



What can we learn from 2 insight surveys of MAPS membership?

By: Matthew McLoughlin, DVM, MBA¹; Marieke Jonkman, PharmD²; Milana Zivkov, MD, MSc³

¹MAPS Insights Focus Area Working Group (FAWG) member;

²Medical Science Liaison, QED Therapeutics, MAPS Insights FAWG member;

³Senior Director, Insights and Training Global Lead Medical Communications,
Medical Affairs, Astellas Pharma, MAPS Insights FAWG Lead



What can we learn from 2 insight surveys of MAPS membership?

In March and April 2020, the MAPS INSIGHTS Focus Area Working Group (FAWG) conducted two surveys. The surveys were sent to all MAPS members but were set up to identify pharmaceutical industry-based respondents only (Survey 1) and among them, those who are directly responsible for insights (Survey 2). After collating and analysing the results, this paper provides a brief overview of the survey's objectives, results and analysis, as well as suggested next steps



Survey objectives

INSIGHTS FAWG conducted two surveys; the first survey focused on demographics, Medical Affairs (MA) roles involved in medical insight generation, and the prevalence of dedicated insights functions in MA. The second survey focused on the specific insight functions within MA organizations, their approaches to insight generation, and the storage, sharing, and use of insights within different companies.



Results

Survey 1 had 95 responses, and Survey 2 had 40 responses. 29% of respondents to Survey 1 were MSLs, and 53% of respondents to Survey 2 worked at an affiliate level.

» [Click here to view detailed survey results.](#)

From the results, we draw the following initial conclusions:

- 1 *In both samples, MSL related functions appear to be intrinsically associated with insights generation.*
- 2 *There was wide variety regarding the types of insights systematically collected across MA, with a predominance of MSL generated insights followed by insights from discussions at congresses, advisory boards, and through 1:1 interactions.*
- 3 *Surprisingly, only half of the respondents' organizations collected insights from Medical Information.*
- 4 *Respondents appeared to have a narrow view of sources of insights; only 26% systematically collect insights from scientific literature and only 26% from social media sources.*
- 5 *47% of respondents reported that insights are documented and stored in a CRM system.*
- 6 *The utilisation of a specific insights repository (21% of responders in Survey 2) and specific software (16%) are infrequent.*
- 7 *In 47% of respondents' organizations (Survey 2), insights generated across different sources are not integrated or are integrated in a manual process (in 37% of respondents' organizations).*
- 8 *Insight review and analysis processes appear to be established (in 74% of respondents' organizations, Survey 2) and typically involve Medical Directors.*
- 9 *Organizations appear to share insights systematically, with MA leadership being the principal stakeholders (78% of respondents' organizations, Survey 2), followed by Commercial (72%).*
- 10 *Insights reports are shared regularly (in 44% of respondents' organizations as monthly reports, and in 38% as quarterly reports, Survey 2).*
- 11 *It appears that having an insights process is perceived as helpful; however, the most significant challenge mentioned was the identification of 'real insights,' linking them to action and demonstrating their impact.*



Limitations

The number of responses was limited given the total MAPS membership (N=3,448), and responses may have been skewed towards MSLs' perspectives on insight generation. Additionally, the surveys did not address company-specific perspectives as only individual MAPS members participated. Compliance aspects, including CRM governance, another vital area of interest for insights generation, were not included within the scope of these surveys.

Discussion

Notwithstanding the limitations mentioned, we did identify several overarching themes in the responses across the two surveys:

- 1** *There was wide variation in how companies approach medical insights, and there were no apparent areas of best practice or common frameworks in use.*
- 2** *Approximately half of respondents have a dedicated MA function related to insights; however, standalone insights functions are relatively infrequent and exist in less than a third of respondents' organizations.*
- 3** *MSL driven activities appear to be the focus of insight generation, with a lack of systematic integration of insights generated across different MA functions, and / or generated through different channels.*
- 4** *There appeared to be challenges in all aspects of insight generation, sharing and utilisation, but fundamentally there are challenges in creating a closer link and feedback loop between people working at the customer interface and those setting strategy.*
- 5** *There appears to be consensus across the industry about the relevance of medical insights as a principal driver for strategy determination and choice of tactics. However, the results suggest that the everyday practice of medical insights generation and utilisation is fragmented.*



Conclusions

The purpose of generating medical insights is to build a better understanding of the needs and drivers of the behaviour of patients and HCPs so that strategies and tactics can be tailored to address the needs of these stakeholders in the most effective way. If insights are not documented, shared, and used effectively through relevant action and assessment of resulting impact, then the process risks becoming futile. To succeed, pharmaceutical companies will require a framework that enables a process-based collection of medical insights from different sources, subsequent collation, review and analysis. Furthermore, an integrated report that both MA functions and other senior decision-makers find useful and on which they provide feedback is essential.

Next steps

INSIGHTS FAWG will, as part of the 2020-2021 activities plan, endeavour to develop a common framework that pharmaceutical companies can use to achieve a more consistent and effective approach to generating medical insights as a principal driver for strategy shaping and choice of tactics.

The background features a large, stylized 'L' shape. The left vertical bar of the 'L' is a vibrant orange, while the top horizontal bar and the right vertical bar are a deep blue. The bottom horizontal bar of the 'L' is also orange. The background is divided into sections of light blue, dark blue, and white by these geometric shapes.

ELEV[^]TE