EXECUTIVE VISION
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05

The Role of Medical Affairs in Addressing Health Literacy

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INTRODUCTION

The Medical Affairs function was born from industry's appreciation that developing new drugs and medical devices isn't enough. How a new treatment or diagnostic is properly used or misused by healthcare professionals, health systems and patients in the real world largely determines an innovation's impact on patients' lives. Used correctly, industry innovations can reduce suffering and extend lives; used incorrectly, the same innovations can be irrelevant or even harmful. As we transition to a model of shared decision-making and patient empowerment, population-scale health literacy can make the difference between use and misuse.

However, health literacy is experiencing new challenges. The Centers for Disease Control (CDC) defines health literacy as "the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others." Each of these necessary components of health literacy is meeting headwinds. How can patients find information when the world's data is doubling every two years? How can patients understand the difference between information, misinformation and disinformation when sources they trust may themselves be misinformed? And how can patients use this information to ensure the best care when health systems are increasingly byzantine, and access is anything but guaranteed?

Medical Affairs cannot solve this problem alone. Even industry cannot solve the challenge of health literacy on its own. Increasing health literacy to ensure the right patient gets the right treatment at the right time will require a concerted effort from stakeholders across industry, society, government, academia and more. However, while no single entity will solve the challenge of health literacy, the effort needs a leader – and Medical Affairs is uniquely positioned to lead and partner with others in this space to ensure coordination, credibility and impact.

Here, the MAPS Executive Consortium presents a leadership vision of Medical Affairs' role in addressing these factors of health literacy.

INTERNET, SOCIAL MEDIA & ARTIFICIAL INTELLIGENCE

Before we get to Medical Affairs' role in advancing health literacy, it's worth taking a closer look at major factors disrupting the information ecosystem, including access to the internet and social media, and now more recently Artificial Intelligence (AI). For years, the internet has broadened the information horizon but has also become a double-edged sword for those searching for accurate and scientifically valid information – in most cases without an educated voice to sort between unproven opinions versus expert, data-supported medical and scientific information (e.g., the internet-driven misinformation and conspiracies about COVID and vaccines initiated during the pandemic).

As challenging as sorting wheat from chaff was with the Internet and social media, the growing field of AI now adds another layer of complexity.

In today's biopharmaceutical and MedTech industries, AI may be the topic of 90% of water cooler conversations and 50% of leadership meetings, but Medical Affairs can be a bit myopic in looking at AI from the perspective of its use within industry, while overlooking the ramifications of how patients and health systems are using AI beyond industry. In other words: What does it mean for the public to be transitioning from Dr. Google to Dr. ChatGPT?

Today, AI is the next landscape where patients will seek and gather information. No longer will patients be directed to specific articles relevant to their informational needs; AI will comb the public domain and synthesize all articles into one, seemingly authoritative response. Instead of seeing many articles and using the skills of health literacy to evaluate each article's accuracy and authority, patients will receive a summary of articles, with very little ability to vet validity and ensure the response is not a "hallucination."

That said, AI will also help Medical Affairs teams monitor the information ecosystem for misinformation trends – instead of scanning social media accounts, we will use AI to identify trends in understanding, perception and opinion related to diseases and treatments. If Medical Affairs teams know the truth and can identify misperceptions, it seems as if the words of the Chinese general Sun Tzu should apply: "If you know yourself and know your enemy, you need not fear the result of a hundred battles." However, even when Medical Affairs is well aware of misperception and truth, it is proving difficult to counter the first with the second in a way that wins the health literacy battle. The remainder of this article details opportunities to make inroads.

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"If we talk about health literacy in patients, for whatever reason they trust what comes back from an AI tool more than they trust us. It's readily accessible, fairly noninvasive, you can experiment with it. I don't know how Medical gets in front of that."

UNTRUTHS

If you take enough vitamin C, you don't need chemotherapy. The measles, mumps, rubella vaccine causes autism and more people have died from the Covid vaccine than from the virus. Instead, the equine deworming medication ivermectin should be used to treat active Covid. We have all heard these untruths. And when we do, the inclination is to directly engage via the platforms propagating these beliefs (i.e., on social media). However, industry hasn't had much success acting as the voice of reason in communities unwilling to listen – such as those in which information endorsed by the FDA or CDC can be counteracted by an influencer. Likewise, when industry science provides rationalization for policies incentivizing or mandating health actions (e.g., vaccine use), the approach is often seen as restricting freedoms in favor of industry/government agendas. Meanwhile, corporate statements seeking to set records straight either fall like a raindrop of truth in an ocean of entrenched beliefs or are dismissed outright as agents of pharmaceutical industry propaganda.

It can seem as if nothing industry says is believed.

Medical Affairs professionals are scientifically or clinically trained experts. Our impact is not measured against commercial objectives. Our remit within the company is to generate and communicate evidence to improve patient outcomes. And so it seems as if the function should be able to speak as industry's credible scientific voice. However, patients and even healthcare professionals may be largely

unaware of the distinctions within the pharmaceutical and MedTech industries between Commercial and Medical Affairs departments; for patients, even when Medical Affairs is providing unbiased scientific information, it can be seen as "someone from pharma saying something to benefit pharma."

While Medical Affairs will certainly continue to provide transparent and accurate scientific information and publish evidence-based science, inroads into credibility may require new approaches – especially, establishing partnerships with leaders and organizations outside industry who may bring more inherent credibility to interactions with various groups.

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"Pharma coming forth and speaking is not seen as trustworthy and even if Medical leads it, it's still coming from the company. Credibility comes when we don't give information but help patients know where to go to find information and evaluate its validity."

PATIENT CENTRICITY

At the intersection of health literacy and patient centricity is the opportunity for Medical Affairs to inform patients how to make good decisions with their healthcare provider. Of course, it is challenging to engage directly with patients. In part, this is because many Medical Affairs professionals are themselves former healthcare providers, making it difficult to provide context for patients' healthcare conversations without the fact or appearance of recommending specific treatments. For this reason, some companies choose to remove the discussion of treatments entirely from conversations with patients, instead focusing on empowering patients to improve their health literacy related to the disease state and treatment journey.

This requires Medical Affairs to speak the language of patients. Initiatives are underway to provide this patient-centric communication. However, the link between initiatives and impact is follow-through that does not always happen. For example, many companies have stated goals to provide patient translations and summaries of clinical trial protocols and research results. However, these patient-centric communications can look like "nice-to-haves" alongside the "must-haves" of the scientifically oriented studies needed to earn publication or approval. Creating population-scale health literacy requires communications formatted for population-scale audiences; likewise, increasing the credibility of industry requires industry to follow through with patient-centric initiatives.

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"When we speak with patients, there's no talk about drugs or products. Instead, we try simply to relate to them. There are many things we can do within regulatory guardrails."

EDUCATION

To increase health literacy, Medical Affairs will need to go beyond educating on products to educate on how to evaluate products – and especially the credibility of health-related information regarding products. This reinforces an idea mentioned throughout this article: Instead of only providing accurate information, Medical Affairs can teach external stakeholders how to discover and evaluate information for themselves. Unfortunately, while many agencies, institutions and organizations provide resources in this space, no leader has emerged and in some ways the information landscape describing how to evaluate health/science information is as convoluted and confusing as the landscape of health/science information itself.

Here is another opportunity for Medical Affairs to lead while addressing an unmet patient need: We can help patients understand how to find information, how to advocate for themselves, how ask good questions, etc.

PARTNERSHIPS

In addition to being perceived as lacking credibility, when Medical Affairs takes on health literacy alone, it can lead to stepping on the toes of others in the healthcare ecosystem. For example, physicians may prefer to be the primary source of information for their patients' treatment decisions. And patient advocacy groups may not appreciate Medical Affairs teams bypassing their efforts to inform their members. Instead, increasing health literacy requires Medical Affairs to work with and through external partners. However, this approach does not advocate for Medical Affairs being passive or only taking a supporting role. In fact, the need for partnerships in promoting health literacy provides an opportunity for Medical Affairs to lead. Medical Affairs sits at the nexus of these stakeholder groups, able to interface with patient societies, scientific leaders, healthcare professionals, government/regulatory/reimbursement agencies and others. Establishing and guiding these partnerships provides an opportunity for industry to speak through these trusted partners in a way that remains impossible for industry acting alone.

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> "If we go alone, the blowback from the healthcare community could be high."

CONCLUSION

Medical Affairs cannot address health literacy challenges in isolation. This societal problem requires a societal response. However, Medical Affairs is positioned to lead and orchestrate partnerships that provide not only credible health-science information, but also to collaborate on tools that can be used to increase population-scale health literacy. In fact, leading initiatives to address health literacy should not be seen only as an add-on opportunity for Medical Affairs, but as a central tactic of the function's mandate: To maximize the patient benefit of industry's drugs, devices and diagnostics.