

MSL Outlook:

What is the Future of Field Medical Affairs?



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Introduction

By 2025, 75% of the global workforce will be comprised of millennials—and in life sciences, the tipping point has already passed.¹ More than half of physicians today are “digital natives.”² These healthcare providers (HCPs) have a new outlook and worldview when it comes to treating patients: increasingly, they get their information in new ways, and only a third of HCPs consider pharmaceutical companies to be a trusted source of information.³ The great exception to this is medical affairs, the bridge between the pharmaceutical industry and healthcare.

As medicine grows more complex and molecular, especially in specialty areas like oncology, HCPs are more and more reliant on medical affairs as a source of expertise and information. Medical science liaisons (MSLs) are a trusted source of information on complex drugs, and in many cases can serve as an integral part of delivering improved patient outcomes. And in rare diseases, where only a few HCPs may be specialized, MSLs are often a physician’s top resource with a depth of knowledge on game-changing interventions.

But, with increased prominence come greater demands, and so the MSL function must continue to evolve in order to best support new generation of HCPs with changing communication preferences, and a need for a deeper level of scientific exchange that incorporates trial data, outcomes information, and more. The **Veeva 2017 MSL Report**, aggregating perspectives from leading companies collectively comprising more than 4000 MSLs worldwide, outlines the strategic outlook of the function and how it is set to change, including both in terms of the MSL role and the organizational structures that underpin it. Medical affairs organizations will have a blueprint for developing a successful MSL of the future.

MSL Forum Participants

Sanofi
AstraZeneca
Astellas
Alkermes
Ipsen
Lundbeck
La Jolla Pharmaceuticals
Amicus
...and more

Evolution of the MSL: New Skillsets and Training

The number of MSLs was projected to grow by 20% in 2017,⁴ and their role has also expanded. Medical teams of all sizes report that life sciences leadership is more interested in their work, and how it can be quantified and expanded to become a more strategic component to organizational objectives.

With the spotlight on medical affairs, it is an opportune time for redefining procedures and best practices that further medical’s focus on scientific communication and patient outcomes. While MSLs are seen as the scientific face of an organization, they may need additional training to ensure they are up-to-date on the latest developments in their field, and able to confidently engage in scientific discussions. MSL leaders are increasingly focused on hiring professionals with strong interpersonal engagement skills complemented with academic expertise.

¹ Donston-Miller, Debra. “Workforce 2020: What You Need to Know,” Forbes, 2016.

² “Digitally native HCPs,” PMLive, 2014.

³ Lau, Virginia. “Study: One third of docs trust pharma content on HCP sites,” Medical Marketing & Media, 2017.

⁴ “8 Reasons MSL Opportunities Will Grow by 20% in 2017,” Smith Hanley Associates LLC, 2016.

The increasing specialization of pipelines is also changing the remit of the MSL, opening new paths for the role. As customer engagement, experience, and framing scientific messages grow more complex, MSL managers are looking for a new profile. This may include professionals with a level of commercial skills as well as expertise in communicating with multidisciplinary stakeholders. Driving outcomes means that direct patient experience can be an asset, especially in cases where an intervention may call for a specific profile of MSL. Considering interventions aligned to critical care or post-operative pain management, MSLs with a medical background in nursing may have direct experience in providing care, adding to their credibility.

Emerging as a best practice related to the MSL, internal certifications are being used to ensure that MSLs are field-ready. The advent of scientific advancements in precision medicine, along with the pace of new research and data, mean that MSLs must be prepared to deliver scientific information in great detail, including current research, study results, and in some cases, economic data. The success of an engagement can hinge on an MSL demonstrating familiarity with an HCP's latest research, or the ability to align study opportunities to clinical interests. In a complex, competitive landscape, ensuring MSLs are certified helps prepare them to have the rich, peer-to-peer scientific exchange HCPs need to improve outcomes. Further, creating the internal certification process helps MSLs gain more credibility with commercial colleagues, and enable a better organizational understanding of medical's core responsibilities.

This move toward organizational credentialing mirrors the growing prevalence of external credentialing associations to qualify life sciences professionals. Although medical affairs enjoys greater access to HCPs than other branches of life sciences, increasingly, numerous accreditation services are emerging. None of these services are currently affiliated with the FDA, but MSLs are encountering the need for credentials at high-volume practices or top-ranking academic institutions. Because these programs often require a terminal degree, however, the movement toward industry credentialing may impact hiring in the future.

The MSL must evolve with the needs of healthcare stakeholders.

CHANGING ROLE OF THE MSL

COMPANY		
Past	Present	Future
<ul style="list-style-type: none"> • Primary care focus • Multiple major brands • 1-2 launches per year • Mature market focus 	<ul style="list-style-type: none"> • Specialty care/rare disease • Smaller, multi-indications brands • Increased frequency of launches • Emerging markets 	<ul style="list-style-type: none"> • Biomarkers/genetic profiling • RWE • Increasing pressure to deliver against unmet need • Highly segmented specialists

COMPANY		
Past	Present	Future
<ul style="list-style-type: none"> • HCP was the key stakeholder • Traditional communications channels • Competition: other branded agents 	<ul style="list-style-type: none"> • Payer/budget holder influence is increasing • Multichannel approach to communication • More complex science 	<ul style="list-style-type: none"> • Broader spectrum of healthcare decision makers • Patient as influencer • HEOR and RWE increasing complexity of choice

Technology, Communication, and Content

Beyond deep scientific expertise, the MSL must now become comfortable with an expanded set of technology solutions. While life sciences' preferred means of communication is face-to-face, a growing pool of HCPs prefers digital engagement that provides greater flexibility. In fact, 96% of HCPs surveyed report that they would benefit from attending more meetings, conferences, and trainings virtually.⁵ Medical teams also need to understand HCPs' new communication preferences—and, on a macro level, use technology to address new market dynamics.

Specialists focused on the management of rare disease populations comprise a highly discrete and geographically distributed group, making them difficult to reach face-to-face. Online meetings and events are becoming key ways to reach these HCPs and patients with the information they need in an effective real time manner. Globally, new communication channels continue to impact the landscape of scientific engagement. For example, more than 490 million users in China are using WeChat—one of the world's largest standalone messaging platforms—including HCPs. Medical teams need to build these channels into their engagement strategies.⁶

To meet HCP needs for instant responses, some organizations are building on the concept of the “real time” MSL with a twist. Alkermes plans to employ an on-demand portal to answer immediate questions, staffing it with medical information representatives and medical science liaisons. “We find that our medical information team knows these responses inside out,” said Scott McConnell, senior director of medical affairs at Alkermes. “And MSLs have deep, trusted HCP relationships and honed engagement skills. By partnering our MSLs with their medical information counterparts, we can ensure that HCPs always get the information they need, immediately.”

Despite the advent of new channels and technology, for many organizations, the delivery of HCP-facing scientific information via the MSL is limited to PowerPoint slides. These slide libraries typically consist of hundreds of presentations that in turn include hundreds of slides, which can be difficult to use and navigate. Organizations should consider building a more robust and granular centralized content library accessible to all medical teams, tagged to improve access when creating bespoke presentations or answering an unanticipated question with ease. Given the time and resource investment associated with content creation, MSLs and medical information teams can partner to create a streamlined set of content that delivers more precise messaging, and is utilized to the fullest extent. One biopharmaceutical company is taking the approach of creating succinct reactive decks based on frequently asked questions that MSLs can refer to easily, avoiding the need to present as much during a compressed HCP meeting. Medical teams can leverage the bolus of inquiries captured across all engagement channels, including medical information and call center queries, for use in the creation of meaningful content.

Medical engagements can also be enhanced through the presentation of scientific content, in formats beyond basic presentation tools. Medical teams should consider dynamic content that enhances understanding of concepts such as mechanism of action (MOA) or administration techniques. Interactive rather than static content is more effective in driving knowledge retention. According to research, learners only retain 10% of what they hear, but up to 75% of material that they have an opportunity to actively engage with in a hands-on way.⁷

5 “Doctors Prefer Online Drug Info To Rep Visits,” InformationWeek, 2013.

6 “WeChat Users in China Will Surpass 490 Million This Year,” eMarketer, 2017.

7 Wilhelm, Susan and Kim Rodehorst-Weber, “Active learning strategies for today's nursing students,” Pearson Education, 2016.

Medical communication would also benefit from the marriage of a wider variety of channels and content, including email, virtual technology, and web portals, in an effort to refine engagement strategies. Rather than leveraging digital engagement on an ad hoc basis, digital channels should be proactively included in engagement strategies. This allows an organization to develop deeper insights into HCP communication preferences and behavior to improve customer experience.

Cross-functional Collaboration: Bridging the Gap Between Sales, Medical, and R&D

New therapies are demanding different commercial models, and as healthcare changes, the industry has debated whether MSLs will come to drive field strategies. When it comes to oncology, for instance—arguably the most complex specialty area in life sciences—the median ratio of sales representatives to MSLs is eight to one, while the general ratio is ten to one.⁸

The consensus among MSL leaders is that there will always be a need to deploy a sales force to meet focused product objectives that complement medical affairs' core function: to educate, not to sell. However, many companies are still struggling with how to coordinate and fully understand the HCP experience effectively across teams.

Within life sciences, firewalls exist to maintain a meaningful separation between commercial and medical efforts, HCPs don't see the distinction between divisions of biopharma. For them, a seeming lack of coordination between the two arms is a major frustration, and undermines the credibility of the organization as a whole.

Medical affairs is still at the beginning of its journey, finding ways to effectively collaborate cross-functionally. Many companies are challenged with coordinating around the highest-value activities for a shared stakeholder—for instance, in many cases where a key opinion leader (KOL) would be a good candidate to serve on a board for publications or grants, the individual has already been overused by commercial as speakers. MSLs also receive requests from commercial, often on a weekly basis, to provide lists of appropriate HCPs for promotional events and activities.

A first step toward a more streamlined HCP experience is to look across the full universe of stakeholders at the beginning of the planning cycle, to determine which key stakeholders drive the highest impact to organizational objectives. This should take into account lifecycle, complexity, and impact. Ultimately, teams should collaborate on the segmentation of stakeholders to determine whose engagement should be driven exclusively by medical affairs, or remain within the scope of commercial activities. Once this segmentation is determined, all interactions should be captured in a system, with the ability to generate strategic insights linked to future engagement strategies.

When it comes to overall engagement planning, medical and commercial teams should be aligned on one another's interactions, without disclosing sensitive information or data that may violate compliance standards. Increasingly, medical leaders are choosing to deploy their medical and commercial teams on a single CRM system to enable controlled sharing of appropriate data. Each team can see whether the other has interactions scheduled with an HCP, as well as the demographic information of the physician, and the date and time of the interaction.

⁸ Jarvis, Sarah, "What's Driving the Growth of the Oncology Field Medical?," 2015.

/// Gathering insights in a system rather than in an Excel file and structuring them within CRM allows for more meaningful interpretation of data. ///

—Lauren Blair, MSL, **AstraZeneca**

Collaboration can also be improved between medical affairs and the R&D function. Medical is engaged late in the development process when studies are actively in flight, usually to resolve issues around investigators or patient recruitment. Companies are moving toward earlier engagement of MSLs, drawing on their knowledge of investigators and sites improve contracting, site selection, and activation. Some companies are designating a medical trial lead for a number of core studies. This trial lead is responsible for working with R&D to keep the trial moving forward, as well as keeping the rest of the medical team informed on key findings.

Capturing Insights for Data-driven Strategy

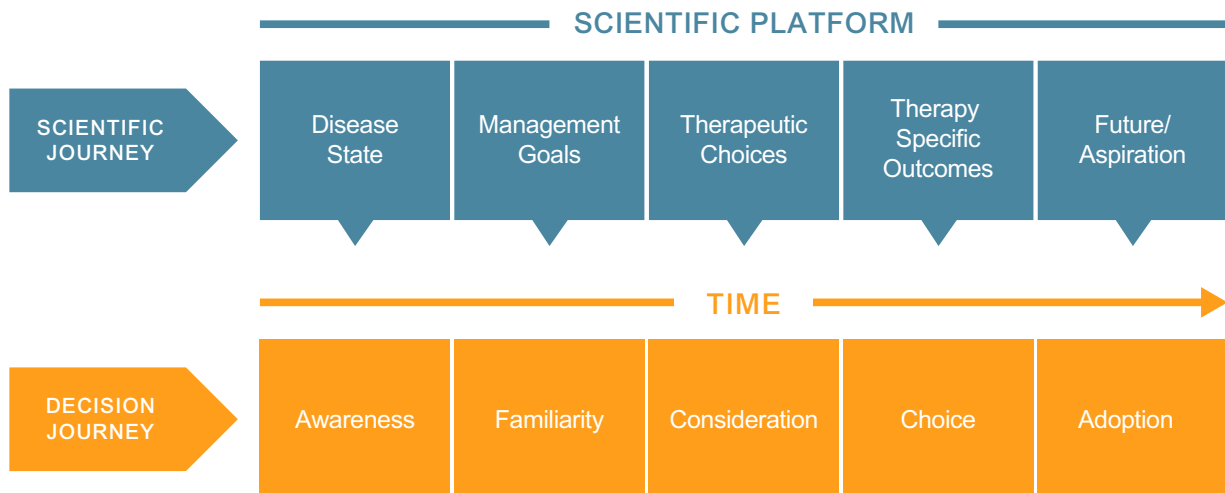
For medical affairs, the definition of the term “insight” has been nebulous. A scientific insight can take many forms, including data points, stakeholder sentiments, and trends within healthcare. As medical affairs has grown, life sciences executives have struggled to align on the right set of KPIs that capture the long-term nature of medical affairs’ work, or how it aligns with the product lifecycle.

There are three general categories of metrics used to monitor medical affairs activity: traditional, outcomes based, and strategic insights. As the function grows, the way we define insights is starting to scale and evolve.

The traditional quantifiable metrics used to demonstrate impact, like reach and frequency, or days in the field, do little to reveal the true impact of medical affairs’ engagement work with stakeholders. In recent years, teams have moved toward more outcomes-based KPIs that aim to capture a shift in mindset due to engagement. These metrics can include measures related to investigator-initiated trials (IITs) submissions, or KOL feedback on scientific evidence and terminology gathered prior to a product launch.

While outcomes-based metrics give a better view into the effectiveness of medical activity, they are often viewed as a point in time. MSLs must find a way to quantify the growth of relationships over time. And the rise of new channels such as medical-specific multichannel CRM, eMSL, MSL on-demand, and virtual meetings and events, gives MSLs the opportunity to monitor their impact in new ways. Teams can gauge the stakeholders’ scientific affinity by tagging and reporting on content by stage. For example, content can be categorized in a stepwise fashion beginning with disease state awareness, to higher levels focused on specific outcomes, and as far as future advances. Strategic insight from HCPs’ progression along this spectrum can illuminate where an individual or group of similar HCPs are on a scientific journey. Developing an accurate understanding of the HCP journey will help inform strategies to deepen relationships.

INSIGHTS: SCIENTIFIC POSITION



Additionally, medical affairs teams are deepening their value by capturing the flow of ideas across the scientific landscape, and bringing these insights back to the organization. The use of free text analysis is a fundamental practice in the development of accurate insights, removes subjectivity and quantifies the extent of insights captured. Taking medical insights a step further, by defining picklists and categories of insights to enable more visibility and reporting on trending topics in the industry provides the ability to begin the categorization process. “Gathering insights in a system rather than in an Excel file and structuring them within CRM allows for more meaningful interpretation of data,” said Lauren Blair, MSL, of AstraZeneca. “HCP engagement information across all of our channels automatically becomes part of the HCP profile, so we know exactly what we have shown them for compliance purposes—and have the foundation of data we need to continuously improve the HCP experience.”

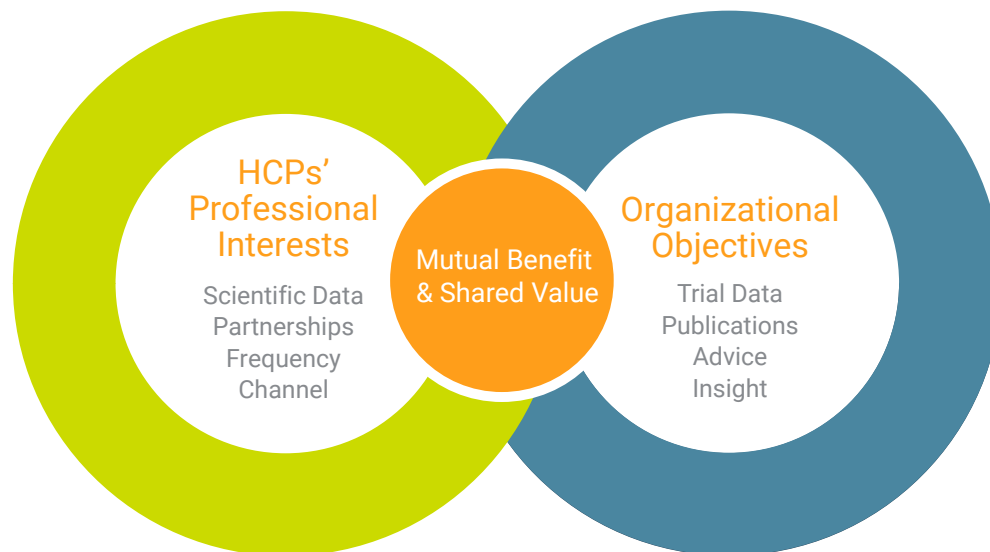
Engagement Planning

Organizations need to engage and present scientific partnerships in a way that provides real value for HCPs, helping them improve outcomes and achieve their professional goals. Until now, HCP engagement has been driven largely by life sciences’ agenda: data dissemination, participation in events, advisory boards, and trials. But creating trusted, bi-directional relationships with HCPs starts with building their preferences into engagement planning. Medical teams should strive to attain a better view of HCPs’ higher-level scientific goals, communication preferences, and informational needs. Eighty one percent of HCPs demonstrate a clear preference for specific types of information—independent of the channel used. HCPs are more likely to engage with communication that includes their preferences, whether that is a patient service or clinical information.⁹

⁹ “As sales reps see doors close for in-person visits with physicians, digital doors open communication,” ZS, 2014.

One top 10 pharmaceutical company surveys its KOLs twice a year on their preferences—including channels, collaborations, and interests. KOLs sign off on this information, which becomes part of their profile in CRM and informs engagement planning. For example, an organization may find that a key academic thought leader has a goal developing their junior faculty, a potential area where medical affairs could serve a clear educational function.

SUCCESSFUL ENGAGEMENT IS DRIVEN BY LINKING HCP NEEDS TO THERAPEUTIC AREA GOALS.



For the top tier of global thought leaders, plans should be fully personalized and driven by scientific goals rather than therapeutic area goals. An important no-see KOL, for instance, should be included in medical affairs' plans, with a goal of simply having a conversation to better understand the HCP's perspective. By engaging with the full range of critical stakeholders—including those unaligned to the company's scientific positioning—medical teams can gain critical insights on uptake of information throughout the scientific landscape.

Setting goals around engagement planning is closely linked to insights and measuring impact. Medical teams should be aware of the fact that purely quantitative goals around face-to-face engagement miss some of the nuance of a changing landscape. For example, assessing an MSL in the Midwest on reach and frequency fails to account for the greater geographic distribution between large hospitals and studies. Today, these physicians and institutions are better candidates for virtual meetings, or other digital means of receiving information. Medical's plans should focus on delivering on these expectations—or, if the focus has been purely face-to-face, honing in on how engagement preferences may have evolved.

Conclusion

A mature MSL team must move past simply educating stakeholders to becoming a strategic partner with a depth of scientific knowledge coupled a growing responsibility maximize reputation and reach in the marketplace. As this sophistication grows, the department's foundation of business processes must also change—enabling MSL teams to meaningfully reestablish the reputation of the life science industry and their commitment to patient care first and foremost.



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