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BEYOND THE FIELD:

Evolving Field Medical Engagement and Talent for the Future

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A MAPS White Paper March 2021

This publication represents the consensus opinions of the authors and various members of MAPS but does not represent formal endorsement of conclusions by their organizations.

INTRODUCTION

At the MAPS EMEA 2020 Annual Meeting, 150+ delegates attended a special session that discussed how Field Medical engagement has evolved as a result of COVID-19. The group from a number of different Medical Affairs organizations also analyzed what the future of talent acquisition and retention is likely to look like moving forward. This report shares the key insights from the special session and provides further context from Medical Affairs colleagues who have first-hand knowledge of the ever-changing Field Medical role.

OBJECTIVES

- Explore the changes and opportunities in customer engagement, focusing on the impact of COVID-19 and digital acceleration.
- Discuss the Field Medical role and engagement model evolution.
- Share the key skills and capabilities needed for high quality Field Medical engagement.
- Provide a context for successfully recruiting, onboarding and retaining talent to support the future engagement model.



HOW HAS COVID-19 CHANGED THE WAY PATIENTS SEEK CARE?

2020 brought a number of changes to how the healthcare industry engages with patients. Not only did the COVID-19 pandemic affect the way patients seek care, it will also likely influence long-term changes in overall future patient engagement.

According to an EU5 Report in June 2020¹, 38 percent of patients were currently looking for care remotely, with more than 70 percent stating they received a 'very positive' experience' during that engagement. The report also found that 42 percent of medical doctors believed COVID-19 would affect long-term changes in the future of patient care by increasing the number of remote/virtual patients visits.

Medical doctors were asked in both the European Union and the United States when they expected to get back to normal. The data changed significantly from when they were asked in April 2020, then in June 2020 and finally in October 2020. In fact, in April, they believed virtual visits would only be a short-term issue and things would go back to normal by summer. However, when surveyed again in June, the mindset for the future of virtual visits was longer term to Q2 '21, as was the same in October.

What does this tell us? It is clear there is ambiguity in terms of how to handle engagements. We cannot fully gauge what the future holds when it comes to in-person vs. virtual visits in the healthcare industry. This presents an important opportunity for the pharmaceutical industry and medical community to embrace change and partner to find ways to new ways of engagement with the expectation that this will also vary over time by different regions and markets.



CHANGES IN THE ENGAGEMENT MODEL

The originally planned multi-year roadmaps built by many Medical Affairs organizations to ramp up virtual engagement for Field Medical teams turned into short sprints because of COVID-19. While the role of medical science liaisons (MSLs) has elevated significantly since its inception, COVID-19 influenced dramatically how Field Medical personnel engaged with their external stakeholders. Even by making rapid adjustments to the guidance and engagement plans, physicians' availability and willingness to engage 'virtually' varied globally.



While engagement levels dropped significantly during the first wave of the pandemic in March and April, we saw recovery in the summer, with high proportion of HCP-MSL interactions shifting to digital engagement. In a June 2020 EU5 Report, 12 percent of medical doctors preferred to stop all MSL engagement, 55 percent wanted to convert to virtual and 33 percent opted to continue with an in-person model¹.

While the need for and desire for virtual MSL engagement was there, the EU5 Report found that only 30 percent of healthcare providers were satisfied with their digital MSL engagements. In order to be successful moving forward, we need to do more to increase this satisfaction rate. How? By creating more meaningful connections through digital engagement, listening to the needs of our healthcare professionals and personalizing our approach accordingly

Changes and opportunities in engagement include:

● Reduced access to clinicians

- If there is not an already established foundational relationship it makes it difficult to build one virtually, particularly for new HCP-MSL relationships. Empathy and understanding are needed. This presents an opportunity for the MSL to understand what that clinician needs and effectively prepare for a tailored engagement. Exploring whether colleagues from other functions have an existing relationship, for example in clinical development, may help facilitate rapport building. The option of 'joint calling' with other functions, e.g., Sales teams, was explored by several companies through the pandemic. This approach must fit within our compliance frameworks whilst recognizing that clinicians are time-poor, working in a high stress environment and have little regard or knowledge of our internal policies.

● Balanced engagement methods

- While there was certainly 'Zoom fatigue' during the pandemic, MSLs experienced more freedom and flexibility to do their job. With travel limited or even eliminated completely, MSLs could conduct up to six interactions in one day. The opportunity for the future will be to balance face-to-face with digital engagements depending on the clinician's preferences and information needs, as well as re-evaluating an MSLs travel schedule. It is important to factor in that increased interactions results in an increased workload in terms of preparation and follow up and therefore it is crucial to set the right metrics to maintain a quality driven approach.

● Changed content

- Gone are the days of using a 40-slide deck worth of content. This will not be effective during digital engagements. Selective content with scenarios tailored to a customer's needs will go a long way. This gives MSLs an opportunity to have more focused conversations on one or two topics, as opposed to a host of topics. This will also allow more opportunity to follow up, to provide a value-added scientific service, and potentially schedule another virtual engagement.

● Re-evaluated processes

- The move to virtual conferences and meetings, where data is not consumed in real-time, has highlighted an opportunity for the industry to revisit compliance, review and approval processes to keep pace with information needs. The timing and consumption of information changes significantly when it's available online for a clinician to download at their convenience. Additionally, the ability to discuss and share data via social media platforms changes the game as well. This presents an opportunity for MSLs to access data presented, to review the information and signpost clinicians to relevant data presented. This amplifies the need for the accurate and accelerated review/approval of materials to accommodate the speed that data is consumed virtually.

“The biggest challenge will not just be how industry adapts and capitalize on a new way of working, but also the appetite for the clinical community to engage with us remotely. To do this successfully we need to understand what information clinicians want, how they want it, and, when they want it. This is where MSLs can play an integral role to navigate the change from traditional scientific exchange.”

Amanda Logue, Oncology Global MSL Excellence Director, AstraZeneca

EVOLUTION OF THE FIELD MEDICAL ROLE AND ENGAGEMENT MODEL



The pandemic transformed the Field Medical role and engagement model. The industry was forced to shift their engagement tactics, reach out to their customers and ensure the information they provided was relevant. There are three potential medical models of engagement in future that vary from lower digital capability to high digital capability:

- The first is mixed engagement, which is on the low end of digital capability. This model begins with traditional face-to-face engagement to build a relationship. Once a foundation is established, the interactions can shift to more virtual interactions.
- The second is remote engagement, which is in the middle of the digital capability spectrum. This includes remote visits with dedicated MSLs who can foster a relationship with the customer and can tailor conversations to their specific needs. Healthcare provider portals and other services are available but in the background. Remote engagement also presents an opportunity to reach customers they were not able to reach before.

- The third is full digital content engagement, which functions as the highest digital capability. This engagement is exclusive to digital channels and the healthcare portal is key to the interaction hub. While there is no MSL driving the relationship, remote MSL support and on-demand medical information is available. Additionally, all communication is automated via emails and notifications.

“The evolving model presents new opportunities, as well as helps manage expectations for the MSL role. These engagement models allow healthcare professionals to take a hard look at what outcomes they want to achieve and chose an engagement model that works best to be successful based on their portfolio and industry.”

Kate Bradford, Head of International Field-Based Medicine, Arena Pharmaceuticals

For evolving field engagement model to be successful, the MSL role needs to be supported by strong omnichannel capabilities. The good news is that Medical Affairs organizations have increased their investments into building the necessary infrastructure, process and tools to accelerate the transformation; however, as in every transformation, this change will take time. Additionally, it requires a fundamental shift in the mind-set and skills of Field Medical personnel to understand, adopt and improve the way they integrate digital ways of working. Today, our customers expect an experience similar to one they get in their personal life with Amazon or Netflix; MSLs have the opportunity to orchestrate such an experience.

SKILLS AND CAPABILITIES FOR HIGH-QUALITY, ENHANCED ENGAGEMENT

The shift to digital engagement changed the different types of skills and capabilities needed for meaningful interactions. In the past, scientific acumen and interactions were the main qualities needed for talent. Now trust and soft skills are needed even more, making it important to ensure the right talent for Field Medical. The four skills needed for Field Medical teams to be successful now require MSLs to READ the future:

- **R**esilience to continue to work in challenging work-from-home environments, and potentially engaging customers who are facing challenges of their own
- **E**motional intelligence (EQ) to be able to control their own emotions, as well as recognize both verbal and non-verbal cues to build a relationship, which is so much harder virtually
- **A**bility to understand and use a broad range of data beyond conventional sources, such as clinical data coupled with the agility to change quickly between different media
- **D**igital savviness to ensure the best possible experience on Zoom/other digital platforms

While all these skills and capabilities are extremely important for Field Medical teams to be successful, emotional intelligence is one of the most essential skills and often overlooked in schools and training courses. It allows a person to tune into the needs and concerns of others at a deeper level. Additionally, higher levels of EQ not only differentiate outstanding from typical performers³, but are associated with better well-being⁴ and can predict success⁵. So, why do virtual interactions make EQ so difficult to achieve?

So much of our communication stems from more than just what we say. According to an article from the Psychological Bulletin, 65 percent of the information shared in face-to-face meetings is non-verbal.² Even the tone of voice used on the phone can predict 13 percent of post call behavior. The fact is now MSLs need to stay resilient and invoke their emotional intelligence to adapt to practical and unanticipated changes, as well as use digital to engage more effectively.

“Knowing all of this, we need to work harder in the virtual environment to provide meaningful value. Ultimately, we need to listen better and be more cognizant of these cues to ensure more meaningful virtual engagements.”

Bora Erdemli, Europe Medical Affairs Lead, ZS Associates

RECRUITING, ONBOARDING AND RETAINING TALENT FOR A NEW ENGAGEMENT MODEL

Recruiting, onboarding and retaining the right talent are all key to a healthcare organization's success, especially when moving to a new engagement model. Companies with highly satisfied employees who achieve success have a mixture of the following:

- Leaders that provide inspiration and support, as well as empower their staff
- A reputation for delivering results and instilling values and cultures throughout their organization. They are known for contributing to society as a whole.
- Interesting opportunities for career growth and advancement with impact and meaning.
- Rewards for being with the company such as competitive wages, benefits and other non-financial forms of recognition.

So how do we effectively balance this mixture? It begins with recruitment.

Recruiting

The fact is recruitment for the right talent, especially during a pandemic, is going to be difficult. In theory, recruitment should be looked at as a proactive exercise, as a long-distance run, not a sprint. According to a ZS Associates Medical Affairs report from 2019, on average, the hiring process can take five to six months in the healthcare industry. This timing should be taken in to consideration when recruiting new talent⁶.

While there are times when a position 'needs' to be filled and will require a quick turnaround, the overall recruitment process should not be compromised. Below are some tips for effective recruitment:

- Think in advance about workforce planning.
- Maintain a positive candidate experience despite change and uncertainty.
- Convey your company culture to candidates without any in-person meetings.
- Provide certainty for candidates; give a long-term perspective and development plans early on in the process.



Onboarding

Once an organization has talent in place, proper onboarding is crucial to long-term retention. Ensuring new employees understand the organization's culture, values and mission are key in the first few months of employment. Additionally, it is important that new employees understand their role, responsibilities, organizational structure, processes and expectations. Too many times you hear of employees who were thrown in to the fire without having a clear understanding of what is expected. If these things are not set up at the beginning, an employee can be positioned for failure.

Clearly it can be difficult to onboard remotely; however, there are ways to develop connections with new employees virtually. Here are some key best practices identified:

- Onboarding should still be an exciting experience for a new hire.
- Aside providing the new employees with the right equipment and plans (adapted to COVID-19 times), make sure the connection with the company and team exists despite remote working (small gestures could make the difference).
- Successful integration into the team boosts productivity and retention.
- Perhaps give them a mentor so they have someone to go to with questions.

Retaining

Talent retention isn't one size fits all now because the landscape is constantly changing. In a recent LinkedIn survey, 62 percent of talent professionals said the outbreak had negatively impacted their company's ability to hire according to plan. Additionally, more than half (54%) of the talent acquisition professionals believe their companies will make fewer offers⁷.

This shouldn't deter companies from recruiting, but it should encourage them to look within for talent too. While someone was originally hired for one role, you may find they would fit better in another one. The healthcare industry needs to regularly re-evaluate who they put in a role, as well as if that position is still the best fit for them. And, if it isn't, there may be another role that does suit their qualities and capabilities. The group identified the following best practices:

- Establish a fair and transparent retention process.
- Tailor your talent retention strategy to the needs of the business, as well as to internal and external climates.
- Tailor development and retention plans to meet the current needs of identified talents. It's not a one-size-fits-all approach, particularly in COVID-19 times.
- Determine what motivates you and you will probably find what motivates others.

Keep in mind, employees' expectations and priorities changed during the last year because of COVID-19. Flexibility, location, impact of remote working are all things that should be considered when it comes to retention. While all of this is difficult, there is an opportunity.

“We can redefine the way we recruit, communicate and interact in the future. Flexibility and adaptability towards employees during recruitment and onboarding will play a big role in success.”

Jessica Hernandez Brichis, Director, Medical Affairs Cardiovascular,
Renal and Metabolism, AstraZeneca

CLOSING THOUGHTS

The changes in digital engagement, combined with the increasing demands on the healthcare industry, bring a pivotal moment. Field Medical engagement will continue to evolve, making it crucial for healthcare organizations to solidify an engagement model, invest in the technology for that model and recruit and retain talent to be successful. It is important for healthcare organizations to develop their path for more meaningful engagements and ultimately increase positive patient outcomes through engagement with HCPs, whether it be in-person, remote or hybrid. Because the key is not to just 'go virtual' but to connect virtually in an authentic, empathetic and effective way.

ACKNOWLEDGEMENTS

Jessica Hernandez Brichis, Director, Medical Affairs Cardiovascular, Renal and Metabolism, **AstraZeneca**
Lori Mouser, Global Head, Medical Customer Engagement, **Roche**
Tobias Vogt, Regional Medical Head Europe, **Sandoz**

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