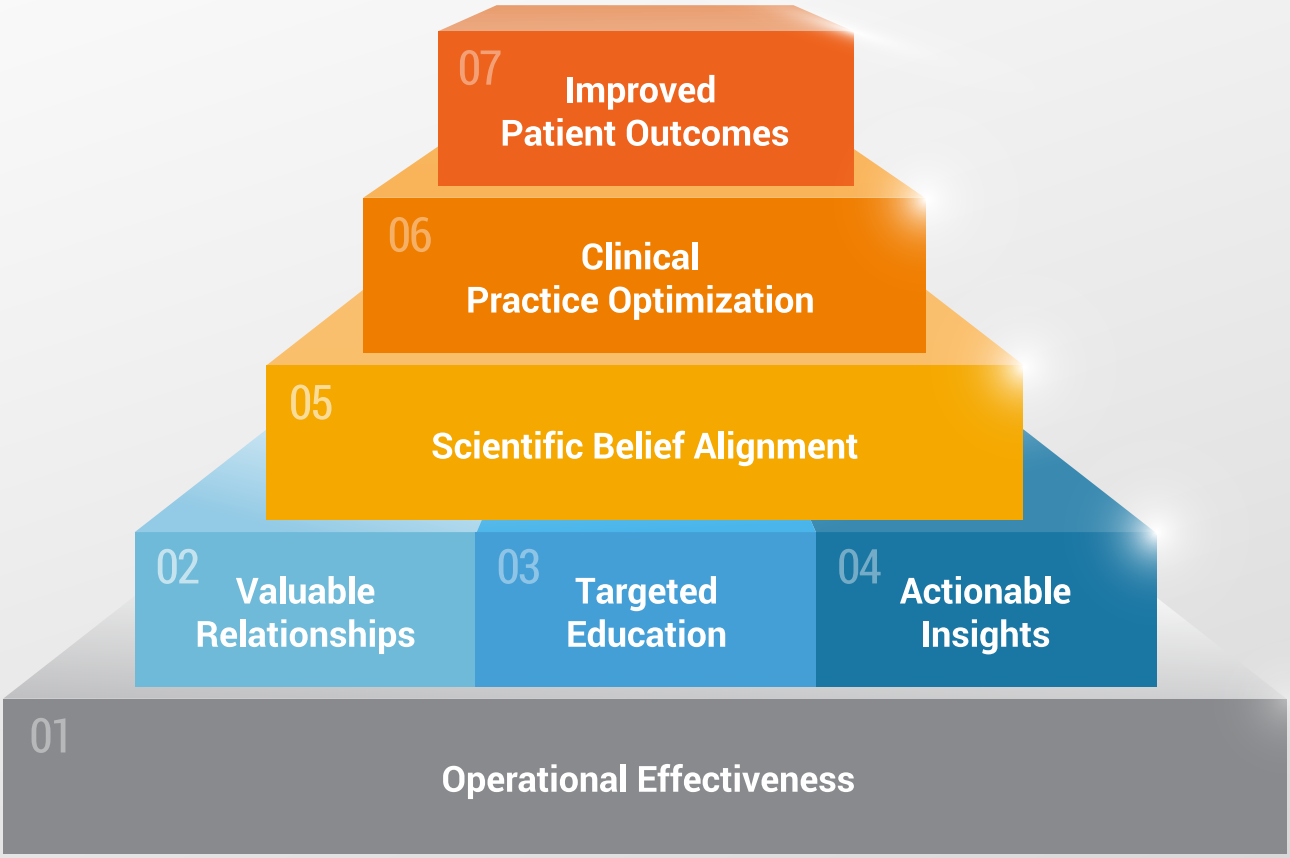
Veeva

Measuring the Impact of Medical Affairs

Part 1: A data-driven, modular approach



> "Right now, we are blind and don't know what's working and what's not. We need to connect the dots on medical impact to make better decisions, be more strategic, and see the trends. It's crucial for the future of medical affairs."
>
> **Jose Antonio Buron Vidal**
> Regional Medical Head, Europe, Novartis

Medical affairs has tried to measure its impact for years. The journey has been challenging for most because there is no standard approach. But measuring impact is no longer a choice. It's a necessity for medical affairs to communicate its value as a business function better and demonstrate its contributions to successful patient outcomes.

Veeva partnered with industry leaders to create a medical impact model – a practical, modular approach to measuring medical impact. Its design simplifies a complex subject, accounts for compliance concerns, and gives teams the confidence to tackle and put measurement into practice.

The model goes beyond operational activity metrics and focuses on new areas of impact – those closer to the patient – including changing medical practice and improving patient outcomes.

We'll present this approach in a **series of papers**. This first paper will introduce the model. Subsequent works will be co-authored by those who are successfully implementing measurement in these areas, and the data and analyses necessary.

It's time to better substantiate the value of medical affairs. To disrupt the status quo, move medical affairs teams to be more data-driven, and contribute to our common goal: improve patient outcomes.

Use this model to take a bold step in scaling your vision, accelerating impact, and mobilizing your medical affairs team for the future.



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

The challenges of measuring medical impact

> "No medical affairs organizations measure impact well. Getting there is a journey, but it's not the impossible task everyone seems to think."
>
> **Zeinab Sulaiman**
> Medical Affairs Industry Leader

The topic of measuring medical impact is not new. It's been a struggle for medical affairs to implement measurement in the past due to four key factors:



Inconsistent definition

Impact means different things to different medical organizations. There's no consistent definition that lends itself to a unified approach to measurement.



Compliance concerns

When linking medical activities to metrics typically used by sales teams, such as new prescriptions, many cite compliance concerns as an obstacle.



Overwhelming task

Some consider change but are skeptical of the value they will get for the effort to implement measurement. Many just don't know where to start.



Incomplete data

Historically, medical affairs lacks data depth – and investments in technology – compared to clinical and commercial teams. The data they do have is often incomplete, fragmented, and not actionable.

As a result of these challenges, medical teams have mainly focused on general activity measurements such as the number of interactions by field medical, the frequency of interactions with customers, and the amount of captured insights. While these measurements reflect what teams are doing, they do not reflect the outcome of those activities.

To truly translate its value across the organization, medical affairs must also incorporate metrics that better reflect its overarching goal – ensuring that science and technologies benefit patients. Showing this value can help further its role and influence especially when it comes to decision power, budget, and strategic leadership.

Why is measuring medical impact critical now?

> "Everybody in business needs to demonstrate value. Focus on the value and then build metrics backward from that."
>
> **Caroline Kelly**
> Compliance Consultant, Founder and Managing Director, Pharma Integrity

As the role of medical affairs expands, there is increasing pressure to prove its impact. Moving forward with the right measurement is critical because it also provides medical affairs with opportunities to:

1. Solidify its strategic leadership role

In a strategic leadership role, a strong medical affairs function can increase the focus on science and patients and lead to improvements for both the organization and the industry. However, by definition, supporting functions do not have quantitative outcome metrics that translate explicitly into overall company success. While medical affairs knows its contribution is critical to the business and patient outcomes, it cannot fully move into a strategic function without proper measurement. Others will continue to view it as more supportive instead of strategic.

2. Grow headcount

Engagement with medical science liaisons (MSLs) is in high demand, with HCPs and KOLs seeking more frequent scientific interaction. Medical teams need more resources to support this activity. Without data to demonstrate value or quantify impact, it's difficult to justify current investment in headcount and future requests. This can hamper the organization's growth and affect budgets.

3. Access improved data and analytics

Previously, it was challenging for medical teams to make sense of available data. However, in recent years, there has been a paradigm shift to using analytics and technology to manage extensive data sets. By combining integrated, robust data with advanced analytics, medical teams can connect their actions with outcomes and demonstrate their value.

4. Partner with compliance

Many cite compliance concerns as obstacles when measuring medical impact. Working with compliance as a partner and being clear on why measuring impact is so critical can open up new ways of progressing in this area from both sides.

> "There's very little that compliance disallows when measuring medical impact. Every company has its SOPs, policies, and guidance; this is where that fear and all the grayness people refer to creep in."
>
> **Rina Newton**
> Compliance Consultant and Co-founder, Code Clarity

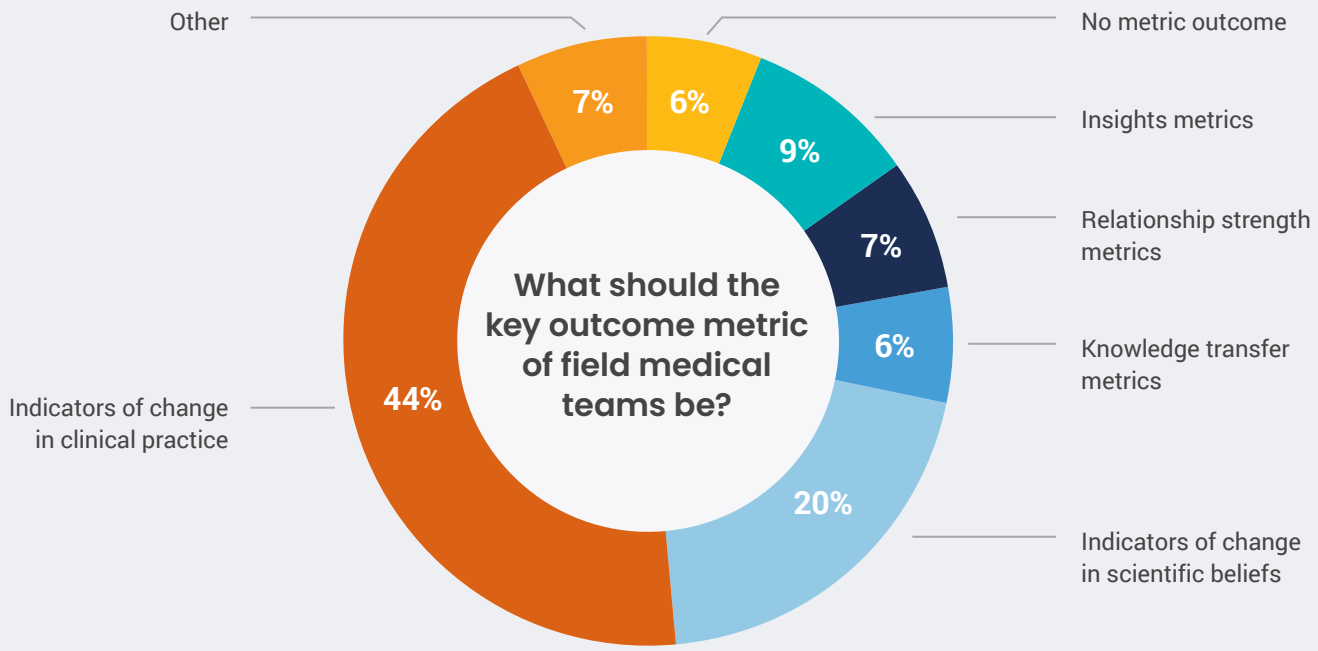
Medical impact: Vision versus reality

> "Our ultimate goal is to impact clinical practice and ensure that more patients benefit from the products we develop."
>
> **Andreas Gerloff**
> Vice President, Global Head of Medical Customer Excellence, Bayer

Most medical affairs organizations discuss becoming more patient-centric when it comes to measuring impact. However, very few have put this into practice or even made progress on prioritizing, measuring, or resourcing medical activities associated with this goal. Therefore, there is a large disconnect between what medical affairs teams believe key outcome metrics should be and what they use today.

A recent survey focusing on field medical asked leaders to choose what they believed was the key outcome metric for that team. The top responses were "indicators of change in clinical practice" (44%) and "indicators of change in scientific beliefs" (20%) **[Figure 1].**[1]

FIGURE 1



[1] Based on Veeva survey of medical affairs leaders, November, 2023. Numbers have been rounded for easy viewing.

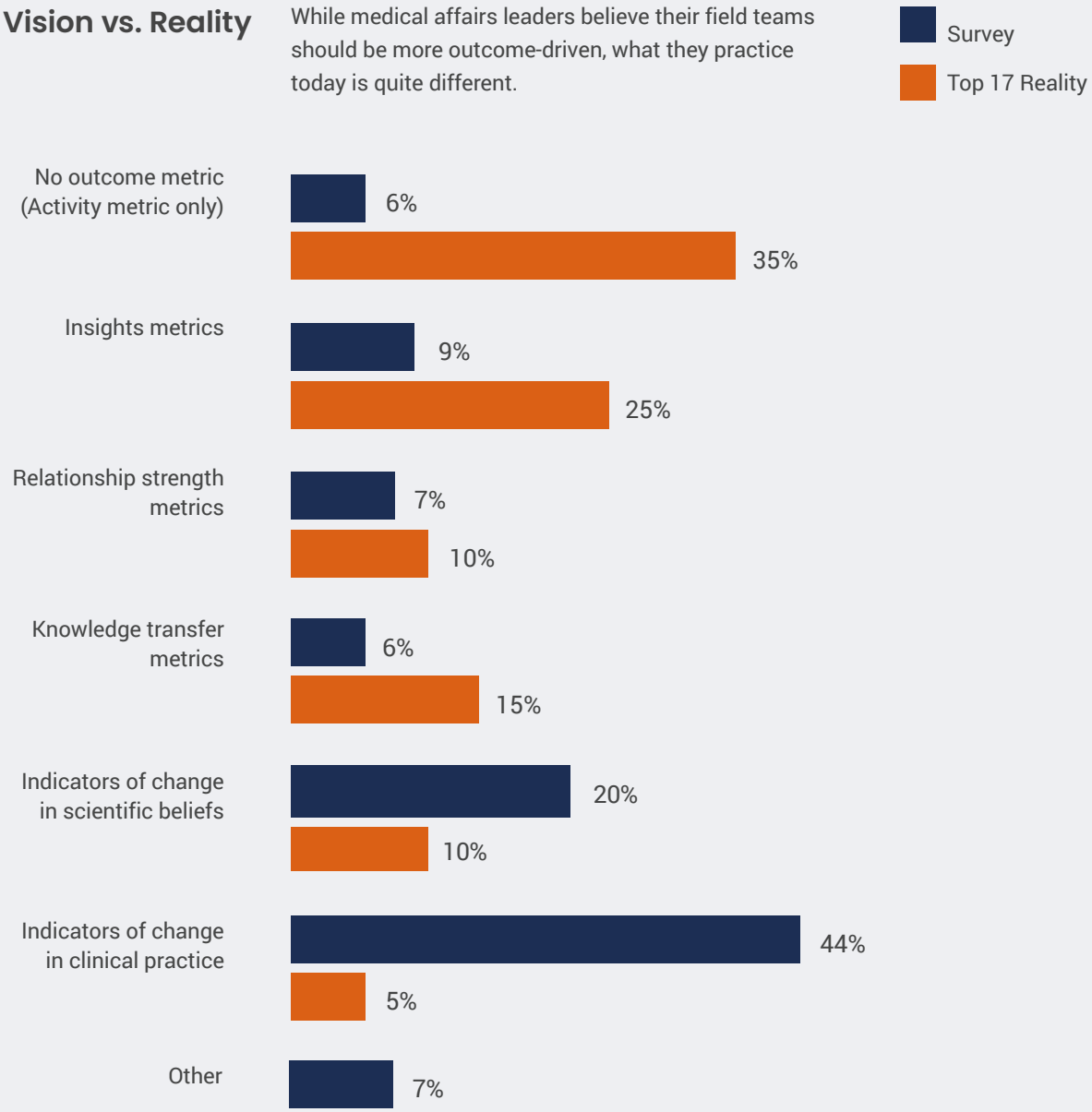
When comparing these results to what Veeva has observed medical affairs teams at top biopharma companies are doing **[Figure 2]**, the data tells a different story. While 44% of medical leaders surveyed believed the key outcome metric should be "indicators of change in clinical practice," only about 5% of these companies are actually using this as a metric.[2]

Therefore, while many medical organizations aspire to become more outcome-driven, they need guidance on how to select relevant metrics to achieve this shift.

FIGURE 2

Vision vs. Reality

While medical affairs leaders believe their field teams should be more outcome-driven, what they practice today is quite different.



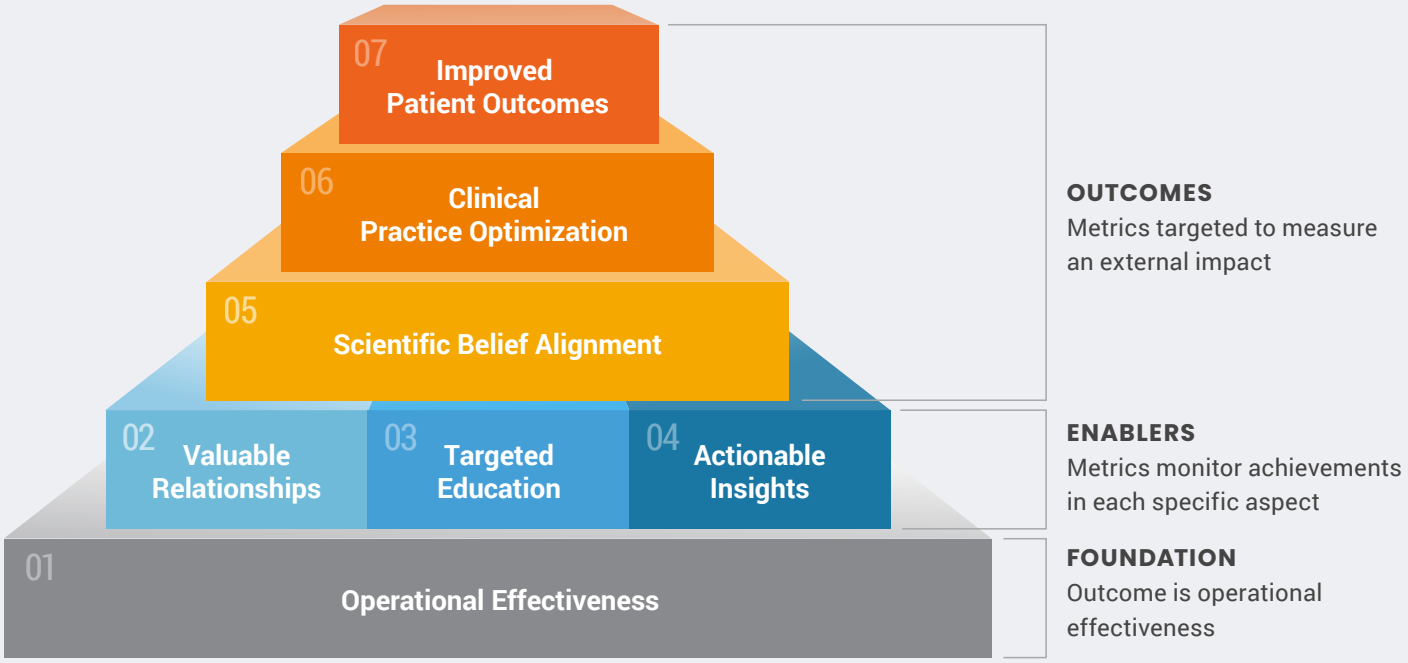
[2] Veeva internal, non-published data, November, 2023.
Top 17 companies may be utilizing more than one metric. Numbers have been rounded for easy viewing.

The Medical Impact Model

The medical impact model takes a holistic approach to measuring impact. It starts with simple measurement and increases in complexity as the focus areas become more intricate and require more complex analytics. This modular approach provides flexibility and allows organizations to start where it makes the most sense and then continue to move to more advanced modules.

The Medical Impact Model

The medical impact model is a framework to structure exchange on the intricate topic of measurement. Every module stands for a desired outcome and how medical affairs teams can approach measuring each.



When using the model, there are a few things to remember. A strong foundation or operational backbone is necessary for success. Taking time to establish best practices and ways of working in the earlier modules will lay a solid groundwork that will help measure impact in the later, more complex modules.

What does the medical impact model look like in practice?

Future papers will provide real-world examples of how organizations implement measurement in the areas outlined in the medical impact model.

Subscribe to receive future impact papers.

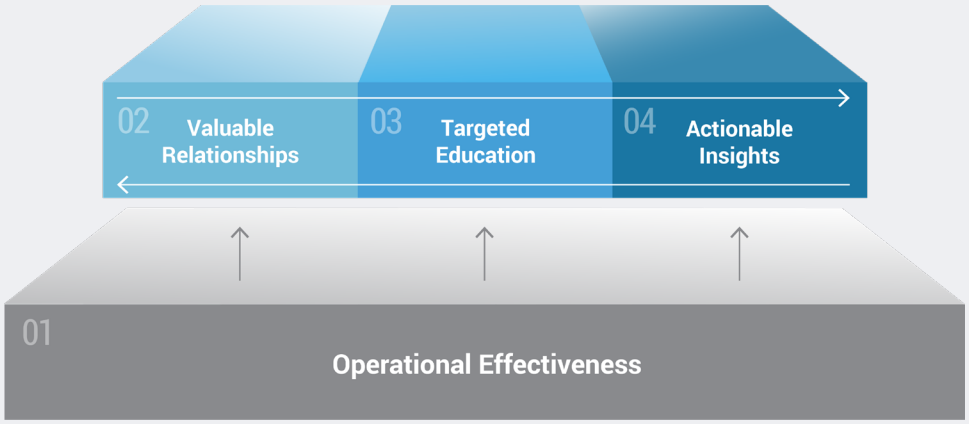
01. Operational effectiveness

Operational effectiveness is the foundation of the model. This module focuses on the activity and productivity measures of the team. The metrics are basic and relatively easy to quantify. In this module, the focus is to evaluate how performant the organization is by asking:

- How effective is the medical affairs organization?
- Are activities performed with planned intensity and quality?
- How does this compare to other companies?

Most medical affairs organizations are already measuring operational effectiveness to some extent. The key for most will be to improve data input, increase analytics and reporting capabilities, and proactively benchmark their performance. However, to move to and succeed in the remaining modules, medical affairs must be able to execute these foundational measurements and execute them well.

Success in modules two, three, and four requires establishing strong operational efficiency in module one. While each is important on its own, the overarching goal across these modules is connecting with the right stakeholders, getting them the right information, and bringing key insights back to the organization.



02. Valuable relationships

Medical affairs interacts with many external stakeholders, but the strength and quality of those relationships matter most. Organizations should look for warning signs of weak relationships, including reduced collaboration and misaligned focus areas. Most teams put a high priority on excellence in stakeholder management, but very few measure the strength of these relationships. Thus, module two focuses on how well stakeholders are connected to the organization by looking at the following:

- Are we interacting with the right customers?
- Do we segment/prioritize our customers to optimum benefit?
- Are we close enough to the individual stakeholders?

03. Targeted education

The dissemination of scientific data and evidence is a core competency for medical affairs. However, measuring the impact of this activity requires knowing if that information did indeed perform its job. This is an important metric, especially since scientific communication and education involve contributions from functions across the department. To find out if the depth and breadth of this knowledge are enough to close educational gaps, teams need to ask:

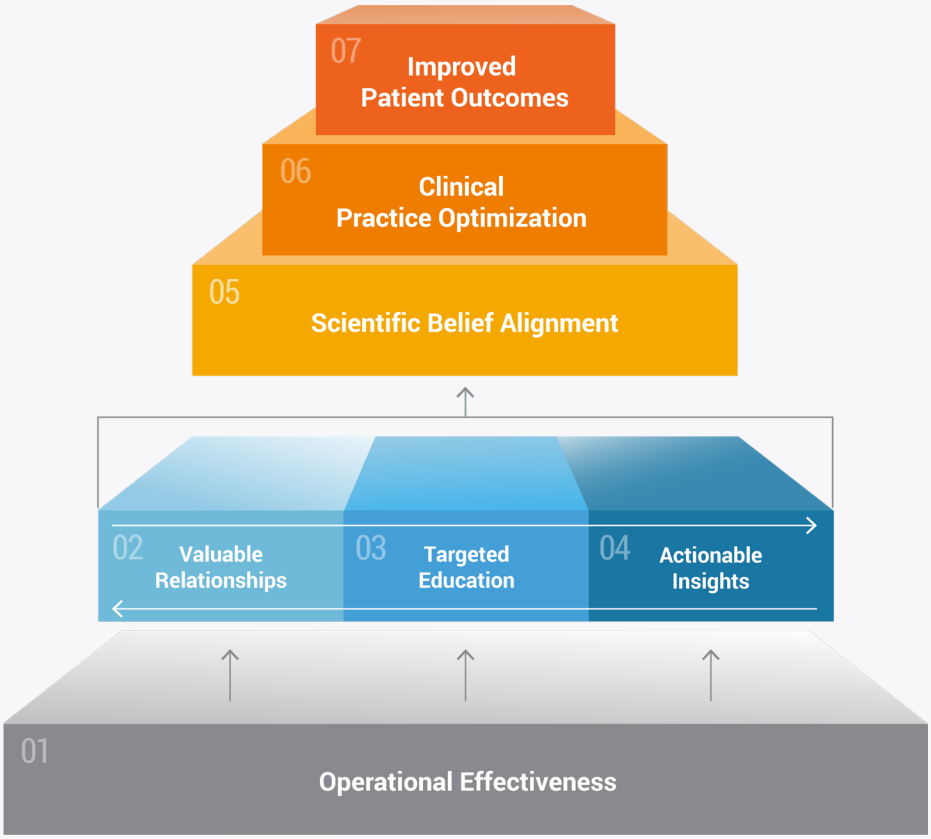
- Are we disseminating data to the right stakeholders?
- Are we leveraging all channels effectively?
- What is our share of scientific voice?

04. Actionable insights

Medical affairs constantly listens to and learns from its key stakeholders. It's important to determine how these insights influence behaviors across the larger organization – including commercial and R&D. This means going beyond the number of insights and determining the quality and actionability of those insights. To evaluate how they are informing the organization and changing behavior, medical affairs teams need to consider these questions:

- Are insights followed by appropriate actions?
- Are we capturing insights that shape a better evidence strategy?
- Are the organization's key questions being answered by the insights?

Modules five through seven consider all activities in modules one through four – establishing operational efficiency, building relationships, disseminating data, and listening to customers – and how these combined activities change the interpretation of evidence, prescribing behavior, and patient outcomes.



05. Scientific belief alignment

While data dissemination is key, the real value to clinical practice comes when stakeholders and medical affairs align on the interpretation of data. This alignment of evidence between medical affairs and its stakeholders is vital to understand but is rarely measured. To see how those activities are impacting attitudes and alignment, medical affairs teams need to answer questions like:

- How aligned are customers to our scientific statements?
- Why are key stakeholders interpreting evidence in a different way?
- What are our gaps in scientific belief alignment?

06. Clinical practice optimization

The goal of clinical practice optimization is getting the right treatment to the right patient at the right time. Scientific exchange and education by medical affairs lead to aligned views and changes in clinical practice. That KOL education can then trickle down to the HCPs who are treating patients. While scientific alignment in module six represents an attitudinal view, module seven takes a behavioral perspective. In a perfect world, without additional prescribing hurdles like lack of reimbursement and prohibitive premium pricing, scientific alignment should translate into clinical practice change.

Module six, therefore, looks at the next step: does the HCP take action on that belief and deliver that treatment to the right patients? To find out to what extent medical affairs is influencing that change in clinical practice, teams need to ask:

- Can we observe a change of practice in real life?
- Are clinical care gaps/unmet needs being closed?
- Which activities have the largest impact?

Because this module intends to measure behavior, most organizations have hesitated to apply it in relation to medical affairs due to compliance obstacles and data access challenges. However, with new technologies, access to data has improved, and compliance limitations deserve a closer examination. We will address these in a future paper.

07. Improved patient outcomes

The last module is the most complex to measure but also the most valuable. It focuses on if and how medical affairs impacts patient outcomes for the better.

Most agree that improving patient outcomes is the ultimate objective of medical affairs. So, if this is the most important measurement, why not focus solely on this module? Finding out how patients are benefiting from the right treatment requires building on the success of all the previous modules:

- Having excellent relationships with the right stakeholders
- Sharing the right information at the right time
- Gathering insights to learn and adapt
- Coming to alignment on interpretation of evidence
- Changing clinical practice for the better

Looking at health outcomes is complex and also requires pulling in individual patient factors – the severity of progression risk, analytical complexity when treatments are used sequentially or combined, access to reliable data challenges, and associated costs. To see how patients benefit from receiving the right treatments, medical affairs needs to consider the following:

- Do we observe an improvement in patient outcomes in the target populations?
- Can we differentiate the contributing factors to this change?
- What are continuous shortcomings?

Using the model to move forward

> "Perfection is the enemy of the good. If 90% of the data is okay, and the data allows you to connect the dots, see trends, and see a certain correlation, it's good enough to get started."
>
> **Jose Antonio Buron Vidal**
> Regional Medical Head, Europe, Novartis

The medical impact model is a guiding framework and a starting point for measuring medical impact. Its modularity can help medical affairs teams map their journey, create incremental successes, and build on those successes as they move toward the ultimate goal of improved patient outcomes.

The way that organizations approach the medical impact model will vary. Which modules you choose to focus on and start with will depend on the following factors:



Company type and size



Organizational maturity



Lifecycle stage of key products



Compliance perspectives



Strategic focus



Therapeutic area



Access to data

Over the next twelve months – **in our following publications** – we'll zero in on all aspects of the model. We'll gather the perspectives of medical affairs leaders across the industry and explore real-life examples from organizations that are trying or have successfully implemented the types of measurements represented in the model. The hope is you can learn from your peers and apply these best practices to your impact measurement plans.

The medical impact model provides a catalyst for change. The model, along with a strong infrastructure, the right tools, technology, and people, can help medical affairs begin to make connections that show impact. It's about learning, applying what you learned to the next step, and gradually making it work for your organization.

Measuring medical impact is challenging, but it's achievable. It's critical for the future of medical affairs and, ultimately, for the patient. Starting the journey is the most crucial part.

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