THE MSL

JOURNAL OF THE MEDICAL SCIENCE LIAISON SOCIETY

MSL Activities During the COVID-19 Pandemic

SURVEY RESULTS

As a result of COVID-19, are you getting less time, on average, during a virtual KOL engagement versus your typical in-person meetings?

Cherie Hyder, PharmD, MSL-BC

As a result of COVID-19, and the need for virtual engagements with a KOL, are there additional training topics that would be beneficial? (Please list all relevant topics)

Samuel Dyer, PhD, MSL-BC

What alternative activities and projects are/should MSLs be focusing on as a result of travel restrictions/bans and reduced KOL engagements? (Select all that apply)

Linda Traylor, PhD, MSL-BC

As a result of COVID-19 and the evolving business environment, what are you doing to demonstrate value to the company and/or your team?

Larry Dollar, PharmD, MS, MSL-BC

Does your company allow MSLs to share/project a journal article etc. via virtual meeting platforms such as WebEx, Zoom, etc., if appropriate for the meeting?

Elizabeth Kupferer, PhD, MSL-BC

What virtual technologies are your organization using for communicating and/or engaging with KOLs and/or other healthcare providers? (Select all that apply)

Cherie Hyder, PharmD, MSL-BC

WHEN you have a virtual engagement with a KOL or other healthcare providers, how long do they typically last?

Ralph Rewers, PharmD

Has the information you received regarding the impact of COVID-19 on your company, been timely, transparent, and clear?

Jihad (JR) Rizkallah, MD, MSL-BC

Has the MSL team been provided adequate and specific training to effectively conduct virtual KOL engagement meetings and interactions?

Larry Dollar, PharmD, MS, MSL-BC

Overall, what percentage of KOL engagement or access (phone, virtual, in-person) has been REDUCED as a result of COVID-19?

Ralph Rewers, PharmD

Do you think there will be any permanent long-term impact or changes to the MSL profession as a result of the COVID-19 pandemic?

Victor Sastre, MS, MSL-BC

Select the THREE (3) alternative activities / projects you spend the most time on as a result of travel restrictions/bans and reduced KOL engagements? (Select ONLY 3 That Apply)

Josh Yoder, PhD

As a result of COVID-19, are you worried about your job security?

Jihad (JR) Rizkallah, MD, MSL-BC

Has COVID-19 specifically reduced INTERVIEWING for vacant MSL positions?

Rita Zambelas, MSN, MSL-BC

What tactics have worked for you to obtain virtual engagements with a KOL or other healthcare providers?

Christiane Carney, PhD

Have all or some KPIs and metrics been paused as a result of COVID-19?

Larry Dollar, PharmD, MS, MSL-BC

Have any new KPIs and metrics been introduced as a result of COVID-19?

Bernadett Mamone, PhD, MEd, MSL-BC

Has COVID-19 specifically reduced HIRING new MSLs for your team?

Rita Zambelas, MSN, MSL-BC

What do you think will be the long-term impact or changes to the MSL profession as a result of the COVID-19 pandemic?

Elizabeth Kupferer, PhD, MSL-BC

Has all interviewing/hiring for all vacant MSL positions on your team been temporarily halted as a result of COVID-19?

Paul Ward

How receptive are KOLs and/or other healthcare providers to virtual interactions via WebEx or Skype or other virtual platforms?

Arthur Chan, PhD, MBA

How have MSLs found additional ways/opportunities to support KOLs and/or other healthcare providers?

Ellen Shannon, PhD, MSL-BC

WWW.THEMSLJOURNAL.COM

Table of Contents

Letter From the Editor 1
How receptive are KOLs and/or other healthcare providers to virtual interactions via WebEx or Skype or other virtual platforms? 1
Overall, what percentage of KOL engagement or access (phone, virtual, in-person) has been REDUCED as a result of COVID-19? 2
What do you think will be the long-term impact or changes to the MSL profession as a result of the COVID-19 pandemic? 3
When you have a virtual engagement with a KOL or other healthcare providers, how long do they typically last? 8
What alternative activities and projects are/should MSLs be focusing on as a result of travel restrictions/bans and reduced KOL engagements? 9
Has the MSL team been provided with adequate and specific training to effectively conduct virtual KOL engagement meetings and interactions? 10
Have all or some KPIs and metrics been paused as a result of COVID-19? 11
Does your company allow MSLs to share/project a journal article etc. via virtual meeting platforms such as WebEx, Zoom, etc., if appropriate for the meeting? 12
As a result of COVID-19, and the need for virtual engagements with a KOL, are there additional training topics that would be beneficial? 13
What virtual technologies are your organization using for communicating with and or engaging with KOLs and or other HCPs? 15
Has all interviewing/hiring for all vacant MSL positions on your team been temporarily halted as a result of COVID-19? 16
As a result of COVID-19 and the evolving business environment, what are you doing to demonstrate value to the company and/or your team? 17
How have MSLs found additional ways/opportunities to support KOLs and/or other healthcare providers? 21
Do you think there will be any permanent long-term impact or changes to the MSL profession as a result of the COVID-19 pandemic? 25
Has the information you received regarding the impact of COVID-19 on your company, been timely, transparent, and clear? 26
As a result of COVID-19, are you worried about your job security? 27
Has COVID-19 specifically reduced Interviewing for vacant MSL positions? Has COVID-19 specifically reduced Hiring new MSLs for your team? 28
What tactics have worked for you to obtain virtual engagements with a KOL or other healthcare providers? 32
As a result of COVID 19 are you getting less time on average during a virtual KOL engagement versus your typical in person meetings? 35
Select the THREE (3) alternative activities / projects you spend the most time on as a result of travel restrictions/bans and reduced KOL engagements? 36

Letter From the Editor

By Dr. Samuel Dyer | April 2020 Supplemental Issue

As a result of the COVID-19 pandemic, the activities of MSLs including how they engage with KOLs and other healthcare providers is quickly evolving. The MSL Society worked with its Advisory Board to create a comprehensive survey to gain insights into how the current COVID-19 pandemic is impacting the activities of Medical Science Liaisons globally including working virtually and engaging with KOLs. The survey investigated how companies are dealing with this new challenge, and the implications for future interactions with KOLs and other HCPs. The goal is to provide insights that may help MSL teams and management make critical business and operations decisions based on best practices from the global MSL community.

The *MSL Activities During the COVID-19 Pandemic Survey* received responses from 672 MSL professionals from 54 countries. The online survey was open from March 24th to March 30th. The survey was only open to current MSLs (or equivalent title) and MSL management. Reports were created for Global, USA, and Spain results. Only responses from individuals that identified their current role as one of the following roles were included in the data presented in this report:

- MSL / Sr. MSL (or equivalent title)
- Manager / Director of MSLs (or equivalent title)
- Executive Management / Vice President of Medical Affairs

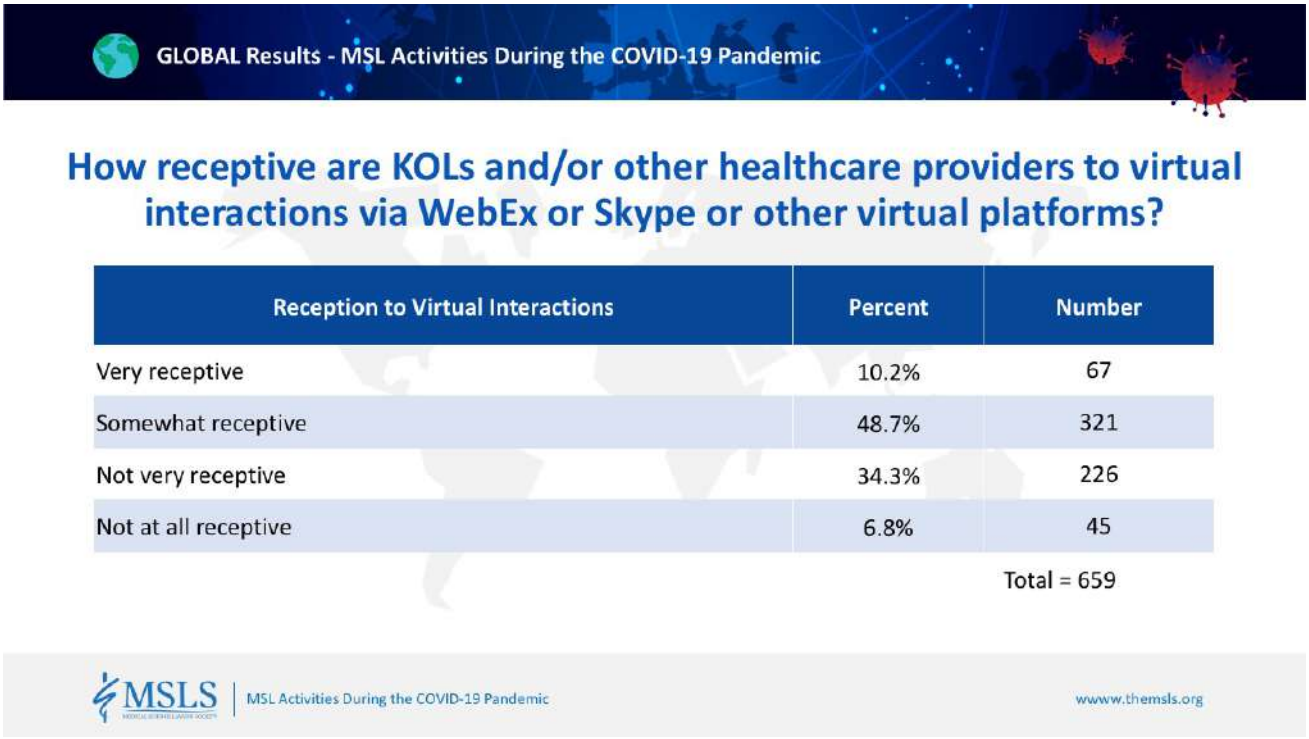
Only those that selected one of these roles were included in the final reports. These combined roles resulted in a total of **659** respondents from **53** countries for the Global report and **397** respondents for the USA report.

For this supplemental issue, many of the Advisory Board members provide their perspectives through brief responses to most of the questions in the survey. Our goal for this supplemental issue is to shed light on the immediate impact of the COVID-19 pandemic on the MSL role and function within Medical Affairs across the globe. Some impacts were much as we expected, while many other impacts illuminated through the survey heighten our awareness of the continued and evolving issues we all face. In particular, converting from field travel with most engagement in person to entirely virtual interactions over the past 6 weeks or more has led to further scrutiny of how MSLs deliver value and shifted methods of measuring and assessing MSL efforts. Large gatherings such as conferences and company meetings will likely have much longer impact with need to protect health and safety of all. The MSL Society will continue to monitor COVID-19 pandemic effects and provide updates as we navigate a dynamic environment created by this unprecedented pandemic.

Cherie Hyder, PharmD, MSL-BC

How receptive are KOLs and/or other healthcare providers to virtual interactions via WebEx or Skype or other virtual platforms?

By Dr. Samuel Dyer | April 2020 Supplemental Issue



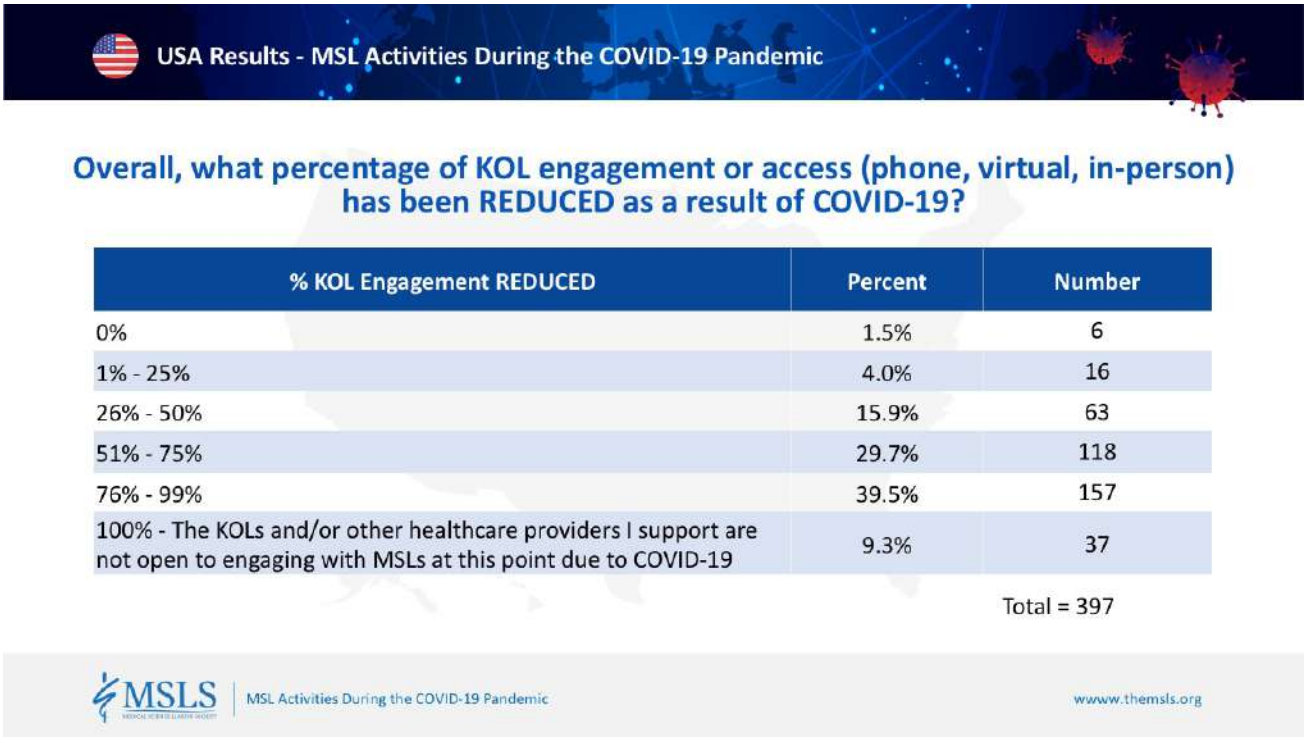
The MSLS COVID-19 survey indicates that MSLs believe that over half of their KOLs would be very or somewhat receptive to virtual interactions. I believe some may be more receptive and curious about virtual interactions due to their familiarity and comfort level with technology. Although, I'm sure all would say meeting face to face would be the preferred method for interactions. As such, on screen MSL engagements were usually a last resort; that is, until now, as our world has shifted, albeit temporarily, to a virtual world as we diligently stay at home during the pandemic. During this unprecedented time, it has been so important to support one another, strengthen relationships and foster human contact, and so we cherish these virtual interactions as a part of our everyday lives.

With that said, as with any KOL interaction, MSLs should continue to follow best practices and their company's rules of engagement when interacting virtually. As with any meeting, MSLs have an obligation to ensure that the time is well-spent and valuable for their HCPs. Compliance, proper use of approved materials, documentation and follow-up continue to be necessary, as with an in-person interaction. As our customers are juggling a lot between their practice and families, we want to ensure virtual interactions during this time are regarding topics that are timely and beneficial to our HCPs. It's also important to ensure the technology platform is simple to use and that the MSL feels comfortable and confident in hosting these meetings (hint: practice with a colleague first…).

After the pandemic, I believe that virtual engagement will be a lot more common than before, enabling MSLs to be more efficient, reduce costs and travel, have more touch points with KOLs and facilitate interactions with multiple physicians in different locations with ease. It'll be important to still balance virtual interactions with in-person meetings as we'll all be looking forward to being able to meet up with each other again soon, although MSLs should be prepared that clinic and institution access will likely be limited to only staff and patients after the pandemic.

Overall, what percentage of KOL engagement or access (phone, virtual, in-person) has been REDUCED as a result of COVID-19?

By Dr. Samuel Dyer | April 2020 Supplemental Issue



For March, most of the scheduled face to face meetings are being converted to virtual interactions. Most as either done via telephone or video. However in April as HCPs are continuing to be inundated the number of engagements are down dramatically (10-25% of what they were in March). The results indicate that MSL managers may be slightly underestimating the impact this has had on access. While both MSL and their managers agree that 2/3 of interactions have been significantly decreased a higher percentage of MSLs (44% vs. 31%) believe that their access has been decreased by 50-75%. A close eye should be kept on whether the actual reality in field is being understood by leadership. It is something to keep a close eye in subsequent surveys.

My experience so far is that up to 80% of the prescheduled interactions in March were converted to virtual or phone interactions. In April so far the ability to set up new interactions has been very limited. I would say our new appointments are about 10-20% of what they were in a similar month. This does vary greatly by therapeutic area; in virology, all of the KOLs are on the front line, so interactions are less. There is a 70% acceptance of new appointments (women's health). Some practices are starting to shut down and furlough their employees as well.

What do you think will be the long-term impact or changes to the MSL profession as a result of the COVID-19 pandemic?

By Dr. Samuel Dyer | April 2020 Supplemental Issue

USA Results - MSL Activities During the COVID-19 Pandemic

What do you think will be the long-term impact or changes to the MSL profession as a result of the COVID-19 pandemic?

Response
not sure
Clinical Trial enrollment rates will go way down.
more virtual meetings as opposed to in person travel
increased virtual meetings
Increased virtual KOL engagement
More access barriers
Expectation of more virtual meetings
Reduced KOL hospital visits
Potentially more virtual meetings
None
the need for less face to face interaction in order to effectively conduct business
lost jobs due to lack of revenue to support function
Could be less in-person access in the future
Change in the way we delivery data
no long term impact
Question the need for so many of us..

Response
Unknown
Greater acceptance of virtual meetings
Not sure
Differences in how we interact with KOLs, i.e. more virtual interactions particularly for things like site initiation visits
None
more virtual engagement
Increased use of virtual platforms (possibly with smaller teams)
KOLs that enjoy virtual
Not sure
More virtual contacts. Limits to travel as the pandemic resolves.
Increased flexibility in approaching KOL engagement, with increasing use of virtual engagements
Layoffs will happen and travel will be halted for months
More virtual meetings

Response
Hopefully will highlight the impact msls have in clinic trials and insight generation
My concern is that there will be a reduction in force/team size, and if cost savings need to be implemented, MSLs may be given lower travel budgets.
What access will look like moving forward
layoffs, and less MSLs
Less access to KOLs
An emphasis on virtual engagement during field meetings to ensure it will be utilized effectively in the event of another pandemic
None
Limited face-to-face meetings for remainder of year, increase push toward MSLs using reptracks
Shift to virtual vs. in-person meetings. Leadership will realize cost-savings.
Not sure

USA Results - MSL Activities During the COVID-19 Pandemic

Response
Hiring process will be slowed
more focused travel
more virtual events
Virtual meetings will increase
reduced access at larger institutions
Higher bar for skills on virtual scientific engagement and cross-functional team support
The potential that institutions may be even more stricter with allowing ANY pharma into their institutions.
Over time, none, more zoom likely
Being able to prove our worth despite being out of the field
if the uptake of virtual meetings is positive, it could lead to the creation of a office based/desk based MSL who can do just virtual meetings
Less contact
Method of KOL Engagement
Expanded role of msl
reduced travel
KOL relationships may suffer
More virtual engagements

Response
There will be realization that work can be accomplished via phone and virtually without getting on a plane every time...this will also lead to leaning the overhead budget for a team of MSLs.
None. Everything is short term
Allowance for more of a virtual component
Hopefully greater company acceptance of virtual meeting formats
Likely job cuts in the future if this continues
fewer field MSLs, more virtual engagement from home office
More virtual meetings
For my team - none
Reduction in force
More virtual meetings.
virtual engagement will be more common and may be preferred by some KOLs.
KOLs more open to virtual meetings
Not sure
More virtual meetings and ad boards
Potentially an increase in virtual interactions
KOLs will be more open to virtual meetings

Response
Decreased travel, virtual KOL meetings staying as a primary option, possibly decreased MSL force if virtual is well accepted by KOLs, move more Ad boards to a virtual platform, less F2F meetings (internal and external)
Potential layoffs
Idk
some companies will suffer and jobs will be affected
Virtual meetings being more of a norm
More virtual meetings permanently, less travel
Increased comfort in Virtual engagement
We will be able to the virtual environment more efficiently. Also, the value of field medical will be damaged.
More virtual meetings will be encouraged in future
I hope there aren't any. Routine virtual meetings with KOLs are not as effective as face to face.
SCARED TO HAVE MEETINGS
Not sure

MSLS | MSL Activities During the COVID-19 Pandemic www.themsls.org

USA Results - MSL Activities During the COVID-19 Pandemic

Response
Face to face time
Skills
More virtual moving forward
Less required travel due to cost & I actually accomplish more not having to be on the road
delays in product launch and clinical trial completion
I don't think there are any changes
none
more virtual training/education/KOL engagements
Perhaps more remote meetings moving forward. May be more cross-functional interactions in dinner companies if MSLs can use this opportunity to show value in that area.
none
Limited access to KOLs in person, in office
KOLs May begin to embrace technology more and be more open to web meetings in the future for efficiency.
Alternative approaches to KOL engagement, contingency plans to dealing with similar situations in the future.
Less travel, smaller teams

Response
More virtual meetings
Serving as a resource for web based technology in addition to our usual activities
If anything, identifying customer preferences for methods of communication.
More KOLs enjoying the virtual aspect of meeting with MSLs/Sales and requiring it from now on or decreasing interactions all together.
no
Fewer jobs available
no changes
Lower Headcount
Less face to face interaction and access.
50% more medical affairs, cross functional activities
increase in % of virtual KOL engagement; fewer MSLs attending conferences; changes to relationships with sales
I think there will be greater acceptance of virtual connections; I also think there will be a reduction in HCP targets, thus reducing the size of MSL teams
MSLs taking over more sales activity

Response
Termination
Limiting in person access
not sure
Travel restrictions likely in place for a while. Will make it harder for in-person meetings, conventions, etc. Digital learning will likely become more prevalent.
Less access
Virtual KOL Meetings
Not sure
more virtual
I fear companies will no longer feel MSLs are valuable.
No
More Virtual Opportunities (meetings, educating, national meetings)
There may be reduced access to accounts in general.
Utilization on more virtual based engagements.
Not sure
None

USA Results - MSL Activities During the COVID-19 Pandemic

Response
More virtual and less live access to offices and clinics
Virtual connectivity will be retained as a KOL preference
Virtual meetings will now be a required part of the metrics as opposed to the optional part previously.
more access challenges
less future access to KOLs through new institution restricted access moving forward
KOLs will be less open to face to face meetings
Smaller teams, shift to more virtual meetings
Face to face interactions will always be valuable, but I think there are opportunities to learn where virtual interactions may be just as beneficial as in-person interactions
Job loss
More training specific to virtual discussion
more integration into med affairs less push for KPIs
relax conservative policies to be more customer-centric
Fewer in-person meetings; more virtual meetings

Response
More use of virtual technology.
not sure
Clinical trials virtual; virtual 1:1 and major meetings becoming the norm.
Not sure
Unsure
Hard to say
I think things will return to normal in several months
In person visits are months down the road
Access will be more limited in institutions
Not sure
Less likely to meet with HCPS, more vital meetings
Decreased face to face meetings
Access to KOLs
Not sure
It depends on how long this goes on, but I do not see a preference for virtual interactions taking over the MSL in-person meeting format as some have suggested
none

Response
Change in access and a potential shift away from face to face engagements.
Possibly greater focus on virtual interactions with KOLs
The whole scientific community will be affected due to cancellation of Congresses and other Scientific Meetings. Approach to scientific information gathering and sharing might need to be altered if the current situation continues for a long time.
more remote engagements
Increased use of virtual technologies
Reluctance of HCPs to do web/slide calls
To have virtual/phone meetings also "count" and not just face to face interactions, if preferred by KOL
Reduce MSL headcounts
Maybe more virtual interactions
I think companies may reduce the size of MSL teams and try to conduct more virtual meetings to save money.
Not sure

MSLS | MSL Activities During the COVID-19 Pandemic wwww.themsls.org

USA Results - MSL Activities During the COVID-19 Pandemic

Response
Realization of the impact of virtual engagement reducing travel and size of msl teams
Restricted access to offices
Unsure
none
More virtual interactions and more home based projects for med affairs
More virtual meetings
Reduction in MSLs and moving to more virtual plate for
Meetings may move to being more virtual
Companies may prefer to have a slimmer medical affairs department
?
Increase in virtual engagement utilization
Perhaps less travel and more virtual meetings.
Reduction in the # of MSLs
Virtual meetings will be the new normal vs. face to face interactions
NO
None
It may slow down progress on projects.

Response
Travel and in person meetings on Hospital campuses
Health systems who were previously open to industry may become more closed off to reduce traffic/visitors to sites related to concern for something like this to happen again
less travel, more virtual interactions
Unknown
Change meeting dynamics
I'm really not sure, I'm still a fairly new msl
More virtual engagement, less need for critical MSL support
TBD
When KOL's realize the efficiency of virtual meetings, in person interactions are going to decrease
Unclear at this time
Less travel may be seen as an alternative when it not necessary and therefore less money spent.
More virtual engagements
less live interactions/ lack of perceived benefit

Response
Less face to face interactions
May be increase in utilization of virtual MSL meetings
possible lay-offs
It will demonstrate the flexibility of MSLs are and how they can adapt to a challenge
delayed clinical information to OL's
Virtual meetings may become more popular
Perhaps more virtual meetings
Perhaps more virtual meetings in the future
Downsizing for drugs that do not truly need as much scientific support
More virtual engagement
Limit on access to KOLs
rethinking value
None, maybe more utility of virtual meetings
Decreased access to clinics
None
An increase in virtual engagement by MSLs
None

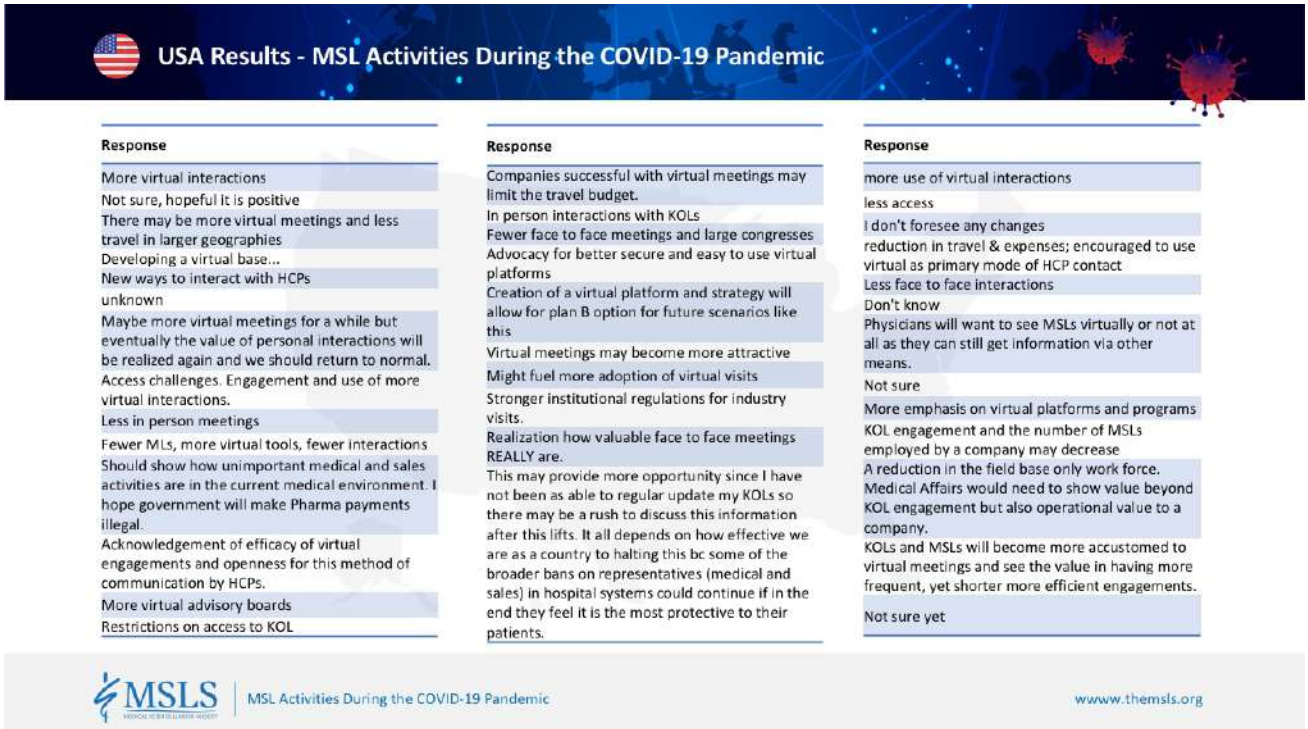
USA Results - MSL Activities During the COVID-19 Pandemic

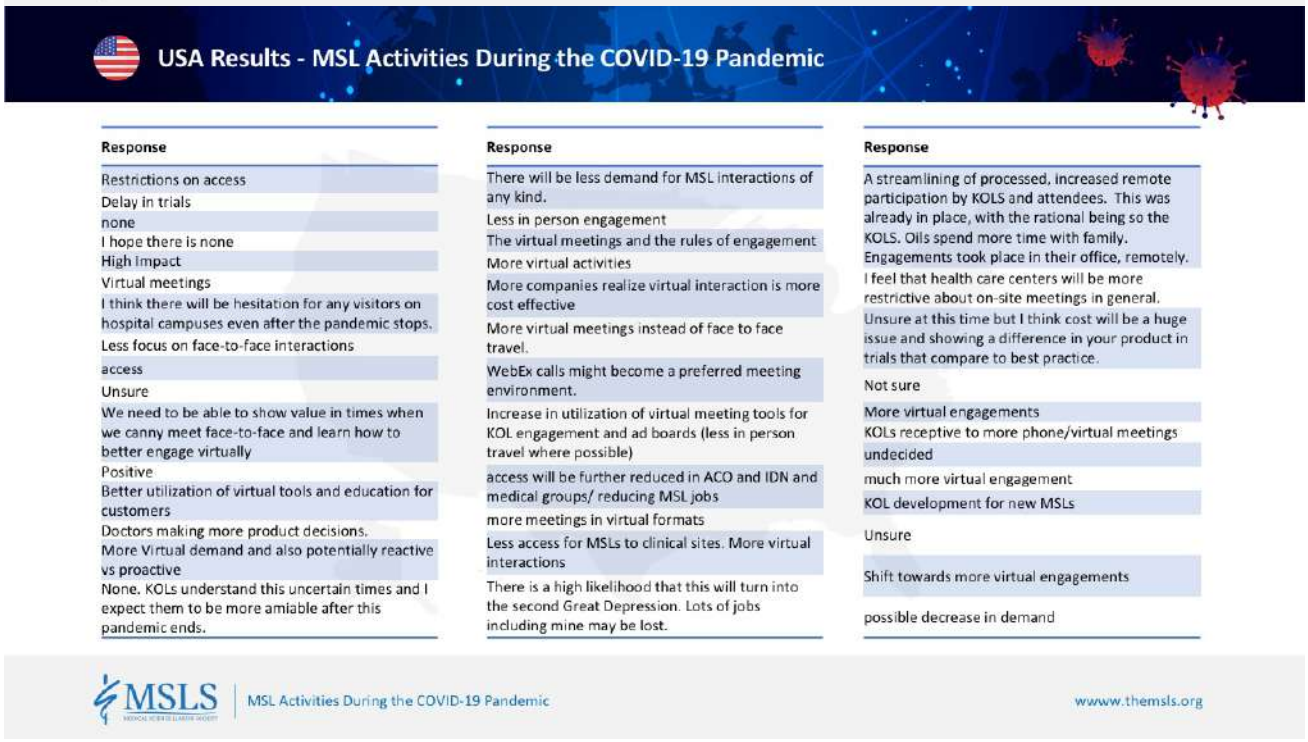
Response
access
flexibility in virtual engagement
Stricter access to institutions an practices
More remote work where possible (overall less travel)
Providers might be more interested in virtual meetings
No permanent long-term
Less of us, less access to hospitals
Too soon to tell
More virtual ad board participation
Vendor restrictions may persist after resolution
Better I T use
t sure maybe smaller team
Healthcare professionals may request more virtual meetings. MSLs will meet more often virtually - our team have utilized Zoom for happy hours.
More virtual engagement
More restrictions at Hospitals
More virtual communication.
Potentially more ability for career growth and movement into in-house roles as the ability to work remotely becomes more apparent

Response
Layoffs
not sure
Possible decreased access to KOLs
The use of technology such as webex meetings to decrease travel costs
Maybe more virtual meetings
Reduced access to healthcare providers
Not sure
Less access
Physicians could adopt a total and permanent virtual engagement policy. Reduce face to face interactions.
Increase of virtual meetings
Reassessment of "value" to the company.
none
Expanded cross functional interaction
Unsure
I don't know

Response
Leadership will believe virtual mtgs can replace face to face mtgs, resulting in reduced MSL roles. This removes the primary skill that can not be taught, interpersonal skills. This will also make MSLs more like phone surveyors who call to ask polling questions. Watch the George Clooney movie "Up in the Air"
May be more virtual interactions
Reduced volume of engagements;
If virtual meetings are successful, I see a major reduction in the need for MSLs since travel will not be required
Job security in the short term
More virtual meetings
Slightly more virtual engagement even after things return to normal
Virtual meetings
HCP's will restrict activities even more. Less onsite meetings.
I think I will do more virtual/phone interactions from now on
Medical will become a more important resource than commercial to the KOLs

MSLS | MSL Activities During the COVID-19 Pandemic wwww.themsls.org





There were numerous well thought out responses to the US Survey on what the long-term impact would be related to the current pandemic situation.

Four themes emerged from the responses and within each theme there were both concerns of positive as well as negative impact. The four themes identified were 1) adapting to alternative engagements with virtual and other digital technologies, 2) overall impact on MSL value, 3) changes in the employment landscape, and 4) impact on KOL relationships.

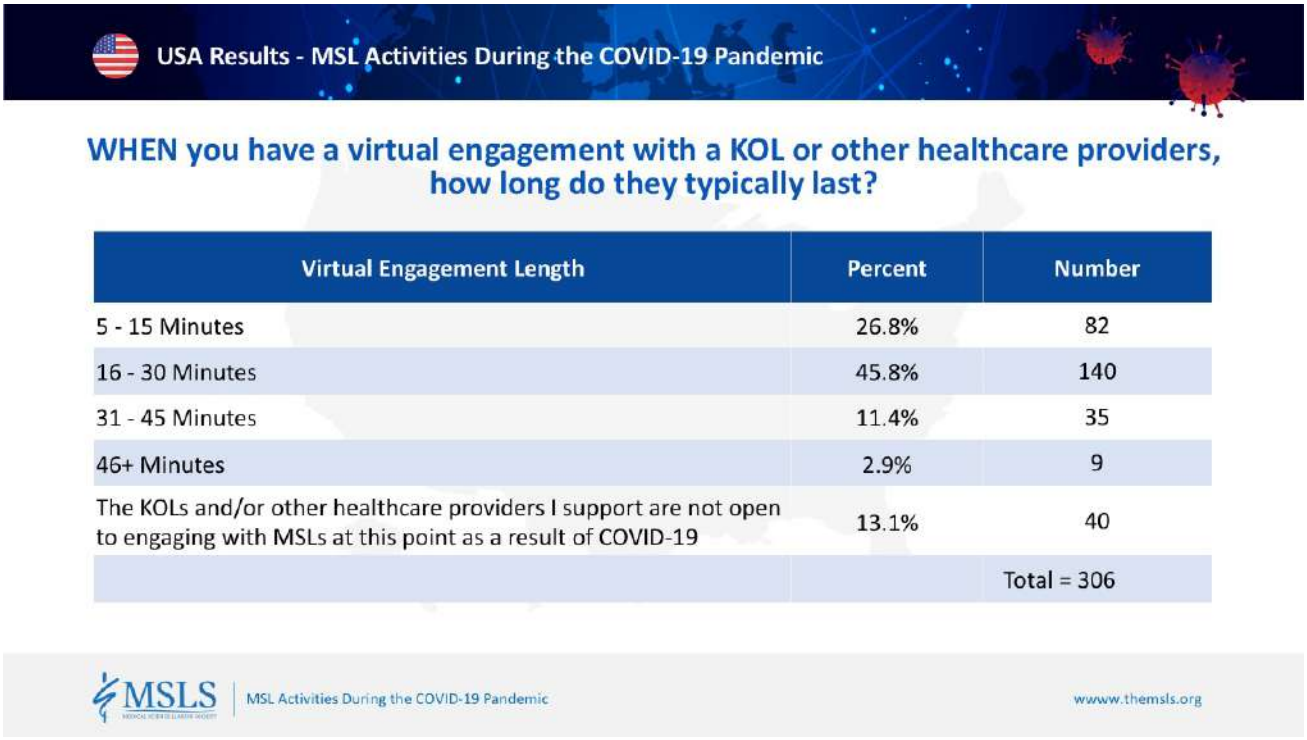
The largest theme that emerged was around virtual engagements. An overwhelming number of respondents commented that the use of virtual technology and other digital tools would continue to grow and become more prominent in the daily activities of MSLs. Virtual engagements were felt to potentially provide more flexibility and access, if the health care provider (HCP) is one that adapts well to the use of technology. Some respondents felt that the wide adoption of digital technologies could change how conferences/congress will disseminate clinical and scientific information.

Respondents reported that they were concerned that the limited access to hospital and health care systems we now see would continue and negatively impact KOL accessibility. It has been well documented in KOL surveys in the recent past HCPs truly value face to face interactions. KOLs place high value on the scientific exchange and interpersonal interactions with their MSLs. Thus, some MSL respondents to this pandemic survey were quite concerned that decreasing face to face interactions could negatively impact their KOL relationships. Some fear that the oversimplification of virtual engagements might minimize the scientific value the MSL brings.

The second largest theme was the anticipation of a decrease in the MSL workforce. Respondents felt that the vast decrease in travel costs realized by the stay at home orders could lead companies to limit MSL team size and mandate virtual engagements as the norm. On a side note, when thinking about cross functional commercial partners, some felt that the outside sales workforces would be reduced. That pharma sales model may become more inside sales based on what is learned from the recent events. On the positive side, many respondents did feel there may actually be a positive impact on MSL value. They felt that MSLs will adapt well and continue to build strong relationships with their KOLs. In any case, the MSL value will continue to re-evaluated, especially as we move through this current situation.

When you have a virtual engagement with a KOL or other healthcare providers, how long do they typically last?

By Dr. Samuel Dyer | April 2020 Supplemental Issue



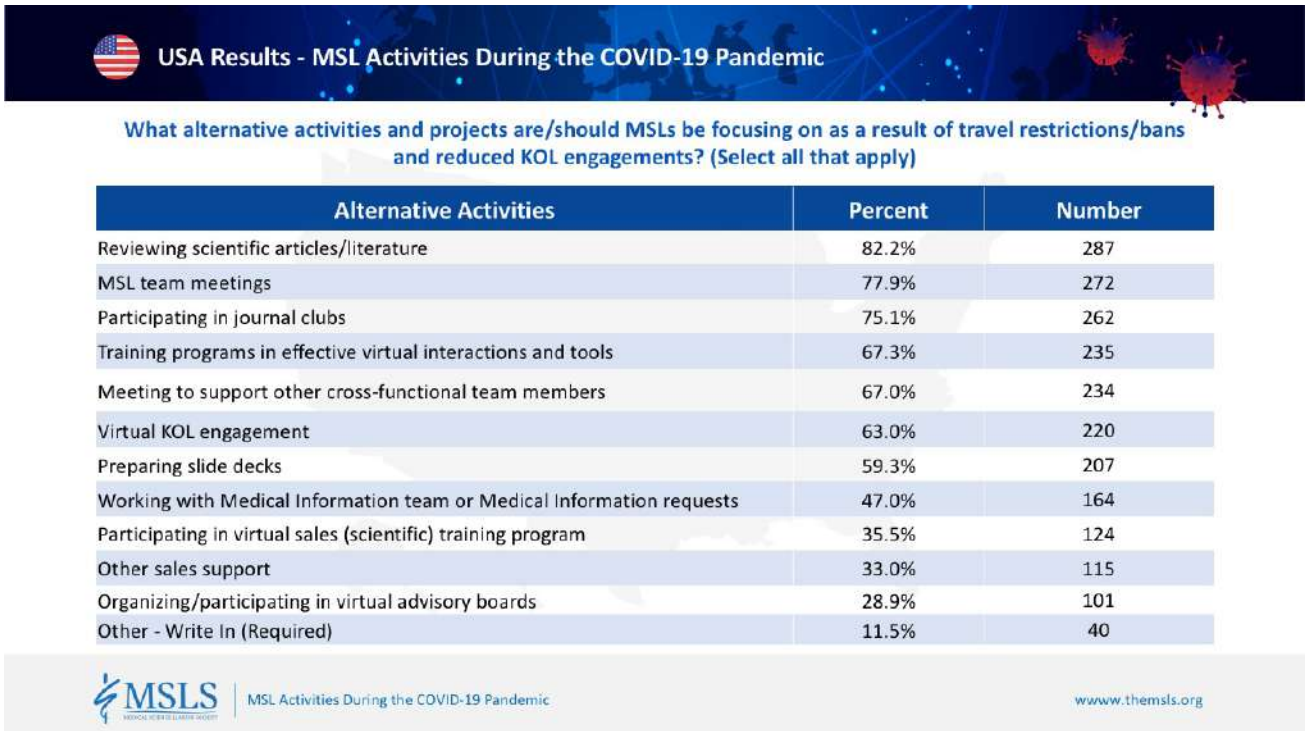
Virtual Engagement Length	Percent	Number
5 - 15 Minutes	26.8%	82
16 - 30 Minutes	45.8%	140
31 - 45 Minutes	11.4%	35
46+ Minutes	2.9%	9
The KOLs and/or other healthcare providers I support are not open to engaging with MSLs at this point as a result of COVID-19	13.1%	40
		Total = 306

Overall virtual engagement time has been significantly reduced. Almost 60% of MSLs say that their time has been 75% or great reduced. Only 20% say that their time has been reduced less than 50%. This presents a huge change in how we engage our HCPs. We must think about how we can be more succinct and still deliver meaningful content to ensure appropriate scientific exchange. Some training may need to occur to address this reduced time to engage. Lastly we need to keep vigilant on this metric to see if it changes as we get more used to remote engagement and life returns to somewhat normal.

The virtual interactions last almost as long as the original face to face, maybe 10% less time virtual. Telephone is about 60-70% of the duration of a face to face and email is quicker. We will continue to monitor these trends as HCPs get more used to interacting virtually. My experience is really not that much different than the survey results.

What alternative activities and projects are/should MSLs be focusing on as a result of travel restrictions/bans and reduced KOL engagements?

By Dr. Samuel Dyer | April 2020 Supplemental Issue

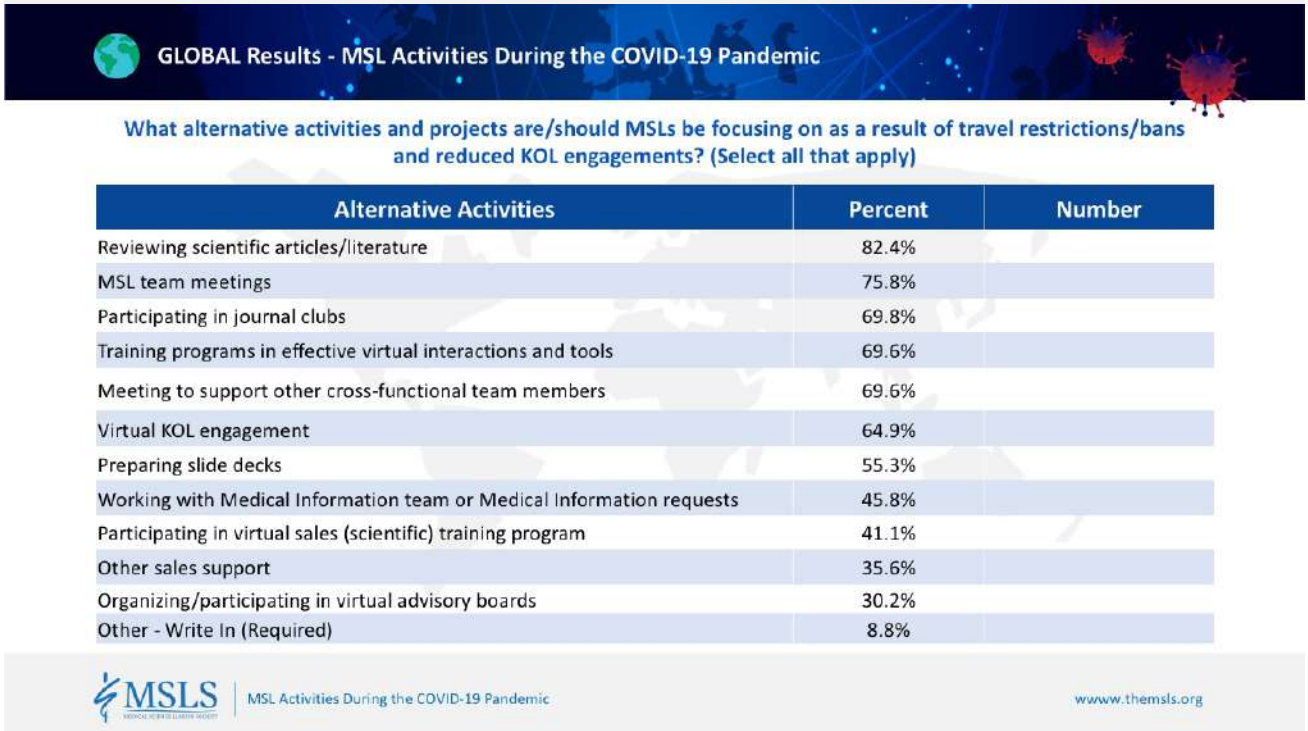


USA Results - MSL Activities During the COVID-19 Pandemic

What alternative activities and projects are/should MSLs be focusing on as a result of travel restrictions/bans and reduced KOL engagements? (Select all that apply)

Alternative Activities	Percent	Number
Reviewing scientific articles/literature	82.2%	287
MSL team meetings	77.9%	272
Participating in journal clubs	75.1%	262
Training programs in effective virtual interactions and tools	67.3%	235
Meeting to support other cross-functional team members	67.0%	234
Virtual KOL engagement	63.0%	220
Preparing slide decks	59.3%	207
Working with Medical Information team or Medical Information requests	47.0%	164
Participating in virtual sales (scientific) training program	35.5%	124
Other sales support	33.0%	115
Organizing/participating in virtual advisory boards	28.9%	101
Other - Write In (Required)	11.5%	40

MSLS | MSL Activities During the COVID-19 Pandemic wwww.themsls.org



GLOBAL Results - MSL Activities During the COVID-19 Pandemic

What alternative activities and projects are/should MSLs be focusing on as a result of travel restrictions/bans and reduced KOL engagements? (Select all that apply)

Alternative Activities	Percent	Number
Reviewing scientific articles/literature	82.4%	
MSL team meetings	75.8%	
Participating in journal clubs	69.8%	
Training programs in effective virtual interactions and tools	69.6%	
Meeting to support other cross-functional team members	69.6%	
Virtual KOL engagement	64.9%	
Preparing slide decks	55.3%	
Working with Medical Information team or Medical Information requests	45.8%	
Participating in virtual sales (scientific) training program	41.1%	
Other sales support	35.6%	
Organizing/participating in virtual advisory boards	30.2%	
Other - Write In (Required)	8.8%	

MSLS | MSL Activities During the COVID-19 Pandemic wwww.themsls.org

1. Opportunities to Upskill

All MSLs have personal and professional growth goals. Whether your company provides training, or you have to seek it out yourself, take the opportunity during the restricted travel for self-improvement. Those books you wanted to read, the soft skills you needed to hone, the therapeutic area refreshers, online courses for new subjects you wanted to pursue, etc. Further, consider the exercise of problem solving and brainstorming around the impact a pandemic will have on the healthcare environment in general, but also specifically to your KOLs/HCPs that you engage. Combining your newly improved skills with an understanding and respect for what will be a completely changed landscape for field activities, you will find yourself ready and adaptable upon re-entry, which will go a long way in garnering respect from your peers, KOLS and HCPs.

2. Work beyond your job description

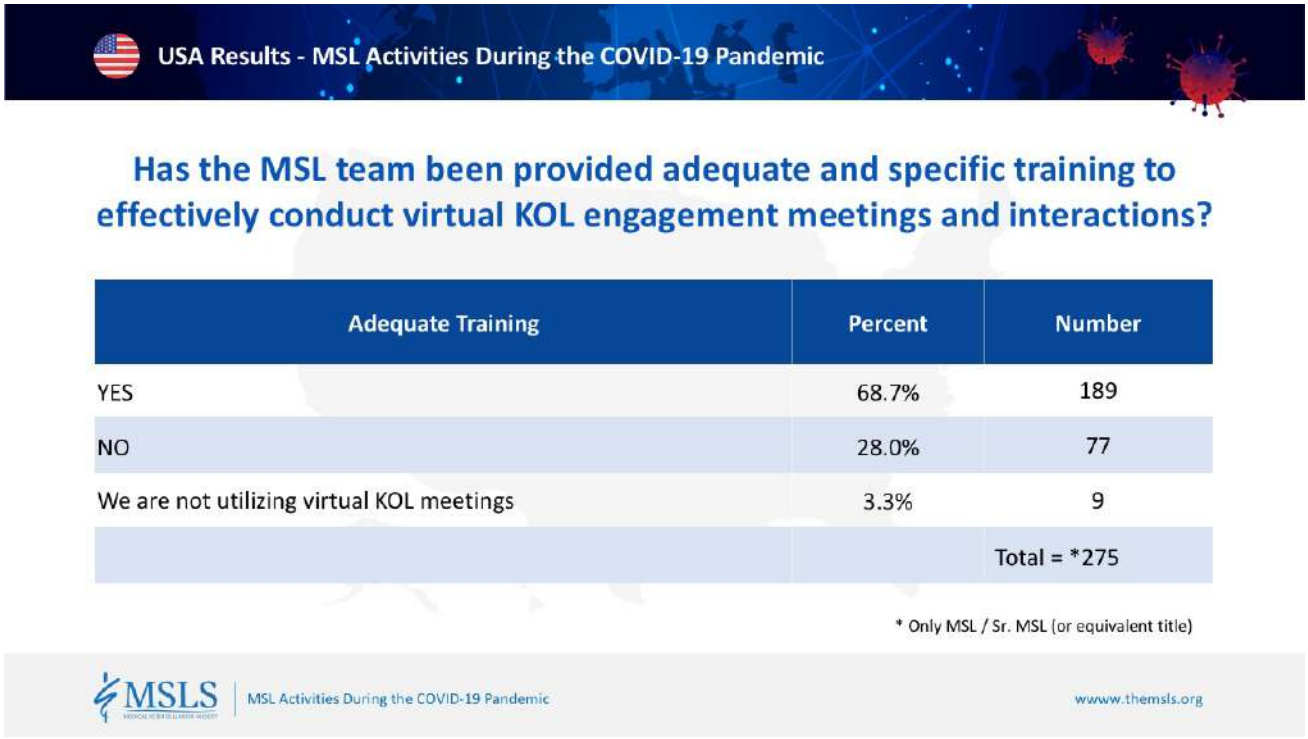
The skill sets that many MSLs possess are applicable across a broad spectrum of roles within most medical/healthcare companies, including but not limited to data analytics, writing, critical medical or technical review, training, teaching, presenting, building a social media presence, soft skills such as adapting to multiple communication styles, remote meetings, cross-functional support, problem solving, networking and yes, dare I say it?…salesmanship. The MSLs that come out of this pandemic in a stronger professional position for career growth will be those that are willing to set aside their job description to provide value to the company in whatever capacity that is needed to make it through the current global crisis. A few examples: if your marketing colleagues need you to research pandemic related topics to support a blog post, say “yes,” or If your customer support team needs additional training on the impact of the pandemic to your company’s product portfolio, say “of course.” If your business development colleagues need help prospecting new opportunities to support company partners, the answer is “you bet, happy to help.” These are just a few examples of what I have asked of my MSL team during this pandemic. Every company may be different and some of your cross-functional peers may not think to ask, so volunteer your skills. Be adaptable; it will pay off.

3. Redefine Value for KOLs

Under normal circumstances, most companies are prescriptive for the MSL role regarding scientific exchange. In the context of a pandemic, companies are adapting and open to feedback on bringing value to HCPs on the frontlines and supporting patients that are anxious and confused. As an MSL, you are a clinician or a scientist, and you have time to help keep the KOLs/HCPs you support informed and up to date. Keep in mind that HCPs treating patients don’t have time to keep up with the rapidly changing COVID-19 data, treatments, testing and scientific rigor around clinical research. This is what you are trained to do. As an example, in a recent newsletter to our clinical study sites, we dedicated the entire front page to COVID-19 updates and resources that are easy to use and directly applicable to their needs. In this time of chaos, fast paced decision making, burnout, fear, exhaustion, just remember to be of value. If you are stuck or not sure how you can help, reach out to your professional community for ideas. It won’t take long to find something that you know will resonate with your KOL/HCP network.

Has the MSL team been provided with adequate and specific training to effectively conduct virtual KOL engagement meetings and interactions?

By Dr. Samuel Dyer | April 2020 Supplemental Issue



Yes, MSLs have been encouraged to take this time to work on interpersonal skills training, business acumen, team journal clubs, and scientific material development.

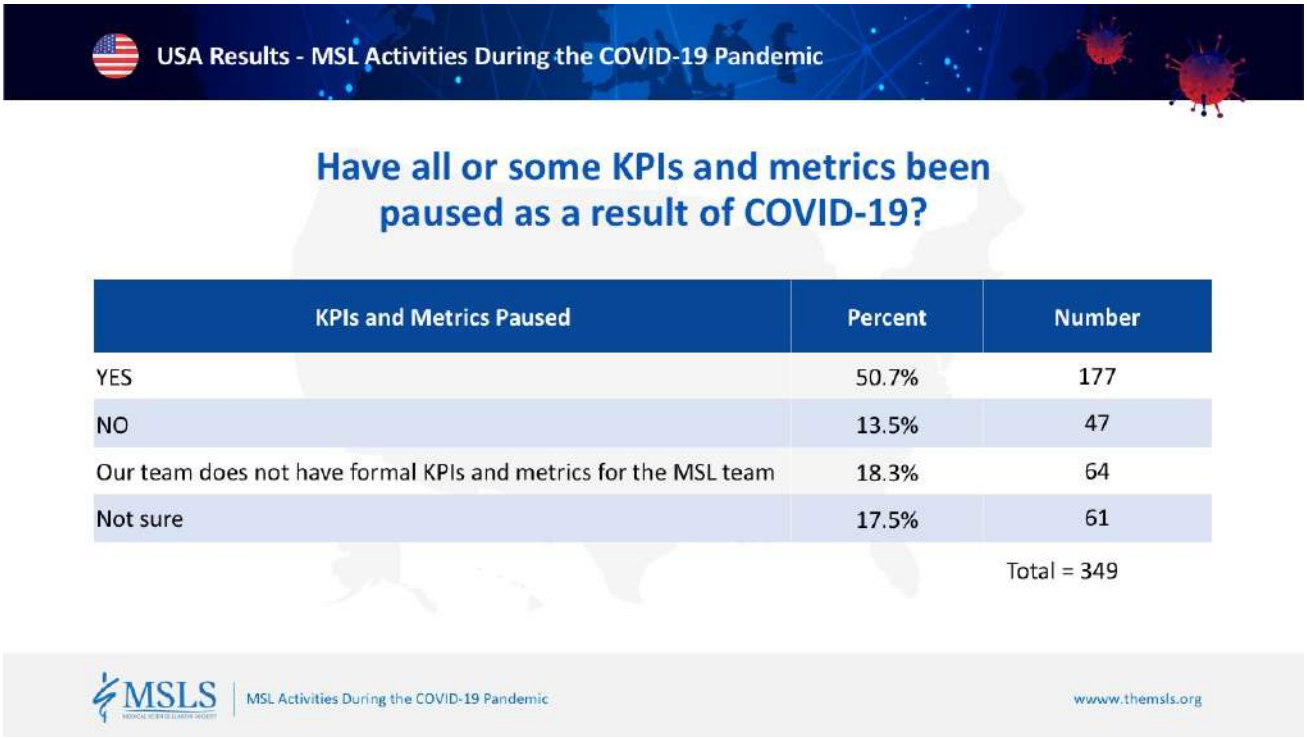
Within the business acumen umbrella, focus has turned to ensuring that MSLs have skills in leading virtual calls, contributing as a virtual team member, facing virtual meeting challenges, and improving listening skills.

This has also been a time for work on improved interpersonal skills in areas such as influencing and persuading, successful collaboration, mindful coaching, and leadership development.

The survey results showed that the majority of companies have paused on-going monthly performance metrics related to face to face interactions. Continued training on virtual meeting skills and transitioning to virtual engagement metrics continue to be worked on by most of our client teams.

Have all or some KPIs and metrics been paused as a result of COVID-19?

By Dr. Samuel Dyer | April 2020 Supplemental Issue



Yes, the day to day, and monthly expectations for MSL engagement and insight gathering metrics have been paused. MSLs continue to work to engage with HCPs virtually via e-mail, phone, and WebEx platforms, but the focus has shifted to support and encouragement first, rather than scientific exchange.

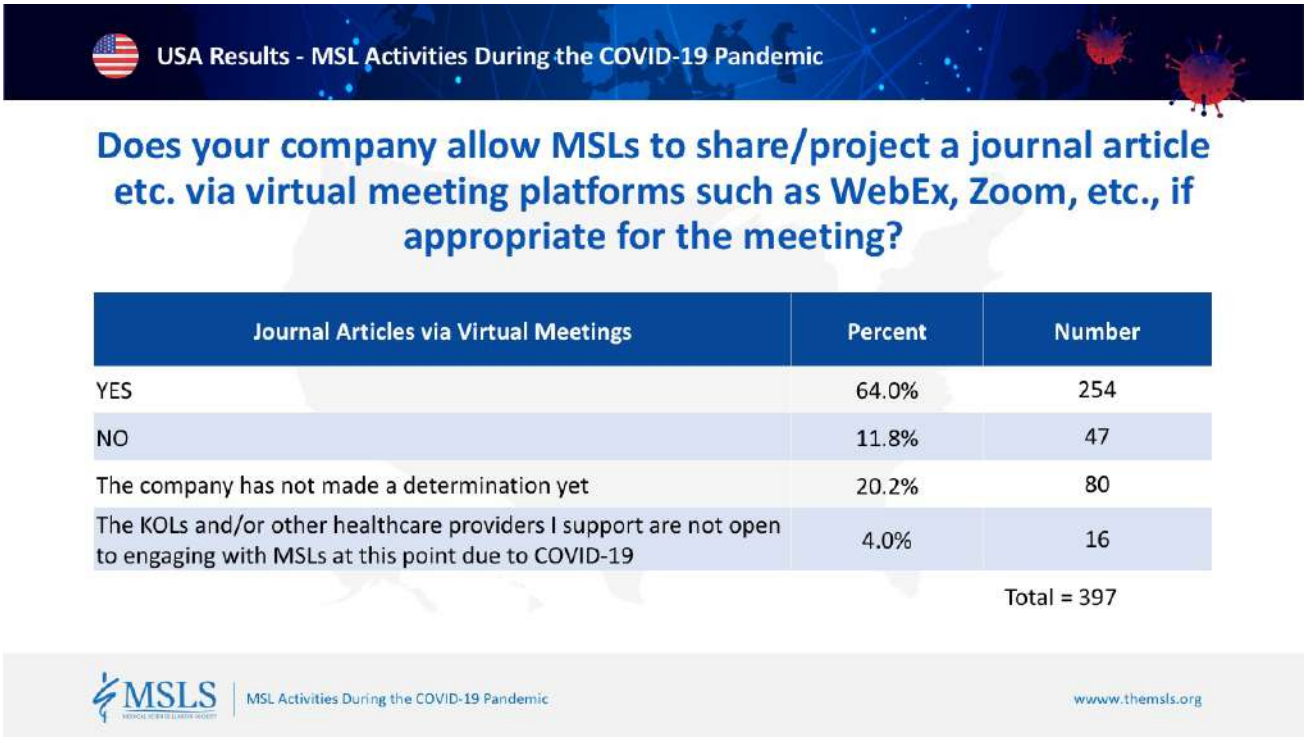
Virtual advisory boards, HCP survey question feedback via e-mail, and some virtual community HCP educational events have been successfully completed.

Additionally, MSL teams have increased the frequency of scientific journal clubs, KOL/HCP scenario creation and discussion, and support of pre-launch activities including support for medical information letters, slide sets, and other training resources.

The survey results indicate that MSL teams are moving to conducting advisory boards virtually and this is what we are seeing at Syneos. Many of our clients are moving to virtual ad boards, round table meetings, and even supporting patient advocacy scientific meetings.

Does your company allow MSLs to share/project a journal article etc. via virtual meeting platforms such as WebEx, Zoom, etc., if appropriate for the meeting?

By Dr. Samuel Dyer | April 2020 Supplemental Issue



Distribution or sharing of peer reviewed scientific/clinical journal publications with Medical Experts is typically subject to each pharma company's legal advisors and interpretation of guidance documents (i.e.: "Guidance for Industry Distributing Scientific and Medical Publications on Unapproved New Uses —Recommended Practices).

In the current US survey, a slight majority of MSLs and MSL managers (64%/62.7%) reported that they were allowed by their companies to project/share journal articles during virtual meetings. Around 12% of MSLs and MSL managers reported they were advised not to share/project journal publications during their virtual meetings. While, roughly 20% of the respondents stated their company was still sorting out the appropriate and compliant process.

When sharing publications, caution should be taken when discussing research that highlights off label uses of products. Any publications of this nature should be at minimum peer reviewed and published in a well-respected high impact journal. Any off label discussions must always remain reactive to questions and not initiated or promoted by the MSL. Careful consideration of any article that contains off label information should be done by leadership prior to MSL use in virtual meetings to provide appropriate direction and consider whether a particular article can be used by MSLs other than to reply to specific KOL request for information.

As a result of COVID-19, and the need for virtual engagements with a KOL, are there additional training topics that would be beneficial?

By Dr. Samuel Dyer | April 2020 Supplemental Issue

The primary purpose of the *MSL Activities During the COVID-19 Pandemic* global survey was to gain insights into how the current pandemic is impacting the activities of Medical Science Liaisons globally including working virtually and engaging with KOLs. One of the benefits from the results is to not only understand how other companies and MSL teams are dealing with the pandemic, but to also be able to utilize the results as a tool to set and manage realistic expectations regarding MSL activities in the new reality.

One of the questions in the survey that addressed the concern of KOL engagement was "*As a result of COVID-19, and the need for virtual engagements with a KOL, are there additional training topics that would be beneficial?*"

Although the question received more than 400 free text responses which included numerous and varying training topics, one of the most frequently provided answers focused on how to effectively conduct virtual KOL engagements.

This is revealing because even though 70% of U.S. based MSLs reported that KOL engagement or access has been REDUCED by more than 51% as a result of the COVID-19 pandemic, MSLs are still very interested in receiving additional training on how to conduct virtual KOL engagements.

Another recent survey further highlights the desire of MSLs to receive additional training. During a live webinar conducted on April 16th 2020, 86% of MSLs polled answered yes to the question "*Would you like additional training on how to effectively conduct virtual KOL engagements?"*

Would you like additional training on how to effectively conduct virtual KOL engagements?

Additonal Training Wanted	Respones
Yes	86%
No	8%
Not sure	5%

74 = MSL, Sr. MSL, Medical Advisor (or equivalent title)

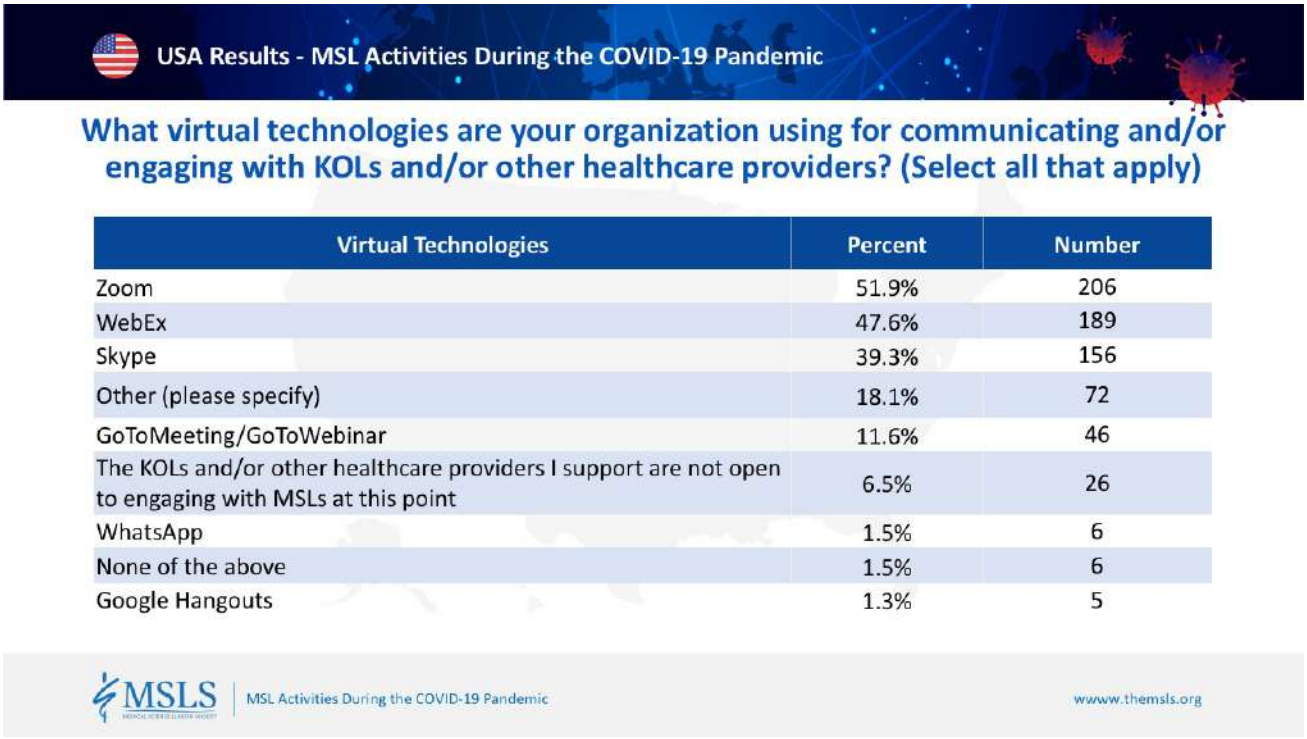
Global Data

April 16th, 2020 Live Webinar

As a result of the COVID-19 pandemic, how MSLs engage with and access to KOLs and other healthcare providers is quickly evolving. The results of these surveys underscore the desire of MSLs to continually receive additional effective and adequate training. The *MSL Activities During the COVID-19 Pandemic* survey results allow MSL leaders to gain detailed insights into issues impacting the performance of MSLs and can be used to make informed and effective business decisions.

What virtual technologies are your organization using for communicating with and or engaging with KOLs and or other HCPs?

By Dr. Samuel Dyer | April 2020 Supplemental Issue



Virtual Technologies	Percent	Number
Zoom	51.9%	206
WebEx	47.6%	189
Skype	39.3%	156
Other (please specify)	18.1%	72
GoToMeeting/GoToWebinar	11.6%	46
The KOLs and/or other healthcare providers I support are not open to engaging with MSLs at this point	6.5%	26
WhatsApp	1.5%	6
None of the above	1.5%	6
Google Hangouts	1.3%	5

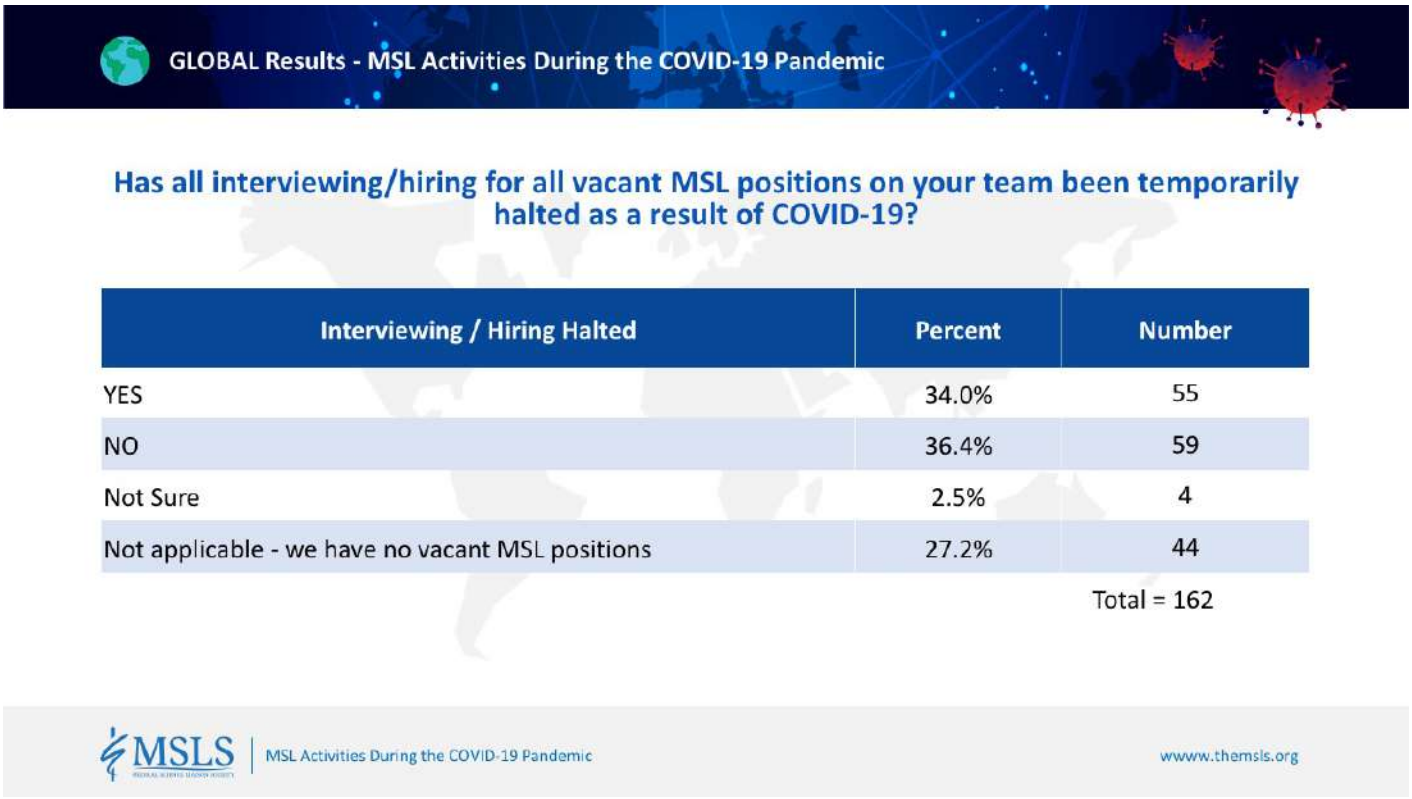
52% of responses to the survey indicate use of ZOOM with 48% responding that they use Webex. Both are excellent web meeting platforms! We are primarily using ZOOM for web meetings with KOLs / HCP at Biohaven and the field sales team is also using ZOOM virtual meetings. As we made this quick adjustment from in person to virtual meetings, one aspect that was really useful is that our commercial training team developed a ZOOM training slide deck which described in detail all the capabilities of using ZOOM, including the video aspect. Another issue that has arisen is the need to password protect our ZOOM meetings to help assure we are aware of who is on the line with us and prevent inadvertently sharing proprietary information to someone we did not intend to have on the meeting call. With the sales team using ZOOM for all HCP interactions at present, the need to protect ZOOM calls became quite important. Although we did not use passwords for ZOOM meetings in the past, they are now mandatory for both internal and external ZOOM meetings. If you are using a web meeting without password protection, this need may be useful to discuss with leadership and IT.

There are more features than we often use in our regular ZOOM web meetings given that we primarily used ZOOM for internal meetings prior to the pandemic. For instance, we don't routinely use chat in our internal meetings when on ZOOM unless someone can't hear. Now that we use ZOOM for virtual KOL presentations, I can ask attendees to use the chat to enter questions and allow me to scan them as I am presenting so I can more adeptly intertwine them into what I am sharing in a natural way. While there are many clinicians who don't readily want to convert an in person meeting to ZOOM or other web platforms, I usually let them know I can share a unique slide that helps answer a question or provides new data; once they are able to see a particular slide, I am able to navigate to other slides as more questions and topics come up so we keep the engagement dynamic! Another key point for virtual meetings is that you should aim to increase the energy and inflection in your voice a bit more than when you are in person. Remember, you are reaching through the screen to capture attention. Without non-verbal language feedback to rely on when we are in person, the verbal engagement has to carry more energy in the interaction to make it extra engaging and interesting!

Another tip is to be prepared to show your smiling face on web cam and consider elevating your laptop up by about 6 inches using a thick textbook or box to assure others see you at face level and are not looking up your nose! Get on ZOOM ahead of meetings to test that everything is working well, including how you look through the web cam! It takes some extra effort to make the virtual meetings work well, but quite honestly, we save a lot of time not traveling at present! I have been more productive by leveraging technology and convincing my KOLs to convert to virtual meetings more often than not. In person meetings are most vital to build initial relationships and establish the communication, trust and respect between MSL and KOL. Beginning a relationship virtually, in my view, will not ever be quite the same. However, when an existing relationship is established and solidified, the use of virtual meetings may allow for more frequent touch points and keep the relationship growing! My prediction is that once KOLs get accustomed to virtual meetings I may have more requests for them once we are back to regular travel!

Has all interviewing/hiring for all vacant MSL positions on your team been temporarily halted as a result of COVID-19?

By Dr. Samuel Dyer | April 2020 Supplemental Issue



The MSL Activities During the COVID-19 Pandemic Survey has proven to be an incredible resource to many of us, as we begin to better understand the impact the pandemic has on the MSL profession, the expectations from HCP's and ultimately the direct impact on how MSLs are quickly adopting new ways of working in this "new normal".

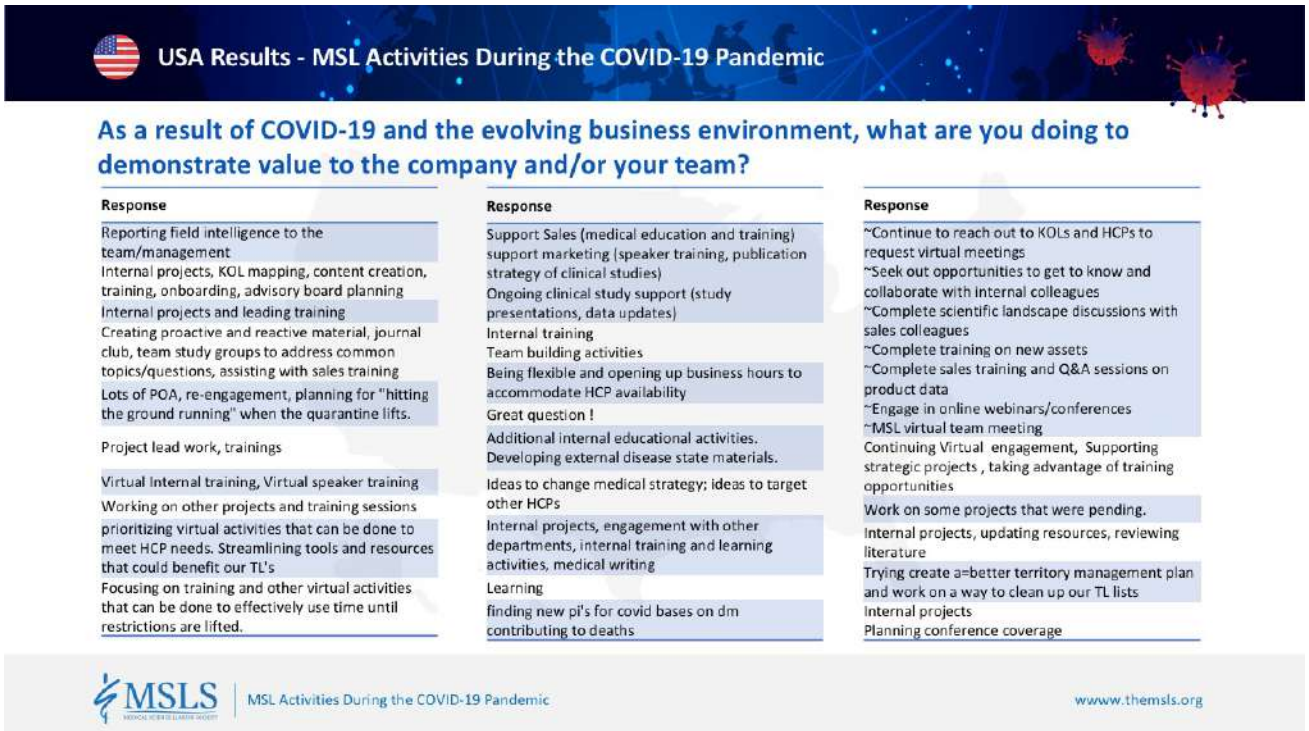
An area within the survey results that I found particularly interesting (beginning with slide 14), is the impact COVID-19 has had on HIRING practices. It's important to remember that those replying to the survey ranged across a broad range of therapeutic areas, geographies, and small, medium, and large companies – all of which may have impact on hiring practices, potentially reflective of the company response to the crisis and the level of immediate impact that companies are experiencing.

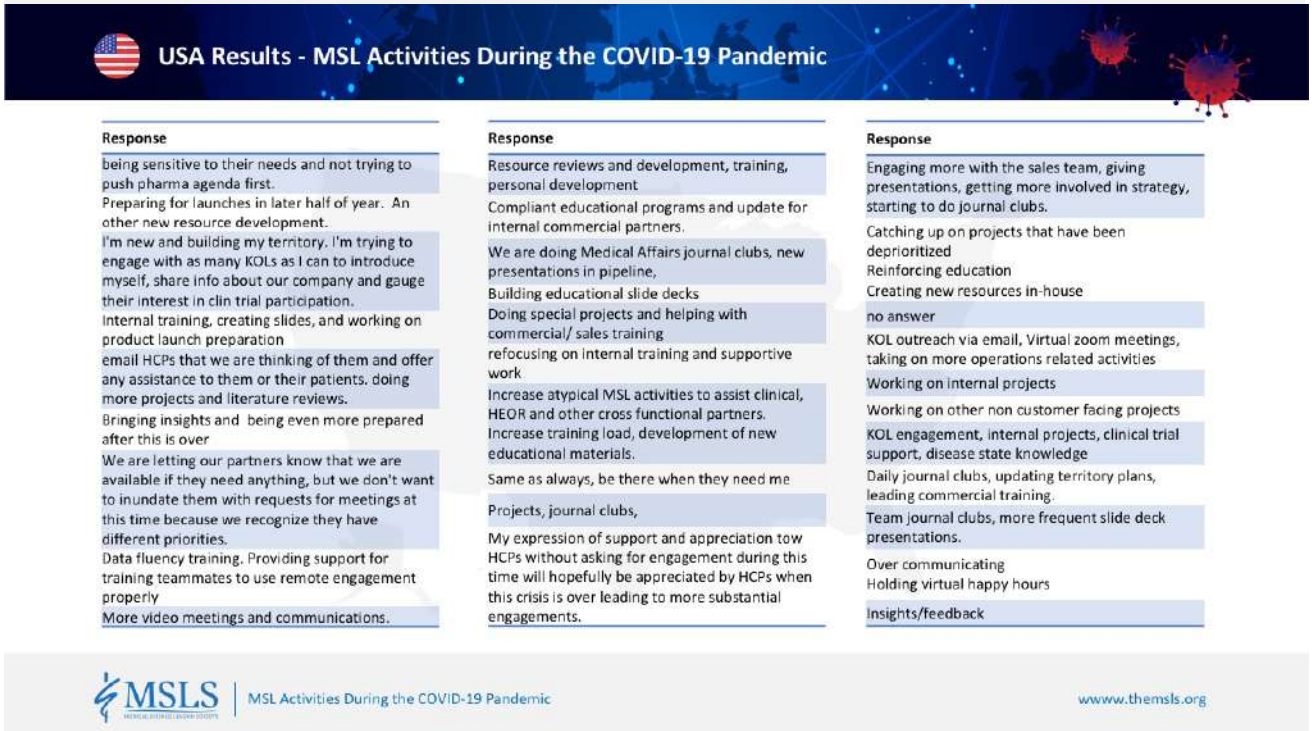
What becomes clear from the survey, regardless of role, is that COVID-19 has had an impact both on INTERVIEWING and HIRING: 25% of those managers responding indicated a temporary halt vs 50% indicated that all interviewing and hiring remains at levels similar to pre-COVID-19 levels. More details on hiring and interviewing specifics are available within the survey, but the bottom line is that at this point in the pandemic, while some are adjusting interviewing practices (which are almost certainly virtual), hiring and interviewing, in general, continues. It remains to be seen how this may change depending on the duration of the pandemic.

On a related note, 46% of survey responders indicate that there will be "permanent and long term-impact or changes to the MSL profession as a result of the COVID-19 pandemic." This certainly will get the attention of hiring managers and the MSL Society as we begin to consider what the impact of these changes may be and what new skills and experiences may prove valuable as companies "pivot" to new plans and strategies in the post pandemic reality.

As a result of COVID-19 and the evolving business environment, what are you doing to demonstrate value to the company and/or your team?

By Dr. Samuel Dyer | April 2020 Supplemental Issue





USA Results - MSL Activities During the COVID-19 Pandemic

Response
Participating in scientific webinars and other relevant virtual learning opportunities. Providing relevant info and insights to customers and company.
summary documents of current information and events
Follow the needs of KOLs.
keep trying
by engaging in virtual presentations
More frequent internal virtual meetings, trainings, journal clubs, checking in with each other.
Supporting internal trainings for sales teams and driving internal projects with the medical directors
Being the scientific resource KOLs need and providing them with answers to their questions
Very difficult - TL emails, projects, pubs
None

Response
Continuing to evaluate new literature. Updating our slide decks and tools. Reporting to the company insights found on listservs and via email engagements. Reporting insights from listservs and email engagements on company products outside my therapeutic area as many of them are utilized for sedation/ICU care and are concerns in the supply chain.
Providing insights from the virtual meetings
Reviewing medical content for slides, developing surveys
1. Trying every channel to keep the insights flowing; 2. Collaborate more with researchers and in house R&D team.
Using the time to study and become more prepared, preparing internal educational material, training the sales reps
Webex trainings. Projects that we haven't had time for.

Response
Showing empathy, compassion and asking how we can help HCPs
Science fairs and round table discussions with the MSL and medical team reviewing recent conference abstracts. Slide deck development. Following up with speaker training.
1. Supporting the development of educational materials and SRLs as it relates to our product and procedure in the context of COVID pandemic 2. Driving virtual conversion process of medical initiatives (especially all planned medical education programs) 3. Adding more support for internal projects 4. Sharing the physician voice of COVID impact and how it has changed their practice to most appropriately engage with our KOLs
Currently updating company tools that we use to communicate to our KOLs
Virtual engagement, MI support, project work and training

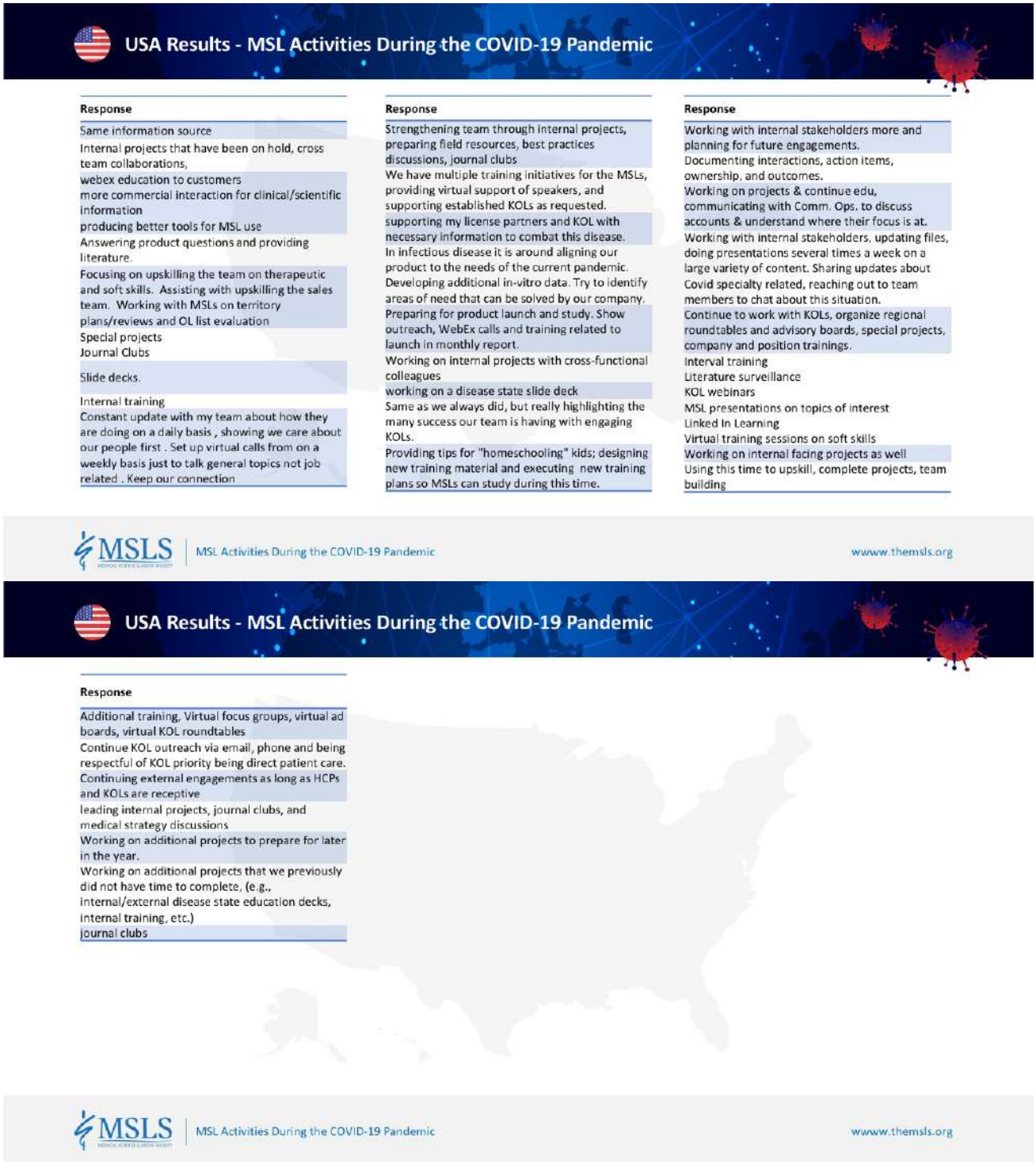
USA Results - MSL Activities During the COVID-19 Pandemic

Response
Maintain contact with KOLs; build new slide decks; cross functional Journal Clubs; special interest projects.
LOTS of internal projects (Slide decks, standard response letters etc.) and updating and streamlining processes that are currently used.
Completing initiatives that were set for us prior to this, try to keep gathering insights from KOLs virtually, continuing to plan for our product launch this year, attempting to schedule meetings/presentations etc for later in the year when this hopefully lifts, getting caught up with internal training and taking advantage of external training we have been offered (Tignum X, Up4Growth, Coursera, and LinkedIn Learning), organizing with fellow MSLs any projects we've been wanting to work on but didn't have enough time, and keeping healthy overall.
I sent a formal email to KOLs outlining resources that may help them related to the evolving telemedicine environment, how we can support their practices with training, and recent scientific information that was to be presented at conferences that have been canceled.

Response
Continuing to be proactive and also being responsive to questions in a timely manner.
Focusing on training and launch readiness
Project work, deck generation
Journal clubs
Working on projects that may improve engagement opportunities and add value when we are fully operational.
Keeping status by reviewing scientific articles/literature; slide deck development, KOL GoToMeetings, responding to medical info requests, virtual AD Boards, research collaboration outreach, training teammates
Prioritizing sales training, speaker training for our commercial dept, increasing webinar opportunities for market access
Working on other projects that align with the core values of the company
Supporting company interdisciplinary groups (including Sales and BD) to serve as a resource for conversations with KOLs. Support our clinical trial sites with information about COVID19 and the resources we have to help them through this crisis. Support abstract and publications.

Response
Developing internal and external trainings and education opportunities.
Training, connecting to study sites and planning E2f meetings for the month of May, June.
Development of educational content; team trainings
Training cross functionally
Teaching sales department and other areas with my clinical expertise.
PROJECTS
Increase project load—finishing projects that were on teams goals for this year, started a new project that we wouldn't have typically had time for. Provided sales reps with internal journal clubs. Some days are more productive but Some less as we all have children at home with no child care.
Filling in support roles.
working on approval of field materials
Strategy, training and special projects.
Additional projects
Our team is taking the time to work on publications and are creating a video newsletter to maintain connected to the healthcare providers we serve.

MSLS | MSL Activities During the COVID-19 Pandemic wwww.themsls.org



We are continuing to support the on-going interviewing and hiring processes. We have moved to a completely virtual interview process that includes a formal presentation, question/answers around the data presented, and a series of behavioral and situational questions. This has worked well to meet the hiring needs for some groups in the pre-launch space.

For some of our smaller MSL teams, we have worked with our Medical Information department to support the development of standard response letters. The MSLs have been reviewing, editing, and confirming medical data cited in the letters. This has significantly reduced the burden to the medical information team.

MSLs have been providing scientific support to virtual ad boards being run by both commercial and medical affairs colleagues. Additionally, some patient advocacy groups have conducted virtual educational programs where MSLs have been approved to provide scientific support or give presentations.

How have MSLs found additional ways/opportunities to support KOLs and/or other healthcare providers?

By Dr. Samuel Dyer | April 2020 Supplemental Issue

USA Results - MSL Activities During the COVID-19 Pandemic

Response
We have started producing additional visual assets for use in interactions once we are mobilized again.
Texting when possible
nice try
email follow up vs in person meetings
We use Skype or Zoom but not anything unusual outside that. For new product launches and updates to products we utilize a "Rapid Email" structure where the same email is "blasted" out to a list of clients.
Follow social media to understand experiences and needs.
Apart from virtual meetings via Webex we continue to communicate with KOLs via phone and email.
Using social media to share interesting medical discussions
Letting them know we are available to assist with obtaining info on COVID 19
Continuing investigator-initiated research efforts
Webex
Still work in progress. I wish I could share more

Response
Communicating via email to minimize interruptions
Virtual advisory boards
Phone and email
Reactive responses
Non
None
My team is just trying zoom meetings to educate providers about a new product launch
FACE TIME
Resources that are needed within their institution. Setting up online calendars to then engage via Webex/Zoom.
We are still looking for ideas on how to support and engage HCPs
Email communication is the best avenue for engagement with KOLs so busy managing their patients through an epidemic
-Facilitating commercial introductions -Clinical trial support and troubleshooting due to COVID-19 delays in recruitment, follow-up, etc.
We are swamped... do not have time to figure out "additional" ways

Response
emails
None I can think of
None, working on internal projects
initial email outreach to HCPs regarding availability & support for their extraordinary responsibilities (pulmonologists)
Give KOLs/HCPs plenty of space now as patients are priority, reassess situation biweekly, may depend on state-by-state guidance
MIRFs Get on sales team calls to answer medical questions Internal training Internal projects
More virtual, email, phone communication
Being a resource
Take time to read more articles
Developing slides, providing COVID-19 links and status updates, offering virtual support of contact activities, etc.

USA Results - MSL Activities During the COVID-19 Pandemic

Response
Answering questions specifically related to association of risk w COVID-19 in treated patients. Directing customers to peer-directed sources of information re COVID-19 Soliciting feedback for improvement of resources (eg slide decks, new data desired, etc) Facilitating discussions re interest in research/grant requests
Waiting for them to reach out to us if they need us. Understanding most KOLs are stressed and we don't want to be that company that is remembered as adding to that stress and being disruptive.
yes
None
Be real with them. Understand the stress they are under and be supportive.
Speaker online training
Reaching out and letting them know that we are available should they need any help. Reactively.
Currently brainstorming about opportunities; mostly telephone & e-mail outreach, with use of zoom platform available.

Response
too soon
Just sending a supportive email or looking up additional info they may not have time to do
Reactive only
Support via providing data on interactions with our product and COVID19
currently, have just sent emails to select KOLs to offer assistance as a resource, if needed. We are aware of the heightened workload of patient care that our HCPs are undertaking, and don't want to command attention to non-essential discussions.
None, access very limited. With time will get better
calls, emails
Clinical trial visits
giving them options
Internal projects. Building MSL training needs
None
emails, virtual meetings text messages, collaborating compliantly with sales colleagues
Through virtual hands on training.
no
none

Response
Yes - reactive
MSLs are being instructed to be reactive only so that HCPs can focus on patient care with COVID
Reduced contact
Proactively disseminating information from the company regarding products and COVID-19 interactions
Letting them know that we are available should they need us.
Connecting them when appropriate to commercial colleagues for product access (copay cards)
I have reminded them that the MSL is their "one stop shop" for questions relating to our products, pipeline and reimbursement
Mainly reactive - have reached out so they know we are available, but not actively trying to schedule unsolicited meetings
Not sure yet- still figuring this out
We have shifted focus from several of our KOLs that work in an inpatient setting and are focusing more on individuals that work outside of the areas that are most affected. For instance, pediatric specialty practitioners have been easier to reach than adult care providers.

MSLS | MSL Activities During the COVID-19 Pandemic wwww.themsls.org

USA Results - MSL Activities During the COVID-19 Pandemic

Response
Being patient and supportive of alternate reality
Unless urgent, discussion specific around scientific insights is limited based on discussions with KOLs
Aid in other Medical Affairs work, med info, med coms, etc
Maybe they are working on initiatives and projects including MSL materials/resources that eventually will help to support our customers.
no
CME Program Development Publications MIRs
Mostly Zoom calls with KOLS. Site initiation visits also changed to Zoom meetings.
Company-wide utilization of Zoom
Addressing questions regarding interactions with medicines and covid19
Virtual meeting
Phone calls & email correspondence
Ask company to donate ppe

Response
All have offered to assist HCPs and some have requested assistance for information outside our normal scope
Continue to support clinical development by remote SIVs Sending e-mails not asking for meetings but recognizing what they may be going through and reminding them we are here as a scientific resource when needed
Developing abstracts Research steering committee meetings
Conference calls with HCPs on our medications and their patients.
Nothing yet
Keeping in contact via email and telephone calls
virtual meetings
Simply letting them know if relevant updates and that we remain available to address concerns as appropriate. A few have agreed to virtual meetings but most are preoccupied with family and patients and we dont want be viewed as predatory at a time of concern and need elsewhere.

Response
Phone conversations Text messaging Virtual journal clubs; virtual scientific updates
Research engagement
Email contact to provide support when needed
Med info request
To be available for phone meetings.
Text and email to KOLs that we are available
One way at my company is that they have now allowed sales consultants to forward an UNSOLICITED question from an HCP to the MSL for addressing. The MSL then needs to create a PIR in our system to document the request for information and can then follow up with the HCP. I've had a couple of great interactions based off of this new policy.
Still working on this.
We have reached out via text and email to put ourselves at their disposition with regards to product information as needed.
Phone calls
We went to all reactive.

USA Results - MSL Activities During the COVID-19 Pandemic

Response
FaceTime
Unsolicited requests
IDK
Disease state presentations via web platform, content development along with HCPs
Considering round tables
None
Not aware of any additional ways.
Reaching out to HCPs and offering to listen and understand how the crisis has impacted their practice and their patients.
Trying to be supportive and available should HCPs have questions or other needs, but also trying to be respectful of the very stressful environment they are now facing.
Email. Phone
Still under discussion
Education, training
None
Helping with IIT and MTA project management.
Connecting on an emotional level due to the universally shared experience as a result of Covid -19 pandemic.

Response
More strategic planning for outreach
Telephone, email & WebEx
Reactive support
I'm struggling with this. I'm hoping that virtual ACC will create questions and requests to discuss new data
via email, calls, and virtual platforms
TBD
During this pandemic, KOL interactions have been narrowed to those initiated by the KOL. Those interactions are most often a request for product information which is shared via email or GoToMeeting.
Touching point to offer support as needed
Emailing KOLs about info they may need is the least bothering way at these moments KOLs responds when they have time usually from home, late at night. And the response are not same day.
Organizational journal club with the authors of a publication
Email and text communications

Response
Reaching out for support but working with ID docs during this time has been difficult.
If approved by KOL, use of messenger services or occasionally e-mail
virtual means
Working on skills development, resource revision/creation and field sales training. KOL meetings have stopped for now, at KOL's request.
Reaching out to as individual needs.
Text or email Check ins reminding them that I'm available by any electronic means to support them and their teams
By not sending them 1000 emails to meet without exceptional new data as it is clearly not sensitive to the current healthcare crisis.
Supporting sales at this Time
Emails suggesting support and information transfer will continue
Response to medical inquiries, virtual trainings and meetings
Be available for any questions
Unknown

MSLS | MSL Activities During the COVID-19 Pandemic wwww.themsls.org

USA Results - MSL Activities During the COVID-19 Pandemic

Response
?
No
send them CME links
provide virtual didactic lectures and videos roundtable programs
Provide presentations virtually
Not sure
Being flexible and opening up business hours to accommodate HCP availability
None
Virtual tumor boards, patient centricity
Empathy
COVID talk
gonna ask tomorrow
~Answer medical information questions related to COVID-19, since we are in the ID therapeutic area. ~Reach out to ensure they have our contact information
Networking hcps
Still figuring it out
Letting them know we are available for any questions.
Clinical trial resources

Response
A simple email to check in to see how things are going in this current situation seems to go a long way. This is enabled to some degree by the long standing relationships I have with some of my HCPs and TLs
Speaker training support
researching questions, lit searches
Avoid repeated phone calls and emails. Send gentle message advising of availability to speak when they have tie.
Via webex
offer any drug info that pertains to ARDs with our products
Medical Info requests
More video meetings and communications.
Contact information available for them, but really, leave them alone, they have too much to deal with right now
I do not know
Email has been the only form of communication that has worked

Response
focus on telephone interactions
Directing HCPs to resources related to how COVID-19 impacts there particular therapeutic area.
Reactive only
Being respectful of their time and what they are experiencing
I express my support and appreciation without asking for an engagement during this crisis
Email mostly
none
Providing virtual assistance, facilitating simple ordering of tests remotely, providing mobile phlebotomy services
Through text
Engage via email
Research, updated COVID guidance/recommendations from TA societies
none at this time
WebEx trainings as needed.
Some are volunteering to help hospitals
Insights

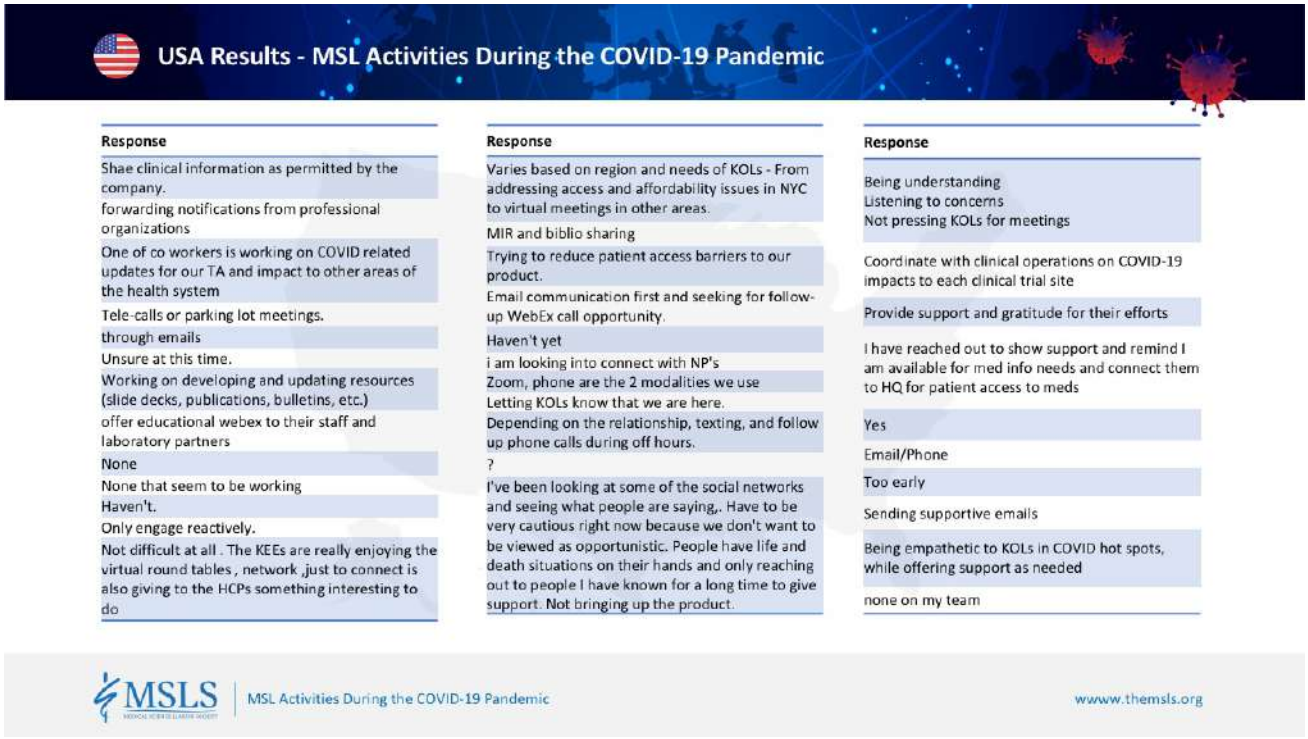
USA Results - MSL Activities During the COVID-19 Pandemic

Response
Most are being empathetic, yet staying connected as a resource where possible
use of virtual platforms
Good, depends on the territory
still pending
At this time I think the optics of trying to interact with my KOLs as their hospitals are focusing (rightly) on the patients in the community is not good. My therapeutic area is not in any way able to facilitate dealing with COVID 19.
Just letting KOLs know we are there for them.
Looking to develop on-label scientific modular training for KOLs to access on their own time.
Not sure - challenges with launches and clinical trials during COVID add To complexity of situation
No
Emailing to offer availability for their needs.
We have reached out to say we are here if you need us or have any questions during this time.
Support webinars.
Haven't had the opportunity for other opportunities at this time
Not yet

Response
Some KOLs (outside my region) are in more research based settings and are still open to meet but many others are simply too busy trying to manage the crisis
By being reactive to them and respecting their time
Communication regarding clinical trials.
Sending just a check in e-mail without any "pressure" of setting up a meeting. Just letting the KOL know that you are available should any questions arise. This was very appreciated.
Some of my KOLs are quite active on social sites and have been quite vocal on twitter etc so one of my strategies is to get an understanding of how they may be feeling about this current time from those sources and do pre-call planning based on some of the discussions I seem them having. Then I attempt to set up ~15 mins calls with each to ask those questions and go deeper into understanding how they are viewing the current treatment landscape. Other MSLs have used this time to simply help their KOLs get caught up with some of the data we've shared at the last couple of major Neurology conferences. For the KOLs who are also clinical trial investigators, we are trying to make sure we understand their needs right now and assessing any changes that may need to be made to protocol. Finally, we are still working to build let relationships with top KOLs during this time (For IIT opportunities, Advisory boards etc) So our goal is not necessarily volume, but impact right now.

Response
Training for office staff, sharing links to information and webinars related to telemedicine from professional societies
Doctors seem to have more time now.
Available to HCPs in a reactive capacity only; not proactively reaching out unless it's truly critical
Offer support
Provide approved resources that will remind them of our current disease state.
respecting the social distancing
non identified
RFI,
I find it difficult to engage KOLs at this time with company related information. I have been engaging my KOLs in a more personal level since they are in the front line of fighting this disease.
In our diagnostic services company, we are reminding providers of ability to send testing kits directly to patients for self-collection of samples. Aiding with education for collection, efficacy, specificity of self-collection methods.
Let them know you are available
Answering supply chain questions; Responding to requests for information on different sites of care
Being extra flexible with availability

MSLS | MSL Activities During the COVID-19 Pandemic wwww.themsls.org

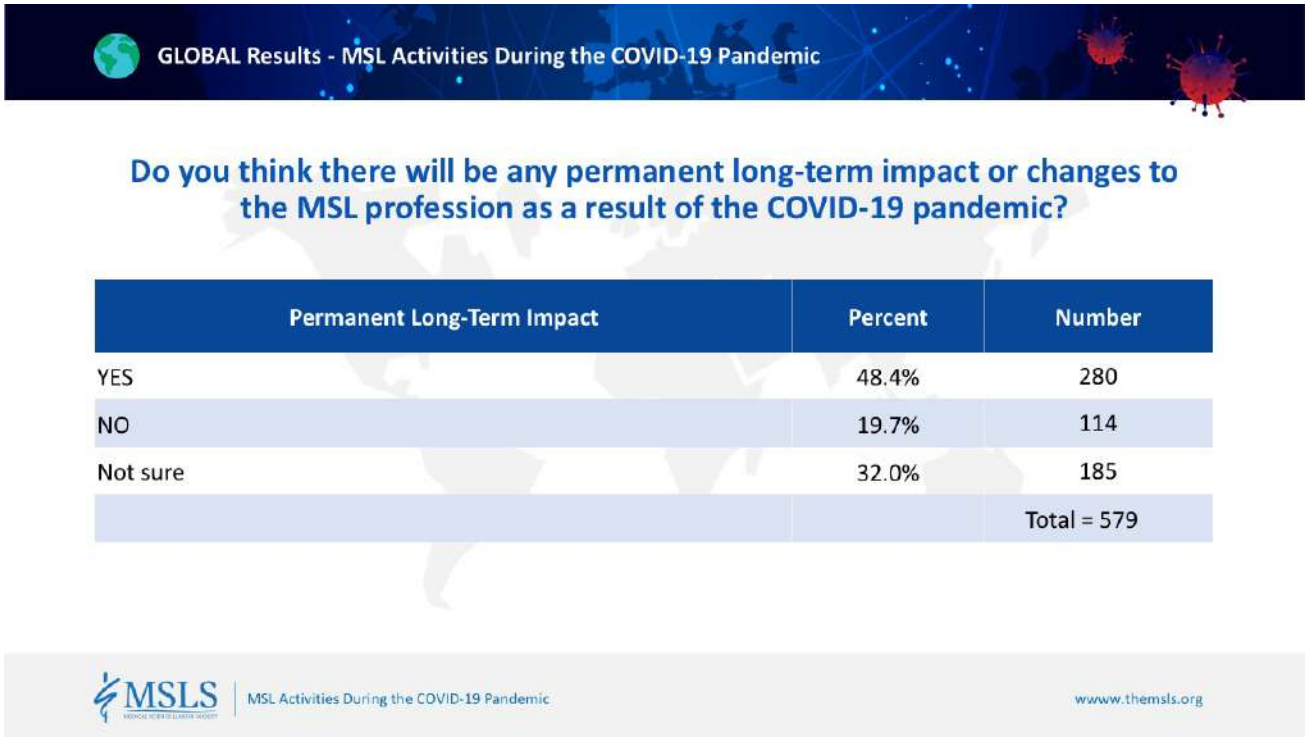


When asked how the MSL found ways to support their KOLs and HCPs, survey participants predominantly indicated that they have prioritized extending offers of support, appreciation, and compassion focused on the human aspect to their contacts and KOLs. Participants have designated texting as an easier method of staying connected although email and varied virtual platforms have also been noted. While participants mentioned maintaining their status as a resource for those KOLs and HCP contacts with specific questions, the consensus was movement toward a reactive approach and remaining "on call". Congruent with current trends of virtual coffee breaks, participants also described holding virtual calls where coffee was encouraged and materials or data were emailed prior to the meeting to facilitate efficiency and robust conversations. Sensitivity toward KOL time via shortened meetings has been a consistent theme in how participants view their role in supporting their KOLs. Additional suggestions by respondents included supporting clinical trials, offers to update slide decks, and furthering education through coverage of virtual national meetings.

Of particular relevance to the current pandemic, survey respondents consistently noted serving as a resource for KOLs by providing COVID-19 updates and articles. One complementary area of support offered by participants was webinar and virtual meeting tech support to their KOLs. Universally, survey respondents echoed the need to prioritize the care of patients and the respective time of their KOLs toward this purpose. An unexpected but valuable service that respondents reported providing was one of consultation regarding patients on their current therapeutic modalities who had contracted COVID-19. Additional activities with less frequency that were recounted by participants included virtual advisory boards, internal project work, online speaker training, connecting KOLs with patient advocacy groups, and sales training support. Further creative examples of support by MSLs of KOLs during these unprecedented times can be found by reviewing the detailed results within the USA survey.

Do you think there will be any permanent long-term impact or changes to the MSL profession as a result of the COVID-19 pandemic?

By Dr. Samuel Dyer | April 2020 Supplemental Issue

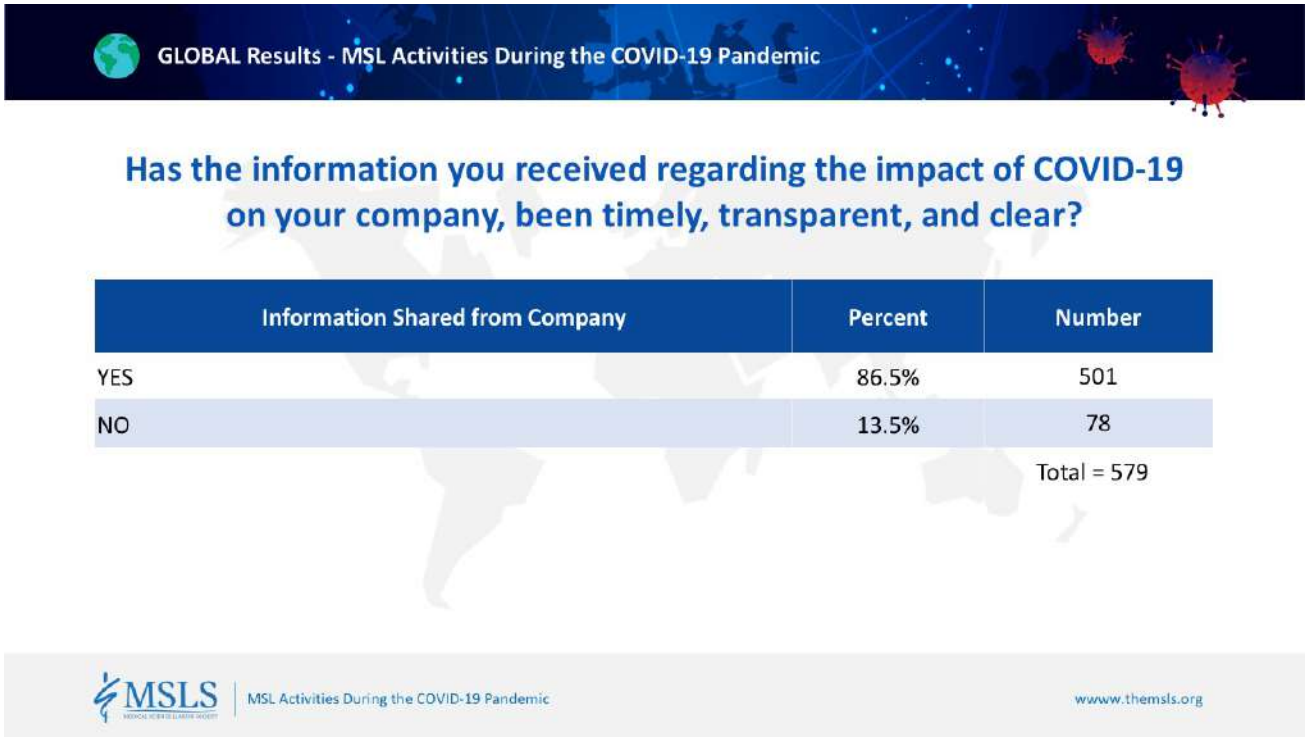


Results are totally divided between those who believe there will be permanent changes and those who do not expect changes, along with those who are not yet sure.

The survey results clearly reflect the situation in which our profession is currently immersed. From my point of view, whether we like it or not, the current restrictions are going to have an impact on our day to day MSL activities. Changes in the companies, in the health professionals and in our MSL role are appearing. With regard to the latter, a new scenario is emerging during these days where face-to-face interactions and clinical sessions will open the way to a new virtual paradigm. The question is “what will happen when we return to normal?” Honestly, I believe that we will adopt those virtual strategies that are most effective and they will end up being part of our new daily routine.

Has the information you received regarding the impact of COVID-19 on your company, been timely, transparent, and clear?

By Dr. Samuel Dyer | April 2020 Supplemental Issue



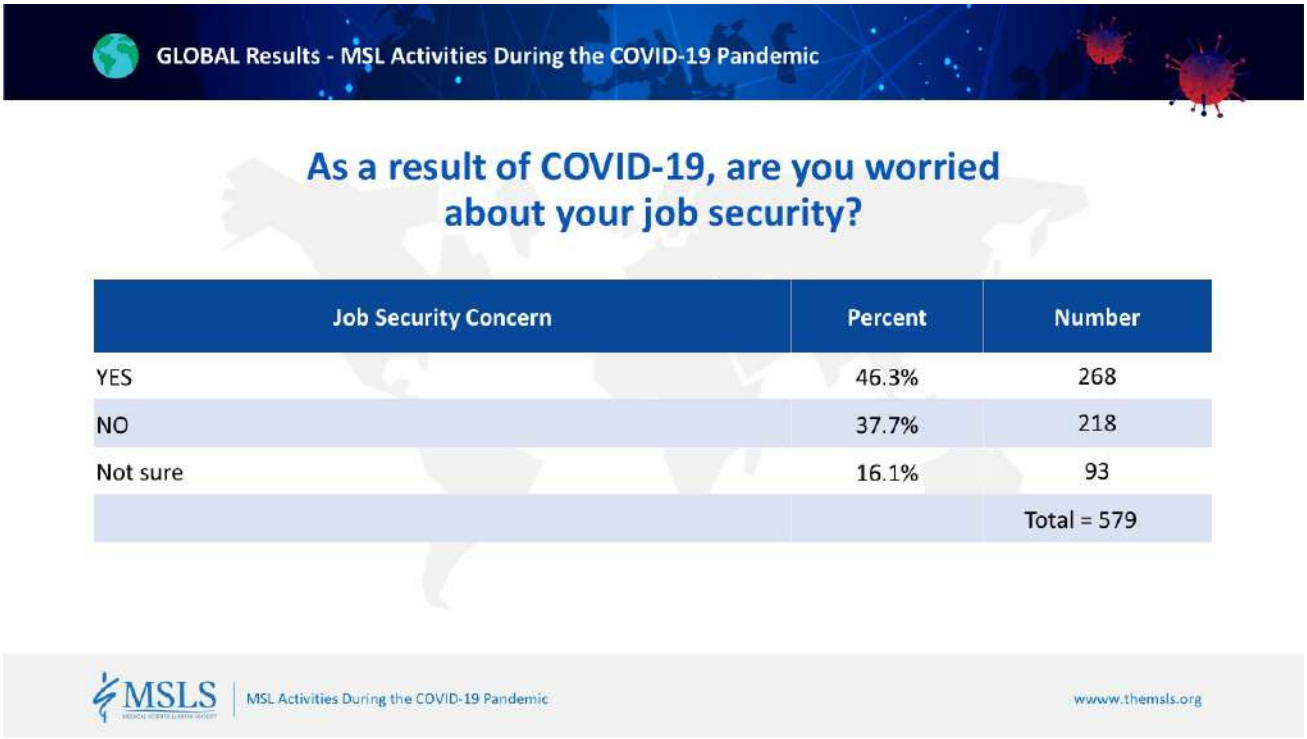
The Global MSL survey has been similar in responses for the US as well with an approximate total of 90% yes and 11% no regarding timely, transparent and clear information being communicated about the impact of COVID-19 on the company.

Many of my colleagues have the same response, and I think our industry and our company have done a tremendous job in being transparent, timely and clear, for showing compassion, ensuring safety first, and supporting employees with work at home flexibility and conducting virtual meetings.

We received numerous emails about safety first, encouraging folks to work from home. We conducted virtual meetings to check on employees in affected areas and provided support. We get weekly updates on COVID-19 and ways to stay motivated, engaged and provide directions about KOL engagement.

As a result of COVID-19, are you worried about your job security?

By Dr. Samuel Dyer | April 2020 Supplemental Issue



The survey has shown a bit of anxiety on our job security. Like other industries, laying off people has been the norm due to the pandemic. Many are worried about losing their jobs. Globally, 46% of all MSLs surveyed are concerned about job security, 37% are not and 16% are not sure. Whereas, about 50% of MSL managers were not worried at all.

It is human nature to feel the pain and anxiety of what is happening globally and be worried about the future, but the MSL role in my opinion will survive this and will always be needed to provide HCPs with the latest clinical information to help their patients. My hope is that this pandemic will subside slowly and we will find a cure and a vaccine so we can return to our normal life.

Has COVID-19 specifically reduced Interviewing for vacant MSL positions? Has COVID-19 specifically reduced Hiring new MSLs for your team?

By Dr. Samuel Dyer | April 2020 Supplemental Issue

Has COVID-19 specifically reduced HIRING new MSLs for your team?

Hiring Reduced	Percent	Number
YES	22.0%	20
NO	44.0%	40
Not Sure	9.9%	9
Not applicable - we have no vacant MSL positions	24.2%	22
		Total = 91

USA Results - MSL Activities During the COVID-19 Pandemic

Has COVID-19 specifically reduced INTERVIEWING for vacant MSL positions?

Interviewing Reduced	Percent	Number
YES	34.1%	31
NO	38.5%	35
Not Sure	1.1%	1
Not applicable - we have no vacant MSL positions	26.4%	24
		Total = 91

MSLS | MSL Activities During the COVID-19 Pandemic wwww.themsls.org

Has COVID-19 specifically reduced HIRING new MSLs for your team?

Hiring Reduced	Percent	Number
YES	30.9%	50
NO	34.6%	56
Not Sure	7.4%	12
Not applicable - we have no vacant MSL positions	27.2%	44
		Total = 162

Has COVID-19 specifically reduced INTERVIEWING for vacant MSL positions?

Interviewing Reduced	Percent	Number
YES	39.5%	64
NO	30.9%	50
Not Sure	1.2%	2
Not applicable - we have no vacant MSL positions	28.4%	46
		Total = 162

An important aspect of this survey was to capture how the COVID-19 international pandemic has impacted interviewing and hiring of MSLs during an early phase (March 24-30, 2020). These survey questions captured the feedback from MSL Managers and Executives based on responses to 2 key questions:

1. Has COVID-19 specifically reduced Interviewing for vacant MSL positions?
2. Has COVID-19 specifically reduced hiring new MSLs for your team?

When reviewing the survey results as they relate to the impact on interviewing for vacant MSL positions, we included both global and US results. To provide relevant trends, we looked at percentages and broke the results out into categories focusing on those with sizable response rates (per the survey questions there were several other categories that are not included here due to response rate significance). The size/type of the company seemed to illustrate the clearest delineations. We will highlight:

- Large Pharmaceuticals (Revenue of $10+Billion USD)
- Medium Pharmaceuticals (Revenue of $1-10 Billion USD)
- Small Pharmaceuticals (Revenue of Less than 1 Billion USD)
- Biotechnology

Below tables illustrate that Covid-19 impacts small pharma interviewing most significantly. There are a plethora of reasons for this, and initial analysis would imply that size and capital would be a key factor, however we did not address those in the survey. While medium pharma results are listed globally, the impact of Covid-19 did not present a dramatic difference at the time of this survey.

Row Labels	Count of MSL Management
Large Pharmaceutical (Revenue of $10+ Billion USD)	**44%**
No	36%
Not applicable - we have no vacant MSL positions	27%
Not sure	3%
Yes	33%
Small Pharmaceutical (Revenue Less than $1 Billion USD)	**22%**
No	21%
Not applicable - we have no vacant MSL positions	27%
Yes	52%
Medium Pharmaceutical (Revenue of $1-10 Billion USD)	**20%**
No	30%
Not applicable - we have no vacant MSL positions	37%
Yes	33%
Biotechnology	**14%**
No	38%
Not applicable - we have no vacant MSL positions	24%
Yes	38%
Grand Total	**100%**

N= 150 Global

Row Labels	Count of MSL Management
Large Pharmaceutical (Revenue of $10+ Billion USD)	**39%**
No	59%
Not applicable - we have no vacant MSL positions	19%
Not sure	4%
Yes	19%
Small Pharmaceutical (Revenue Less than $1 Billion USD)	**38%**
No	23%
Not applicable - we have no vacant MSL positions	27%
Yes	50%
Biotechnology	**23%**
No	44%
Not applicable - we have no vacant MSL positions	19%
Yes	38%
Grand Total	**100%**

N =69 U.S.

We also looked at the reported reduction of hiring of MSLs.

Row Labels	Count of MSL Management
Large Pharmaceutical (Revenue of $10+ Billion USD)	**44%**
No	39%
Not applicable - we have no vacant MSL positions	27%
Not sure	11%
Yes	23%
Small Pharmaceutical (Revenue Less than $1 Billion USD)	**22%**
No	27%
Not applicable - we have no vacant MSL positions	27%
Not sure	6%
Yes	39%
Medium Pharmaceutical (Revenue of $1-10 Billion USD)	**20%**
No	30%
Not applicable - we have no vacant MSL positions	33%
Not sure	3%
Yes	33%
Biotechnology	**14%**
No	52%
Not applicable - we have no vacant MSL positions	19%
Yes	29%
Grand Total	**100%**

N = 150 Global

Row Labels	Count of MSL Management
Large Pharmaceutical (Revenue of $10+ Billion USD)	**39%**
No	59%
Not applicable - we have no vacant MSL positions	19%
Not sure	15%
Yes	7%
Small Pharmaceutical (Revenue Less than $1 Billion USD)	**38%**
No	31%
Not applicable - we have no vacant MSL positions	27%
Not sure	8%
Yes	35%
Biotechnology	**23%**
No	56%
Not applicable - we have no vacant MSL positions	13%
Yes	31%
Grand Total	**100%**

N =69 U.S.

When reviewing the survey results as they relate to the impact on hiring for vacant MSL positions, again the tables illustrate that Covid-19 impacts small pharma hiring most significantly. There are a plethora of reasons for this, however we did not address them in this survey. Medium pharma results are again listed globally; impact of Covid-19 did not present a dramatic difference.

What tactics have worked for you to obtain virtual engagements with a KOL or other healthcare providers?

By Dr. Samuel Dyer | April 2020 Supplemental Issue

USA Results - MSL Activities During the COVID-19 Pandemic

What tactics have worked for you to obtain virtual engagements with a KOL or other healthcare providers?

Response
Email outreach
Existing relationships, phone calls, emails, media postings
Nothing
None
Typical update-type meetings, "business as usual" for clients who are at a distance and have limited time to meet.
MSL requests, Speaker training meetings, scientific follow up from previous engagements
Working on KOL list or sponsored trial
email templates
1. At the HCP's request 2. Business critical matters
Be empathetic. Show that I'm reaching out to them to provide them with help
Standard or usual tactics continue to be effective
No success so far
Including medical directors or HEOR in meetings
No specific tactic, varies by region significantly

Response
cell phone
~Reschedule of already planned in person visits. Have not had success setting up new meetings as virtual.
Flexibility and understanding that we all Are facing different priorities
Let them pick up date and time.
Emails
Standing meetings were offered up to change to virtual or via phone convo, but currently, much of our team is in a reactive role due in part to the disease state we are in and inability/willingness for HCPs to engage
Switching previously confirmed face to face meetings to virtual engagement.
outreach to ask customer for preferences, offering virtual engagement as an option
Most have been appointments that were scheduled prior to current setting. Have not set up new appointments

Response
Acknowledge that their top priorities are treating pts in the COVID-19 milieu, but offer to discuss their clinical interests and potential clin trial opportunities when they have time.
Email requests
explain that we can not travel due to covid-19 and would like to move meeting to skype
Being respectful of their time and asking if they want to meet virtually instead of f2f amid the current environment
Many of the ongoing engagements were scheduled before the pandemic
None
email requests
Not pushing. Respecting the crisis. Being available as a resource to support as needed.
Only community physician engagement or reactive engagement
Connecting with KOLs that I have a great relationship with.

USA Results - MSL Activities During the COVID-19 Pandemic

Response
Nothing has worked.
Haven't found any tricks yet.
To show our availability in exchanging science and leave up to the KEEs to make a choice respecting them as experts and HCPs and share with them our comprehension in difficult times ...
Email communication expressing concern for their circumstances.
Established relationships and reactive to needs of HCPs. Priority is right now is empathy.
mass email, biblio sharing about our test and COVID-19, personal emails, WebEx invites.
Already established close relationships in place. The infectious disease KOLs are being overwhelmed right now so interactions are limited.
Nicely crafted email follow-up acknowledging COVID-19 situation and respectfully asking time to re-connect via WebEx. Attempts for outreach is important: may remind for Adverse Event reporting, ect.
Email and ask - but not more than once
i am trying to connect through LinkedIn and by phone to practice.

Response
mass email, biblio sharing about our test and COVID-19, personal emails, WebEx invites.
Already established close relationships in place. The infectious disease KOLs are being overwhelmed right now so interactions are limited.
Nicely crafted email follow-up acknowledging COVID-19 situation and respectfully asking time to re-connect via WebEx. Attempts for outreach is important: may remind for Adverse Event reporting, ect.
Email and ask - but not more than once
i am trying to connect through LinkedIn and by phone to practice.
Same tactics as used to obtain face to face engagements. Our MSLs simply specify that an appointment request is for a zoom meeting. That is often very easy to schedule. Of course, all congresses have been cancelled or converted to virtual meetings, so that source of meeting is no longer available. Our MSLs will not be in the field until at least 4/30/2020.
Offering to answer any questions they have or to let us know how/if we can help has been helpful.

Response
First, you need to have something compelling to discuss.
Consistent follow up, do what you say, and what has been most effective in combination with the above, persuade peer to peer encouragement to join the. Conversation.
Have suggested them, but have not had any takers yet.
A few weeks ago it was much easier right now so many places are in the middle of a crisis it's quite inappropriate to be asking. I do have some key opinion leaders reaching out to me with a few clinical questions due to the nature of my product. I'm answering those questions and not attempting to engage any further just want to be there for them to support them upon request.
E-mails and phones call facilitate my virtual engagements.
Post conference review decks
Targeted feedback
Interactions with Investigators
Research discussions

MSLS | MSL Activities During the COVID-19 Pandemic wwww.themsls.org

USA Results - MSL Activities During the COVID-19 Pandemic

Response
New scientific publications; data releases; clinical trial discussions.
Working closely with KOLs I know REALLY well and training them on new materials such as new speaker decks.
Unless they are closely collaborating with the company already, most of them want to meet in person after the pandemic is over.
Simply ask for a quick chat, make sure they know I understand the circumstances and do not want to take up much of their time, and offer very specific data updates that can be shared within 15-20 and/or data that may be relevant to the specific situation we are in (safety of patients on our products). We've also provided opportunities for MSLs to team up virtually and across country to ensure everyone has an opportunity to sit in meetings with HCPS.
informative emails, not just "how are you doing?" I bring them something of value to the interaction.
Meeting only for business critical topics; everything else can be postponed
Calling or emails
Emails

Response
Reaching out to KOLs whom we have the best relationships with. Being respectful that they may be preoccupied with COVID-19 patients and/or activities.
Virtual AD Boards with honorarium;
Follow-up to a specific engagement activity (e.g. Speaker Training, Advisory Board participation etc)
Still in the process of getting an engagement scheduled with a KOL.
Texts have worked best for KOLs. However, that is only for the KOLs that I had a strong enough relationship that they do respond to texts. Emails have not been as effective.
Assurance of a brief discussion staying on point.
Not much success so far. Interactions are mostly reactive at this time and KOLs prefer phone calls
Specific targeting of providers not on frontline of crisis
Email
I used to call them and offer the option in order to continue providing clinical information and be up-to-day
EMAIL

Response
I used to call them and offer the option in order to continue providing clinical information and be up-to-day
EMAIL
Quick check ins, check status of transplant center, obtaining more information from them And only answering questions they have about product/company status
Updates on trial progress
requests through email
Be respectful of KOL's and HCP's time during the COVID-19 pandemic.
Email
Emailing the provider and setting up a WebEx
Information source
Virtual meeting requests, at boards becoming virtual, respecting doctors times during this pandemic, understanding needs (ramp up emotional eq),
very limited experience so far
We are not reaching out at this time.
At this point
nothing yet
Phone

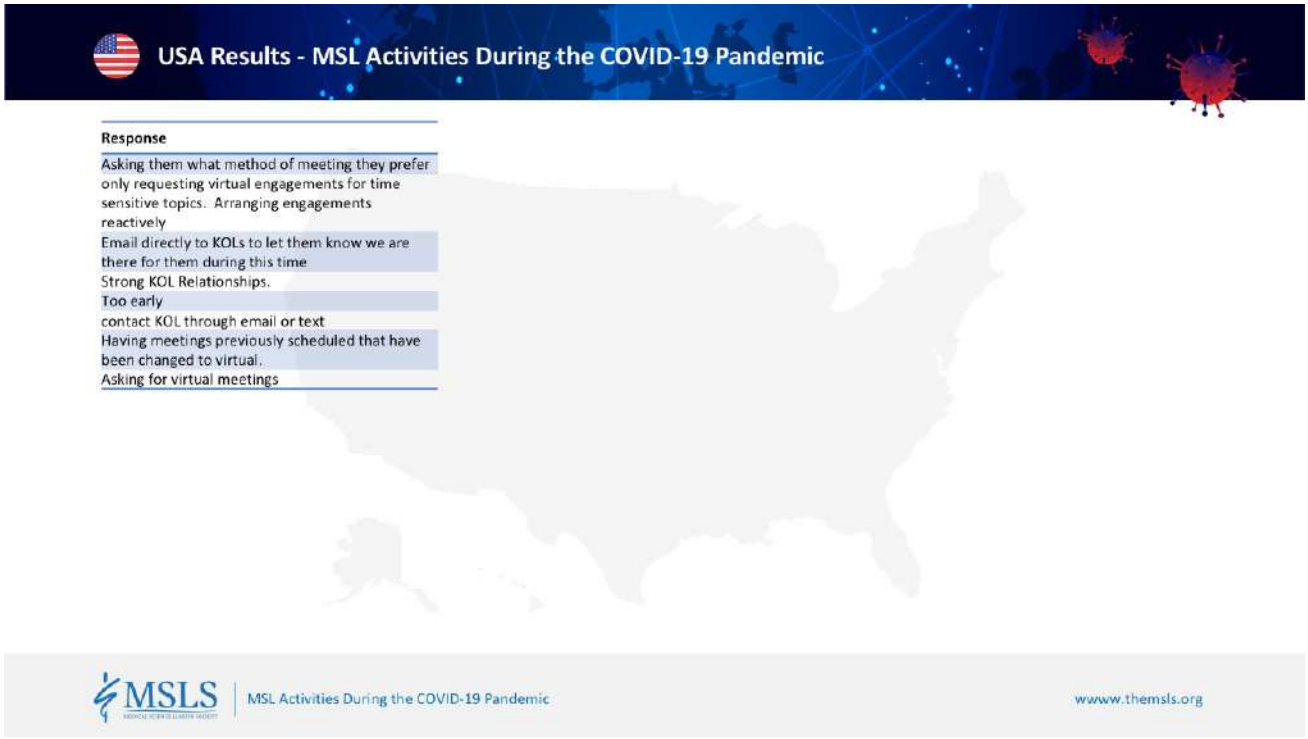
USA Results - MSL Activities During the COVID-19 Pandemic

Response
I am empathetic to HCPs in this difficult time and have expressed my support and appreciation. I DO NOT ask them for an engagement during this difficult time. Those who respond to my expression of support and appreciation are very likely to meet with me after this crisis is over. If my company reprimands me for not engaging HCPs during this health care crisis, I will look for another company who cares for the HCPs they support.
Have had very few interactions but have had a speaker training with a KOL and email communications
Communicating the safety of our SLs and MSLs during this challenging time, and how virtual engagements are a good alternative
no answer
Planning actively with the sales rep, having a specific agenda item to discuss
Email and texting to ask for appointment
Email them to set up logistics
Utilizing sales reps to set up meetings
none

Response
Asking how they are doing with the COVID-19 epidemic.
Empathy to KOLs
Have a purpose for the discussion. Not a check-in.
Email Key scientific/product updates and staying connected via text/email
texts, phone call and email requests
Email
Text, conference calls
little interest in anything but COVID
texting the KOL
E-mail offering to meet virtually but always giving them an "easy out" by saying I understand if they are unable to meet at this time. Low pressure.
Just letting KOLs know we are there and they can contact us when they are ready. Like everyone, KOLs are juggling a lot of other life changes and I believe letting them know we are there for them when they need it is important.
Rescheduled meetings already scheduled.
None so far
None
None - engagements are via email only at this point. All virtual engagements I have scheduled have been canceled.

Response
Email
Some email, but overall none.
New data. And be more concise.
The sales team sets these up for us
Sending a brief email
E-mail primarily
None, only medical information requests have been receptive to learning more information during the pandemic.
1. Clear objectives setting or agenda in advance of the meeting 2. Offer multiple options for platform to interactions for 1:1 to accommodate individual providers preferences (e.g. telephone, web-conference, etc)
I am currently sending out support emails acknowledging the crisis and offering support. This is primarily to develop a relationship since I am new to the team and nearly all my KOLs are on the front line in NY.
Being reactive to their requests; having had an appointment already scheduled before the epidemic

MSLS | MSL Activities During the COVID-19 Pandemic wwww.themsls.org



In the wake of the COVID-19 pandemic, MSLs are embracing virtual technology to keep in touch with their KOLs. This article will review the tactics MSLs reported using to successfully obtain virtual engagements. At the time of the survey, many MSLs were converting planned face to face interactions to virtual meetings. However, MSLs were finding it more difficult to set up new virtual appointments. Our KOLs are understandably very busy at this time, and meeting with a MSL is likely not a high priority. Additionally, there are likely to be significant regional differences to KOL receptiveness as different regions are affected by the pandemic at different times and to varying degrees. It is critical to display flexibility during this time, for example by offering your KOLs multiple ways to engage. Some may prefer phone calls over video conferencing while others may want to email or exchange texts. And of course, many may not respond to your request at all.

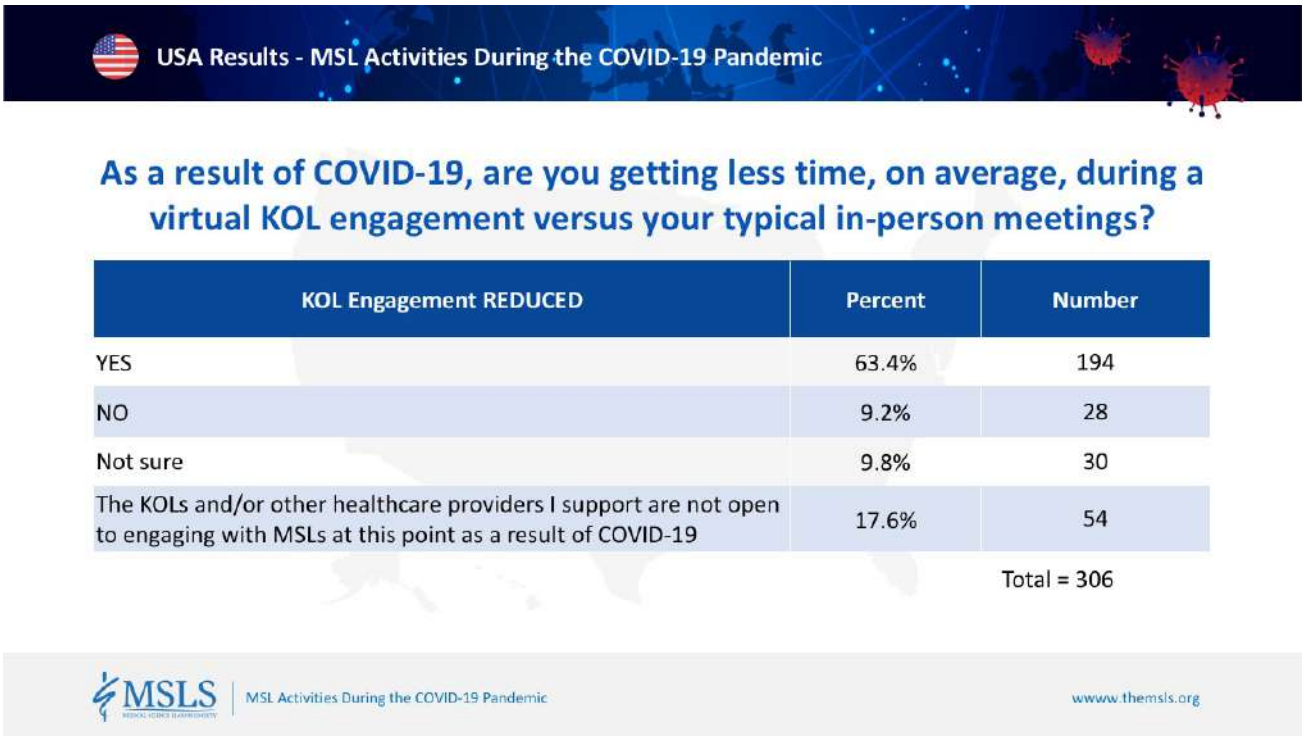
If you are going to proactively reach out to KOLs and request a virtual meeting, it is crucial that you are bringing value to them. Luckily, this is a skill that MSLs routinely develop! Now more than ever, it is necessary to have a clear purpose when you reach out. Set an agenda in advance so both parties are clear on what will be discussed. Focus on concrete objectives like sharing new data, completing speaker deck training, or sharing clinical trial updates. When reaching out, display empathy about the pandemic and give your KOLs an easy out with a statement like “I understand if you are unable to meet at this time and would prefer to postpone until things settle down”. Some MSLs have reported more success by focusing on KOLs that they have the strongest, most established relationships with. The key message here is to be respectful, flexible, and understanding that KOLs are facing extreme challenges right now. Understand that even by applying these tactics, your success rate may not be as high as you are accustomed to.

Finally, don’t be afraid to get creative and try new tactics. Some surveyed MSLs report utilizing sales colleagues to set up meetings while others report having success partnering with medical directors and HEOR to set up joint appointments with KOLs. As you continue to experiment and decide what works best in this new, difficult environment, don’t forget to share your successes, and more importantly your challenges, with your teammates and medical affairs colleagues so that we can all learn best practices from each other.

As a result of COVID 19 are you getting less time on average during a virtual KOL engagement versus your

typical in person meetings?

By Cherie Hyder | April 2020 Supplemental Issue



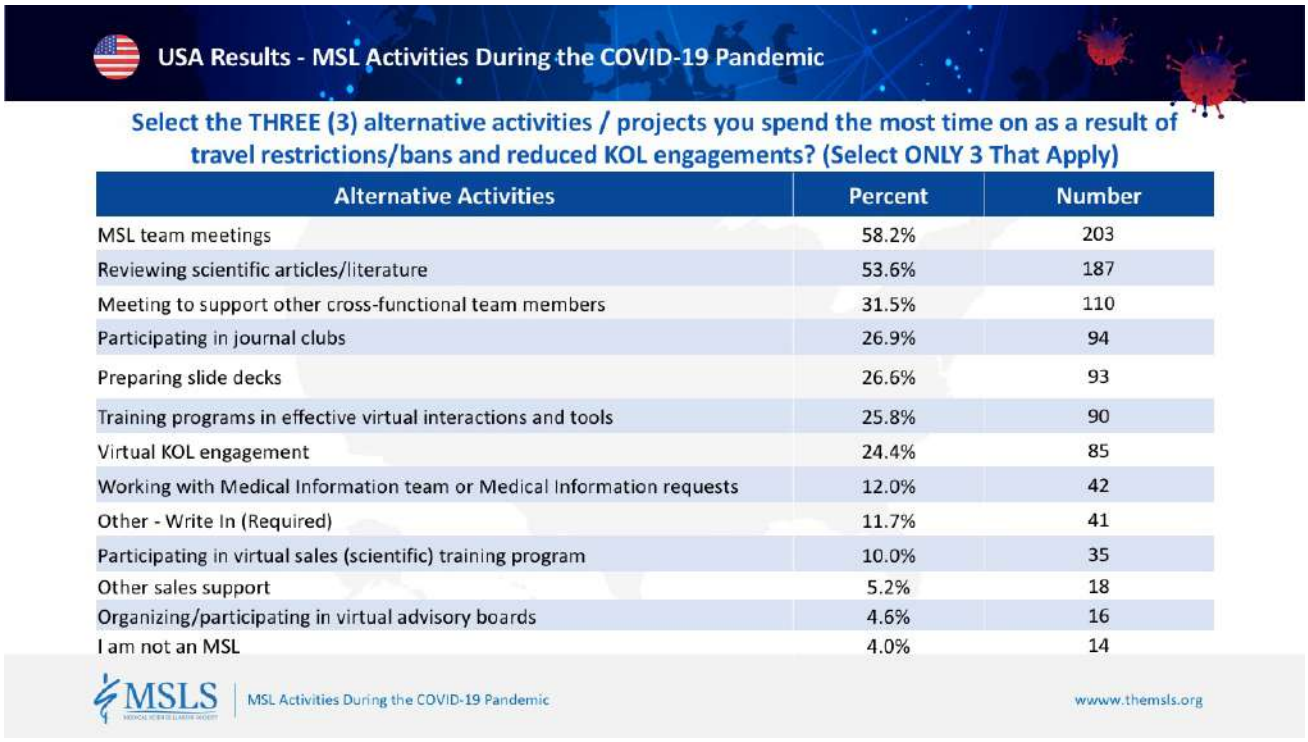
The answer to this question depends on what type of in person meeting I had planned. For instance, when I am seeing a KOL during the middle of a busy clinic day I am likely to get less time together – maybe 15-20 minutes! If I had a dinner meeting planned, in all likelihood I would have met for at least 2-3 hours! The survey results indicate that 46% are having meetings 16-30 minutes long and 27% are having 5-15 minute meetings. Less responses were given for longer duration meetings with 11% having 31-45 minute meetings and 3% having meetings longer than 45 minutes.

Most virtual meetings are set up for 30 or 60 minutes. This is a typical time allotment that we use for regular meetings. So in some ways I am getting more time on a virtual meeting than when I am running between busy clinics by day, however in other instances I am getting less time because it's challenging to keep someone's attention for more than an hour, particularly when you are not there in person. Using slides and videos helps extend the time with a KOL because it's naturally more engaging. If you plan it well, you could even work to set up a follow up virtual meeting in 1-2 weeks to go into more data and bring back any follow up information requested that you don't have on hand. Overall, I would say that we lose some time on average with our virtual interactions, but we get back time when we are not traveling so it's possible to actually have more virtual meetings across a broad expanse of one's region on any given day and in the end you could find you are even more productive than when you are on the road!

If your virtual KOL meetings are running short, take more time to do pre-meeting planning for the KOL meeting. I have a KOL pre-meeting worksheet that helps MSLs delve deeper into planning! Consider the agenda for the meeting. What are you trying to accomplish? Lay out appropriate aspects of your agenda in your email invitation. Look for opportunities to have deeper medical discussions with KOLs who like scientific exchange! Do lit searches in advance to see if your KOL has published on a topic or have they spoken at a past conference on a particular area that relates to your product or research areas? Are there speakers who need some extra polish? Be opportunistic to use your extra time when not traveling to be of service! As you finish a meeting, ask the KOL if you can check back in a particular time frame to provide follow up information or continue discussion and add the follow up note to your calendar! Despite working virtually at present, KOL engagement and building advocacy can be done in many ways! It's time to get your creative juices flowing and tap into your fellow MSLs for other great ideas as you work to extend your KOL meeting duration!

Select the THREE (3) alternative activities / projects you spend the most time on as a result of travel restrictions/bans and reduced KOL engagements?

By Dr. Samuel Dyer | April 2020 Supplemental Issue



Alternative Activities	Percent	Number
MSL team meetings	58.2%	203
Reviewing scientific articles/literature	53.6%	187
Meeting to support other cross-functional team members	31.5%	110
Participating in journal clubs	26.9%	94
Preparing slide decks	26.6%	93
Training programs in effective virtual interactions and tools	25.8%	90
Virtual KOL engagement	24.4%	85
Working with Medical Information team or Medical Information requests	12.0%	42
Other - Write In (Required)	11.7%	41
Participating in virtual sales (scientific) training program	10.0%	35
Other sales support	5.2%	18
Organizing/participating in virtual advisory boards	4.6%	16
I am not an MSL	4.0%	14

Widespread physical distancing measures have been implemented in response to the coronavirus pandemic. These measures obviously have a drastic impact on the daily life of many people around the world. Prior to any orders to shelter in place, restrictions on travel and visitation to healthcare facilities forced many MSLs to change their standard operating procedures due to the sudden inability to have in-person meetings. Given this limitation, MSLs and MSL managers have been reassessing priorities in order to continue to provide value to both internal and external stakeholders. A portion of the MSL Activities COVID-19 Survey focused on the how MSLs are working in this new environment by asking them to “Select the THREE (3) alternative activities / projects you spend the most time on as a result of travel restrictions/bans and reduced KOL engagements?” This article will discuss this portion of the survey.

In the US, the top responses to the question posed above from MSLs and MSL managers were: MSL team meetings (58.2%), reviewing scientific articles/literature (53.6%), and meeting to support other cross-functional team members (31.5%). This matches up well with what MSLs and managers think MSLs should be focusing on at this time, which was a question posed earlier in the survey. The responses to that question had MSL team meetings 2nd, reviewing literature 1st, and supporting cross-functional team members 5th. When splitting the data and comparing responses of MSLs to that of MSL managers, the results were pretty similar. The top responses from MSLs were the same order as the combined group. The MSL managers responses were nearly the same, although supporting cross-functional team members was in second place with one more selection than reviewing literature, which was in 3rd.

At this point in time, it appears that MSL activities are being perceived similarly by MSLs and MSL managers and they are largely matching expectations of both MSLs and MSL managers. There are some notable exceptions, including the amount of virtual KOL engagement MSLs “should” be focusing on (63.0% of all respondents and 73.0% of MSL managers) and the amount of respondents who said it was one of their top 3 activities (24.4%). It will be interesting to see how expectations and perceptions shift over time as MSLs and MSL managers continue working in unprecedented circumstances.