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Field Medical Centers
of Excellence

What does
best in class
look like?



INTRODUCTION:

At the MAPS 2019 Global Annual Meeting, delegates attending a workshop on Field Medical Centers of Excellence debated the question 'What does best in class look like?'. This report shares the key insights from that workshop and provides further context with interviews and case studies from Medical Affairs colleagues who have first-hand experience of setting up and progressing a Field Medical Center of Excellence (CoE).

OBJECTIVES:

- Explore different Field Medical CoE models and key considerations for the different approaches taken
- Discuss the key success factors and also the challenges when setting up a Field Medical CoE
- Share the best practices and innovation that is driving the importance of Field Medical CoE
- Provide food for thought for companies who may be considering setting up a CoE to learn from companies who are further along the journey.

Why Set Up A FIELD MEDICAL CoE?

In a dynamic medical ecosystem, along with increased resource constraints, why are companies investing in Field Medical CoEs? Robin Winter-Sperry, Head, Global Field Based Medical Excellence & Insights, Sanofi Genzyme, stresses the importance of asking this fundamental question at the outset. "Ensure you have a strong rationale for what is the purpose of a CoE. What is the business, medical and scientific need for this resource? If we are unable to demonstrate value and optimize Field Medical performance and standards, then it will not be successful."



Key reasons cited for setting up a CoE:

Optimizing value

Field medical is a significant component of Medical Affairs and increasingly of key strategic importance to the business. Senior leaders want more rigor on how to leverage the value of this critical resource in terms of scientific exchange and bringing the voice of the healthcare provider back to the organization.

Reducing risk

Field medical functions directly interact and engage with medical and scientific stakeholders in an increasingly complex healthcare environment. Developing core standards is a key objective for many when setting up a CoE.

Creating synergies and driving efficiencies

There is more commonality across countries than what is often believed but it requires a focused effort to leverage that commonality and make it work across geographies and therapeutic areas. A CoE can effectively bring countries together to agree on priorities, prevent unnecessary duplication and often free up resources for countries and regions to spend on other priorities. This is particularly relevant for small to medium size companies with budget restrictions.

Sharing best practice

How to effectively share best practice across countries and regions is a challenge facing any industry. This is heightened in Medical Affairs where you have technical experts who tend to go with high precision and don't want to share ideas or best practices until they are brought to full fruition and measured. However, many medical initiatives can take a long time to see the output and measure. CoEs can create an environment that encourages and formalizes the sharing of best practice and ideas.

ORGANIZATIONAL STRUCTURE

The organizational structure of Field Medical CoEs differ from company to company depending on resources and remit. One of the most frequently employed models is based on the establishment of a Working Group or Taskforce.



“Strategically you need to think about who needs to be in the Working Group.

It needs to be at the Field Medical Leader level of the key countries on which you are focusing. There need to be regular touch points to ensure they can have input and ownership around key CoE tools and initiatives.”

Donna Holder, Executive Director, Global Field Medical Center of Excellence (CoE),
Merck & Co., Inc.

Global vs Regional

PROS

Global Model

- Greater efficiencies
- Centralized operations and CoE management
- Best practice can be shared across regions

Regional Model

- Smaller number of affiliates to engage
- Easier communication and cultural alignment
- Perception that for some initiatives one size doesn't fit all at a global level

“The advantages of a regional CoE is that I’m very in tune to the regional business. It’s manageable because of the smaller number of affiliates involved. However, it is important that the Regional CoEs are talking. We hold a monthly call with the Regional CoE Leads to ensure alignment where appropriate and share best practices.”

Michelle Powell, Director, Field Medical Excellence,
Medical Affairs, Americas, **Astellas**.

Key Success Factors

Leadership support and communication

High level leadership endorsement and articulation of why the CoE is business critical is considered to be fundamental to its success. Leaders need to communicate not only their support but also their expectations for implementation and ensure this is cascaded to reach all target audiences. "Senior leaders demonstrated the strategic importance of the CoE by making it a true function within the organization and communicating how it was central to uplifting Field Medical capabilities. Through effective communication, the role of the CoE was clearly established resulting in buy-in and engagement." Donna Holder, Executive Director, Global Field Medical Center of Excellence (CoE), Merck & Co., Inc.

Clarity of purpose

As stated previously, clarity of purpose is essential when setting up a CoE and a clear vision of what good looks like. This may be the case for any change management process but has specific relevance for CoEs whose success is based on country and region uptake of resources and processes.

"Make sure you have a very clear idea of what you want to do initially. It's crucial that you don't try to do too much. Do a couple of things and do them well. For example, how do we get very good at launch excellence – how are we optimizing our pipeline support from a field medical perspective." Ralph Rewers, Sr Director, Field Medical Excellence, AbbVie.

Partnership and Operational support

The CoE needs to drive partnership and collaboration across the breadth of the organization.

"You need an effective partnership with IT to ensure that field systems are appropriately resourced, and they need to understand how Field Medical operates. It's very different than supporting an in-house system who are not interacting externally with healthcare providers. Similarly, our Field Medical teams need to have the technological acumen to be able to handle new advances in technology, so we not only have the right tools but the acumen to be able to utilize those tools effectively." Michelle Powell, Director, Field Medical Excellence, Medical Affairs, Americas, Astellas.

However, partnership needs to be broader than just IT and operations, an example from one large pharmaceutical company, "my team were not aware of the resources being created by the publication team. Once we started that connection through the CoE we had a better understanding of what they were doing so we could partner with them and utilize their materials and not duplicate efforts."

○ Dedicated FTE

It is generally recommended that there is someone dedicated to leading the CoE on a full-time basis with support as appropriate to the size of the organization.

However, smaller companies should not be put off implementing a CoE if they don't have the resources for a full time FTE. They may need to find the slimmed down version of the CoE they need. With Senior Leader endorsement it is possible to pull the levers that are needed without having dedicated headcount.

○ One size doesn't fit all

Whilst it is recognized that there is considerable value in doing things globally, regional nuances and sensitivities must be respected and taken into account. "We are getting better at making sure we hear from our colleagues out in the field. What are their pain points? What are their most pressing issues? It is this bottom-up feedback that is critical to success" Ralph Rewers, Sr Director, Field Medical Excellence, AbbVie.

"We've evolved to looking at things that transcend our global business units. We are very mindful of things that are specific to a region, TA or product life cycle stage. The essence of what an MSL is and does around the world for our company, through the CoE is the same in terms of the general approach and general standards, however, the way the role is implemented is colored by the dynamics of the institutions, government and ecosystem that they are working within".

SUMMARY OF KEY CHALLENGES

- Perceived risk to autonomy in countries/ regions
- Cultural, time zone and language barriers
- Increased regulatory and compliance complexities at a country/ regional level
- MSL resources and remit differ across countries/ regions
- Lack of dedicated FTE support
- Complex CRM and reporting systems
- Lack of access to high quality training and content
- Mission 'creep' with CoE pulled in different directions
- Work council opposition in some countries

KEY INSIGHTS

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I think we underestimated how much communication was needed and how long it would take to get leaders on board with the CoE in different countries and regions. They had sat in various meetings but as we got closer to implementation, it became apparent that more was needed for them to fully endorse it and hold their people accountable for implementing the CoE initiatives. Reflecting on how we could have done it differently, our communication was one size fits all and needed to be tailored to the needs of specific leaders. There was also merit in having a more dogmatic approach from Senior Leadership to say “sorry but you don’t get to opt out”.

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Establishing KPIs and metrics is difficult. People feel that their landscape is different so don’t want to be held to a certain standard as it’s not measuring like for like. We overcame this by involving them from the start and showing them that this wasn’t a “cookie cutter” approach but there was flexibility to customize.

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Effective CRM and global reporting systems are fundamental to the successful delivery of the CoE. Historically, CRM systems have proven challenging because of different configurations so we didn’t have a global platform to pull reports. We are now working towards finding a solution and the network enabled through MAPS has been invaluable in facilitating this.

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The Value of a Field Medical CoE from the perspective of the end-user

Andrey Ipatov, Head of Medical Excellence and Scientific Partnership,
AstraZeneca

In Russia we have successfully utilized global Field Medical resources and initiatives but have tailored these to meet local regulatory and needs. I can share two specific examples from my own experience that demonstrate the value of a Field Medical CoE for local markets; firstly, from a knowledge transfer perspective and secondly through effective utilization of technology. Knowledge

An independent 360 degree survey highlighted the need to uplift capabilities around evidence generation, specifically around how to read and interpret medical papers. Utilizing core Global resources and slide decks, we worked with a local training specialist to conduct workshops that specifically addressed country specific needs and messages.

Technology

Russia AZ was one of the first markets to implement remote calls with HCPs. The technological framework to support this new model was driven by Global but we adapted this to ensure it met local needs bearing in mind we had nine different time zones! The early adoption of this model had significant cost savings in reduced travel costs and time.

MEASUREMENT AND EVALUATION

Common to all organizations, the onus is put on value. Value to the business, healthcare providers and ultimately patients. The following are just some of the criteria used to measure the effectiveness of a Field Medical CoE.





Evaluation of specific CoE initiatives

- Was it launched to deadline and to budget?
- Were all stakeholders on board?
- Was it implemented in all target countries/ regions?
- Feedback on process and end delivery obtained from key stakeholders

Staff retention

- Has the CoE driven a strategy that has enabled MSL teams to attract and also retain the best people?
- What career progression opportunities have been enabled through the CoE?
- What training and skill uplift has been facilitated?

Showcasing MSL excellence

- How has the CoE provided a platform to demonstrate the value that Field Medical bring to the organization?
- Has the CoE given MSLs a voice internally to share their expertise and medical/scientific stakeholder insights?

SUMMARY

Key to the long-term viability of Field Medical CoEs is ensuring they remain relevant and constantly evolve with the changing dynamics of the healthcare environment. Having a clear vision of what is the focus of the CoE and ensuring that this is aligned to the core organizational strategy will ensure that it has longevity and continue to meet stakeholder needs.

“If I had one wish for Centers of Excellence is that they are valued as a ‘go to resource’ not just for developing standards, tools and resources but being a place to go to learn more about the talent of Field Based Medical and the value they are bringing and the enormous amount of expertise they have amongst each other.”

Robin Winter-Sperry, Head, Global Field Based Medical Excellence & Insights,
Sanofi Genzyme

KEY TAKEAWAYS

- Have a clear vision and set objectives
- Active support and engagement from senior leaders is key to success
- Create a forum to ensure the engagement and buy-in of constituents
- Ensure the CoE is led by someone who has the time and expertise to provide effective leadership
- Develop global standards but there must be room for regional variation
- See the bigger picture, the issues on the horizon and the remit of the CoE to address these
- Communication is key and requires a tailored approach to meet needs of different stakeholders
- Be specific about measurements and communicate successes

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