

Helios Hotspot

Evolving the Medical Affairs partnership at the start of a new era in medical communications

Our team of experts share their key takeaways from the recent **MAPS Americas 2026 Meeting**, which took place on 22–25 March 2026 in Denver, US. Reflecting on the event, we noted a strong focus on building communities, collaborating and moving with conviction.

A GENUINE INFLECTION POINT FOR MEDICAL AFFAIRS

The cumulative signal from the MAPS Americas 2026 Meeting is unmistakable. Medical Affairs is no longer a support function managing reactive enquiries and distributing approved content; it is the strategic engine connecting science to clinical practice, evidence to patient outcomes, and pharmaceutical innovation to the trust that makes adoption possible. Operating in a more complex, more digital, more AI-infused, and more scrutinised environment than ever before, Medical Affairs leaders are looking for partners who can keep up and lead the way.

For medical communications agencies, this is both a challenge and a mandate. The agencies that will matter most in this environment are not those that execute briefs the fastest or produce the highest volume of content at the lowest cost. They are the ones that help clients define what those briefs should be in the first place. They are the ones that bring strategic conviction, scientific depth, behavioural intelligence, and AI fluency together in service of outcomes that can be measured and demonstrated.





Which actions will define the next era of medical communications?

Engage communities early

One keynote speaker's challenge to the industry – to engage underrepresented and underserved communities from the beginning of clinical development, not at the point of needing their participation – has direct implications for how we approach health equity in our communications programmes. Diversity in evidence generation is a scientific imperative, and inclusive communication design ensures that evidence reaches the populations who need it most.

Lead with strategic intent before tactical execution

The most consistent finding was that Medical Affairs organisations jump to execution before establishing what behaviour change they are trying to drive. Medical communications agencies that initiate every engagement with the upstream question – What specific decision, belief or action are we trying to encourage or change in our audience, and how will we know if we succeeded? – will consistently outperform those that start with tactical deliverables.



Build evidence communication strategies for the full post-approval lifecycle





With single Phase 3 approval plus mandatory RWE collection becoming the standard regulatory direction, the evidence base for every product will continue to evolve after launch. Agencies must design communications plans that accommodate, communicate, and build trust throughout the lifecycle. This includes strategies for communicating findings that complicate or modify earlier claims, as well as findings that provide the basis for new claims.

Deploy behavioural science in HCP engagement design

Data alone do not drive clinical behaviour change. Agencies that integrate behavioural science principles – peer validation, adaptive messaging sequencing, loss aversion framing, uncertainty reduction through real-world evidence – into their scientific communications programmes will generate measurably better outcomes than those relying on evidence presentation alone.

Invest in measurement infrastructure as seriously as content production

The most expensive failure in Medical Affairs communications is not the wrong message; it is the absence of a measurement infrastructure needed to determine if the message is effective. Before any significant programme launch, define the behavioural outcome metrics, establish the data collection mechanism, and build the analytical capability to connect communications activity to clinical behaviour change. This is the foundation for demonstrating value that justifies investment and deepens partnerships.





Develop AI governance frameworks as a client-facing capability

The shadow AI risk is not hypothetical; it is already present in most Medical Affairs organisations. Agencies that can help clients design and implement governed AI workflows – defining use cases, oversight requirements, compliance documentation, and human-led review standards specific to each application – provide genuine risk management value, not just efficiency gains.



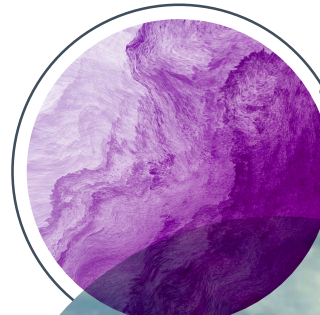
The calls to action at the MAPS Americas 2026 Meeting were loud and clear. The agencies and professionals who will shape this field over the next decade are those who have the courage to challenge convention, the ability to lead with strategic intent and proactivity, who engage early and frequently with medical communities, and who work with the industry to maintain transparency, behavioural rigour and measurable impact. The MAPS Americas 2026 Meeting set a new standard. The work starts now.



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