



MAPS 2021 Benchmarking Survey





Introduction

The Medical Affairs Professional Society (MAPS) is pleased to share our October 2021 Benchmarking Report. This Report is based on findings from 21 leading organizations representing the Pharmaceutical, Biotech, and Medical and Diagnostic Device sectors regarding their organizational structure, budget, and operations.

Survey Design: MAPS' Ambassador Alliance, representing 19 of the 25 Industry Partner organizations to MAPS, brainstormed the Benchmarking topic. A small group of IPP Ambassadors then met to finalize the survey questions. MAPS would like to thank the following IPP Ambassadors for their time and contributions:

Jaime Blais, Head of Medical and Healthcare Excellence, **Janssen**
Søren Buur, Director, Head of Medical Affairs Operations, **Lundbeck**
Deena Goldman, Vice President, Medical Communications (former)
Karen Jursca, Director, Operational Excellence, **Teva**

Survey Analysis: MAPS would like to thank Tim Mikhelashvili, CEO & Co-Founder, Amedea Pharma, Inc. for developing the data analysis of the survey results.

Respondents: MAPS selected one representative from 45 organizations including 15 Biotech companies, 16 Medical & Diagnostic Device companies, and 14 Pharmaceutical companies. Of the 45 representatives invited to participate, 21 respondents completed the survey. All responses were anonymous, meaning the self-reported industry type reflected in the baseline data overview may not align with the breakdown of the invitees (14 Pharma, 15 Biotech, 16 Medical & Diagnostic Device).

Companies invited to participate:

Alexion, Amgen, Apellis, BioMarin, CSL Behring, Incyte, Ipsen, Jazz Pharmaceuticals, Lundbeck, Novo Nordisk, Regeneron, Sage Therapeutics, UCB, United Therapeutics, Vertex, Abbott, Baxter International, Becton Dickinson, Cardinal Health, Edwards Lifesciences, Fresenius, Haemonetics, J&J Med Device, Leica Biosystems, Medtronic, Novocure, Philips, Siemens, Stryker, Thermo Fisher Scientific, Varian, AbbVie, Astellas, AstraZeneca, BMS, Eisai, GSK, Janssen, Kyowa Kirin, Lilly, Otsuka, Pfizer, Sanofi, Takeda, Teva

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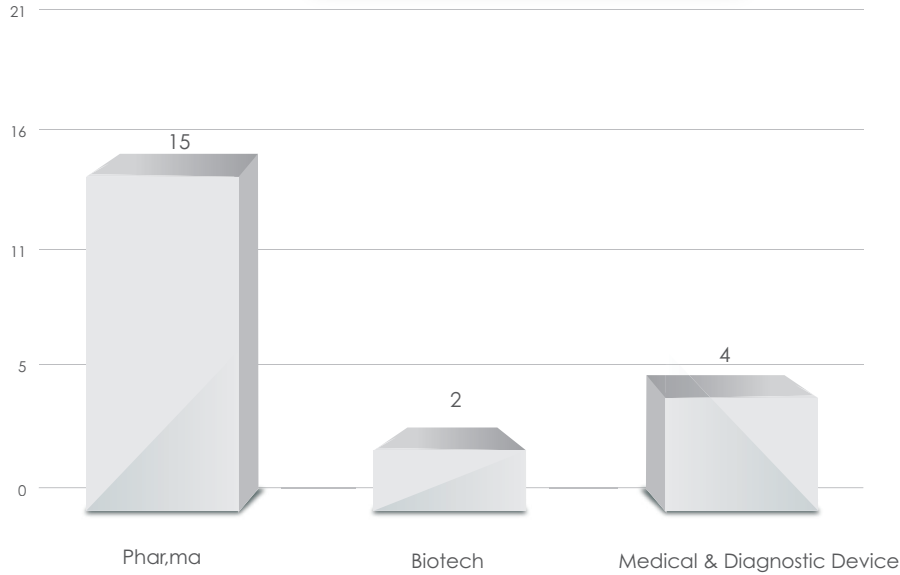
LEARNING AND DEVELOPMENT

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BASELINE DATA

Company Type



Source: MAPS Benchmarking Survey (2021)

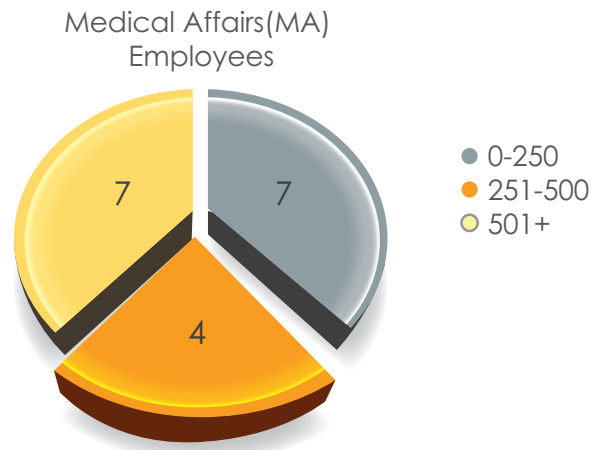
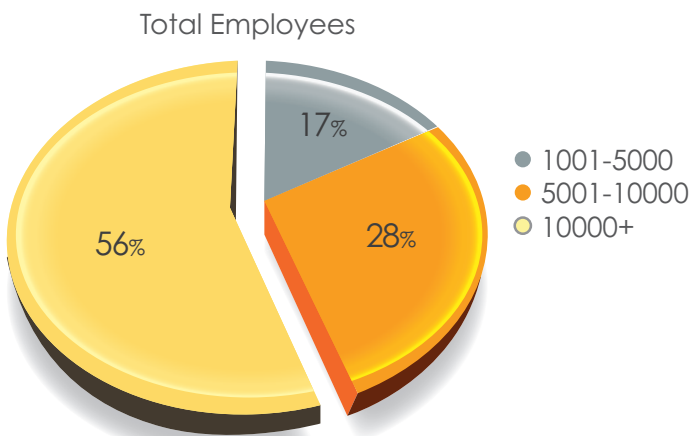
Company Location

USA	(12)
Japan	(3)
Denmark	(2)
France	(1)
Ireland	(1)
Spain	(1)
UK	(1)

N=21

Company Size

The majority of the respondents (55.6%) are employed by large companies of 10,000+ employees, with 28% at companies with 5,000 – 10,000 employees and 17% at companies with 1,001-5,000 employees. Similarly, the majority of this survey cohort work at MA organizations of 0-250 (39%) or 251-500 (22%) employees.



N=18

ORGANIZATIONAL STRUCTURE

Proportion of field-based staff in the rather large MA organizations varied widely, as most of the MA organizations had either 26-50% or 1-10% of their teams deployed in the field with no remarkable standards or trends noted. Such findings may reflect early-stage companies or early-phase pipeline assets in a substantial proportion of respondents, as well as differences in the MA value proposition or communication norms across the functions at the various companies. Only less than 1/3 of the respondents combined had a very prominent field MA organization in place, with 51-75 or 76%+ of the staff in the field.

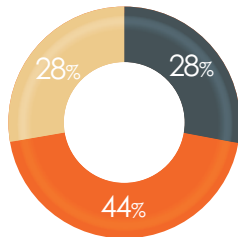
The majority of respondents, (66.7%) had a Chief Medical Officer (CMO) however a substantial percentage of MA organizations do not report in under the CMO regardless 5/12 (41.7%). All the respondents have a Global MA (GMA) unit (100%, n = 16), and 2/3 of the respondents have 1 unique GMA department while 1/3 have country/regional level MA staff who report into the country GMs w/ a dotted line to GMA for governance. GMA reports into R&D or the CMO in most of the organizations, with only one that reports into Commercial. Half of the respondents stated they are aligned by therapeutic areas rather than by functions or other attributes.

Evidence Generation, Field Medical, Insights, Medical Communications, and Medical Information were the top 5 most popular functions that sit within MA organizations, followed closely by Medical Strategy & Launch Excellence and External Education, among others.

Field Medical Affairs Employees

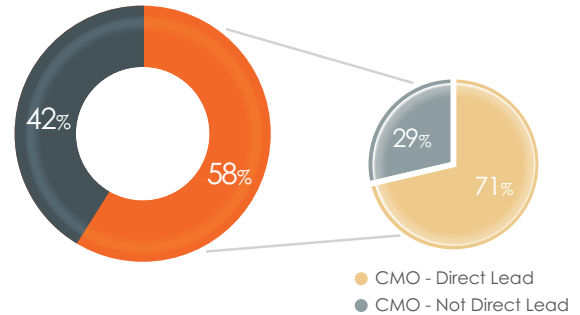
PERCENTAGE (%) OF MEDICAL AFFAIRS EMPLOYEES IN THE FIELD

● 1-10% ● 11-50% ● 50%+

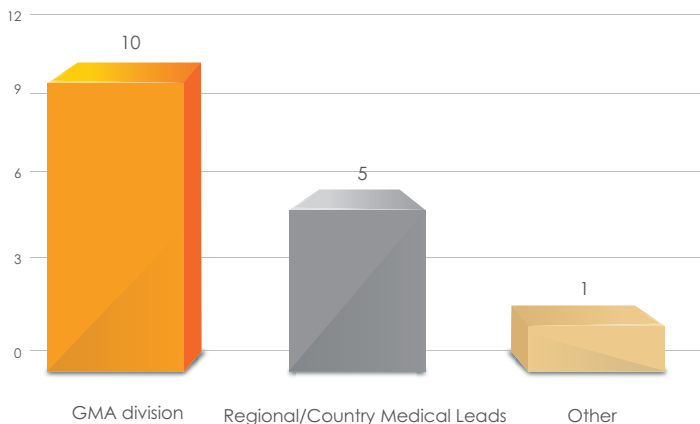


Reporting Structure

● Report to CMO ● Do Not Report to CMO



Global Medical Affairs Structure



N=16

All the respondents have a Global MA (GMA) unit (100%, n = 16), and 2/3 of the respondents have 1 unique GMA department while 1/3 have country/regional level MA staff who report into the country GMs w/ a dotted line to GMA for governance. GMA reports into R&D or the CMO in most of the organizations, with only one that reports into Commercial. Half of the respondents stated they are aligned by therapeutic areas rather than by functions or other attributes.



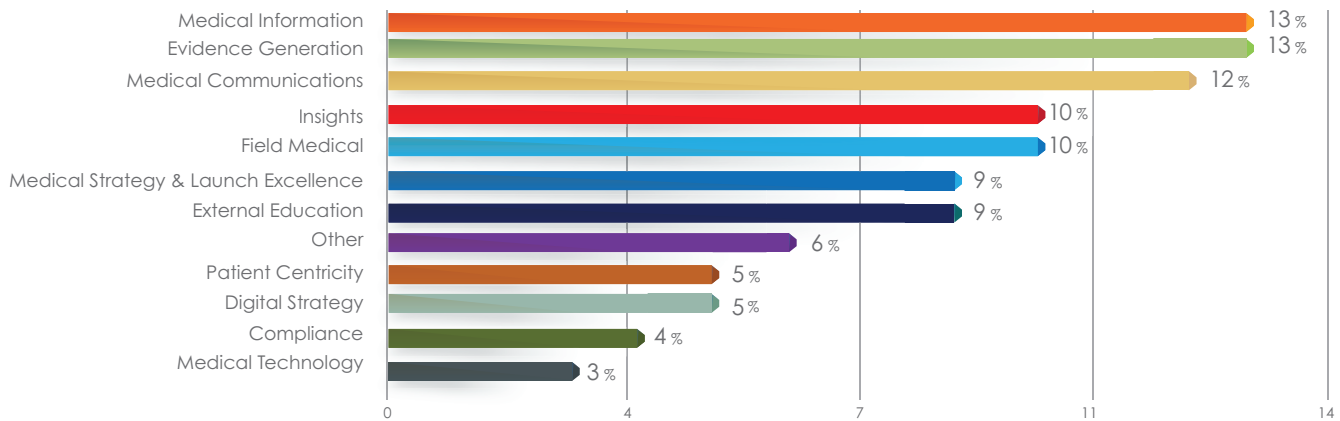
Reporting Structure

GMA reports into R&D or the CMO in most of the organizations, with only one that reports into Commercial.

Half of the respondents aligned by therapeutic areas rather than by functions or other attributes.

Top GMA Functions

Evidence Generation, Field Medical, Insights, Medical Communications, and Medical Information were the top 5 most popular functions that sit within MA organizations, followed closely by Medical Strategy & Launch Excellence and External Education, among others.



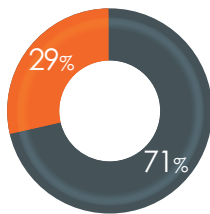


KEY FINDINGS FROM 7 SMALL-SIZED MEDICAL AFFAIRS ORGANIZATIONS

0-250 MA Employees

Reporting Structure

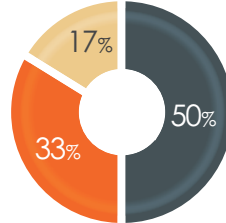
Does your organization have a Chief Medical Officer?



● Yes ● No

N=7

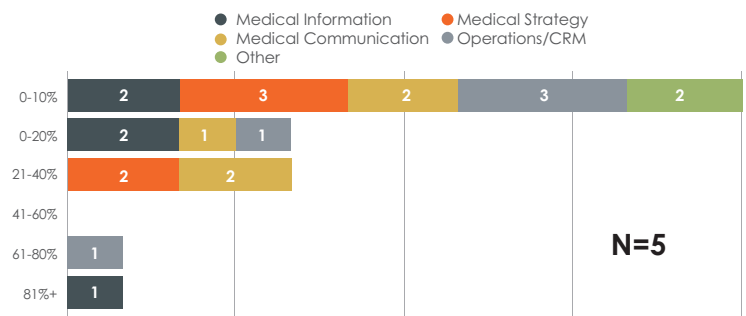
To Whom does Global Medical Affairs Report?



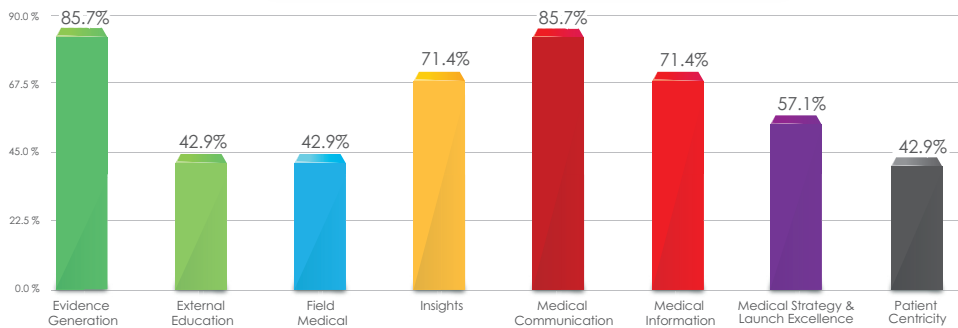
● R&D ● CMO ● Other

N=6

Percent MA Budget Outsourced



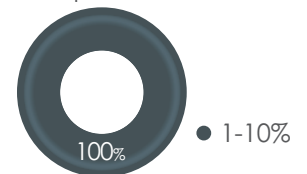
Departments Most Represented



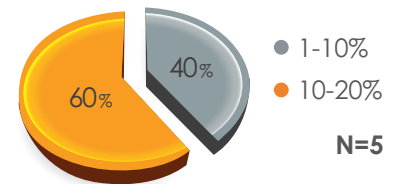
N=7

MA Budget and Time Spent on Operations

Percent (%) MA \$ Spent on Operations



Weekly Time Spent on Operations



Career Succession and Learning & Development Trends

- 4 of 7 small-sized Medical Affairs teams have a career development track or succession
 - 4 of the 4 respondents (100%) confirmed such a program
- Percentage of Time Spent on L&D (n=4, 3 skipped)
 - Slightly more time spent training, upskilling, and shadowing within vs. outside MA

	Within MA	Outside MA
Training	0-10% (2), 11-20% (2)	0-10% (4)
Upskilling	0-10% (3)	0-10% (4)
Shadowing	0-10% (2), 11-20% (2)	0-10% (4)

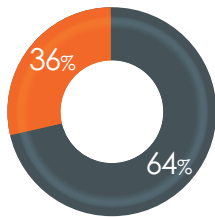


KEY FINDINGS FROM 11 LARGE-SIZED MEDICAL AFFAIRS ORGANIZATIONS

250+ MA Employees

Reporting Structure

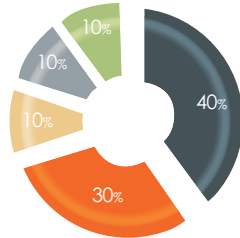
Does your organization have a Chief Medical Officer?



● Yes ● No

N=11

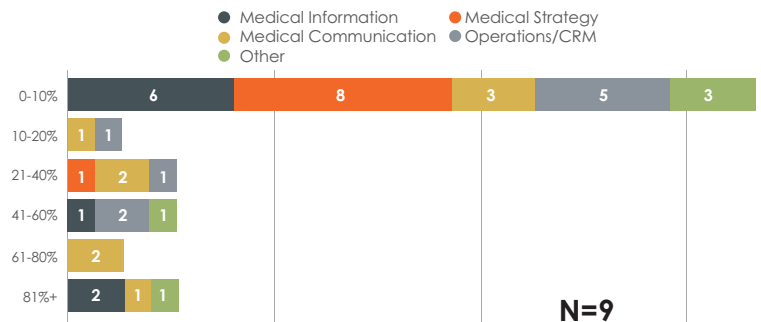
To Whom does Global Medical Affairs Report?



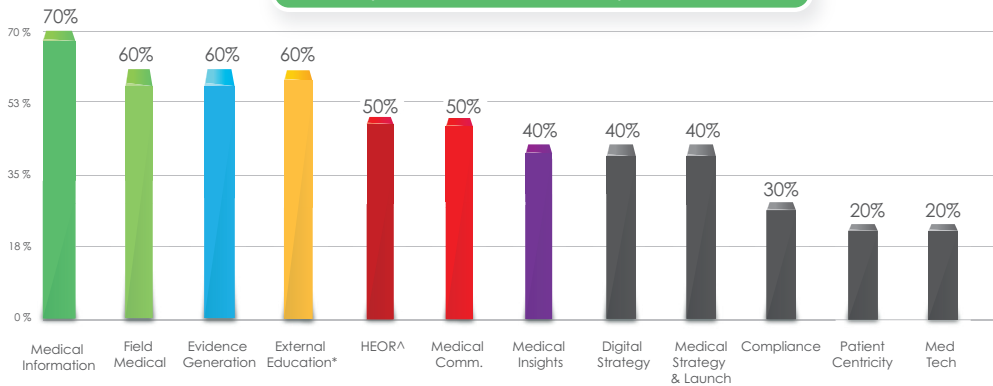
● CMO
● Commercial
● R&D
● President/CEO
● Combination of above

N=10

Percent MA Budget Outsourced



Departments Most Represented

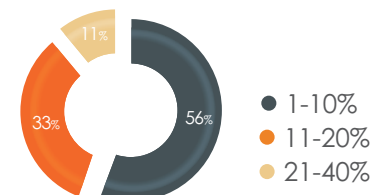


N=10

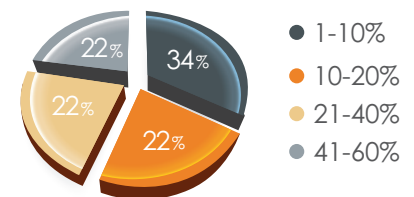
*External Education = 5 responses + 1 verbatim response "Medical Education" defined as equivalent
 ^HEOR = Health Economics Outcomes Research responses mentioned under "Other" choice
 Note: Other functions not represented in the graph (n=1 or 10% each) were: Pre-clinical research, Clinical Research, Franchise Medical, Program Management + Admin, Medical Publications, Medical Analytics, Lifecycle Medical, Medical Study Operations

MA Budget and Time Spent on Operations

Percent (%) MA \$ Spent on Operations



Weekly Time Spent on Operations



N=9

Career Succession and Learning & Development Trends

- 6 of the large-sized Medical Affairs teams have a career development track or succession vs. 3 who do not, 2 skipped this question
- Percentage of Time Spent on L&D (n=9, 2 skipped)
 - Slightly more time spent training, upskilling, and shadowing within vs. outside MA

	Within MA	Outside MA
Training	0-10% (5), 11-20% (4)	0-10% (5), 11-20% (2)
Upskilling	0-10% (8), 21-40% (1)	0-10% (6), 11-20% (1)
Shadowing	0-10% (8), 11-20% (1)	0-10% (6), 11-20% (1)

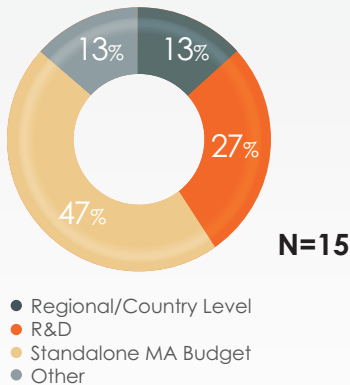


MEDICAL AFFAIRS VALUE AND BUDGET

CLINICAL STUDY FUNDING

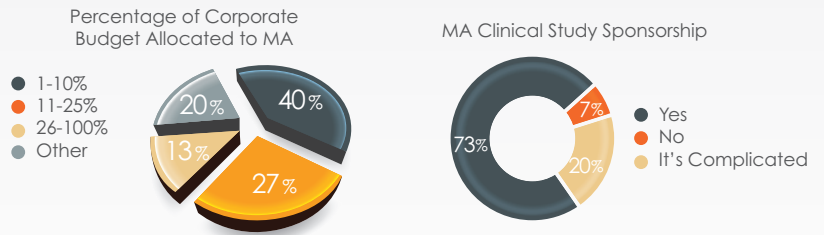
Budget Accountability

A substantial amount of MA organizations report having their own standalone budget (7/15 – 46.7%), while others are accountable to R & D or regional/country-level Medical Leads for their budget.



Budget allocated to MA and Clinical Studies

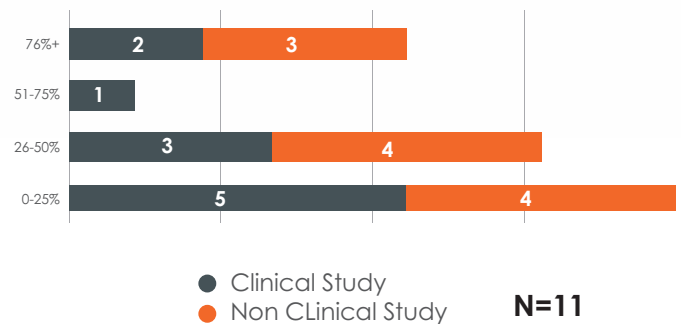
A striking finding is that the most common proportion of the overall budget allotted to MA was stated to be only 1-10% by 6/15 respondents (40%) followed closely (4/15 – 26.7%) by 11-25%. A significant majority of Medical Affairs organizations surveyed (11/15 – 73.3%) however, funds clinical studies (interventional, non-interventional, collaborative research, etc.).



Percent Clinical Study MA Budget Allocation

Interestingly, examining the nature of the MA budget and expenses closer, it appears there is a wide heterogeneity in the percentage of the funds allocated to clinical studies compared to all other activities. As many of the respondents may represent earlier phase companies or pipelines, it follows that the budget needed to sponsor such research is considerably less than later stage phase 2 and phase 3 studies. The variability may also be explained by the type of patient population or disease state as well as the market landscape. A treatment for a rare or orphan disease may not require or even be appropriate for as many patients in its clinical studies as for other pipelines with more prevalent, well-known diseases in the general population.

Relative MA Budget Allocation (%)





OUTSOURCING CAPABILITIES

Percent Ma Budget Outsourced



- Medical Information
- Medical Communication
- Medical Strategy
- Operations/CRM
- Other

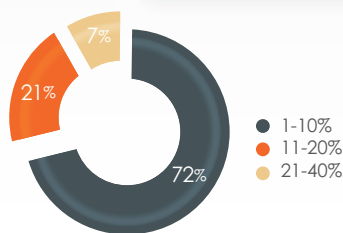
N=14

OPERATIONS

A very low percentage of the MA budget as well as time/week is allocated to MA operations, ranging from 1-10% of the total budget among over 70% of respondents to 10-20% or 21-40% in over another 20% of the respondents; and 1-10% of the total time spent among 5/14 respondents and 10-20% of the total time spent on operations reported by another 5/14 respondents. This suggests a growing area or need of improvement of optimizing operations and productivity in MA organizations. It must be noted here, however, that 7 of the respondents did not provide data for this survey item.

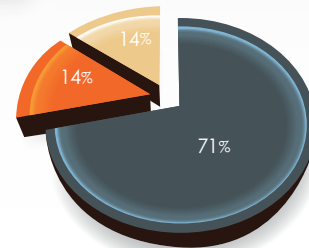
Ma Budget And Time Spent On Operations

Percent (%)
MA \$
Spent on
Operations



Weekly Time
Spent on
Operations

- 0-20%
- 21-40%
- 41-60%

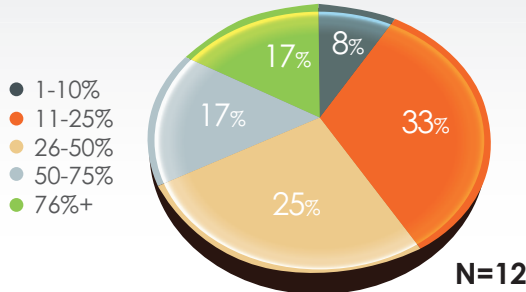


N=14

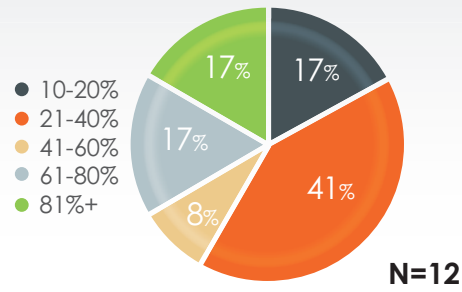
LAUNCH PLANNING AND EXECUTION

PERCENT MA BUDGET ALLOCATION AT PRE-LAUNCH/LAUNCH vs. POST-LAUNCH PHASE

Pre-Launch/Launch Phase



Post-Launch/Launch Phase



HOW MA RESOURCES ARE ALLOCATED AT PRE-LAUNCH/LAUNCH VS. POST-LAUNCH PHASE

Trend may suggest slightly larger proportion of the total MA budget overall allocated to Launch/Post-Launch vs Pre-Launch/Launch phase

- MA plays a critical cross-functional role throughout product Launch
 - MA prepares the market for launch via HCP (including payers) scientific exchange, evidence generation, publications, training materials, Medical Information Letters
 - In the post-launch phase MA conducts Phase 3B/4 clinical follow up studies, updates Medical Information Requests, and engages in Lifecycle Management, Medical Operations, and External Educational activities
- Launch priorities vary from a top-down to bottom-up approach according to individual product needs
- Slight differences between global and regional MA teams – global has a dedicated Launch team while Launch support overlaps at the regional level
- Timeline of launch planning varies, in some teams MA Launch teams form 24-26 months in advance of approval
- Though less frequently, assets may sometimes be allocated only for commercial product activities (post-launch)

N=14

LAUNCH PLANNING ALGORITHM



Substantial amount of companies use specific algorithms for Long-range planning (LRP) of assets, particularly around launch in MA teams. (8/14)



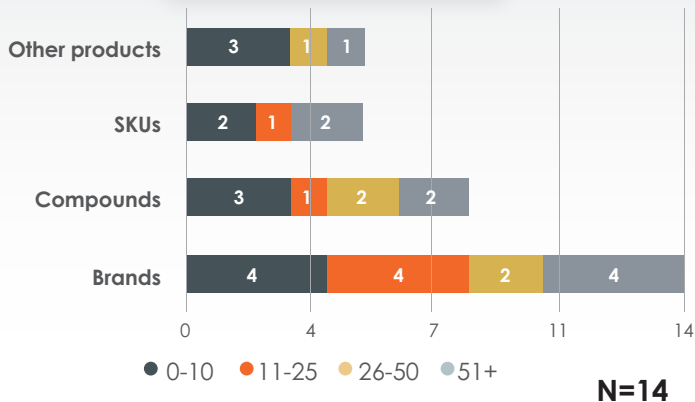
The majority (71.4%) of MA teams include Phase 3B/4 studies in their LRP and of the 8 who utilize an LRP algorithm, most (n=6, 75%) state they adjust it during in accordance to launch phase.

N=14

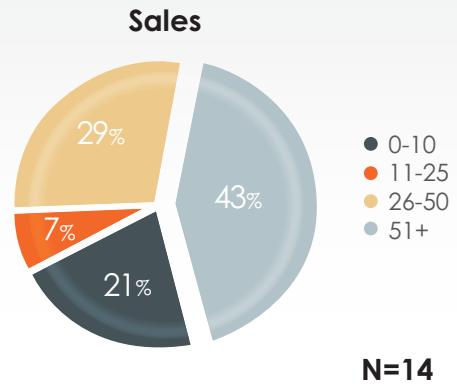


NUMBER OF APPROVED AND LAUNCHED PRODUCTS

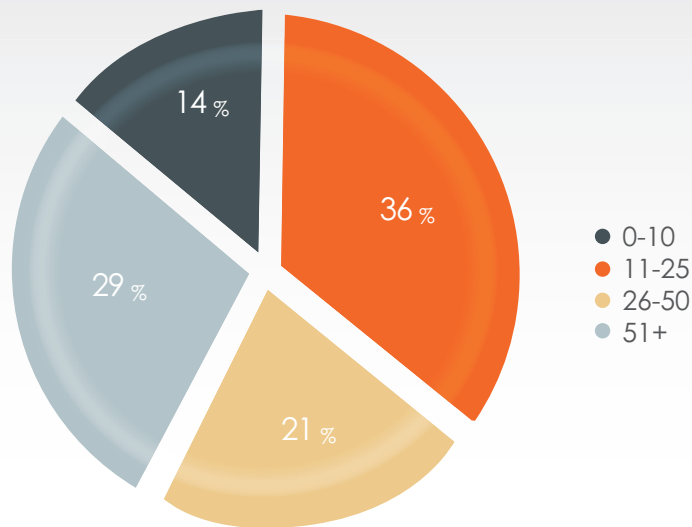
Approved Products



Launched products (including generics)



INVESTIGATIONAL PRODUCTS IN PIPELINE

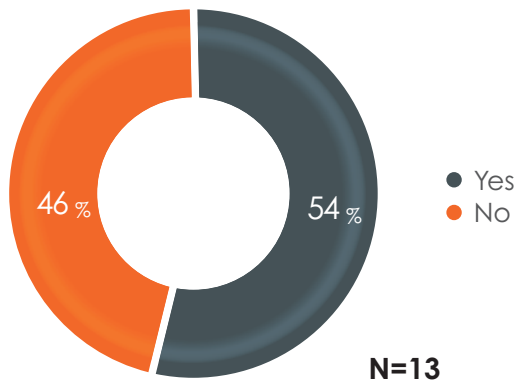




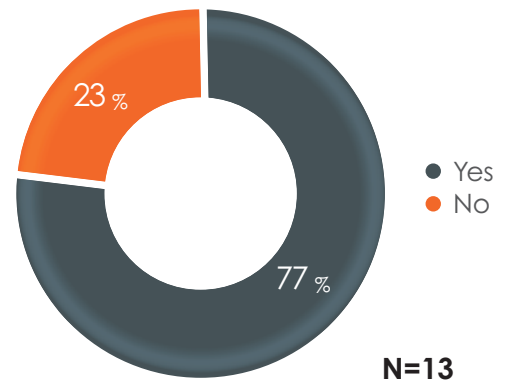
LEARNING AND DEVELOPMENT

PROFESSIONAL DEVELOPMENT

Dedicated training department, program, LMS system or other

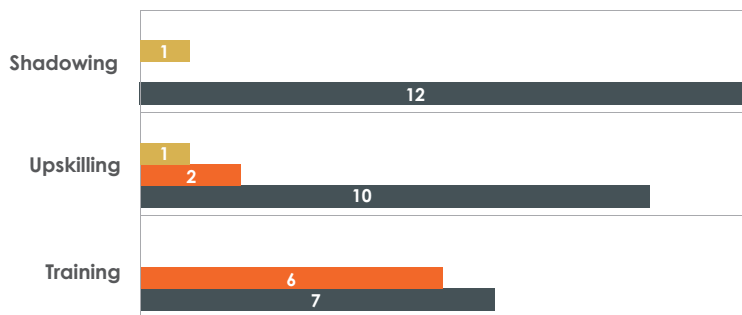


MA career development track or succession planning



Within MA

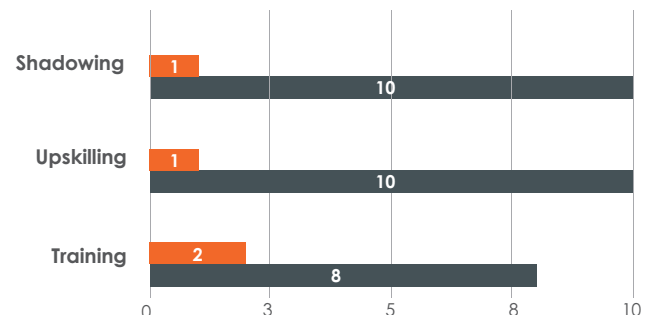
41+ 21-40 11-20 0-10



N=13

Outside MA

41+ 21-40 11-20 0-10



N=11

DISCUSSION



FIELD-BASED PRESENCE

- Stark differences in MA approaches to field deployment despite most of the respondents reporting 50 or even more products approved in their pipelines.
- Possible explanations:
 - Life-cycle of assets in the pipeline
 - Phase of launch
 - Communication of MA value across the organization
- Future studies needed to determine the:
 - 1) Size of the field MA staff in relation to the Commercial organization
 - 2) Ratio of field MA staff per therapeutic area, product, or scientific thought leader "customer"
 - 3) Timing of deployment in relation to launch



MA BUDGET CONSIDERATIONS

- MA still receives a low budget globally in comparison to other functions despite critical responsibilities of evidence generation and communication.
- Most of the activities it sponsors are in-house, with outsourcing represented by about 10% of its budget.
- MA is doing more with less as the capabilities and specialties continue to grow.
- May warrant 1) the need to partner with new third-party solution providers and 2) further analysis of productivity and efficiency of operations in the future to keep up with other functions of the organization and the rapidly changing ecosystems.
- There were slight notable differences between time and budget allocation between small and large companies.
 - 1) Namely, larger MA teams reported spending more time and budget on Operations and Outsourcing, particularly in the areas of Medical Strategy and Medical Information.
 - 2) While Insights and Medical Communications functions were more represented in small size MA organizations, HEOR (Health Economics Outcomes Research), Digital Capabilities, and Field Medical were more pronounced in larger vs. small size companies.



OPERATIONS

- Time and resources spent on analyzing MA operations were low among the primarily large, well-structured organizations represented in the sample, and even lower among the small-sized organizations with 250 or fewer MA employees.
- Because evidence clearly indicates that long-term success of a launch heavily depends on its early uptake in the first few months, the operations and algorithms of long-range planning particularly related to launch activities may need to be revisited and structured more extensively.



LEARNING AND DEVELOPMENT

- Results that most of the respondents offer a career development and succession planning in MA are encouraging.
- Lack of overall responses (only 13 of 21) describing practices related to training, LMS, shadowing, or upskilling as well as relatively little time spent on such activities may be quite disappointing, and reflect another area of improvement.
- Lack of a difference in learning and development within compared to outside of MA, in large organizations with over 50 approved products in a function primarily employed by doctoral-level health care professionals advancing cutting edge science, suggests a critical area to be explored by global MA organizations as an **opportunity to differentiate and elevate its value proposition overall.**



LIMITATIONS AND FOLLOW UP STUDIES

- The survey results demonstrate a relatively small sample of global MA leaders in primarily large organizations with 5000+ employees, although small, start-up, specialty companies with significantly less structure or resources looking to scale their presence, pipelines, and operations may find the findings relevant when mapping out their long-term strategic planning and goals.
- A larger, more diverse sample of MA leaders with a larger representation from different areas of the globe outside of the U.S., employed across a more variable range of companies in terms of its size and therapeutic areas could provide a more complete depiction of current trends and more differences in strategies worth considering.
- Survey indicated exploratory findings that may warrant more detailed information in follow up global MA studies to gather new data about the nature and timing of field-based engagement and launch planning, specific types of operations, and formats or methods of learning and development.
- The survey reveals the growing multitude of capabilities and direct contributions of global Medical Affairs organizations as well as an important variability in the resources or limitations they have at their disposal to deliver productivity, continued learning and development, and successful launch strategies which may be explored in future studies.



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