

Stakeholder perspectives on digital scientific content

What HCPs, patients, payers, and MSLS really want from medical affairs





Contributors

This whitepaper would not have been possible without the in-depth expert insights we received from the industry stakeholders we interviewed. We'd like to thank these contributors for sharing their time and experience with us.

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Contents ●

Contributors	2
Introduction	4
The Need for Change in Pharmaceutical Scientific Content	4
I. Healthcare Professionals (HCPs)	5
How They Find Content	5
Trust Signals They Look For	6
Their Favorite Formats	6
Their Thoughts on Making Patient-Centered Content More Efficient	7
Their Wish List for Pharma	7
Key Takeaways	7
II. Patients	8
How They Find Content	8
Trust Signals They Look For	9
Their Favorite Formats	9
Their Wish List for Pharma	10
Key Takeaways	10
III. Payers	11
How They Find Content	11
Trust Signals They Look For	11
Their Favorite Formats and Information They Need Most	12
Their Wish List for Pharma	12
Key Takeaways	12
IV. Medical Science Liaisons (MSLs)	13
How They Find Content	13
Trust Signals They Look For	14
Their Favorite Formats	14
Their New Reality of HCP Engagement	14
Their Wish List for Scientific Content Teams	14
Their Wish List for Pharma	15
Key Takeaways	15
Personalize your Message and Scale your Impact	16

Introduction

Over the last few years, medical affairs teams have felt an ever-growing pressure to make their scientific content accessible and digestible for a range of target stakeholders—Medical Science Liaisons (MSLs), Healthcare Professionals (HCPs), payers, and patients—all with varying appetites for this type of content. The best way to achieve this, while maintaining budgets and increasing efficiency, is by first understanding what each stakeholder needs and then repurposing each content piece to personalize it for the target stakeholder.

Are the efforts of medical affairs teams really meeting the needs of the stakeholders for whom they are intended? To find out, we dug into the literature and conducted in-depth qualitative interviews with prominent representatives of each consumer group that pharma targets with its scientific content. In this whitepaper, we shed light on what these stakeholder groups truly expect from pharma in terms of scientific content, how they access this content, what helps them trust it, and whether pharma's content actually meets their needs.

The Need for Change in Pharmaceutical Scientific Content

According to a McKinsey report, in 2018, “50% of biopharmaceutical companies... [preferred] face-to-face interaction with limited deployment of new technologies... Only 10% of pharmacos report[ed] that they are... moving relationships into virtual formats.”¹ Fast forward to 2021, a year into the pandemic, and more than 9 in 10 companies reaching out to HCPs do so digitally.²

Digital is absolutely here to stay. You better adjust to it. And this is the new world that we're all living in. Like it, love it, hate it; either way, it's here. That also means there's going to be new forms of delivery: video, PDF, otherwise.

- Samuel Dyer

HCPs recognize pharma's efforts to provide helpful information on digital channels but feel that pharma doesn't fully understand their needs or their patients' needs.³ Patients agree. As we'll see below, patients struggle to find trustworthy information about medications' side effects and long-term impact, and they often feel pharma companies don't have their best interests at heart. Payers long for greater transparency in pharma-produced content. And now that interactions between MSLs and key opinion leaders (KOLs) are predominantly virtual, even MSLs feel they need more help than what's currently provided.

Our interviews show that, in general, pharma stakeholders feel that pharma could do more to meet their content needs. One of the reasons for this overarching feeling is pharma's attempt to serve multiple audiences and channels at once, instead of intentionally customizing scientific content to each stakeholder's needs.

Let's dive into the literature and qualitative interviews to discover what content will make the biggest impact for each stakeholder, and therefore, how medical affairs teams can increase their return on scientific content investment.



I. Healthcare Professionals (HCPs)

HCPs are the lifeblood of the medical system. As they work tirelessly to ensure their patients' health, they must adjust to a new reality of more screen time, less face-to-face time with MSAs, and empowered patients trying to navigate a landscape of misinformation.

How They Find Content

In a recent global HCP survey conducted by Wiley, about 31% of 827 respondents said they seek out medical information related to their area of expertise every day, whereas 42% said they seek out such information at least 2-3 times per week.⁴ Apart from traditional trusted scholarly channels like journal publications and books, HCPs are increasingly preferring channels like social media and newer formats such as infographics, videos, and case studies.

In addition, some HCPs diversify the channels they use based on the content they need. "For the larger topics, I rely on CMEs [continuing medical education sessions] and virtual conferences, but things change quickly, so I use Twitter too," said Susan Fidler, a physician specializing in family and

sports medicine.

"On Twitter, I follow key medical societies and journals covering broad areas of medicine. I scan through things for 30 minutes a day. If I find something interesting, I send it to myself to read later," she said. Fidler does not see merit in following specific pharma companies, because there are too many players in a broad field like family medicine, but instead expects the necessary information to reach through other sources she follows.

She wishes there was better communication from pharma on new drugs. It bothers her to see direct-to-consumer TV commercials for drugs that she as an HCP has not been informed about yet. Her recommendation to Pharma:

Find an easy way to get in front of my face. Use Facebook groups and Twitter. I like having easy access to information.

- Susan Fidler

Another channel that facilitates access for her is podcasts. She listens to topic-based podcasts, like an internal medicine podcast, and then checks out the show notes for links to relevant research.

She's not the only one.

"Whether I'm in the car or exercising, podcasts are a great way to get information without taking too much time," said Neil Skolnik, Associate Director of the Family Medicine Residency Program at Abington Memorial Hospital.

Like Fidler, Skolnik dedicates time every day to stay up to date. When "I want to refresh my knowledge of what to do with a patient's condition, or I hear there's a new medicine, I look for information on Medscape or Google," he said. He has a select number of journals and medical information aggregators, like Medscape, that he trusts. He likes that they combine concise information with commentary that puts that information in perspective. In addition, he sometimes attends online events.

Trust Signals They Look For

When pharmaceutical content builds trust, it influences HCP behavior. A study conducted in hospitals discovered that pharma marketing had an impact on what more than half (55.9%) of HCPs prescribed.⁵ The challenge is that even though HCPs are aware of regulatory requirements for complete accuracy in each content piece published by pharma, they're still concerned about bias.

To get started with trust building, a roundup of HCPs suggested that pharma companies proactively reach out to HCPs with data-backed information when they find misinformation about specific drugs surfacing. This outreach can be done via emails, social media, or society websites. If pharma companies can get professional societies to

vouch for them, and/or if they can secure testimonials, even better, the HCPs said. HCPs stated that they would also like pharma to provide easy channels where questions the HCPs have can be addressed. Content on LinkedIn might be perceived as more trustworthy by some HCPs than content on other social media platforms.⁶

In his interview with Cactus Life Sciences, Skolnik suggested that pharma could build its own resource too – say, a portal of articles and podcasts – if it collaborates with trustworthy partners.

You have to cooperate with the HCPs whose specialty you're targeting. We want to know what goes on clinically [rather than only at the molecular level].

- Neil Skolnik

Content authors with medical or academic positions help HCPs trust the content they read, as opposed to an all-pharma author group.

Their Favorite Formats

According to a BCG 2020 survey, physicians are interested in learning how biopharma companies can support patient care through digital tools and engagement, but they also complain of insufficient time to read.⁷ In addition, HCPs in different specialties and locations prefer different channels and formats for their engagement with pharma. For example, the survey found that 85% of European neurologists prefer virtual engagement, versus 70% of gastroenterologists and cardiologists. It pointed out that when you drill down to specific channels, the preference changes at an individual HCP level.⁷

We live in a multi-channel world. You might like reading, someone else might like watching a webinar with slides, and the third person doesn't have time, but would love to hear it on a podcast while they're driving to work. Develop content for a multi-channel world.

- Neil Skolnik

Their Thoughts on Making Patient-Centered Content More Efficient

The internet has made it easy for patients to access all kinds of medical information. Some studies find that this empowers patients to understand their conditions better.⁸ However, the day-to-day reality is often different, and “Doctor Google” doesn’t always turn patients into efficient partners for HCPs.

I’m all for patients having lots of information. I actually don’t mind people coming in and working through it together. It’s a great relationship and trust building tool. The challenge is patients don’t have the context to critically interpret [the information].

- Susan Fidler

HCPs surveyed by eyeforpharma and M3 EU agreed. They want their patients empowered, yet “over half of the respondents... expressed that the so-called empowered patient poses some degree of challenge,” especially when she or he consumes misinformation.⁹

In today’s age, as Skolnik pointed out, the more misinformation patients consume, the more misinformation they’ll be fed on social media and the more they’ll believe it.

Therefore, Fidler’s ask from pharma is “that the information [they provide to patients] is clear about whom this medication is appropriate for and what’s the cost.”

There’s also a need for HCPs to get accurate, non-promotional, plain-language content from pharma, to share with patients. Of course, as Skolnik said, not all patients trust pharma content. In this case, pharma can, as suggested above, partner with trusted publications.

Their Wish List for Pharma

According to a survey by the Medical Affairs Professionals Society, in early 2021, most HCPs

(87%) selected “updated scientific data” as a preferred topic of discussion. This was followed by “research information and education” (56%) and “therapeutic area discussion/treatment landscape and approach” (56%).¹⁰

For pharma to serve these needs, it must fulfill the requested trust signals discussed above – partner with HCPs and reputable publications.

In addition, Skolnik suggested that pharma provide opportunities for HCPs to ask experts questions. Fidler emphasized what would differentiate a pharma company – enabling HCPs to communicate with reps on HCPs’ schedules. She added that live chat could provide easy access to Q&A for busy HCPs.



1. Expand the content channels and formats you use to reach HCPs with due consideration of evolving HCP preferences. Make it easy to find drug-related information on your website as well.
2. Collaborate with professional societies and well-known HCPs in therapeutic areas of interest to build trust and credibility.
3. Provide HCPs with opportunities and tools to ask experts questions on their own schedules, such as 24/7 chatbots on pharma websites.



II. Patients

Improving outcomes for patients is the reason many of us come to work. With various degrees of health literacy and needs, patients want to be empowered with trustworthy information, and they require pharma companies to have their backs with HCPs.

How They Find Content

Patients find content through the internet, mass media, social media, friends, family, and fellow patients, including patient-founded groups. Sometimes the research starts on nonprofit sites, general sites or disease-focused sites, and goes deeper from there.

“I was diagnosed with multiple sclerosis 15 years ago,” said Michael Olex, a District Activist Leader for the National MS Society in the US. “I look for information every two-three weeks. I read general interest stories on general MS sites. I understand the expectations of certain MS treatments. Then I go to PubMed and read survey articles,” Olex said.

“I’m part of local support groups for MS. Many patients contact me because they have pretty brochures from doctors, but don’t know how to process the information,” he said.

In some cases, patients experience so much trouble getting proper treatment that they have no choice but to become experts themselves.

When Cynthia Bunes’ daughter was 12 years old, for example, she experienced a rare side effect to an acne medicine, which doctors dismissed. “Seven months later, she was hospitalized. A year and a half after that, she was diagnosed with primary sclerosing cholangitis (PSC), a rare liver disease,” said Bunes, a Patient & Research Advocate for PSC.

Bunes’ husband read about a doctor who successfully treated children diagnosed with PSC by using an existing generic drug off-label. When they finally found a doctor who agreed to use this protocol for their daughter, she experienced relief within days and healed within a year.

Meanwhile, the quest to understand why this drug is effective for PSC patients changed Bunes's life.

"The first time I started reading journal papers, I couldn't understand a word. But I read everything I could get my hands on and used Google to look up terms I didn't understand," she said. Gradually, Bunes became proficient with reading research and is now even co-authoring grants and research papers. These days, "I first go to PubMed and research what doctors have published in peer reviewed papers. Then I go to the website of the pharma company doing the clinical trials. I rely heavily on pharma sites. They explain accurately why a drug therapy is being used and the mechanism of action." she said.

But she knows her story is unique.

Many patients want to be educated, but don't have access to these resources.

- Cynthia Bunes

Trust Signals They Look For

Over a third of Americans¹¹ and almost half of Europeans¹² have low health literacy, which can negatively impact their health.¹³ To improve their understanding of health literature, many patients want to consume content from experts and fellow patients.

Speaking of how patients identify trustworthy content, Olex said, "The author's perspective and experience matters," adding that peer review is another trust factor.

Patients might be skeptical of pharma companies' content because they don't understand how tightly regulated pharma is. Companies who educate patients on the regulatory requirement for accuracy might be able to position this as a trust differentiator.

To accelerate trust building, pharma can involve patients in research and partner with sources patients already trust, for example, "patient groups, which patients have formed, and patient charities, who are funded by the public," said Richard Stephens, a Patient Advocate and Chair of the BBMRI-ERIC Stakeholder Group.

Their Favorite Formats

Qualitative interviews revealed disagreement regarding plain-language summaries (PLS), which aim to simplify scientific information for patients. Olex believed they're unnecessary because patients don't want to figure it out themselves. Bunes, on the other hand, believed summaries alleviate the feeling of being overwhelmed by the science, especially when they combine visuals.

Either way, **PLS writers must understand that "patients prioritize four key points... when they read about medicines: what the medicine does, what to do and what not to do when taking the medicine, the side effects they might experience, and what the medicine means for them in their day-to-day lives," explained the European Medical Writers Association.**¹⁴

When done well, summaries can build trust with both repeat and prospective research participants, such as Bunes and Stephens, whose personal experiences led them to get deeply involved with research and clinical trials. "A high level of patient involvement was associated with more recruitment success," found a 2018 study published in the British Journal of Psychiatry.¹⁵

Whether pharma promotes trials or medications, it helps to keep things simple and visual.

"A two-minute video is good. A 20-minute video – forget it. Television is more fun," Stephens said. In infographics, use just a few blocks or graphs. "And people like me will print it, and it will become black and white," he said.

Their Wish List for Pharma

“If the pharma industry can help HCPs accurately show how a treatment option fits into a bigger plan, patients can understand what to expect and choose options that fit their lifestyles, personal needs, and beliefs,” explained the European Medical Writers Association.¹⁴

Olex pointed out it’s important that pharma educates HCPs on side effects, including secondary ones (which he suffers from); long-term impacts; and which medical team members might be needed to remain involved. He said it’s key that HCPs are aware of all the information - such as which medical professionals might need to be consulted down the line - even if it doesn’t necessarily need to be communicated to patients right away.

Importantly, pharma needs to educate HCPs on any possible long-term side effects, even if they may be out of their realm of expertise – like in the case of Bunes, whose daughter’s illness was triggered by a commonly prescribed acne drug that affected both the liver and the gut, a rare but devastating long-term side effect of that drug.

To make pharma’s content patient-centric, Stephens recommended a proactive approach that includes content that’s written or endorsed by patients - plus less talking and more doing.

If you are now patient-centric, what have you been doing the past 50 years? Stop talking about patient centricity. Don’t tell us you’re doing it - just do it.

- Richard Stephens

For the best results, use hyper customization. “Most patients couldn’t care less about research. There’s the group that understands peer reviewed research and will read the paper. And another group that wants to understand but can’t cope with an 18-page

paper. If they have the summary, they can share it with their patient groups, their charities, and the word spreads out,” he said.



1. Grow your patient advocacy function and ensure that the voice of the patient is heard.
2. Involve patients in research, and partner with sources they already trust, such as patient-founded groups.
3. To build trust with patients in a landscape of misinformation and bias, educate patients on regulatory requirements for accuracy in pharma content.
4. Educate HCPs on side effects (including secondary ones and those that might be outside their realm of expertise), long-term impacts, and possible other areas of medical specialty that might need to get involved.

III. Payers

As healthcare costs keep rising, so does payers' influence on pharmaceutical purchases at government agencies, hospitals, care organizations, pharmacies and insurance companies. To approve new drugs, they need transparent data on costs and effectiveness compared to what else is offered in the industry.

How They Find Content

When it comes to payer education, payers find congresses to be an important information source. Besides that, "all the training happens predominantly internally, and it's done by the medical teams," said Sohini Ganguli, who handles a Health Economics & Value Assessment portfolio at Sanofi Genzyme.

Beyond that, Pharmacy and Therapeutics (P&T) committee members dedicate over three hours every day to work-related digital resources. They spend less than an hour and a half a day on MSL meetings and other offline resources. 80% of them prefer it this way.¹⁶

Trust Signals They Look For

While payers don't need pharma to go into disease mechanism details as they already know this information, they want to understand the calculations that led to pharma's payment model.

What payers struggle with is every pharma company comes in, says how great their drug is, and shares a budget impact model, which shows that their drug is the most cost-effective. Payers question these modeling frameworks because pharma doesn't leave them behind for payers to play around with and make their own assessments. What goes on at the backend of the framework to get you these results?

- Sohini Ganguli

She explained that national players conduct their own analysis, comparing their numbers to what pharma presented. Regional organizations don't have enough resources for that, so they must rely on the information they receive from pharma. But she added that alternative sources online, such as impact models developed by the **Institute for Clinical and Economic Review (ICER)**, are being made available to fill this gap.

Their Favorite Formats and Information They Need Most

In 2021, pharma [still] won't do head-to-head comparisons against their competitors. Payers naturally question that.

- Sohini Ganguli

She added that it's already a regulatory requirement in Europe, and payers can find the information online. In other words, when pharma companies avoid comparisons, payers are left looking for this information elsewhere. Competitors can step in and take advantage of this opportunity to build trust with them.

Moreover, according to FDA guidelines, payers can receive much broader information than HCPs - information that's not necessarily published, including pre-launch data. Payers want reps to focus on this type of information during meetings, instead of focusing on information that's already been published. "They like to understand how pharma got to those [patient inclusion] criteria, and why they designed the study a particular way," Ganguli said.

As for digital versus in-person, payers feel comfortable with the digital format, as that was their standard even before the pandemic. In fact, according to Ganguli, payers actually like the digital format for the ease of communication it offers for staff working across locations.

Additionally, in a Clarivate survey, 52% of P&T committee members said that "interactive content makes meetings with pharma account managers more valuable."¹⁶

Their Wish List for Pharma

Almost half of P&T committee members would use pharma digital resources more if pharma made it easier for them to find content that's tailored to their needs, discovered the Clarivate survey.¹⁶

The pharma companies that are ahead of the game understand the difference between what HCPs want versus what payers want, instead of trying to jam what they want to share down payers' throats.

- Sohini Ganguli

"Payers would appreciate an estimator tool that says how many people with a certain diagnosis are treated and how many still have an unmet need. Then, the tool could divide that unmet need population into the various segments - Medicare, Medicaid, commercial," she said.

In addition, payers would like more patient support. According to a 2014 Manhattan Research study, P&T committee members (87% of hospital committee members, 43% of managed care organization committee members, and 47% of those at pharmacy benefits managers) are likelier to purchase a drug when pharma provides resources for patient support.¹⁷



KEY TAKEAWAYS

1. Give payers an estimator tool that says how many people with a certain diagnosis still have an unmet need, segmented by Medicare, Medicaid, and commercial. Leave your budget impact model for payers to play with and make their own assessment.
2. Provide head to head comparisons with competitors' products, where possible.
3. Offer more patient support content/materials.

IV. Medical Science Liaisons (MSLs)

MSLs are the critical link in the pharma-HCP chain. HCPs see MSLs as a critical source of information on advances in therapeutic areas and new interventions. Pharma companies in turn rely heavily on field MSLs to relay HCP insights that shape their medical strategy. Thus, the content—and content formats—that MSLs receive directly affect business success. Here's what they need in order to serve HCPs better and help pharma companies thrive.

How They Find Content

“According to a 2019 global survey conducted by the MSL Society, online sources like PubMed and ClinicalTrials.gov were the most common ways MSLs learned about a KOL’s new piece of work (new publications, new clinical trials, etc.),” said Samuel Dyer, CEO of the Medical Science Liaison Society.

Josh Yoder, the MSL Regional Director, Western US and Canada, at Syneos Health, is one of the MSLs who uses these resources. “I read titles and abstracts, [but also] get recommendations from people or ask management if it’s relevant for us before I sit down to read [the entire article],” Yoder said.

In addition, Yoder gets content through his own pharma company’s newsletter.

You want to be on top of your drug – that’s the highest priority – but to me, it’s more valuable if content is broader, including disease state and competitor education.

- Josh Yoder

He likes conducting discussions with other company functions, including R&D, and with MSLs, doctors and nurses, to get different perspectives.

Trust Signals They Look For

“When MSLs are discussing clinical trial data or scientific information with KOLs, they trust and rely exclusively on published, peer-reviewed information.” Dyer said. “This is important because according to a 2020 survey, 63% of KOLs reported that the most valuable information they receive from MSLs was scientific updates on new drugs and clinical trial data,” Dyer further stated.¹⁸

In addition, MSLs now see the need to develop relationships with stakeholders beyond HCPs, for example, with payers and with nurses who care for patients with rare diseases.¹⁹ Each such interaction gives MSLs access to trusted information based on real-world evidence that can help shape their insights.

Their Favorite Formats

With travel restrictions freeing up time, MSLs believe their main focus needs to be reviewing scientific literature.²⁰

Yet qualitative interviews indicate that for expanding their own knowledge, some MSLs prefer easier-to-consume content, such as videos and quick text-visual combinations, though not necessarily infographics. Dyer indicated that while infographics have benefits, they're perceived as marketing tools, and therefore not appropriate for scientific discussion.

When it comes to sharing scientific content with HCPs, Yoder sends links to PubMed after meetings. He explained that HCPs usually have institutional access to publishers' sites and can therefore download materials for free.

Their New Reality of HCP Engagement

Although the COVID-19 pandemic has impacted every aspect of MSL-KOL engagement, the biggest challenge MSLs now face is access to KOLs.

According to surveys by The MSL Society, “The average duration of MSL-KOL meetings has dropped from 45 minutes prior to the COVID-19 pandemic to less than 30 minutes during the pandemic. Interestingly, 82% of MSLs and 66% of KOLs suggested that virtual engagement should continue even after the pandemic.

- Samuel Dyer

“Despite the decrease in the average duration of MSL-KOL engagements during the pandemic, 78% of KOLs stated that the typical virtual scientific discussion with MSLs was (very or somewhat) effective,”¹⁸ stated Dyer.

Their Wish List for Scientific Content Teams

“It's not realistic to expect MSLs to be able to review numerous slides with KOLs in an under 30-minute meeting,” Dyer said.

Yoder concurred, saying “...keep things concise. Use data and graphs, not just text.”

As our interviews with HCPs and the relevant literature show, HCPs are looking for more tailored interactions, comparisons of new and existing therapeutic strategies, clear linkages between research findings and clinical experience, and the ability to get quick information from MSLs at the point of treatment.¹⁹

Scientific content agencies can align MSL content decks to these needs by prefacing their work with in-depth discussions with MSLs regarding the specific needs of their target HCPs and the expectations for therapeutic area depth.

To stay top of mind between meetings, MSLs need continuous bite-size content that provides value to HCPs and can be shared via other channels like social media.

Besides content, an MSL survey discovered that they need training on acceptable social media usage.²¹ They also need help unifying data from different publications, simplifying it for easy consumption in diverse formats, and customizing it to different audiences.

“These insights align with how the requests we receive for MSL material have evolved over the last year or so,” says Hosie Bhathena, Vice President, Medical and Scientific Services, at Cactus Life Sciences. “We’ve been delivering to a higher-than-ever demand for personalized content; more interactive, visual decks that are easily navigable and designed for shorter virtual MSL-HCP interactions; and support with surveying and summarizing new literature related to specific therapeutic areas in a way that can help both MSLs and their HCPs stay up to date.”

Their Wish List for Pharma

Qualitative interviews revealed the need for proactive communication with MSLs, getting their input on product strategy, and providing better training.

“Training and upskilling MSLs is crucial to their long-term success, and they want to be trained. In fact, according to a global survey, only 26% of MSLs reported being ‘very satisfied’ with the training they received. Companies are very good at providing disease state and product training, but not at ongoing training, like soft skills and upskilling their MSLs,” Dyer said.

Effective virtual KOL engagement was the main training request by MSLs, according to a global survey.²⁰ Another part of it, that came up from another source, is storytelling skills – the ability to tell the scientific story behind a drug and its impact, while maintaining HCP trust.¹⁹

Simultaneously, MSLs could benefit from health-economic knowledge libraries, divided by sub-topics and based on frequently asked questions from HCPs, so they can quickly respond to HCP inquiries.¹⁹



1. Maximize insights from MSLs to understand evolving HCP needs, and provide MSLs adequate training to deliver against these needs. Allow cross-functional knowledge sharing.
2. Optimize the literature review process for MSLs by offering targeted recommendations based on therapeutic area.
3. Create bite-sized content. Condense slide decks by adding more visual elements for the digital format, and make them easy to navigate through.
4. Unify data from different publications, simplify it for consumption in various formats, and customize it for different audiences.

Personalize your Message and Scale your Impact

As stakeholder needs for scientific content grow wide and diverse, medical affairs' work has never been more challenging. Yet it's an exciting time, too. As the literature and qualitative interviews in this whitepaper revealed, all stakeholders are interested in collaborating with pharma companies, and all have been vocal on how to make these collaborations more fruitful.

Personalized content is the need of the hour for pharma companies that want to scale their impact and growth. There have never been more opportunities to customize the right messages to the right audiences. Here's what that means for the different stakeholder groups, and how Cactus Life Sciences can help.



HCPs

HCPs need easier access to scientific research and drug data, as well as PLS to provide to their patients.

Cactus Life Sciences can help your Medical Affairs team embrace the power of digital tools and technology as you move toward transforming and personalizing medical engagement with HCPs. We can help create trustworthy, easy-to-consume scientific content in appropriate formats as per the consumption preferences of your target HCPs. We can also support you with patient-centric content that HCPs can use to explain the disease and recommended treatment.

Patients

Patients need research to be made easier to access and understand. **Cactus Life Sciences can help you factor in patients into your publication strategy, such that each high-impact journal publication is supplemented with PLS and video or graphical summaries..**

Payers

Payers need pre-launch data, budget impact models, target patient group segmentation, and content aimed at patient support. **Cactus Life Sciences can help you create relevant content in appropriate formats that are acceptable by regulatory bodies. We can also support with the creation of practical interactive tools that allow payers to assess the data holistically in a way that builds their trust and eases their decision-making.**

MSLs

MSLs prefer easy-to-navigate interactive content tailored for shorter HCP meetings, particularly those conducted in the virtual format. **Cactus Life Sciences can help develop interactive digital content that not only allows efficient and effective navigation for MSLs but also enhances the HCP experience during the virtual scientific exchange.**

Who we are

Cactus Life Sciences is a non-traditional, fully integrated scientific communications agency. We accelerate dissemination of scientific evidence while focusing on personalization, workflow efficiencies, and technology-led innovation. We partner with medical affairs teams to help them seamlessly embrace the power of digital tools and technology as they move toward transforming and personalizing medical engagement globally. Our transformational delivery models help our clients enhance customer experience while driving internal operational efficiencies. As trusted advisors to medical affairs teams, we incorporate the voice of HCPs, research communities, publishers, societies, and patient advocacy groups, thus serving as the bridge between pharma leaders and the key stakeholders they engage with.

References

1. Evers, M., Ostojic, I., Suresh, B., Weiner, J., & Westra, A. (2018). "Medical Affairs: Key Imperatives for Engaging and Educating Physicians in a Digital World." McKinsey & Company <https://www.mckinsey.com/industries/pharmaceuticals-and-medical-products/our-insights/medical-affairs-key-imperatives-for-engaging-and-educating-physicians-in-a-digital-world>. Accessed April 30, 2021.
2. Mahoney, S. (2021). "The 2021 MM+M/HealthLink Dimensions Healthcare Marketers Survey." Medical Marketing and Media <https://www.mmm-online.com/home/channel/features/the-2021-mmm-healthlink-dimensions-healthcare-marketers-survey/>. Accessed April 30, 2021.
3. Accenture's Reinventing Relevance (2020). Accenture, page 15 https://www.accenture.com/_acnmedia/PDF-130/Accenture-HCP-Survey-v4.pdf. Accessed April 30, 2021.
4. Wiley (2020). Driving Engagement for Healthcare Professionals. Accessed June 21, 2021
5. Hailu, A.D., Workneh, B.D., & Kahissay, M.H. (2021). Influence of Pharmaceutical Marketing Mix Strategies on Physicians' Prescribing Behaviors in Public and Private Hospitals, Dessie, Ethiopia: A Mixed Study Design. *BMC Public Health*, 21, 65. <https://doi.org/10.1186/s12889-020-10063-2>. Accessed April 30, 2021.
6. Wolters Kluwer's Exploring HCP Media Consumption in the Age of COVID-19 and Beyond (2021). <https://www.wolterskluwer.com/en/expert-insights/exploring-hcp-media-consumption-in-the-age-of-covid19-and-beyond>. Accessed June 18, 2021.
7. Wolf, F., Shah, S., Meier, C., & Schulze, U. (2020). "What Doctors Want and What This Means for Biopharma Now." Boston Consulting Group <https://www.bcg.com/en-il/publications/2020/what-doctors-want-and-what-this-means-for-the-biopharma-industry>. Accessed April 30, 2021.
8. Levine D.M., & Mehrotra A. (2021). Assessment of Diagnosis and Triage in Validated Case Vignettes Among Nonphysicians Before and After Internet Search. *JAMA Network Open*, 4(3), page e213287. doi:10.1001/jamanetworkopen.2021.3287/ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2777835>. Accessed May 13, 2021.
9. Eyeforpharma's "HCPs: We Want Partnerships with Pharma" (2015). eyeforpharma, page 6 <https://eu.m3.com/PDF/HCPs-We-Want-Partnerships-Pharma.pdf>. Accessed May 13, 2021.
10. Mah, K.W., Lo, K., & Elegant, V. (2021). "A Year with COVID-19: Scientific Engagements Pulse Check." Medical Affairs Professional Society <https://medicalaffairs.org/covid-19-scientific-engagements-pulse-check/>. Accessed April 30, 2021.
11. Mahadevan, R. (2013). "Health Literacy Fact Sheets." Center for Health Care Strategies <https://www.chcs.org/resource/health-literacy-fact-sheets/>. Accessed April 30, 2021.
12. Srensen, K., Pelikan, J.M., Rothlin, F., Ganahl, K., Slonska, Z., Doyle, G., Fullam, J., Kondilis, B., Agrafiotis, D., Uiters, E., Falcon, M., Mensing, M., Tchamov, K., van den Broucke, S., & Brand, H. (2015). On behalf of the HLS-EU Consortium, Health literacy in Europe: Comparative Results of the European health Literacy Survey (HLS-EU), *European Journal of Public Health*, 25(6), page 1053–1058. <https://doi.org/10.1093/eurpub/ckv043>. Accessed April 30, 2021.
13. Centers for Disease Control and Prevention's Understanding Literacy & Numeracy (2019). Centers for Disease Control and Prevention <https://www.cdc.gov/healthliteracy/learn/UnderstandingLiteracy.html>. Accessed April 30, 2021.
14. Chamberlain James, L., Collyar, D., Todd, A., & O'Leary, C. (2020). "Writing for Patients: When and How?" *European Medical Writers Association*, 29(4), page 20 & 21.
15. Ennis, L., & Wykes, T. (2016). Sense and Readability: Participant Information Sheets for Research Studies. *British Journal of Psychiatry*, 208(2), page 189–194. doi:10.1192/bjp.bp.114.156687. Accessed April 30, 2021.
16. Clarivate's Pharma's Approach to Market Access Facing Digital Disruption, Study Finds (2017). Clarivate (Previously Decisions Resources Group) <https://decisionresourcesgroup.com/blog/pharmas-approach-to-market-access-facing-digital-disruption-study-finds/>. Accessed April 30, 2021.
17. Manhattan Research (2014). "Formulary Decision Makers Say Pharma-Provided Patient Support Solutions Influence Formulary Placement." Cision PR Newswire <https://www.prnewswire.com/news-releases/formulary-decision-makers-say-pharma-provided-patient-support-solutions-influence-formulary-placement-269408541.html>. Accessed April 30, 2021.
18. Medical Science Liaison Society (USA Survey Results) - How KOLs Prefer to Engage with MSLs During the COVID-19 Pandemic (2020). <https://www.themsls.org/covid-19-kol-engagement-survey/>. Accessed July 07, 2021.
19. Groebel, R. (2019). "Pharma Medical Affairs: A Blueprint for Future." PharmaExec.com <https://www.pharmexec.com/view/pharma-medical-affairs-blueprint-future>. Accessed June 17, 2021.
20. Medical Science Liaison Society's Global Results - MSL Activities During the COVID-19 Pandemic Survey (2020), page 38, 69–74. <https://www.xplorelifescience.com/wp-content/themes/xploropharma/downloads/MSL-Activity-During-COVID-19.pdf>. Accessed April 30, 2021.
21. Sankar, S., Lo, K., & Feng, L. (2021). "Survey on Enhancing KOL Engagement: How Can We Empower MSLs by Leveraging Data for Personalized Engagements?" *Journal of the Medical Science Liaison Society* <https://themsljournal.com/article/survey-on-enhancing-kol-engagement-how-can-we-empower-msls-by-leveraging-data-for-personalized-engagements/>. Accessed April 30, 2021.