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An Insights-Driven Approach to Creating and Refining the Integrated Medical Communication Strategy and Plan

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INTRODUCTION

The Medical Communications function sets the strategic vision for scientific communications, and creates, communicates, and updates content for publications, disease state education, congress medical activities, Field Medical engagement, Training, and Medical Education.

Medical Communications, in collaboration with other stakeholders within Medical Affairs and other cross-functional partners such as Commercial, R&D, and Market Access, creates the Integrated Medical Communications (iMC) Strategy. The iMC Strategy sets the course for scientific communication activities for a product or disease state. The iMC Strategy should align with the overall brand strategic vision and medical objectives and is informed by the scientific narrative agreed upon within the scientific communication platform. The iMC Strategy informs various plans developed by several teams within Medical Affairs, such as Therapeutic Area Medical Leads, Medical Communications and Publications, Medical Education, and Medical Information. Together, the plans of the individual teams form the iMC Plan (Figure 1).

The iMC Plan is developed with an understanding of the treatment landscape, audience educational needs, product attributes, and scientific evidence. At the heart of the iMC Plan lies the publication plan, which is built on the context of data milestones and educational gaps. The publication plan informs all downstream plans which rely on publications for scientific evidence and support.

In this white paper we will discuss various insights that should inform the creation and refinement of the iMC Strategy and Plan (iMC S/P), in addition to the traditional inputs that Medical Communications teams commonly use. The objectives are to (1) explain value of an insights-driven collaborative approach to creating an iMC S/P, (2) elucidate best practices for collecting and synthesizing integrated insights that are relevant to Medical Communications, and (3) operationalizing an insights-driven approach to create and update an iMC S/P.

The value of an integrated approach in building a communication strategy and plan is that the communication plan will consider all communications activities in totality and identify the best possible way to execute on specific communication objectives, leveraging content and activities of multiple teams. Integration allows for movement away from an isolated approach and toward a holistic, informed, and inclusive approach, offering the right content, at the right time, to the right audience, through the right initiatives, and through the right channels. This integrated approach of planning and delivering content is the first step to achieving an audience-centric engagement and moves the needle toward a seamless and consistent content and engagement experience. Through appropriate integration of all functional plans and channels for communication, the iMC plan will enable a holistic engagement experience for external stakeholders while addressing the strategic goals of the organization. The process for building an iMC S/P has been described in greater detail in a previous white paper.¹

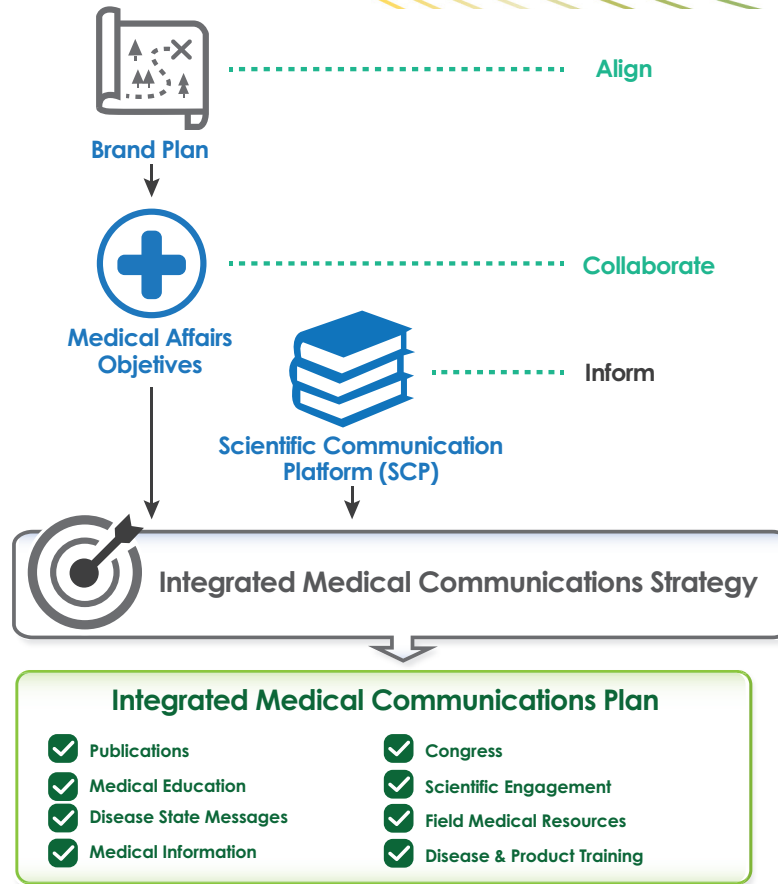


Figure 1. Representation of how the iMC Plan fits within the larger strategy. iMC, Integrated Medical Communications; iMC S/P, iMC Strategy and Plan.

A collaborative approach is essential to building an iMC Strategy and Plan (iMC S/P) because it informs and is informed by activities of several teams within Medical Affairs. Teams responsible for Medical Strategy, Medical Communications, Publications, Clinical Research, Field Medical, Medical Information, Training, and Medical Education often need to collaborate to ensure strategic alignment. Strategic input from all the relevant functional stakeholders is essential during the creation of an iMC S/P, as it provides a holistic view of audience educational needs, preferences for informational channels, and preferences for engagement.

The iMC Plan is a living document and should be updated in a timely fashion to remain relevant. One of the “triggers” for updates should be insights received from healthcare professionals (HCPs) in real time; however, the processes and systems that enable this are often disjointed, thus precluding an insights-driven approach to integrated communication planning.

Three distinct Focus Area Working Groups (FAWGs) from the Medical Affairs Professional Society (MAPS), Medical Communications, Field Medical, and Insights have collaborated to develop this white paper. Moreover, findings from a focus group survey of 19 pharmaceutical leaders who represent pharmaceutical industries of various sizes and regions are incorporated. The design and results of the survey are reported in the Appendix. In the remainder of the article, we refer to the iMC S/P jointly.

VALUE OF AN INSIGHTS-DRIVEN APPROACH TO BUILDING AN IMC S/P

There are several inputs that are traditionally used by the Medical teams to build their individual plans. For example, the publications team often uses publication objectives, timing of data readouts/trial results, educational gaps of the target audience, and subgroup analyses needed to highlight specific data to build their publication plan. Medical Information uses assessments of frequently asked questions, trend analyses, and gaps in availability of relevant responses to inform their content-creation plan. Field Medical plans prioritize creation of proactive and reactive resources to execute their Field Medical engagement plan and answer HCP queries appropriately and compliantly. However, these individual inputs are not integrated approaches and often only account for the content needs specific subfunctions are aware of.

An important input to the iMC S/P is information received from the stakeholders we serve. As the external environment constantly evolves, so do the Medical Communications needs of our external and internal stakeholders. We should consider how audiences' educational needs evolve (including their preferences for the type, format, channel, and topic of communication) and use their feedback to optimize the engagement approach holistically and at appropriate intervals. Integrating various functional plans, along with insights from target audience collected through various medical functional teams, allows us to better design solutions that build on each other and satisfy those needs.

BEST PRACTICES FOR COLLECTING AND SYNTHESIZING INTEGRATED INSIGHTS

An iMC S/P needs to adapt to a changing environment to suit these evolving needs, and new insights should constantly inform an iMC S/P. Field Medical often collects powerful information on content fitness, content gaps, and whether the content and format resonate with key opinion leaders (KOLs) and broader healthcare audiences. Insights can also stem from several other sources, including Medical Communications (e.g., literature gap analyses, content-usage metrics, author interactions, publication metrics), Medical Directors (e.g., advisory boards), Medical Information (e.g., requests, trends), and Commercial and Digital sources (e.g., scientific share of voice, sentiment analyses, social listening). In addition to Medical Affairs stakeholders, other cross-functional partners such as Commercial, R&D, and Market Access can also contribute medical insights. For a non-exhaustive list of insights and their sources, refer to Figure 2.



Figure 2. Potential sources of medical insights. KOL, key opinion leader; MSL, medical science liaison. A collaborative approach between various Medical Affairs functions helps ensure that a full range of insights are leveraged, and that the iMC S/P adequately addresses all stakeholder needs.

INFORMATION VS. INSIGHTS

The first step in an insights-driven approach to iMC planning is to determine which information or insights are strategically relevant and “actionable” (can be acted upon) vs others that are simply interesting pieces of information. The exact definition of an insight varies amongst organizations. The glossary created by the MAPS Insights Working Group defines insights as “a new information, understanding, idea or perspective on topics relevant to a company that may identify a gap, and/or inform strategy, and/or confirm preexisting views held by the company and may result in an action where and when appropriate.”

Insights become actionable when an action is developed to address those insights. For example, insights that are relevant to the iMC S/P are those that inform development of specific

communication materials to address an identified need. In the context of Field Medical activities, relevant insights may be requested for evidence in a particular patient group or for explaining the latest results in the context of prior data on the product. Relevant insights often arise when certain questions are probed. For example, questions such as how many times was the Field Medical resource used, what resonated, and what format was impactful can provide invaluable feedback. This information helps determine which formats to prioritize in content creation. Another example of insights may be analysis of syndicated research that helps understand information-seeking behavior of the target audience. By understanding where our audience retrieves their information (such as specific websites, congresses, journals, and social platforms), the communication plan can ensure our tactics are available at these venues and platforms. These insights allow us to prioritize the right channels to communicate key data and engage in scientific exchange.

Training Field Medical on scientific topics of interest and standardizing mechanisms for collecting and recording actionable insights is an important topic but is outside of the scope of this white paper. Insights analysis, visualization, and reporting are also out of scope. Teams vary in the methodologies and tools they leverage to analyze insights, and the ownership for insight collation, analysis, evaluation, and reporting lies with the individual teams. Once individual teams determine which insights may be relevant to the iMC S/P, a clear process should be established to share these insights within the medical organization to determine if and how they are actionable, communicable, and impactful.

OPERATIONALIZING AN INSIGHTS-DRIVEN APPROACH TO CREATE AND REFINE AN iMC S/P

Operationalizing an insights-driven approach is described in Figure 3. The first step is for individual teams (e.g., MSLs, Medical Information, Medical Communications, Medical Directors) to assess the insights they collected for relevance to the medical and communication strategy. Ensure individual teams have an awareness and understanding of which insights are relevant to the iMC S/P early in the process and include representatives from each Medical Affairs team involved in insight collection to ensure standardization in understanding. For example, involve Field Medical in globally integrated medical disease strategy development and prioritization exercises, rather than only engaging them at a tactical level. Keep prioritization and decisions around strategic imperatives and communication goals transparent while adapting to the evolving regulatory framework across regions. Communicate these strategic priorities transparently to all participating teams. To ensure alignment, provide examples of a successful

comprehensive iMC plan, which can serve as a benchmark and be used as a method to also demonstrate best practices.

After assessing insights for their relevance to the Medical Strategy, the individual teams provide recommendations to a core team of stakeholders. This core team should have cross-functional representation and commit to engaging on a regular basis to discuss progress. The core team is primarily composed of Medical Affairs stakeholders, although in some cases, depending on life cycle stage of the product, can sometimes involve members from clinical, HEOR, regulatory, biostatistics etc. The chair of the core team is often the medical director for the therapeutic area. After recommendations have been provided, the core team reviews the insights and creates an

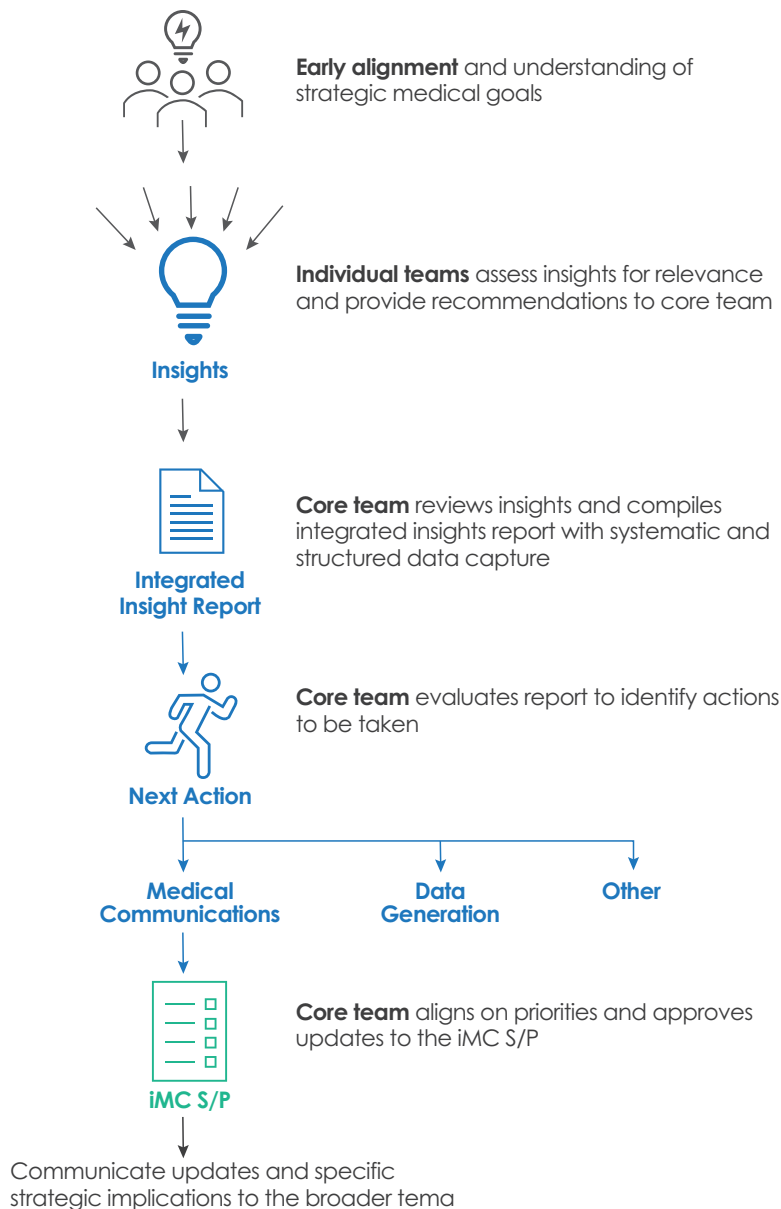


Figure 3. Operationalizing an insights-driven approach to create an iMC S/P. iMC S/P, Integrated Medical Communications Strategy and Plan.

integrated-insights report. The utility and value of an integrated-insights report are directly linked to the systematic/structured manner of data capture from across functional teams within Medical Affairs. The core team, including a Medical Communications representative, will utilize the integrated-insights report to collectively determine which insights are actionable and the next-step actions that need to be taken by various teams. Actions related to communication needs are highlighted in the report and communicated to Medical Communications team responsible for updating the iMC S/P. Once changes to the iMC S/P are completed by the stakeholders, they communicate both the updated iMC plan and the specific strategic implications of the updates to the broader team.

Transparency regarding how insights are eventually utilized is critical for those collecting and assessing insights. For example, maintain visibility of insights review, reporting/sharing, and action within the Customer Relationship Management (CRM) system to make it easily visible to the Field Medical team. Also ensure that insights of strategic relevance are reported and are accessible to all relevant stakeholders within the organization. Broadly share finalized iMC plans, highlighting what has changed and the implications of the changes to the larger communication strategy. Finally, the plan also needs to be communicated to key stakeholders who were not involved in its development but may need to align with the plan in their own work (e.g., Commercial, Market Access)..

BEST PRACTICES FOR OPERATIONALIZING AN INSIGHTS-DRIVEN APPROACH

Several challenges may exist to fully operationalizing an insights-driven approach to refining the iMC S/P; however, there may be opportunities to employ best practices to overcome such challenges. Recognizing potential challenges can help you design a customized process that may mitigate these challenges within your organization. We will discuss five common challenges that teams often face and some best practices you can leverage (Figure 4).

1. Poor internal cross-functional alignment on the importance and priorities of an iMC S/P: If stakeholders do not understand why an iMC S/P is important, they will most likely not be fully engaged when developing it. Thus, it is important to communicate the value of the iMC S/P to cross-functional stakeholders and the benefit of an integrated approach to Medical Affairs–led activities. Additionally, differences in priorities between cross-functional Medical Affairs teams and insufficient global-to-local alignment can result in misaligned plans. Consensus should therefore be built upfront and clearly communicate the product’s global medical priorities to ensure local plans have an opportunity to align. Finally, actively exploring opportunities for cross-functional teams to collaborate and execute on common communication objectives reduces the need for duplicative efforts.

2. Collection of poor-quality insights: An incomplete understanding of strategic priorities could lead to collection of poor-quality insights and the preference for quantitative over qualitative insights. An incomplete understanding of the strategic relevance of the information collected will also result in insufficient reporting. Thus, it is important to first establish consensus about strategic imperatives that are relevant to the iMC S/P. All cross-functional teams should be trained to pursue and capture a sufficient degree of information to allow it to be actionable. For example, a critical component to Field Medical success is ensuring that the MSL and leadership teams know how the insights they collect are being utilized to update the iMC S/P. Additionally, leveraging technological solutions, such as CRM software, can help maintain Field Medical awareness of progress toward meeting scientific goals. Another example specific to the publications team is defining relevant objectives for gap analyses and social media audits. Predefining strategic priorities to the iMC Strategy ensures that the appropriate methodology for the analysis is utilized to provide insights that not only confirm existing beliefs but can unearth additional information of relevance and can help shape the iMC S/P meaningfully. The same principles can apply when conducting advisory boards or other stakeholder engagements. Having the end goal in mind and understanding what information is of strategic relevance will ensure that these activities generate insights that can be actioned.

3. Resourcing constraints: There may also be a lack of understanding around building an iMC S/P, a breakdown in communicating interdependencies, and a lag in updating the iMC S/P due to insufficient resources. Providing examples of a strong iMC S/P and templates can minimize the burden of creating an effective iMC S/P. Working from a template will also ensure that multiple therapeutic areas across the company will have a standardized approach and can share best practices while allowing for customizations that might be necessary for their teams. Assigning ownership for keeping the strategy and plan up to date, tracking progress, and communicating updates can help reduce the lag in updating the iMC S/P.

4. Incomplete process: Challenges that exist around the general process for developing an iMC S/P include a lack of clear delineation of roles and responsibilities, lack of standardized processes for collating/reporting/actioning insights, and irregular cross-functional communication regarding evolution in priorities. To address this gap, roles and responsibilities, as well as processes for implementation, should be defined and communicated. Establish governance and a charter to participate in the compilation of the integrated-insights report as well as the iMC S/P. Elements of an effective process include a predefined cadence for insights analysis, method and format for communication, and template for the integrated-insights reporting. The process should include an inbuilt feedback loop that demonstrates how insights are acted upon.

5. Technology: While technology can greatly reduce the burden related to manual insights collection, analysis, and reporting, it can also be associated with some challenges. Misalignment of global and regional teams and a lack of standardization in the technology tools used for

engagement and insights capture may create variability in data. Teams should consider standard structuring of intake systems, standardizing “required” fields in insights capture that would allow for visualization and reporting of global insight trends. Additionally, the lack of integrated technology tools to combine insights from disparate data sources across medical functions requires a manual process that can create subjectivity. Although artificial intelligence (AI) is an emerging resource for Medical Affairs, there are several business intelligence tools that can help with insights analysis and visualization today. For any tool to achieve a high level of accuracy in analysis and recommendations, the design of business rules and goals should thoroughly reflect intended outcomes. A fully functional AI capability should be a long-term objective. As commercial models evolve, teams can establish an AI maturity framework and begin planning for consolidation and cleansing of data, weaving an intelligent data fabric by fortifying data categorization, setting up an analytical programming framework, and agreeing on workstream outcomes.

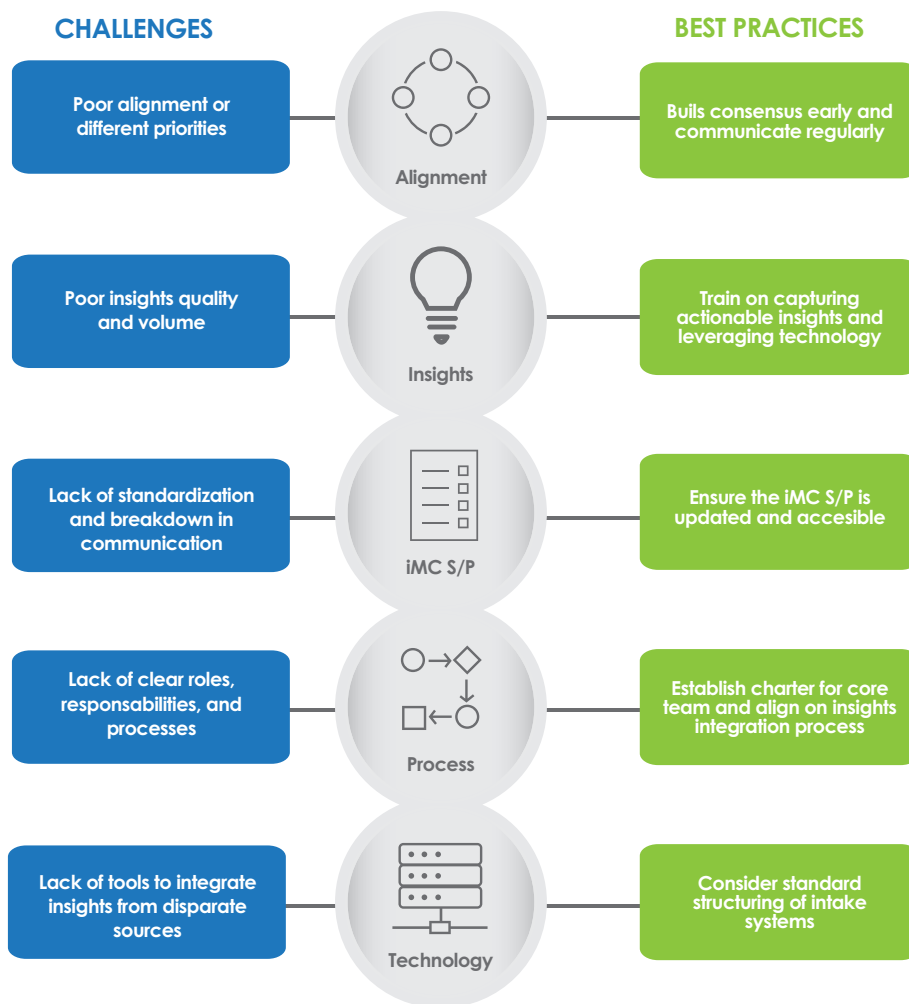


Figure 4. Challenges and best practices for developing an iMC S/P. AI, artificial intelligence; iMC S/P, Integrated Medical Communication Strategy and Plan.

SUMMARY

The Medical Communications function plays a strategic role in the long-term achievement of medical goals through a collaborative approach to developing and executing an iMC S/P. Optimal scientific communications can be delivered by leveraging our collective, cross-functional strengths while devising strategies to optimally address our external and internal stakeholders' educational needs and preferences. The resources developed by the Medical Communications function should be further refined by actionable insights received directly from our audiences and stakeholders. Therefore, the teams involved in gathering, analyzing, and communicating insights have an important role in shaping the iMC S/P. The ongoing, iterative feedback/informative process will help realize the full value of an effective iMC S/P. This white paper is part of the series of resources from the Medical Communications FAWG that will explore our interconnectedness in achieving our common goals in elevating scientific exchange and improving patient outcomes.

REFERENCE:

1. Ahmad F, Bhatena H, Baker C, D'Souza E, Soto P. Integrated Medical Communications Strategy and Plan. Medical Affairs Professional Society. <https://medicalaffairs.org/wp-content/uploads/2022/02/WP-IntegratedComm-1.20.2022.pdf>. Published January 21, 2022. Accessed February 23, 2022.

APPENDIX:

To gain an understanding of the industry's current state on building and updating an Integrated Medical Communications Strategy and Plan (iMC S/P), we conducted a focus group study with 19 pharmaceutical leaders. They represented pharmaceutical industries of various sizes and were distributed across regions. Methodology and demographics

The study was conducted in a closed, asynchronous engagement platform. Nineteen industry professionals whose primary responsibility was in Medical Communications (84%), Field Medical (11%), or Insights Development (5%) were recruited and provided individual logins to the platform.

Of the respondents, 42%, 21%, and 37% were from a large, midsize, or small pharmaceutical company, respectively. Many (42%) self-identified as being part of a global function. Regional representation included the United States (37%), Europe (11%), and the Asia Pacific (11%). Most participants (90%) had at least 3 years of experience in their role, and all contributed to or led the development of an iMC S/P. It is important to note that participants were recruited to the study by invitation, and one of the limitations of the study may be that we did not interview participants with no experience utilizing an iMC S/P. The study results are therefore not indicative of practices in organizations that currently do not have an iMC S/P.

Summary of results

Participants were queried on the following 6 domains: team structure; components of and contributors to an iMC S/P; insights collection, evaluation, and incorporation into an iMC S/P; contribution of Field Medical to iMC S/P; challenges in collaborations between cross-functional team members; and best practices for effective

collaborations. The results from the study are summarized in Table 1.

When asked what is included in their iMC S/P, participants responded that the components typically included publications/congress, Field Medical, Medical Education, Medical Information, and HCP engagement plans. There were no meaningful differences in the types of components included based on the size of the pharmaceutical company they represented (Table 1)

	Small company ^a (N=7)	Midsized company ^b (N=4)	Large company ^b (N=8)
Components of iMC S/P, n (%)			
Publications	6 (85.7)	4 (100.0)	7 (87.5)
Field Medical	5 (71.4)	3 (75.0)	7 (87.5)
Medical Education	5 (71.4)	3 (75.0)	6 (75.0)
Medical Information	4 (57.1)	4 (100.0)	6 (75.0)
HCP engagement	5 (71.4)	2 (50.0)	5 (62.5)
Other ^d	3 (42.9)	1 (25.0)	3 (37.5)
Contributors to iMC S/P, n (%)			
Medical Directors	5 (71.4)	4 (100.0)	7 (87.5)
Medical Communications	5 (71.4)	3 (75.0)	7 (87.5)
Field Medical	5 (71.4)	2 (50.0)	6 (75.0)
Medical Strategy	4 (57.1)	3 (75.0)	6 (75.0)
Medical Information	3 (42.9)	3 (75.0)	6 (75.0)
Medical Education	1 (14.3)	2 (50.0)	4 (50.0)
Other ^e	3 (42.9)	2 (50.0)	2 (25.0)
iMC S/P deliverable type, n (%)			
Part of medical plan	2 (28.6)	2 (50.0)	6 (75.0)
Stand-alone deliverable	3 (42.9)	2 (50.0)	1 (12.5)
Part of brand plan	1 (14.3)	0 (0.0)	0 (0.0)
Uses insights to inform iMC S/P, n (%)			
	7 (100.0)	4 (100.0)	8 (100.0)
Insight contributors, n (%)			
Medical Information	6 (85.7)	4 (100.0)	6 (75.0)
MSLs	6 (85.7)	3 (75.0)	7 (87.5)
HEOR	5 (71.4)	4 (100.0)	6 (75.0)
External engagement	6 (85.7)	3 (75.0)	4 (50.0)
Commercial	4 (57.1)	3 (75.0)	3 (37.5)
Patient interaction	4 (57.1)	2 (50.0)	3 (37.5)
Medical Education	3 (42.9)	2 (50.0)	2 (25.0)
iMC S/P challenges (summary)			
	<ul style="list-style-type: none"> Analyzing large volumes of data Limited AI tools Poor insight quality Poor alignment of stakeholders 	<ul style="list-style-type: none"> Lack of resources Poor alignment of stakeholders No standardized process 	<ul style="list-style-type: none"> Poor alignment of stakeholders No standardized process
iMC S/P best practices (summary)			
	<ul style="list-style-type: none"> Early stakeholder alignment on process Regular communication Share examples of good plans 	<ul style="list-style-type: none"> Early stakeholder alignment on process Regular communication 	<ul style="list-style-type: none"> Regular communication

Data were captured through the asynchronous engagement platform MedThink Connect™. HEOR, health economic and outcomes research; iMC S/P, Integrated Medical Communications Strategy and Plan; MSL, medical science liaison.
^aRevenue <3 billion US dollars annually. ^bRevenue 3-15 billion US dollars annually. ^cRevenue >15 billion US dollars annually. ^dIncludes grant sponsorship, data generation, medical congress strategy, medical insights and analytics, omnichannel/digital, patient advocacy. ^eIncludes congress strategy, HEOR, clinical development, commercial, regulatory affairs, patient advocacy, early development, translational research.

Table 1. Summary of Results from the Focus Group Study



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