Introduction

For pharmaceutical Medical Affairs groups, defining Medical Affairs’ value to the organization has become a major challenge. In the past, the Medical Affairs function was often a part of Marketing, and like all elements of Marketing, the group defined its effectiveness, to some degree, based on its impact on sales. Today, the regulatory environment has evolved, and Medical Affairs groups are often either independent functions or have become associated with Clinical Development functions. As a result, their ability to clearly measure and describe the corporate value of Medical Affairs is limited, especially in comparison to their Commercial colleagues.

Yet describing the value of the Medical Affairs organization is critical for companies to be able to make intelligent corporate-level investment tradeoffs between promotional resources and non-promotional resources. Medical Affairs leaders need to find new and better ways to define, measure, and communicate Medical Affairs’ value.

Campbell believes that the most effective approach to defining the corporate value of Medical Affairs is a two-step process of first defining and agreeing upon objectives for the Medical Affairs function and then creatively developing the metrics capable of measuring success in reaching those objectives.

Define Objectives

The measurement process starts with defining the corporate objectives for the Medical Affairs function, taking metrics into consideration from the start. It is critical for Medical Affairs leaders to do this proactively, yet it is surprising how few companies take the time to establish clear objectives for the Medical Affairs team. They will develop corporate objectives or product objectives but fail to create objectives specific to the Medical Affairs function for a given year.

As a best practice, objectives must be established for Medical Affairs at a functional level for each business unit. Those objectives must then be further broken down to objectives as they relate to the individual medical science liaisons and other team members.

Medical affairs leadership can begin the process by consulting with the scientific community to define what is truly important to this group of external stakeholders. Leaders can then turn to the company’s internal stakeholders—including members of the Medical Affairs, Commercial, and Clinical organizations—to continue fact finding and begin establishing the objectives. It is critical to reach a consensus among these stakeholders as to what the objectives should be and how they will be measured.

While important, achieving agreement on objectives across functional areas may prove challenging. The Commercial organization, for example, may have unrealistic expectations for Medical Affairs, wishing to see Medical Affairs undertake a proactive outreach effort to physicians but failing to realize the scope of the regulatory restrictions placed on their Medical Affairs colleagues.

Once a set of objectives that best meets the needs of all groups has been defined, it will be necessary to conduct a cross-functional meeting to review the objectives. The purpose of the meeting is both to communicate the objectives as well as to make sure the individuals in all function areas feel as though their needs are being met in setting the objectives. Once a set of objectives is defined, Medical Affairs leaders then need to get creative in order to figure out how to design the appropriate measures for those objectives.
Design Metrics

All of the objectives for the Medical Affairs function need to have a measurable component and a direct metric, and these components need to be agreed upon by the relevant internal stakeholders. This step is particularly challenging. Many of the objectives common to Medical Affairs—such as scientific reputation or the credibility of scientific data—are only measurable in a qualitative way.

In most cases, this process will involve establishing a baseline for those metrics in order to have a target against which to measure progress. Medical affairs leaders must establish the levels at which their teams are currently performing and then set goals to exceed those levels.

A system must also be put in place to periodically gather and report on how the Medical Affairs team is performing against its metrics. Tracking and reporting can be handled manually, but vendors are also emerging with systems specifically designed to support the gathering, tracking, and reporting of this data. Software solutions are able to provide such functions as key performance indicator alignment to objectives, integration of data sources, real-time dashboards and scorecards, and automated monthly performance reports and presentations. These systems, however, are only as good as the company is at setting objectives, defining how the objectives are measured, and determining the source of the data. Only once those key questions are answered can a software solution gather the data, produce the reports, and build the appropriate dashboards.

A company’s ability to measure performance is also limited by the quality and quantity of data recorded. Medical science liaisons are often more science-minded than business-minded. It will be the responsibility of Medical Affairs leadership to ensure that the MSLs are following through on their responsibilities to keep accurate accounts of their activities.

Metrics for Some Common Goals

Organizations vary tremendously in terms of their expectations for the value of their Medical Affairs investment. Some organizations look to the Medical Affairs investment as a key support for their clinical programs. Other organizations are interested in having a strong scientific reputation in a particular therapeutic area. Still other organizations are interested in supporting the scientific education of the medical community around a certain set of treatment options. Of course, most organizations will utilize their Medical Affairs teams for a combination of all of these activities and more. To see how performance measures can be created for Medical Affairs, we can look at some of the typical Medical Affairs functions more closely.

Scientific Reputation
A common objective for Medical Affairs is to improve the company’s scientific reputation in a particular therapeutic area. One of the ways to boost a company’s scientific reputation is to create visibility for the company in terms of publications and speaking engagements. These efforts are activity-based and quantitative. Achievement of this objective can be measured through a simple work volume approach, in which a company can measure the number of papers that have been accepted for publication, placements on advisory boards, conferences or symposia supported, or conversations with key opinion leaders.

By showing where the Medical Affairs team spends its time, these measures will provide the company with a sense of the relative priority Medical Affairs gives to each of these activities. However, these measures do not necessarily address the company’s objectives for Medical Affairs.

Measuring reputation is not something a company can easily farm out to a third party or plug into a computer system. The only solution is to go out and ask the marketplace. The objective must be to gain an understanding of the company’s current reputation by surveying physicians and other stakeholders and then work steadily to improve it.

For example, if the research shows the organization’s current reputation is that the company is the third most-credible resource for scientific data in the therapeutic area in question, a goal can be established to become...
the second most-credible resource by the end of the year. Success in meeting this goal would be determined by repeating the survey of key stakeholders and comparing the results year to year.

Education of the Marketplace
Another common objective of Medical Affairs is to educate the marketplace and drive awareness of a particular disease state, mechanism of action, or existing treatment alternatives. A goal within this objective may be to successfully engage with key opinion leaders by completing a set number of advisory boards or to conduct one lunch and learn session in every major teaching hospital in the United States. Again, when the goal is education and awareness, most measures will need to be done qualitatively.

The company must survey the marketplace to understand physicians’ current level of knowledge and awareness. As educational activities are performed, follow up is needed; periodically resurveying the physician audience will determine whether the overall marketplace’s level of awareness has changed.

Effective measurement will be a combination of quantitative and qualitative metrics. For example, the objective could be stated as seeking to educate the marketplace on the limitations of the current treatments as measured by conducting X number of lunch and learn opportunities and as measured by the improvement in the overall qualitative measure.

Physician Interaction
One primary responsibility of many Medical Affairs organizations is providing valuable interactions with the medical community. Interactions can take many forms, including telephone conversations, e-mail exchanges, Web meetings, or a face-to-face dialogue. The number and duration of these interactions can be recorded and measured against a pre-established goal, but the relative comparison of these metrics is limited because physician interactions cannot be initiated by the MSL; they must be generated by a physician’s unsolicited information request.

Investigator Recruitment
On the clinical development side, a common function of Medical Affairs is to recruit principle investigators and clinical sites and provide support in the start-up phase of a study. In this case, the company can establish a goal for Medical Affairs to engage with the medical community to gather X number of principle investigators in the United States to participate in the upcoming study. Success can then be determined based on quantifiable measurements such as the number of principle investigators recruited, the percentage of those investigators who are top key opinion leaders as defined by the company’s KOL segmentation methodology, and how well the selected sites performed in terms of patient recruitment.

Conclusion
Today’s pharmaceutical industry leaders are faced with difficult decisions to make in terms of budgeting and resource allocation. When making tradeoff decisions, company leaders need to stop thinking in terms of numbers of people and start thinking in terms of results. Results are not only what is important to Medical Affairs but also what are important to its stakeholders. The Medical Affairs function is all about stakeholder education and working with stakeholders to find effective results. The organization must put in place systems and practices to measure and report back on those results.

By proactively setting objectives based on a clear understanding of what stakeholders value and agreeing on clear metrics for measuring success in meeting those objectives, Medical Affairs leaders can more effectively communicate the positive impact their teams make. In addition, it will help corporate leaders better understand how they can evaluate the performance of their Medical Affairs functions, leading to better investment decisions.

Medical Affairs Practice

Contacts

Gary Tyson
Practice Area Leader
(919) 844-7100 x7135
gtyson@campbellalliance.com

Mike Menta
Vice President
(650) 589-7400 x6121
mmente@campbellalliance.com