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Measuring the Impact of Medical Affairs

Part 2: Building a strong foundation of operational effectiveness

> "While an important element, teams often get caught up focusing solely on strategy and evidence they should be generating rather than looking at business issues and leveraging operational components that make it happen. The operational engine is a critical component and needs to be under tight observation."
>
> **Todd Fox**
> Senior Vice President, Head of Global Medical Affairs, Teva

We recently introduced our **medical impact model**, a practical approach to measuring medical impact. The foundation of this model, **operational effectiveness**, focuses on the activity and productivity measures of the medical affairs organization and is the subject we will address in this paper.

As with any foundation, the stronger it is, the better you can build on it, and the better it will support your success moving forward. Therefore, it's essential to execute these foundational measurements well so your organization can both operate efficiently and measure impact in more complex areas – those closer to the patient – including changing medical practice and improving patient outcomes.

We've brought industry leaders[1] together to share best practices and learnings to help medical affairs teams build — or strengthen — their operational foundation. They'll advise on topics like leveraging data and technology, securing buy-in from internal stakeholders, telling your story, and, most importantly, getting started.

[1]The views expressed in this white paper are those of the authors and do not necessarily represent the views of their respective companies.

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This is the first and most important step toward an impact-led medical affairs organization. Establishing this foundation will help you identify what you need — across people, technology, and data — and evaluate future investments in your journey to measuring medical impact.

Christoph Bug, MD, PhD, MBA
Vice President, Global Medical
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> “Operational metrics are baseline metrics – in terms of **quantity** – that let me know the MSL is waking up in the morning and getting out of bed. We need to take it a step further and start to put more emphasis on measuring the **quality**, and that involves focusing on the outcome measures.”
>
> **Leona Blustein**
> National Director Medical Science Liaisons, Idorsia Pharmaceuticals

Most medical affairs organizations today are focused on three key objectives:

Customer Excellence

Making sure customers have a good experience

Operational Efficiency

Working on more of the “right” things with limited resources

Demonstrating Impact

Measuring how actions affect outcomes

To take action in these areas – and be successful in each – you need a well-functioning operational engine. This requires a strong foundation of operational data that teams can leverage to make data-driven decisions and connect activities with impact.

However, we’ve observed that many medical affairs organizations struggle with managing this operational data. Compared to other functions like commercial and R&D, medical affairs lags in capturing, organizing, and using data.

Stefan Florentinus, head of global immunology strategy and execution at AbbVie, points out that medical affairs faces several challenges when it comes to being more data-driven. He cites three common themes:

01. The scope of medical affairs is very broad ranging across almost the whole pharmaceutical process.

02. There is a lack of agreement around what core functional objectives medical affairs owns.

03. Compliance frameworks do not always allow medical activities to be linked to sales metrics.

However, Florentinus states, “Medical affairs teams should, based on aligned cross-functional strategies, decide where they should focus, build a plan with measurable outcome metrics, and collect data. This will help to show our impact.”

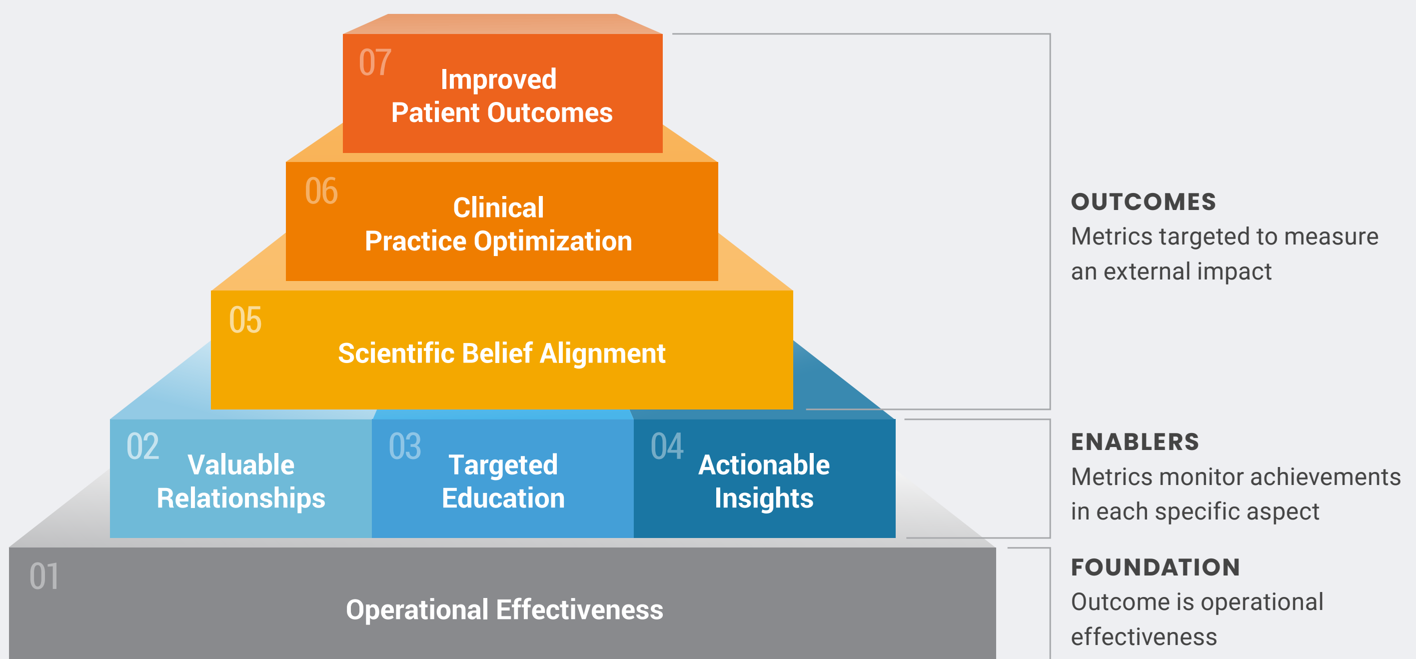
Operational effectiveness within the medical impact model

Measurements of operational effectiveness are the foundation of Veeva's **medical impact model**. It focuses on the activity and productivity measures of the team. The metrics are relatively basic and easy to quantify, and the focus is to evaluate how performant the organization is by asking:

- Did we achieve what we had planned to do?
- Are activities performed with expected intensity and quality?
- How effective are we in doing so?
- Did we define measurable goals?
- Do we collect the right data?
- Do others see and value what we do?
- How does this compare to other groups within the organization or other companies?

The Medical Impact Model

The medical impact model is a framework to structure exchange on the intricate topic of measurement. Every module stands for a desired outcome and how medical affairs teams can approach measuring each.



Why operational effectiveness is important

> "The need to show value becomes even more important as medical affairs evolves into the third strategic pillar in pharma along with commercial and development. Medical is a big investment for the company, and we need to demonstrate outcomes to get additional investment."
>
> **Deborah Braccia**
> Senior Vice President, Head of Global Medical Affairs Excellence, Kyowa Kirin

Some medical affairs leaders have considered moving away from "vanity" or operational metrics, including coverage, frequency, calls per day, time in field, time to med info response, and number of publications. While they don't connect to outcomes or impact, these types of metrics are important and teams still need to capture and track them. In addition, however, teams also need to capture outcome metrics. While both metrics are important in and of themselves, the value comes in looking at them together.

OPERATIONAL METRICS

Number of activities

- First-time engagements
- Interactions per day
- Group meetings
- Medical education events
- Publications

OUTCOME METRICS

Results of those activities

- Improved patient outcomes
- Clinical practice optimization
- Valuable relationships
- Targeted education
- Actionable insights

How operational and outcome metrics work together

A car race is a simple way to examine how operational and outcome metrics work together. The race team constantly captures operational data, but without knowing which race position the car is in, those metrics are meaningless. On the other hand, if the team only captures the race position — but not operational metrics — the car may win the race, but the team won't understand why.

Teams look at both operational and outcome metrics to repeat success or make improvements on the race course.

Christine Castro, director, medical affairs omnichannel engagement at Novo Nordisk, believes that once you bring a collection of foundational metrics it starts to open up medical affairs' "eyes" to one another. "We can gain some quick wins, then expand collectively to gain a broader view of activity across medical affairs."

As Florentinus points out, "There is no agreement on what the foundational metrics are or the "currency" of medical affairs. However, medical affairs teams can and should decide on what these metrics are for their organization. Then get cross-functional agreement on them and start to measure them."

Approaching operational effectiveness: Best practices from industry leaders

> "Medical affairs remains focused on the science, the 'art' of pharma. Effectiveness metrics allow for review and inspection on a business level that is relatively new for us."
>
> **Christine Castro**
> Director, Medical Affairs Omnichannel Engagement, Novo Nordisk

We can talk about operational effectiveness in theory, but how do you put it into practice with your own medical affairs team? We've collaborated with industry leaders who are successfully implementing this foundation.

The advice falls into five distinct areas that can help you navigate this journey within your organization and allow for emphasis on measuring quality and impact. While not a step-by-step process, you can use these areas as a guide to assess the maturity of each in your own organization.

Overcome hesitancy and secure internal buy-in

We often observe that many medical organizations are skeptical of measuring impact. This may come from the belief that trivial indicators cannot adequately measure the complex art of exchanging science with experts. Or, it could come from the feeling that transparency creates vulnerability and opens the organization up to external influence from other functions. Some may also deem this to be non-compliant.

Florentinus argues that this new scrutiny of medical affairs is advantageous for the function. Requests for operational metrics demonstrate that the organization wants a strong medical affairs team. "It's coming from a very good place, and we are actually in a very good position," he says.

Focusing on operational metrics – and presenting them internally – is a journey. Medical affairs teams must manage accordingly and address any key concerns rapidly. One of the first steps in this process is to secure buy-in from executive management and your medical affairs team.

Deborah Braccia, senior vice president, head of global medical affairs excellence at Kyowa Kirin, feels that many medical affairs teams see the focus on operational metrics as something punitive. "We need to start flipping that perspective," she says. "It's positive to show how much we do in medical affairs and how much value we bring."

Castro advises that to secure internal buy-in, you must present two things. Medical affairs needs to ensure internal stakeholders understand the reasons behind and clearly describe the measures of success. "Pushback and fear happen when the result and intention of the measurement aren't clearly understood," she says. "I try to show stakeholders where they can benefit and how these measurements work to their advantage and underlie their success."

Take ownership of data and processes

> "It is critically important that you [medical affairs] control the whole process. From data capture and analysis to visualization and communication, ensure you own the narrative and have the resources, experts, and data that work for you."
>
> **Stefan Florentinus**
> Head of Global Immunology Strategy and Execution, AbbVie

Industry experts agree that the key to successfully measuring operational effectiveness in medical affairs is having authority over its data, processes, and resources. Medical affairs must understand the outcome metrics and how to interpret them before they share the narrative with other functions and internal stakeholders.

While Castro agrees that there is sometimes dependency on other departments for datasets, she encourages medical affairs teams to "own" their data and processes as much as possible. "Once you are comfortable with your data, you can ask for help analyzing it and creating dashboards," she says. "But first, you must own your data and understand what it is saying or not saying."

Braccia executed several different workshops with her global medical leadership and regional teams across the medical affairs organization to decide specific metrics. They made sure that this data was captured when developing their solutions and could be monitored appropriately. "It's great to say you're going to measure x,y, z, and impact, but how do you get there, and how do you get the data you need?" she says. Recently, Braccia had teams in four separate regions collecting data, but they all defined things differently. "We first had to establish a standard lexicon and definitions, and then how to capture it."

Get foundational systems and data right

> "Some organizations are more mature, and there are bigger companies with whole teams focused on data analytics that might do this better. But no one has figured this out completely."
>
> **Deborah Braccia**
> Senior Vice President, Head of Global Medical Affairs Excellence, Kyowa Kirin

Many medical leaders worry they are behind in measuring operational effectiveness. Establishing the right fundamentals should be the priority. Braccia clarifies that many organizations are still working through the process, data, and operating models to put in place.

Braccia initiated this process at Kyowa Kirin. "We had no foundational data at the start, which made it difficult to make sense of anything, and that was the rationale we had in establishing baseline solutions such as a global CRM, medical information, and medical content management," she says. "From these systems, we can start to analyze that foundational data."

As Florentinus points out, "You have to start somewhere. Keep it simple, and then progress." He suggests starting with cross-functional strategic imperatives, scoping functional contributions, and setting lagging and leading indicators. "Then measure against these," he says.

Once you have the full technology stack in place and resources to support analysis, you have to learn to leverage what you have to the fullest. For example, Todd Fox, senior vice president, head of global medical affairs at Teva, initiated an internal review of his organization's technology stack. "We discovered that we have the right tools but need to encourage our team to start utilizing them," he says.

Blustein experienced something similar at Idorsia. “I feel like this is the same across so many companies,” she says. “We have many datasets available across many platforms but the struggle is being able to bring it all together to be able to digest and analyze it all in order to draw conclusions.”

Many industry leaders gave similar advice: Work with trusted vendors or other experts to help you identify untapped potential in your technology investment. This step is critical to accelerating the journey to measuring operational effectiveness by identifying low-hanging fruit to maximize the value of the investments you’ve already made.

The three categories of metrics we consider essential to building or improving a foundation of operational effectiveness are:

01. **Volume of customer interactions** in relation to resources applied.

02. **Number of customers** engaged with, together with information on their importance.

03. **Total number of activities** (up to three) that are key for your function. Those could be medical information requests answered, asset publications, clinical trials supported, scientific presentations given, and more.

We’ve provided a workbook in the **Appendix** to help you organize your thoughts, formulate a strategy, and put it into action. It includes a checklist of questions to evaluate what areas you already have in place and those you may need to work on. There’s also a robust list of potential metrics and associated data sources you can use as a thought-starter exercise when thinking about operational effectiveness with your immediate team or organization.

Choose the right data sources

> “The advice I always give to someone getting started is to determine what can be measured now. What’s already in place that you have at your disposal? What’s automated? What can you just count? You are probably already doing something. Dive in and that will build momentum as soon as you get the right information to the right people.”
>
> **Christine Castro**
> Director, Medical Affairs Omnichannel Engagement, Novo Nordisk

Most of the foundational data used to measure medical operational effectiveness is stored in CRM solutions, a tool that serves as the central hub for your activities. You can use these solutions to plan and execute engagements, and ideally, they have additional functionality to capture content utilization and sentiment automatically.

Other data sources can be tools that manage medical content or medical information fulfillment. Some, for example, measure the number of medical information requests coming in and the time the organization needs to send the response out as a metric. Others count the number of publications or assets produced, reviewed, or distributed.

Many tools will not allow automated data capture, but start with what you have and leverage all available tools. In some cases, this will be Excel and Word.

Castro reminds us that this is a journey. “If you get to where you’re going and haven’t collected the data, you have to turn back around and do it again,” she says. “You need to have that arsenal of foundational and execution data.” The next piece is to have the governance and process to take the data and see what it says. “You have to be brave enough to change what you do based on what the data says.”

One suggestion from medical leaders was to use or pilot customer satisfaction surveys to help substantiate their organization’s value. Although this data is less robust, it can be helpful to tell a good story. Consider leveraging surveys to gather feedback from internal customers to see how they perceive what medical affairs does and how it makes their job easier.

Braccia is piloting both internal and external customer surveys at Kyowa Kirin. “We want to find out if we meet our customers’ needs and whether we provide value,” she says. “This is one great way to find out.”

Create a plan and set targets

> “You should have a KPI target for the year and then monitor it. From that, you can form an impact point of view where you can say, yes, we showed our impact because we were able to deliver on this operational part.”
>
> **Todd Fox**
> Senior Vice President, Head of Global Medical Affairs, Teva

It’s great to have metrics, but setting targets before the activity starts is essential to effective execution. This shows organizations how to invest resources and how it is performing. Setting targets drives change in behavior, too.

Braccia's team puts together action plans before the start of the year. "We look at the KPIs to see if we are meeting the objectives that we put into the action plan regarding evidence generation activity, publications, and more," she says.

Castro looks at three perspectives of an operational metric:

01. Completion metrics, such as how many times you have performed the task

02. Efficiency metrics, showing how well you have done the tasks and how many resources were invested

03. Impact metrics, showing what you achieved

She says the first thing you need to do is count the number of times you do something. "The first thing we typically miss is not measuring what we do," she says. "Without that, you can't even try to improve effectiveness."

Own your narrative

> "Make sure you own your narrative. After you have the data and it is analyzed, medical affairs should proactively share it with the organization and provide an explanation. If not, there is a risk that someone else will provide a different interpretation. There is a big opportunity for leveraging and using the data for the better."
>
> **Stefan Florentinus**
> Head of Global Immunology Strategy and Execution, AbbVie

Earlier, we discussed how important it is for medical affairs to own their data, resources, processes, and operating models. However, it is also critical to ensure that when the data is curated, analyzed, and shared within the organization, medical affairs also explains the results.

Castro feels that medical affairs has a history, and if someone else tells the narrative for medical affairs, the organization becomes vulnerable.

But fully controlling the process, mastering your data, and owning your narrative might not always be possible. This should not stop you from moving on. "Sometimes it does come down to resources," states Fox. "If you don't have all the resources, you will never be able to control everything that you need to control." He says then you have to be collaborative. Think about how you plug into those other parts of the organization from an operational perspective to leverage where they can help you from what they are doing.

Conclusion

Most medical affairs organizations are already measuring operational effectiveness to some extent. The key for most will be to improve data input, increase analytics and reporting capabilities, and proactively benchmark performance. Whether putting a new foundation in place or improving on what you have, just getting started is half the battle.

Doing so means taking ownership of the process, people, and data to tell your impact story. This most likely means changing what you are doing now, and while you may not have been officially measuring impact, you know what contributions are the most important.

What are some next steps? Review and share the best practices outlined in this paper to see how you might apply them to your organization. Utilize the **Medical Impact Workbook** in the Appendix for working sessions with your team. The tools there will help you assess the maturity of your key areas and explore potential metrics and data sources.

Our next paper will explore further modules in the impact model. The overarching goal across these modules is connecting with the right stakeholders, getting them the right information, and bringing key insights back to the organization. A solid operational effectiveness foundation will support these areas and help you succeed quickly.

"I hope in five years we are not singing the same tune," says Castro. "I see a paradigm shift for medical affairs in how we tell our story versus answering a question. We will get there by reaching out to find partners across the aisle to drive change and by owning our narrative."

APPENDIX

Medical Impact Workbook

Evaluation of Key Areas and Potential Metrics

Medical Impact: **Evaluation of Key Areas**

Use this checklist to help you evaluate key areas across your organization.

Tools:

- ☐ Do you know which systems/tools you have access to in medical affairs?
- ☐ Are there differences by region/country?
- ☐ Does one (or more) entity have additional tools?
- ☐ Are you leveraging the systems/tools to their fullest potential?
- ☐ Does everyone in the organization who should (individuals/regions/countries) have access to the tools?
- ☐ Are people trained sufficiently to use the tools?
- ☐ Are people using the tools as they should/ as is expected of them (i.e., is there high adoption of the tools)?
- ☐ Are the users satisfied with the functionality/performance/user experience of the tools?
- ☐ Are colleagues equipped with the right devices to use the tools?

NOTES:

Content processes:

- [ ] Is the process of presenting content to stakeholders clear and aligned across regions/countries?
- [ ] Do users know where to find content?
- [ ] Do users know how to best present content?
- [ ] Is content tagged accurately to measure usage and effectiveness?
- [ ] Is there a single source of truth for content (with version control)?

Data:

- [ ] Do you know where your medical operations data is stored?
- [ ] Do you know which metrics are captured automatically?
- [ ] Do you know what other data is stored in addition to operational metrics?
- [ ] Do you know who has access to the data?
- [ ] Do you know who is responsible for the analysis of your data?

Reporting:

- [ ] Is automated reporting in place?
- [ ] Is regular manual reporting in place?
- [ ] Is any data shared with senior management/field operations teams?

NOTES:

Clarity of expectations:

- ☐ Are the user expectations on content usage clear (i.e., % of interactions with content shown)?
- ☐ Are the expectations regarding other tool usage clear (i.e., email follow-ups after interactions)?
- ☐ Are the expectations regarding logging of interactions clear (i.e., frequency, delay after interaction, content)?

Definitions/Scope:

- ☐ Is there a stakeholder selection process in place?
- ☐ Is customer segmentation in place and are the segments used to adapt content/ interactions?
- ☐ Is guidance around resource allocation to segments in place?

Resource allocation for documentation:

- ☐ Are the applied resources (headcount, time in field days, etc.) captured?
- ☐ Are the resources allocated to the appropriate therapeutic areas/products?
- ☐ Are the applied resources for different customer segments (priorities) captured?

NOTES:

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Medical Impact: **KPIs and Data Sources**

Use this list as a starting point with your team to discuss potential KPIs and data sources around medical impact for your organization.

Key Performance Indicator	Description/Requirement	Data Source
INTERACTION ACTIVITIES		
“Target" versus wider population	Which share of the stakeholders are we interacting with/are within the target population	**CRM/KOL Data**
Proactive versus reactive	Which share of the interactions were proactive vs. triggered by the stakeholder	**CRM**
Number of interactions handed over from commercial	Number of cases in which reps get an information request from a customer and refer it to the MSL or the rep cannot answer the question and asks MSL to contact the customer	**CRM**
Number of interactions handed over from clinical	Number of cases in which clinical colleagues (CRAs, study monitors, etc.) hand over stakeholder requests to medical	**CRM/CTMS**
Total volume of interactions	Need a definition to determine if email, phone, text, etc. is included or not	**CRM**
Number of first-time visits	"Customer" seen for the first time (to drive behavior/incentivize extra efforts)	**CRM**
Number of follow-up visits	The opposite of first-time visits	**CRM**
Number of individual "customers" with interactions	To get a perspective on the breadth of coverage	**CRM**

Interactions per day/week/ month	Establish clear definition of what counts as an “interaction”	**CRM**
Number of group meetings	Establish definition of what is a “group meeting”	**CRM**
Number of participants in group meetings	Establish definition of what is a “group meeting”	**CRM**
Number of ad boards conducted or supported	Establish definition of what is an “ad board”	**CRM**
Number of participants in ad boards	Establish definition of what is an “ad board”	**CRM**
Number of medical education events	Establish definition of what is a “medical education event”	**CRM**
Number of participants in medical education events	Establish definition of what is a “medical education event”	**CRM**
WEIGHTED INTERACTION METRICS		
Frequency x importance	Interactions with more important/less aligned/difficult to get to "customers" count more than others	**CRM/KOL Data**
Frequency x channel importance	For example, face-to-face has a higher weight vs. video vs. call vs. email	**CRM**
First time with higher weight	For example, first-time visit with factor 5, second with 4, third with 3, etc.	**CRM**

CHANNEL METRICS		
Relative channel usage in %	Transparency on utilization of channels	**CRM**
Absolute channel use	Transparency on utilization of channels	**CRM**
RESOURCE ALLOCATION		
Time in the field in %	Transparency on resource use	**CRM + HR tools**
Time in the field absolute	Transparency on resource use	**CRM + HR tools**
COVERAGE		
Number of "targets" covered	Transparency on engagement reach	**CRM/KOL Data**
Number of healthcare organizations covered	Transparency on engagement reach	**CRM**
Number of KOL relationships maintained vs. “lost”	Flagging if engagement behavior is changing	**CRM/KOL Data**
MEDICAL INSIGHTS OPERATIONS		
Number of insights gathered	Transparency on the operational aspect of insights capture	**CRM or insights management tool**
Number of "actionable" insights vs. all gathered	View on the “actionability aspect” of insights gathered	**CRM or insights management tool**
Time until insight is documented	Transparency in documentation diligence	**CRM or insights management tool**

MEDICAL INFORMATION OPERATIONS		
Number of scientific queries responded to	Transparency on operational aspects of medical information fulfillment	**CRM and/or medical information management tool**
Number of completed/ resolved medical information queries vs. all inquiries	Transparency on operational aspects of medical information fulfillment	**CRM and/or medical information management tool**
Time to respond to med info requests	Transparency on operational aspects of medical information fulfillment	**CRM and/or medical information management tool**
MEDICAL EDUCATION METRICS		
CME accreditations achieved	Covering quality aspects of medical information	**CRM and/or other tool**
Total number of event participants	Transparency on operational aspects of medical education activities	**CRM and/or other tool**
Participant feedback scores	Information on participant satisfaction	**Manual capture**
INTERNAL PROJECTS		
Number of internal stakeholder projects	Transparency on resource use	**Manual capture**
Number of HTA/HEOR submissions supported	Transparency on resource use	**Manual capture**
Number of successful launch preparations completed	Transparency on resource use	**Manual capture**
Number of internal education programs delivered	Transparency on resource use	**Manual capture**

EXTERNAL PROJECTS		
Number of scientific presentations delivered	Transparency on resource use	**CRM or manual capture**
Number of projects with "customers"	Transparency on resource use	**CRM or manual capture**
Number of congress events	Transparency on resource use	**CRM or manual capture**
Number of stand-alone scientific events	Transparency on resource use	**CRM or manual capture**
Number of participants in scientific company events	Transparency on resource use	**CRM or manual capture**
Participants' feedback scores	Information on participant satisfaction	**CRM or manual capture**
PLANNING METRICS		
Executional targets of medical plan met	Transparency in operational diligence	**Manual capture**
Tactics delivered as planned	Transparency in operational diligence	**Manual capture**
Budget accuracy	Transparency in operational diligence	**Manual capture**
CONTENT OPERATIONS METRICS		
Content utilization in general	Transparency on content utilization	**CRM and/or content management tool**
Slide-level utilization patterns	Transparency on content utilization	**CRM and/or content management tool**

MLR METRICS		
Number of materials approved	Transparency on resource use	**Content management tool**
Average time from submission to approval	Transparency on operational aspects of the MLR process	**Content management tool**
OPERATIONAL METRICS: CUSTOMER LEVEL		
Interaction recall	Externally sourced data points on operational aspects	**Manual capture**
After visit survey (with a focus on operations)	Externally sourced data points on operational aspects	**Manual capture**
Message recall	External perspective on message delivery	**Manual capture**
Level of KOL awareness	External perspective on message delivery	**Manual capture**
Customer NPS	Information on stakeholder satisfaction	**Manual capture**
R&D SUPPORT METRICS		
Number of clinical trials supported	Transparency on resource use	**CRM and/or manual capture**
Number of site interactions	Transparency on resource use	**CRM and/or manual capture**
Number of interactions with investigators	Transparency on resource use	**CRM and/or manual capture**
Patient recruitment targets met	Transparency on operational efficiency	**CRM and/or manual capture**

Milestones met	Transparency on operational efficiency	**CRM and/or manual capture**
Timelines met	Transparency on operational efficiency	**CRM and/or manual capture**
Volume of input into clinical development plans	Transparency on resource use	**CRM and/or manual capture**
Volume of meeting participation	Transparency on resource use	**CRM and/or manual capture**
MEDICAL EVIDENCE GENERATION METRICS		
Number of Investigator Initiated Studies (IIS) supported	Transparency on resource use	**CTMS and/or manual capture**
Medical affairs studies supported	Transparency on resource use	**CTMS and/or manual capture**
Volume of input into integrated evidence-generation plans	Transparency on resource use	**CTMS and/or manual capture**
PATIENT-CENTRIC METRICS		
Number of interactions with patient representatives	Transparency on resource use	**CRM and/or manual capture**
Number of patient journeys defined	Transparency on resource use	**CRM and/or manual capture**
COMMUNICATION METRICS		
Number of papers/posters/ publications	Transparency on resource use	**Content management tool and/or manual capture**
Number of social posts	Transparency on resource use	**Manual capture**
Number of likes, re-posts, etc.	Transparency on operational efficiency	**Manual capture**

DOCUMENTATION METRICS		
Time to document in CRM	Transparency on resource use	**CRM**
Completeness of documentation	Transparency on resource use	**CRM**
Quality of documentation	Transparency on resource use	**Manual capture**
CROSS-FUNCTIONAL COLLABORATION		
Account plan existence/ completeness/participation of medical	Transparency on operational diligence	**Manual capture**
Internal surveys on perceived support/collaboration	To measure the delivery of expectations/objectives	**Manual capture**
Number of commercial-medical handovers	Co-visits, reps forwarding customer requests for information to medical	**Manual capture**
RESOURCES DEPLOYED		
Field medical headcount	Transparency on resource use	**HR tools and/or manual capture**
Time-corrected headcount (part-time, short-term leave, parental leave, etc.)	Transparency on resource use	**HR tools and/or manual capture**
Resource available for therapeutic area/product	Transparency on resource use	**HR tools and/or manual capture**
Hours/days time in the field	Transparency on resource use	**HR tools and/or manual capture**

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