



# Medical Affairs AI TechKNOWlogy Dashboard

*Strategic Navigation for High-Impact Artificial Intelligence*

[Triple Helix Strategy](#) Newsletter 2026 | Issue 4 | Flight Date: April 13, 2026

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## The Flight Plan: Your Dashboard at a Glance

- **[The View from the Flight Deck:](#)** A quick executive briefing on the week's most important shift in AI and what it means for Medical Affairs.
- **[The Mach Meter:](#)** Move beyond simple chat prompts into deep practical integration of AI into real-world workflows within firewalled environments.
- **[The AI Flight Manual:](#)** Tactical, step-by-step procedures and SOPs for MSLs by MSLs in the field.
- **[Full Throttle:](#)** A quantifiable workflow of the week for common tasks with real ROI.
- **[The Captain's Perspective:](#)** Hard-hitting perspectives from dynamic leaders on the reality of AI implementation.
- **[The Checklist:](#)** Protocols for high impact AI deployment and operational excellence.
- **[The Mechanic's Tool Box:](#)** The "Low-Hanging Fruit" of AI capabilities that solve immediate issues.
- **[The Radar:](#)** A curated scan of groundbreaking regulatory and technical news that actually matter to BioPharma.

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## The View from the Flight Deck

### What Intelligence Orchestration means for Medical Affairs

In short, intelligence orchestration in medical affairs is the strategic integration of diverse AI models and data sources into a unified system that ensures digital tools collaborate and share context to drive field medical strategy and align with overarching organizational goals. To visualize what this means, consider the metaphor of a flight crew. A standard large language model (aka “AI”) functions like a highly capable first officer who follows specific, one-off commands to check a weather report or draft a flight plan. Agentic orchestration, however, is the equivalent of an automated flight management system that not only monitors the weather but independently communicates with air traffic control, adjusts the fuel mixture for efficiency, and reroutes the aircraft to ensure the safety of the flight. It is the transition from a reactive tool to an autonomous system that independently pursues a goal by executing the necessary sequence of actions without human intervention.

Wait! What? No human intervention? We can’t have that in Medical Affairs. Hold on, don’t jump out of a perfectly good airplane. The importance of intelligence orchestration lies in its ability to handle complexity without constant human oversight. In a traditional AI model, a human must act as the manual bridge between different software applications and data sets. We have all been doing this: download a spreadsheet from the CRM, upload it to your chatbot, take that output and use another AI to make a slide, then upload a document with the findings from a recent ad board and ask in another chat how it compares to yet another third output you created last week. Sound familiar? Agentic orchestration eliminates this constant handling of all tasks by allowing specialized AI agents to work in coordination, passing information back and forth to solve multi step problems. This creates a scalable operating model where the speed of execution is no longer limited by the number of manual clicks, document downloads only to be uploaded into AI, or prompt cycles a human can perform in a day. For any organization, this represents a fundamental leap in operational capacity and a significant reduction in the cost of high-level cognitive labor.

For Medical Affairs leadership, agentic orchestration is one of the keys to transforming the department from a reactive support function into a proactive driver of clinical value. In an orchestrated environment, a system does not just wait for a concern or question to arrive from humans. Instead, an agentic web continuously monitors global clinical trial registries, CRM insights, social sentiment among key opinion leaders, and emerging real world evidence. When it identifies a significant trend or a gap in scientific understanding, it automatically triggers a coordinated response: drafting a technical briefing for field teams, updating the medical information database, and flagging the insight for the executive strategy team. Humans still approve or delete, but the AI does the heavy lifting. This helps ensure that the scientific narrative remains continuous, compliant, and influential across omnichannel digital and human touchpoints.

While these systems manage the velocity and volume of data, the human remains the ultimate pilot in command. Agentic workflows provide the propulsion and the navigation, but the human expert provides

the intentionality and the ethical compass. In the high stakes environment of Medical Affairs, human oversight will always be necessary.

Want to measure the ROI of your AI in Medical Affairs? read [here](#).

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## The Mach Meter

Generic prompts are just a request for hallucinations. Precision in the medical cockpit requires a clearly defined mission, not a vague suggestion. Give your AI an identity, define it's mission, and force it through a structured loop before giving you anything.

### ***Cut and paste:***

<PERSONA>: You are a PhD level writer of [enter your disease state]

<MISSION>: You summarize new pivotal clinical trial research papers published in the last two months; you do not make recommendations.

<COGITATION>: What are the facts of your research, do these facts mean anything when taken together, based on your research, what is missing?

<VALIDATION>: Before delivering any output, are you sure of your findings? What would make your findings wrong or inaccurate? Is this complete and accurate?

**\*\*LIMITATIONS\*\***: You cannot analyze images. Complex compliance and legal concerns require additional review, flag these

### ***Using this prompt will have this impact on your search:***

1. Replaces generic summaries with a specific professional vocabulary.
  2. Define the task and its limitations minimizes hallucinations by preventing the system from venturing outside its designated knowledge base or role.
  3. Forces the system to engage in a step-by-step analysis before drafting.
  4. Built-in self-correction loops force the model to identify its own knowledge gaps.
  5. Ensures the agent considers the semantic relationships between data points rather than just reciting a list.
  6. Explicitly identifies the boundary where machine intelligence ends and human clinical expertise must take over.
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## The AI Flight Manual

Check out this [Science Data Specialist Tool](#). It is notably better than NotebookLM for Medical Affairs. It requires absolutely zero coding or prompting. All you do is upload an article, poster, or any document with scientific data. It provides an executive summary, which is AI 101 of course, but it also conducts an extensive background research to provide speaker-ready data points, objection-handler statements, and

targeted questions for KOL engagement. This is a great HCP pre-call or advisory board planning tool to help understand new data quickly and stay ahead of what questions and concerns may come up.

**Science Data Specialist:  
From Data to Strategy in One Click**

<b>UPLOAD &amp; SEND</b>  Just upload your document (poster, article, or data) with zero prompt input required.	<b>BACKGROUND RESEARCH, FOCUSED RESULTS</b>  The AI performs deep research while sticking strictly to the substance of your provided data.	<b>GET FIVE STRATEGIC OUTPUTS</b>  Receive an executive summary, data highlights, KOL questions, speaker points, and objection handlers.	<b>ACCELERATE PRE-CALL PLANNING</b>  Use it as a training tool to master new data quickly before high-stakes interactions.
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Are you an MSL using AI in the field and want to share your best practice? Both you and your idea (removed of any corporate specifics) will be highlighted. [Send me your idea to be featured in an upcoming issue.](#)

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## Full Throttle

### Speaking of NotebookLM: Here is a way to create training documents with lightning speed

NotebookLM received a ton of updates recently. It is a fantastic tool for creating training resources and summary documents. Here are a few prompt templates for using some of the new tools.

One quick tip, when using NotebookLM, you want to write a three to four sentence single paragraph prompt that does these things:

1. The goal of this notebook is: [INSERT GOAL]
2. Sets a relevant expert role (see The Mach Meter above)
3. Defines what to prioritize when analyzing sources (primary literature, clinicaltrials.gov, FDA, social media, etc)
4. Will explain how to frame every response

**New Reports Tool:** In the create a custom report section called "Describe the report you want to create" input this:

PURPOSE: [What should this report do?]

AUDIENCE: [Who is this report for?]

**Slide Deck Tool:** In the customized slide deck “Describe the slide deck you want to create” field:

Create a deck for [purpose].

Use clear, action-oriented headlines on each slide that state the key takeaway, not generic topic labels.

Limit each slide to 3 talking points maximum.

Use a [Choose a theme: "minimalist corporate," "bold and modern," "dark mode with accent colors." or any other theme you like] visual style with a clean, professional layout.

**Bottom line:** in NotebookLM, the global prompt should set the persona, while the tool specific fields are where the immediate specific tasks belong.

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## Strategic AI Navigation with Triple Helix Strategy



Is your AI implementation hovering in a holding pattern due to compliance concerns or a lack of clear ROI? Triple Helix Strategy provides expert consulting services designed to modernize Medical Affairs departments through intentional integration of Artificial Intelligence. Move beyond using AI for generic simple queries. Instead, focus on using AI for strategic impact, resource context, and specialized automatic agentic workflows that deliver measurable returns on investment while maintaining scientific integrity, data safety, and compliance.

## AI Built for the “Medical” in Medical Affairs

Triple Helix: Empowering Medical Affairs Through Strategic AI

**Stop running your 2026 Medical Affairs team on 2019 habits—move beyond generic “AI experts” to a partner that understands scientific integrity.**



### Deep Medical Domain Context

We prioritize the nuances of MSL workflows and scientific exchange over generic “black box” solutions.



### Turn Hours of Preparation into Seconds

Automate high-impact tasks like literature monitoring and MSL pre-visit planning to achieve measurable ROI.



### Clinical Validity & Data Security

Our “Human-in-the-loop” methodology eliminates hallucinations and ensures proprietary data remains secure and segregated.



### Move From Pilot to Impact

Scale your digital maturity and future-proof your organization with a roadmap for operational excellence.

[Schedule your strategic briefing](#) and clear your organization for a high-speed takeoff in the 2026 landscape.

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## The Captain's Perspective

**Call for Flight Leads: Are you a medical affairs leader navigating the AI storm? Please share your thoughts!**

[Contact me with how you are using AI to lead.](#)

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## The Checklist

### Creating ROI Protocols

Measuring the return on investment for artificial intelligence requires a shift from tracking simple usage to documenting impact on the medical mission. Leadership must verify that digital deployments are not just saving time but are actively moving the needle on scientific adoption, clinical outcomes, and organizational goals. Use this checklist to find ROI in your organization's use of AI and ensure every AI initiative contributes to a measurable result.

1. **Goal Alignment Audit:** Verify that the AI initiative maps directly to a high priority medical strategy pillar, such as accelerating a specific launch or closing a documented care gap. If the tool does not have a clear line of sight to a strategic goal, it will be nearly impossible to provide ROI.
2. **Speed of Insights:** Measure how quickly your system identifies a shift in HCP clinical sentiment. Success is a real-time tactical pivot rather than waiting for next month's dashboard report.
3. **Outcome Based Verification:** Link AI driven activities to measurable changes in clinical HCP behavior, such as improved adherence to treatment guidelines or increased diagnosis rates in underserved areas. This is the ultimate evidence of Medical Affairs impact on the business.
4. **Labor Hours Saved:** Calculate the manual time previously spent on repetitive tasks like congress summaries or insight auditing.
5. **Speed to Market:** Track the time between identifying a scientific data gap and deploying a medical brief. It might be the difference between a competitor defining the narrative and your team owning the scientific conversation.
6. **Risk Reduction:** Track the decrease in data errors or compliance rework when using automated systems with built in guardrails compared to manual processes.

Getting real ROI from AI is the difference between a tool that creates more work and a system that manufactures time. Make sure your AI is more than a high priced digital paperweight.

[Here is a generic guide for evaluating AI ROI](#)

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## The Mechanic's Tool Box

Want to build your first Agentic AI? Create a personal daily briefing on any topic. Try this with any AI:

You are my personal daily briefing assistant. Everyday at 8am, send me:

<Task>: A prioritized very brief executive bullet summary of the latest news, trends, and data releases on [Topic of Interest] in biotech and the pharma industry. Focus specifically on [therapeutic area] and clinical applications. Provide links so I can read further.

**\*\*Use reputable news sites, industry blogs, company press releases, LinkedIn posts, and social media\*\***

To keep what you provide to me relevant, once a week ask me to provide you with feedback, suggested edits, or request changes to the search parameters.

**Note: For this to truly be 'automatic' at 8am, you should run this prompt within an AI agent framework or a scheduled automation tool such as Zapier Central, Make, or Microsoft's Power Automate. Need help? [Contact Triple Helix Strategy](#)**

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## The Radar

### Small Language Models (SLMs) for Medical Affairs

While Large Language Models are impressive for creative tasks, they are increasingly seen as a liability in the high stakes environment of Medical Affairs due to unpredictable hallucination rates and data privacy risks. Medical Affairs should consider shifting toward domain specific SLMs. These SLMs are compact and highly specialized systems trained exclusively on curated scientific datasets, clinical trial reports, and regulatory documentation. Unlike general models that prioritize broad conversation, these specialized systems are engineered for deep clinical accuracy by narrowing training data to peer reviewed literature and internal proprietary evidence. This approach allows them to achieve higher benchmarks in medical reasoning while requiring significantly less computational power.

Because these models can be deployed entirely within a corporate firewall, they solve the primary executive roadblock to adoption by eliminating the risk of proprietary scientific data leaking into the public. For legal and compliance concerns, this means agentic workflows can process unpublished clinical data and pre-launch strategy documents with absolute security. These smaller models are also faster and cheaper to run, serving as the engine for agentic orchestration by allowing hundreds of specialized agents to coordinate complex tasks without the massive costs and latency of a general model. By removing the noise of the broader internet, these systems are designed to prioritize a grounded truth. Meaning they are designed to admit when information is missing rather than fabricating a clinical inaccuracy.

A general LLM knows about everything from sourdough recipes to quantum physics; an SLM just knows your Phase 3 data and the ICH-GCP guidelines. In Medical Affairs, you want the specialist over the trivia champion every time.

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## The Logbook

**Got ideas for an upcoming issue?** Send me your comments: [pminne@TripleHelixStrategy.com](mailto:pminne@TripleHelixStrategy.com)



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# TRIPLE HELIX

## STRATEGY

