



Empowering MSLs to deliver better scientific engagements

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In this whitepaper we present three challenges MSLs face in delivering impactful HCP engagements and proposals for pharmaceutical companies to overcome them.

Introduction

The role of medical science liaisons (MSLs) is to form trusted scientific partnerships with healthcare professionals (HCPs) through the provision of impactful engagements. These partnerships drive mutual value for HCPs and pharmaceutical companies and are therefore a critical component of the healthcare ecosystem. For pharmaceutical companies, partnerships are an opportunity to disseminate data and discover insights about patient and HCP needs. For HCPs, the partnerships are an opportunity to enhance their understanding of the disease state and treatment landscape, allowing them to make better treatment decisions and improve patient outcomes.

As therapies have become more specialised and their target patient populations have decreased in size, the demand for MSLs' scientific expertise has risen. In 2017 alone, the number of MSLs grew by 20%, while numbers of reps in sales and marketing have reduced.¹ The increase has largely been driven by MSLs' deep scientific expertise, unrivalled amongst their commercial counterparts, allowing them to effectively deal with HCPs' scientific needs. This demand is further demonstrated by a recent survey by the MSL society in which HCPs responded that on average they are willing to spend over an hour on calls with MSLs, compared to just 2 minutes with sales reps.²

On average HCP's are willing to have calls lasting:



Figure 1. Average time HCPs are willing to have calls with MSLs and sales reps

In another study of 391 HCPs, 40% mentioned that following the end of COVID-related restrictions, they expected to increase their engagement with MSLs in the following two years. The majority of the remainder expected the level to stay the same.³ This unique exposure to HCPs, positions MSLs well to uncover insights which have wide ranging implications on decision making within pharmaceutical companies (Figure 2.).

¹ <https://link.springer.com/article/10.1007/s43441-021-00310-y>

² https://members.themsls.org/global_engine/download.aspx?fileid=EC4103EC-0A7A-4542-B7CE-B4CEE252245&ext=pdf



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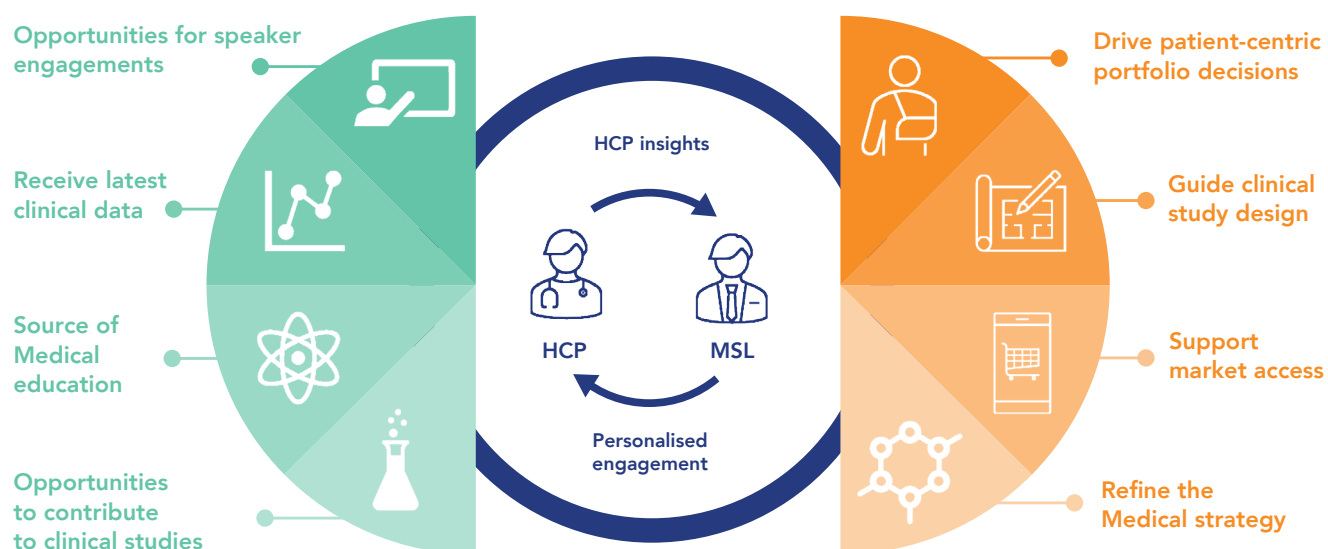


Figure 2. HCP insights contribute to strategic decision making across pharmaceutical functional units

MSL insights can be used by pharmaceutical companies to:

Drive patient-centric portfolio decisions – It is important for pharmaceutical companies to develop drugs which meet specific patient needs instead of generic efficacy or safety targets. To do this effectively, companies must generate robust patient journeys which are powered by insights from a variety of stakeholders across the healthcare landscape, including the patients themselves. MSLs are well placed to keep up-to-date with advancements in patient perceptions to drive early drug development decisions which align with patient needs.

Guide clinical study design – MSL insights have important implications for study design and operations, typically from pre-Phase II clinical trials onwards. For example, MSL insights can lead to greater understanding of the endpoints most relevant to the patients, resulting in the prioritisation of endpoints for those studies e.g. dosage schedules.

Support market access – MSLs have an important role in laying the foundation for product launch and market access. MSLs' understanding of the competitive landscape from the HCPs' perspective helps to inform the understanding of the unmet need in a particular population, enabling effective market prioritisation.

Refine the Medical strategy – A key element of pharmaceutical companies' Medical strategy is defining scientific messages which are communicated externally. The selection of messages should primarily be driven by HCP needs; an insight which MSLs are well-placed to extract. For instance, the collation of MSL insights could reveal a lack of disease state awareness amongst HCPs, leading to a company expanding its communication from only product-related information, towards diagnosis and disease state messages.

³ Pharma Industry News and Analysis | FirstWord Pharma



Empowering MSLS to deliver better scientific engagements

Given MSLS' strategic importance, it is critical that pharmaceutical companies invest in empowering them to deliver successful engagements. Here, we present three challenges MSLS face and proposals for pharmaceutical companies to overcome them.

Challenge 1. Pharmaceutical companies are struggling to meet HCPs' increasing demand for personalised engagements

HCP knowledge journeys are a useful framework to understand HCP preferences

Best-in-class HCP engagement is centered around the delivery of information personalised to HCP preferences. This is not a new concept for pharmaceutical companies and has been a cornerstone of Medical Affairs strategy for years – in a recent study, 75% of surveyed pharmaceutical executives cited personalisation as one their key strategic priorities.⁴ However, it is clear Medical Affairs teams are struggling to achieve the desired outcomes. In a survey of 300 HCPs, 28% of HCPs were dissatisfied with their interactions due to a lack of personalised content and 17% due to inappropriate communication channels.⁵

MSLS are the key to delivering personalisation due to the strength of their relationships with HCPs. However, the landscape of HCP personas is extremely complex, especially for resource-stretched MSLS who often engage with HCPs across multiple assets and indications. To achieve personalisation, MSLS require a deep understanding of the HCP's situation, ranging from their patient population, to their research interests and venue / channel preferences. Pharmaceutical companies should provide MSLS with frameworks which map HCP personas, allowing them to plan engagements according to HCP preference.

An important framework for categorising HCPs is by their level of scientific knowledge. As an HCP advances through their scientific knowledge journey, the scientific topics which are relevant to them evolves (Figure 3.). For example, an HCP beginning their journey in the 'Acquire' stage would be more receptive to discussions centered around disease state, whereas for a more experienced HCP in the 'Advance' stage, information on clinical differentiation and RWE would be most applicable. Pharmaceutical companies should utilise this concept to drive a more personalised approach to their stakeholder engagement strategies.

⁴ <https://epghealth.com/reports/the-gaps-between-hcp-demand-and-pharma-supply-of-medical-information/?submitted=1>

⁵ <https://www.mckinsey.com/industries/life-sciences/our-insights/medical-affairs-key-imperatives-for-engaging-and-educating-physicians-in-a-digital-world>



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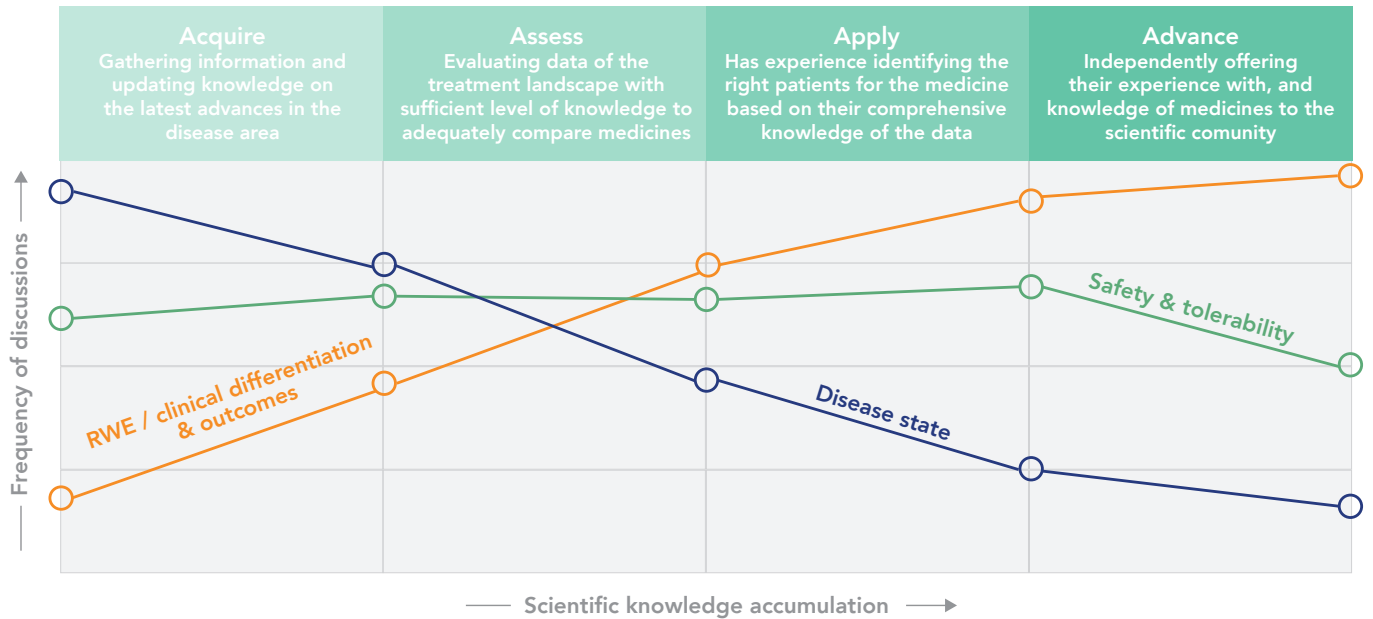


Figure 3. The topics relevant to an HCP evolve as they progress through their knowledge journey

Organisations can empower MSLs to make accurate HCP categorisation decisions

The first step for Medical Affairs teams is to define asset-specific HCP knowledge journeys. These allow MSLs to assign HCPs to a stage of their journey based on demonstrable knowledge traits. Important traits to consider include: awareness of key trial data, adverse event recognition, scientific advocacy for a product and ability to make independent and informed treatment decisions.

Increases in HCP specialisation and limitations in their availability have required MSLs to provide focused, clinically-relevant and personalised communications to HCPs. Segmenting HCPs by their knowledge level can aid MSLs in selecting the most appropriate topics and scientific statements for each HCP.

The process of categorising HCPs in this way focuses the MSLs mind on planning by raising important questions such as: 'what are the knowledge gaps of my HCP?' and 'how have they exhibited those knowledge gaps?'. MSLs can easily address these questions in a superficial way using their existing knowledge but a more thorough answer is difficult to achieve. For that, MSLs need to fully immerse themselves in the HCP experience and organisations can help facilitate this. MSLs should be granted streamlined access to HCP data from across the various digital touchpoints that the HCPs have with pharmaceutical companies, including: important email correspondence, survey responses and HCP access to scientific content platforms. Some companies also use analytics capabilities to track HCP preference on factors such as content format and content type, which can be a useful tool for MSLs.



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Best practice

Automated HCP surveys drive understanding of HCP preferences

One of our pharmaceutical clients has setup an automated HCP survey to gauge HCP perception of scientific messages.

Surveys are sent out via the company's CRM system requiring no extra work from the MSL. The surveys ask HCPs about scientific messages delivered in a recent engagement and their responses are sent directly to the MSLs.

The HCP feedback allows MSLs to understand the HCP situation and plan more effectively for future engagements. Often the HCP's response and the MSL's perception of the engagement differs, providing the MSL a useful learning in how to interpret HCP response to messages.

HCP knowledge data is an important resource through which to measure the impact of Medical Affairs within a pharmaceutical organisation

Medical Affairs has historically struggled to measure the impact of its external engagements. KPIs have typically relied on basic measurements of HCP coverage and quantity of engagements. However, these do not reflect the true value of Medical Affairs. The primary aim of engagements is to improve HCP scientific knowledge in order to facilitate better treatment decisions and ultimately better patient outcomes. This should be reflected in Medical Affairs KPIs but is difficult to measure quantitatively.

The collection of HCP scientific knowledge data is an opportunity to fill this historical gap. Pharmaceutical companies can customise their CRM systems to collect HCP knowledge data, facilitating tracking across therapy areas and geographies. These data are a useful resource to measure impact, particularly when linking the knowledge accumulation with specific messages being delivered. The prospect of contributing to demonstrating value in this way is also a motivating factor for MSLs and will ultimately lead to more engaged employees and more impactful engagements.

An important consideration is that the assessment of HCP knowledge is generated by MSL perception, without direct HCP input. The resultant data therefore needs to be interpreted with caution. However, with appropriate training and standardisation across teams, there is an opportunity to generate actionable data. One of the key points to emphasise during training is the idea that knowledge progression is not a reflection of MSL performance and not a metric through which they are evaluated. HCPs will progress through the stages at different rates, regardless of the quality of the scientific engagements and ability of the MSL. The aim is to understand HCP progression through their journey in order to personalise engagements, not so they can be pushed to the next stage.



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Challenge 2. Scientific content needs to address specific HCP needs

To drive effective dialogue with HCPs, Medical Affairs teams need to provide MSLs access to centralised, relevant scientific content. The aim of this content is to address specific HCP knowledge gaps and therefore should be differentiated from the generic materials used to support marketing or sales efforts. To address these knowledge gaps, content should be segmented to reflect HCPs needs at different stages of their knowledge journey. Additionally, in today's rapidly changing clinical landscape, the content needs to be updated regularly to deliver current messaging.

“ **Scientific content should be designed around specific HCP needs and not as a method of pushing generic messages to the widest possible audience.** ”

These requirements present organisations with an operational challenge - how do we produce meaningful content in a timely manner? Beyond the content itself, organisations also need to consider what tools they can use to support MSLs during their engagements. Too often pharmaceutical companies focus on technology strategies to support digital touch points, without considering how they can support the human engagements, which are arguably just as, or even more, important. Here we present four strategic efforts on which organisations can focus to optimise their content generation strategy (Figure 4.)

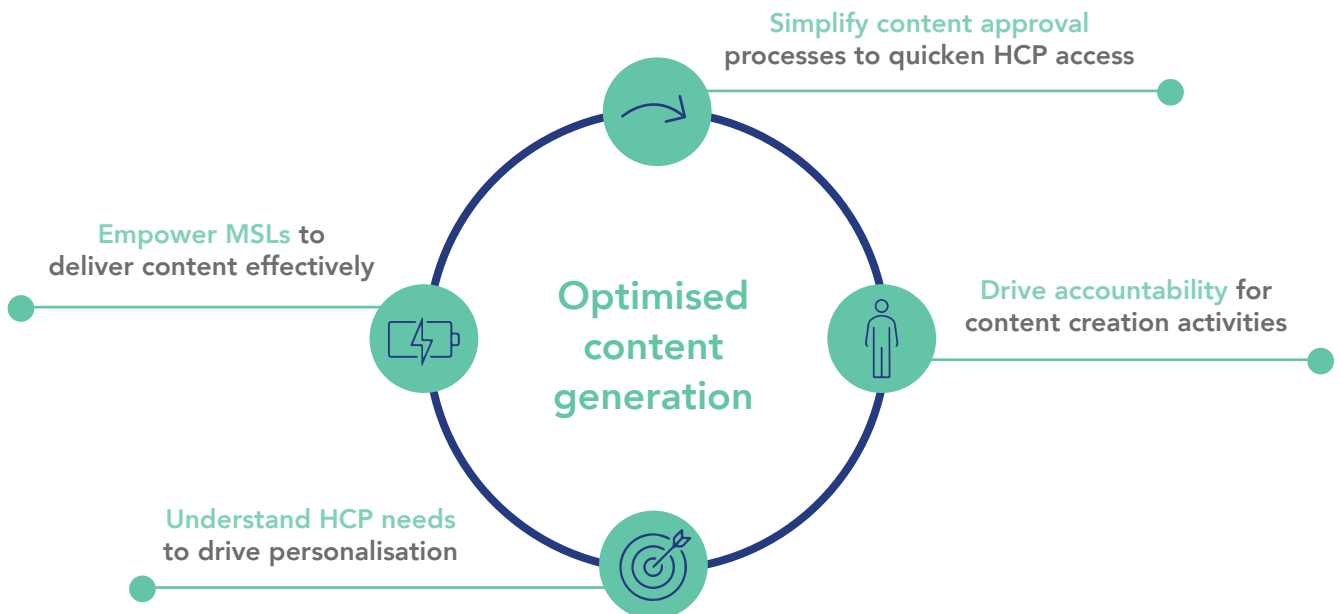


Figure 4. Effective content generation relies on understanding HCP needs, empowering MSLs, simplifying approval processes and driving accountability for content creation activities



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Develop content personalised to HCP needs

Once HCP personas have been mapped, as set out in the previous section, the next step is to develop content which addresses those needs. Recent studies highlight content characteristics which are most desired by HCPs and which should be considered by Medical Affairs teams:

- **Accessibility** – HCPs typically have a maximum of 60 minutes a day to spend on research and don't have the time to read through large articles. Information should be bite-sized and easy to read. ⁶
- **Content rationale** – HCPs tend to want to know what the story is behind the selected content. It is important to explain why this information is being shared and what the benefits are to the HCP. ⁷
- **Content type** – 83% of HCP respondents highlighted that better access to guidelines for treatment was a high priority for them, while e-learning were a medium or low priority for 64% of respondents. In general HCPs request disease relevant information over product information. ⁴
- **Update frequency** - Content should be updated frequently to support provision of relevant information. 98% of surveyed HCPs consider update frequency to be critically important. ⁷

Empower MSLs to deliver content effectively

It is not enough to simply provide MSLs with a master resource of content to be shared during engagements. MSLs need to know that the content they are delivering is in line with the Medical strategy. For this, both Global and Affiliate Medical strategies should be made readily available to MSLs. Moreover MSLs need to be a source of up-to-date knowledge and as such require access to the latest clinical data, including clinical statements, response letters and clinical data summaries. Finally, MSLs, particularly new MSLs, require a learning program consisting of comprehensive product and disease area information which can be referred to on an ongoing basis to fill knowledge gaps.

Simplify content approval processes

Due to regulatory requirements, the process for approving externally facing content is slow and laborious. This can create bottlenecks which prevent MSLs delivering timely information following changes to the data landscape. To drive efficient provision of information, companies should establish comprehensive operating models which govern the Medical/Legal/Regulatory (MLR) approval processes. Companies should consider smart approaches which speed up approval times, whilst minimising costs. For instance, dedicated MLR systems which support the automation of MLR approvals by holding central repositories of content and allowing real-time annotations. In addition, companies should consider how to staff their MLR review teams. Often an outsourced model can quicken timelines and reduce costs by using an agency to perform one or all of the reviews.

⁶ <https://sciencepod.net/the-hcp-engagement-mess-were-in-and-how-we-get-out/>

⁷ <https://epghealth.com/reports/whitepaper-accomplish-meaningful-hcp-engagement-online/>



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Drive accountability for content creation activities

When creating the content itself, it is important for teams to consider who will be accountable for identifying needs and developing materials. Roles and responsibilities should be assigned to ensure progression of key activities including: collating relevant insights to drive decisions on content needs, content development, MLR approval, distribution to Affiliate Medical teams and training. Without clear accountability, content development activities will stall and MSLs won't receive the most up to date information they need to support the HCPs.

Challenge 3. Information siloes caused by unsuitable IT systems create disruption for MSLs

A common issue pharmaceutical companies face is how to share information between business functions in a streamlined and compliant way. For companies to operate effectively, information about insights, strategy, and operations needs to be shared between Medical, Commercial, and R&D teams. However, co-ordination between teams can be low, occasionally to the point where business functions are not aware of each other's activities. The lack of co-ordination has to a large extent arisen from compliance concerns related to information sharing, leading to departments holding their own data repositories, which may be stored on legacy systems, or worse, stored in powerpoints and excels and not widely shared. For MSLs, this unaligned approach significantly hinders their ability to perform effectively, particularly through:

Uncoordinated engagements – MSLs are not the only ones from pharmaceutical companies engaging with HCPs. Stakeholders from both Commercial and R&D regularly engage externally, often meeting with the same HCPs. However, due to a lack of centralised systems, these engagements are often uncoordinated, leading to dissatisfaction amongst HCPs who typically do not distinguish between the functions and therefore cannot understand the lack of alignment. MSLs should avoid situations in which they meet an HCP the day after a sales rep has met them, having not been aware of the meeting. This is a drain on company resources and minimises the company's credibility.

Ineffective insights dissemination – In order for insights to be impactful, they need to be shared with the appropriate stakeholders responsible for setting strategy. However, pharmaceutical companies have struggled to implement the processes and systems which facilitate the flow of insights in an effective way. In addition, pharmaceutical companies are confronted with the common issue of a lack of feedback to MSLs on occasions when their insights have led to a change in strategy, often resulting in feelings of frustration and disempowerment.



Empowering MSLs to deliver better scientific engagements

To overcome these issues, pharmaceutical companies need to invest in centralised technological solutions and embed a culture of data reporting which allow MSLs to easily report and share information in a compliant way. Here we set out two key strategic priorities which will help companies break down information siloes.

IT systems must be integrated to support MSLs

Pharmaceutical companies have struggled to confront the issue of systems integration. In one survey by the MSL society, 72% of respondents said their company is not considering a new solution to integrate KOL data in a single system, with just 21% saying they will within 1 year.⁸ A fit-for-purpose Medical Affairs IT system should facilitate all activities typically carried out by MSLs including: accessing Medical and Brand plans, viewing HCP analytics, reporting Medical insights and accessing medical information and content (Figure 5.). Ultimately these centralised systems improve the efficiency of MSL activities allowing them to spend more time on impactful external engagements.

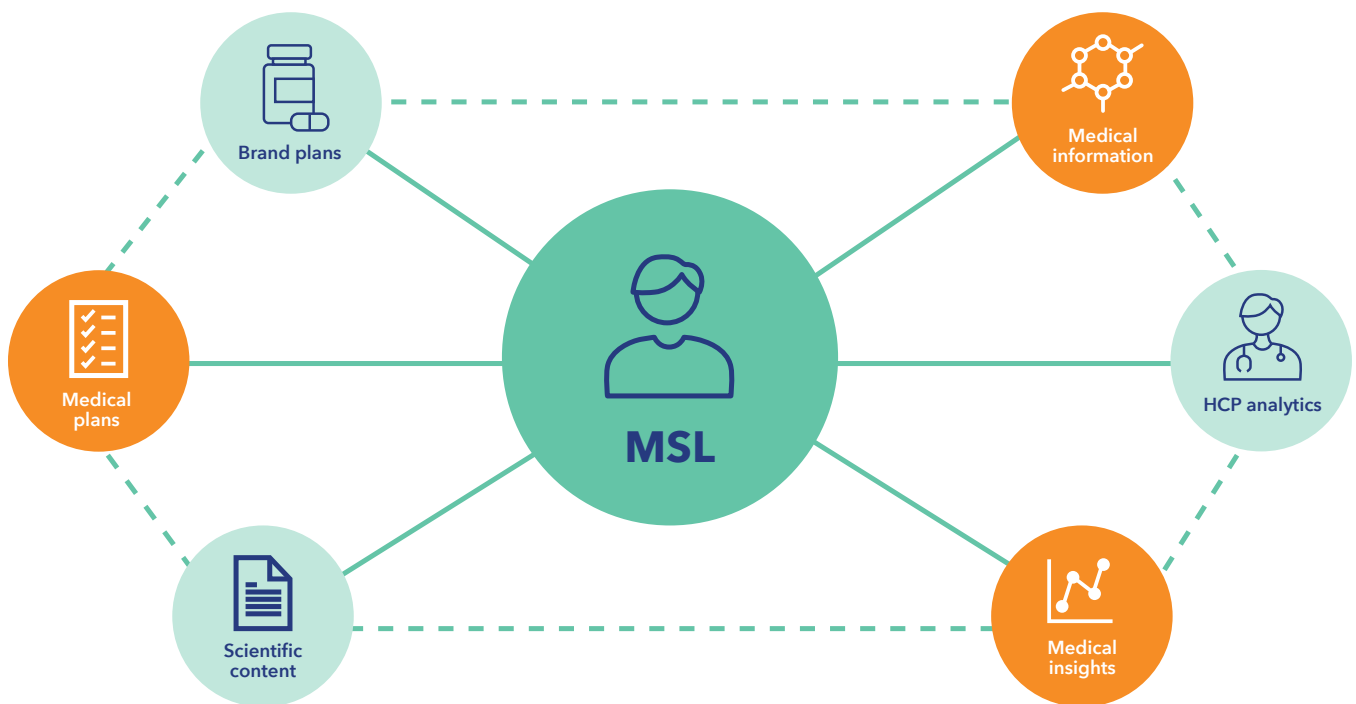


Figure 5. Fit-for-purpose IT systems enable MSLs to carry out their key activities efficiently

⁸ <https://themsjournal.com/article/1810/>



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Beyond establishing the systems themselves, pharmaceutical companies need to consider how the systems fit within company's existing digital ecosystem and the user experience. Some key features to consider include:

1. **Interoperability** - The full value of IT systems is achieved when relevant data from different systems are linked with one another. This allows MSLs to capture a holistic picture of the HCP situation and access the internal tools to meet their needs. For instance, when planning an engagement with a KTL, it is important for the MSL to know about ongoing clinical studies the KTL might be involved in. In this case, it benefits the MSL to have clinical studies data accessible in their KTL engagement planning tool.
2. **Accessibility** - To provide HCPs with personalised engagements, MSLs need to be coordinated with other business functions and other Affiliate and Global Medical teams. Systems therefore need to be accessible to teams across the company, including other business functions such as Commercial, whilst ensuring the appropriate information sharing firewalls are in place. This centrality would, for example, allow an MSL and a sales rep to collaboratively increase their understanding of an HCP, identify knowledge gaps and ultimately improve HCP experience with the product.
3. **User experience** - To drive uptake, systems need to have a strong focus on the user experience. Tools should be intuitive and easy to understand, even with limited training and should have a single sign on capability. A poor user experience wastes MSLs' time which could otherwise be spent externally and in worst case scenarios, may lead to the task not being completed at all.

MSLs should be involved throughout the implementation process

The implementation of new IT systems is a multi-step process including: pinpointing current pain points, receiving senior management buy-in, identifying technological solutions and updating the operating model.



Technology only drives impact if employees use it. Too often companies fail to align new systems with existing processes and don't institute a proper change management program. This leads to a lack of understanding of value and subsequently minimal uptake.



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However, too often these steps are driven by Global teams who often do not have a full understanding of the challenges faced by Affiliate Medical teams, leading to unworkable technological solutions. Throughout the implementation process and during the system's lifecycle, it is critical to gain input from the MSLS to ensure it delivers benefits to their ways of working. Empowering MSLS in this way creates a sense of ownership and accountability amongst the end users, which is the surest way to drive uptake and generate impact.

Conclusion

MSLS, more than their sales and marketing colleagues, are emerging as the critical strategic resource for pharmaceutical companies. At the same time, Medical teams remain significantly less well-supported, evident through the lack of extensive supporting strategic, operations and analytics groups which are so prevalent in commercial teams. As one point of reference, a recent McKinsey report highlights that just 10% of pharmaceutical companies consider themselves to be 'investors' in digital solutions for Medical Affairs. ⁹

In our experience, the companies which fail in this undertaking are those that settle with stopgap solutions instead of long-term investments. We understand the need to build fully integrated solutions which consider the current state, address specific issues which need resolving and have received senior management buy-in. Now is the time for pharmaceutical companies to fully invest in their Medical capabilities and reap the rewards through a rich set of insights which can optimise strategy and ultimately drive patient benefit.

⁹ <https://www.mckinsey.com/industries/life-sciences/our-insights/medical-affairs-key-imperatives-for-engaging-and-educating-physicians-in-a-digital-world>

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