

Could medical science liaison teams revive pharma's reputation?

The growth of medical science liaison (MSL) teams is helping pharma communicate with healthcare professionals in a more 'peer-to-peer' way, and could help improve frontline relations. But has pharma developed the role of the MSL to align with the evolving scientific needs of the healthcare landscape?

In recent years, the pharma industry's reputation has eroded in the eyes of the public worldwide, regulators, patient organisations, as well as its most direct customers – healthcare professionals (HCPs). This has contributed to increasing numbers of frontline physicians limiting, or refusing, industry access – a phenomenon seen in the US, Europe and beyond.

As commercial access to physicians continues to decline, pharma companies are looking for a new approach. The industry is investing in MSL teams to reinforce scientific credibility and develop cultures of peer-to-peer engagement, to which HCPs are more receptive.

MSL teams are made up of medically-trained personnel and run by pharma companies' medical departments – this means the tone and content of their conversations with HCPs differ significantly to those of sales force operatives.

The changing nature of the industry's pipeline, with rising numbers of specialist medicines being launched, is another driving force behind this development.

The growth of MSL teams has been rapid over the last 10 years or so, and they are predicted to keep on expanding. Research by pharma industry analyst Cutting Edge suggests that the total MSL headcount in the US increased by 80% from 2012 to 2014 among surveyed teams.

Natalie DeMasi, senior analyst at Cutting Edge, says MSLs are becoming ever more important in the life sciences. "While the prototypical MSL is a therapeutic area and relationship-building expert, today's MSLs are really jacks of all trades. They not only communicate with HCPs about different available treatment options, studies and products, they also collect clinical insights that are critical to building successful corporate strategies."



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DeMasi reports that these teams are increasingly replacing HCPs as speakers for company-driven medical education events.

"Many companies rely on MSLs to convey health economics or clinical data to PBMs [pharmacy benefit managers] and managed-care organisations," she adds.

Robert Groebel, vice president of global medical strategy for Veeva Systems, is optimistic about the trends in the MSL space.

"This changing landscape, including the ever-expanding need for specialist medical information and new science, means that MSLs can play a leading role in rebuilding

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trust between doctors and the industry,” he points out.

“In the past, a tool like the Merck Manual was one of the foremost industry resources designed to help inform a physician’s medical decisions,” he says. “That has changed dramatically as treatments are becoming so much more advanced. Medical professionals access information today through vastly different channels, often requiring real-time access to the most up-to-date and cutting-edge information. This is where the MSL adds immediate value.”

Groebel explains that the industry is increasingly coming round to the idea that physicians need informed dialogue more than ever, which is leading pharma away from a reactive approach towards true ‘peer-to-peer’ engagement. This is where the MSL team can address physicians’ individual needs, creating a true bidirectional relationship between pharma companies and doctors.

“As Medical Affairs develops a deeper understanding of the scientific community, what information they need today, and how their knowledge changes over time, pharma can begin to make a tangible difference

in the overall healthcare conversation,” Groebel adds.

Doctors, like the rest of the world, are changing the way they access and consume information. The digital era means they often want fast answers to queries – a ‘pull’ approach – when and how they want to consume the information.

“The ability to quickly and accurately address the need for information aligned to doctors’ preferred channels requires a true commitment from pharma companies,” says Groebel. “I absolutely believe that medical affairs is poised to fulfil this demand in a very credible way.”

There are, however, some barriers for MSLs teams, including a ‘firewall’ between them and the sales force. “Often an MSL and a sales representative are both calling on the same physician. They may not know what the other one is doing, and may not have shared any issues raised with each other,” says Groebel. “Such disconnects can be time wasting at best, and damaging to the relationship with the customer in the worst case.”

The expectation is that the sales rep and the MSL are the collective face of

the company, and together they should understand the customer’s business.

Groebel says MSLs can deepen their understanding of what medical stakeholders want and need. This includes understanding their communication-channel preferences, helping them expand their therapeutic knowledge, and maintaining an open dialogue with prompt responses to all enquiries.

While the sales force remains critical to a company’s current success, there is a clear need for a continued shift in emphasis, with MSLs working separately but in unison with their broader commercial colleagues. The technological tools are already here to enable this – it is the cultural and organisational shift that will prove the most difficult to achieve.

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