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MEDICAL COMMUNICATIONS: LEADING TRANSFORMATION IN A TRANSFORMING INDUSTRY

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INTRODUCTION

We live in an extraordinary time of continued change and innovation for society, our industry, and pharma's medical communications.

The fabric of medical communications is transforming in its science and data, audience, technology and channels of communications and HCP preferences.

Additionally, the role of medical communications is also changing. It is now front and center in pharma's strategic mission.

History shows us how the champions of change seized opportunities and succeeded while caretakers of constancy have fallen to the past. The only constant is transformation.

This lesson applies equally to medical communications.

To lead transformation, Pharma's medical communicators need to build their organizations for transformation across these dimensions: mindset, people, process and technology.

This paper, with expert insight from medcomms leaders, explores in detail how medical communications is transforming and how pharma companies are seeking to seize this opportunity in practice and deliver on the new mission expected of them.



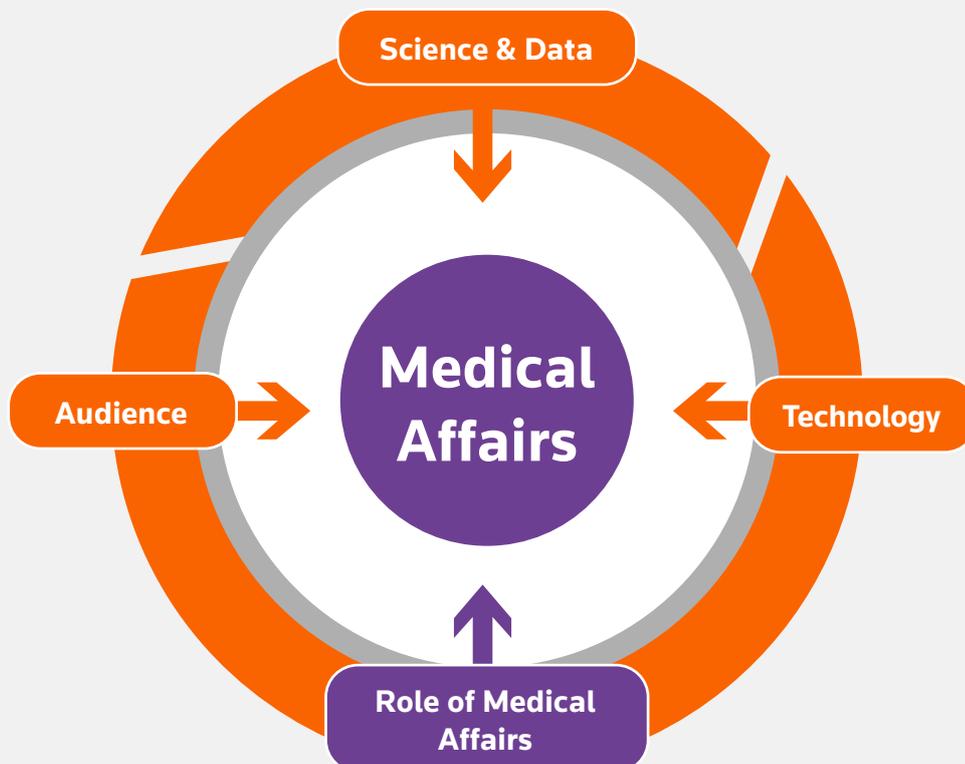
MEDICAL COMMUNICATIONS IS TRANSFORMING

In less than half a decade, the medcomms mission has transformed beyond recognition.

The change has been broad and rapid, requiring medcomms leaders to adapt to new therapies and data sets, serve a wider range of stakeholders better, and to communicate a range of innovations and initiatives. The era of static, all-encompassing communications, devoid of emotion or context, is gone. Now, HCPs expect elevated storytelling, creative execution, and targeted delivery of content and information across multiple channels to diverse, and, in some cases, new audiences.

In this section, we explore:

- The rise of new therapies and new data sets.
- The evolution of our core audience and the challenges of serving them.
- How technology is driving new channels and how we engage our customers.
- The implications for medcomms leaders now that their role has become far more central to the pharma mission.



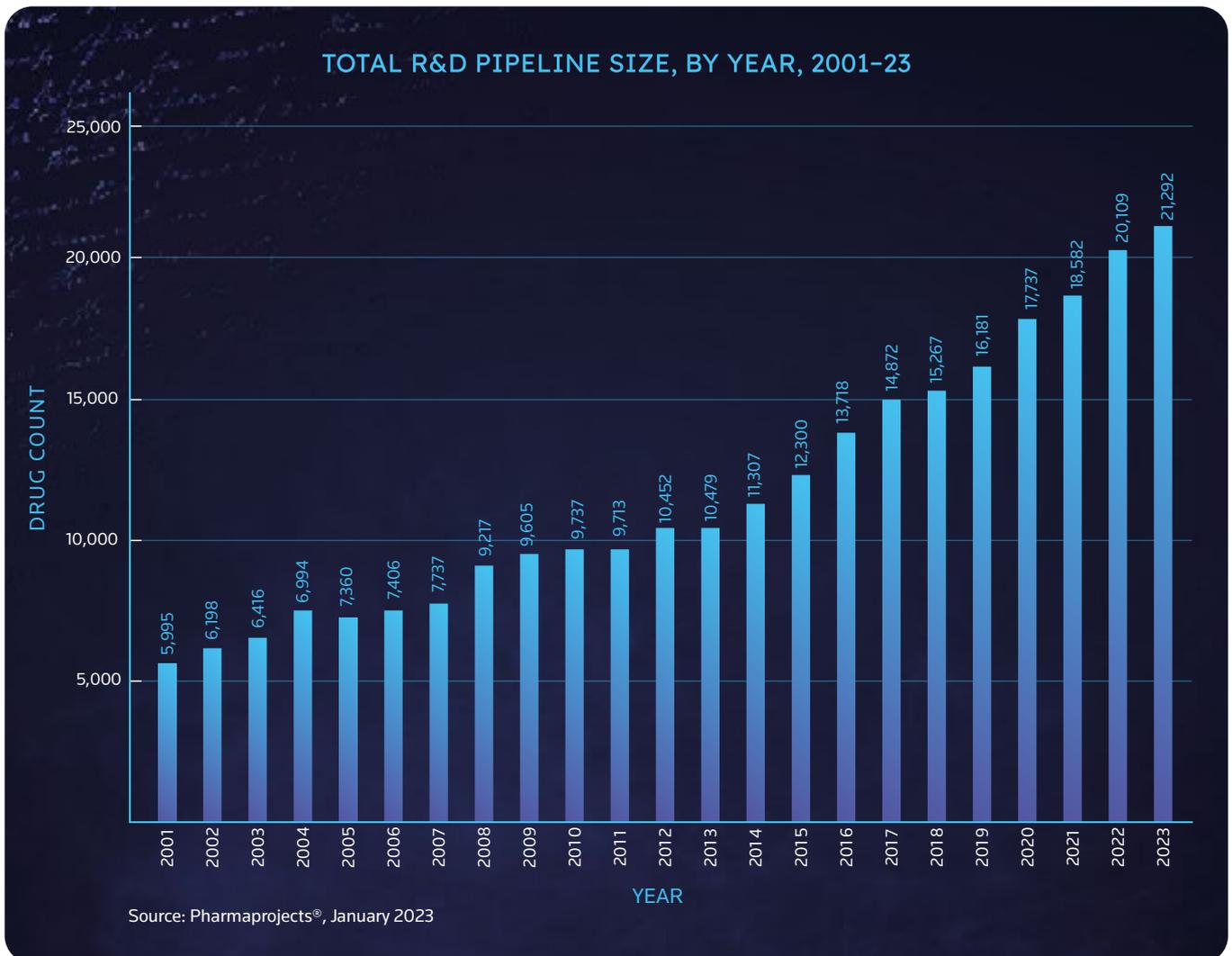
Science and Data

The pace of change in research and development is increasing, surpassing 21,000 pipeline drugs for the first time in 2023¹. This poses a significant challenge to those tasked with communicating it. Rapid advances in areas including genomics and protein folding promise to transform our understanding of how disease can be tackled and to usher in whole new classes of therapy.

Big, real-world datasets, meanwhile, are offering pharma and health systems ever more insight.

These insights are at the macro level (the factors governing population-level health, such as ethnicity and socio-economic status), and at the micro (such as identifying small, rare-disease patient populations).

Medical communications is going to need to communicate these stories as ever more rapid therapeutic advances in a range of fields, including autoimmune, cancer, and rare diseases, continue to prime the pharma pipelines.



¹ [Pharmaprojects, January 2023.]

Audience

Pharma's core audience has evolved

Pharma's core audience may still be HCPs, but they are by no means the only one.

Medcomms now routinely engages with a diverse set of healthcare stakeholders, says Sarah Strattman, Head of Global Medical Communications at Takeda Pharmaceuticals. "They span regulators, payers, nurses, physicians, and other care partners in practices in a wide variety of settings. These stakeholders want to work with companies that really see the patients and understand the science. They want people who bring authenticity, integrity, and balanced information."

The challenge of serving such different audiences is significant, says Shalini Mohan, Head of Health Equity and Inclusive Research, US Medical Affairs at Genentech. Even subsets of HCPs may want markedly different things; "Academic physicians have different needs to community-based physicians or individuals in rural communities.

"Certain pieces of information are highly critical for some and not even thought about by others. It is essential for us to move forward to make sure that the end user knows that we understand their experience, and that we're trying to solve for it."

"THE FEEDBACK IS THAT THEY DON'T HAVE TIME, SO THERE'S NO POINT SENDING THEM LOTS AND LOTS OF CONTENT, IT'S NOT HELPING THEM."

Gayle Kenney, Global Scientific Communication Engagement & Medical Information Excellence Head at Novartis

HCP expectations of medcomms have never been greater

The ever more digitally native HCP is time-pressed, expects personalized content at their convenience, and is already overloaded with information in their daily and professional life.

Nearly 7 out of 10 physicians (68%) report they often feel overwhelmed by the amount of information they have to keep up with³.

"The feedback is that they don't have time, so there's no point sending them lots and lots of content, it's not helping them," says Gayle Kenney, Global Scientific Communication Engagement & Medical Information Excellence Head at Novartis.

HCPs' expectations have risen too, often outstripping pharma's ability to meet them. They are no longer passive receivers of information, have low tolerance for overtly commercial messaging and increasingly screen out much of the flood of content hitting their screens.

Recent research shows that over half of US and EU5 HCP specialists remain dissatisfied or neutral regarding pharma's digital efforts. Research also finds that demand by specialists across US, EU5, APAC and LATAM for targeted, personalized content is still strongly outstripping the omnichannel supply from pharma, especially for education and medical affairs⁴.

At the same time, HCPs are also less content to be spoon-fed and disinclined to be denied access to data, says Kenney. "It's something we're really struggling with as an industry. Their expectations are just so different. It's not just in communication, it's in access to information.

² [Digitally-Savvy HCP, Indegene 2022]

³ [Doximity Physician Learning Preferences 2022]

⁴ [Across Health Global Trends, 2022]

“They want to access what they want, when they want,” Kenney continues. “In a lot of cases, they want to deep dive into information themselves and ideally visualize the data in real time. We’re a long way from meeting the expectations of this up-and-coming generation.”

Today’s HCPs may be more demanding, but they also place a high level of trust in medical affairs. This attitude makes the medcomms communication role more important than ever, says John Wahba, Senior Director, Global Medical Affairs at Kite/Gilead. “We have a great opportunity to foster that trust.”

Pharma’s mission to serve HCPs as sources of trusted data is clear, but its execution is still in progress, adds Wahba; It’s all about the experience we provide. We understand what’s needed. We know that we need content to be provided quickly, in real time where possible. It needs to be short, snappy content that is also personalized. This is not something that we have mastered yet.

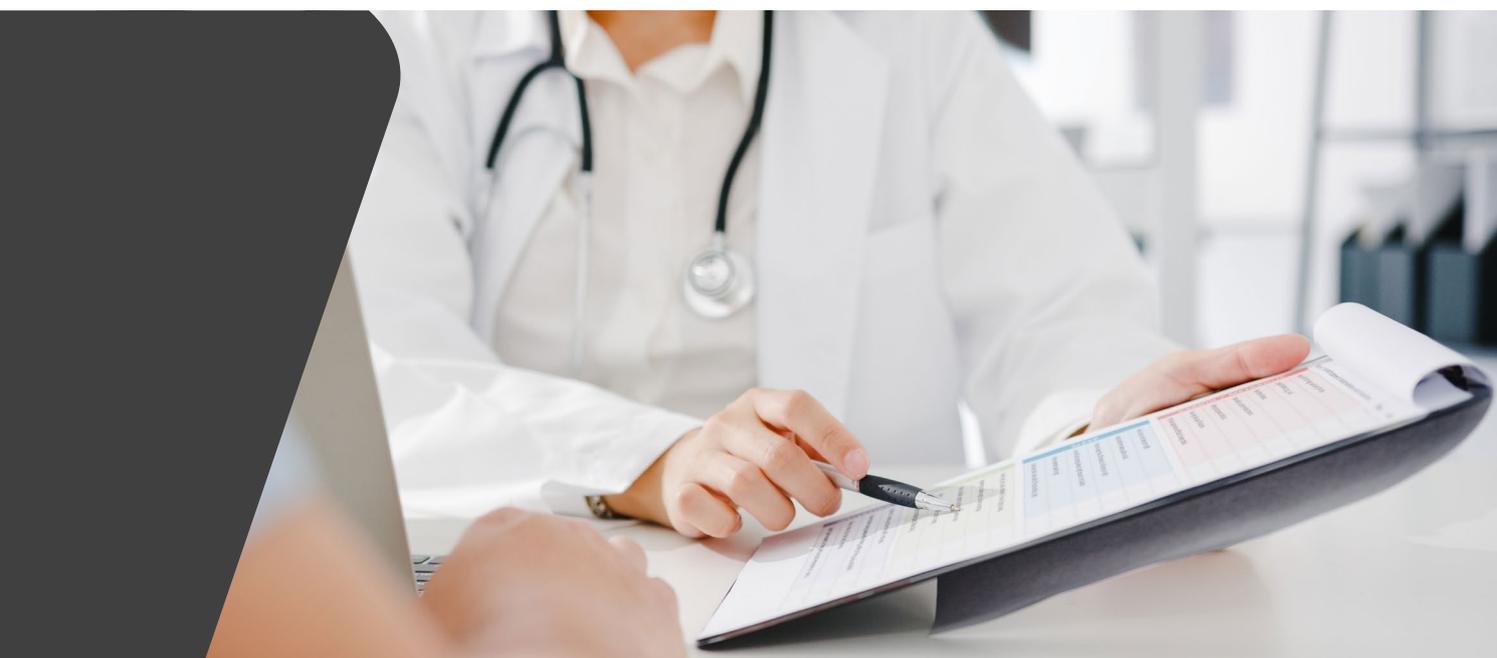
The impact of patient centricity

As pharma makes the patient the focus of its mission, medcomms needs to think about increasingly empowered and engaged patient communities.

A good example is in rare diseases, says Novartis’ Kenney; “The way you communicate about a rare disease has got to be very different, more focused, more personalized. With rare diseases, the patients are often very activated. So, we need to understand their needs, and then support the HCPs in fulfilling those needs.”

While patient engagement colleagues may deal with day-to-day patient communications, medcomms still has a job to do to understand the context in which patients interact with healthcare provision and the way information is surfaced to them, says Genentech’s Mohan.

“It used to be that pharma generated the scientific data and evidence to meet regulatory requirements, and then leveraged this same information in communication with patients. As patients take a more active role in their healthcare, they are creating demand for information that may be beyond what regulators want to see, for example, specific patient-reported outcomes or data specific to patients most like them to inform their healthcare decisions.”



A focus on health equity

With the rise of the prominence of health equity for pharma, Medcomms has a direct role to play to ensure a more equitable distribution of information and access of medical communications.

“Through our Health Disparities and Inequity Council, we’ve developed frameworks and programs which explore, educate, and embrace health disparities and inequities in medcomms,” says Matt D’Auria, Chief Executive Officer of Healthcare Consultancy Group (HCG). “From treatment disparities expert roundtables to advisory boards for indigenous people or launch data materials for color-blind individuals, we’re excited to listen to, partner with and co-create with representatives from diverse populations - a key success driver in our client programs targeting health equity in the medcomms space.”

Additionally, medcomms is tasked with helping its partner functions do better research and make medicines that work for all. This includes helping spread the message to more representative trials that serve and recruit from historically under-represented groups.

“Based on changes in regulatory and journal expectations, we need to include clinical research sites that were not on the screening map before, which is a completely different way of doing business,” says Takeda’s Strattman. “If we’re going to be targeting different sites during the research phase, the next question is, what will our medical affairs engagement model now look like?”

“Maybe some of those HCPs can’t go to a congress because the clinic doesn’t have the funds, or the capacity, so we need to meet these clinics and HCPs where they are at. As our industry evolves, so does our engagement approach to ensure that we’re meeting the needs of patients, communities and HCPs in an inclusive, ethical manner.”

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Matt D’Auria, Chief Executive Officer of Healthcare Consultancy Group (HCG)



Technology

The omnichannel challenge

While the digitization of medcomms drives forward and some areas such as metaverse are in a 'wait-and-watch' mode, omnichannel is front of focus for medcomms because pharma is still wrestling with a range of issues as it develops its capabilities in an omnichannel world.

Perhaps the most fundamental issue is the ability to build a real-time picture of HCPs' needs, says Wahba. "It's important to ensure that that data is pitched at the right level, utilizing all the insights that we get from internal and external sources to understand what the HCP wants. What do they understand? What do they not understand? What's the preferred way of getting this information?"

Medical affairs has been making progress in omnichannel, but working with tight regulatory constraints, its leaders have a much tougher job than their commercial colleagues, says D'Auria. "For medical affairs teams the personalization of that content and the omnichannel distribution of it is infinitely more complex than commercial content."

Part of the challenge is also the sheer profusion of formats and types of content.

Alongside scientific papers, medcomms now has a long list of content to create, serve, and distribute. Long-form slide decks are dead. The focus is on developing medical communications content that is modular, engaging, multiformat, and mapped to the user journey.

A further challenge is managing the dissemination of this content across borders, says Kenney. "One of the things the industry is struggling with is the global-to-local concept. It's taken us a long time to get our head around this."

Digital content hubs designed to disseminate information globally are facing regional barriers to adoption, chiefly owing to local compliance issues that limit HCPs' access in certain countries.

Managing the regulatory demands and complexity arising from omnichannel remains a work in progress, says Temi Folaranmi, Vice President & Head US Medical and Clinical Affairs, Vaccines, GSK. "It is a complicated regulatory environment, and layered on top of that is that when you use social media, there is no control over who can see your content and what they do with it. Somebody can retweet it and interpret it the way they like.

"How do you maintain scientific accuracy in your communication when you're using all these various channels? The challenge is, number one, how to manage the complexity of data in a way that is simple for people to understand, and number two, how to create the right regulatory or legal framework that does not put you at risk."

"When it comes to MSLs, they need to be right at the center of your omnichannel strategy and activity", says Gregory Imber, Chief Engagement Officer, HCG. "They need to be working from the same playbook, leveraging the interactive content, and feeding back metrics/analytics to inform future planning.

"This requires an evolved approach beyond slides, to share the content assets we're used to in other medical affairs' channels, through interactive CRM platforms like Veeva. From our experience of helping pharma medical affairs and MSLs realize this transformation, it may not be easy at first, but the benefits are realized immediately."

The changing role of medical affairs

The transformations impacting pharma's medical communicators are augmented by the changing role of medical affairs.

"It's clear that the job that medcomms is asked to do today has changed dramatically from what was a somewhat formulaic role of yesteryear," says Kenney. "You found your KOL, you did your disease awareness, you'd get your data presented in set ways and there was a sense of 'job done'. It's really turned on its head now. There's a massive difference in how we work. It's become a lot more strategic and we're getting involved much earlier in the life-cycle of a product."

"Underpinning the role change is the growing cultural and commercial focus on science to drive and realize market opportunities - it's science versus spin", says D'Auria. "This has led for a bolder vision and strategic focus for medical affairs delivering strategic medical direction to the whole organization."

"IF YOU START WITH SCIENCE, THEN YOU'RE GOING TO BE STARTING IN A ROBUST PLACE. WHETHER IT'S THE CONGRESS, THE ORAL PRESENTATION, THE POSTER, OR THE SYMPOSIUM, EVERYTHING IS FUELED OFF THE COMMUNICATION OF THE SCIENCE."

Sarah Strattman, Head of Global Medical Communications at Takeda Pharmaceuticals

Medical communications is no longer just a support function, says Wahba. "Medical are close to the science: we help translate the science into a meaningful story and form key relationships with opinion leaders prior to the launch; things that our commercial colleagues are leveraging. We're a key strategic partner to making things happen."

Increasingly, medcomms is being consulted by the leaders of the organization on this basis, says Strattman. "With swathes of data and technology coming our way, you need medical not just as consultants when you want to proactively try and avoid a compliance risk. Within industry, it is now an established norm for medical affairs to have a seat at the table to serve as part of the strategic communicators to the external world."

A corollary of this is that the scientific foundation of medcomms is more important than ever, she adds. "The scientific narratives are now core foundations to be utilized not just by medical, but also other communicators in R&D, investor relations, and other external communicators.

"If you start with science, then you're going to be starting in a robust place. Whether it's the congress, the oral presentation, the poster, or the symposium, everything is fueled off the communication of the science."

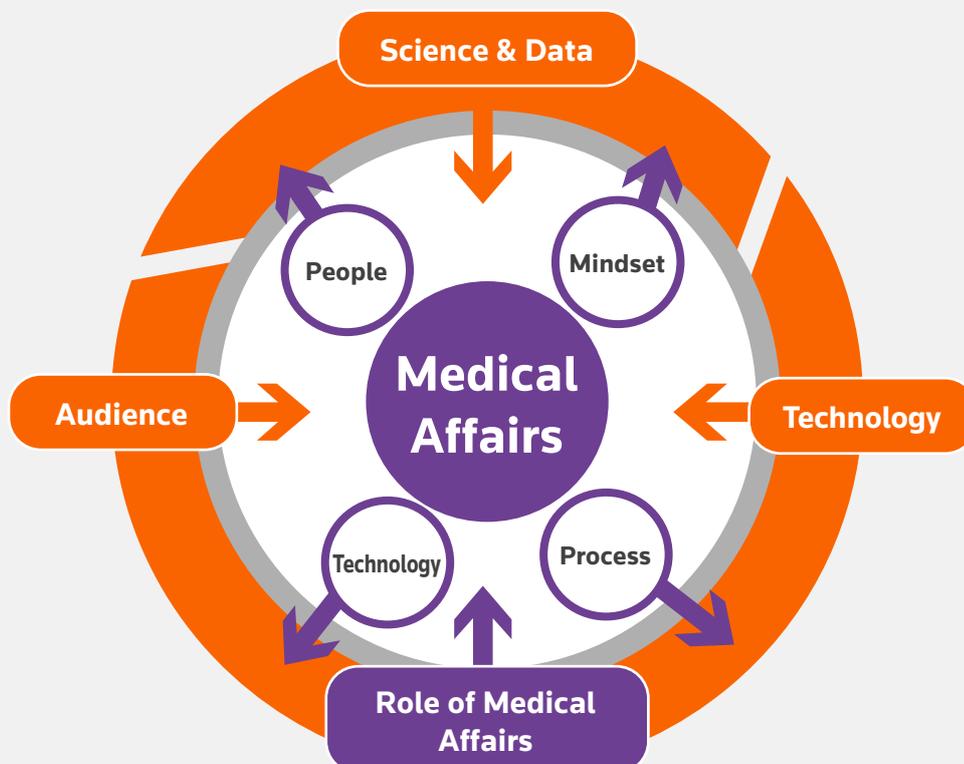
"The greater strategic leadership role of medical affairs in pharma is more than delivering greater strategic medical direction to the organization," says D'Auria. "It is a driver in establishing a source of truth and trust in the science and helping transform public opinion of the industry. Most importantly, it puts the patient front and center."

"Medical gaslighting and misinformation are real issues that can have profound impact to patient outcomes. Effective messaging and communication from medical affairs should tackle these elements head-on for the benefit of patients."

LEADING THE TRANSFORMATION BY PHARMA

Addressing the range of change and transformation outlined above demands that pharma's medical communications be built for continued transformation, which requires a significant reshaping of the medcomms function with a key focus on:

- **Mindset:** Embracing a transformational mindset and a clear vision and focus.
- **People:** Training and recruiting for a new era of strategic positioning, enhanced collaboration, and expanded skill requirements.
- **Process:** Driving operational models for collaboration and agility and new tools for coordination.
- **Technology:** Driving digital buy-in, harnessing technology, and driving the practical integration of AI.



Mindset

Clarity of vision and focus

With so much to do and limited resources with which to do it, medcomms leaders are going to have to start choosing where their focus should be. “We cannot communicate and educate on everything,” says Kenney, “it’s just impossible. So, we’re having to pick and choose much more.”

Publications and the way new digital and social media tools can amplify and publicize publications to HCP audiences beyond the KOLs are clear priorities for Novartis. “It is placing increasing focus on extending the reach of publications by creating author videos, interactive PDFs, and plain-language summaries of them to surface the data to a wide audience,” says Kenney. “We’re focusing on the GPS, the nurses, the pharmacists, the whole team of non-specialists and they don’t have time to read and digest the publication.”

Where medcomms expends time and resources during the drug lifecycle is another conundrum its leaders are wrestling with. The heavy pre-launch focus typical in most cases is understandable given the importance of launch activity to subsequent commercial success, but post-launch activity matters too, warns Kenney. “Post launch is so important, because we have real-world evidence which healthcare systems are more and more reliant on. We need to communicate that effectively.”

It’s clear that medcomms leaders are going to have to make some tough choices about where to focus effort and resources, she adds. “We’re going to have to do more with less. We’re going to have to get really savvy about what we do. It’s going to be a less formulaic approach with much more specifically targeted communications and much more digital.”

Changing mindsets and adopting new operational approaches

Driving cultural change is arguably the most important task facing medcomms leaders as they adapt to new tasks and roles. Without a clear sense of mission, change is hard to effect, says HCG’s Imber. “Some of the most successful innovation we’ve done [with medcomms teams] is when we can get everybody excited and take that mindset to heart. Then you see people taking risks and pushing things because that thirst is there. If you’re trying to push a team that’s not on board, that’s difficult.”

Changing mindsets may seem abstract, but it can be rooted in practical progress that demonstrates what’s possible to others in the function and beyond, adds Imber. “It’s about starting with the small pilots and trying things out. Setting up an innovative culture within your teams will make you very successful.”

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Gregory Imber, Chief Engagement Officer, HCG

People

Training and recruiting for a new era

With so much to do and limited resources resources with which to do it, Medcomms teams are racing to build capabilities to meet the many new tasks they are taking on. These capabilities are extensive, says GSK's Folaranmi. "You need people who know how to use analytics tools, identify patterns, and use this to inform medical communication strategy.

"You're looking for people who will be able to use AI and automation in the creation and curation of medical content, summaries of scientific literature, and automatic translation to multiple languages, for example. You're looking for people who will be able to personalize this content for audiences based on their profile."

The increasingly collegiate role of medcomms involving more cross-functional and cross-stakeholder relationships also requires individuals willing to build those types of relationships, says Strattman.

"We need people who have natural curiosity and are not afraid to create new relationships. This is not a transactional role anymore. You have to be willing to understand people and what they're facing, both within the company and outside. You need to understand how they need to interact so that we can make sure that we're engaging in the right way.

"You need to have the scientific aptitude to be able to understand and learn very quickly in terms of the therapeutic area, and who the HCPs are and what they're going to be wanting to know about your therapies."

The ability to deal with a degree of ambiguity, the ability to manage tightly integrated timelines, assess critical pieces of information, and be able to be comfortable directing large, integrated teams composed of a variety of stakeholders are all now valued qualities, adds Strattman. "You have to have scientific credibility, but also, you have to be a really good people and project manager. It's becoming a very special niche in terms of who is right for these competitive roles."

People with deep congress experience are also in high demand, adds Strattman. "Congresses are niche, complex environments, so you need someone with knowledge of this space to help pharma show up well at these types of events. They need to understand and work with different kinds of HCPs, the academic side, the patient societies, pharma, and media. There are not many people who have deep knowledge of this space, in addition to a medcomms-type lead role."

Given the requirements for close collaboration and internal relationship building, it also means medcomms recruitment is highly location specific, adds Strattman. "You need that dynamic level of engagement in the room. We must be available on site to be able to do our jobs effectively."

Since the scope to work remotely is limited, this imposes constraints on hiring a diversity of talent.

Some of these emerging skill gaps can be filled by internal training, but many of them are going to be outsourced to agencies, which are fast developing their own data, research, omnichannel and content delivery capabilities.

External help needed

Medcomms functions are seeking external help with a range of projects, including data gathering, optimizing the process of a systematic literature review, co-creating 'living evidence' platforms to streamline content creation and management, enhancing data relevance to make it more accessible to pharma's internal disciplines, says D'Auria. "The data moves so quickly. You need sophisticated systems like these."

Folaranmi sees a strong appetite developing for outsourcing medcomms activity. "There's just so much going on in this space that I think if you want to start building that knowledge from scratch, you may be a little bit behind the curve."

"Outsourcing may be a very good way to quickly leapfrog and get us up to where we need to be. We'll see many of these capabilities develop internally as well, but right now, at this early stage, I think outsourcing seems like the right approach to take."

Takeda is also turning to agencies to support its mission. "They are critical for us to be able to do business," says Strattman. "They bring not only the knowledge of the scientific areas, but they're operating in a very customer service-oriented fashion. We couldn't do business without them."

"Agencies with strong medical and digital knowledge are both in demand," she adds, "but the preference will be for agencies that offer both high-quality capabilities under the same roof."

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Sarah Strattman, Head of Global Medical Communications at Takeda Pharmaceuticals



Process

Collaboration is not optional

One of the most pressing tasks is mastering omnichannel and internal organizational culture matters more than technology implementations or training here. "A lot of it's about breaking down the silos between the different teams because, inherently, you can't have an omnichannel journey unless all the teams are involved and working together," says Kenney.

This new approach requires medcomms to nurture close cross-functional relationships, says Stratman. "Medcomms is well placed and well suited to perform a central role in terms of planning the information cascade. It's making sure you know who your close partners are, whether medical director or R&D or patient advocacy or the wide variety of other essential functions. This needs to be in place for every brand. You need to know and trust your core group of people and ideally get to a place where you can be on a direct line together quickly, to be able to pivot and make the right decision at the right time."

These cross-functional partnerships are key to unlocking efficiencies and improving the customer experience, says Jan-Willem van Doorn, Chief Transformation Officer, HCG. "In helping our customers break down some of their silos, we see the removal of a large duplication of effort and optimize the collaboration environment."

Medical and commercial need to work closely to make omnichannel a success, says Wahba. "We sometimes fall into the trap of thinking that medical and commercial must be completely siloed for compliance reasons, and then it's a full stop. But while there should be firewalls when it comes to pre-launch, pre-license activities, or off-label information, there's no reason why the two can't share insights and data."

Being creative within regulatory constraints generally is now an increasingly necessary quality inside medcomms, Wahba adds. "We've got rules and regulations that we need to abide by but whilst still respecting those guardrails I think medical has an important role here as an enabler for companies to help them navigate these rules and regulations, find a solution or an alternative and still be innovative in how we communicate."

Adapting to omnichannel engagement may be an ambitious undertaking, but mastering it can be achieved incrementally, adds Wahba. "It's about starting small and building. Pick a couple of channels, pick a couple of user journeys, or pick a couple of pieces of content. Get some quick metrics that you can show the organization to see that this is worthwhile."

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Gayle Kenney, Global Scientific Communication
Engagement & Medical Information Excellence
Head at Novartis

Agility will need to become second nature

Speeding the content creation process and enabling it to be easily adapted and repurposed are essential in the new digital context and therefore demand a new approach. Agile processes are essential to creating and curating content, defining user journeys, and developing feedback loops so that content remains relevant, says Wahba.

Integrated data sets that combine first-hand survey data gathered directly from physicians, together with other sources of data, such as social listening data sets, are necessary to build a detailed picture of HCPs, where they are in their journey, and what their needs are, says Gregory Imber, Chief Engagement Officer, HCG. "If you're not doing those two things, you're basically doing your job with a blindfold on."

Pharma is also going to have to rethink the metrics by which medcomms measures its activity and the efficacy of that activity, says Wahba. "We put a lot of content out there and we rely on vanity metrics to measure it. We don't really look at the depths of engagement. We just look at the breadths. It's important to look at both of them to understand if and how this experience is making a difference.

"In order to do this, you need people sitting in medical affairs who understand data analytics, who understand what a user journey is, where does the HCP then go after sending an email? Do they sign up for a webinar? What does that follow up after the webinar look like? It's important to look at this as an overall experience for the HCP.

"It's also important to start getting that feedback from our HCPs to really understand what personalization means to an HCP but also to understand what it means to have a channel preference and how to work this into a user journey."

New tools for better coordination

Medcomms has found itself lacking some relatively basic tools to manage what are now highly complex communications campaigns that encompass starkly different audiences and content that all need to be closely orchestrated with multiple internal and external stakeholders.

Given medcomms' increasingly strategic role, there's a growing need to corral the science knowledge base and to help manage ever more intricate communication matrices.

Aligning messaging demands a new approach, which Strattman describes as integrated communications, to ensure every part of the organization is aligned on the data. "It's trying to bring the right people together at the table at the right time.

"It's outlining the steps that we need to take to make sure that all the different communication avenues are ready, from the patient and scientific societies to HCPs and investors. It's working out: what are the minimum things at this stage of development, we need our key stakeholders to understand?"

Agreeing on the scientific messaging requires cross-functional consensus on certain evidence statements, and better software will help here. Takeda is developing its own proprietary software for its scientific communications platform (SCP). "SCPs are an alignment exercise. The goal is to end up with agreed statements that the range of communicators across the company can leverage," Strattman says.

Takeda is also developing its own integrated communications tools to help leadership and internal teams who might not be as close to the day-to-day planning and execution to understand how all Takeda's external communication activities are working together, adds Strattman, "hopefully avoiding any pitfalls in terms of misalignment or lack of coordination."

Technology

Getting buy-in for digital

There is broad support from leaders to transform engagement and embrace digital, but convincing and resourcing those tasked with delivering such transformation is also essential.

This means creating enough capacity for them so that digital is not just another distraction. It means defining digital as an objective, says Wahba, “so it doesn’t get looked at as a burden, or an extra thing that someone needs to do. Now the tendency is to ask someone to do it on top of everything else that they’re doing.”

Harnessing technology

New tools are vital to serving multiple audiences across a range of channels, increasingly so in real time. Automating much of the work of gathering data and creating and serving up content is going to be essential.

Such capabilities are very much in their early stages, says Kenney. “We have excellent platforms & technology but we don’t always use them to their full potential. We’ve got to start fully incorporating the feedback and insights that we receive to direct our strategy.”

AI: From promise to the practical

The application of AI and automation is going to be essential in helping medcomms manage the complexity of content and assess and work with complex behavioral mechanisms, says HCG’s Van Doorn. “Trying to get that level of personalization and measurement will be very difficult, if not impractical from a cost standpoint, without the applications of different AI technologies.”

HCG is using AI tools in its living evidence platform to help support data collection. It is also using AI elements to help find KOLs, and a range of other AI applications are likely to emerge, adds Van Doorn. “It’s likely that AI virtual assistants could be used to help personalize engagement activity. With a large language model, you could optimize your content for certain audiences, and there’s also an enormous opportunity for personalized training.”

One recent example of how AI can have an impact is the successful deployment of an AI tool to customize content for people showing up at a global congress, says Imber. “We used an AI tool to generate video that is customized for each person in their language, at a fraction of the cost and in a fraction of the time that we used to spend to do this. We’re starting to generate engaging content, at scale, to meet needs in ways that would have been prohibitive before.”

“THERE IS BROAD SUPPORT FROM LEADERS TO TRANSFORM ENGAGEMENT AND EMBRACE DIGITAL, BUT CONVINCING AND RESOURCING THOSE TASKED WITH DELIVERING SUCH TRANSFORMATION IS ALSO ESSENTIAL.”

John Wahba, Senior Director, Global Medical Affairs at Kite, a Gilead company

Takeda, meanwhile, is exploring how generative AI might help automate the creation of internal communications, says Strattman. "Each communication channel needs its own approved set of documents, so using something like this to tailor a set of core messages into channel-appropriate, approvable documents could be a very efficient way to help us develop timely, high-impact communications faster. We are not there yet, but this seems like a logical place to start looking. Other possibilities include using AI to monitor the external environment to measure the value of various communications or generating plain language summaries in publications."

Using AI to automate the creation of papers and other documents and data visualizations from clinical trial data is a tantalizing prospect and could save medical communications teams much time and effort, Kenney predicts. "AI, and automation are going to make it so much easier and quicker. As the AI improves and as it learns, that's going to become more seamless. It's going to transform how we work."

Gathering data across trials and real-world evidence could be an even more powerful application of AI. The rapid evolution of AI may even transform the entire data-gathering and publishing process, Kenney speculates. "We need to be open to new ways of working. Maybe we'll need to ask: What are we even going to produce anymore? AI-supported location and amalgamation of scientific knowledge may revolutionize how we look at data."

"Wherever the applications of AI end up taking us, it's already clear that upskilling teams to understand and apply AI to their work to enhance their productivity is a huge opportunity", says D'Auria. "I don't see AI as a threat to the medcomms workforce. I see it as a utility to solving substantial resource gaps that exist."

"OVERNIGHT, WE HAVE SEEN AI MOVE FROM PROMISE TO REALITY. NOW THE CHALLENGE FOR MEDCOMMS IS TO MAKE IT PRACTICAL."

Jan-Willem van Doorn, Chief Transformation Officer, HCG



CONCLUSION

The challenge medcomms leaders face is immense. They are being asked to engage broadly and to develop new skills and capabilities at pace.

It can be an uncomfortable position to be in, says D'Auria. "They feel that they're in a bit of a catch 22. They do not want to default to what they've always done but at the same time, things are moving so quickly that navigating all these changes almost feels out of reach to them."

Since there's little indication that the pace of change will slow, the requirement for medcomms to continue to keep pace is not going to go away, says D'Auria. "I think we're going to be amazed by the continued acceleration of change in our space."

Technology and the right partnerships will therefore be important, says Genentech's Mohan. "We have to be able to take advantage of technology and perhaps consider partnerships between the pharma industry and the tech world to be able to deliver a solution that meets the needs of the evolving healthcare system."

"There is no one straight route to the success of our transformation," says D'Auria. "It is a systematic change that comes with its share of twists and turns. The key is to create a culture of experimentation, accept the non-linearity of it, embrace the power of collaboration, and use technology to realise the transformation vision."

But mindset perhaps matters most of all. In an environment of rapid change, the attitude of medcomms leaders needs to be to adapt rather than to perfect, D'Auria adds. "Pick an area, apply an agile methodology, implement something, measure it, and optimize over time. If you want to design a perfect system, by the time you come to deploy it, it's going to be antiquated."

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