Medical affairs post-COVID 19: Are we ready to take the baton?

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Abstract
The spread of coronavirus epidemic has resulted in a change in the work schedule for Medical affairs professionals in the pharmaceutical industry. There has been an increase in virtual scientific interactions and prioritization of scientific communication. In the long term, this is likely to affect the structure and responsibilities of Medical affairs teams. New areas such as interactions with patients’ groups, leading treatment access in specific channels of health-care delivery and role in specialty care are likely to be an integral part of the Medical Affairs function. Along with that, Medical Affairs teams would take a proactive role in developing platforms for real-world evidence programs and forging cross-industry partnerships. To make this successful, Medical affairs teams will have to build specialized skills such as expertise in healthcare, use of digital technology, patient engagement, and soft skills such as agility and ability to influence. The future of medical affairs is set for a major change.

Keywords: Digital technology, healthcare, Medical affairs, patient engagement, pharmaceutical industry

INTRODUCTION
The spread of coronavirus epidemic 2019 (COVID-19) has lead to unprecedented disruption to human life in 2020.[1] The health-care system has been impacted not only because of the high rate of infections, complications, and hospitalization because of coronavirus but also because of the effects of the lockdown and other measures on the management of other medical conditions.[2]

Medical affairs, as a function, has evolved significantly in the last few years. From being a supportive function, it has now emerged as a pivotal function in the pharmaceutical industry.[3] Scientific communication, high science interactions with health-care professionals (HCPs), and managing real-world evidence studies (RWE) are key responsibilities for the Medical affairs function.[3] The focus of the industry on specialty care, such as oncology, rheumatology, rare diseases, etc., has put Medical affairs professionals in the forefront and as a significant interface between HCPs and the pharmaceutical industry.

IMPACT OF COVID 19 ON HEALTH‑CARE INTERACTIONS WITH HEALTH CARE PROFESSIONALS
There have been three main consequences of the spread of COVID-19 across the world on the working of Medical affairs teams.

a. Decreased access to HCPs and institutions:[4,5] This has happened mainly because of the heavy load of...
COVID-19 patients and secondly, following the prolonged lockdown existing in several countries. The number of visits of Medical Scientific Liaisons (MSLs) and other Medical Affairs colleagues to HCPs and institutions has decreased to a very significant extent. As a result of this, face-to-face exchange of scientific information and insights gathering, which are key responsibilities of MSLs are impacted adversely. The importance of these responsibilities is often one of the main factors for a significant expansion of MSL teams that we have seen in the last decade. A total shut down resulted in a near disappearance of regular and planned MSL visits to HCPs and institutions.

b. Rise in virtual engagements. This has been the direct result of decreased physical access to HCPs and institutions. To ensure that HCPs are updated with new and emerging evidence, several stakeholders, including physician societies, have embarked on increasing virtual scientific engagements and Continuous Medical Education programs, many times in partnership with the industry. Enhancements of virtual delivery channels and introductions of new platforms such as Zoom has facilitated this change. In addition, MSL teams have also moved on to one on one virtual engagements with specialist and key opinion leaders both for insight gathering and providing scientific information. HCPs have generally accepted this new mode of communication positively and found it valuable and suitable.

c. Breadth of scientific interest in HCPs: With the COVID-19 epidemic, HCPs who have been often focused only on their areas of specialty and interest are likely to start showing interest in getting updates on information beyond a particular class of medications and therapy areas. This is because of the effects that COVID-19 has had on various systems in the body, risk of comorbidity and how the treatment of comorbidities and other illnesses may need to be modified because of the prevailing situation. For example, a cardiologist may need to understand the effect of COVID-19 on patients taking drugs acting through the renin-angiotensin system and an oncologist on the effect androgen deprivation treatment may have in a patient of COVID-19; both then affecting the risk of complications in patients. This opens a new domain of a possible scientific dialog between an MSL and the HCPs in the future.

All three above are unlikely to be restricted only during this phase of the epidemic. It is anticipated that these would have longer and practice-changing impact on interactions between Medical affairs teams and HCPs and through that on the overall Medical affairs function. Let us first look at the possible internal implications.

**Internal implications of COVID–19 on Medical affairs:** We will discuss the possible internal implications under three broad headings:

**Structure of Medical affairs teams**
Medical affairs teams are often structured into a strategic group consisting of Medical leads and others in office settings and a more operational group consisting of MSLs and Field medical colleagues. Owing to the reasons mentioned above, we can expect decreased requirements of full-time equivalents in field medical. This is not at all because of reduction in MSL roles but because of reduced time spent on travel and face-to-face engagements. Hence, MSLs may be able to conduct more scientific interactions than before. On the other hand, there would be a need of additional resources in areas such as medical information, specific therapy areas such as respiratory medicine, allergy, etc. At the same time, it would be necessary to interact with more number of HCPs, especially junior residents and primary care physicians through the virtual model.

As a result of this, it may be envisaged that the number of strategic and head office medical roles may increase. In addition, the scope of field medical itself may expand and be not restricted to top experts only. Geographical expansion and responsibilities in broader therapy areas may emerge as a new approach.

**Existing roles and responsibilities**
While the core responsibilities of Medical affairs colleagues would remain so, there may be new responsibilities that one would have to embark on. These are often reactive to changes in the health-care system.

**Interactions with patients and patient groups**
This could be by far one of the most long-lasting changes in the responsibilities. Interactions between treating physicians and patients are likely to be impacted. Risk of travel, higher risk of infections from being present in the clinic or hospital may result in a restricted time, and access to patients. While the treatment of a patient cannot be compromised, time for patient education and counseling could be adversely affected. The role of patient groups hence becomes paramount.

Medical affairs teams could start working with HCPs, administrators, or existing patient groups to expand the scope of the groups. With a focus on operational excellence, Medical affairs teams can play an important...
role in co-creating an eco-system where patients provide support to each other and the community.\[3\] Disease awareness, prevention, early diagnosis and referral, adherence to treatment, and overall well-being could fall in the scope of such patient groups. The involvement of paramedical staff, such as nurses, would be a key factor in this. Scientifically qualified medical teams with other skills, such as effective communication and impact, would be essential in this role.

**Access to medicines in specific channels of healthcare delivery\[3\]**

Market access is often a broad topic, and Medical teams have a clear role in providing support in creating the required evidence to support submission. It may be envisaged that specific channels in health-care delivery, such as hospitals in public sector units, defense services, may reduce access to interactions with the pharmaceutical industry. In that scenario, Medical affairs teams can play a more proactive role in conveying the value of access to medicines. It could include creating the value dossier, compiling necessary evidence, embark on real-world data, and actively participate in discussions on the value the treatment brings to patients. Specialized medical teams could play a lead role in getting access to treatments.

**Disease management programs**

Instead of merely focussing on specific medicines or therapy areas, the industry should now start partnering with health-care community in developing and managing disease management programs which focus on the entire patient. Through their interactions with specialists, Medical teams could share specific aspects of advances in our understanding of disease biology, role of modern diagnostics, patient profiling, personalized medicine, and managing patients on novel treatment regimens and adherence to treatment. Special roles within Medical affairs can get far more involved in developing as well as coordinating these programs as part of broader health-care management.

To summarise, Medical affairs teams would now develop long term partnerships with new stakeholders: Patient groups and health-care providers working in special health-care delivery channels. In addition, they would modify their current scope of work with physicians, especially in specialty therapy areas.

**COMPETENCIES AND SKILLS OF “NEW MEDICAL AFFAIRS”**

The above roles and responsibilities could be in addition to the responsibilities today. Medical affairs teams would require specific skills to make them successful. Some of the competencies could be as follows:

*a. Digital technology:* This is the basic requirement for any Medical affairs colleague going forward. However, it is not restricted to using digital channels for scientific communication. It would include the use of artificial intelligence (AI), analyze Big data when available, incorporate data analytics in insights, explore digital models of access and imbibe a digital mindset in everything that Medical affairs does. This would mean that medical colleagues would have to learn fast, adapt to modern technology, and incorporate a digital way of life in all professional activities\[9\]

*b. Patient engagement:*\[3\] To enable better access to patients and help in developing the patient eco-system, Medical affairs colleagues would have to develop good listening skills and incorporate the feeling of empathy—understanding the challenges that patients and caregivers face, priorities of health-care system and process of access to medicines. At the same time, Medical affairs colleagues should explore possible options to address the challenges faced by patients and caregivers

*c. Influencing skills:* In a virtual digital world, the ability to influence existing and new stakeholders becomes crucial. This may not be achieved only with technical expertise. Communicating with impact, sound understanding of the broad health-care system, prioritizing and emphasizing on the most relevant areas would be helpful for Medical teams\[3\]

*d. Agility:* The challenges in the world are changing, the responsibilities are getting modified, and the whole environment is evolving. To be successful in this scenario, Medical affairs teams will have to be agile, quick in adapting to the changing scenario, assess severity and impact of situations and explore new approaches and options for the betterment of patients\[9\]

*e. Broad understanding of healthcare:* Till now, Medical teams have predominantly focussed on medicines or treatment options. In some areas such as oncology, the role of diagnostics became equally important. In the new world, Medical teams would have to start becoming experts on the health care system, understand how health care policy is drafted and how it impacts the system.\[9\] This would help them in getting into a meaningful partnership with physicians, policymakers and patient groups and exploring new solutions. The evolution of a medical professional from an expert in a particular medication to an expert in healthcare would be significant.\[9\]
EXTERNAL IMPLICATIONS OF COVID–19 ON MEDICAL AFFAIRS

Medical affairs is an external-facing function, and hence, any changes, as mentioned above, is likely to directly affect our initiatives in the external world. Two of the most pertinent is how does this impact evidence generation in RWE settings and on developing relevant partnerships.

- Evidence generation in RWE settings:\[10\] There will be an increased emphasis on generating evidence in the real world in post-COVID-19 scenario. These would complement the traditional clinical trial framework. We would be required to assess the outcomes of patients with multiple comorbidities and, on a broader note, outcomes of different health-care systems. Medical teams can lead activities in building digital platforms, incorporate data analytics, build and support collaborative groups for data generation and exchange.

- External partnerships: If there is one thing that we have realized in the last few months is that we cannot be solitary in our approach. Several organizations have come together to develop diagnostic kits,\[11\] vaccine development,\[12\] and this is the right time for us to come together as an industry. Some of the areas where the industry can work together are scientific communication, co-organizing medical education programs, set up of patient registries, and build capabilities in the pharmaceutical physician community. Medical affairs would be the best team to manage and develop such partnerships with other organizations.

In summary, the implications of COVID–19 epidemics are likely to be long term and transformational. As the Medical affairs team, we should adapt to this possible transformation and embark on path-breaking changes that will alter the way we function. We will have to build specific capabilities at field and strategic medical affairs level to lead this change. Our readiness to take the baton in our hands and agility in bracing ourselves for the change would shape future of Medical affairs for time to come.

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