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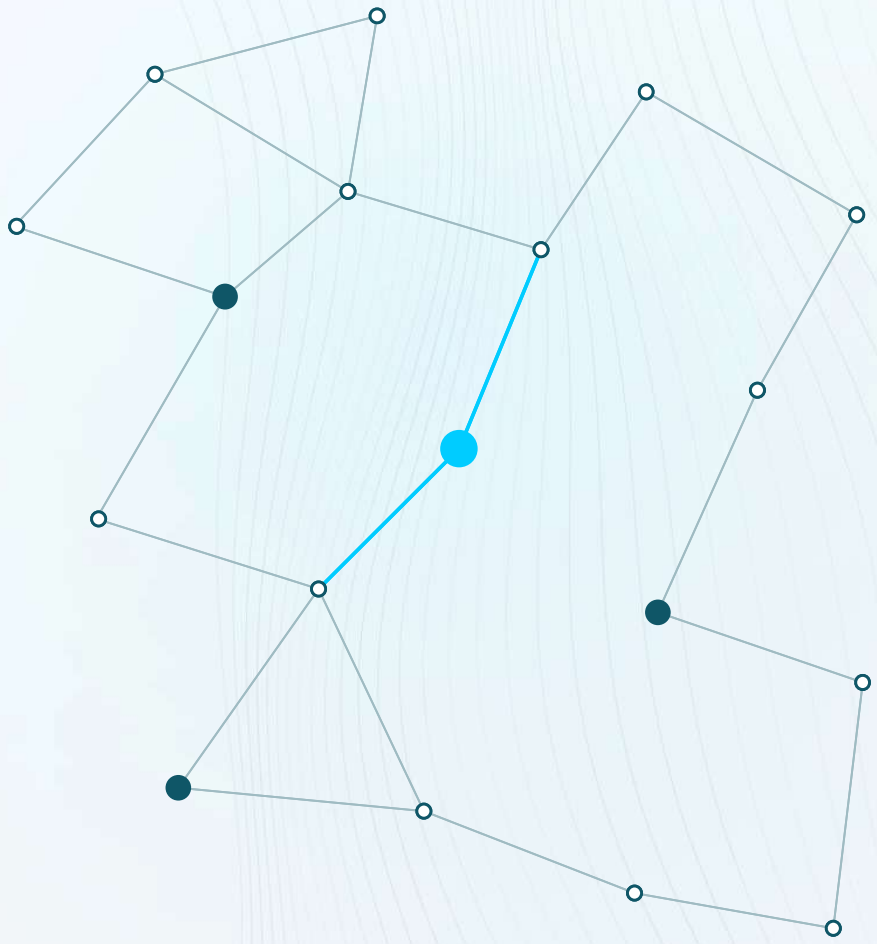
FM-EXL · LONDON

Measuring and Elevating Field Medical Experience

And how AI empowers you to uncover & increase impact



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Nice to meet you



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TRILATIONS

ABOUT US

Accelerating growth and excellence in life sciences

01 Who we are

25+ years in life sciences

4 offices

150+ international experts

50+ countries with projects

40+ disease areas

60% of Top 20 life-science firms

850+ product launches tracked

02 Our DNA

Innovative & fact-based
AI-driven analytics combined with deep industry expertise

Deep medical expertise
20+ years of perfecting medical strategy execution

Unique data lake
650M data points in a pharma-specific benchmark database

Precise & actionable
Execution-ready recommendations, co-created with your teams

03 For (field) Medical

- Field Medical Excellence
- Medical Excellence
- (Field) Medical Engagement
- (Field) Medical Metrics
- Field Medical Development
- Field Medical Resource Allocation
- Evidence Generation

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DATA-DRIVEN INSIGHTS

(Field) Medical insights

Based on Trilations' proprietary medical perceptions database

1

Why

Why do interactions matter?

2

Who

Who makes the impact?

3

Which channel

Which channel performs best?

4

What to measure

What should you measure?

5

How

How do we help?

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1 · WHY INTERACTIONS MATTER

Strong interaction experience drives behaviour change



KEY INSIGHT

Better experience, more behaviour change

Across 100,000+ HCP interactions, the more positively HCPs experience an interaction, the more likely they are to change their behaviour.

Source: Trilations – feedback on 100,000+ pharma–HCP interactions from 10,000+ specialists.
Each dot is one aggregated observation.

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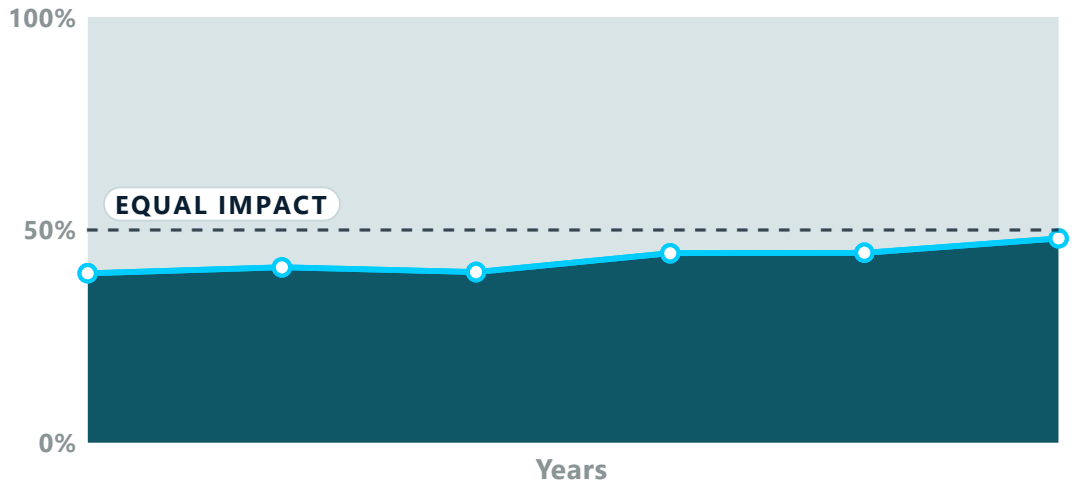
2 · WHO MAKES THE IMPACT

The impact of medical engagement keeps increasing



- **Promotional:** performance on sales team engagement, marketing events
- **Medical:** performance on MSL engagement, medical education, medical events

- Performance: 15 statements on medical vs. promotional activities.
- Impact: competitive position on outcome parameters.

Source: Trilations research.

KEY INSIGHT

Medical is closing the gap

Medical's share of impact has increased in recent years, on trusted partnership, share of voice, treatment preference and company preference.

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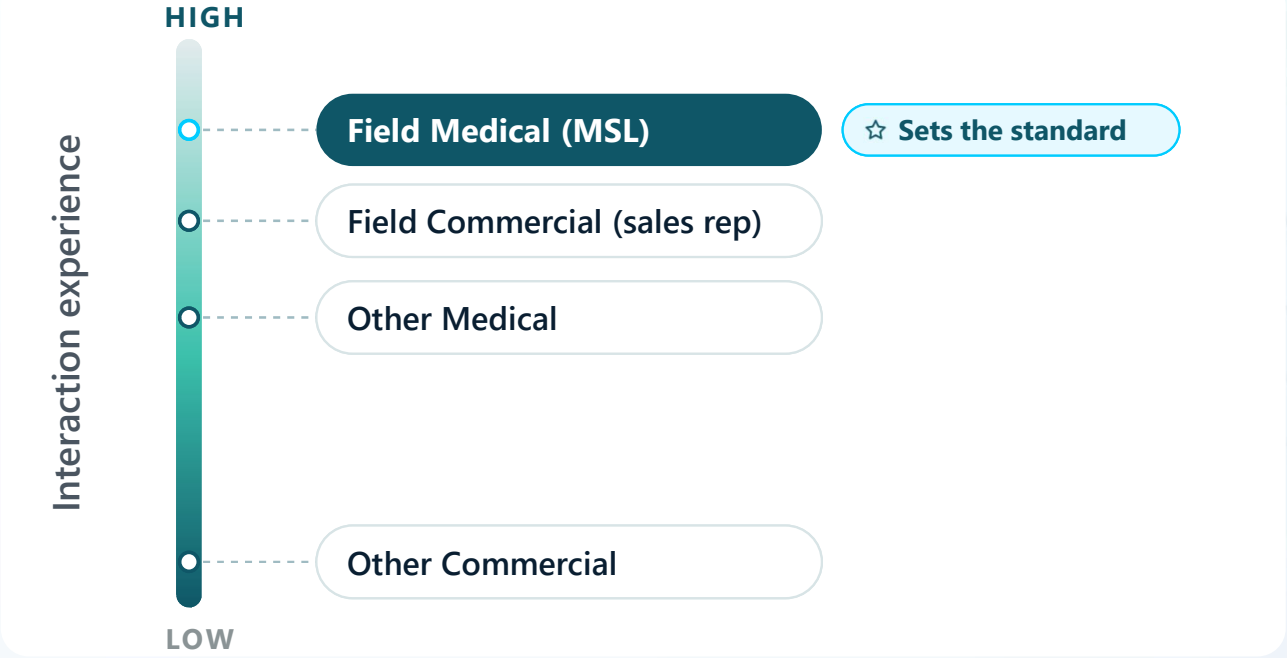
— 3 · WHICH CHANNEL PERFORMS BEST

Field Medical offers the best interaction experience



— KEY INSIGHT

MSLs set the standard

Field Medical delivers the strongest interaction experience, ahead of sales reps and all other channels.

Interaction experience across all engagement channels.

Source: Trilations research – global, n = 30,000+.

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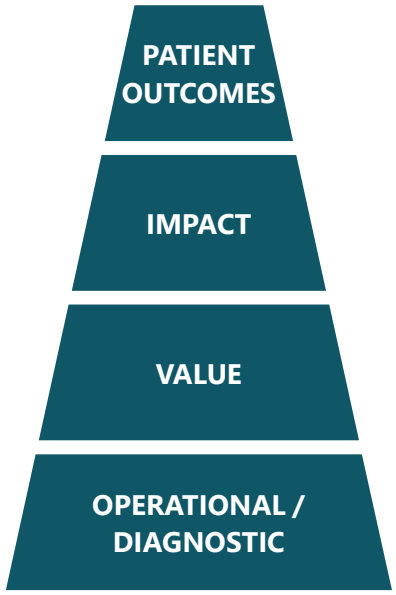
— 4 · WHAT TO MEASURE

What to measure for Field Medical performance and impact



TODAY IN PHARMA	WHAT TRILATIONS ADDS
RWE/claims data, with limited link to Field Medical	**Field Medical linked to patient outcomes**
Self-reported influence	**Quantified impact & driver modelling**
Internal self-assessments	**Independent HCP view, benchmarked vs. competitors**
CRM activity volume	**External benchmarks on execution quality**

— KEY INSIGHT

We add on top of your existing insights

Trilations adds the external, benchmarked HCP view and quantified impact on top of your internal CRM data.

Most companies measure from the bottom of the pyramid. Each level shows what exists today and what Trilations adds.

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5 · HOW WE HELP

From measuring to increasing Field Medical impact

MEASURE How do you measure the impact?

INCREASE How do you increase it?

The team
Field Medical Excellence

Where does your field team stand?
HCP-rated drivers of impact, benchmarked vs. competitors

The moment
Engagement Diary

How do HCPs experience your engagement?
Experience drivers, captured as it happens

The conversation
Touchpoint360

Are scientific messages really landing?
Objective insight from real MSL–HCP conversations

The practice
AI Roleplay Simulator

Are MSLs ready for the real conversation?
Training built on real-world interactions

CONTINUOUS LOOP: EVERY INTERACTION FEEDS THE NEXT

AI solutions that **empower** your Field Medical teams, not replace them.

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RESOURCES

Want to know more?

TOOLKITS

This presentation · A one-pager per presented solution · Services overview
Measurement cheat sheet & 10 “Beyond the papers” recommendations

PODCASTS

Mastering competitiveness: how Medical Affairs drives competitive impact
What drives Field Medical Excellence - in collaboration with OneMSL
Measuring to improve : Medical information - in collaboration with MAPS

WEBINAR

Unveiling the impact of Field Medical

WHITE PAPERS

The dynamics of field medical visits: balancing quality and frequency
Beyond expertise: what makes a field medical visit effective?

Scan for all materials

trilations.com/en/field-medical-excellence

Thank you!

Let’s talk

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RESOURCES

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FIELD MEDICAL EXCELLENCE

Translating holistic perceptions, combining HCP and internal insights, of your multidimensional Field Medical performance into actionable decisions that strengthen Field Medical impact and competitive advantage

FIELD MEDICAL EXCELLENCE FRAMEWORK

(FIELD) MEDICAL ENGAGEMENT

Continuous insights gathering on how HCPs experience day-to-day medical interactions, defining the optimal Medical channel mix and impactful content

MEDICAL OMNICHANNEL STRATEGY
MEDICAL ENGAGEMENT EXPERIENCE PLATFORM
MEETING NOTE ANALYSES

FIELD MEDICAL DEVELOPMENT

Field medical education and training enables personalized development for MSLs, enhancing their capabilities, skills and effectiveness through tailored learning and insights

INDIVIDUAL MSL MONITORING AND DEVELOPMENT PLAN
AI INFUSED MEDICAL STAFF EDUCATOR



(FIELD) MEDICAL METRICS

Developing tailored (Field) Medical Metrics frameworks and dashboards, based on robust metrics libraries and guided by a proven roadmap to measure and demonstrate (field) medical impact across layered dimensions

METRICS FRAMEWORK DEVELOPMENT

MEDICAL EXCELLENCE

The holistic Medical Framework provides a 360° view, measuring performance vs. competition, clarifies the contribution of Medical Affairs and guides Medical Affairs actions and engagements to maximize impact

MEDICAL EXCELLENCE FRAMEWORK

FIELD MEDICAL RESOURCE ALLOCATION

Optimize Field Medical resource allocation across TAs and brands to enhance scientific impact, adapting strategies balancing customer and business needs

FIELD MEDICAL CONTRIBUTION, SIZING & ALLOCATION

EVIDENCE GENERATION

Competitive insights on how investigators perceive trial execution and interactions, including real-time feedback loops on improvements, unlocking the drivers to scientific leadership

MEDICAL STUDY EXPERIENCE FEEDBACK PLATFORM

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MEASURING WHAT MATTERS IN MEDICAL AFFAIRS

A PRACTICAL CHEAT SHEET FOR ASSESSING (FIELD) MEDICAL PERFORMANCE & IMPACT

*Source: Trilations practice-based reflections + position papers published by MAPS, OneMSL, Veeva Medical**

A. Define what success looks like

1. Role & goals of (Field) Medical

- **Co-create a company-wide definition** of Medical and Field Medical purpose; avoid copying generic industry wording.
- **Make patient and public health outcomes** the explicit end-goals of Medical, never sales or promotion.
- **Articulate Medical's unique value vs commercial/R&D**: independent, science-driven, non-promotional partner for HCPs and internal stakeholders.
- **Differentiate clearly core Medical vs Field Medical**: strategy/evidence/education vs insights, relationships, and in-depth scientific exchange.
- **Translate the vision into 3–5 concrete objectives** per TA, e.g., improved diagnosis, optimized treatment decisions, better care pathways.
- **Align early on key strategic questions** your impact measurement must answer, e.g., "Are we changing clinical practice?"
- **Engage cross-functional leaders** (commercial, HEOR, access, others) in defining goals to prevent pressure for sales-style Medical metrics.
- **Embed these goals in governance and Medical plans** so direction is stable and survives leadership transitions.

2. Objectives & scope of measurement

- **State clearly why you measure**: optimize strategy, justify investment, guide capabilities, evidence value to internal and external stakeholders.
- **Position measurement as learning and growth**, not punishment; avoid "policing" language that undermines trust with Field teams.
- **Define which subfunctions are in scope** (Field, Med Info, Med Ed, Evidence, Patient engagement) and be explicit about exclusions.
- **Make the HCP viewpoint a mandatory dimension**, not optional, alongside internal operational and outcome metrics.
- **Specify geographic and TA scope upfront**: countries, indications, lifecycle stages, and any pilot versus full-rollout areas.
- **Clarify how measurement outputs will be used** in planning, reviews and capability programs; don't collect data without a decision-use.
- **Balance breadth and depth deliberately**: many TAs with light metrics versus fewer TAs with richer, more meaningful impact data.
- **Document objectives and scope** in Medical governance so expectations survive leadership changes and remain consistent across functions.

B. Design the measurement framework

3. KPI & metrics framework (high-level architecture)

- **Build a simple hierarchy:** operational/diagnostic → goal-based/value → impact/outcome measures.
- **Limit to a small set of value domains** (operational effectiveness, insights, relationships, education, evidence, clinical/patient outcomes).
- **Distinguish Field Medical Impact Indicators (FMIIs)** from diagnostic activity metrics used for troubleshooting.
- **Combine quantity, quality and outcome metrics intentionally;** don't let the framework default to "what's easiest to count."
- **Include both leading and lagging indicators** (e.g., interaction quality, insight uptake vs practice or guideline changes).
- **Make quality metrics explicit sections** of the framework (scientific depth, perceived value), not side notes.
- **Keep the number of layers manageable;** overly multi-layered frameworks are impossible to implement in the field.
- **Map each layer to feasible data sources** (CRM, RWD, surveys, etc.) before sign-off to ensure practicality.

4. Selection & definition of specific KPIs / metrics

- **Start from strategic objectives and work backward;** avoid metrics that don't clearly support a business or patient question.
- **Create a short definition sheet for each KPI:** rationale, formula, inclusion/exclusion rules, data source, owner, and caveats.
- **Keep each metric single-concept and unambiguous;** avoid composite scores mixing volume, quality and speed into one number.
- **Remove or merge overlapping metrics** that tell the same story; too many similar KPIs create noise and confusion.
- **Specify measurement frequency per KPI** (monthly, quarterly, annually) and accept not all metrics need the same cadence.
- **Maximize objectivity in scoring** (clear scales, examples), while accepting structured subjectivity for some quality KPIs.
- **Standardize questions and responses across TAs/countries,** while allowing limited tailoring to keep them relevant.
- **Pilot new metrics and survey items** with a small test group to check understanding, burden and bias before wide launch.

5. Data, systems & analytics

- **Map all key data sources** (CRM, Med Info, events, surveys, RWD/RWE, registries, claims) and link to external clinical datasets.
- **Define a broad HCP universe**: top KOLs, MSL targets, key hospitals/accounts, any HCP interacting with MSLs or MedEd.
- **Use a hierarchical sampling approach**: start with priority targets, then expand to wider HCP segments over time.
- **Accept smaller HCP perception samples** than commercial MR; prioritize representativeness, signal, and actionable learning over large n.
- **Include HCPs seeing competitors** to gain a relative view of your Medical performance.
- **Apply survey best practice**: neutral wording, non-leading options, appropriate timing and clear invitations to minimize bias.
- **Invest in data integration** so activity, perception and outcome data can be analyzed together, not in isolated spreadsheets.
- **Set clear data quality standards** and monitor completeness, timeliness and coding rules via simple, widely used dashboards.

C. Assess performance and impact

6. Measuring performance (efficiency, coverage, capabilities)

- **Use operational metrics** (coverage, frequency, responsiveness) as baseline health checks, not the full story of performance.
- **Pair volume with quality** (discussion depth, satisfaction, follow-up actions) at interaction or event level.
- **Track deployment versus targeting**: reach, share-of-voice and visit mix across priority HCP tiers and centers.
- **Measure responsiveness and service levels** against SLAs: time to Med Info response and time from question to MSL follow-up.
- **Assess capabilities and behaviors**: scientific mastery, communication skills and omnichannel skills in performance views.
- **Use performance metrics for coaching** and resource optimization, not sales-like targeting of individuals.
- **Contextualize performance comparisons** across countries and teams by access conditions, HCP availability and data privacy rules.
- **Review and refine operational metrics** regularly; ensure Field Medical leaders own the narrative and retire "vanity metrics."

7. Measuring impact (scientific, clinical, strategic, patient)

- **Use an impact ladder** from knowledge and beliefs to clinical decisions, patient outcomes and health-system effects.
- **View impact through multiple lenses**: HCPs, patients, internal stakeholders, payers and health systems.
- **Measure HCP perceptions regularly** of Medical/Field Medical value, trust and quality via structured surveys or interviews.
- **Accept smaller but richer samples**; better a well-profiled n≈30 than no structured external HCP voice.
- **Assess impact relative to other contributors**: sales, product, guidelines, local practice; use analytics and expert review.
- **Track concrete Actions Taken After engagement**: tests ordered, regimens changed, trials joined, studies supported.
- **Link Medical initiatives to clinical and system metrics**: diagnosis, biomarker testing, time to treatment, outcomes.
- **Attribute impact conservatively** and enrich numbers with qualitative case studies: guideline shifts, protocol updates, payer decisions.

D. Steer, compare and embed

8. Governance, roles & review cadence

- **Assign a clear owner for each KPI** (often Medical Excellence / TA lead) responsible for integrity and interpretation.
- **Define a regular review rhythm**: monthly operational dashboards, quarterly impact reviews, annual deep dives.
- **Create a cross-functional Value & Impact steering group** (Medical, HEOR, commercial, access, compliance) to align and refine metrics.
- **Partner proactively with Compliance** to clarify what is allowed; don't let unfounded fears block meaningful measurement.
- **Keep Medical metrics independent from sales targets**; avoid linking MSL performance to prescriptions or revenue.
- **Document data privacy and access rules** (GDPR, CCPA, consent) when handling HCP and patient-level data.
- **Define metric visibility levels**: which KPIs are seen at individual, team, country, regional and global levels to maintain trust.
- **Review the KPI portfolio annually**; retire outdated measures and add new ones aligned with evolving strategy.

9. Benchmarking & contextualization

- **Identify key competitors per indication** and treat their Medical performance as the bar you must at least meet or exceed.
- **Benchmark quality and impact, not just volume**: HCP value ratings, clinical practice indicators and share of scientific voice vs peers.
- **Ask HCPs to compare you with competitors** explicitly on Medical access, quality, independence and usefulness.
- **Use industry benchmarks and MAPS surveys** as reference points, but adjust expectations for TA, lifecycle stage and strategy.
- **Normalize benchmarks by market context** (access restrictions, data privacy rules, system maturity) before comparing countries or teams.
- **Track scientific presence vs peers** (congress activities, publications, guideline citations) as a proxy for scientific leadership.
- **Combine quantitative benchmarks with qualitative expert feedback** from KOLs and internal stakeholders on where you lead, match or lag.
- **Continuously raise the benchmark bar** as your performance improves, to avoid complacency and drive ongoing excellence.

10. Implementation, change management & "using" the metrics

- **Co-design the framework** with Field and office-based Medical teams; ensure it feels practical, motivating and grounded in reality.
- **Position metrics for learning** and coaching, celebrating impact; avoid punishment, stack-ranking or sales-style scorecards.
- **Keep KPIs simple**: a visible set of 10–15 "metrics that matter," even if underlying analytics are complex.
- **Invest in training and job aids** on data entry, dashboard interpretation and turning insights into concrete actions.
- **Pilot, learn and scale**: test in selected TAs/countries, simplify based on feedback, then expand; highlight early success stories.
- **Embed measurement into existing processes** (medical plans, brand plans, QBRs, coaching), not parallel bureaucracy or standalone reporting.
- **Lead with narrative plus numbers**: Medical leaders explain context, insights and actions, not just display dashboards to senior management.
- **Revisit the framework annually** with broad input to keep it aligned, lean, and accepted as Medical's way of working.

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PRACTICE-BASED REFLECTIONS: THE TRILATIONS PERSPECTIVE ON (FIELD) MEDICAL IMPACT

OUR 10 "BEYOND THE PAPERS" RECOMMENDATIONS FOR MEASURING (FIELD) MEDICAL IMPACT

1 Start with company-wide alignment on the role of (Field) Medical

- Explicitly agree, at ExCom/functional lead level, what Medical and Field Medical are there to achieve in your company and per TA – don't assume a generic industry definition fits everyone.

2 Measure Field Medical against competitors in each indication

- Treat key competitors as the reference point: HCPs compare Medical functions across companies, so performance should be assessed relative to the best alternative in that specific disease area, not in isolation.

3 Make HCP perception a non-negotiable measurement pillar

- Systematically capture how target HCPs rate access, quality, independence, and usefulness of your Medical/Field Medical – and put this on equal footing with internal activity metrics.

4 Broaden the "medically relevant HCP" universe

- Go beyond top KOLs and the formal MSL target list: include any HCP who has interacted with an MSL, contacted Medical Information, joined Medical Education – and those who mainly see competitor MSLs – to get a true market view.

5 Use a hierarchical sampling strategy for external feedback

- Start with top KOLs, then expand stepwise to MSL target HCPs, key accounts, wider hospital lists, MedEd participants, and "anyone who has seen an MSL" to balance feasibility with representativeness.

6 Accept small HCP samples as meaningful in Medical Affairs

- Especially in specialty / rare TAs, recognise that n=30 well-profiled HCPs can be highly informative; don't let perfectionism ("we need commercial-size samples") block you from collecting structured feedback at all.

7 Assess Medical's impact relative to other key contributors

- When claiming impact on beliefs or practice, explicitly consider and discuss the contribution of other drivers (sales reps, product profile, guidelines, local systems) so that Medical's incremental role is realistic and credible.

8 Design a clear metric hierarchy: diagnostic → value → objective-level

- Separate operational/diagnostic metrics (what we did), value metrics (quality and usefulness), and higher-level objective metrics (belief/practice/patient impact), and be transparent on which tier each KPI belongs to.

9 Apply rigorous "metric hygiene" to every KPI

- For each metric, define a single clear concept, formula, frequency, data source, and interpretation guide; avoid overlapping KPIs, mixed "Frankenstein" metrics, and unstructured subjectivity (while allowing structured scales for quality).

10 Treat culture and change management as core to measurement success

- Build an open, positive culture around metrics: simple framework, strong field involvement in design, clear message that data are for learning and growth (not punishment), and active work on alignment and buy-in across all Medical teams.

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