

Driving Cross-Functional Engagement Planning

How to build stronger KOL relationships and improve the customer experience

As treatments become more complex and specialized, healthcare professionals (HCPs) expect medical affairs to engage them in clear and constructive scientific and medical dialogue. But other functions, including clinical and development, must also meet with experts, digital opinion leaders (DOLs), and community leaders to guide treatment decisions at every stage of the portfolio lifecycle [Figure 1].

Coordinating multiple handoffs to engage these thought leaders is becoming a significant challenge for pharma – one that few companies feel they have mastered. In a Veeva poll of 101 pharma and medtech respondents, 87% agreed that siloed expert engagement is a problem for their organizations.¹

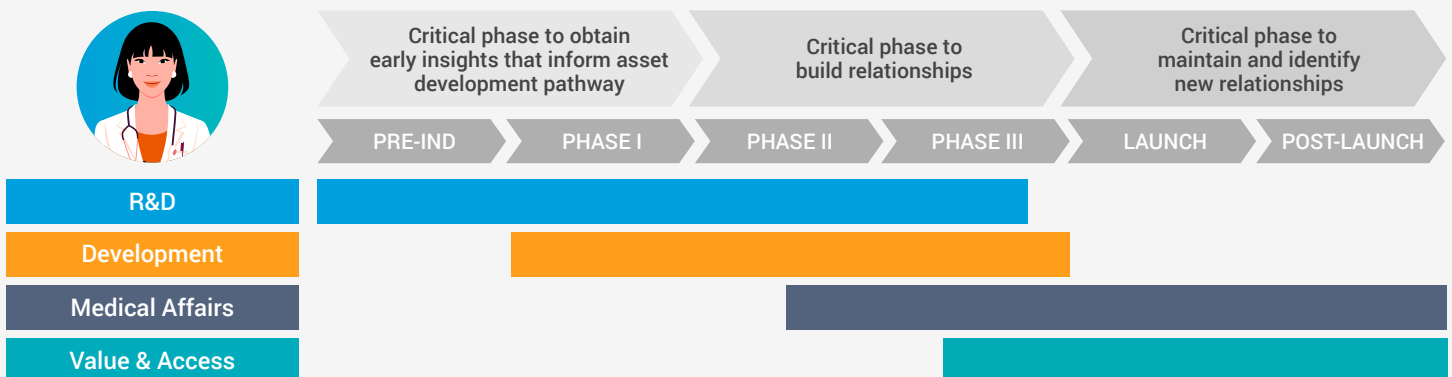
Poorly executed engagement planning creates a disjointed customer experience and undermines relationships with the scientific community. Lack of oversight slows down the work of medical affairs teams, who are not only most likely to coordinate expert engagement² but also shoulder other patient-related responsibilities, such as patient access and identifying unmet needs. This whitepaper provides medical affairs leaders with specific actions to drive more effective stakeholder engagement and expand their sphere of influence within their organizations.

Companies Struggle With Multiple Handoffs

87%

agree siloed expert engagement is a problem

FIGURE 1: EXPERT ENGAGEMENT ACROSS THE PORTFOLIO LIFECYCLE



¹ MAPS webinar poll conducted by Veeva (October 2022)

² Ibid.

No one in the driver's seat

Traditionally, pharma companies are structured to optimize for different functional responsibilities. Inadvertently, however, their setup can harm expert engagement.

For instance, development, medical affairs, marketing, and commercial may all have good reasons to reach out to a thought leader. Conversely, they have few reasons to communicate with one another. As Robert Kersting, executive director and worldwide head of scientific alliances at Novartis Oncology, observes, “The right hand doesn’t even know that the left hand exists. People may be willing to align, but they are blind as to who else is talking to a thought leader. How do you generate a single source of truth to democratize information on engagement within an organization?”

When stakeholder engagement is uncoordinated, external experts are contacted by multiple associates from different parts of the organization. On average, 78% of pharma and medtech respondents say that at least three functions reach out to their top global experts.³ Each has a separate ‘ask’. Meetings overlap and, without a feedback process, there is no visibility of all touchpoints. Compliance is often cited as a perceived, or real, obstacle to better information sharing. All these factors make it difficult to build more strategic, long-term relationships and act as one company [Figure 2].

It’s not just cross-functional silos that erode partnerships. Without dedicated points of contact in an expert relationship, it isn’t clear who is responsible for communicating insights across an evolving global organization. One in three respondents agrees that no single function orchestrates expert engagement.⁴

Disjointed Approach
to Expert Engagement

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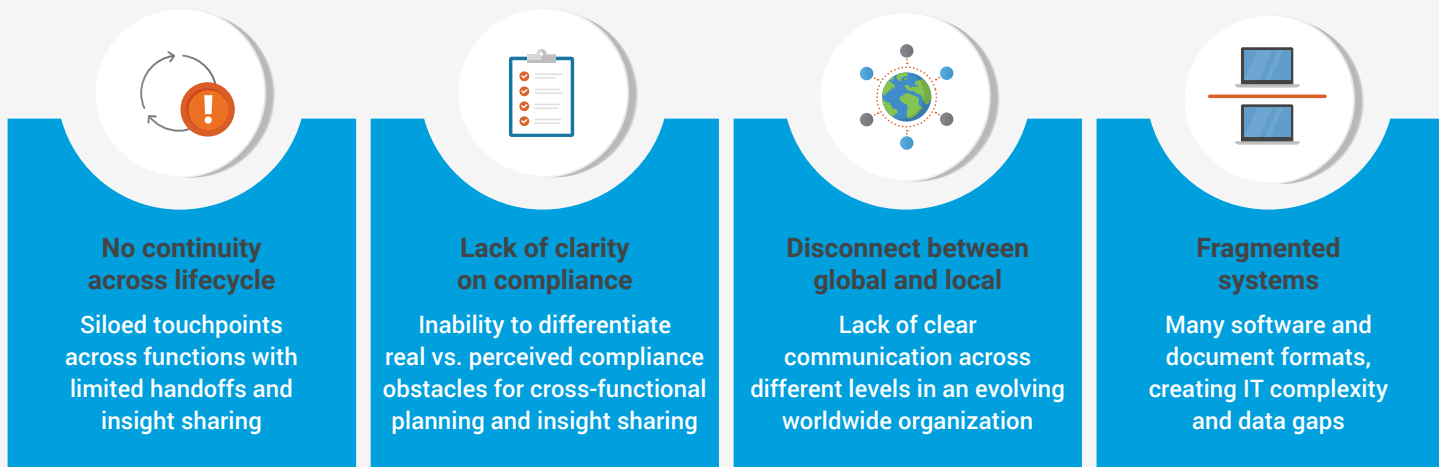
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FIGURE 2: COMPANIES ARE NOT SET UP FOR SMOOTH EXPERT ENGAGEMENT



In addition, global plans are often disconnected from local execution, particularly in enterprise pharma companies. Medical is affected by this global-to-local disconnect. Fragmented systems exacerbate the problem by creating IT complexity and data gaps. For example, some companies use distinct systems to identify experts across therapy areas and countries, plan their global engagement, and execute locally. Misalignment then becomes more likely.

By addressing these weaknesses in the expert experience, medical affairs could debunk the myth that it only plays a supporting role within the organization. Acting as a strategic partner would strengthen relationships with the scientific community and improve the ability to reach the right patients – the North Star for medical affairs.

From breaking silos to bridging them

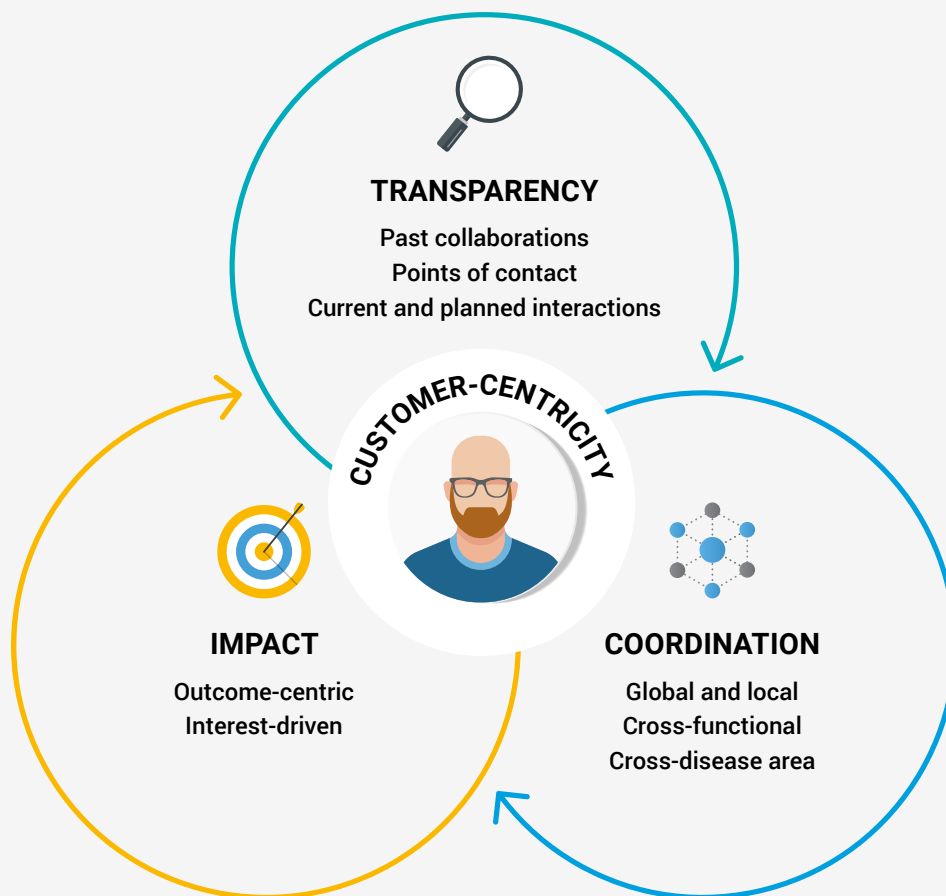
Instead of reinventing the wheel, medical affairs leaders could instead focus on fixing issues that are holding back cross-functional collaboration. An enterprise mindset and reinforcing customer-centricity should be the goal. The current approach isn't impactful because thought leaders' time is a valuable and limited resource, easily wasted if multiple functions reach out with uncoordinated requests.

The temptation for some organizations will be to default to centralized control: introducing, say, a top-down expert engagement plan that is decided globally and cascaded to different functions. The drawback of this path is that it is rigid, difficult, and time-consuming to implement, and doesn't necessarily address the question of who should communicate with the expert.

A bottom-up approach would seek to bridge rather than break silos [Figure 3]. To strengthen expert relationships, pharma companies need to take small and practical steps. The silo effect can be alleviated by focusing on transparency, coordination, and impact. For example, when planning expert engagement during a medical congress, the objectives could be to:

- **Improve transparency.** Organize all expert activity into one shared platform, so that everyone can see past interactions, identify points of contact, and view current and planned interactions.
- **Increase coordination.** Ensure multiple functions (including cross-disease and local markets) are around the table to share their objectives as plans are set and agreed upon. This can result in combined engagements, if appropriate, or clarity for the thought leader as to why separate meetings are needed.
- **Boost impact.** Focus on a clear set of outcomes for the organization and identify any obstacles. Is it clear which cross-functional colleagues are meeting with the same expert? Have they aligned their objectives before expert meetings? These activities could increase the impact of outreach.

FIGURE 3: NEW FRAMEWORK FOR GREATER CUSTOMER-CENTRICITY



Novartis streamlines expert engagement

STEP 1 – Define the problem and secure buy-in

Novartis began its quest to streamline cross-functional expert engagement 18 months ago. Before embarking on a program of change management, the medical affairs team prioritized building consensus around the coordination challenge facing the organization – specifically, during congress planning.

By sharing how many functions were trying to reach out to external thought leaders, the problem gained broad recognition. In one instance, the team discovered that an expert had been contacted 14 times by different parts of the organization. The company realized it needed a way to bring all these interactions together and pinpoint relationships with specific experts in the run-up to congresses.

Once they had identified key experts across functions, medical affairs involved senior leadership in engagement planning to bolster relationships that overlapped between functions. Having the leadership team's endorsement was critical to building momentum toward transparency.

Fully aware of the obstacles to cross-functional information sharing, the medical affairs team ensured that compliance colleagues were part of early conversations and defined guidelines upfront. Their involvement provided clarity as to which firewalls were needed during engagement planning (for example, ensuring medical doesn't influence which thought leaders commercial should engage) versus perceived compliance obstacles that could be ignored.



“Admit you have a problem and commit to solving it. Identify and bring some internal champions on board who already have a track record of working together cross-functionally.”

– Robert Kersting, Executive Director, Worldwide Head of Scientific Alliances, Novartis Oncology

STEP 2 – Start with a small but high-impact pilot

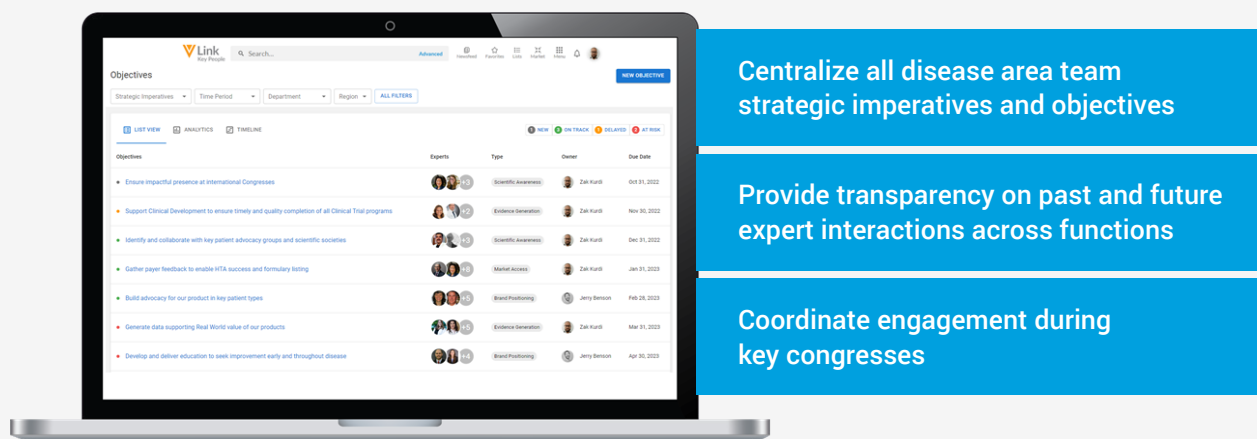
To enable a new coordinated approach to expert engagement, Novartis selected **Veeva Link Workflow** because it is user-friendly and natively integrated with **Veeva Link Key People** (which the company already used for real-time customer intelligence). The aim is to support the whole organization to provide a better customer experience to the most important medical experts.

Choosing an effective team is key to successfully piloting a new tool. The Novartis medical affairs team decided to stay focused on its top thought leaders in just one disease area: breast cancer. As the breast cancer unit was well established and had a strong record of cross-functional collaboration, it soon became an internal champion for a new technology-enabled approach to congress planning.

Through close collaboration with the breast cancer unit, medical affairs was able to gather feedback on initial experiences with Link Workflow: for example, the team confirmed that it had access to the right pull-through of information ahead of a medical congress. Learnings from the pilot, including how to leverage Link Key People for expert list-building, were showcased to other functions to support the vision to roll out the approach to new disease areas.

Teams gained visibility of all past and planned external stakeholder engagements across functions **[Figure 4]**. Through oversight of how these relationships have evolved, medical affairs leaders find it easier to coordinate engagement plans for each expert before a congress. By centralizing information on the strategic imperatives of different teams, Link Workflow can support organizations to plan more effectively.

FIGURE 4: NOVARTIS USES LINK WORKFLOW FOR EXPERT ENGAGEMENT



Centralize all disease area team strategic imperatives and objectives

Provide transparency on past and future expert interactions across functions

Coordinate engagement during key congresses

STEP 3 – Measure success and stay focused on patients

Medical affairs leaders should track results to ensure the new approach is working. By setting up metrics from the outset, they can measure important activities against a baseline, demonstrate improvements over time, and identify patient benefits.

There are several ways to measure improvements. Quantitative metrics are important, but more powerful when supplemented by qualitative feedback. For example:

- **Improved transparency.** Determine whether fewer planning meetings occurred due to better cross-functional alignment. Did these meetings lead to action? Were the right people involved?
- **Increased productivity.** Pinpoint whether less time was spent overall on planning. Were there cohesive plans to engage top experts? What were the benefits for patients?
- **Higher impact.** Gather customer satisfaction feedback from top thought leaders on their experiences with the organization. Why have their perceptions changed? Were more strategic insights gathered during those meetings?

Following the successful implementation of its new model, Novartis started to track several improvements in customer engagement ahead of an upcoming medical congress. The medical affairs team found that:

- Cross-functional teams had clarity on their roles and responsibilities before congresses
- Better internal alignment resulted in coordinated outreach to key thought leaders
- Collaboration across functions and throughout the product lifecycle improved, resulting in more strategic engagements



“Don’t let perfect be the enemy of the good. The right platform enables different functions to ‘see’ each other and also provides the opportunity to embed this framework as an enterprise approach.”

– Robert Kersting, Executive Director, Worldwide Head of Scientific Alliances, Novartis Oncology

Conclusion

Reinforcing customer-centricity is the central objective when engaging external experts, achieved through improving internal transparency and coordination.

As a starting point, medical affairs teams need oversight of all the cross-functional interactions taking place with their top global experts in each therapy area. Only then can they map areas of overlap and pinpoint inconsistency.

While defaulting to a centralized approach may be tempting, this isn't the way to make change happen quickly. Smaller grassroots initiatives, enabled by user-friendly technology, will make a meaningful difference. Effective programs start with a narrow focus and then elevate internal champions to build scale.

The ultimate sign of a successful expert engagement plan is becoming the partner of choice to a top thought leader. Medical affairs teams are better placed than anyone else to keep their organizations focused on the common goal – better research outcomes that deliver for patients.

Find out how to improve your expert engagement using [Link Workflow](#).

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