By Robin Robinson



The **Influence** of MSLs

he role of medical science liaison (MSL) is growing in importance as key opinion leaders (KOLs) seek greater support in navigating complex information.

A study from the Medical Science Liaison Society found the average time spent by a sales rep with a doctor was less than two minutes, while the average time for an MSL-physician interaction was more than an hour. According to Medical Affairs Management: Igniting Innovative Global Strategies, pharma companies recognize the opportunity that is available and 36% of surveyed companies are expected to increase the number of employees staffed to MSL teams.

However, these MSLs need training to develop a wider range of skills beyond their science background. Some MSLs are well-trained, while others may only receive a few handouts for guidance.

With the role becoming more pertinent to gaining access to physicians, companies need to invest in this very valuable position.

Samuel Dyer, Ph.D., CEO and chairman of the board at the Medical Science Liaison Society (MSLS), says the industry has reached a tipping point in MSL growth.

MSLS polled 640 MSLs and MSL managers and asked them to report the anticipated growth of the MSL role within their companies.

"Seventy-three percent of the managers surveyed predict 20% growth just in the next one to two years," Dr. Dyer says. "That's an explosion."

While the 20% represents the role globally, in some countries, such as those in Asia, For MSLs to be truly relevant and increase their impact, better training is needed.

the growth is estimated as much as 40%, Dr. Dyer adds. While there are several factors for this growth, he says the No. 1 driver is KOL demand.

"This growth is happening because physicians are demanding it," he says. "We know because we asked them. We interviewed 205 KOLs and found out what they value from MSLs, what they want, what type of information, etc."

With this level of significance in terms of the KOL/MSL relationship, one might think that companies would be investing in highlevel training for such a position, but that is not always the case, Dr. Dyer says.

"MSLs recognize that the communication and relationship building piece is critical to their success in the field and yet most companies don't offer this type of training," he says.

In another survey conducted by the MSL Society, MSLs were asked what they received in terms of onboard training: 70% responded that they received no formal onboarding at all. Also, 70% reported never receiving presentation skills training, and 80% reported never receiving any communication skills training, although 80% said they would like to receive such training.

Most MSLs want training because they want to succeed in their job, says Stacey Benefiel, Pharm.D., senior director, MSL operations, at TriNet Pharma, and it is extremely important for entry level positions.

"MSLs put a lot of value on training because they want to be effective; they want to do their job well and they know that professional development is really critical to making that happen," she says. "The most important thing for entry-level MSLs is having the right training, having someone that they can rely on in terms of helping them understand SOPs, helping them understand how to interact with a physician, how to make an appointment with them and all the logistical elements that go along with it," she says. "And if they don't understand the compliance regulations of the company, they can get in a lot of trouble pretty quickly."



As MSLs become increasingly credible sources of valued information and actionable insights, they are better positioned to develop peer-topeer partnerships with KOLs.

ROBERT GROEBEL Veeva Systems



The explosive growth of MSLs is happening because physicians are demanding it.

DR. SAMUEL DYER Medical Science Liaison Society

Over the past year, she has observed a tremendous increase in the number of entry-level MSLs that are being hired, primarily in big pharma. Many of the MSL openings are with small biotech companies with limited resources that might not have the time to thoroughly train their MSLs. Hence, this is why most of those companies seek to hire experienced MSLs.

"For the role to remain as valuable as it is, it is critical that newly hired MSLs receive the training they need to become true experts in the field," Dr. Benefiel says. "I would advise them to ask about training when they're on a job interview. They should find out if they are going to be given adequate support or will they just be handed some journal articles and be told, 'Here you go, go out and be an MSL.' That's really not setting them up for success."

If MSLs are so crucial, then why aren't more companies investing in them to accelerate their performance?

"One of the challenges that we have in the MSL space is that most of the budget at a pharmaceutical company is traditionally controlled

on the commercial side," Dr. Dyer says. "Training budgets for sales reps are going up, while training for the MSL function is flat. This is definitely alarming and should be addressed especially in an environment when MSLs are becoming increasingly critical to the success of products and ultimately the companies they work for.'

At AstraZeneca, the organization recruits MSLs from different backgrounds, and it offers multiple training opportunities that further refine the skills needed to operate in a highly specialized and evolving industry.

"It's not only about therapeutic area expertise - MSLs also need to have a firm understanding of the constantly changing healthcare environment to provide KOLs with the information and resources that they need,' says Kevin Krause, Ph.D., executive director, U.S. medical affairs operations at AstraZeneca.

As Dr. Krause points out, today's MSL needs to know more than just clinical information about the product. An MSL today may be asked about health economics, cost-benefit ratios, and patient outcomes, especially if he or she is calling on KOLs who work within an integrated delivery system.

Shaping the MSL function today is the evolving healthcare delivery system," says Paul Meade, president of Thought Leader Select.

"There's much greater transparency and greater integration of information and there's a much greater need to have a holistic understanding of the impact of healthcare.'

In other words, he says, the MSL must be able to explain what the treatment means to the patient; what it means in terms of adherence and quality of life; and what value it brings to the patient and the physician.

"If MSLs are talking to high-level ac-

ademics, they might not need skill sets centered around health economics or the humanistic aspects of healthcare, and if they're down in the trenches where healthcare is being delivered, they will require a different skill set," Mr. Meade savs.

A good MSL can help KOLs understand and adapt to the evolving healthcare landscape.

"We have seen tremendous change over the last several years in the United States in how healthcare is administered and the rules that govern this process, and change will only continue in the future," Dr. Krause says. "The MSL who can effectively communicate medical and scientific data and provide real-world context for that data, will truly provide value to KOLs."

AstraZeneca has several programs and communication cascades in place to ensure that MSLs have the latest information on the changing external environment and tips for how to manage through them.

"We provide these support materials not only to our medical affairs organization, but as a way to encourage collaboration among MSLs, our medical affairs managed markets team, our health economics and outcomesr teams, and in appropriate collaboration with our commercial managed markets teams," Dr. Krause says.

Bringing Value to the MSL Role

Of all the skills an MSL must have, the most important component of his or her interaction with physicians boils down to bringing value.

Value can be found in the form of trust, relevant information, understanding the doctor's needs, and targeting the right KOL with the right information.

According to Mr. Meade, if MSLs are approaching KOLs with only a clinical discus-



BETH PRICE

The Medical **Affairs Company** sion in hand, they could be missing the boat on the value proposition.

"If doors are closing to sales reps at healthcare systems, then closing the door to MSLs is probably not far behind unless they can create value in that conversation," he says. "The value is not in the data. It's in the insights the MSL can bring to the discussion. This is a necessary skill for today's MSL."

The ability to provide value to KOLs through insights and other means is the main reason the MSL role is growing, Dr. Dyer says.

"No physician anywhere in the world is going to give up clinical time to see somebody from a pharmaceutical company, whether that is a sales rep or an MSL, unless that person is providing value to his or her practice or the patients the physician treats," he says.

MSLs need a firm understanding of the constantly changing healthcare environment to provide KOLs with significant information.

DR. KEVIN KRAUSEAstraZeneca

To fill the needs of the KOL, an MSL just needs to ask the right questions and listen to the answers, Dr. Dyer says.

"The primary purpose of an MSL is to be a medical resource to the KOLs and other health care providers they engage with and to continually add value," he says.

Dr. Krause agrees that listening is extremely important in developing a good KOL/MSL relationship.

"The first step in better communication, is better listening," Dr. Krause says. "As MSLs improve their active listening skills, they will be better equipped to ensure that they are bringing the right scientific and medical information to each KOL during each interaction. They will also improve their ability to recognize valuable insights when they hear them."

MSLs need to take time to assess the territory for which they are responsible, examine who has the highest levels of influence, and use objective measures to identify exactly which KOLs they would do best to interact with, says Allison Murphy, VP, business development, inVentiv Health-Commercial. This exercise should be done more than once a year to ensure the MSL is reaching out to the most appropriate targets.

"The KOL of 2016 is not necessarily one who fits into the typical pyramid that has been used by many companies for many years for KOL targeting," Ms. Murphy says. "Medicine and devices have become more complex and the definition of a KOL may vary to mean anything from an actual international thought leader to the head of a regional IDN."

The foundation of trust that an MSL needs to build with a KOL begins with pre-call planning, says Michael Pietrack, executive VP, TMAC Direct. If the thought leader can clearly see that the MSL is prepared, he or she is more likely to take future calls and agree to meetings. Once trust is established, then the MSL needs to continue to bring extra value.

"The MSL is seen as a valuable resource when he or she quickly react to the thought leader's needs and helps the KOL to meet his or her goals and deadlines, Mr. Pietrack says. "On the flipside, if the MSL's response time is slow and the follow-through in unreliable, then the value and trust are quickly lost."

Another way that an MSL can bring extra value is by providing timely and relevant information. If the MSL can save the thought leader time and energy, then the value of each interaction increases.

"The best MSLs pick up on the subtle needs of the thought leader and have the initiative to help solve problems or close the information gap," Mr. Pietrack adds. "They engage in a high-level two-way dialogue with the thought leader that may even include a professional and polite rebuttal to ideas. In contrast, the least effective MSLs do a data dump just to check a box. With the access issues facing today's MSLs, the ones who can consistently create value and differentiate themselves get face time with the KOLs."

The key is to ensure that both the KOLs and MSLs are finding value in their interaction through proper KOL targeting, says Natalie DeMasi, senior analyst at Cutting Edge Information.

Valuable interactions for MSLs mean they glean clinical insights and facilitate thought leader involvement in company activities.

For KOLs, a valuable interaction may mean they learn about research opportunities, speaking or publications engagements, or simply current data about new interventions and patient care.

To learn about healthcare provider goals, MSLs should conduct ample background research about their HCPs — including the number of years of clinical experience, the number of publications, and the number of speeches as well as their current research and their areas of interest.

More importantly, however, MSLs can learn HCP goals by listening to these thought





The MSL role could become less valuable if new hires do not get the training needed to become true experts in the field.

STACEY BENEFIEL
TriNet Pharma

leaders during their interactions to extrapolate their interests.

MSLs also need to keep in mind company goals, which depend heavily on the product's lifecycle, and target healthcare providers with aligned goals. For example, Cutting Edge Information's research found that 21% of surveyed U.S. medical publications teams begin activities during Phase II trials. What companies may actually be looking for is a thought leader interested in writing a manuscript.

Using static data to identify and engage with KOLs is becoming more and more inefficient. Within three months, a KOL's hospital affiliations, publications, and sphere of influence can all be out of date. This means too much time is spent filling in the blanks and less time actually deepening the engagement.

"What MSLs really need is a dynamic dataset, one that doesn't just list 50 individual KOL profiles but instead maps the entire KOL landscape for a given therapeutic area," says Robert Groebel, VP of global medical strategy, Veeva Systems. "In some cases, these maps should also include adjacent therapeutic areas where KOLs have emerging interests."

The nature of KOL behavior is fundamentally changing, Mr. Groebel says. There are informal ties that bind KOLs to one another and to other stakeholders, including patient advocacy organizations. These ties, sometimes driven by social media, can provide invaluable information about KOL positioning and sentiment.

"Such information will help MSLs determine which KOLs have affinity with their organization's approach to treatment, and which

KOLs may have a differing opinion with that approach," he says.

To keep current, KOL data must be updated continuously and free MSLs to focus on their core mission, which is to engage stakeholders.

"By moving away from that static list of 50 names, and toward a syndicated landscape view of KOLs, we take the blinders off the MSL so they can have a more nuanced view of the scientific community," Mr. Groebel says. "This dramatically increases their credibility to leading physicians. And as MSLs become increasingly credible sources of valued information and actionable insights, they are better positioned to develop peer-to-peer partnerships with KOLs that extend way beyond the transactional relationships of the past."

Today's companies and MSLs must recognize that KOL list refinement and validation is an essential component for their company's marketers and medical staff to support their portfolio of products across the lifecycle, says Beth Price, executive VP, The Medical Affairs Company. Equally as important as assembling that initial KOL list is the management and refinement of the list.

"MSLs are frequently provided with initial KOL lists that are comprised of a cadre of national, regional, and local physician names," Ms. Price says. "These lists typically are derived on a quantitative mapping exercise, designed to identify therapeutic leaders who have been either defined by their peers as leading experts/influencers, have significantly published in journals or presented at medical meetings and congresses, and have or may impact the future adoption practices of other physicians and healthcare practitioners."



The industry has depended on a strictly clinical conversation between physicians and MSLs, but that is no longer keeping pace with the healthcare evolution.

PAUL MEADE
Thought Leader Select

Ms. Price adds that it is critical for MSLs to recognize that this list is simply a roadmap for them to use as a starting point and must be consistently refined and validated to truly provide meaningful value and data to their company that can be further used for future market development, research, and commercialization activities.

"As biopharmaceutical companies continue to identify and streamline the most effective and efficient ways to manage collaboration with their KOLs and healthcare professionals to conduct research, write articles, or speak on their behalf, they continue to rely on the relationship management of the interaction between the MSL," she says.

As the MSL role continues to evolve, targeting the right KOL will continue to be important. Additionally, MSLs will need to focus on delivering the right message.

"Too much focus is being spent on targeting the right physician and not enough has been spent on targeting the right message and that's what I think needs to be emphasized in today's MSL role," Mr. Meade says. "Finding the right physician and then having pertinent knowledge and insight is really important for that exchange. The conversation that provides insights is where the value is."



By keeping in mind company goals and HCP interests, MSLs can improve KOL targeting and strengthen their HCP relationships.

NATALIE DEMASI
Cutting Edge Information

By Robin Robinson

Skill-Building Practices

Our experts provide tips on how to be a more effective MSL.

INCREASING THE EFFECTIVENESS OF FIELD-BASED INTERACTIONS



NATALIE DEMASI
Senior Analyst,
Cutting Edge
Information
MSLs are unique in that their skillset is two-fold. They have to be therapeutic area and

product experts with the ability to retain new knowledge and stay current on the latest research. At the same time, they need to be excellent communicators and relationship builders. This is like combining the medical expertise of a physician with the outreach of a marketer. It's hard to find that perfect balance.

What's more, we've surveyed around 1,100 KOLs about their interactions with MSLs, and, in general, we've found that 85% of surveyed HCPs prefer their meetings to last 30 minutes or less. As a result, MSLs have a small amount of time to communicate sometimes complex ideas and discussions. This means that MSLs have to be clear, concise and, most importantly, focused on what interests the HCP.

Among a sample of our surveyed KOLs, the information thought leaders most desire from MSLs is up-to-date clinical information (79%), followed by published articles (70%). In contrast, slightly fewer than half want therapeutic area information (49%) and patient education materials (44%). This is actually not that surprising because HCPs typically know the therapeutic area and associated ways to educate patients, or at least they can access this information from many different sources. Instead, HCPs rely on MSLs to provide more exclusive content that they may not be able to get elsewhere; this is what makes MSLs valuable.

As for the discussions themselves, one thing to keep in mind during meetings with HCPs is that $\frac{1}{2} \int_{\mathbb{R}^{n}} \left(\frac{1}{2} \int_{\mathbb{R}^{n}} \left(\frac{1}$

MSLs are not there to sell the company's product. This simple fact can significantly improve an MSL's ability to communicate medical information because there is no bias or pressing need to convince the HCP about the product's benefits. In an optimal interaction, an MSL will clearly present scientific data and allow the HCP to interpret and discuss the data in an open forum. Whether the thought leader agrees with the product's efficacy or not, the conversation should encourage both the HCP and MSL to explore the science together and learn from each other. This type of conversation underscores the scientific emphasis of the meeting and helps build credibility between the thought leader and MSL.



ROBERT GROEBEL

VP of Global Medical Strategy, Veeva Systems

There is a need for a more robust tool to precisely identify and engage the right KOLs. Next,

MSLs need to use those insights to build what specific scientific information will be most valuable to each KOL. For instance, an MSL may choose to provide additional trial data to a KOL who is beginning to explore their organization's approach to help inform a more robust opinion.

Another key is to zero in on how each KOL wants to communicate. The most valuable scientific information in the world is meaningless if the KOL doesn't actually receive it and use it. The good news is surveys show that physicians want more and better scientific information from the industry. And they need to trust the source. MSLs can develop and build upon this trust in three ways: understand and align to the KOL's needs such as their communications channel preferences; expand their broad therapeutic knowledge, and present comprehensive information on all treatments, not just their own; and maintain an open dialogue, responding promptly to

inquiries from both aligned and misaligned KOLs, to increase credibility.

ALLISON MURPHY

VP, Business Development Selling Solutions,

inVentiv Health — Commercial

In my opinion the need to cater communications to an individual's preference is a key to being truly effective. Just as we have progressed in so many processes in medicine, gone are the days of one model fits all. I believe the onus is on the MSL to determine the best method of communication at every interaction and verify that the request is done in a manner that adheres to company compliance policies.

ELEVATING COMMUNICATION EFFECTIVENESS BETWEEN KOLS AND MSLS



NATALIE DEMASI Senior Analyst,

Cutting Edge Information

In our MSL research, we found that 32% of surveyed MSL teams receive quarterly

on-going training. This percentage rises to 86% for surveyed U.S. MSL teams while the remaining 14% receive monthly training, which is very frequent compared with other surveyed regions. Moreover, interviewed MSL leaders explained that their MSL training sessions emphasize the nature of KOL interactions, including mock KOL communications.

Just as in sales, the key to effective communication and trust building is reading the HCP to determine his style of communication. If the HCP is soft-spoken and reserved, the MSL should match that style. If he's loud and animated, the MSL should be equally impassioned. Effective communication relies on trust and clarity, and both of these are earned by being relatable and accessible.



ROBERT GROEBEL

VP of Global
Medical Strategy,
Veeva Systems
Organizations can really give
MSLs a leg up by making sure
that technology is not a stum-

bling block. The best technology simply works, and the less MSLs have to think about it, the more they can focus on their core mission. If MSLs are armed with the right tools, data, and technology, they can develop a better understanding of each stakeholder, connect with them scientifically in a meaningful way and move that relationship forward.

MSLs may only meet with a KOL three or four times a year. Technology fills in the gaps to make sure each interaction has the most impact. If an MSL enters a meeting with outdated information on a KOL's profile, activities or area of focus, it doesn't just waste time. It may damage the relationship in a long-lasting way.

Organizations need to address the following technology challenges to optimize MSL effectiveness: multiple, disconnected data sources; numerous vendors; fragmented or limited points of view; data not harmonized to provide long-term value; and ongoing maintenance costs

One challenge we see with MSLs is that some data sources are available to them in the field, via smartphone or tablet. But others are siloed in the home office and are inaccessible to them when they need them most. This can really handicap MSL effectiveness. Organizations that integrate traditional data sources and newer data, such as social media networks and communication channel preference, and deploy that data in the

field through a single source of truth are really going to differentiate themselves. This is the MSL of the future.



PAUL MEADE

President,
Thought Leader Select
There are two MSL skill sets
that need to improve. MSLs
need to talk to the right people. To find the right people,

MSLs need to have enough information and knowledge on the healthcare providers; have enough insight into their beliefs and their principles; and understand what their needs are. This is a critical skill set that needs to be developed.

Being able to communicate is another important skill set that needs to evolve. MSLs need to be able to communicate more than their clinical knowledge; they need to be able to talk to the complexity of the healthcare delivery system, health economics, and the human impact.

ALLISON MURPHY

VP, Business Development, inVentiv Health — Commercial

MSLs can elevate their effectiveness in communicating with KOLs in one simple way by setting clear and realistic expectations of response times and methods of how information will be transmitted. This basic premise of good communication will help build trust and credibility.

Another simple and effective way to elevate communication is making sure every communication received gets a response — a timely response. All too often information can disappear into a black hole or get buried deep into an e-mail feed and then quickly be forgotten. Establishing an individual best practice of communicating with KOLs will help the MSL gain respect and trust as a genuine scientific partner.