions into medical use cases is a common mistake. Leaders should carefully evaluate and design core tools and technologies for the specific needs of medical teams. Equip medical stakeholders with the tools, dashboards, and reports that resonate and enable them to perform their jobs more effectively.

Leverage tracked analytics and metrics: Understanding what causes progression in a scientific journey ladder can improve field medical efficiencies and inform content and clinical strategies. Pull-through on sentiment understandings in networks can provide insights for commercial and HQ teams.

Adjust process and implement change management: Create a medical impact-led, value realization framework that combines process, data, technology, content, and operating model. Standardize ways of working to guide users on how to use their tools and build on their activities.

Collaborate with compliance early: The purpose of medical engagement is to ensure effective scientific education and to build relationships for further scientific discussion. The tracking of sentiment and advocacy, and their progression, provides an understanding of which messages and data are most valuable and impactful in KOL engagements, as well as how KOLs progress over time. Bring compliance in to discuss collaboration with other teams — including clinical and commercial — and any incentive structure for MSLs.

Integrate AI for efficient capture and analysis: AI plays a key role in automating the capture and analysis of sentiment and advocacy by synthesizing multi-source, nuanced data to surface actionable trends faster. This efficiency helps get data to the right teams in a timely manner to better support strategic decisions. Additional tools such as voice-to-text can capture nuanced information that static picklists cannot.

The future state of sentiment tracking and advocacy

While there's a way to go, it's exciting to think about what laying a foundation now for sentiment and advocacy could do for the future of medical affairs.

> *The ideal future state of sentiment tracking is one where the process is natural, useful, and truly embedded into how a medical team operates. It's not a check-the-box activity."*

Jamie Baldus
Director, Global Field Medical Excellence, Biogen

Baldus believes that medical affairs is establishing baseline sentiment to understand where to go from here by addressing gap analysis and looking at what evidence needs to be generated.

"The next phase of measurement is going to be the hardest part," she predicts. "After two or three years, we need to look back at what helped, what worked and what didn't, and whether we were even measuring the right sentiments." She emphasizes that teams must be certain about the sentiment they're assessing and it's what they want to measure. "If you change it, you don't get longitudinal data. It's very complicated, but it's doable when you get everybody on board."

In the future, Haidar sees a move from static snapshots to dynamic, predictive models that factor in sentiment velocity and digital amplification. "This would help us predict future advocates and recommend specific actions to take over a given period to get them there." He believes this approach will help teams allocate resources more efficiently and at optimal times. A key application of this is identifying rising KOLs and digital HCP influencers early in their medical journey — before they're on everyone's radar. By integrating predictive algorithms and social listening, teams can surface them first, when the space is less competitive and relationships can be built with greater depth and authenticity. "We can identify future KOLs and DOLs based on their growing digital presence and engage them early — by the time they reach peak influence, the partnership is already established."

The future of medical affairs shifts sentiment data from a retrospective reporting output to a forward looking planning input.

For medical excellence functions, this future state has direct organizational implications. Sentiment and advocacy data stop being a reporting output and become a planning input — shaping how field teams are deployed, where capability investment is prioritized, and how the medical organization builds its KOL relationships over a multi-year horizon rather than reacting to them.

Ready to update how you capture, analyze, and share sentiment and advocacy at your organization?

Contact Veeva Business Consulting to learn more about implementing a progression-based model.

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Eric Chu, senior business strategy consultant at Veeva Systems, guides technological innovation and digital transformation roadmaps for top biopharmaceutical leaders. His work focuses on integrating AI solutions, elevating existing tech stacks, and building scalable approaches that drive customer engagement and field force effectiveness.

As a go-to strategic partner for top 20 pharma organizations, Eric works to bridge the gap between IT, operations, and end-users to resolve complex, cross-functional challenges. His expertise spans the design of proprietary global medical insights frameworks, transforming raw data into actionable intelligence, and shaping comprehensive go-to-market (GTM) strategies to support new operating models.

Eric's capabilities encompass comprehensive change management, technology enablement, and program management. He excels at executing rigorous evaluation frameworks for next-generation commercial engines and implementing tailored strategies that accelerate time-to-value, ensure high system adoption, and drive operational continuity across complex enterprise environments.

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Jamie Baldus, PharmD, is the Director, Global Field Medical Excellence at Biogen, where she leads initiatives to advance Field Medical strategy, capabilities, operational excellence, and value and impact across the globe. Her work focuses on building scalable approaches that strengthen field effectiveness and leverage insights, data, and technology to inform strategy, enable meaningful action, and demonstrate the impact of Field Medical.

Jamie brings more than 25 years of experience spanning clinical pharmacy, academia, and the biopharmaceutical industry. Before transitioning to industry, she practiced as a clinical pharmacist and held academic and leadership roles as an adjunct professor, preceptor, and pharmacy residency program director, with a strong focus on education, mentorship, and professional development.

Throughout her biopharmaceutical career, Jamie has held roles in field medical, global field medical training, and medical excellence and operations. Her experience spans strategic planning, capability and leadership development, coaching, insights to action, impact measurement, technology enablement, and the design of frameworks and ways of working that support effective and compliant Field Medical organizations.

Jamie earned her Doctor of Pharmacy degree from the University of Oklahoma College of Pharmacy and is an active member of the Medical Affairs Professional Society (MAPS) Value & Impact Competency Team within the Strategy Domain.

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Rubdeep Singh Bindra is a physician and global medical leader with more than 13 years of pharmaceutical industry experience. His therapeutic expertise spans obesity, diabetes, cardiovascular disease, and kidney disease. He has helped launch life-changing medicines in obesity and diabetes, supporting better care for people living with serious chronic diseases. Rubdeep has held senior positions within Novo Nordisk in India, Denmark, and Canada, bringing global and national perspectives to Medical Affairs strategy and execution.

At Novo Nordisk Canada, he leads the CardioRenal Medical Affairs team, shaping medical strategy and building trusted relationships with healthcare professional communities. Throughout his career, Rubdeep has built and transformed large, high-performing medical teams to meet evolving scientific and healthcare needs. His work combines strategic medical leadership, scientific exchange, and cross-functional collaboration to advance medical priorities and support better patient care.

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Mostapha Haidar is a pharmaceutical leader with cross-functional experience spanning Commercial and Medical Affairs across some of the world's leading pharmaceutical organizations, and has been recognized with multiple selective enterprise-wide awards. At Novo Nordisk Canada, he leads the Medical Omnichannel and Engagement Excellence function, shaping Medical Excellence strategy and driving AI-enabled engagement planning at the intersection of digital transformation and cross-functional collaboration.

Prior to his current role, Mostapha held senior Commercial positions at Johnson & Johnson, driving commercial marketing, analytics, and omnichannel strategy across major oncology launches and diabetes brand management.

Mostapha holds an MBA from the Rotman School of Management at the University of Toronto, and a Bachelor of Engineering. He has spoken at major industry conferences on AI's growing role in pharma, and contributed to industry wide initiatives on how pharma can scale expertise and strengthen its strategic impact.

ABOUT US

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