Best Practices for Gathering and Distributing Insights within Medical Affairs Organization

Neurology

Strategic Benchmarking Research & Analysis







18 participants from 17 companies contributed to study insights

The study engaged 18 executives from 17 leading life sciences companies. The study insights are mostly from directors and higher management executives, representing nearly 80% of the participants.

Benchmark Study Partners





























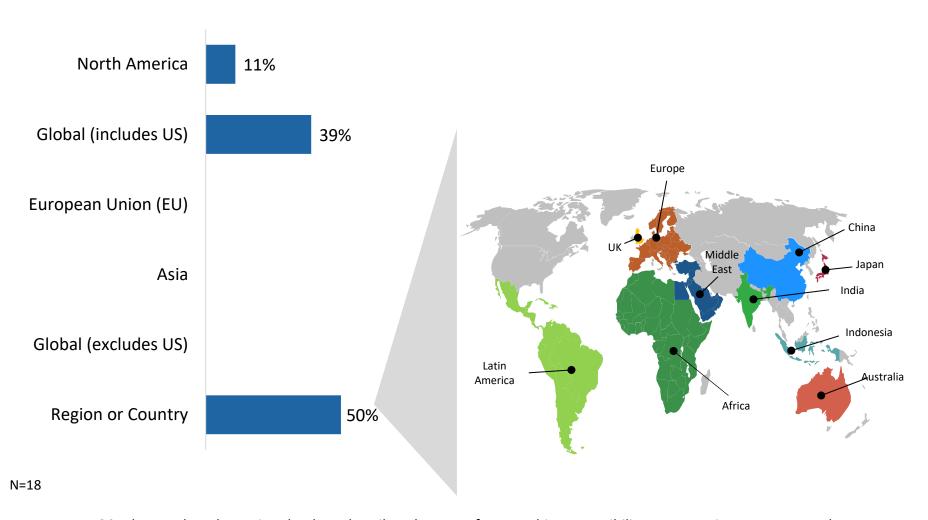






Participants responsible for global and regional areas

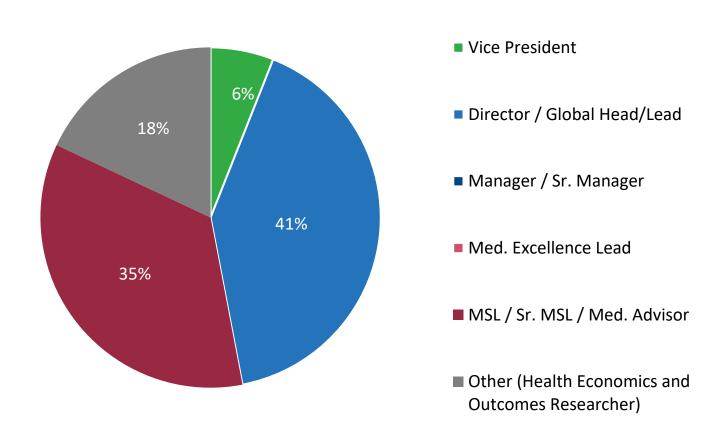
Geographic Responsibility



Q2. Please select the option that best describes the area of geographic responsibility you cover in your current role.

Around 41% of Medical Affairs insights leaders are at director level





N=17

Q. What is your job title?



Best Practices for Gathering and Disseminating Insights within Medical Affairs - Neurology

ISSUE

BUSINESS ISSUE: A big challenge for Medical Affairs and others in the pharmaceutical industry will be how to adopt stronger Insights and Intelligence skills into the work taking place within Medical Affairs. It is important to understand how the Medical Insights process can help inform Medical Affairs strategies and plans. What we have found is that a small subset of companies are beginning to make headway and it's because they have a process and strategy for gathering and sharing Medical Insights that is supported by leadership, with clear KPIs in place. The research included in this report, self-reported, shows clear differences between the Insight Leaders vs. the Majority. (Refer to the next page for how the two groups were determined.)

METHODOLOGY: Best Practices, LLC engaged 18 executives from 17 leading life sciences companies focused on Neurology.

Segmentation used in the study:

- TBC (Total Benchmark Class) (18 respondents)
- Insight Leaders (3 respondents)
- Insight Majority (15 respondents)

ANALYSIS

- **1. Primary and Secondary Data Sources.** Look to expand the groups used to collect data used to generate insights. Internal sources require deeper training and secondary resources require deeper technology to make effective
- 2. Medical Affairs Insight leadership. Most companies lean on Field teams and Health Outcomes to lead the Insight process. However, leading organizations also have thought-leader management and Medical Communications step in as well.

Insight Segmentation: Benchmark classifications reflect their approach and standing on Medical insight generation

The total benchmark class of data comprises 18 survey responses from 17 companies. Data is broken down into two different segments to provide deeper insights.

Steps	Effectiveness of Insights Gathering and Dissemination Process in Medical Affairs Function	Insight Leaders	Insight Majority
1	Identify Needs		
2	Identify Sources	Insight Leaders are the group that are	Insight Majority are the group that
3	Target Sources	using all the last three critical steps	are using four or more process
4	Capture Data	(#5 - #7) effectively for insight	steps effectively for insight
5	Process and Analyze Insights	collection and distribution	collection and distribution
6	Report Insights		
7	Action & Feedback (KPIs)	N=3	N=15

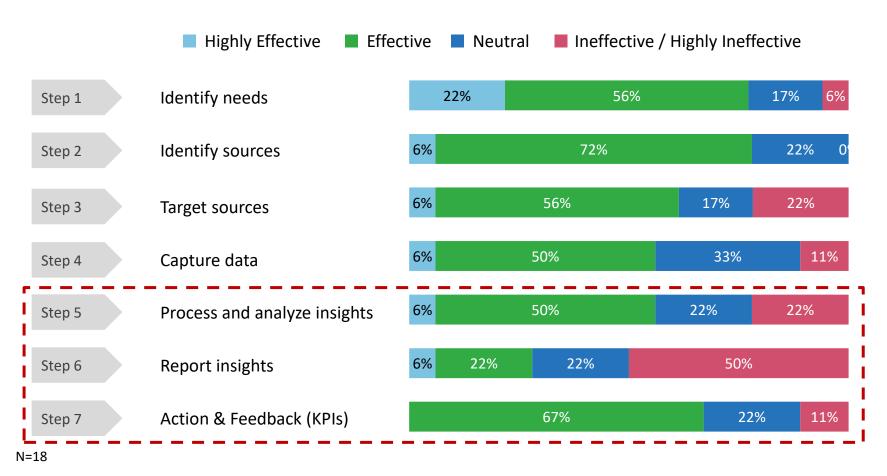
^{*} Effectiveness includes both highly effective and effective parameters

^{**}Ineffectiveness includes both ineffective and highly ineffective parameters

<u>TBC</u>: Unstructured processes, coupled with decentralization, have many companies struggling to measure KPIs of insights group

Total Benchmark Class

Critical Steps of Insight Gathering and Dissemination in Medical Affairs

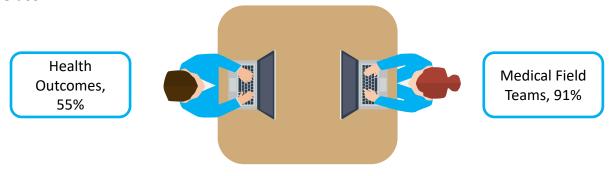


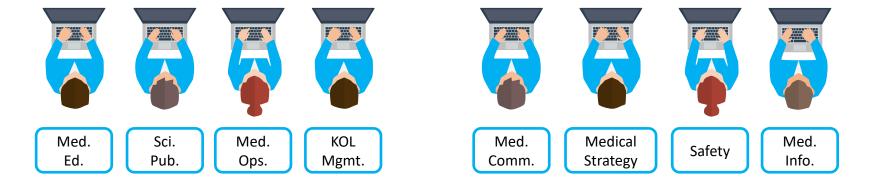
Q9. How would you rate the effectiveness of your company's Medical Affairs function in the following steps of insight gathering and dissemination?

TBC: Health outcomes and field teams mainly lead insight gathering and dissemination process

Q7. What is the role of each of the groups within Medical Affairs for both gathering and disseminating insights?

Total Benchmark Class





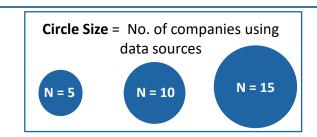
Note: Those sitting at the table depict the MA sub-functions that > 50% of respondents reported as being involved with insight gathering and dissemination in a leadership role.



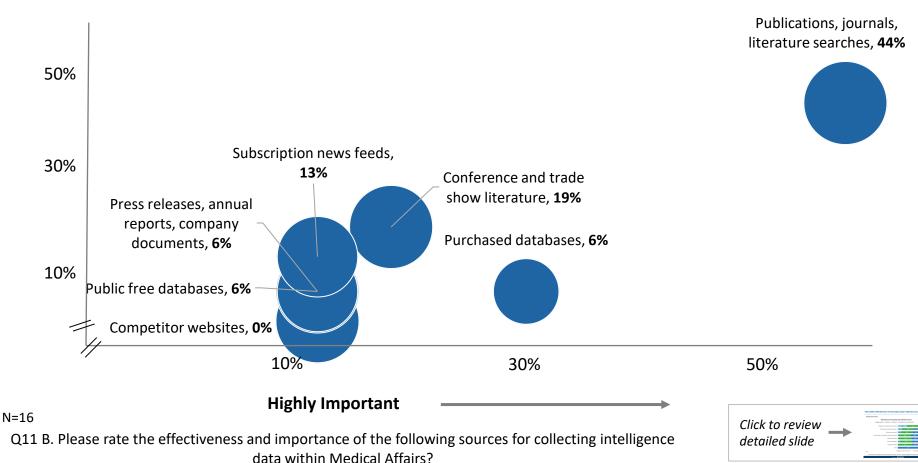
TBC: Publications/journals/literature searches are prime secondary data sources

Total Benchmark Class

Effectiveness vs Importance for Secondary Data Collection Sources





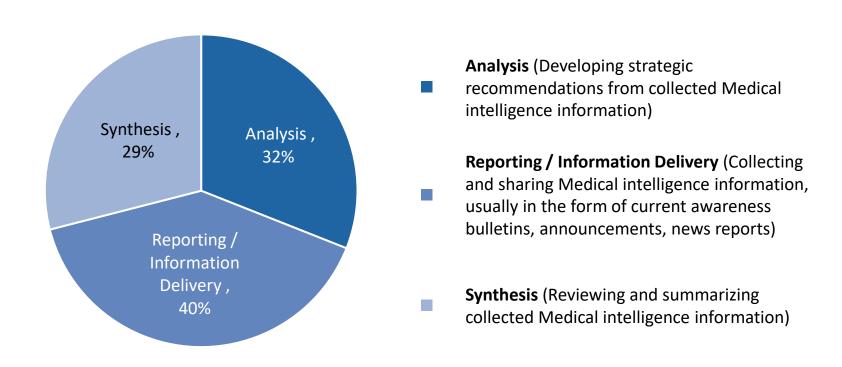


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TBC: More of gathered intelligence information is shared by insight group

Total Benchmark Class

Breakdown of Deliverable Types

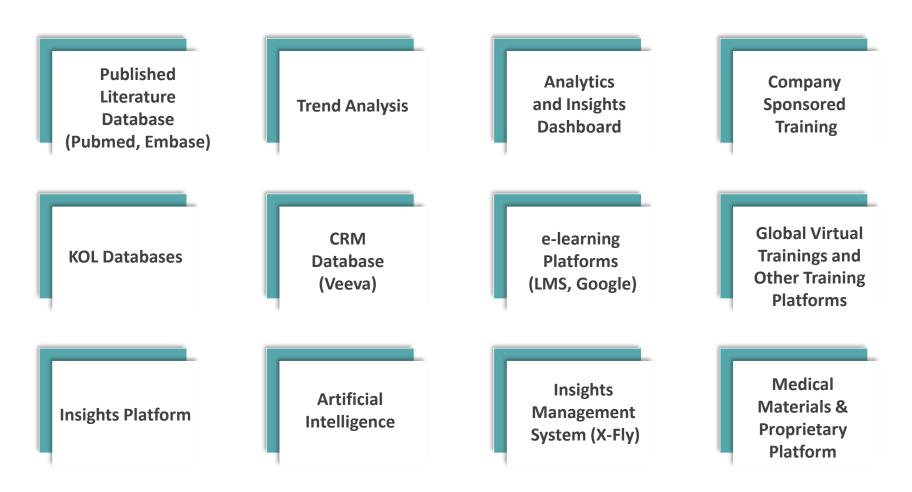


N=15

Q21. Approximately what percentage of your intelligence deliverables falls within each of the following categories?

Though many do not use online tools for training, some participants see these tools effective for learning insight collection

Effective Online Tools Used for Training



Q23. How effective are the following training techniques for insights data collection?

Favorable intelligence gathering methods include monitoring patient advocacy programs and literature searches

Intelligence Gathering Methods



Literature & Secondary Research Searches, **27%**



Conferences / Congresses, 9%



Patient Advocacy Groups, 36%



Competitive Intelligence, 9%



Publications, 9%

9%

Other includes: Real World Data, customer facing interactions, ClinOps, social media, surveys, CRM

N=22

Q26. What additional ways does your Medical Affairs team gather intelligence (apart from KOL and HCP engagement)? Please briefly describe.

BEST PRACTICES

Our company is an internationally recognized thought leader in the field of best practice benchmarking. We provide research, consulting, benchmark database, publishing and advisory services to the biopharmaceutical and Medical device sectors. We work closely with business intelligence groups. Our work is based on the simple yet profound principle that organizations can chart a course to superior economic performance by leveraging the best business practices, operating tactics and winning strategies of world-class companies.

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