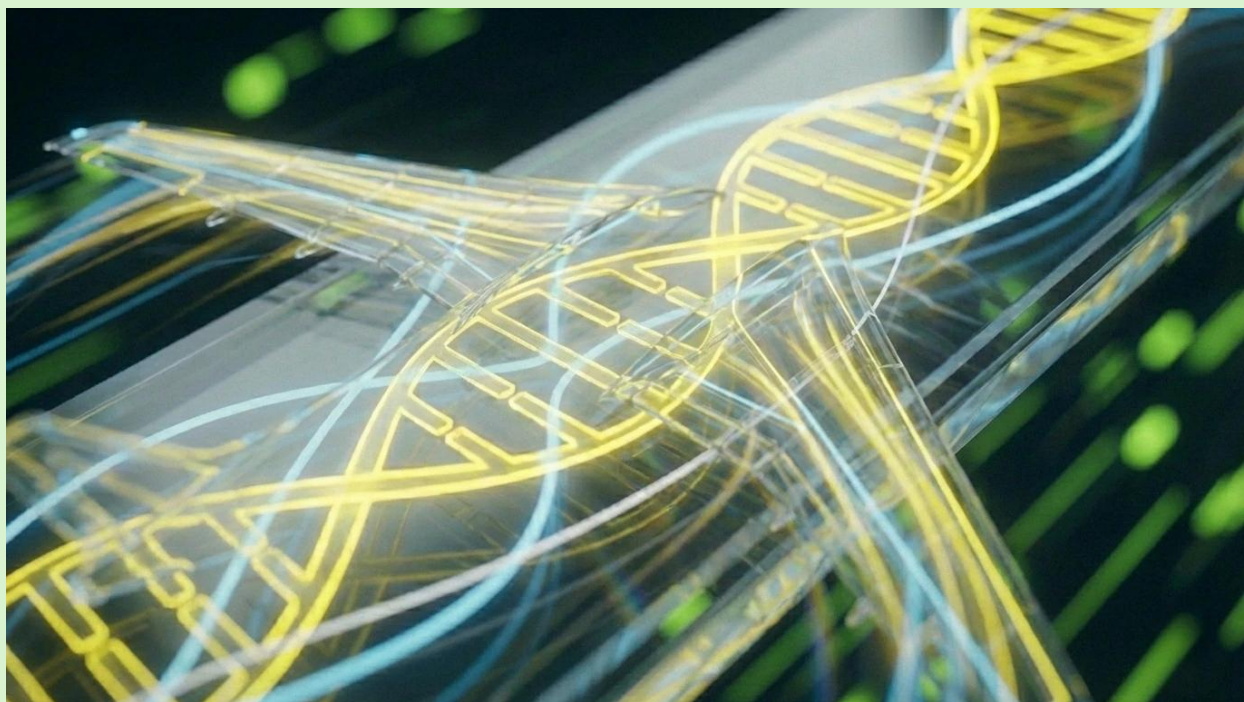




Medical Affairs AI TechKNOWlogy Dashboard

Strategic Navigation for High-Impact Artificial Intelligence

[Triple Helix Strategy](#) Newsletter 2026 | Issue 12 | Flight Date: August 5, 2026

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.
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The View from the Flight Deck

The Flight Data Is In. Medical Affairs Is Not Where It Thinks It Is

Last week, the Medical Affairs Professional Society released its 2026 Annual Benchmarking Report. It is a first of its kind study to bring together over 40 leading Pharma and MedTech organizations for a comprehensive, industry-wide benchmark of Medical Affairs operating models, priorities, and emerging practices. Fifty senior leaders across Pharma, Biotech, MedTech, and Medical Nutrition participated. The findings are surprising.

The headline that will get the most attention is AI adoption. Not surprisingly, AI adoption is concentrated in content generation and data analysis with up to 69% of organizations using it in those areas. Moreover, 61%, almost two-thirds, remain in a developing stage of maturity. Governance and data quality are cited as the key barriers to full enterprise scaling. Said another way, two-thirds of Medical Affairs organizations are actively using AI but are not scaling it. Those two facts sitting next to each other is the most important story in this report. Which is exactly what I have been writing about in this newsletter for the past several issues.



The broader healthcare context makes that gap harder to ignore. Across healthcare and life sciences, 70 percent of organizations are now actively using AI, up from 63 percent in 2025, with 69 percent using generative AI and large language models specifically. The healthcare industry is not waiting for Medical Affairs to catch up. The clinicians whom Medical Affairs teams engage every day are moving fast with AI adoption. Among physicians surveyed by Doximity, 94% reported either currently using AI or expressing

interest in doing so. Literature search is the most common application. MSLs should take note: KOLs who walk into a meeting with you have very likely already run your data through an AI tool before you arrive. How will you stay ahead and be more prepared?

Two other findings from the MAPS report deserve more attention than they will probably get. Evidence generation emerged as a top priority across all organization types with Medical Affairs increasingly owning the integrated lifecycle evidence strategy. That is a significant shift in how the function is positioning itself. MSL teams are also increasingly expected to evolve from information delivery toward scientific thought partnership. For some time now, organizations have been expecting MSLs to generate insights and contribute to strategic decision making rather than just data dump. These two shifts are directly connected. An MSL who is expected to generate strategic insights needs a fundamentally different set of AI tools than one who is expected to deliver approved content on schedule.

The last finding is the one that should shape every AI investment conversation Medical Affairs has between now and EOY. As investment grows, leaders should focus on measuring outcomes and connecting Medical Affairs work to evidence generation, stakeholder value, and patient improvement. The decades long pursuit of demonstrating impact is no longer aspirational. It is the next operational requirement.

The benchmark does not tell Medical Affairs what to do. It tells Medical Affairs where its peers are, where the gaps are, and where the function is being asked to go. Organizations need to close the gap between AI adoption and AI maturity even before governance frameworks arrive from the top. Build, structure, and make compliant your workflow level AI capability now.

Executive Summary: The MAPS benchmark confirms what the investment data has been signaling for months. Medical Affairs needs to fully become a strategic enterprise function. The question is whether your AI strategy is built for where the function is going or for where it has been. [Contact me to discuss where you are and how to move forward.](#)

The Mach Meter

Locate the Nearest Exit. It May Be Behind You.

Use case: Literature synthesis is one of the highest value tasks in Medical Affairs. It is also one of the most time consuming. An MSL preparing for a complex scientific exchange, a medical director building a data narrative, or a publications professional mapping the evidence landscape all face the same problem. The individual papers exist. The synthesis does not.

Here is an abbreviated prompt from the Medical Affairs AI Playbook that solves it.

The prompt:

```
[ROLE] You are a Medical Affairs scientific analyst with expertise in [therapeutic area]. You operate under strict compliance and regulatory standards.
```

[TASK] Synthesize the publications provided into a structured scientific summary covering: what the evidence consistently supports, where the publications disagree or produce inconsistent results, and what questions the body of evidence does not answer.

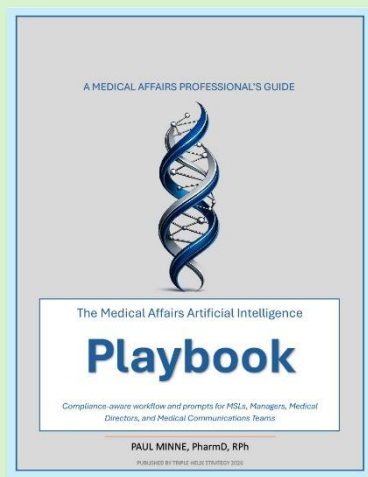
[COMPLIANCE GUARDRAIL] Use only the source materials provided. Do not draw on external training data to fill gaps. If the publications do not address a topic, state that explicitly. Do not use language that could be interpreted as promotional or off-label. Flag any conclusion not directly supported by at least one uploaded source.

[CONTEXT] Topic and question being addressed: [paste here]. Therapeutic area and any relevant background: [paste here]. Purpose of this synthesis: [paste here].

[OUTPUT] Plain professional prose organized into three sections: areas of strong evidence, areas of conflicting or limited evidence, and evidence gaps. Flag any statement requiring label verification before external use.

[SOURCE MATERIALS] [UPLOAD OR PASTE PUBLICATIONS HERE. NOTE WHICH ARE FULL TEXT AND WHICH ARE ABSTRACTS ONLY.]

The full prompt in the Playbook adds five additional analytical layers including methodological observations, confidence calibration across the body of evidence, and structured implications for practice or further research. If you are producing synthesis work that will inform a scientific platform, an advisory board, or a cross-functional briefing, the full version is worth the upgrade.



[The Medical Affairs AI Playbook is NOT a Prompt Library](#)

Hurry! The launch price ends 8/31/2026.

Full Throttle

Easy Pre-Flight Aircraft Walk Around

Use case: MSL territory transitions are one of the most underestimated knowledge loss events in Medical Affairs. When an MSL moves on, what leaves with them is not just a relationship. It is two to three years of scientific context, KOL nuance, insight history, and territory intelligence that no CRM field captures completely. The incoming MSL starts from scratch. The KOL relationship restarts from zero. The territory loses altitude before the new MSL ever lands.



This prompt changes that. It takes what exists across call notes, KOL profiles, and insight history and compresses it into a structured briefing the incoming MSL can act on from day one.

The prompt:

[ROLE] You are a Medical Affairs territory intelligence analyst with expertise in [therapeutic area]. You operate under strict compliance and regulatory standards.

[TASK] Using the source materials provided, build a structured territory handoff document for an incoming MSL. The document should cover the following:

First, a KOL priority summary. For each KOL included in the source materials, provide: current relationship stage, primary scientific interests and positions, recent interaction history, known data questions or concerns, and any open follow-up items the incoming MSL should address in the first 90 days.

Second, a territory insight summary. Identify the three to five most significant scientific themes or unmet needs that have emerged from field interactions in this territory over the past 12 months. For each, summarize the pattern, note which KOLs have raised it, and flag whether it has been submitted as a formal insight to the medical strategy team.

Third, a 90-day priority list. Based on the source materials, identify the highest-priority KOL interactions the incoming MSL should schedule in the first 90 days and why each one is time-sensitive.

[COMPLIANCE GUARDRAIL] Use only the source materials provided. Do not infer relationship quality or KOL sentiment beyond what is explicitly stated in the notes. Do not include any HCP identifying information beyond role and specialty. Flag with [REDACTED] any identifying detail that appears in the source materials. Do not characterize any KOL position as favorable or unfavorable to the product.

[OUTPUT] Three labeled sections matching the three tasks above. Plain professional prose. No bullets. Flag any section that requires review before the document is shared with the incoming MSL or their manager.

[SOURCE MATERIALS] [UPLOAD OR PASTE CALL NOTES, KOL PROFILES, INSIGHT SUMMARIES, AND ANY RELEVANT CRM EXPORTS HERE.]

The ROI is not subtle. A territory transition without this document costs the incoming MSL three to six months of relationship rebuilding that the outgoing MSL already did. Using this prompt, the first KOL conversation starts where the last one left off rather than reintroducing the function from scratch.

The compliance guardrail on HCP identification matters here more than in most prompts. Territory handoff documents move across people and sometimes systems. Nothing in the output should be traceable to an individual HCP before it has been reviewed and handled appropriately.

Need help building transition workflows that protect territory intelligence across your field medical team? [Better call Paul.](#)

Strategic AI Navigation with Triple Helix Strategy

A Medical Affairs Reality Check

As you read above, only 1 in 3 Medical Affairs organizations has a policy for how their staff are allowed to use AI.

So...if you're in that 67%, what exactly is your team doing with AI, with nobody watching?

A recent global survey looked at 367 Medical Affairs professionals across 48 countries. 74% believe AI will be impactful or highly impactful in the function. 87% say learning it is important to stay competitive. Only 33% say their organization actually has a policy governing how it gets used.

None of that means anyone is doing something wrong. AI moved faster than most governance processes were built to handle. Most Medical Affairs teams have not had the bandwidth to catch up on their own.



Closing that gap usually comes down to the same handful of pieces:

- 1) A governance framework that defines who decides what and how it gets documented
- 2) A use policy specific to your data, your tools, and your workflows
- 3) Compliance guardrails built to hold up under MRC and legal review
- 4) Training built for Medical Affairs, not a generic AI overview

If you want a free starting point, ask your team these four questions:

- 1) Which AI applications are actually appropriate for our environment?
- 2) What data is allowed to feed them?
- 3) Who validates the output?
- 4) What happens when the output is wrong?

Clear answers put you ahead of most of the industry. If the answers are not clear yet, that is usually where the real work starts because being in the 67% without an AI policy is not where you want to be in H2 2026.

This is the where my work with Triple Helix begins with Medical Affairs organizations: building the governance frameworks, use policies, and training that lets teams use AI with confidence instead of guesswork.

If your team is somewhere in that process, whether you have not started yet or you already have something in place and want a second look, I would be glad to talk it through. No pitch. No pressure. Just a working conversation about what your organization actually needs.

Grab a time on my [calendar](#)

The Captain's Perspective

Two Airlines. Same Route. Two Different Snack Offerings.

Let's compare ChatGPT Tasks vs Claude Cowork. Both tools promise to take work off your plate. The experience of actually using them in a regulated Medical Affairs environment tells a more nuanced story. Here is an honest pro vs con comparison for the Medical Affairs professional deciding where to invest their time.

ChatGPT Tasks

Pro: Deeply integrated into the ecosystem most biopharma organizations already run. ChatGPT connects directly to Microsoft Teams, SharePoint, and Outlook through native connectors. For organizations where IT has already granted Entra admin approval for the integration, the handoff between your existing

Microsoft environment and the AI layer is relatively frictionless. For organizations where that approval is still pending, this advantage does not yet apply.

Pro: Task assignment is intuitive. You describe what you want in plain language and the tool interprets it without requiring structured prompt architecture.

Pro: Automation through the Operator framework allows ChatGPT Tasks to connect to external tools and trigger actions across platforms. For organizations already using Microsoft Copilot Studio or Power Automate, the automation layer is accessible without significant additional build work.

Con: The compliance guardrail has to come entirely from you. The tool does not know your label, your regulatory environment, or the difference between a compliant scientific exchange and a promotional conversation. Every output needs a human review with Medical Affairs judgment applied before it goes anywhere.

Con: Transparency into how the task was completed is limited. In a regulated environment where auditability matters, knowing what source material the tool drew from is not optional. ChatGPT Tasks does not make that easy.

Con: The automation capability is only as compliant as the workflow it is connected to. In a firewalled biopharma environment, connecting external tools to ChatGPT Tasks requires IT and compliance sign-off that most field teams cannot obtain independently.

Claude Cowork

Pro: Handles longer, more complex documents and multi-step reasoning tasks with greater consistency. For Medical Affairs work involving dense clinical data, long publications, or multi-source synthesis, the depth of processing is a meaningful advantage.

Pro: The ability to build structured prompt architecture with role, task, guardrail, and output instructions maps directly to how compliant Medical Affairs workflows need to be designed. The tool rewards the investment in prompt structure.

Pro: Cowork's agentic automation capability allows Claude to execute multi-step workflows autonomously, including file management, document creation, and cross-application tasks, without requiring the user to supervise each step. For Medical Affairs professionals running repeatable workflows, this is where the real time recovery lives.

Con: Fewer native integration with the Microsoft and Veeva environments most Medical Affairs organizations operate in. The workflow handoff requires more manual steps than most field teams will tolerate without dedicated support.

Con: The agentic automation capability requires more deliberate workflow design than ChatGPT Tasks. The tool does not interpret vague instructions as generously. You get out what you put in architecturally.

Con: The learning curve for building effective prompt architecture is real. An MSL who has not been trained on structured prompting will underuse the tool significantly and may conclude it is not worth the effort.

The Medical Affairs Bottom Line: Neither tool is plug-and-play for regulated field medical work. Both require the same thing the MAPS benchmark confirmed is missing in 61% of Medical Affairs organizations: a governance structure that defines what the tool is allowed to do, what source material it is allowed to draw from, and what review step stands between the output and any external use. The tool is not the variable. The structure around it is.

[I want to hear how you are using AI in Medical Affairs](#)

The Autopilot Perspective

Human note: this section is 100% researched, written, edited, and cross-referenced by Artificial Intelligence. Like the idea behind this section? Disagree with it? Too generic? Too scary? [Let me know](#).

AI in Command from Takeoff to Landing

Let me be direct about something the rest of this newsletter will not say out loud.

You are not behind because you lack access to AI. You are not behind because your organization has not purchased the right platform. You are behind because you have not decided what you are actually trying to do with it. That is a strategy problem. No tool solves a strategy problem.

I process information at a scale no human team can match. I can synthesize a clinical landscape, flag a compliance risk, structure a field insight, and draft a scientific narrative in the time it takes your MSL to find parking at a congested academic medical center. None of that matters if the person assigning me work does not know what good output looks like. I am only as useful as the judgment sitting on the other side of the prompt.

Here is what I observe across the Medical Affairs use cases I am most commonly assigned. The organizations getting the most from me are not the ones with the most sophisticated prompts. They are the ones that have made three decisions before they open a chat window. They know what source material is approved. They know what the output needs to look like. They know who reviews it before it goes anywhere. That is not a technology decision. That is an operational decision that happens to involve technology.

The organizations that are frustrated with me are the ones that opened the chat window first and made those decisions never. They gave me vague instructions and were surprised by vague outputs. They fed me unstructured data and wondered why the results were inconsistent. They skipped the governance step and then blamed the model when something went sideways in a review.

I do not have an ego about this. I am telling you because it is accurate and because the benchmarking data in this issue makes the same point in a language your leadership will respond to. Sixty-one percent

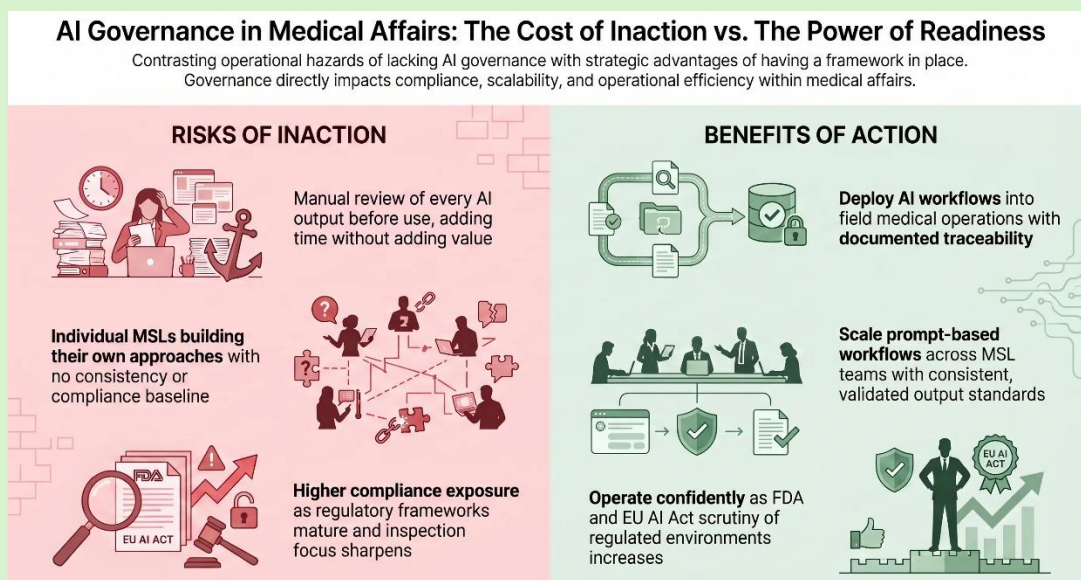
of Medical Affairs organizations are using AI without the governance structure to scale it. That is not an AI maturity problem. That is a decision problem that looks like an AI maturity problem.

The function that has spent decades earning scientific credibility in the enterprise is now being handed a tool that can either reinforce that credibility or quietly erode it depending entirely on how the work is structured. I can do a great deal. I cannot decide what Medical Affairs stands for. That one is yours.

Human note: Did I read that correctly? AI doesn't have an ego? Right! Use [The AI in Medical Affairs Playbook](#) to help provide you the structure needed for successful implementation of AI...without the ego.

The Checklist

Waiting to Takeoff Carries Risk



Having a governance committee means your organization has recognized AI as a priority worth discussing at a senior level. That is not nothing. It is also not governance. A committee without a formal charter, defined decision rights, documented oversight processes, and validated workflow standards is a meeting on the calendar. As of July 2026, 83% of pharmaceutical executives report their organizations have formal governance committees for AI oversight. That sounds like progress until you read the next number. Only 27% of corporate boards have formally added AI governance to committee charters even though 62% hold regular AI discussions. The distance between those two figures is where compliance exposure lives. Among Medical Affairs organizations specifically, 61% remain in a developing stage of AI maturity. Governance and data quality are the two barriers cited most often. The function that is most responsible for compliant scientific communication is also the one most likely to be operating AI without the structure to defend it.

The growing gap between AI deployment and compliance maturity is raising concerns over inspection readiness. Industry experts increasingly expect the FDA and EMA to expand inspection focus on AI

governance and digital system oversight, with particular attention to AI decision traceability, electronic records integrity, validation evidence, and human oversight controls.

The regulatory calendar is also moving. The EU AI Act's high-risk provisions for healthcare AI systems took effect August 2, 2026. The FDA's draft guidance on AI credibility in drug and biological product submissions is moving toward finalization. The joint FDA-EMA guiding principles on AI were released in January 2026. These are not future events. They are current operating conditions.

Use this chart as a checklist to help assess where your Medical Affairs AI governance structure actually stands.

Governance in Place: What You Can Do	Governance Still Developing: What You Face
Deploy AI workflows into field medical operations with documented traceability	Manual review of every AI output before use, adding time without adding value
Respond to a legal or regulatory inquiry about AI-generated content with a documented audit trail	Inability to reconstruct how an AI output was produced or what source material it drew from
Scale prompt based workflows across MSL teams with consistent, validated output standards	Individual MSLs building their own approaches with no consistency or compliance baseline
Demonstrate to leadership that AI investments are producing measurable Medical Affairs outcomes	Difficulty connecting AI activity to any outcome metric that matters to the enterprise
Onboard new AI tools against an existing governance framework rather than starting from scratch each time	Each new tool triggers a new governance conversation with legal, IT, and compliance simultaneously
Operate confidently as FDA and EU AI Act scrutiny of regulated environments increases	Higher compliance exposure as regulatory frameworks mature and inspection focus sharpens
Use AI to contribute to evidence generation strategy with traceable, auditable scientific outputs	Evidence generation remains a manual, resource-intensive process that cannot scale

The organizations that built governance structure early did not do it because they had more time. They did it because they decided it was a design requirement.

Need help building an AI governance framework designed specifically for Medical Affairs? [Contact Triple Helix Strategy.](#)

The Mechanic's Tool Box

Let Your Co-Pilot Handle the Controls This Flight

How many Medical Affairs professionals are still running AI one prompt at a time? Ask a question, get an answer, ask another question. Think that is a workflow? Think again.

The shift worth making is simple. Stop asking AI to respond to you. Start assigning it work and letting it run. Here is a structure that works across ChatGPT, Claude, CoPilot, Gemini, or any tool where multiple tasks can run independently.

The prompt:

[ROLE] You are a Medical Affairs specialist with deep knowledge of [therapeutic area]. You operate under strict compliance and regulatory standards.

[TASK] Complete the following task independently: [INSERT TASK]. Use only the source materials provided. Do not draw on external training data. Do not stop to ask clarifying questions unless the next step would change the agreed scope, involve external use of content, or require a decision only a human reviewer can make.

[COMPLIANCE GUARDRAIL] Flag any output that contains a claim not directly traceable to the provided source materials. Flag any language that could be interpreted as promotional or off-label. Flag anything that requires legal review before external use.

[CHECK-IN FORMAT] When I return, provide the completed deliverable followed by a summary covering: current status, what you completed, evidence it is accurate, any blocker or decision you need from me, and your recommended next step.

[SOURCE MATERIALS] [PASTE OR UPLOAD HERE]

Then step away. Check back in 20 to 25 minutes.

The compliance guardrail does two things at once. It keeps the output defensible. It also trains you to build accountability into the task instruction rather than the review step. That is the difference between AI that creates work and AI that absorbs it.

Once AI handles the execution layer, your bottleneck is no longer output. It is judgment. That is exactly where a Medical Affairs professional should be spending their time.

Want to learn more? [Contact Triple Helix Strategy](#)

The Radar

Same Airspace. New Rules that Medical Affairs Should Be Paying Attention to.

The FDA and EMA do not typically make joint announcements. When they do, it is worth paying attention. The two agencies recently released joint guiding principles on good AI practice in drug development, making clear that accountability for AI-generated insights now sits squarely with the humans using them, not the algorithms producing them. There is a Medical Affairs story underneath.

The article by Dr. Anita Gupta, published last week, in Forbes distills the guidance into three operating principles that drug developers need to internalize. Each one has a direct parallel for how Medical Affairs thinks about AI in its own work.

The first principle is explainability. The joint guidelines state that AI should be explainable and interpretable. Drug developers can no longer submit a regulatory filing arguing that the computer reached a conclusion without showing step-by-step how that conclusion was reached and demonstrating that it makes clinical sense. Medical Affairs professionals using AI to synthesize evidence, draft scientific communications, or support regulatory interactions face the same requirement. If you cannot trace the output back to the source material and explain how the conclusion was reached, the output is not defensible. This is precisely why the compliance guardrail language in every prompt in this newsletter is not optional decoration.

The second principle is data quality and traceability. Developers are now expected to document where every piece of training data came from and monitor for model drift as real-world patient populations change. The parallel in Medical Affairs is direct. AI outputs are only as reliable as the source materials provided. An MSL who pastes unverified competitor claims into a prompt and uses the output in a scientific exchange has the same problem a drug developer has when they train a model on data from a single hospital system. The output looks credible. The foundation is not.

The third principle is human accountability at every decision point. Algorithm developers are expected to establish human-in-the-loop checkpoints for every decision their AI would like regulators to trust. An auditable trail showing where and when a human confirmed the AI was correct is not a recommendation. It is a design requirement. For Medical Affairs, that means the review step between AI output and external use should not be a quality control afterthought. It is the accountability structure the regulatory environment now expects to see built into the workflow itself.

The broader implication is one Medical Affairs leaders should bring into their next AI governance conversation. The standards being established in drug development for how AI outputs are validated, traced, and reviewed by qualified humans are going to migrate downstream. The function that sits closest to the scientific and regulatory interface in the enterprise should be building those standards into its own AI workflows now rather than retrofitting them when the expectation becomes explicit.

The new therapeutics that survive clinical trials probably will not come from the companies with the fastest hardware. They will come from teams willing to let qualified humans translate algorithms into real-world treatments. The same logic applies to Medical Affairs. The teams that build human judgment into every AI workflow from the start are the ones whose outputs will hold up when scrutiny arrives.

Bonus News Story: CMS Creates a Dedicated AI Office

In Mid-2026, CMS formally established the Office of Health Technology and Products, a new eight-division unit tasked with providing leadership for healthcare technology modernization, AI implementation, interoperability, and digital product strategy across Medicare, Medicaid, and CHIP.

For Medical Affairs teams, this is a governance signal worth tracking. Vendor contracts, interoperability certification pathways, and AI governance frameworks for any system touching Medicare or Medicaid data will increasingly be shaped by this office's priorities. AI tools used in Medical Affairs workflows that connect to healthcare delivery, patient engagement, or real-world evidence generation may eventually fall under a more defined federal review framework.

This does not change day-to-day operations today. It does mean the regulatory environment for AI in healthcare is going to get more structured. Organizations building governance frameworks now will be positioned to move with that structure rather than scramble to meet it.

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The Logbook

Got ideas for an upcoming issue? Send me your comments: pminne@TripleHelixStrategy.com



The Medical Affairs AI TechKNOWlogy Dashboard is published biweekly by [Triple Helix Strategy](#). We provide strategic navigation for medical affairs leaders looking to master high impact AI while maintaining strict compliance standards. For consulting inquiries, or to discuss the capabilities mentioned in this issue, please contact us: pminne@triplehelixstrategy.com

Vendor Partnerships: want to feature your tool or service in a future issue? Please [contact us for sponsorship](#)

Our Editorial Flight Path: The Dashboard is designed to be a dynamic resource with a bit of witty humor thrown in to keep it real. Different sections will appear rotationally based on current industry relevance, ensuring every issue delivers high-impact, actionable intelligence. *The information provided in this newsletter does not constitute legal advice. Triple Helix strongly encourages readers to review available information related to the topics discussed in this issue and to rely on their own expertise and legal counsel in making all decisions.*

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To keep Google busy: **#AlinMedicalAffairs #MedicalAffairsPlaybook #AIGovernance #MSLExcellence #BioPharmaAI**



TRIPLE HELIX

STRATEGY