

Diversifying the MSL-KOL Relationships: The Prominent Rise of the Pharmacist KOLs

Key Study Findings



Arx Research provides decision support to pharmaceutical executives and life science organizations through industry insights powered by primary research intelligence. Our work covers a wide range of topics within medical affairs, thought leader management, KOL fair-market value compensation rates and sales.

Arx Research also conducts custom-designed research initiatives to provide clients with factual answers in the areas of operational and competitive assessments and benchmarking. Our tailor-designed research from primary sources provides intelligent solutions to solve issues that are unique to our clients.

Arx analysts recently completed a study on strategies used by pharmaceutical organizations when engaging thought leaders during each phase of a product's lifecycle. This white paper presents key study findings.

Diversifying the MSL-KOL Relationships: The Emergence of the Pharmacist KOLs

Foreword

Thought leaders are critical to the life science environment, ensuring that pharmaceutical organizations inform physicians and patients about products' uses, outcomes and benefits. Because of reporting regulations implemented in the last decade, medical affairs executives and medical field teams must now recruit and establish working relationships from a shrinking thought-leader pool. This reality requires that medical affairs professionals make the best out of each thought-leader relationship they develop.

We conducted a study to identify best practices, gather insights and develop benchmarks for optimal thought-leader engagement. The full report studies how pharmaceutical companies engage with thought leaders, which types of thought leader they target during the various phases of product development, which levels of influence these leading companies most pursue, and how they conduct these exchanges. Full study findings are presented from a global perspective and by regional segments for US and Europe.

The following Key Study Findings are excerpts from the studies:

- **Thought Leader Utilization: [Refining Strategies and Tactics for Optimal KOL Engagement](#)**
- **Medical Science Liaison Training: [Developing First-Class MSLs through Proficient On-Boarding and Continuous Training Programs](#)**

Additional details can be found at the end of the document.

Research Methodology

Arx Research analysts used primary research resources to develop this study. Analysts collected the quantitative and qualitative data through surveys and interviews conducted with medical affairs and thought leader management executives from life science organization located in 15 countries across Asia, Europe and Latin and North America.

51% of surveyed companies target Pharmacists for KOL Activities.

Figure 1 below shows an overall range of targeted thought leaders. The percentages represent the proportion of all surveyed companies that targets each of the following categories.

Targeted Thought Leader Categories

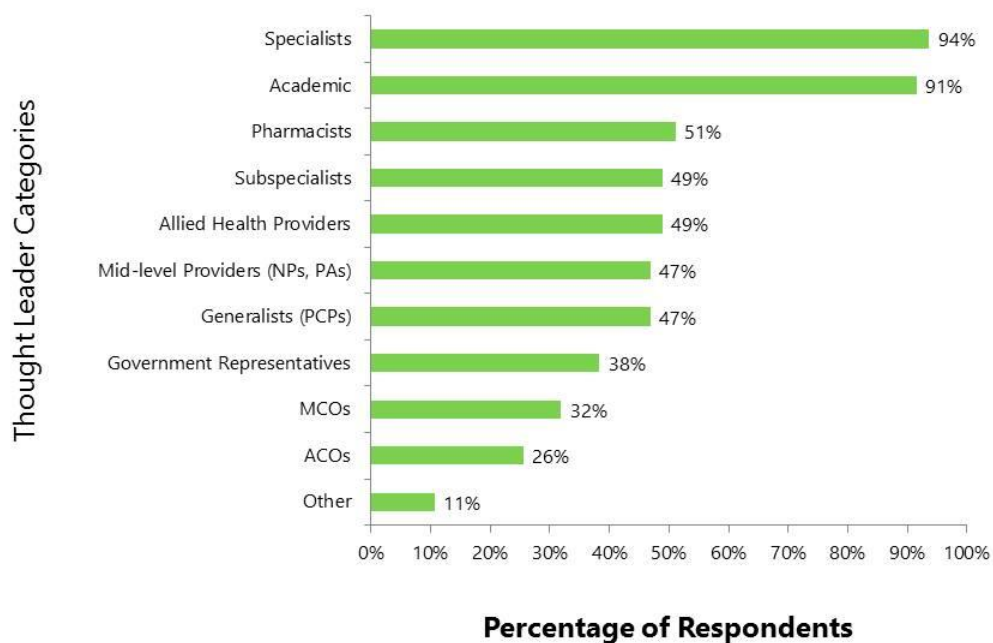


Figure 1: Targeted Thought-leader Categories

Past research shows that companies most frequently target specialist, academic and subspecialist KOLs, categories that most influence physician communities. Although this study shows a similar pattern with specialist and academic KOLs —more than 90% of survey takers indicated that their organization continues to target these two categories — the pharmacist category shows a significant shift. Previously, pharmacists did not find themselves sought after much – past research shows a single digit percentage of companies – but, now, just over half of surveyed organizations target pharmacist for KOL work (**Figure 1**).

This research also shows that organizations have expanded their reach and focus to other KOL categories, such as non-MD providers (NPs, PAs) and government representatives, as these roles can influence the adoption and utilization of drugs. The overall profile shows that companies have started thinking more creatively about who can influence different audiences because of their specific role and position in the treatment process.

KOL Roster Diversifying: companies now work with as many Pharmacists, Mid-level Providers, Allied Health Providers, and PCPs as they do Subspecialists.

Weighted Thought Leader Categories

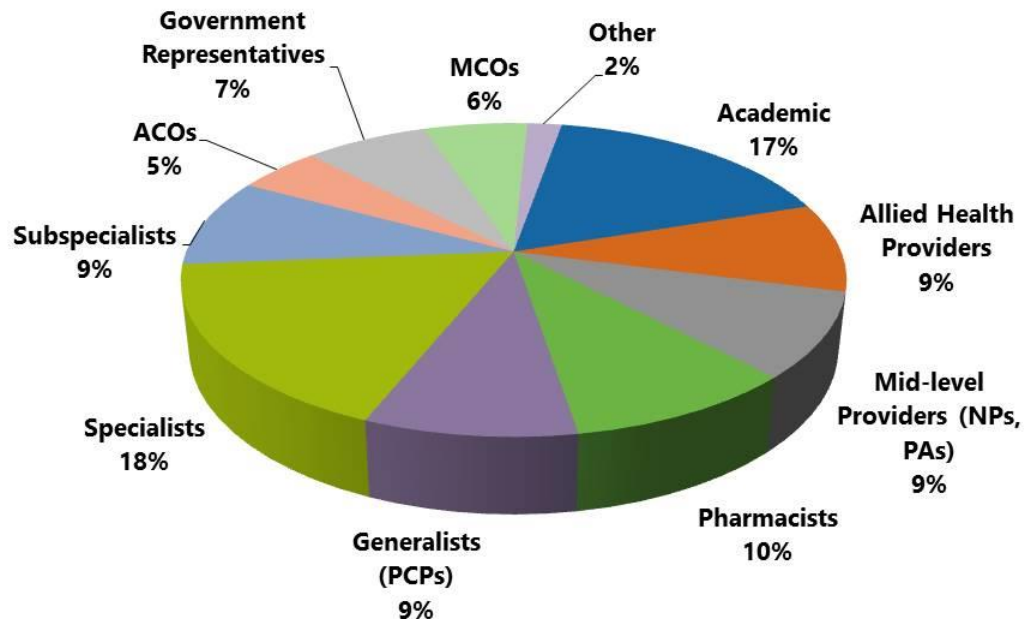


Figure 2: Weighted Targeted Thought-leader Categories

Figure 2 shows the makeup of the typical thought leader pool with which these organizations work, phase and market notwithstanding. Unsurprisingly, specialist and

academic KOLs form the largest portions of the typical company's thought leader roster, with 18% and 17%, respectively. Following the trend discussed above, pharmacists come in third with 10% of the total mix of KOLs, while subspecialists, generalists, AHPs and mid-level providers all account for 9% each.

This proves significant because the data show that categories such as pharmacists, AHPs and mid-level providers now not only appear on the radar for more companies, but have expanded as a presence within a given company's thought-leader strategy. This confirms that companies are looking beyond traditional channels for innovative strategies for KOL engagement within the parameters of specific phases of development, each of which requires its own mix of KOL engagement and activities.

The full report breaks these data down for the US, Europe, and Other markets, for each phase of development.

Pharmacists Fill Two Distinct Roles: with their expertise in toxicology and their connection to patient and health communities as gatekeeper of pharmaceutical treatments, pharmacists are now a larger part of KOL Engagement because they can offer early clinical support and later commercial and education support.

Figure 3 reveals an overall breakdown of thought leader categories targeted by phase, market notwithstanding.

There is a clear shift as a product moves from late-stage testing to launch. With the product's market viability determined, companies move away from the higher-profile, academic KOLs and start targeting a greater range of medical professionals to serve as commercial and educational emissaries. Companies diversify their outreach channels and focus on KOLs that are close to patient populations and who can translate clinical profiles into the patients' language. This shift, of course, also responds to regulatory strictures for many of the roles as the product moves into its commercial phase.

Categories of Thought Leaders Targeted by Phase

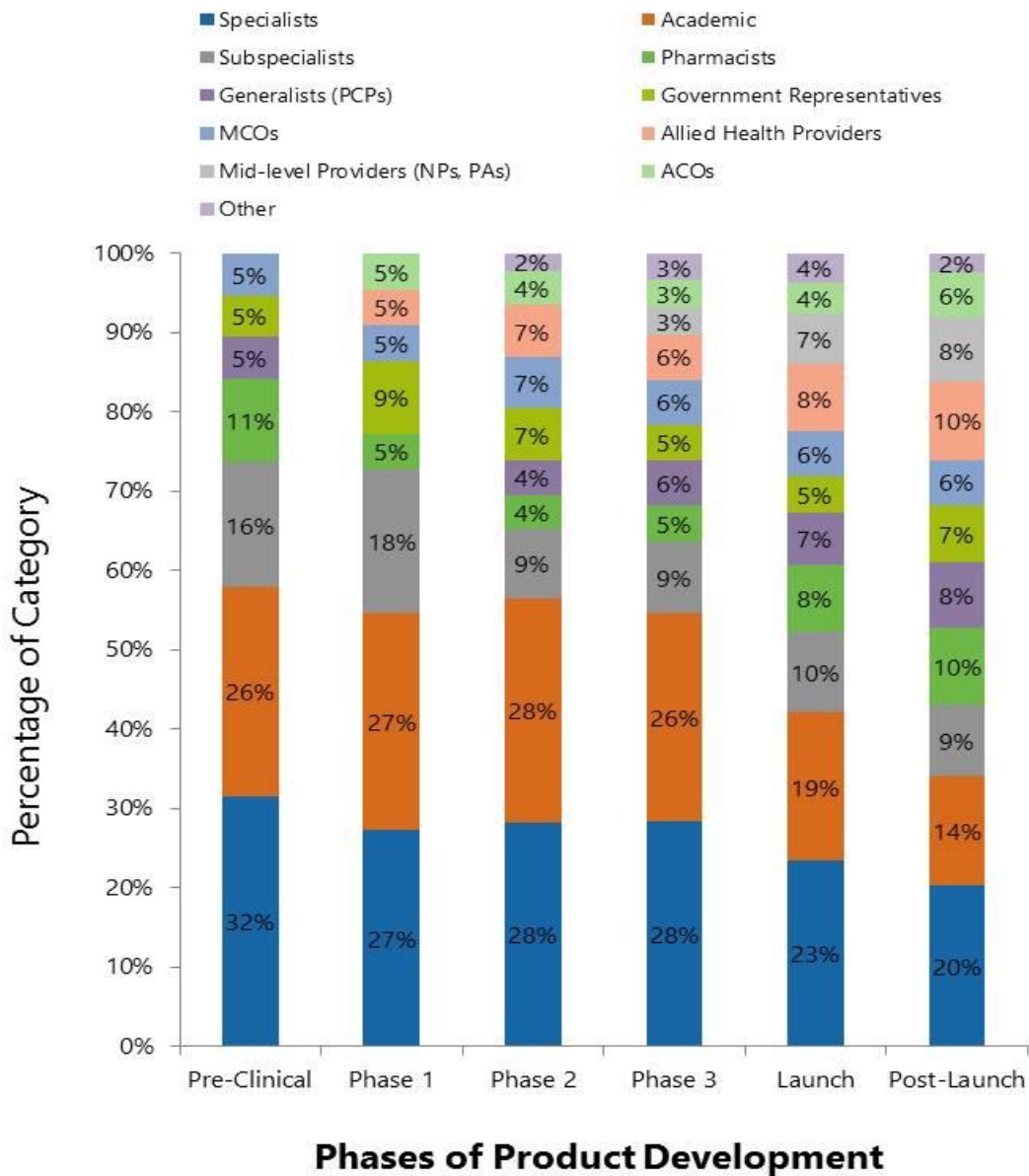


Figure 3: Use of Thought Leader Levels of Influence by Phase

The decrease from Phase 1 through Phase 3 for the pharmacist's role, followed by an increase for launch and post-launch phases, indicates that the pharmacist's growing KOL role and presence is due partially to being able to offer specific clinical and commercial advantages

and abilities. Because of their toxicological background, and because they work so closely with patients and their treatment regimens, they can offer guidance for early development of the drug and serve in an educational role once a drug comes onto the market.

Timing of KOL Support: The makeup of targeted KOL categories changes for each phase because of the different range of work necessary for each phase of development. Targeting shouldn't necessarily follow current thought leader activities, but look at the activities coming next. This means thinking a phase or two ahead and planning and educating accordingly

There are two aspects to this finding. The first is that thought-leader management strategies must consider that some categories of KOL will be tougher to access because of the nature of the organization for which the medical professional works, such as large bureaucracies with strict protocols for employee activity and relationships. Therefore, companies have to lay more groundwork, necessitating more lead time to deliver the right KOL at the right time.

Figure 4 shows that government representatives, ACOs and MCOs are the most difficult thought-leader groups to access. One interviewed executive mentioned that they begin communicating with thought leaders from these categories in the early phases of a product development because they know it will take time and considerable patience to form relationships with these representatives.

Though this idea may seem basic, it can be tricky. First, you need to know which types of thought leaders are going to give one the most difficulty. Subspecialists often prove tougher to access because they work in a narrower field, yet, they are also often very crucial to pre-clinical and phase 1 development, meaning they are a tough combination of access difficulty and early need.

Access to Thought Leaders: Degree of Difficulty

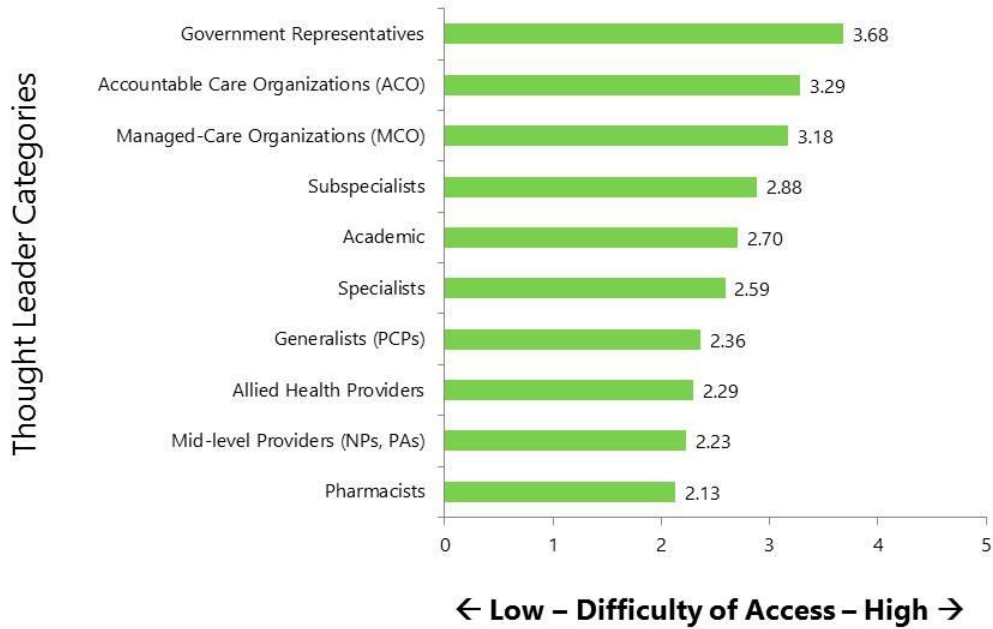


Figure 4: Access to Thought Leaders: Degree of Difficulty

Moreover, the necessity to think ahead does not just pertain to the MSLs or other Medical Affairs personnel tasked with engaging thought leaders. At least, it does not pertain just to their enacting strategies and successfully recruiting and managing KOLs. It also pertains to their training and continuous education.

Those who manage thought leaders are only as good as the training they've received, and just as thought leader targets change by phase, because activities change by phase, so too should the strategies MSLs, et al. use to engage with different thought-leader categories, at different points of development.

Hours of Continuous Training by Content Subjects

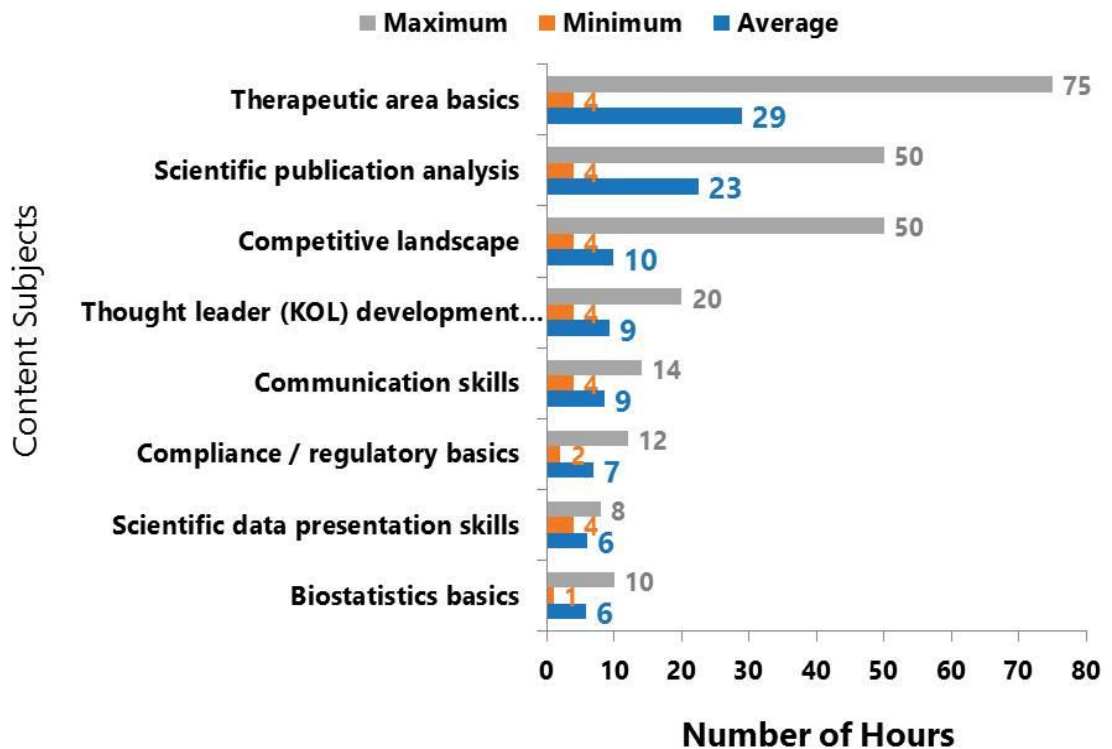


Figure 5: Hours of Continuous Training by Content Subjects

Figure 5 shows an overall profile of a MSLs continuous training, broken down by subject. This data comes from our research report, [Medical Science Liaison Training](#). MSLs receive nine hours on average of continuous education in communication skills and KOL development, yet those are not the only two categories that apply to thought-leader relationship management.

Depending on the work coming up and the conversations MSLs are having with thought leaders, any of these subjects could pertain to KOL engagement. This means that companies need to think not just about what subjects MSLs need to be trained and refreshed in, but what subjects *when*, and for what specific purposes and conversations in upcoming stages of development.

Summary

A brief glimpse at some of our Thought Leader Utilization report shows a definite trend in the industry, particularly in Medical Affairs and other thought leader management groups. The by-phase data indicates that companies are thinking more strategically about their relationships, when those relationships can be most advantageous, and what personnel will make the most of these relationships.

Most crucially, companies are now basing outreach strategies, and KOLs' roles in them, on patient outcomes and real-world data. Gone are the days of relying upon stock clinical profiles and high-profile names to educate physician communities and commercialize products. Education and science communication are now the most important parts of brand outreach, and the KOL makeup is changing accordingly.

Companies now focus more specifically by region and treatment populations, using big data to access more timely market reactions and patient outcomes that enable more apt tailoring of education and commercial initiatives. This tailoring also bleeds over into MSL training and management, as MSLs need to effectively communicate with a wide-range of medical professionals and their own resources, rather than serving as traveling presenters of a brand's clinical profile.

Findings outlined in this white paper are extracted from the full studies:

Thought Leader Utilization by Phase: Refining Strategies and Tactics for Optimal KOL Engagement

<https://www.arxresearch.com/product-category/thought-leader-management/>

Medical Science Liaison Training: Developing First-Class MSLS through Proficient On-Boarding and Continuous Training Programs

<https://www.arxresearch.com/reports/msl-training/>

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