

# Field Medical Metrics/ KPIs Guidance Document

Nancy Ortiz, Executive Director, Global Medical Affairs & Field Medical at **Strongbridge Biopharma**  
Deborah Crawford, Director, MSL Team & Therapeutic Lead at **Teva Pharmaceuticals**  
Irma Kerliu-Saliu, National Director, Psychiatry Medical Science Liaisons at **AbbVie**  
Eleonora Goldberg, Medical Affairs Expert





## INTRODUCTION

The primary role of Field Medical is to engage with external stakeholders, including influential thought leaders or key decision-makers to ensure scientific knowledge for the benefit of patients. At the same time, the Field Medical function also listens, gathering insights into the experiences of external stakeholders that can inform the organization's strategic actions.<sup>1</sup> Understanding the impact of Field Medical's external and internal actions requires measurement in the form of key performance indicators (KPIs) and metrics. However, Field Medical metrics are challenging, as they must track not only the quantitative aspects of how many times an action is performed but also the qualitative aspects of these actions' impact. When quantitative and qualitative KPIs and metrics are aligned with the organization's strategic plan, these measurements demonstrate value. Defining and communicating this value is an essential task as Field Medical solidifies its role as a strategic pillar within the organization.



## THE ROLES AND RESPONSIBILITIES OF FIELD MEDICAL

At the heart of the Field Medical function is the trusted scientific exchange between the medical science liaison (MSL) and key opinion leader (KOL).<sup>2</sup> Commonly, these KOLs are health care providers (HCPs) or others in the health care ecosystem, including clinical and scientific thought leaders. Because MSLs themselves hold doctorate-level degrees (commonly PharmD, MD, or PhD), MSLs speak with KOLs as a scientific peer and thus act as a conduit for the organization's scientific information. Importantly, this conduit of information is bidirectional, with Field Medical not only providing pertinent scientific information but also bringing back insights from experts to the organization that can inform strategy both in the Field Medical function and for cross-functional colleagues. For example, Field Medical insights may identify new opportunities for external and internal partnerships, pinpoint areas for new clinical research, or further define issues of value and access. Field Medical teams implement many tactics to achieve this strategy of providing scientific expertise toward the goal of patient benefit, for example, individual MSL/KOL interactions, publications, and participation in scientific congresses. Increasingly, Field Medical leadership is also tasked with communicating the value of these actions to internal stakeholders.



## THE USE OF METRICS/KPIs WITH THE FIELD MEDICAL STRATEGIC PLAN

KPIs and metrics are useful only inasmuch as they support the defined objectives of the Field Medical Plan and have alignment with the organization's strategic goals. Thus, even before deciding what to measure and how to measure, it is important to look from the perspective of strategic planning at why something should be measured—in other words, to ensure that there is purpose behind measurement. Using the Field Medical Plan as the starting point for KPIs ensures that KPIs do not simply become points of trivia and instead can be used to update existing strategies, influence the creation of new strategies, and understand the impact MSLs are making in the field. In this way, the Field Medical Plan becomes a living document with KPIs as its driver of change, allowing teams to evolve throughout the year. When designing the Field Medical Plan, consider how KPIs and metrics included in the plan speak to the following questions:

- Do the proposed metrics/KPIs encompass both qualitative and quantitative measures to truly define value?
- How will a KPI/metric measure the success and alignment of strategies and tactics?
- At what point will a KPI/metric impact the strategy and tactics of the field?

## THE CHALLENGE OF METRICS/KPIs TO CAPTURE THE VALUE OF FIELD MEDICAL

Whereas the Commercial function tracks sales-based metrics such as prescriptions and the R&D function tracks research-based metrics, demonstrating the impact of Field Medical depends on subjective outcomes such as trust, relationships, education, and insights. Furthermore, many key outcomes take time to develop, for example, scientific exchange that results in optimal use of an emerging treatment and eventually patient benefit. Additionally, the ideal KPI/metric framework will vary across organizations of different size, regulatory oversight, and disease area. In fact, KPIs may vary even across Field Medical teams focusing on different therapeutic areas within the same organization.



This is not the first time Field Medical has started to confront these challenges or the first paper to explore these questions of value and impact.<sup>3-8</sup> However, despite this attention, there is a lack of consensus on the optimal KPIs/metrics that demonstrate the value and impact of Field Medical. Broadly speaking, Field Medical has taken steps to quantify its actions but struggles to integrate qualitative aspects that would allow the function to define its true value.<sup>3,9</sup> Field Medical has the opportunity to bring these two sides of measurement together, combining quantitative with qualitative measures to create new metrics/KPIs to demonstrate and communicate value.

## QUANTITATIVE VS QUALITATIVE MEASURES

Field Medical quantifies its actions in many ways, for example, tracking the number and duration of MSL/KOL interactions or the number of insights generated (see Figure 1). However, the value of Field Medical relies on multiplying these quantitative measures across qualitative measures to demonstrate the full impact of these actions toward the goals of a Field Medical Plan. In other words, value comes not only from having performed an action but also from how well the action was performed and the results that follow. Take the case of MSL/KOL interactions: An MSL may have 100 meetings without a tangible outcome or one meeting that results in significant outcomes. Likewise, an MSL may have one meeting with two KOLs during which they discuss three topics, and the question is: What is the important metric—the single meeting, the two KOLs, or the three topics? In fact, many Field Medical activities have both quantitative and qualitative aspects, for example, both the number and quality of insights. Numbers by themselves only tell half the story; quality and context tell the rest.

“Numbers by themselves are never enough. Quantitative metrics require the context and interpretation provided by qualitative metrics in order to convey a useful narrative.”

**Figure 1.** Examples of Current Quantitative KPIs

### External Engagement

- Number of scientific meetings
- Number of KOLs visited in a month/quarter
- Days in field
- Percentage of face-to-face, virtual, phone, and email interactions
- Length of meetings
- Number of scientific/educational presentations delivered to external stakeholders
- Number of speaker trainings
- Active status of existing KOL relationships
- Identification of new KOLs
- Number of medical information requests

### Value/Access

- Percentage of value and access interactions
- Interactions with payors
- Number of formulary additions/changes

### Medical Insights

- Number of actionable insights
- Number of competitive intelligence insights

### Medical Congress/Conference Coverage

- Interactions during a congress
- Interactions post-congress
- Presentation of posters by MSLs
- Number of meetings organized with internal stakeholders
- Number of post-congress reports developed

### Clinical Trials and Research

- Number of interactions with investigators
- Site assessments
- Percentage of research interactions

## QUALITATIVE KPIS

Qualitative metrics/KPIs seek to measure not only actions but also outcomes, thereby aligning Field Medical activities with the goals of a scientific engagement plan. Think of qualitative vs quantitative measurements as the difference between scores for swimming and diving. It's easy to score a swimming race based on time (quantitative) but less easy to define the quality of a dive (qualitative). However, scoring frameworks exist for diving competitions, and now Field Medical finds itself in need of a similar framework.

In fact, often powered by emerging technologies, Field Medical teams are starting to design and adopt innovative strategies for qualitative KPIs, though these efforts have yet to result in consensus use across organizations. Some of the examples that follow are in use now, some are in the process of development or adoption, and others may need additional technological advances to come to fruition. While a portion of the KPIs included in the curated list in Figure 2 will prove ineffective or unfeasible in some organizations, others may emerge from this list as best practices.



## Figure 2. Examples of Current and Emerging Qualitative KPIs

**KOL Source:** There are many ways a KOL may be added to an MSL's network—for example, through social listening or through an interaction at a scientific congress—and the value of these KOLs may be weighted differently depending on how they enter the MSL network. A special instance is when a KOL is referred into the MSL network by another KOL. In this case, the recommendation is a clear signal that the recommending KOL finds value in the MSL interaction. Tracking a KOL source requires not only recognizing the size/growth of an MSL's network but also tagging KOLs as they are added to a database with sources/weights. Determining the qualitative value of various KOL sources may help to quantify the value of an MSL's network.

**KOL Sphere of Influence:** KOL influence is one of the more established qualitative metrics in Field Medical. Simply, a close relationship with a highly cited clinician-scientist is likely to do more to help a Field Medical team reach its goal of improving patient outcomes than a relationship with any single HCP.

**Actions Taken After Engagement (ATAE):** This metric seeks to define how a KOL uses new information after scientific exchange with an MSL. Examples of valuable ATAEs include a KOL utilizing information in speaking, teaching, or publication; sharing information with a colleague; or changes in an HCP's practice patterns.

**Follow-Up Interactions:** The number or percentage of MSL/KOL interactions that result in follow-up interactions is, in fact, a quantitative KPI. However, it is a proxy for a more qualitative outcome, namely, the value a KOL finds in the MSL interaction. In other words, follow-up interactions imply valuable interactions. Tracking the percentage of an individual MSL's interactions that result in follow-up is becoming widely used as a useful way to monitor MSL performance.

**Information Requests:** Like a follow-up interaction, a KOL or HCP reaching back to the MSL for information implies the value of the relationship. Many organizations already track information requests across individual MSLs as a performance indicator.

**Medical Insights:** The number of insights captured is a quantitative measure, but the impact of insights is a qualitative measure. One emerging strategy to measure the impact of insights is somewhat akin to the use of follow-up interactions to measure the impact of MSL/KOL interactions: namely, identifying the insights that result in follow-up actions. If an insight or group of related insights leads to actions either within Medical Affairs or elsewhere in the organization, then these insights have value. Note that in this model, MSL performance depends not only on capturing insights but also on communicating insights to cross-functional partners in a way that results in changes, actions, or other value-add.

**Artificial Intelligence (AI):** AI and machine learning are broad terms that in Medical Affairs commonly refer to the use of technology to make meaning from data. Current AI-powered KPIs include attempts to identify actionable insights or competitive intelligence from customer relationship management databases, natural language processing to identify KOLs in a disease space, and sentiment analysis of social media conversations. The possibilities of this digital frontier are only just becoming evident, and Field Medical teams now have the option to work with early adoption or to wait as best practices emerge.

**Surveying:** Though third-party surveys are vulnerable to many drawbacks (see sidebar), the digitalization of Field Medical interactions now offers the opportunity for real-time opinion or satisfaction surveys to summarize individual MSL/KOL interactions. For example, an MSL may conclude a KOL interaction by asking the KOL to complete a value survey on an iPad or via a QR code, or the MSL may offer to email a survey as a direct follow-up to the conversation.



## SURVEYS: A WINDOW INTO THE FLAWS OF QUALITATIVE MEASUREMENT

The use of surveys is a fairly established qualitative measure of KOL opinions after interacting with MSLs. The reasoning seems sound: Asking KOLs to rate their experiences with MSLs can help to show the perceived value of this scientific exchange. And contracting a third party to manage a KOL survey can reduce bias. However, despite the seeming promise of this leading qualitative strategy, significant drawbacks exist in implementation. The following provides a window into the challenges of qualitative surveys of Field Medical activities, in general:

- **Bias:** Organizations managing their own surveys may elicit responses primarily from KOLs very pleased or very displeased with the Field Medical experience, without capturing valuable responses from KOLs between these two extremes.
- **Expense:** In part to decrease bias, surveys are often conducted by third-party vendors with respondents blinded to the sponsoring organization, which can be very expensive. Many surveys also require honorariums to responding KOLs. For most organizations, expense dictates that surveys are performed at most annually.
- **Not Individualized:** Most surveys seek to define impact at a Field Medical team level, rather than offering insights into the performance of specific MSLs. Thus, a blinded survey may allow a Field Medical team to compare against teams from competing organizations but does little to identify individual actions to increase value.
- **Querying Relevant KOLs:** Especially with third-party surveys, there can be a mismatch between the KOLs surveyed and the KOLs engaged by the Field Medical team or, in fact, the risk of surveying KOLs who are irrelevant to an MSL team's goals. If a survey is not reaching the relevant KOL population, what is the use?
- **Data Interpretation:** A survey may show that an organization ranks first, second, or third among competitors in relation to key points, but the question remains how to interpret and act on these insights.



## COMMUNICATING THE VALUE OF FIELD MEDICAL

As Field Medical solidifies its role as a strategic partner within the organization, it is critically important for the function to communicate its value to cross-functional partners and organizational leadership. No matter the chosen KPIs, cadence, and modality of reporting, communication is the story told around the metrics/KPIs—the narrative that crystalizes the impact of the Field Medical organization. Thus, Field Medical’s communication with internal partners must go beyond chart-filled slides displaying the chosen KPIs that are typically quantitative in nature. Instead, Field Medical teams must transform with a new focus on defining the narrative of the impact on the function’s and the organization’s goals.

“Communication is the story told around the metrics/KPIs—the narrative that crystalizes the impact of the Field Medical organization.”

## SUMMARY: KPIs AND METRICS TO SUPPORT THE STRATEGIC ROLE OF FIELD MEDICAL

MSLs provide evidence-based and unbiased scientific information to KOLs that ultimately impacts patient care and outcomes. Significant opportunity exists for innovative Field Medical teams to combine existing, primarily quantitative measures with more sophisticated uses of qualitative KPIs/metrics to truly capture this value. Furthermore, Field Medical must learn to use this language of metrics/KPIs to articulate its value to internal stakeholders. To promote cross-functional alignment and to ensure that the organization fully leverages Field Medical expertise, Field Medical must measure and communicate value in alignment with the goals defined in the Field Medical Plan.

Now is a time of great change and opportunity for the function—a time during which Field Medical has the potential to cement its position as a strategic pillar of the organization. Our challenge as individuals, leaders, and teams is twofold: to leverage the power of KPIs/metrics to capture the impact of our actions and to communicate the results in a way that clearly demonstrates value to the organization. Teams that are able to capitalize on these opportunities will point the path toward the future of the function.

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