

# THE MSL

JOURNAL OF THE MEDICAL SCIENCE LIAISON SOCIETY

JULY 2021



Developing a Sustainable Medical Affairs Department in Regenerative Medicine

Perspectives and Advice from the 2020 MSL of The Year Award Winners

MSL leaders share their perspective on the importance and benefits of the Medical Science Liaison Board Certification (MSL-BC®)

MSL Performance Metrics: Valuing the Role Through Product's Lifecycle & Digitalization

The New-New Normal: How to Transition Back to the Field Smoothly!

The Medical Ecosystem Regional Plan: An Introduction

Work life harmony; not just for today, but for the long haul

KOL Services Carried out by Pharmaceutical Companies and Expectations

A Decade in Review: Changes in Temporal and Regional Interest in the Medical Science Liaison Role

Leveraging an Outcome-Based RWE Framework to Further Quantify Field Medical Value

Nutrition Science and the Art of Eating

What is your career path?

Working with Internal Stakeholders in a Virtual Setting

MSL Evolution: New Trends and Titles That May Emerge

Work Life Balance

I need to be a "Super-Human MSL" now - how?

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# Medical Science Liaison leaders share their perspective on the importance and benefits of the Medical Science Liaison Board Certification (MSL-BC®)

| July 2021

## Benefit #1

You'll be recognized as having met the "Gold Standard" for the MSL profession

### Why certification is a Gold Standard

In all occupations and professions, certification is viewed as a professional qualification, signifying to employers, regulators, and the public that the holder of the credential possesses the breadth and depth of knowledge and skills needed to competently perform the role.

Because certification is typically a voluntary process (vs. licensure which is mandatory), obtaining the credential also shows that you are:

- committed to meeting the professional standards set by the industry and/or profession; and
- dedicated to maintaining your competency through engaging in continuing professional development (as is required to maintain certification).

For all these reasons, certification is often seen as the "gold standard" of professional credentials.

### The value of a Gold Standard for the MSL profession



**In the past, our profession was missing the golden standard that would be able to validate our knowledge."**

**-Sasha Bogdanovich, MD, PhD, MSL-BC**

*MSL, EMD Serono*

Certification provides a means through which stakeholders can gauge the qualifications of an MSL professional. The MSL-BC® has established consensus-based, industry-recognized standards against which MSL professionals can be evaluated.

Using processes similar to those utilized to create physician board certifications, the rigorous MSL-BC® examination was developed by leaders in the field working in partnership with experts in certification testing.

The MSL-BC® also provides a uniform measure of the knowledge and skills expected of all MSL professionals, regardless of the

path they have taken into the field.



**“My route to this role is not typical of many MSL peers. I’m very privileged to work amongst colleagues with exceptional healthcare/research backgrounds and qualifications including PharmD and PhD; however, I hope that my attaining this Board Certification demonstrates that despite my lack of such degrees, I can stand shoulder to shoulder with any MSL/MSL Leader across our industry - worldwide.”**

**-Amjad Mahmood, MSL-BC**

*Associate Director, Medical Sciences (Oncology), Gilead (UK’s first Board Certified MSL)*



**“I think it is the only valid title that I have related to my profession, it is also the first time that we have such a certification.”**

**-Victor Sastre, MS, MSL-BC**

*Head of MSL, Amgen*

## Benefit #2

Distinguish yourself within the MSL community

### **A mark of distinction**

Certification requires that you submit to a rigorous, objective, and standardized evaluation of your knowledge and skills by an independent, third party. Successfully completing this process is a mark of distinction - you have taken the extra step of demonstrating that your expertise “measures up” to the gold standard set by the profession.



**“As career interest continues to grow in the MSL field I think it will be even more important to stand out in a strong field of applicants. The MSL-BC® will help!”**

**-Jeanna Cooper, PharmD, MSL-BC, BCPS**

*MSL, Ipsen*



**“MSLs come from a variety of professional backgrounds and each has unique on-the-job training and experiences. The MSL-BC Certification demonstrates broad competency as an MSL to peers as well as internal and external stakeholders, regardless of the amount and quality of training they have received. This certification is an indication that I understand how to excel in this role and have the ability to excel regardless of the specific goals my team is aiming to achieve.”**

**-Josh Yoder, PhD , MSL-BC**

*MSL Regional Director, Syneos Health*



**“For me personally, it’s important as I’m a Physician Assistant, and many MSL roles still require the terminal**

**degree candidate. Certification helps me as an applicant at times be able to compete with those terminal degree candidates, as I can leverage the certification to my advantage for hiring purposes. It was extremely important for me to prove to myself, and my MSL colleagues that I have the skill set to be an MSL, MSL mentor, and MSL leader.”**

**-John Burger, RN, PA, MSL-BC**

*Lead Medical Science Liaison, MSL-BC at Romark Laboratories, L.C.*

**A valuable addition to your resume**

The MSL-BC® represents your mastery of a specific, highly-detailed skill set. By comparison, a resume typically summarizes experience and accomplishments in general terms. Earning the MSL-BC® provides stakeholders with more insight into your capabilities. Thus, the credential can add value to your resume — no matter how long that resume is.



**“As career interest continues to grow in the MSL field I think it will be even more important to stand out in a strong field of applicants. The MSL-BC® will help to define not only experienced MSLs, but MSLs who ‘get it’ and understand the multifaceted skill set needed to be an MSL.”**

**-Jamie Tobitt, PharmD, MSL-BC**

*Medical Value Liaison, Apellis Pharmaceuticals*



**” I feel coming from an RN, and PA background and both board-certified I truly believe all MSLs when providing scientific information to others should have certain role/skill standards to meet. Certification gives more validity to the role of MSL.”**

**-John Burger RN, PA, MSL-BC**

*Lead Medical Science Liaison, MSL-BC at Romark Laboratories, L.C.*

## Benefit #3

### Accelerate your MSL career

Draws attention to your job application



**“The MSL-BC® was an opportunity to showcase my credentials on my professional social media to let recruiters know that I am abreast and up-to-date in my field. I believe that with these credentials I will advance in my career much faster.”**

**-Chuck Narla, BPharm, PhD, MSL-BC**  
*MSL, Eisai*



**” I view the MSL-BC as a clear advantage for someone applying for an MSL role. It gives managers confidence that potential employees are well qualified and up to date on current standards in our profession. After helping develop the exam and reviewing all of the content, I am confident that anyone who passes the exam to earn MSL-BC Certification is well prepared to be a high-performing member of any team they join.”**

**-Josh Yoder, PhD, MSL-BC**  
*MSL Regional Director, Syneos Health*



**" I would give a preference to a candidate who is board-certified, as it shows that they really care about being an MSL, their competence with their science colleagues, and science customers/thought leaders they interact with on a daily basis. It also shows me as an MSL leader that they will go the extra distance to perfect and fine-tune their skill sets to be the best MSL they can be."**

**-John Burger, PhD, MSL-BC**

*Lead Medical Science Liaison, MSL-BC at Romark Laboratories, L.C.*

Certification helps recruiters and employers to quickly confirm that you possess the requisite professional competencies for success as an MSL professional or MSL manager. As a result, you may be more likely to be selected to advance further in the selection process.



**"All other things being equal, I would give preference to an applicant with an MSL-BC because it shows engagement with their profession, and the initiative to get a credential that's not required yet. The MSL-BC is still in its formative years. I know there are some who aren't sure we need the MSL-BC, but I'm reminded of the earliest days of the PharmD programs at pharmacy schools when the BS in Pharmacy had been the standard degree for generations. I'm sure some of the earliest PharmD candidates were questioned why they needed extra schooling to be a pharmacist? Eventually, the PharmD became the standard degree for all pharmacy schools, and the profession is better for it. I'd like to think that the MSL-BC is in a similar position and over time we will see the MSL-BC grow to become the standard."**

**-Jamie Tobitt, PharmD, MSL-BC**

*Medical Value Liaison, Apellis Pharmaceuticals*

**Demonstrates your commitment**



**“The MSL-BC® is a tool to gauge the commitment of an MSL/MSL manager to the profession, which may prove useful in career advancement opportunities.”**

**-Anu Guggilam, DVM, PhD, MSL-BC**

*MSL, SK Life Science*

Earning the MSL-BC® distinguishes you as someone who: (a) is committed to the profession and its standards of practice and (b) dedicated to continuing your professional development. Many employers view certification as an indication of how dedicated you would be if hired.

**May lead to being considered for a promotion or increase in compensation**



**“It is not an ‘end,’ but rather a step in my ongoing growth and development, creating opportunities for both increased compensation, career and promotional opportunities.”**

**-Gary Dawson, PhD, BCPP, MSL-BC**

*Medical Affairs, Clinical Pharmacology and Toxicology*

Certification is not just beneficial for securing a job early in your career or obtaining a position with a new employer. The MSL-BC® can also be an advantage if you are an established professional or have been with an employer for some time, since employers may require certification or consider it as a factor when awarding a promotion or an increase in compensation.



**“... as more MSL leaders become aware of this certification, it might become a requirement for anyone who is interested in advancing upwards on the MSL career ladder.”**

**-Mila Levinson, PharmD, BCPS, MSL-BC**  
*Sr. MSL, AstraZeneca*



**“... Since the first MSLs, it’s been mostly up to the company to define what their MSLs did. And while many stayed within a general concept, others started pushing their definitions further away from the norm. In some cases, they were good changes, and in others, maybe not as much. It’s time that there is a standard we can refer to. The most valuable asset of an MSL is its integrity. I think the MSL-BC helps to maintain the integrity of the profession.”**

**-Jamie Tobitt, PharmD, MSL-BC**  
*Medical Value Liaison, Apellis Pharmaceuticals*

## Benefit #4

Greater credibility and respect from KOLs and other stakeholders



**“...On a daily basis, to me, MSL-BC® means a HCP/KOL or co-worker can trust in this discussion of the peer reviewed data as it has been brought to you by a peer reviewed & approved certified Medical Science Liaison.”**

**-Angie Lombard, CP, MS, MSL-BC**

*MSL, Instrumentation Laboratory, A Werfen Company*

Certification programs establish and elevate standards for professional practice and in doing so, raise the profile of a profession within an industry. An industry-wide recognition of the profession enhances appreciation of the individuals working in the field and the value they bring to the table.



**“... I think this exam is highly important for elevating our profession and truly shows to our healthcare providers and ultimately patients that we have set the bar high in terms of our scientific, clinical, and medical knowledge and that we truly bring incredible value.”**

**-Mariya Krisenko, PhD, MSL-BC**

*MSL, Novo Nordisk*

## Benefit #5

### Professional Growth and Satisfaction



**“The certification is important because it will bring recognition, and commitment to the profession. It will label you as a specialist who has gone the extra mile to learn, to ensure a thorough understanding of the role, the do’s and don’ts, as well as, responsibilities. It will put you a cut above which will help with job placement and advancement.”**

**-Alexi Negron, PharmD, MBA, MSL-BC**

Many people use certification as a way to evaluate themselves, to test themselves against a standard set by the profession. Meeting this standard gives certificants a sense of personal satisfaction. It is an external confirmation that they met an important goal they set for themselves. Certificants also report that successfully completing the certification process gave them greater confidence.



**“I am more confident that I understand the MSL role, and I have the required competencies to do my job effectively.”**

**-Eytayo Fakunle, PhD, MPH, MSL-BC**  
*MSL, Bioventus*

The certification process aids your professional growth by helping you to identify your strengths and areas in which further learning and experience would be beneficial. With this information, you can create a personalized professional development plan which will position you to accomplish your career goals.



**“Board certification in any field is useful to demonstrate the skills and knowledge that an expert in their area should have obtained through their professional training and experience. Given the variety of backgrounds of MSLs, the MSL-BC Certification establishes a higher standard than what is reflected by experience alone. It indicates that the individual is dedicated to their profession and proficient in their field. Establishing this credential for MSLs raises the bar for the entire profession and enhances the reputation of everyone working in this role.”**

**-Josh Yoder, PhD, MSL-BC**  
*Regional Director, Syneos Health*

## Authors:



Dr. Samuel Dyer  
CEO and Chairman of the Board

Dr. Samuel Dyer has over 21 years of experience within the International MSL community while working for a number of top global companies. During his career, he has led MSL / Medical Teams in multiple TA's in over 60 countries throughout the U.S., Canada, Europe, Africa, Middle East, Australia, and Asia.

His management experience includes small (2+) to large (240+) MSL teams across multiple TA's. Throughout his career, Dr. Dyer has worked on MSL and Medical Affairs strategy and has extensive experience in creating strategic MSL utilization and medical communication plans. He has designed and created global MSL training programs that have included: onboarding programs, KOL Medical communication plans, strategic assessments, planning, and execution in geographical locations with diverse cultures /languages. Dr. Dyer has successfully launched both pharmaceutical and medical device MSL teams both in the U.S. and internationally.

Dr. Dyer has also written extensively on the Medical Science Liaison role, including numerous published articles, benchmark studies, and reports. Dr. Dyer is well recognized within the global MSL community and has developed an extensive international network within the Pharmaceutical, CRO, Medical Device, and Biotechnology industries. He is the owner of the largest group on LinkedIn for MSLs and Medical Affairs with over 25,000 members. He has spoken and moderated several international conferences on various MSL topics including KOL management, creating MSL teams, MSL training, international MSL teams, and the value of the MSL role and Medical Affairs. Dr. Dyer is consistently sought out as a resource and consultant for MSL projects that have included diverse companies such as McKinsey Consulting, Bain and Co., and Philips Healthcare.

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## Perspectives and Advice from the 2020 Medical Science

# Liaison of The Year Award Winners

| July 2021

In anticipation of the 9th Annual MSL Society Conference being held in Las Vegas, December 12-14th and this year's MSL of The Year Awards, we asked a few of the 2020 award winners how winning the award impacted their careers, what they have been able to achieve during the pandemic, and what best practice they would share with other MSL professionals.

## How has winning the MSL Society award impacted your career/role?

**Kim Wiid:** Winning the MSL Award has given me increased visibility amongst my peers, managers, and aspiring MSLs. The increased visibility has allowed me to advocate for the role of medical affairs in the local organization. I have also been afforded increased opportunities to demonstrate this value to numerous transversal departments. The social media outreach has been overwhelming. KOLs, colleagues and even strangers have all extended congratulations. The biggest impact of winning the award has to be the huge response from aspiring MSLs. Numerous candidates have reached out to me for advice. I am a firm believer in helping talented and enthusiastic prospective MSLs along their journey – even if I just lend an ear.

**Sarah Rodriguez:** Winning MSL of the Year in the US in 2020 has been incredibly validating, both personally and professionally. Coming from a background of oncology pharmacy practice, my main focus is always driving towards innovations for the care of cancer patients. While winning was amazing, it's hard not to feel an incredible sense of accomplishment in reading the application letter from my KOL about how I directly had impacted his ability to provide excellent care. I am so incredibly proud to continue to serve patients, even if not as directly these days. Winning has also boosted my presence in professional networks and provided more opportunities for mentoring others trying to find their way into the profession. I truly believe that this is the best job in the world and I love having the opportunity to talk about it.

**Laura Benthale:** Around the time of the MSL Society awards last year, the company I was currently with was taken over and reorganized. I did not end up staying with the new organization, and I truly believe that winning the MSL Manager Rookie of the Year award helped me secure an amazing new opportunity as a Global MSL Director at another company.

**Kerstin Pohl:** It really meant the world to me to be recognized by my peers and to receive support from my colleagues during the nomination. Winning the award has had a huge impact on my career. It helped to raise my profile and to expand my professional network. I'm now connected with MSLs and aspiring MSLs from all over the world and can pay it forward, by helping new candidates break into the role. It makes me so happy to see new MSLs excel in their new roles. Connecting with more MSLs has also expanded my knowledge of career opportunities for MSLs, both within and outside of Medical Affairs. I recently moved into a Business Development role within my company. So from focusing on a specific therapeutic area, I'm now working with experts in multiple disease states to support personalized drug development.

## What is your most significant achievement over the past year during the pandemic?

**Kim Wiid:** My most significant achievement is the strong relationships that I have managed to build both internally and externally over the past year. I am proud of how agile I have been in adapting to the “new normal” and how I have found new ways of truly connecting with KOLs and colleagues – all while providing high-value scientific content.

**Sarah Rodriguez:** It sounds cliché, but honestly just hanging on for the ride and continuing to succeed in my MSL role. It has been one of the most challenging years in every facet of my life as I know it has been for many. I have moved, remote schooled twins with one having special needs, been on lockdown, been removed from my family support system, been through a company reorganization, and somehow managed to keep going. I am proud of all of us for making it through and hope for better days ahead. I hope that this collective experience will have made all of our relationships even stronger.

**Laura Benthale:** Being hired to lead an MSL team at a small start-up biotech company preparing to launch their first product in pediatric rare disease. The experience thus far has been both very exciting and extremely challenging at the same time. Working for an organization that is building from scratch is already a tremendous undertaking, but doing so during a pandemic where in-person engagements (both internal and external) are not possible, has been a learning experience in a multitude of ways.

**Kerstin Pohl:** It is still crazy to think that we moved from 90% travel to 0% overnight and overall it is a great achievement that this shift has not significantly impacted our interactions with KOLs or our Medical Affairs initiatives. We were still able to continue and even launch clinical studies and ISTs aiming to improve cancer care, and presented and published new data to guide

physicians and patients. I know it sounds corny, but “cancer can’t wait” is absolutely true and we have seen decreased cancer screening rates during the height of the pandemic that will, unfortunately, impact patient survival for years to come. My company is able to provide clinical testing for patients from the comfort of their home and in combination with telemedicine, it is an adaptation to the pandemic that is hopefully here to stay since travel to cancer centers is a significant hurdle for patients trying to access care. Personally, one of my highlights of the past year was being able to do a bit more than “doing my part” by staying home. Since the technology for cancer mutation testing can be utilized to test for SARS-CoV2, my company started offering testing to help our local community, the hospitals, schools, and universities in Colorado. When I was visiting in August, I was able to support a mass testing event for students returning back to campus at Colorado State University. To ensure a rapid turnaround time for these thousands of tests, it was all hands on deck and we worked in shifts around the clock to process all samples. In addition, we implemented a surveillance testing program for college sports across the country practically overnight. Working with the nurses, staff, and students during this intense time to ensure they can play sports safely, is a once-in-a-lifetime experience that I will never forget.

### **What is a best practice you want to share with other MSLs / leaders?**

**Kim Wiid:** Medical is the bridge between external and internal stakeholders - not just between KOLs and “commercial”. Developing medical education content that satisfies KOLs and other external stakeholders can be effective in ensuring that a key strategic driver is delivered to all stakeholders. Recently, I conducted a webinar with the primary objective of delivering medical education to KOLs and HCPs. However, once I really thought about it, the topic would also provide valuable information for select patient association group members and decision-makers at key local funders. The result was that one single medical activity satisfied numerous business needs and managed to tie multiple loose ends together.

**Sarah Rodriguez:** Be willing to tell people you don’t know. Those who gravitate towards the MSL profession are naturally overachievers and like to know the answer to every question but we’re also human. People you interact with, both within and outside of your company, will respect you more if you admit the limitations in your knowledge and don’t try to improvise. I had the “trial by fire” entry into the industry and it was humbling to admit how little I knew at first, but I was willing to. Saying you don’t know but you’ll find out (and actually following up) does a lot to build relationships, especially when you’re new.

**Laura Benthale:** Keep a running list (can be as simple as a document on your computer desktop) of your/your team’s activities and accomplishments, and of ideas for future strategies and tactics. You never know when senior leadership is going to want to be briefed on what you have been working on, and having this real-time updated information on hand can be a lifesaver!

**Kerstin Pohl:** There are a lot of best practices that the great MSLs and leaders that I know are already utilizing. Perhaps one of my favorite practices is to learn from each other. An MSL is in a unique position between external and internal stakeholders and is a scientific resource for both. By observing how your KOLs and also your internal colleagues work effectively, can provide countless learning opportunities on the job. While we all know the science and how to reach our metrics, I think it is important to continuously improve how we connect and interact with people. I really enjoy learning from my colleagues and KOLs. We all come from different backgrounds, have different personalities and experiences, and approach the unique situations we face as MSLs differently. So in addition to active listening to the needs of our internal and external stakeholders, active observing and learning from them will make us better, more rounded, and versatile liaisons.

### **What advice can you offer other MSL/MSL Leaders to elevate their profession?**

**Kim Wiid:** Focus on projects and initiatives that bring VALUE. The pandemic has brought with it an enormous amount of pressure and we cannot afford to do “busy work”. Medical Affairs needs to ensure that we focus our attention on projects that will facilitate progress and ultimately improve patient’s lives.

**Sarah Rodriguez:** The things that have pushed me furthest in my career so far were really uncomfortable and required big leaps of faith. Be willing to say yes and try it on, even if you’re scared.

**Laura Benthale:** Fostering positive, high-trust relationships-with your team, your leadership, and internal and external stakeholders-is critical in the MSL field. In doing so, be yourself- the best version of yourself, ideally. If you try to do things “someone else’s way,” it will seem disingenuous. Also: listen more than you talk.

**Kerstin Pohl:** There are a lot of opportunities to elevate the MSL profession. Participating in the MSL Society is a great way to learn more about these: from providing industry insights with the annual reports, to focused training for candidates and new MSLs, to organizing mentorship programs and even the certification, the MSL Society is an integral part of our community and I would not be where I am today without the support from this amazing community.

To elevate the profession means to share best practices by paying it forward and nurturing the next MSLs to “raise” them right.

## 2021 MSL of The Year Awards

The 2021 awards and nominations will be open soon! Check here for updates:  
<https://themsls.org/annual-conference/msl-of-the-year-awards/>

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# Letter from the Editor

| July 2021

Dear Readers,

Thank you for coming back to read each quarterly edition of The MSL Journal! As we banded together through the pandemic, we are now beginning to see light at the end with more clinics, academic centers, and KOLs, in general, are again opening to in-person engagement! Most of us continue to wear masks in clinics and during air travel as an added precaution and we always show our flexible nature to adapt to whatever needs arise, as we are laser-focused on all efforts that enhance patient care in our daily duties.

The current edition of the journal has rich content focusing on the new normal environment post-pandemic where MSLs are balancing virtual and in-person engagement, encountering some access challenges, and continuing to learn from each other regarding novel tactics for hybrid engagement in a world where HCPs may seem more distant, have less time to engage and want concise, tailored value for time spent with MSLs. The tips and advice from your Medical Affairs colleagues regarding how they navigate the new normal will serve to enhance all our efforts!

Additionally, we find more colleagues leaning into wishes for better work-life balance; the remote nature of our roles coupled with the extended time without travel has underscored the desire to strengthen family ties and not take time together for granted. Internal stakeholders and leadership found creative ways to utilize MSL talents with more internal projects and collaborations during the work from home time; we are in a new transition as many MSLs are now going back to regular field travel, yet the need for MSL support with internal projects has been elevated and clearly recognized, leaving MSLs to further stretch to balance internal and field needs. As we continue to navigate the changes together, it's vital to communicate what is working and what is not. Take stock of your time, resources, and talents; then, consider how you want to use your precious resources!

As we have adapted to new situations during the pandemic, much has remained the same. A number of MSLs have moved into new roles, broken into their first MSL positions, and reached for new heights in their careers! Content in the current edition reflects key topics related to using recruiters to locate your next gig, strategic regional MSL planning efforts, MSL performance metrics, and strengthening internal partnerships, among many other excellent articles with sage advice! MSLs have evolved with such broad capabilities and utility that organizations are expanding MSL roles with a variety of internal and field-based unique Medical Affairs positions, reflecting just how much companies value our skill sets. Keep reaching for higher platforms as you climb the Medical Affairs ladder and know that your time spent networking, communing with your colleagues, and learning from each other is truly time well spent!

We welcome your contributions and ideas for new articles in the forthcoming journal editions!

Until then, happy reading!

**Cherie Hyder**



Cherie Hyder, PharmD, MSL-BC is Medical Excellence and Operations Lead in Medical Affairs at Biohaven Pharmaceuticals where she recently supported a virtual launch of Nurtec ODT for acute migraine. She has been involved in drug development for more than 30 years, working at FDA in CDER and pharmaceutical companies including Pfizer, Lilly, Novartis, Solvay, and Avanir, among others. At the University of Missouri, she received a Doctor of Pharmacy degree with the intention to devote her career to pharmaceutical research. She has multiple adjunct faculty appointments and enjoys teaching opportunities.

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## What is your career path?

| July 2021

### **The Synopsis**

This is a tale about a physician researcher's career path and transition from clinical to non-clinical. Everything she did in life was about her positive mindset. Her ideas became thoughts, thoughts led to action and action led to results. She recounts how coming from academia and transitioning to industry or going from the ivory tower to the dark side was not bad at all. It was quite the opposite. She loved learning as an adult student, becoming a researcher, and landing her first role as an MSL. She was fortunate to have transitioned to a non-clinical career as an MSL with the help of her vast network. Having two years under her belt, she can say that it is one of the best jobs in the world. Hopefully, her story will resonate with some of you who are in academia or clinical practice and serve as an inspiration to those who are thinking about a non-clinical career as an MSL.

### **The Backstory**

Her story begins in 2007 as a Medical Director of two busy family medicine practices that served over 10,000 clients. Throughout her career, she always developed strong relations with her staff, colleagues, patients, and families. She tried to help those with preventable chronic diseases that were out of control passed down from generation to generation. She witnessed countless disparities in health and barriers to healthcare especially in underserved areas and minority populations that had no financial support or health insurance.

### **The Epiphany**

One day while conducting free health screenings at her local community health fair, she circled around the parking lot and witnessed the long line of minorities seeking to see a doctor for free health screenings, vaccinations, etc. She wondered what was happening to the health of marginalized populations upstream? How can we do better as a society and help prevent the domino effect of poor health passed downstream? Her questions warranted more focus on understanding what was really going on in these communities.

This was her turning point as a Medical Director. She was not burnt out but rather, she listened to her inner voice of wanting to do something different - There was a desire to rediscover her purpose. She wanted to affect change on populations on a much greater scale and make a difference with an even broader impact - This became her "WHY." That day, so many questions came to mind: "How was she going to make that leap? Where was she going to start? How will she continue to develop herself professionally? How would she reinvent herself and still earn a living?" During her soul searching, she realized that to embark on another career path, she would need to invest in herself today to set herself up for success tomorrow.

### **The Transition**

Her journey began when she decided to go back to graduate school and obtain a Master of Public Health. It was the wisest decision because she needed to invest and reinvent herself while expanding her network. She enrolled in the multidisciplinary program at the university and took every certificate program possible - Global Health, Health Equity, and Evaluation and Health Promotion. For two years, she learned as much as she could and worked hard to increase her knowledge and skill set. Along the way, she discovered that she loved learning as an adult student. When opportunities presented themselves, she rarely said no. She developed a reputation as a "Go-Getter." She became very involved in many extracurricular activities and was appointed the Public Health Ambassador to represent the graduate school at the American Public Health Association.

### **The Mentorship**

Upon graduation, her hard work and perseverance finally paid off. During graduate school, she had an exceptional mentor who invited her to join the Lab of Epidemiology and Population Science at the National Institutes of Health. There, she conducted colorectal cancer research in collaboration with the National Cancer Institute. As an Epidemiologist, she was able to apply what she learned theoretically and translate her knowledge into practice. She built the analytical and scientific foundation needed for her next career step.

### **The Next Step**

What were her next steps going forward? While at the NIH, she was always thinking about her career trajectory and how it would look like in the next three to five years. She was asking herself the same question again – “Why was I doing all of this?” This was where she knew it was important for her to go back and revisit her “WHY.” Of course, she wanted to still make a difference, make an impact and most importantly, she wanted to do what she loved most, and in her professional life that meant building relationships. She always knew that she had a knack for people skills and didn’t want to stay in research forever. The research training she received was a huge stepping-stone that she needed. She wanted to transition to a career that valued her not only for her medical background, knowledge, and research skills but also her soft skills, especially her people skills – All of which embody the MSL role.

### **The Network**

In academia, she built meaningful connections and relationships and expanded her network. When she first learned about the MSL role at the NIH, she researched everything about it. She wanted to make sure it was the right fit for her professionally, and that it suited her and her personality. She had heard of the MSL Society and became an active member. She enrolled in the MSL live training and learned as much about the role as she could. The training was key in her ability to present and communicate according to industry standards. The more she learned about the role, the more motivated she became about pursuing the profession. She attended the MSL Society Women’s Summit and 2 annual conferences and was strategic about every meeting. Her outstanding people skills proved to increase her network as she engaged and learned from many MSLs and MSL leaders. She started to build solid relationships with members of society who inspired her and eventually became her mentors. In the past, she never really understood the power of networking and building connections or having mentors. In hindsight, she realized she had been networking and forming connections all along, at every step of her journey. She came to understand how networking in the industry works and once she understood this, she took advantage of every opportunity to meet the right people and surround herself with a circle of exceptional industry leaders.

### **The Career Coach**

During the MSL Society Women’s Summit, she met a fellow physician who introduced her to a career coach who was also a doctor. Immediately, they both hit it off. After 10 months of working together with her coach and trying to break into the MSL role, she landed her first job in the industry as an MSL for a large medical device company. After working only one week as an MSL, she knew it was the perfect fit for her and was the best career decision she ever made.

### **The MSL Role**

Her first MSL role started in 2019 at a large medical device company focusing on stroke care. As the first MSL for the company, there were many benefits. She was able to travel to congresses and meetings across North America and Europe. In 2020, she was nominated for the “MSL Rookie of the Year” Award by the MSL Society for her dedication and commitment to the MSL profession. Currently, she is an MSL for a biotech company that tests to detect cancer early and transforms personalized treatment options for patients at every step of the cancer journey.

### **Author:**

**Dr. Maria Abunto**



Dr. Maria Abunto was born in the Philippines and raised in the United States. She received her MD from the University of the East and her MPH from the University of Pittsburgh. Her vast experience spans from being a Medical Director, an Epidemiologist conducting colorectal cancer research at the National Institutes of Health, and an MSL at a large medical device company focusing on stroke care. Currently, she is an MSL for a biotech company that tests to detect cancer early and transforms personalized treatment options for patients by providing smart answers at every step of the cancer journey.

Dr. Abunto holds leadership positions as a committee leader for Women's Rights with the American Public Health Association, a health mentor for the American Heart Association, and a peer mentor for the University of Pittsburgh Alumni Association. Maria enjoys giving back to her community as an MSL career coach with the Physicians Helping Physicians organization and is an active member of the MSL Society where she has been nominated for the "MSL Rookie of the Year" Award this year.

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## Developing a Sustainable Medical Affairs Department in Regenerative Medicine

| July 2021

The MSL Society's recent issue, March 2021, was focused on diversity and inclusion (D&I). For my sustainability and corporate social responsibility course in Spring 2020, I pondered on some of these sustainability, diversity, and inclusion issues within the medical science liaison and medical affairs career. The course was taught by Dr. Reynold Byers, a supply chain management professor at the WP Carey School of Business at Arizona State University, where I recently completed my MBA degree. Professor Byers taught me that sustainability is about the triple bottom line: people, planet, and profit (PPP). He stressed the dynamism and uncertainty that comes with the discourse of sustainability. His syllabus mentions the opportunity to innovate in this space, develop or use new technologies, leverage new markets, and build new markets and new business processes for the better. The focus of the course was on profitability, increasing a firm's sustainability, and social responsibility. We addressed several topics, had case discussions, guest speakers, and developed both group and individual reports during the course. For my projects, I wrote about sustainability issues for medical science liaisons and medical affairs within the context of my six years of experience in medical affairs and medical science liaison within the regenerative medicine and orthobiologics space.

Medical Affairs (MA) departments are responsible for generating and interpreting real-world clinical data to meet the needs of internal and external stakeholders. These departments are composed of scientifically, and medically trained professionals, including medical doctors, pharmacists, and Ph.D. trained scientists. Ultimately, the goal of medical affairs is to positively impact patient outcomes by ensuring the safe and efficacious use of products based on evidence-based medicine. Internally, the MA departments partner with other internal scientific and commercial colleagues across the product life-cycle to inform scientific and clinical studies, product development, marketing, and, ultimately, corporate strategy. Externally, MA interfaces with multiple stakeholders through peer-to-peer professional interactions with health care providers, payers, and other decision-makers in the health care ecosystem. These interactions include medical information and education, congress, advisory boards, publications,

collaborations, investigator-initiated research, therapeutic insights, and other modalities which generate, communicate, and disseminate information. These activities are conducted throughout the life cycle of products. Traditionally MA departments function as cost centers.

Consequently, MA does not generate a profit or income for the company but is considered more of an overhead. They provide service to the company internally and as well as to external stakeholders. For compliance reasons, medical affairs activities, and performance of their field medical personnel, the Medical Science Liaisons (MSLs) cannot be tied to sales metrics. The financial priorities of MA are to track and contain costs but are not typically concerned with revenue generation. The advantages of cost centers include management efficiency, loss prevention, cost containment, and keeping to the budget. However, being a cost center makes it more challenging to demonstrate value to the organization. The need for MA is increasing amidst an evolving healthcare landscape, rising complexity of data, competition, globalization, and a call for more value-based and clinical outcome-based reimbursement models in health care. Furthermore, regulatory and compliance challenges are becoming stricter. There is also a need for more transparency, more governance, treatment protocols, and guidelines.<sup>1</sup> Leaders in MA and MA societies are continuously producing tools to address the ever-changing landscape. In summary, these are the challenges and opportunities for Medical Affairs departments:

- MA is traditionally a cost center and struggles to show value.
- There is an increasingly complex healthcare landscape, and MA needs to increase its capabilities to meet evolving demands.
- The world is changing, and there is an opportunity for MA to step up to join the challenge of actively contributing to a sustainable world.
- MA departments are composed of highly qualified scientists and medical professionals capable of increasing service offerings to internal and external stakeholders for service excellence.
- There are unique challenges for Regenerative Medicine.

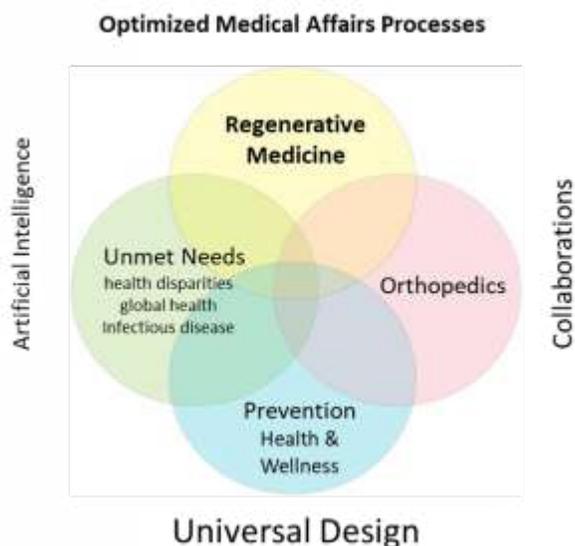
#### **Proposed Solution**

It is proposed that for more sustainable MA departments, the traditional business model as a cost center can be converted into a profit center. This can be achieved by fostering more external collaborations, leading to cost-sharing, and generating revenue through grants and contracts. Also, integrating artificial intelligence into operations and data analysis may increase efficiencies and lead to product creation. Four solutions for sustainability are listed below and further described.

#### **Develop sustainable Medical Affairs departments by:**

- The transition from a cost center to a profit center through more strategic external collaborations and funding mechanisms.
- Integrate artificial intelligence into medical affairs operations and activities.
- Develop new reimbursement models for regenerative medicine as a curative therapy,
- Pursue opportunities for unmet medical needs in health disparities and global health as part of corporate social responsibility and reduce financial impact through synchronicities and cost-sharing with priority agenda.

#### **Fostering Sustainable Medical Affairs Departments**



This figure illustrates how all these solutions may fit together as activities and synergies in a MA department.

(a) Medical affairs transition from a cost center to a profit center through more strategic external collaborations and funding mechanisms

Cost centers are considered overhead departments that cost organizations money to operate but do not contribute directly to the company's profitability. One activity of MA is Investigator-Initiated Studies (IIS). In this activity, funds or products are awarded through a grant process to external health care providers or scientists to conduct research that is of strategic interest to the awarding company to generate data. The company may assist the external investigators with the administrative aspects of the IIS grant application process but have no input on the study design or research itself. The data and analysis are the property of the external investigator. This activity is a component of the medical affairs budget and is a cost. An alternative approach is to conduct research and fill data gaps in knowledge through collaborations. In collaboration, the clinical and scientific goals are achieved with external stakeholders towards a joint objective without the company funding the investigator. Research collaborations are seen more commonly in other departments, such as in research and development centers.

Furthermore, MA departments could jointly pursue external funding mechanisms through a private foundation, government grants, and contracts with academic institutions. These types of activities are already part of MA departments. However, developing more of these activities may be beneficial, especially within the context of the emerging importance of real-world evidence generation.

(b) Integrate artificial intelligence into medical affairs operations and activities

The artificial intelligence (AI) market size is expected to reach 390 billion by 2025. Artificial intelligence is currently used for multiple applications, including patient engagement, adherence, diagnosis, and treatment recommendations. The role of MA centers on data generation and dissemination. They are positioned to become an avid user in its traditional role in the services to internal and external stakeholders and produce new products that can be leveraged towards MA transition from a cost to a profit center. There are also several tools already available in the market for Medical affairs. For example, MarkBio, Inc. is a leading AI solution provider for global medical affairs. Their leadership, Mike Abbadessa, PharmD, and Jason Smith, published an article entitled "Improving Digital Technology Implementation in Medical Affairs" in the March 2021 issue of the MSL society journal. The report highlights the need for data analytics, AI, and machine learning in external healthcare spaces like hospitals and MA departments. Digital health solutions such as electronic health records serve to improve patient care by providing more access and reducing data errors and omissions. In medical affairs, AI and data analytics can generate more meaningful insights and relationships from primary text-based information such as journal articles and conference abstracts. In the same issue of the MSL society journal, Sabita Sankar, Ph.D., and Lana Feng, Ph.D., reported a survey about leveraging data by MSLs for personalized engagements. The report mentioned that even though MSLs are open to adopting new AI and data analytics solutions, the challenges for adoption identified by MSL leadership are budget constraints.

(c) Develop new reimbursement models for regenerative medicine as a curative therapy

The goal of RM is to address the root cause of the disease or disorder. Regenerative medicine has the potential to reverse and

cure chronic conditions such as sickle cell disease, diabetes, heart failure, Parkinson's, spinal cord injury, osteoarthritis, and many others. Some of these therapies in development are expected to offer single administration, which will be curative. As a result, these therapies may have substantial economic, quality of life, and productivity gains for the patients and the health care systems that take care of them. It is projected that the RM market will reach 38.7 billion by 2024 at a CAGR of 23.8%. According to the most recent report by the Alliance for Regenerative Medicine (ARM), there are over 900 RM companies worldwide, 1066 ongoing clinical trials. Furthermore, to date, 52 therapies have obtained the Regenerative Medicine Advanced Therapy (RMAT) designation. The growth in RM is attributable to the introduction of the 21st Century Cures Act by the FDA, the development of CAR-T cell therapies, and increasing demand in several fields, including orthopedics and chronic wounds.

Reimbursement is a challenge, especially for those classified as RMAT. There are various reasons for these challenges, including; (1) RMATs can offer onetime durable curative treatment that is extremely costly to manufacture. For example, when administering Kymriah (Novartis), a curative treatment for non-Hodgkin Lymphoma can exceed \$1.5 million, including the cost of the drug (\$475,000) administration and other costs of care. (2) The durability of these treatments has not yet been fully delineated by long-term outcomes studies. (3) These therapies do not fit into existing coding and payment systems. (4) The current health economics approaches, including cost-effectiveness, budget impact analysis, health insurance actuarial modeling, etc., use precise estimates of the cost and benefits of treatments that currently do not exist for regenerative therapies. A study reported that only 10% of US health plans had updated their policies to prepare for emerging regenerative therapies.<sup>2</sup> On the other hand, 85% of US health plans have taken no steps, nor have they thought about how reimbursement for regenerative and advanced therapies will be addressed.<sup>2</sup> For RMAT to gain extensive use and adoption, product value demonstration, new payment models, and reimbursements mechanisms are imperative. The size and duration of the effect of the RMAT need to be demonstrated by pivotal clinical trials. It is expected that post-marketing studies will also impact reimbursement as with precision medicine, which can predict patient response and tailor therapies specific to their genotypes and phenotypes. Furthermore, enrolling patients in registries may be increasingly important to monitor the magnitude and duration of therapeutic effect and safety and adverse events over long periods. The requirements are eminent for access and sustainability, and it will need to be a joint effort between corporations, governments, payors, and advocacy groups.<sup>3</sup> In Europe, several models have been suggested for reimbursement, including standard upfront payment, standard upfront payment with 10% discount, pay for performance, and easing arrangement where payment is made month to month if the patient survives. <sup>2</sup>

(d) Pursue opportunities for unmet medical needs in health disparities and global health as part of corporate social responsibility and reduce financial impact through synchronicity cost-sharing with priority agendas

Global health is the study of health issues that transcend national borders to reduce disparities, protecting against global threats, and achieve health equity for all people worldwide.<sup>4</sup> The current COVID-19 pandemic, associated loss of life, and economic shutdown show that society is not optimally prepared for this level of a natural disaster. Ethnic and racial health disparities are defined as the differences in the burden of disease, injury, death, and disability based on ethnicity and race.<sup>6,7</sup> Minority populations, including African Americans in the US, share a disproportionate disease burden and health outcomes in the leading causes of cardiovascular disease, stroke, cancer, and diabetes. The recent COVID-19 pandemic also highlights health disparities. Black people are dying at nearly two times higher than their population share. The data indicate that although blacks account for 13% of the population, the death rate is 24%, where race is known <https://COVID-tracking.com/race>.

While an avid area of research in public health, addressing health disparities is not typically included in the strategic plans of biotechnology and pharmaceutical companies. I do not know why not, but it may be because of limited market size or a lack of awareness that these disparities in outcomes exist. However, MA is uniquely positioned to contribute to this arena because of existing relationships with external stakeholders in academic institutions. The MSL society journal March 2021 issue on diversity and inclusion had several articles about initiatives in health disparities and global health led by MSLs and medical affairs teams. For example, Carney et al. reported on the health equity initiative led by field medical science liaisons at Taiho Oncology. Their paper highlighted the disparity in the oncology workforce, with only 2% of the oncology physician workforce who are black or African American and 3% Hispanic or Latino. Taiho Oncology Inc. launched its Taiho Cares- Diversity Breeds Innovation Initiative in 2020. This initiative responded to the need to address diversity and health equity set forth by the American Society of Clinical Oncology® (ASCO) Strategic Plan for Increasing Racial and Ethnic Diversity in the Oncology Workforce. Their initiative partners with academia, focusing on historically black colleges and universities to increase the exposure of diverse students to oncology careers. Some examples of their programs include complimentary conference registration projects to increase students' exposure to oncology by the opportunity to attend a medical conference. In addition, they provided opportunities for networking and education around industry careers, including providing opportunities for resume review and interview skills. This article encourages MSLs to, regardless of whether they are in small teams, take initiatives for health equity.

## **Conclusion**

Overall, this article highlights some opportunities for sustainability, diversity, and inclusion from medical affairs departments of

regenerative medicine companies. My recommendations were to increase collaborations and potentially shift medical affairs to a profit center as a result of revenue generation from academic collaborations. Second, integrate AI into medical affairs departments. Thirdly, develop new reimbursement models for regenerative medicine to facilitate access. Lastly, pursue opportunities for unmet medical needs in health disparities and global health as part of corporate social responsibility and to reduce financial impact through synchronicities and cost-sharing with priority agenda. These recommendations are provided from a perspective of an MBA student who has five years of experience as a field medical science liaison and a year of experience as an internal medical affairs associate. Many of these recommendations are in sync with efforts and strategies already underway in practice. Leaders in the field documented several of these initiatives in the March 2021 issues of the MSL society journal. The MSL Society is launching a new diversity and inclusion initiative for collaboration on strategies to optimize and enhance diversity and inclusion. Hence more opportunities and dialogue will emerge for MSLs to develop and participate in these initiatives within their careers and the companies they work for.

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## Author:

**Eyitayo S. Fakunle, PhD, MPH, MBA**



I have six years of experience in medical affairs and medical science liaison. I have been living in Arizona since 2015. My Therapeutic areas of experience are; cell therapy and regenerative medicine, stem cells, orthopedics, and cartilage repair. My dynamism is enabled by an undergraduate degree in chemical engineering, an interdisciplinary doctoral degree in cell and molecular biology, a master's in public health, and postdoctoral training in bioengineering & regenerative medicine. Overall, in the last 15 years after obtaining my Ph.D. in 2006 from the University of Arkansas, I have gained experience in regenerative medicine spanning scientific research, public health, medical affairs & medical science liaison. I have a proven history of building relationships with thought leaders, clinical investigators, health care professionals, and academic centers through the provision of scientific information and disease state education. I graduated on May 3rd, 2021 with my Masters of Business Administration Degree from the WP Carey School of Business, Arizona State University, Professional Flex MBA Program, and completed the

Executive MBA Health Care Electives available to cross-platform MBA students. I am a Senior Medical Science Liaison at COVIS. In the spirit of diversity and inclusion, I am spending my free time developing a sustainable social venture, "I am Pluripotent" providing after-school STEM programs to foster curiosity and learning and to prepare girls and diverse youth for future careers in STEM.

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## Nutrition Science and the Art of Eating

| July 2021

Nutrition is science often clouded by opinion, dogma, and trends. Nutrients and diet patterns certainly affect health outcomes but the ideal dietary rubric for *significantly better* outcomes is hotly contended. Popular media amplifies confusion with sound bites and quick fixes that over-simplify highly nuanced information. An evaluation of scientific publications or recommendations from nutrition experts quickly becomes mired in conflicting conclusions. For even the most educated and discerning, the simple act of nourishing one's body can become a perplexing task. To identify a clearer path towards health through food, it is necessary to first understand the limitations of nutrition research. The next step can be more difficult for analytical minds because it involves stepping back from the data to take inventory of our own day-to-day habits and how food makes us *feel*.

The study of nutrition is not a straight path from intervention to outcome. Randomized controlled trials (RCTs) evaluating the effect of dietary patterns on long-term outcomes are largely off the table due to poor adherence to diet intervention, time and cost constraints. RCTs evaluating single nutrients may be feasible such as in settings where the primary outcome is a resolution of a deficiency syndrome or change in biochemical marker. In contrast, differences in major health outcomes are unlikely to be significantly affected by the varying intake of a single nutrient. Observational data can be valuable in elucidating associations between dietary patterns and health outcomes, as well as generating hypotheses for further study. However, these data are rife with [confounders](#) such as differences in other health behaviors (sleep, physical activity, alcohol, and tobacco use), social determinants (socioeconomic status, access to care, implicit bias), genetics (including metabolic and gender differences), and environmental influences (quality of housing, neighborhoods, and exposure to physical hazards).

Furthermore, observational data often relies upon study participants' diet recall. In a [2015 review published in Mayo Clinic Proceedings](#), authors conclude that memory-based dietary interviews and surveys are a source of predictive failure in nutrition epidemiology. They assert that diet recall is imprecise, subjective, prone to false recall, and equivocal in the absence of accurate measurement of other health behaviors. [Archer et al](#) evaluated survey data during a 39-year history (1971-2010) of the National Health and Nutrition Examination Survey (NHANES) and determined that self-reported energy intake for about two-thirds of respondents was not physiologically plausible. NHANES is used to assess nutritional status and its association with health promotion, disease prevention, and guide public health policy in the U.S.

Another important consideration for both researchers and consumers of health information is white hat bias (WHB); a term coined to reflect the symbolism of a hero in a white hat. WHB is biased leading to distortion of research-based information in service of what may be perceived as righteous ends. Nutrition topics are unique fodder as exemplified by an undercurrent of morality in the classification of so-called "good" or "bad" foods. [Cope and David](#) identify examples of WHB in reporting specific nutrition interventions in source publications and press releases that were misleading or overstated in effect. [A 2018 opinion article in JAMA](#) echoes this idea and raises concern that researchers' personal dietary beliefs and daily habits may influence the objective evaluation of data. They argue that transparency in "non-financial" conflicts, such as dietary preferences or advocacy work, is essential to safeguard data integrity and help identify potential bias.

When it comes to the daily task of consuming a healthy diet, it can be tempting to throw hands up in frustration and declare futility. But in a world of imperfect data, potential bias, and opinions short on evidence, there are truths and actionable steps.

*The path to good health is paved with plants.* Nearly all (actual) nutrition experts will agree that a diet rich in fruits, vegetables, whole grains, seeds, nuts, and legumes is an excellent foundation for a diet associated with longevity and decreased risk of chronic disease. Additional building blocks include sources of mono- and poly-unsaturated fatty acids and lean protein (from animal sources if desired, as well as plants). It is possible for all types of personal preferences, cultures, and means to contribute to dietary patterns that are variable but achieve a common goal of health promotion.

*That said, you are more than what you eat.* Health is the convergence of multiple factors. When considering personal behavior, food intake is one variable. Focusing on a diet to the exclusion of other behaviors falls short of enhancing “health span,” or years free of disease and disability. Adequate sleep, physical activity, stress reduction, supportive relationship building, community involvement, and cultivating a sense of purpose contribute to well-being and longevity. Seek opportunities to make small improvements among all spokes of the wheel.

*Food is not just fuel.* Food is celebration, indulgence, care, comfort, nostalgia, and connection. Hunger is certainly a primary reason for consuming food but eating only for sustenance denies so much of the joy and satisfaction that come from eating and sharing meals. Eating on the run is often a necessity in busy lives, but when able, take time to enjoy and prepare food. Sharing meals, whether that means eating with loved ones or volunteering with organizations that prepare and deliver food to those in need, can be a powerful way to foster communication, understanding, and purpose.

*Your “ideal” weight cannot be found in a chart, table, or equation.* Diet culture promotes a weight-centric and aesthetically motivated focus that sadly promotes a sense of failure when it comes to making food choices. For many, repairing the relationship with food and moving towards body acceptance is the first step towards better physical and mental health. Weight and body mass index should be evaluated within the context of other measures of metabolic health and wellness. Truly, the most appropriate weight is the one at which an individual can fully participate in activities they enjoy and consume food without feelings of guilt, shame, or regret.

Nutrition science will continue to evolve as researchers learn to ask better questions, improve methodology, and identify bias. The art of nourishing ourselves will hopefully also evolve as we learn to filter misleading information, avoid dietary tunnel vision, and identify motivations that add life to our years.

~Cheers!

**Author:**

**Lisa Cimperman**



Lisa is a Medical Science Liaison with Fresenius Kabi USA, providing parenteral nutrition education and scientific support to healthcare professionals. As part of the Medical Affairs team, Lisa maintains scientific expertise in clinical applications of parenteral nutrition products, medical treatment guidelines, and research methods. Lisa is a registered dietitian and certified nutrition support clinician with a Master of Science degree in nutrition from Case Western Reserve University (Cleveland, OH).

Prior to joining Fresenius Kabi, Lisa spent 14 years in clinical practice at University Hospitals Cleveland Medical Center in Cleveland, OH. There, she managed the complex nutrition care of adult patients in the surgical intensive care unit and a level I trauma ICU. She regularly lectures on the topics of Nutrition Support and Critical Care Nutrition for graduate and undergraduate nutrition students at Case Western Reserve University School of Medicine. In recognition of her clinical expertise and role as an educator, Lisa was awarded the Outstanding Dietetic Educator Award in 2017, presented by the Academy of Nutrition and Dietetics.

Lisa is an active member of the Academy of Nutrition and Dietetics (AND) and the American Society for Parenteral & Enteral Nutrition. In the past, she has served as a national spokesperson for AND, member of the Oversight Committee for the Academy's Practice Based Research Network, and reviewer for the Accreditation Council for Education in Nutrition and Dietetics (ACEND). Lisa is currently volunteering with Dietitians in Nutrition Support (DNS) as the Social Media Coordinator and is looking forward to serving on the DNS Executive Committee as the Professional Development Chair during the 2021-2023 term.

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## A Decade in Review: Changes in Temporal and Regional Interest in the Medical Science Liaison Role

| July 2021

Following the inception of the medical science liaison (MSL) role by Upjohn Pharmaceuticals in 1967, growing demand for MSLs in pharmaceutical, biotechnology, diagnostic, and medical device companies has persisted.<sup>1</sup> One of the core responsibilities of any MSL is to serve as an important public resource of scientific and clinical knowledge for their employers.<sup>2</sup> To this end, MSLs often serve as public-facing scientific and medical experts to clinicians and other healthcare professionals (HCPs). As healthcare continuously adopts ever-advancing technologies, the demand for MSLs continues to increase. A 2017 study conducted by the Medical Science Liaison Society (MSLS) estimated a growth projection of 20% in the coming years.<sup>3</sup> Noting the growing implementation of technology in the pharmaceutical industry and increasing demand for MSLs, we sought to determine how social interest in the MSL role has changed over the last decade. Specifically, we aimed to determine if social interest in the role has increased with increasing industry demand.

One useful methodology to analyze public interest is by tracking search trends with search engine data.<sup>4</sup> Of the major search engines (Google, Bing, Yahoo!, DuckDuckGo, Sogou), Google searches account for 88.85% of global search engine market share, suggesting Google would most ubiquitously capture search trends relative to other search engines (Fig. 1).<sup>5</sup> Importantly, Google has a public, highly-customizable platform to assess search volume called Google Trends (GT). To date, GT has been used extensively in healthcare for applications ranging from tracking disease outbreaks, monitoring disease symptom searches, and assessing interest in a variety of surgical procedures.<sup>6-8</sup> However, the extensive applications of GT in biomedical sciences and clinical medicine remain relatively underexplored.<sup>6-8</sup> Using GT, we conducted analyzed the search interest of the MSL role, its affiliated search terms, and topics, and identified overall temporal and regional search trends that offer insight into the context of MSL-related searches and may offer direction in medical affairs strategies relating to the MSL position.

### Methods

#### *Search Engine Data*

Determination of web browser utilization was measured by the search engine with the largest market share. To determine this, StatCounter© with a set time frame from January 2011 to April 2021 (a roughly 10-year timespan) was employed. StatCounter© summary data was downloaded and plotted.

#### *Search Interest Determination*

Public interest in the search term "medical science liaison" was quantified using GT which is an easy-to-use feature of Google that collects and normalizes temporal and regional interest in specific search queries. GT normalizes search data relative to its maximum search volume over a given time interval and thus presents search interest as Relative Search Volume (RSV) (on a scale of 0-100). In this case, we searched "medical science liaison" over a 10, 5, and 1-year time interval. GT outputs temporal data as RSV at any point over the given time interval and regional data as the average RSV of a state over the given time interval. We took the average RSV over each time interval and calculated the slope to determine the approximate rate of change in interest. Additionally, we identified the dates of peak interest over each time interval and ranked each state's RSV from high to low. One-way ANOVA comparison of national RSV at each time interval was carried out to evaluate significant differences in interest over each timeline.

#### *Related Search Terms, Topics, and Job Titles*

Google Trends procures related search phrases using two metrics: top related searches and rising related searches. Related queries are searches that users searched in tandem with “medical science liaison”. In particular, phrases categorically defined as “Top Related Queries” were the most popular related searches (on a scale from 0-100). Queries with the biggest increase in RSV since the last time period are categorically defined as “Rising Related Queries”. Within Rising Related Queries, a “Breakout” search phrase is noted as having an exponentially large increase in search volume compared to an incalculably low RSV, thus making a relative comparison difficult. Similarly, GT procures a list of top and rising related topics. In an attempt to filter “noise” (unrelated queries), GT allows users to search for terms or topics. Terms are defined by GT matches for all terms in the query, while topics are a group of terms that share the same concept in any language.

To analyze search frequency for jobs related to the MSL role, we utilized the MSLS 2020 MSL Salary & Compensation Survey – USA Results summary data, which provides a summary of polled professionals with job titles other than MSL. Of these results, associate medical director, clinical medical liaison, clinical science liaison, clinical trial educator, head medical affairs, medical affairs liaison, medical care team lead director, medical director, senior director of medical affairs, and senior director of scientific affairs were listed.<sup>9</sup> Within these job titles, we analyzed associate medical director, clinical medical liaison, clinical science liaison, clinical trial educator, and medical affairs liaison due to their measurable volume and comparable ranks.

## Results and Discussion

### 10 Year Trend

Search interest in “medical science liaison” varied dramatically year-over-year. Over the last decade, RSV for “medical science liaison” increased with a slope of 0.1804, with an average RSV of  $53.17 \pm 19.39$ , peak RSV in July 2017, and a coefficient of variation of 36.47%. Despite sizable fluctuations in RSV, the overall trend in RSV indicates an increase in searches over time (**Figure 2 a**). Regional interest was summarized in **Figure 3 a**. Of the 18 states with enough search data to quantify, 5 belonged to the American Northeast (NE), 4 belonged to the American Southeast (SE) and American Midwest (MW), 3 belonged to the American West (W), and 2 belonged to the American Southwest (SW). Most notably, NE states held 4 of the top 5 highest RSV states with New Jersey (100), Maryland (81), Pennsylvania (76), Massachusetts (73), and Colorado (71) (**Figure 2 d & Figure 3 a**).

### 5 Year Trend

Search interest in “medical science liaison” over a 5 year period (2016-2021) increased with a slope of 0.006 and had an average RSV of  $30.75 \pm 18.74$ , peak interest in February 2017, and coefficient of variation of 60.93% (**Figure 2 b**). The change in interest over the 5-year span remained relatively neutral but had a high degree of variation. Despite the reduction in slope compared to the 10-year timeline, regional interest showed a similar trend. Only 18 states generated enough search data for Google to compute RSV (**Figure 2 e**). Of those 18 states, 5 belonged to the NE, 4 belonged to the SE and MW, 3 belonged to the W, and 2 belonged to the SW. The states with the highest interest remained the same, but with slightly different RSV. Massachusetts (100), New Jersey (99), Maryland (83), Pennsylvania (78), and Colorado (75) made up the highest RSV over a 5-year interval (**Figure 2 b & Figure 3 b**).

### 1 Year Trend

Interestingly, over the last 12 months, search interest in “medical science liaison” decreased with a slope of -0.1184 with an average RSV of  $43.09 \pm 23.10$  and coefficient of variation of 53.7% (**Figure 2 c**). The date of peak interest over the past 12 months occurred in May 2020, during the middle of the COVID-19 pandemic. The results over the last year are somewhat surprising given the COVID-19-related increase in health-related searches. Of the 18 states generating enough search volume for analysis, 5 were in the NE, 4 were in the MW and SE, 3 were in the W, and 2 were in the SW (**Figure 3 c**). The states with the highest RSV were Maryland (100), New Jersey (67), Michigan (65), Massachusetts (64), and Pennsylvania (58). Notably, Colorado did not appear in the top 5 over the past 12 months, while Michigan moved up 12 spots to number 3 (**Figure 2 f & Figure 3 c**).

### Temporal and Regional Comparisons

Overall, search interest in MSLs has increased over the past decade. However, interest was relatively unchanged over a 5 year period and decreased over the last 12 months. The average RSVs varied significantly over each time interval, where the 10-year average RSV was significantly higher than both the 5 and 1 year RSV. The 12-month average RSV was significantly higher than the 5-year average RSV, despite its decrease in search volume (**Figure 3 d**). All summary data for trends and state interest are summarized in **Table 1** and **Table 2**. One explanation for the differences in average RSV and trend directionality is short bursts in search queries catalyzed by news or healthcare-related event in which the MSL role has short-term increases in interest. While GT controls for populations in its regional data (i.e. states with larger populations like CA and NY would always have the highest RSV due to their population), it appears that the states with the highest RSVs tend to be some of the most populous states in the

US. Several factors could drive this phenomenon: (1) high population density areas are more likely to have hospitals, research institutions, and pharmaceutical companies that would generate more search volumes, or (2) density of universities generate increased search volume from prospective MSLs.

### *Related Search Terms, Topics, and Job Titles*

Related search terms over the last 10, 5, and 1 year remained similar. The top related search terms over the last 10 years include “medical science liaison salary” (100), “medical science liaison jobs” (97), “MSL” (32), “what is a medical science liaison” (13), and “medical science liaison job description” (11), while the top rising search terms were “medical science liaison training” (Breakout), “medical science liaison salary” (+130%), and “medical science liaison job” (+50%). Relatedly, over the last 5 years, the top related search terms include “medical science liaison salary” (86), “medical science liaison jobs” (86), “what is a medical science liaison” (16), and “LinkedIn” (9), while the top rising search terms were “what is a medical science liaison” (Breakout), “medical science liaison salary” (+50%), and “medical science liaison jobs” (+40%). Finally, the top related searches over the last 1 year include “medical science liaison jobs” (100) and “medical science liaison salary” (80). Not enough data was generated to compute rising statistics over the last year. All related queries are summarized in **Table 3**. Based on the related phrasing, it would appear most searches for MSL are related to those interested in attaining the job (i.e. interest in salary, job description, and training).

Arguably the most insightful secondary outcome of this study was the summary of related topics. Since GT procures topics in an attempt to increase search sensitivity (keeping terms in the same context), it allows us to see which separate searches correspond most with searches for medical science liaisons. More than 120 related topics were procured over the 10, 5, and 1-year timelines, all of which are summarized in Table 4. Some of the notable related topics include specific subject area phrases (“oncology”, “genetics”, “neuroscience”, “biology”, “biotechnology”, “ophthalmology”) and specific companies (“Novartis”, “Sanofi”, “AbbVie”, “Merck & Co”, “Amgen”, “GlaxoSmithKline”, “AstraZeneca”, “Syneos Health”, “Teva Pharmaceuticals”, “Allergan”, “Johnson & Johnson”). The rest of the related topics are associated with MSL-related education, training, and jobs.

Based on the MSLs’s 2020 Salary & Compensation – USA results, the most common “other” roles/job titles (synonymous with MSL) were: associate medical director, clinical medical liaison, clinical science liaison, clinical trial educator, and medical affairs liaison.<sup>9</sup> Temporal RSV data associated with each job title is presented relative to each title including medical science liaison over 10, 5, and 1-year timelines (Figure 4 a-c). The average RSV for each term over each time interval was calculated and summarized in Figure 4 d, with results indicating the overwhelming majority of search volume was for “medical science liaison,” though in recent years the titles “clinical science liaison” and “clinical medical liaison” have trended upward.

### **Through the Lens of a Medical Science Liaison: Application in Strategy**

From a Medical Science Liaison perspective, these results provide powerful insights into a key aspect impacting the role – recruitment. Although general search interest in the role has remained relatively stagnant for the past 5 years, the significant increase of career-related associated search terms (e.g. “medical science liaison salary”) suggests increased interest in the role as a career. Additional state-level analysis may aid hiring managers in MSL candidate recruitment efforts and medical directors in more accurate and efficient planning and organization of territories. More importantly, this analysis provides a framework for using this type of data towards addressing more complex aspects of the Medical Science Liaison role such as Key Opinion Leader identification, Key Opinion Leader engagement, and overall medical strategy. GT can also be a useful tool to gauge search patterns and overall sentiment surrounding a pharmaceutical company’s milestone events (i.e. major data readouts, publications, regulatory approvals). The collection of such data can inform pharmaceutical companies to tailor medical affairs strategies based on related search terms.

### **Conclusion and Future Directions**

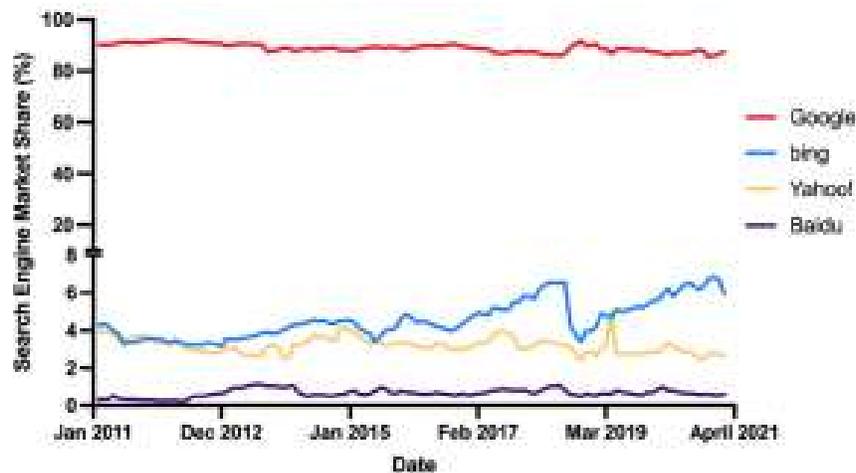
Despite the general uptrend in search interest for the MSL role, the past 5 years show a stagnation and slight downtrend. Additionally, regional interest in the role seems geographically constrained, with roughly the same states and regions making up the majority of regional searches. While this information is limited in scope (i.e. GT provides no demographics or other information other than search volume), it may be useful to consider trends in overall search interest (temporal and regional) for the MSL role, as they may lend useful insight into regions and timelines where increased outreach or recruitment is warranted. In addition to gaining general insight into overall trends, it may be practical for companies to adapt practices of social interest monitoring to identify emerging market trends well before they become commonplace. Additionally, as pointed out in the previous section, companies and hiring managers may find GT useful for supplementary recruitment or observational instrument. For now, GT does not collect and disseminate enough social data for this to be a practical methodology, but perhaps the emergence of a similar open-source framework will soon make this a practical and rewarding possibility.

## Funding & Data in Brief

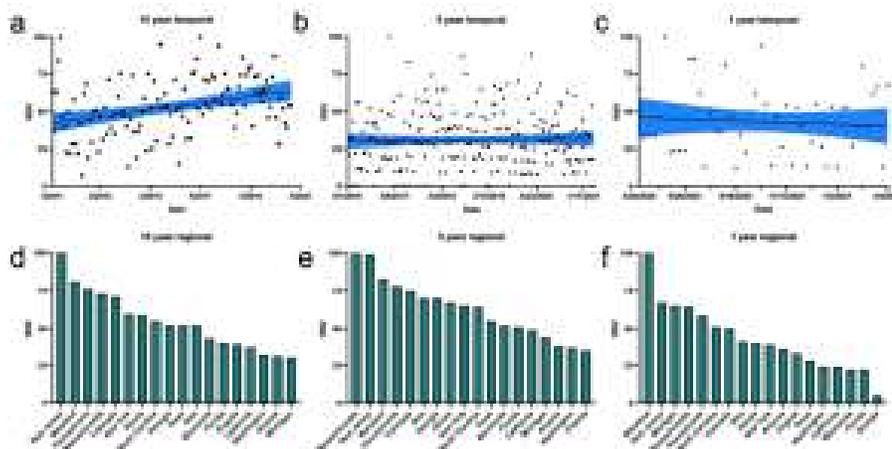
Timothy Bielecki is an employee of Sanofi Genzyme and his views are his own and do not necessarily represent those of his employer. For all raw data or inquiries, please contact Alec McCarthy at [alec.mccarthy@unmc.edu](mailto:alec.mccarthy@unmc.edu).

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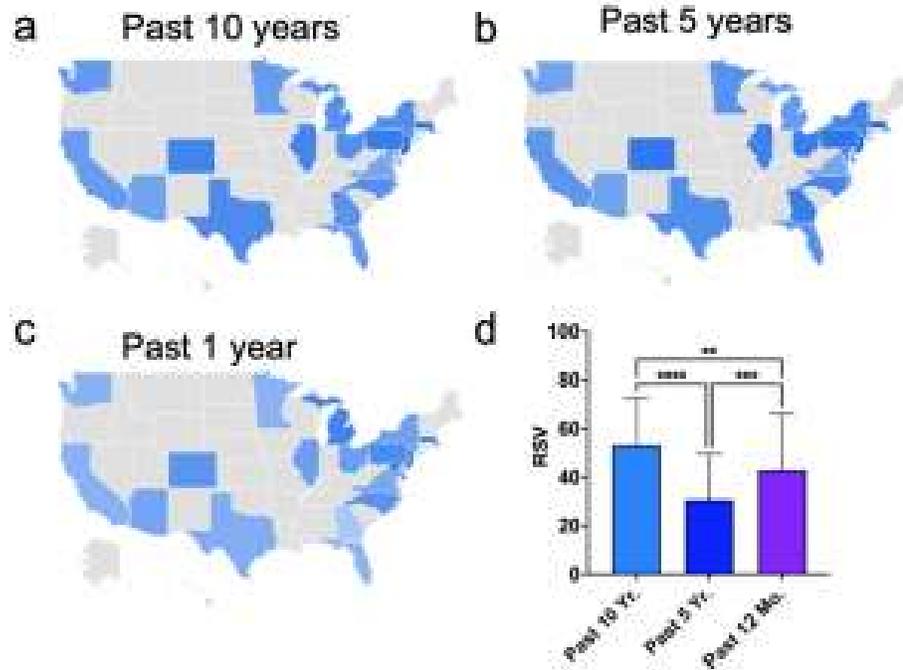


**Figure 1.** Global search engine market share over the last 10 years. Data Source = StateCounter©



**Figure 2.** Relative search volume for “medical science liaison”. (a) 10 year, (b) 5 year, and (c) 1 year temporal RSV for “medical science liaison” in the US. (d) 10 year, (e) 5 year, and (f) 1 year RSV for “medical science liaison” by state. Data Source = Google

Trends



**Figure 3.** Regional RSV for “medical science liaison” with increasing color intensity corresponding to increased RSV. (a) 10 year, (b) 5 year, and (c) 1 year regional RSV. (d) Summary data for average RSV over each time interval. Data Source = Google Trends.

**Figure 4.** Frequency of searches of job titles equivalent to medical science liaison. Data Source = Google Trends

**Table 1.** Temporal search interest summary data over each time interval

Timeline (years)	Average RSV	Date of Max	Slope	Directionality	Coefficient of Variation (%)
10	53.17 ± 19.39	July 2017	0.1804	+	36.47
5	30.75 ± 18.74	Feb 2017	0.006	+	60.93
1	43.09 ± 23.10	May 2020	-0.1184	-	53.7

**Table 2.** Regional search interest summary data

10 Year		5 Year		1 year	
State	RSV Region	State	RSV Region	State	RSV Region
New Jersey	100 NE	Massachusetts	100 NE	Maryland	100 NE
Maryland	81 NE	New Jersey	99 NE	New Jersey	67 NE
Pennsylvania	76 NE	Maryland	83 NE	Michigan	65 MW
Massachusetts	73 NE	Pennsylvania	78 NE	Massachusetts	64 NE
Colorado	71 W	Colorado	75 W	Pennsylvania	58 NE
New York	59 NE	Ohio	70 MW	North Carolina	51 SE
Illinois	58 MW	Georgia	70 SE	Colorado	50 W
North Carolina	55 SE	Illinois	67 MW	Ohio	41 MW
Georgia	52 SE	New York	65 NE	Illinois	40 MW
Texas	52 SW	North Carolina	64 SE	New York	39 NE
Ohio	52 MW	Texas	55 SW	Arizona	36 SW
Minnesota	43 MW	Minnesota	52 MW	Virginia	33 SE
Florida	40 SE	Florida	51 SE	Texas	28 SW
Virginia	39 SE	California	49 W	Washington	24 W

California	37	W	Michigan	44	MW	California	24	W
Washington	32	W	Arizona	38	SW	Minnesota	22	MW
Arizona	31	SW	Washington	37	W	Florida	22	SE
Michigan	30	MW	Virginia	35	SE	Georgia	5	SE

**Table 3. GT-procured related search terms**

<b>10 Years</b>		<b>5 Years</b>		<b>1 Year</b>	
<b>Top</b>	<b>RSV</b>	<b>Top</b>	<b>RSV</b>	<b>Top</b>	<b>RSV</b>
medical science liaison salary	100	medical science liaison salary	100	medical science liaison jobs	100
medical science liaison jobs	97	medical science liaison jobs	86	medical science liaison salary	80
msl	32	what is a medical science liaison	16	-	-
what is a medical science liaison	13	linkedin	9	-	-
medical science liaison job description	11	-	-	-	-
<b>Rising</b>	<b>Change (+%)</b>	<b>Rising</b>	<b>Change (+%)</b>	<b>Rising</b>	<b>Change (+%)</b>
medical science liaison training	Breakout	what is a medical science liaison	Breakout	-	-
medical science liaison salary	130	medical science liaison salary	50%	-	-
medical science liaison jobs	50	medical science liaison jobs	40%	-	-

**Table 4. GT-procured search topics**

<b>10 Year</b>	<b>5 Year</b>	<b>1 Year</b>	<b>Change (+%)</b>
<b>Top</b>	<b>Change (+%) Top</b>	<b>Change (+%) Top</b>	<b>Change (+%)</b>
Science	100	Medical science liaison	100
Medicine	96	Science	96
Medical science liaison	94	Medicine	95
Job	33	Job	35
Salary	26	Salary	29
Career	7	Pharmaceutical industry	6
Pharmaceutical industry	6	Pharmacist	5
Oncology	5	Academic degree	4
Pharmacist	5	Career	4
LinkedIn	4	Clinical research	4
Company	3	Pharmacy	4
Job description	3	Oncology	3
Research	3	Medical Science Liaison Society	3
Entry-level job	3	Job description	3
Pharmacy	3	Industry	2
Industry	3	Entry-level job	2
LinkedIn Corporation	2	Management	2
			-
			-
			-
			-

Academic degree	2	Clinical trial	2	-	-
Management	2	Neuroscience	2	-	-
Clinical research	2	Interview	2	-	-
Consultant	2	Novartis	2	-	-
Scientist	2	Pharmaceutical drug	2	-	-
Resume	2	Ophthalmology	2	-	-
Novartis	2	Scientist	2	-	-
Sanofi	2	Consultant	2	-	-
<b>Rising</b>	<b>Change (+%)</b>	<b>Rising</b>	<b>Change (+%)</b>	<b>Rising</b>	<b>Change (+%)</b>
Pharmacy	Breakout	Oncology	Breakout	Research	Breakout
LinkedIn Corporation	Breakout	Interview	Breakout	Management	Breakout
Academic degree	Breakout	Pharmaceutical drug	Breakout	Internship	Breakout
Novartis	Breakout	Physician assistant	Breakout	Pharmaceutical industry	500
AbbVie	Breakout	Biotechnology	Breakout	Career	110
Doctor of Philosophy	Breakout	Sanofi	Breakout	Clinical research	110
Biology	Breakout	Technician	Breakout	Job	50
Merck & Co.	Breakout	Bayer	Breakout	-	-
Amgen	Breakout	Syneos Health	Breakout	-	-
Glassdoor	Breakout	Biomedical Engineer	Breakout	-	-
Training	Breakout	Bachelor of Science	Breakout	-	-
Medical Science Liaison Society	Breakout	Doctorate	Breakout	-	-
GlaxoSmithKline	Breakout	Demand	Breakout	-	-
AstraZeneca	Breakout	Teva Pharmaceuticals	Breakout	-	-
Sea level	Breakout	Allergan	Breakout	-	-
Communication	Breakout	Opinion leadership	Breakout	-	-
Genetics	Breakout	Johnson & Johnson Inc	Breakout	-	-
Neuroscience	Breakout	Postdoctoral researcher	Breakout	-	-
Oncology	200	Academic degree	400	-	-
Pharmacist	200	Pharmacy	350	-	-
Career	130	Medical Science Liaison Society	250	-	-
Company	130	Industry	130	-	-
Industry	80	Entry-level job	130	-	-
Salary	70	Neuroscience	130	-	-
LinkedIn	40	Scientist	130	-	-

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# KOL Services Carried out by Pharmaceutical Companies and Expectations

| July 2021

Strategic KOL engagement planning is essential for pharmaceutical companies to ensure an effective, efficient and sustainable relationship with KOLs. Considering the increasing complexity of the pharmaceutical environment and company organizations are essential to plan and organize the interactions with KOLs.

Thus, pharmaceutical companies should develop KOL engagement strategy plans as a best practice to ensure optimal KOL relationships for developing business.

But what services can pharmaceutical companies provide to KOLs to improve interactions, and also what are the KOL expectations?

## **Clinical Research**

Cooperation between Medical Affairs or MSLs with KOLs during clinical research is a prominent and scientific activity across product development. Actually, financial support, scientific support, or even product support are the conventional services pharmaceutical companies offer to KOLs.

Getting KOLs involved in trials early also means that they are given the opportunity to develop a sense of ownership throughout the ups and downs of the drug development process. Early involvement of KOLs is becoming the rule across all therapeutic fields. Identifying the perfect KOLs to embark on this long-term journey is therefore even more vital than before. MSLs need to understand the R&D process on a deeper level to better support company research needs and identify KOLs who are ideal partners.

## **Medical Advisory Board**

Although the majority of medical advisory boards are initiated by pharmaceutical companies, they are sometimes organized by publication companies or other third parties, such as sponsored or non-sponsored medical societies or by medical communication companies. Advisory boards may cover on-label or off-label use of the company's products. The primary goal of medical advisory boards is to seek clinical knowledge and understanding that will inform internal medical strategy and foster enhanced patient outcomes through this joint effort.

Usually, the information collected during a medical advisory board meeting is later shared with peers and other healthcare stakeholders to achieve better patient outcomes.

## **Disease State Awareness**

Non-product-specific, non-accredited education programs focusing on disease state awareness are some of the most recent additions to pre-launch pharmaceutical marketing. These programs target both providers and consumers and serve as an important part of a company's mandate in helping the system understand diseases that until recently have few treatments such as Diabetes, Hypertension, and Iron Deficiency. KOLs can proactively advocate for disease awareness utilizing services that medical affairs or MSLs provide and also MSLs can compensate KOLs for these services when a consulting agreement is established. During COVID-19 Pandemic digital services have become the best practice for the disease state awareness efforts.

## **Off-Label Discussion**

FDA holds the medical affairs department to the same standards as it does sales reps. It's important to keep from blurring the lines between promotion and responses to unsolicited requests., Tom Abrams, Director of FDA's Office of Prescription Drug Promotion (OPDP). MSLs should not share specific details of the discussion, especially if it contained any unpublished off-label information.

In an era of global exchange of medical information, this approach to physician prescribing practices may have greater utility than restricting practices solely to indications approved by a US-based pharmaceutical labeling system. Health care professionals should continually educate themselves about OLDU (off-label Drug use) to weigh the risks and benefits and provide the best possible care for their patients.

MSLs scientific exchange discussions with KOLs about off-label indications or products could stimulate ideas related to KOL research and development processes. Sometimes off-label discussions might lead to achieving better patient outcomes.

One goal that the KOLs want is to capture attention and prestige within their professional community and medical congress affiliations. As a result, many KOLs are academically driven. Being informed about how a new product can fill a gap in treatment and, in turn, being able to inform the rest of the medical community about that product through peer-reviewed and consensus articles, therefore holds appeal. The conferences and congresses where physicians present papers and posters are excellent forums for both physicians and industry.

We review some important services that may be carried out by pharmaceutical companies for KOLs, but what are the expectations of KOLs from pharma companies?

### **-Transparency**

One way is to achieve small commitments during the time to get KOL's attention for the bigger opportunity in the future. The KOLs themselves should be part of the development process and Medical Affairs make an engagement plan for all KOLs separately, therefore the completed plan should be accessible to internal stakeholders to ensure transparency.

### **-Genuine involvement & meaningful partnerships**

Develop an individual engagement plan for every KOL; this master plan lays out a comprehensive picture of what the KOL's responsibilities are, who within the organization interacts with the KOL, and how the results of the KOL engagement are measured. The KOLs themselves should be part of the development process and the completed plan should be accessible to internal stakeholders to ensure transparency.

### **-Credibility and commitment to patient care**

Patient care and patient support are the disciplines of all KOLs; they are committed to their patients even for charity and financial issues. Therefore, do not forget about caring for patients. To secure KOL support, companies need to prove that they are adding value to physicians' practices by bringing more benefit to patients. "KOL engagement is about practice enhancement. MSLs may interact with patient advocacy groups to gather important insights into patients' concerns and needs unless prohibited by local laws or regulations.

Patients are increasingly using social media to obtain medical information and this platform is playing a more significant role in highlighting patients' points of view.

MSLs can present relevant scientific information to patients and patient advocacy groups in a manner that they can easily understand. MSLs can engage with patient advocacy groups by employing multiple channels, including social and digital media. MSLs should follow their company's policies on the appropriate use of social media.

### **-Continuous engagement**

KOLs prefer long-term engagement and continuing their relationships with commitment. Reaching the ultimate goal of KOL engagement, building a long-term, mutually beneficial relationship, requires a comprehensive plan, measurable objectives, and alignment with all cross-functional team members and the KOLs. Having repeated frequency of engagement helps build rapport and advance KOL relationship development.

### **-Be well-prepared and respectful of KOL time**

Well-planned meetings with clear agendas that start on time and provide new information, data and insight in a clear, concise way show the KOL that you value their time and input. This makes them more likely to dedicate their own time and engage in a meaningful way. Respect also brings trust to the relationship. Both are essential to advance relationships toward beneficial partnerships.

### **Recommendations**

Embracing your KOL's feedback shows them that their input is valued which goes a long way towards keeping them engaged and motivated to actively participate.

KOLs are highly trained, successful professionals who are looking to gain insights and professional opportunities from their interaction with pharmaceutical companies. What drives individual KOLs, however, can be very different and range from exciting opportunities in clinical research, e.g. investigator-initiated studies, publications, high-profile speaking engagements, and teaching opportunities to name a few.

Making sure a KOL's interests and needs are met creates a strong incentive for them to stay actively involved and engaged.

Take home message: **A good plan is to achieve the goal of making KOL advocacy for your product or company even without your presence.**

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# The New-New Normal: How to Transition Back to the Field Smoothly!

| July 2021

The covid 19 pandemic may seem like it began ages ago, yet it was just about 16 months since the pandemic began to shut down MSL travel and led us to sequester in our homes until we could find a way to get through this contagion period. As we now move toward re-opening of businesses, face-to-face meetings, and get back to regular field travel, we are again in a critical time of transition.

MSLs were home for about a year or more without regular field travel and there have been some silver linings to this with more time for family, ability to balance home needs better while working remotely and multi-tasking as we are all well equipped to do!

CH: It has not been an easy year however we have finally started meeting in person again and this happened for me in early May once I was fully vaccinated and met our company requirement to meet at a field leadership gathering cross country! Everyone wondered what this meeting would be like. We were told to wear masks at all times for the indoor meetings, although this changed last minute once we were at the hotel conference center and were allowed to remove masks in our meetings given that everyone was fully vaccinated. There were colored bracelets to let each person indicate their personal level of preference for contact: green for hugs welcome; yellow for giving some distance and maybe an elbow bump at best; red for keeping a distance and avoiding physical contact. By and large, most everyone was green and it was clear we were excited to be back together in person. The energy was high and we picked up where we left off at the last company meeting where we launched a product first week of March 2020 just as everything shut down!

JS: For those like myself that have started their new MSL role during the pandemic and solely engaged with new KOLs (as well as coworkers!) in an exclusively virtual environment, although not without its challenges there are positive impacts on relationship building. Virtual has allowed opportunities from to get-go to be able to know the KOL in a more personal light. Perhaps during the course of your meeting, the conversation has turned toward their beer wall at home or you've waved hello to spouses or kids passing by in the Zoom background. As we transition or have transitioned to our first live meeting many months later, you'll be starting from an elevated relationship baseline, a head start that can only have more positive impacts on the relationship moving forward.

CH: The past year has seen us leverage zoom and virtual technology more fully, MSLs were engaged in more internal projects in lieu of time spent traveling and fewer KOL meetings and we settled into this routine over the year.

JS: Speaking of internal projects, with more allocated project time due to less travel, many MSL teams have had a chance to build up MSL resources or increase advisory seeking opportunities, and cover more congresses than we can humanly imagine! How we transition back into the travel circuit and proportionally shift to a heavier live meeting workflow still remains to be seen as not every aspect of the territory including large major congresses will be transitioning at the same pace. For my geography, a handful of regional congresses (which many MSLs rely on for face-to-face meetings) will still remain virtual throughout the remainder of this year. Although the status of 1:1 meetings will increasingly grow, traces of virtual engagement will continue to exist and even be the preferred method for a meeting.

CH: As May approached we knew it was time to return to travel for most of us; we had a pending new launch in early June and the changes were going to be quite palpable! From the early May leadership meeting, we were back into full-field travel with KOL engagement and have not stopped! Many HCPs were eager to meet in person with masks and a few HCPs have let their masks down if both of us were vaccinated. We are easing back into our former MSL roles with travel and in-person engagement although there are still some clinics and academic institutions where access is not yet open.

JS: And realizing that not all of our academic sites are currently open or opening at the same rate, an easy way to transition back is to focus on the areas that are open while continuing to meet virtually for areas still closed. For those that live in metropolitan areas (where offices are generally slower to open), as silly as this seems, this could mean keeping your car parked and instead of traveling (flying) to meet the KOLs that are located in more remote pockets of your territory where offices are open. In the areas where offices are still closed, I've leveraged 1:1 lunch meetings more than ever to get back to meeting live.

It remains to be seen what this transition will be like for all of us as we work to open doors again and continue our mission to educate clinicians and support patient needs! Transition is not a point in time and the coming months will help us regain our field footing. That said, our families and friends are also adjusting to having us gone each week and missing that time we had together over the past year. Nothing will be exactly as it was in the past and we must set our sights on a new normal. I think we all agree that virtual meetings will continue to be used more often in our regular engagement and more so than pre-pandemic. Our MSL goals will likely reflect the changing field environment, as well.

As we all move ahead with this transition back to field engagement in person, there are a few tips I would like to share:

- Give yourself time to adjust and know this transition will happen over a few months. Be kind to yourself!
- Communicate with your leadership and family about what these changes mean to you and to them as you work through this time.
- Give yourself permission to balance work and family / personal needs. Don't stop taking care of yourself and taking time to be home.
- Ease back into field travel; don't go full steam ahead from no travel to 4-5 days per week travel unless this works for you and your family!
- Find your "marathon pace" again - the pace you can sustain long-term!

**Authors:**

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Cherie Hyder is Senior Director, US Head of Medical Affairs, with more than 15 years of MSL experience in the field. She has been involved in research for more than 30 years, starting as a bench researcher in Genetics. She completed Bachelor of Science degrees in Molecular Biology and Chemistry at Iowa State University where she led Genetics research projects for over 5 years. Her education continued at the University of Missouri where she received a Doctor of Pharmacy degree with the intention to devote her career fully to clinical research. She has multiple adjunct faculty appointments and enjoys teaching opportunities. She worked for the FDA for 5 years, focusing on a review of the safety and effectiveness of novel medications. Her experience in regulatory compliance brought her to Eli Lilly as a Regulatory Scientist and led her to attend law school; she has a business development and in-licensing background as well as experience balancing portfolios for major PhRMA companies; she has been employed by Eli Lilly, Pfizer, Novartis, Regeneron, Solvay, and Avanir in Regulatory and Medical roles supporting new product development. In August 2016, she joined Alimera Sciences, leading the US MSL team, building compliant internal processes, and developing Medical Affairs infrastructure.

**Jein Song, PharmD**



Jein Song completed a Doctor of Pharmacy degree from the University of the Sciences in Philadelphia and the Rutgers Pharmaceutical Industry Fellowship in Medical Communications. She subsequently transitioned into various roles of increasing responsibilities to support a wide range of therapeutic areas in both headquarters- and field-based medical affairs settings. She is passionate about quality-driven initiatives and optimizing field medical capabilities through strategic partnerships, mentorship, and enabling resources. Her background includes close to 15 years in the pharmaceutical industry spanning both small and large size companies.

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## **MSL Performance Metrics: Valuing the Role Through Product's Lifecycle & Digitalization**

| July 2021

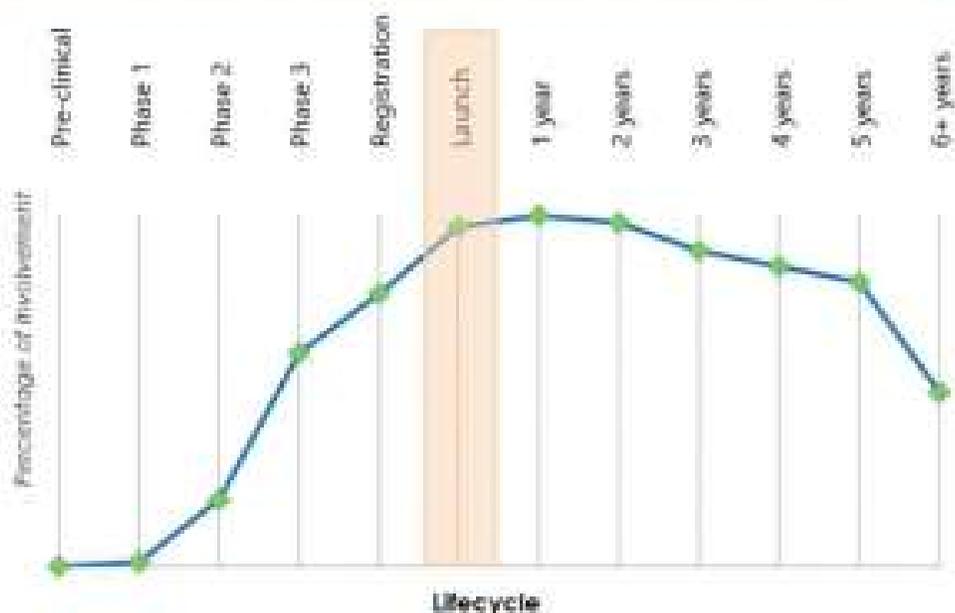
MSL Performance Metrics have been a dilemma for the last decade or so. Many studies have been conducted to rethink the evaluation of the Medical Science Liaison function, I've personally conducted one on "The relation between the tracking/reporting system for MSLs in medical affairs departments in pharmaceutical companies located within the MENA region and its impact on the MSL productivity" available at: <https://dx.doi.org/10.18535/jmscr/v8i7.47>

The core issue with research is that it studies performance evaluation in a superficial manner that produces very similar results year after year, a lack of discovery that leaves MSL management in pharmaceutical companies without an algorithm to improve their performance evaluation of their team members.

Taking a step back to un-reveal the course of the problem, MSLs have been part of the industry for nearly 40 years. Over this period, the function has held various responsibilities depending on companies' needs, objectives, and understanding of the function. Originally formed to interact with high-level physicians, the position has evolved into a medical education role with a much wider audience, from third-party payers to Primary Care Providers and Key Opinion Leaders (KOLs).

The MSL function is indeed a dynamic one in nature, it evolves with a product, from early phases to maturity. The MSL responsibilities may remain constant throughout, yet one or more of these responsibilities becomes the highlight depending upon where a product is in its lifecycle.

## Staffing Levels of MSL Teams throughout Product Lifecycle



Hence in light of changing legislation globally and changing market dynamics regionally, MSLs have transformed the way they function lately. Additionally, though pharmaceutical companies continuously fine-tune their medical affairs' and MSL teams' functions, they still struggle to identify qualitative and quantifiable values for the MSL role.

In recent years, two of the largest impacts to MSL functions have been digitalization and the COVID-19 pandemic. In light of the COVID-19 impact on global business, little downsizing has been reported and most regional executives have stated they see stabilization or even growth of their medical affairs teams and especially MSLs. The COVID-19 pandemic is significantly changing the healthcare landscape, shifting face-to-face interactions with HCPs to virtual meetings and limited introductory meetings with new HCPs. This has made it more challenging for MSL teams to generate insights or expand reach to new KOLs.

One of the key concerns of the digital age is the proliferation of data. MSLs need to intelligently use this information in order to gain an edge over their competition, improve scientific and operational performance, or predict healthcare outcomes. But, most struggle with where to begin.

During digitalization, Some KOLs have now evolved into being "DOLs" or Digital Opinion Leaders" who influence the healthcare systems through social media. In my personal classification, these individuals provide ideas and their behavior is a role model for others in the healthcare field and their number is exponentially increasing. Not only are their numbers increasing, but their impact is too. Their impact has many measures, yet personally, the most important three aspects of a "DOL" worth following is: Influence (number of followers), resonance (frequency of sharing) & relevance of content. KOLs & DOLs currently co-exist and are operating in extremely different spheres, yet I personally think this will not continue on for long before an MSLs traditional list is composed mainly of DOLs with minimal or even no "KOL" presence with the definition we've known for years.

Because there is an increasing need for education and high-quality information, physicians have become digital consumers in their everyday lives, they are also changing the way they consume medical information in their professional lives and embracing the convenience of digital channels that provide content on-demand - Pharma's pursuit of digital transformation right now is at the cusp of the transition from "me too" digital strategies to more specialized strategies.

On a separate note then, building thought-leader relationships is a continuous process that depends heavily on respect, trust, and meaningful communication between MSLs and thought leaders which has been a cornerstone MSL function for years. To make this effective, it's important to keep a watching eye on the number of thought leader relationships and the balance between engaged thought leaders, and the discovery of new thought leaders. The number of thought leader relationships should be ideally maintained on an average that will enable efficient development of relationships and impactful interactions which in my personal opinion should be in an average of 50 to 60 KOLs per MSL.

Businesses today are generally under pressure to "do more with less" and yet still provide meaningful information to customers, partners, and internal operations. This applies on the MSL level as well and the "performance frontier" MSL today should learn

how to generate insights through digitally-based interactions without directly engaging HCPs ranging from attending “live” virtually-broadcast panel sessions to following influential KOLs on social media platforms like Twitter etc. Medical Affairs – and MSLs specifically – should find solutions that provide increased flexibility and consistency, improved customer engagement, providing time and money savings. My personal opinion is that the aspiration is an MSL who builds influence and delivers impact.

A scientific optimization is a tool for winning. It is the process of improving the organization’s scientific efforts in order to maximize the desired business results. Scientific optimization is performed on individual medical tactics employed, as well as optimizing the suitable tactics to the medical affairs strategy as a whole.

It’s now evident why evaluating a function that was created 40 years ago and evolves nearly every 5 – 10 years passing through dynamics of regulations, market changes, product lifecycle as well as customer change in itself ending with impacts of digitalization and a pandemic is evidently a tough task and annual performance reviews for MSLs are not usually the best times of year for a medical affairs department.

Performance reviews’ common pitfalls remain a nightmare year after year. Pharmaceutical companies continue to use similar performance measures without shifting the importance of these measures based on what needs to be done at certain points in time. For starters, choosing the right timing, situation, and place for a discussion is important to avoid the evaluator’s very nature and limit awkward situations, which is in line with promoting honest and constructive feedback. To have an optimum performance review with your subordinate MSL, avoid the individualistic approach and try to base reviews on role profiles and needed actions from your MSL. Look into the future by taking a step further than just reviewing past behavior and stating CAPAs into a more holistic approach of a plan for consistent improvement and fruitfulness.

Reviewing Performance Reviews is essential nowadays in an ever-changing landscape for MSLs. Over the course of a product’s lifecycle, we see three or four distinct stages where an MSL’s activities will shift—therefore requiring different sets of evaluation.

So to have a “living” performance evaluation criteria, its easiest to base your MSL performance on evaluating what they should do in the “pre-launch” phase of the product lifecycle which could include (but not limited to): Number of new KOL relationships, advisory board activities, unsolicited KOL feedback, and frequency of KOL visits in the forefront with less focus on the quality of KOL relationship, visit durations, numbers of speeches delivered by KOLs or number of IITs submitted.

Evaluating a “post-launch” MSL will be based on a different set of criteria which could include (but not limited to): Quality of KOL relationship, numbers of speeches delivered by KOLs, number of KOL relationships maintained & frequency of contact with KOLs in the forefront with less focus on advisory board activities, number of new KOL relationships, unsolicited KOL feedback or number of presentations by the MSL.

A “Consensus” Roadmap for MSL Performance Reviews is integral to ensure optimum and compliant business conduct. Although it is normally region, company, and product-specific yet, the two most important performance criteria to account for are: quality of KOL relationships and frequency of on-site visits.

In the end, MSL Performance Metrics which are tailored and dynamic in nature is the optimum tool for valuing this priceless role of medical education through the market and future ambiguity, across different stages of a product’s lifecycle and in the face of turbulence caused by global issues like pandemics and digitalization.

**Author:**

**Shereef Ibrahim**



Currently a Therapy Area Medical Manager at Amgen, I previously spent 10 years at Novartis in different roles of varying

responsibilities since 2009. I worked as an MSL for Bone & Pain, Respiratory & Transplantation during the period of 2014 till 2016 which added a lot to my perspectives of being patient-centric in business. My career to date has provided me with invaluable knowledge in some key areas, namely Bone & Pain, Respiratory, Cardio-Metabolic, Nephrology, Transplantation & Biosimilars in Egypt, Iran & Sudan. I am also an accomplished individual with a strong desire to succeed and lead others to success. Indeed through my past experiences, I have had the distinction of being an individual who is energetic, hardworking, and efficient.

On a more personal level, I am open to any situation that is challenging and which tests my abilities, as well as among my work colleagues I have a reputation as being a fast learner, who is dependable and organized.

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## The Medical Ecosystem Regional Plan: An Introduction

| July 2021

### **Why do we need regional medical plans?**

The role of an MSL is to establish and maintain strong peer-to-peer relationships with leading, influential healthcare providers, referred to as Key Opinion Leaders (KOLs) within a given therapeutic area with the intent to provide ongoing medical support, education, and resources that benefit patients. The MSL role has evolved over the past couple of decades since the MSLs were initially brought into their roles, first in commercial and then becoming more medically aligned. As MSLs work to develop medically oriented relationships, one should always seek first to understand what the medical needs are. Thoughtful planning allows MSLs to consider needs broadly as well as the medical strategy and focus within their organizations.

Commercial teams have always used business plans to hone in on regional goals; business plans have long been relied upon to foster results-driven outcomes. Medical teams have not traditionally used a business planning approach for MSL field efforts in the past, however, the regional landscape is complex and more teams are devising medical business plans. This effort begins within leadership to focus the medical team efforts organizationally and has less detail for fieldwork. As I started in the MSL role around 20 years ago, the MSL plan consisted of a list of KOL targets, mostly academic, for relationship development, and the MSL was expected to have deep therapeutic expertise and simply know what HCPs want to discuss, watch for partnership opportunities and drive value in a less structured way. The MSL role was previously more transactional. Over time, the MSL role has evolved to become much more strategic, necessitating more planning and proactive approaches for regional efforts. Today, MSLs are value-driven, strategic innovators who expend great energy developing regional plans that outline all the various regional stakeholders who have a need for medical support and education and this is so much more than a list of academic KOLs to meet with!

A failure to plan is a plan to fail. We all know how vital planning is, yet we often do not have sufficient time to invest in the planning process. It is my hope that we can shift toward organizational recognition that the planning process is perhaps even more important than any other activity we do because not doing it vastly limits what we can achieve in terms of the value we bring back to the organization. Strategic alignment between field efforts MSLs engage in and the internal medical strategic plan is essential. It's a place to begin when MSLs want to devise their regional plan. However, perhaps even more important is the need to scrutinize the unique ecosystem that comprises an MSL region and deeply appreciate elements that make a region different than others across the country. An MSL's time is precious and how we invest in regional planning will pay large dividends when MSLs are empowered to think about the business needs and run their region as its own business unit with a similar results-driven focus that our commercial counterparts have always done, however with the medical lens in place that ensures a firm and secure focus on patient needs.

Balancing travel time and prioritizing needs across the region in a thoughtful and proactive manner will drive medical value for patients and the organization in ways that elevate MSL value. Planning is dynamic and should include time to not only develop detailed plans but also time to execute plans and reflection on how the plan is working, what should be adjusted, and any new aspects of the medical strategy that is also changing with time. Ultimately, the MSL regional ecosystem plan offers broader planning methods and ideas that can help MSLs build stronger, more detailed regional plans that ensure your time is well spent on field engagement. Regional tactics for medical support have come a long way and this is far more than a list of KOLs to develop relationships with. As HCPs have become harder to access and time with them seems less and less, a strategic approach can help HCPs find the value in partnering with MSLs and pave a path toward longer duration interactions and further

partnerships and lead to advocacy.

As we roll out more details about the MSL Regional Ecosystem Planning approach and tools in future MSL Society journal editions, stay tuned for more and reach out to us if we can assist with questions on this business-critical topic!

**Authors:**

**Cherie Hyder, PharmD**



Cherie Hyder is Senior Director, US Head of Medical Affairs, with more than 15 years of MSL experience in the field. She has been involved in research for more than 30 years, starting as a bench researcher in Genetics. She completed Bachelor of Science degrees in Molecular Biology and Chemistry at Iowa State University where she led Genetics research projects for over 5 years. Her education continued at the University of Missouri where she received a Doctor of Pharmacy degree with the intention to devote her career fully to clinical research. She has multiple adjunct faculty appointments and enjoys teaching opportunities. She worked for the FDA for 5 years, focusing on a review of the safety and effectiveness of novel medications. Her experience in regulatory compliance brought her to Eli Lilly as a Regulatory Scientist and led her to attend law school; she has a business development and in-licensing background as well as experience balancing portfolios for major PhRMA companies; she has been employed by Eli Lilly, Pfizer, Novartis, Regeneron, Solvay, and Avanir in Regulatory and Medical roles supporting new product development. In August 2016, she joined Alimera Sciences, leading the US MSL team, building compliant internal processes, and developing Medical Affairs infrastructure.

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## Leveraging an Outcome-Based RWE Framework to Further Quantify Field Medical Value

| July 2021

The MSL role has gained significant importance in the life science industry and is becoming -critical in terms of KOL engagement. However, the value of field medical activities has not always been easily quantifiable in terms of traditional business impact due to the primary focus on scientific and clinical exchange with target physicians. We can take a chapter out of the medical and scientific playbook and apply an outcome-based / RWE assessment framework that measures impact objectively, and further elevates customer engagement effectiveness. This article will present an approach to design, plan, and monitor field medical impact using a framework inspired by the design of outcome-based clinical studies.

BioPharma Medical Affairs not only quickly pivoted to transform its way of working due to the pandemic, its customer-facing medical field function, made up of an elite group of medical science liaisons (MSLs), also raised its profile and demonstrated agility during this transformative period. The MSL position, a challenging and rewarding role as BioPharma's primary engagement channel to Key Opinion Leaders (KOLs), became even more complex with the shift to virtual engagement and premium placed on scientific and medical value delivery.

However, the educational, qualitative, and sometimes reactive nature of the role does not easily generate the typical kind of promotional and quantitative metrics understood by most commercially trained life science executives. As MSLs are asked to take on additional responsibilities, while maintaining and building critical KOL relationships, they can still struggle with clearly articulating their value to their larger organizations.

How can the Medical Affairs function modernize its ways of assessing MSL impact while harnessing digital innovations to elevate KOL engagement and simplify operational complexities?

To help address this assessment gap, let's take a chapter from the Medical Affairs domain related to outcome-based clinical trials. We can define a comparable Real World Evidence (RWE) assessment framework to measure how MSLs are effectively moving physicians along a scientific knowledge continuum. Essentially, we can forecast and track a set of behavioral end points that relate to a target physician's knowledge of a disease area, treatment options, and even pipeline innovations as MSLs engage with them and conduct relevant scientific exchanges.

To establish this framework, it's important for the Medical Affairs function to methodically define key behavioral end points and goals on a knowledge continuum that aligns to prioritized medical and organizational objectives. This continuum could then be graphically envisioned as a pyramid where the target physician's knowledge of a trial, disease area, or treatment therapy can traverse from low on the bottom, to high on top and vice versa.



For each level on the pyramid, each organization can define the demonstrated knowledge and expected behaviors that align with the stage. Classifications would be driven by the real-world engagement observed, questions asked, or actions taken. Here are some examples that further demonstrate this shift away from pure reach, frequency, or time-spent metrics.

### Engagement observed

- What sentiment drove their interest in the content? Positive or negative.
- Were they distracted or focused during exchanges?
- Did they ask unsolicited questions?
- Did they request a follow-up?

### Questions asked

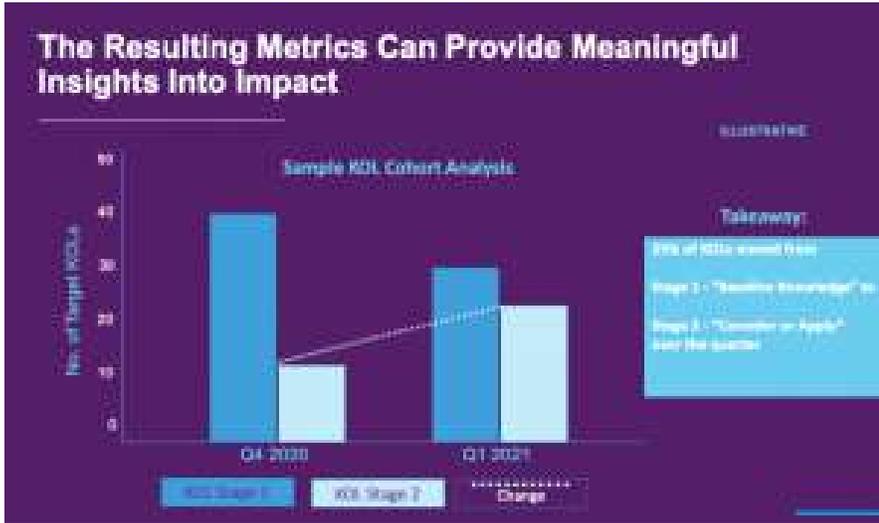
- Did they ask general disease area questions?
- Did they ask treatment-specific questions?
- Did they ask about a specific trial or study design?
- Did they ask about pipelines and express interest to investigate?

### Actions taken

- Are they applying specific treatment regimens, in which patient profile?
- Are they discussing or sharing related science on social media?
- Are they investigating related science with us or another company?
- Are they presenting on related scientific topics to their peers?

Such real-world evidence can support an initial classification on a designated level and then be systematically updated overtime on a per physician level. Positive changes in physician awareness and knowledge would generate movement in terms of the pyramid level.

In turn, this equates to Medical Affairs outcomes achieved that can be attributed to field medical efforts as well as other market factors. The same analysis can be applied to larger cohorts of KOLs to assess and quantify broader field medical impact over time (i.e., % of Level 1 KOLs that moved to Level 2 over a quarter).



One of the most important benefits of this measurement framework is that it is completely tailored to the field medical team’s core remit. It does not risk dilution of the team’s responsibilities by confusing with traditional commercial measures. In fact, it celebrates it by focusing on:

1. The quality of KOL engagement via RWE observed, vs. reach and frequency metrics
2. The KOL’s satisfaction with the service provided by MSLs, vs. promotionally push channels
3. The mission of advancing science through partnerships and podium advocacy, vs. prescriptions written by geography

For the field medical team to effectively adopt this framework, it’s critical that rollout and support mechanisms are implemented in partnership with the MSL team to help ensure success. These mechanisms can be synthesized using the holistic four-quadrant enablement approach below which captures key business drivers and interdependencies. These various areas can be further supported by select partners and vendors with specialized expertise and product offerings<sup>[1]</sup>.

**4-Quadrant Support Model:**

*People*

1. Co-design the knowledge continuum pyramid with MSLs so their experiences and voices are integrated
2. Provide frequent training on the framework for onboarding and ongoing adoption
3. Align clear roles and responsibilities across key functions to coordinate and support the execution of the model

*Technology<sup>[2]</sup>*

1. Adapt CRM capture capability to accommodate the continuum design, and ensure there’s a customer database aligned for cross-functional coordination
2. Provide a multichannel KOL engagement suite that meets KOL needs while elevating the content interaction experience
3. Implement an agile, field-friendly content management distribution and platform that meets various multichannel needs

*Process*

1. Ensure there’s a clear alignment of organizational objectives, Medical Affairs objectives, and field medical objectives
2. Map prioritized RWE, observations along a continuum, set up a baseline for key targets
3. Complement with accessible, tailored, and multichannel content assets that map to behaviors along a continuum

*Analytics*

1. Track pre/post RWE engagement changes
2. Map KOL’s behavioral movement along the continuum, quarterly at a minimum
3. Complete feedback loop:
  - a) To field MSLs on their targets’ movement, plus associated tips, and recommendations
  - b) To in-house Medical Affairs leaders on priority alignment, and ways to improve the content

[\(more...\)](#)

# Work Life Balance

| July 2021

Work-life balance is something that frequently is discussed in the pharmaceutical industry. With the rapid development of therapies and constantly evolving research across therapeutic areas, it becomes easy, almost addictive, to “burn the candle at both ends.” Over time, this will just result in burn out which doesn’t do your company or yourself any good. To be on top of your professional game, I would challenge you to answer the following questions:

## **What does work-life balance mean to me?**

This is going to be different for each and every person. For me, it means volunteering as a nurse and helping with the COVID-19 vaccine clinics in my area. For others, it may mean crafting or athletic endeavors. Whatever it is, know what keeps you at your best. Be mindful of things that may help you relax, but can be detrimental in the long run: drinking, excessive shopping/sleeping/gaming, etc. Anything in excess can be problematic; be mindful of your mental health as you move throughout your career and listen to those who are willing, to be honest with you.

## **Who else does my job impact and what does that balance mean to them?**

For me, this includes my spouse, three kids, parents, and my grandma whom they care for. For other people, this could be a totally different group of people. Make sure prior to taking a position that you consider their thoughts and opinions on the position. The travel associated with MSL positions can be upwards of 75% which can be overwhelming at times. Be sure that those who your job impacts understand this and are prepared to support you in this. My husband knows that my job travel can be heavy, but to balance it out, I shop and meal prep to make his evening less stressful and assign my kids chores while I’m gone to lighten his load. Face-time has been awesome with my kids so that they know where I am and what’s going on. Hopefully, this makes my absence less stressful. Yes, I talk to my two dogs too. Whatever you need to do to lessen the negative impact of your travel, do that and do it consistently.

## **How can I work efficiently to optimize my balance?**

Are you working hard or working smart? Are you planning a five-day trip that could be done in three with streamlined appointments? If you have difficulty finding balance, speak with a trusted coworker or manager to have them coach you in best practices as it applies to your company. Virtual meetings or phone calls can be helpful to offset what otherwise could be a chaotic travel schedule.

Most importantly, be ok with saying no! No is not a dirty word! It’s ok to set boundaries or prioritize what needs to get done to be able to find an appropriate work-life balance. Take your vacation time, make sure you’re there for all the important things in your personal life. At the end of their lives, no one wished they worked more!

## **Author:**

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Alyson Evans is an Associate Director, Medical Science Liaison at Biohaven Pharmaceuticals. When she's not busy with work, she enjoys spending time with her husband of 13 years, Ryan, and her 3 children Brendan (11), Abby (8) and Natali (5).

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## The Virtual Reality: Tips for Making the Most of Conference Attendance in 2021 and Beyond

| July 2021

Scientific conferences are an essential tool for any Medical Science Liaison. They offer a convenient and efficient way to engage with KOLs and provide an influx of new data for insight generation. But the nature of these events has changed drastically in the last year. As we look with hope to the post-pandemic future, what can we expect? What will conferences look like for MSLS throughout 2021, 2022, and beyond? And how should MSLS prepare to make the most of the changing reality?

Allow us to make a provocative prediction: **The future of conferences is definitively virtual.**

While hybrid and in-person events have begun to re-appear on our calendars (including the 9th Annual MSLS Conference!), the pandemic has shown us both the benefits and feasibility of virtual events. And in the long run, there's just no going back. In fact, 64% of the [Top 100 Oncology conferences in 2021](#) are still planning to be held completely online.

The benefits of virtual conferences are easy to see:

- Higher attendance from a broader audience without travel or geographic limitations
- The ability for attendees to participate in more sessions through virtual platforms
- Expanded access to other attendees before, during, and after the event
- Lower cost for organizers and attendees

In the end, these benefits all contribute to a potential shift in the way the academic, pharmaceutical, and scientific communities think about conferences. Why wait for one annual conference to disseminate meaningful data? Could a distributed model of more frequent online meetings actually enhance the experience and the resulting impact on patients and providers?

There's only one way to find out. As experts in remote work and virtual gatherings, we present our tips for successful virtual conference attendance, before, during, and after the event:

### 1. Plan Ahead:

Virtual attendance means access to much more content—and potentially more KOLs. Review the abstracts as soon as they're

released and set a reasonable schedule for what you can accomplish and who you can connect with during the event. Consider a conference planning tool to help analyze the data and sessions you don't want to miss.

## **2. Do Your Research:**

An essential MSL skill, even the most dedicated MSL can't keep up with everything their KOLs are up to in the chaos before a big event. Think outside of the box and look for KOL activity in other digital events (like podcasts and webinars) and in social media. As the start date of the event becomes more difficult to put your finger on, your engagement opportunities now start long before the opening plenary.

## **3. Listen in:**

KOLs are also looking for ways to find the human connection that comes more naturally at face-to-face events. The new audio-chat app Clubhouse has emerged as a natural gathering place for doctors to discuss new data alongside virtual events. On each day of a major conference, KOLs may organize wrap-up sessions to summarize and discuss key learnings of the day and the clinical practice implications of research findings. Such casual Clubhouse sessions fill in, to a certain extent, the gap of 'personal' interactions that virtual events are missing.

## **4. Stay Social:**

MSLs will have no trouble following the conference hashtag, but it's important to go beyond listening and engage in the conversation. For large events, that can mean a lot of scrolling to keep up. A social listening tool can help filter out the noise and gauge the sentiment of a KOL or Digital Opinion Leader's activity online, saving you time during the conference and helping generate meaningful insights after.

## **5. Put New Data to Work:**

There's a short window after the final session to process all the data presented at a conference and its impact on your pipeline. Digital tools can help you make sense of what's new in the time it would take you to fly home from an event. The faster you can get your hands on the details, the sooner you can implement any strategic change.

For medical affairs teams, disseminating accurate information and meeting KOLs where they are is profoundly important. Scientific conferences offer a great opportunity to learn, gather insights, network with others, and engage opinion leaders. If the future remains virtual, it's even more important for MSLs to demonstrate their value through virtual engagements before, during, and after the event.

## **Authors:**

### **Bruno Larvol**



As founder and CEO of LARVOL, Bruno leads a global and completely remote team providing intelligence reports and data solutions to the world's leading pharmaceutical and life science teams. Prior to LARVOL, he founded several technology and healthcare ventures. He has worked previously with industry leaders such as IBM Healthcare Consulting and Lehman Brothers

and holds an MBA with distinction from the Kellogg School of Management at Northwestern University.

### **Abby Fraser**



Abby joined the LARVOL team in January of 2021 and serves as Vice President, Marketing. Before that, she spent ten years in online curriculum development and support in her hometown of Nashville, Tennessee. A graduate of Belmont University, Abby believes marketing is just another outlet for telling a great story and connecting people with solutions to make their lives—and jobs — a little easier and more enjoyable. A newcomer to the world of MSLs, she’s enjoying getting to know this passionate community and looking for ways to support them better!

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## **The MSL Role Evolved**

| July 2021

As the world witnessed a global change with the Covid-19 pandemic, Medical Science Liaisons (MSLs) saw their role evolve beyond its more traditional definition and scope. When countries went into complete lockdown and pharmaceutical industries needed to find new ways to keep interacting and engaging with their customers, MSLs, as the experts in everything science and as field-based individuals with strong relationships with Health Care Professionals (HCPs), had the opportunity to stretch and grow beyond their past role.

At the beginning of the confinement, HCPs were reluctant to perform any kind of remote interaction with pharmaceutical representatives, either sales, marketing, or medical. They were overwhelmed with abundant scientific data on Covid-19 and with their patient’s worries, not to forget their own concerns and those of their families. The pharmaceutical industry, as a whole, had to find alternative ways, mainly digital and highly scientific, to keep the level of engagement high with their customers and show them that they are a health partner supporting them in the crisis.

Speaking of my personal experience, I found myself learning and gaining expertise beyond my usual ones. One of the most successful tools driving engagement was a weekly e-newsletter, developed and designed along with my marketing counterpart, and which successfully mixed up-to-date information about COVID-19 and priority medical messages.

To make this a success, my role as an MSL had to evolve. Outside the obvious digital skills gained, I had to read and become an expert in everything related to Covid-19 and the vaccination against it. Not only did this allow me to keep a high level of scientific discussion with my Key Opinion Leaders (KOLs), it also allowed me to incorporate valuable medical information into the content sent to them via the e-newsletter. This was a major attracting point to HCPs who wanted to learn more about Covid-19 in

an organized and focused manner and incited them to open our e-newsletter and have a nice read.

Also, I found myself becoming not only a scientific content developer but also a creative designer as we had to make the e-newsletter look appealing and worth reading. When we picked up the pace for the e-newsletter, we started using it as a tool to engage directly with KOLs and add mini-videos (3-4 minutes length) into some of the issues, where a KOL would be discussing one scientific topic of relevance. Here, I had to upskill my scriptwriting, creativity, and video-making knowledge. It was also a very nice way to learn with our KOLs who found this particularly interesting.

Finally, I also gained insights on how to follow up on digital channels such as the e-newsletter and set appropriate Key Performance Indicators (KPIs). Following the trend, allowed us to refine our scientific content but also its format to what was most appealing to HCPs to increase the open rates and click-through rates (for example, the video format was always a big hit, which pushed us to include more mini-videos into our issues). Keeping up with what is interesting HCPs and pushing them to open our e-newsletter made us find better ways of delivering our priority messages to them.

On another side, having to switch promptly from regular face-to-face group meetings to webinars, I had to learn quickly how to utilize the digital platforms (setting up the webinars, sending invitations, etc.) but also how to make the best out of them (creating polls and post-webinar surveys, sending automatic reminders and follow-up emails, etc.).

All of this was done in strong cross-functional teamwork and internal collaboration, which led me to learn a lot from my colleagues in marketing, multi-channel engagement, digital, business excellence, compliance, etc.

In summary, from an expert in diabetes, I also became an expert in Covid-19 and vaccinations. From a customer-facing employee, I became a digital expert with scientific content development, creative design, video-making, digital measurement, and webinar design skills. From a medical department person, I became someone with a more holistic view of the pharmaceutical business and gained insights into how other departments function.



With all these great new skills acquired, I found my MSL role evolved to new heights. This was appreciated both internally and externally and the impact of the medical department's operations became even more valuable. This example of evolved MSL role shows us MSLs can be successful in a hybrid of face-to-face and digital interactions model and bring additional value to the business, despite the crises. Looking ahead, the MSL role should keep on evolving to adapt to the new challenges and leverage new opportunities to engage more in a scientific multi-channel engagement model.

**Author:**

**Diane Mourad, PharmD, MSc**



Diane Mourad is currently a Medical Science Liaison for Diabetes in Sanofi Lebanon. She has around 4 years of experience in the pharmaceutical industry, in Clinical Operations, Regulatory, Marketing, Sales, and Medical Affairs departments. Diane has a PharmD and a Master's in Research with a focus on Pharmacology. She has published several papers on matters of migraine, irritable bowel syndrome, and diabetes. On a more personal note, Diane recently self-published her first book on Amazon France: "Une Vie après la Mort", Diane MN. With this, she hopes she can take her hobby and passion to the next level.

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## I need to be a “Super-Human MSL” now - how?

| July 2021

Medical Affairs teams have been challenged in the last year with the demise of face-to-face meetings as well as the inability to engage with their healthcare providers (HCPs) and key opinion leaders (KOLs) at scientific congresses. In addition, they have had to adapt to remote interactions and adopt new digital technologies to be able to function at their jobs. Working remotely adds another layer of stress since it can be lonely especially when they are faced with many challenges. To top it all, they are inundated with data from scientific congresses, advisory board meetings, surveys, collective insights from team members, medical inquiries, competitive intelligence, social media, real-world data on treatment practice which can all be overwhelming.

### **What are skills and tools that would help MSLs?**

#### **1. Leverage Data**

Remote engagements with HCPs and KOLs require targeted messaging that provides healthcare professions information they need in a timely fashion. Hence the need to be able to understand what they are interested in. So having a good understanding of previous engagements, current treatment practice, which other Pharma companies they are already engaged with as well as publications and clinical trials they are involved in is important for getting insights on the target HCPs and KOLs. This is quite a lot of information to digest to plan their personalized engagements. In addition, especially in Oncology, key opinion leaders have taken to social media like Twitter to comment on trial results presented at scientific congresses such as AACR and ASCO. So social media could be just as an important source of information for engagement. Our experience working with several MSL teams is that many are not leveraging CRM to get information on their target HCPs/KOLs. The current tools are not able to uncover information from free-text notes buried in their CRM. Most teams depend on monthly reports generated internally or externally to gather business intelligence from multiple data sources. MSL organizations are beginning to realize that this creates a huge burden on their MSL teams because their HCPs/KOLs are expecting responses in real-time. So a “PULL” instead of “PUSH” data model is needed. In addition, becoming an expert in new areas such as diagnostics or real-world data requires training, let alone just understanding how to use their CRM effectively.

We definitely see an opportunity for Huma.AI to be part of the solution for Medical Affairs teams to embrace digital transformation. In order for Medical Affairs teams to adapt new machine-learning enabled technologies, solution companies need to provide accurate metrics on how these new solutions increase efficiencies and uncover new insights that can be leveraged for strategic planning across the organization and not just limited to MSL teams. Some of the features we see that will help reduce barriers are the need for ease-of-use platform solutions, explainable AI (so subject matter experts know how the answers are derived), and most importantly leveraging human intelligence through a feedback loop so the platform can continually learn from the users. Clearly, with Medical Affairs teams being subject matter experts, there is a need for deploying a human-centric AI approach to better understand patient experiences and gain insights into the behaviors of KOLs and HCPs. Medical affairs teams generate a vast amount of data but are not able to effectively leverage these data to personalize their HCP engagement. Human-centric AI allows for the ability to obtain all the relevant data, analyze it quickly, surface actionable insights and drive them back into operational systems in real-time to affect events as they are still unfolding. The advantage is to make fast and better decisions and quickly act on insights gained from across medical data. Agile MSL teams will succeed in the “Never Normal”.

## **2. Focus on Customer Engagement**

The pandemic has highlighted the need to be empathetic towards HCPs/KOLs. They are inundated with requests for meetings, have to digest lots of information to keep abreast of their practice, and at the same time provide the best care for their patients. It is even more critical for MSLs to provide critical and relevant information to help them in their practice, closely monitor medical inquiries since these are time-sensitive and also provide opportunities for education. We are already seeing solutions adapting to this change. For example, on-demand content generation has become the new method of engaging with KOLs/HCPs. In addition, asynchronous medical education using social media is another powerful tool with growing popularity. The decline of in-person meetings has been met with a robust rise of digital education in the form of social media, podcasts, webinars, and more. “Tweetorials” are increasingly popular and, when done right, can be an effective medium for education. Also thinking creatively on leveraging multi-channel engagement tools will help alleviate the fatigue from too many video calls or spam emails. There have been several discussions on gamifying webinars and meetings to add in some fun and keep customers engaged remotely.

The bottom line, if HCPs/KOLs feel supported by their MSLs, they will be able to provide the best treatment options to their patients.

## **3. Think strategically- Medical Affairs influences the whole organization!**

Unfortunately, the extraordinary circumstances in the past year require MSLs to become somewhat “Super-Humans”. In order to provide the best care to their patients, HCPs have to leverage information relating to treatment practice, access to diagnostic testing, management of adverse effects, patient support, etc. In order to support their HCPs/KOLs, MSLs are now tasked with ingesting these types of new data sources to provide the best options in terms of treatment and follow-up. Such as medical claims data, diagnostic testing data, social media besides traditional sources such as surveys, scientific congresses, and ad board meetings. In addition, MSLs have become the critical conduits of scientific information exchange with HCPs/KOLs. They can provide critical feedback back to their organizations that could shape the strategy for pipeline and new launches as well as prioritize initiatives to improve patient care. Besides HCPs/KOLs, there are other stakeholders in the healthcare ecosystem including payers, patients, caregivers, diagnostic and medical device companies as well. MSL teams can now leverage internal teams that specifically engage with these other stakeholders to ensure patients get access to the best care available. In addition, MSLs have to become more aware of the overall business strategy to maximize their input and work closely with other parts of the organization including commercial colleagues.

## **4. Let your passion to help patients be your motivation**

MSLs are key purveyors of scientific truth and viewed highly by HCPs/KOLs, and they are driven by their passion to help patients. Medical affairs organizations should empower them with tools that make their jobs easier and maximize their impact.

New tools, particularly machine-learning-enabled solutions, have shown value in facilitating HCP engagement in medical affairs. Because they are relatively new, the whole community can benefit from “lessons learned” from Medical Affairs teams that have successfully deployed such tools within their organization. As a result, one of the keys to empowering MSL teams is providing access to training on best practices on new tools. For example, simple training on how to use CRM effectively for KOL engagement would be a great first step. Leveraging platform solutions that can create on-demand content is critical with remote engagement to ensure the right and impactful information. Training sessions on best practices as well as successful use cases would be important to allay some of the hesitance to leverage social media.

Targeted and personalized messaging is paramount in the virtual engagement era where KOLs value MSLs who know exactly the

information they need at the right time. “Rising above the noise”. Those who can leverage the “right” tools will succeed in this “never normal”. So it is critical for med affairs organizations to provide training and support to MSLS to help them get there.

**Conclusion:**

MSLS are now being tasked to be “Super Humans” capable of ingesting vast amounts of data and providing strategic insights to both their HCPs/KOLs as well as their organizations. They chose this career path because they fundamentally have a passion to help patients. We as platform companies that provide tools to medical affairs should make it a priority to help MSLS teams embrace digital transformation within their organizations. In order to do that, we need to have wider management buy-in and budget invested in order to deploy new technologies such as AI to empower MSLS and help them succeed. Let’s make this a priority.

**Authors:**

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Dr. Sankar obtained her PhD from the Institute of Molecular and Cell Biology in Singapore. She completed her postdoctoral fellowships at Yale and Duke Universities. She then spent the next several years at Celgene as Group Leader in the Oncology Research Department and co-led the project team that developed CC-223 and CC-115, mTOR, and mTOR/DNA-PK inhibitors. Prior to joining Huma AI, she spent several years in both scientific affairs and business development roles at several diagnostic companies including MolecularMD, Biodesix, and Ambry Genetics, providing genomic and proteomic solutions to Pharma clients. Dr. Sankar’s expertise includes a unique mix of both drug discovery and diagnostic perspectives.

**Lana Feng, PhD**



Dr. Lana Feng is the co-founder and CEO of Huma.AI. She came from Novartis Oncology Business Unit where she established international partnerships for their late-stage targeted therapy programs. Dr. Feng joined Novartis through its acquisition of Genoptix. She built the BioPharma division at Genoptix, where she grew the business by forging alliances with pharmaceutical companies and providing biomarker and companion diagnostics development for targeted therapies. Prior to Genoptix, Dr. Feng

held key positions at GeneOhm Sciences and Nanogen. Dr. Feng obtained her Ph.D. in Developmental Biology from Indiana University and did her post-doctoral training at UC, San Diego.

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## **MSL Evolution: New Trends and Titles That May Emerge**

| July 2021

The COVID-19 pandemic has clearly had a profound impact on Field Medical Affairs. Has the Medical Science Liaison role changed forever? What new titles, trends, and opportunities might emerge as a result of the new age for Field Medical and the evolution of the Medical Science Liaison?

### **Is virtual engagement truly here to stay?**

While the jury is still out on what percentage of KOL interaction and general business practice will be virtual, I am of the opinion that Field Medical Affairs will indeed go back to a predominantly live, face-to-face role with some – but limited – virtual engagement. The key to success for MSLs is to establish strong peer-to-peer relationships with KOLs and be seen as a true partner. It becomes significantly more difficult to achieve this virtually, so while it is certainly possible to perform the role through digital engagement, there is no real substitute for live face-to-face interaction. That said, virtual engagement and digital tools enhance the MSL role, and are certainly here to stay. To what degree and extent are still to be determined, but I expect the top-performing MSLs will know how to find the proper balance.

### **The REAL paradigm shift**

While the COVID-19 pandemic prompted a dramatic paradigm shift for the entire world to navigate through, perhaps the most important trend facing the pharmaceutical industry is the surge in FDA drug approvals over the past 3 years. The FDA has and continues to outpace itself in new drug approvals. According to the Center for Drug Evaluation Research (CDER), there was a record of novel drug approvals in 2018 at 59, followed by 49 in 2019 and 53 in 2020.

This trend has resulted in tremendous growth and expansion opportunities for the pharmaceutical and biotech industry. Most notable is the rise of new start-up biotech organizations and small pharma companies basking in the promise (and press) of a newly approved drug. Fueled by science, innovation, and technology, I expect this trend to continue, which is great news for pharmaceutical industry professionals as well as those looking to transition into the industry from clinical, hospital, or academic settings. Most importantly, it is good news for the patients and families of those struggling with complicated diseases and limited treatment options. The strongest areas of growth in terms of new drug approvals by therapeutic area are Oncology, Neuroscience, and Rare Diseases.

### **New titles that may emerge**

So, how do these two paradigm shifts – the changing working landscape due to COVID-19 and the consistent, year-over-year rise in new drug approvals – translate into new opportunities for Medical Affairs professionals, and what new titles may emerge as a result?

### **MANAGED CARE, HEOR, AND MEDICAL OUTCOMES LIAISONS**

With a sharp increase in new drugs approvals and new treatment options, there comes a greater need for Field Medical representation to interface with payers and providers. While Managed Care, HEOR, and Medical Outcomes Liaison positions are not necessarily new titles, I anticipate there will be more and more roles like this available to industry professionals in the near future.

### **VIRTUAL MSLS**

Here is where I need to contradict myself in this article – I think it is very likely and entirely feasible for companies to consider adding a strictly virtual MSL to their team, perhaps to cover certain KOLs or parts of the country where access is very difficult, but clinical coverage and engagement is still necessary. This virtual MSL may exist somewhat separately from the traditional

field MSL team with a different set of objectives and metrics; it is largely “to be determined.”

### **CLINICAL TRIAL (CTLs), CLINICAL SCIENCE (CSLS) AND PATIENT CARE LIAISONS (PCLS)**

In addition to the sheer number of new drug approvals, it is also important for companies to consider the complexity of the science and research behind a product. Companies must take into consideration who KOLs and HCPs will be responsible for prescribing and administering the treatment. As a result, the emergence of CTLs, CSLs, and PSLs has become prevalent, and we will continue to see growth in these roles for the foreseeable future. These positions differ from the traditional therapeutic MSLs in several ways. The most notable difference is which types of HCPs and practitioners these professionals call on. The focus may be geared toward areas that are not normally covered by therapeutic MSLs, but still include clinical trial data/initiatives, treatment protocols, and patient care regimens. Lastly, the criteria and requirements for these roles will differ as well. Ideal backgrounds may include Nursing or Nurse Practitioner professionals, Physician’s Assistants, or possibly even more specialized disciplines, such as Genetic Counselors, Respiratory Therapists, or Registered Dietitians (to name a few).

In summary, while the importance of virtual and digital tools will continue into the future, Medical Science Liaisons will find greater success and growth through LIVE engagement, while balancing digital tools to help achieve their goals. As the FDA continues to approve new drugs in record numbers, new companies will emerge and current pharma companies will expand, creating tremendous opportunities for Field Medical Affairs professionals to further grow, diversify their skills, and potentially follow different routes and passions. As a result, the MSL role will continue to evolve and expand into new variants, which not only means greater opportunities, but also long-term stability. The value proposition for MSLs has never been better than it is right now in 2021, but it certainly has an even more promising road and future ahead.

#### **Author:**

**Tom Caravela**



Tom Caravela has 30 years of pharmaceutical industry experience and is the Founder and Managing Partner of The Carolan Group and Host of the MSL Talk podcast. Founded in 2002, The Carolan Group is a leading pharmaceutical and biotech search firm specializing in Medical Affairs and Medical Science Liaison recruitment. Tom is responsible for leading a team of expert recruiters and account managers in client expansions for various levels of field-based and in-house Medical Affairs professionals including Medical Science Liaisons, MSL Leaders, Managed Care/HEOR Liaisons, Medical Directors as well as various other medical and clinical affairs roles. With almost 3 decades of pharmaceutical industry experience, Tom is a frequent speaker and Medical Affairs Consultant for clients, advisory boards, and industry meetings. His strategic interests focus on hiring, retention, and career development for the field-based MSL role.

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## **Work life harmony; not just for today, but for the long**

# haul

| July 2021

Before the pandemic, remote work for you was largely intentional. After all, when you choose a position that allows you to travel and work from home, you can build remote work around the rest of your life—and vice versa.

However, suddenly you had to contend with all kinds of new circumstances. Whether it was kids home from school (who either needed help with online classes or just to be kept occupied), partners also working from home, or the loss of everyday routines, MSLS everywhere have had to figure out how to navigate the new realities of work.

Or maybe it is the new kind of isolation of not physically seeing HCPs, coworkers, friends, and family—along with the flurry of current events that brings a buildup of anxiety and stress.

All the disruption and uncertainty of these unprecedented times can take a very real toll on your mental health and well-being.

Finding any work-life balance is a challenge.

Work-life balance is a famously elusive concept. Some people think it's just a mindset away. Others subscribe to a more Jack Welch<sup>1</sup> paradigm of thought, where "...There's no such thing as work-life balance. There are work-life choices, and you make them, and they have consequences."<sup>1</sup>

For MSLS, though, it might be possible to find fulfillment somewhere in the middle of these approaches.

Studies and reports indicate that the next few months (or years) are sure to bring about many more changes. From continued hybrid scientific engagement and school schedules for your children to potential additional waves or shutdowns, finding balance should be part of everyone's long-term wellness strategy, yours included.<sup>2</sup>

Here are some tips for staying productive, alleviating stress, and avoiding burnout on your work-from-home journey—not just for today, but for the long haul.<sup>3</sup>

## 1. Manage your energy

One of the main barriers preventing people from showing up with more energy is a lack of awareness.

The energy level you are used to isn't fixed! It's merely a result of your habits. The behavioral system you have set up (whether intentionally or unintentionally) is getting you the exact results it should.

With this in mind, managing your energy starts by looking at your "system of behaviors." This means the daily habits, behaviors, rituals, and activities you partake in every week. When looking at this system, two questions matter most and the answers give you some clear insights and instructions:

- "What enhances my energy? After doing X, do I feel markedly better?"
- "What depletes my energy? After doing Y, do I feel noticeably worse?"

Some things bring your energy up. Do more of these things!

Other things bring your energy down. Do less of these!

## 2. Create a Schedule and Set Boundaries

Even if your employer doesn't follow a rigid schedule, creating (and sticking to) a regular schedule can help you maintain productivity and ease some of the stress that comes from working all the time. Set your work hours and log off at the end of your scheduled workday so you can focus on other things.

When your work hours have a beginning and an end, you can more easily set boundaries with your family, coworkers, and

manager.

### 3. Give Yourself Breaks

Going from item to item with no time to reflect and regroup doesn't allow your body or brain to work optimally. Remember to give yourself a little space between outputs.

Spend ten minutes reflecting on a meeting, take a 15-minute break with your family or a roommate, or go for a quick walk around the block. And don't be tempted to look at your phone or answer an email during this time. You'll feel refreshed and reconnected with the world around you.

### 4. Keep the connection going

Why not schedule a quick 10 minutes/day to chat with coworkers (via Slack, Zoom, or any other real-time communication tool) about topics unrelated to work? Social support and connection can help you decompress.

### 5. Schedule the fresh air you used running from HCP to HCP

Studies show that breathing fresh air leads to better decision making, higher test scores, and improved information processing—and it's a wonderful way to support your wellness.

It is too easy to stay cooped up in your home office all day; make sure to get outside for some fresh air (or open a window!) whenever you can.

### 6. Make Time for Yourself

Setting aside time to take care of yourself will bring balance to your day and give you the energy and focus to tackle the next task with your mind refreshed. Prioritize exercise, yoga, meditation, hobbies, well, anything that brings you joy and peace will positively impact your ability to achieve a better work-life balance when you work full time from home.

There may be times when taking breaks and having the best-laid plans to take care of yourself are still not enough. It's normal to be nervous about the state of things right now—like your family, your health, and the economy. Just remember that your mental health is important, too. And please, don't be afraid to reach out to a family member, friend, colleague, human resources team, or an Employee Assistance Plan (EAP) for support and resources.

1 <https://www.wsj.com/articles/BL-JB-4687>

2 <https://www.brighthorizons.com/family-resources/tips-for-working-parents-who-travel-for-business>

3 <https://www.salesforce.com/ca/blog/2019/07/work-life-balance-salespersons-dilemma.html>

**Author:**

**Danielle Imbeault**



Danielle is a creative, results-driven, international pediatric nurse, with 25 years of Global Pharmaceutical experience, project management, and scientific learning capability, and leadership building. She has extensive qualifications in all facets of drug development, scientific learning, and onboarding program within matrix organizations. Danielle possesses strong strategic planning skills, from performing need analysis through implementation and evaluation of the impact on business. Excellent problem-solving skills and a strong orientation in customer satisfaction. Some of her key achievements: Designed, implemented, and delivered a new approach to leadership Training for Field Medical Managers Lead cross-disciplinary scientific and leadership learning for 1,000 field associates globally;

- A key contributor to effecting change:
- moving the organization towards a team-based culture and empowering and encouraging scientific challenge and debate through the design of workshops, contextualized training, and other development opportunities.
- management initiatives and facilitated Medical Affairs business transformational activities to align and improve the effectiveness and delivery of scientific engagement with external stakeholders across Franchises

Danielle has more than 15 years of experience in Capability and Leadership Building in the project team and individual leadership skills. Coached, mentored, facilitated expertise for the pharmaceutical industry.

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## Medical Affairs: Reevaluating “Business as Usual” after COVID

| July 2021

For 13 months COVID-19 has dominated every aspect of our personal and professional lives. Now as vaccinations in large numbers are a reality (at least in some countries) and people are eager to put this challenging time behind them, we will need to ponder the question of what we learned from this pandemic and whether anything good will come out of it.

Here, we take a look at medical affairs and specifically medical science liaisons who were heavily impacted by the sudden changes related to COVID restrictions. Their main customers, healthcare professionals, had no time to spare and their usual way of communicating face-to-face was suspended overnight. Medical affairs, especially MSLs had to scramble to reinvent how they are doing their job and had to pick up new skills in a hurry. Some of these adjustments will turn out to be just that – short-term modifications – others have proven to be valuable and will continue to be part of how field medical engages healthcare professionals (HCPs) and key opinion leaders (KOLs) in the future.

Here are six ways of how COVID may have a lasting impact on medical affairs – for the better:

1. **Balancing travel and Zoom**– finding a balance between all in-person and all virtual engagement. In March 2020 medical affairs had to adopt radically different ways of engaging HCPs and KOLs. Virtual communication was the only option and, despite initial issues, has become the new normal. While Zoom fatigue is real, going back to the old model of all in-person meetings isn't the answer either. Now that both HCPs and MSLs have learned to use virtual communication tools, a hybrid model makes sense: occasional in-person meetings with more frequent virtual touchpoints in between. Less travel will free up MSL time for other tasks and KOLs can fit shorter meetings more easily into their schedules.
2. **Shorter, more frequent KOL interactions** – what started out as a huge challenge, engaging HCPs in a time of crisis using email, text messages, or phone calls has turned out to be somewhat of a blessing in disguise. True, initially it was very difficult for MSLs to get the attention of HCPs, but once the new communication format was more established, it led to a new dynamic of shorter, but more frequent interactions with substantially reduced lead times. While getting a face-to-face meeting on the calendar could take four weeks or more, video calls can often be arranged for the same or the following week. Shorter, more frequent meetings give MSLs the opportunity to share information and data on a short-notice basis and add ongoing value to their KOLs.
3. **Focused, personalized content increases MSL value** – having this new dynamic of shorter three 15-minute instead of one 45-minute meetings forces discipline: the agenda needs to be tight, the information new and relevant to each KOL. With less time to figure out what the KOL really wants to know during the meeting, the MSL needs to be prepared with information that meets the KOLs information needs. Standard presentations are a thing of the past. On the bright side, this forces MSLs to really understand their KOLs and allows more focused, concise, and personalized engagements. Technology can help to provide that information asynchronously, e.g. by sending a quick link to a newly published paper the KOL will find valuable.
4. **Embracing a data-driven approach** – waiting for a connecting flight or sitting in rush hour traffic ate up an enormous amount of MSL time before the COVID travel restrictions. During the pandemic, MSLs have been using some of that time to do research, e.g. to identify additional HCPs in their territories. Comprehensive databases also allow them to learn more about the scientific, clinical, and medical activities and interests of their KOLs as well as their formal (e.g. based on co-authorship) and informal (e.g. based on the same affiliation or attending the same medical school) relationship networks. That knowledge can be used to develop more comprehensive profiles of KOLs making it possible to provide personalized information and help networking with new KOLs.
5. **Leveraging teamwork**– hiring freezes, postponed product launches, too much work in some groups, not enough in others led to redeployment of people, increased cross-training, and more cross-functional assignments. Colleagues nationally and globally started working together more closely to share knowledge and experiences. Examples include pulling in colleagues from the severely impacted commercial team to take on activities such as market analysis for launch planning or getting field medical involved with advisory board planning or literature review for new products. A positive side effect, in addition to skill expansion, is increased visibility of medical affairs across the organization and with that a better appreciation of the myriads of tasks medical affairs is responsible for and the value it brings to the organization.
6. **Finding ways to parallel track** – product launch activities and clinical trials came to an abrupt halt in early 2020 and teams are now struggling to catch up. One way to make up for the lost time is by parallel tracking some launch activities that otherwise were done sequentially, or weren't done systematically, e.g. identifying local influencers in addition to national KOLs. This approach can inform how tasks can be streamlined in the future.

COVID fundamentally disrupted the way medical affairs work. After the initial shock, the only reasonable way forward was to reevaluate how things were done in the past, adjust and find new ways to get the job done.

Some of the modifications will turn out to be short-lived and will disappear once the pandemic is under control. However, COVID-19 forced our hands and led to the rapid adoption of new approaches and technologies by medical affairs professionals and the healthcare provider community. These new approaches, technologies, and skills will continue to shape how MSLs engage KOLs, how product launches are planned and executed and how, ultimately, medical affairs contribute to improving the lives of patients.

**Author:**

**Ariel Katz, CEO & Co-Founder of H1**



Ariel started his first company in college, ResearchConnection, to help connect students with research opportunities. That company grew to over 40 universities and was eventually acquired by the Bill and Melinda Gates Foundation and the Ewing Kauffman Foundation. Ariel then helped co-found, H1. Ariel Katz is currently the CEO and Co-founder of H1. H1 is a platform-based network that is dedicated to connecting healthcare professionals and companies with the aim of being the “LinkedIn for healthcare.” The platform now has over 9 million HCP profiles in 16,000 institutions in 70-plus countries. Its clients, which encompass over 35 pharmaceutical companies, including seven of the top 10, use the platform to do things like find doctors to work on a clinical trial for given biotech, find hospitals where they can do their clinical and find the thought-leading healthcare professional to lead a CME session.

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## Working Successfully with A Recruiter

| July 2021

It is hot. No, not the summer heat but the MSL/Medical Affairs job market. The value of the MSL role was highlighted during the stay-at-home orders of the pandemic when MSLs were able to gain and maintain access to physicians. Despite the pandemic, physicians still had patients to treat and still needed the latest scientific data to guide their treatment decisions. Companies realized that investing in the medical team yielded returns on the investment in terms of access, sharing of data, and patient outcomes. The research and development of new treatments, especially in rare diseases, has also increased the demand for experienced MSLs. Both factors lead to the expansion of existing teams and the creation of new teams. With many new opportunities available, Medical Affairs recruiters have been busy finding talented candidates to submit for consideration.

After an influx of emails via LinkedIn touting new, dynamic, and exciting opportunities, I became curious about what opportunities I may be missing by disregarding the emails. I had not previously worked with a recruiter, and I began to hesitantly respond back to the emails that interested me. Through these initial contacts, I quickly realized that not all recruiters are created equal. I ultimately worked with a recruiter who was experienced, credible, energetic, and passionate about her work. Through our efforts together, I am moving onto my next MSL role and feel fortunate to have worked with such a dynamic individual who guided me through the process.

Since I had no experience in working with a recruiter, I learned as I went through the process. Here are a few things that can increase success in working with a recruiter.

- Know what level of service you want from a recruiter and what level of service the recruiter can provide. Do you want only an introduction to the company, or do you want guidance and support with each step of the hiring process? Do you want to be a part of the negotiations when an offer is made to you, or do you prefer the recruiter negotiate on your behalf? The level of service may vary from company to company.
- Know your current salary and the equity you have with your current company. Recruiters are compensated by the hiring company based on the salary you are offered so you can feel confident that your recruiter will work to negotiate the highest salary for you regardless of your current salary. If you will be leaving equity behind, your

recruiter can share this information with the hiring company's talent acquisition team.

- Ask about the recruiting company's relationship with the hiring company. The job posting may be available to more than one recruiting firm. In an ideal situation, the recruiting company has a proven track record with the hiring company which can help your candidacy for the opportunity. Through their previous work with the hiring company, a recruiter can influence the hiring process. Be selective in your choice of companies.
- Assess how well the recruiter knows your LinkedIn profile during the initial call. A good recruiter will have carefully reviewed your profile and matched your abilities and interests with the role. If you feel like you are only a "number" to the recruiter, this could foreshadow how the working relationship may be. You must be comfortable with the recruiter and confident in their ability.
- When you share your CV with the recruiter, ask for any suggested changes to be made by you or approved by you if the recruiter makes the changes. It is also important to understand if the recruiter will only share your CV with the hiring company you are discussing. Some recruiters may share your CV with other companies without your consent and you may have no interest in working for those other companies or in those therapeutic areas.
- Be honest, open, and flexible with your recruiter and expect the same from your recruiter. If you are working with another recruiter or are preparing for a final interview, you can share that information. You can keep the details to yourself but sharing where you are at in your job search can create a sense of urgency for the recruiter.
- Be accountable and follow up with your recruiter after each step with the hiring company.
- Be patient. My favorite saying is "patience is a virtue but not one of mine" and going through the hiring process requires patience and understanding. Do not assume the recruiter is ghosting you if you do not hear back from the recruiter in the time frame you would like. The recruiter may be waiting to hear back from the company on your candidacy. No news does not always mean bad news; it may just mean there is no news to share.
- Ask colleagues and other MSLS about their experiences in the recruitment process and ask for recommendations.
- After working with a recruiter, continue to stay in contact and maintain the relationship that you have already established.

Numerous podcasts and webinars are also available on how to successfully work with recruiters. Pursuing another opportunity is exciting and nerve-racking all at the same time. A talented recruiter can make the process feel much easier with their experience, guidance, and encouragement.

Good luck!

**Author:**

**Angela Valadez, PharmD, MBA**



Angela Valadez, PharmD, MBA, joined Alimera Sciences in May 2019 as the Medical Science Liaison for the Central States Region. Angela has a Doctor of Pharmacy degree from the University of Kansas and a Master of Business Administration from Baker University. With a passion for using evidence-based medicine to guide treatment decisions, Angela has worked with physicians throughout her pharmaceutical career to manage patient care and impact health outcomes. She was named an MSL Rookie of the Year Finalist in 2020 and was named MSL of the Year for Alimera Sciences in 2021.

# The Shift: How the MSL Role and Responsibilities Have Changed

| July 2021

To educate and to inform. In modern society, those are the pillars of the Medical Science Liaison's objectives. MSLs keep the Key Opinion Leaders apprised of what is emerging in the drug development pipeline. They also answer any questions that may arise. MSLs strive to obtain key information from KOLs and HCPs, but they also can help explain therapies and answer potential off-label questions. That being said, the MSL's duties have changed greatly over time. Naturally, this role has evolved over the years. According to an article by Chris Watson, "in 1967, Upjohn introduced the MSL role, and MSLs were originally part of the Commercial team. The role aimed at building a rapport with Key Opinion Leaders (KOLs) in certain disease areas. The first MSLs were experienced sales representatives with some scientific background." While modern MSLs do maintain rapport and build valuable relationships with KOLs, their role rests firmly outside of the commercial arm of pharmaceutical and biotech companies and has progressed to a scientific, medically focused lens. MSL activities have greatly changed over the years; some of the ways they have changed include strategy, subject knowledge, as well as tools.

In the past, pharmaceutical companies' successes used to be measured by the effectiveness of their salesforces. Over the past approximately 50 years, the role of the MSL has morphed greatly. As previously mentioned, MSLs were initially commercial. The role has undergone an evolution alongside the pharmaceutical companies. One of the main catalysts in the historical shift in the MSL role was a demand for more thorough discussions of the drug development pipeline. According to an article written by Denise Myshko, "part of what is driving the MSL evolution is a transfer of investment dollars from the large, relatively undifferentiated sales forces of the past to a much higher level of specialists who have scientific expertise and a higher level of skill-focused on payers and providers." She goes on to say that the MSL function has indeed shifted from a commercial focus to a scientific one. Therefore, this change in the pharmaceutical industry filtered through to the MSL role and created more urgency and demand for subject experts. Myshko goes on to mention that "the role of the MSL is changing as larger healthcare trends impact the development of new therapies. Today's therapies require highly specialized conversations with physicians and key opinion leaders." Ideally, the modern MSL combines the upbeat, friendly personality and rapport of past MSLs with the scientific knowledge needed in the modern pharmaceutical world.

At the beginning of 2020, life as we knew it changed forever. A large percentage of people shifted to remote work, and a lot of the pharmaceutical industry followed suit. Emails, calls, and tools like Zoom, WebX, Teams, and others became par for the course. In a previous submission, I noted the informative study conducted by H1 regarding Medical Science Liaison actions during the Coronavirus pandemic and the KOL perspective in response to them. While there were many fascinating points derived from the study, one of the most timely ones regarded virtual meetings as part of the MSL arsenal. Pre-pandemic, video meetings weren't as popular as they are now. The study showed that video meetings have been extremely well-received by KOLs. In the study, only 3% of KOLs surveyed found that virtual scientific discussions with MSLs were not at all effective. Even with the increase in vaccinations and a general decrease in covid positivity rates across the country, this should be read as a reinforcing factor! What was once an uncommon meeting format is a commonplace meeting option and a popular one at that.

Over the years, the MSL role has changed to be more scientific and informative, rather than commercial, following pharmaceutical trends. Additionally, with the onset of the coronavirus, there has been an impetus for creativity and innovation with meeting solutions. Working with a changing industry and finding solutions is part of the MSL role, and it's a part that has stayed to this day.

<https://www.linkedin.com/pulse/evolution-msl-role-chris-watson/>  
<https://www.pharmavoices.com/article/2017-9-msl/>

**Maria Amoroso**



Maria is a member of the Business Development team at H1 in New York City. Maria studied Psychology and Spanish at Colgate University, where she also developed a significant interest in the way the healthcare ecosystem communicates across disparate channels. During her career so far, Maria has demonstrated a detailed and attentive eye for new and emerging data trends, particularly as it is related to the healthcare market. When she's not helping out at H1, she enjoys running, reading, and staying up to date on current events and politics.

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## Virtual relationships with Key Opinion Leaders (KOLs): Insights from the COVID-19 scenario

| July 2021

The COVID-19 pandemic has represented a 180 degrees' flip in the way professional relationships are approached between the Pharma industry and HCPs. Consequently, the MSL role has inevitably been impacted by this change of scenario, which has challenged the capacity of self-transformation and adaptation of the ones occupying this position. Especially, the relationships with KOLs turned from face-to-face to virtual during the lockdown period, and the overall impression is that the previous model will not return at all once this crisis is overcome.

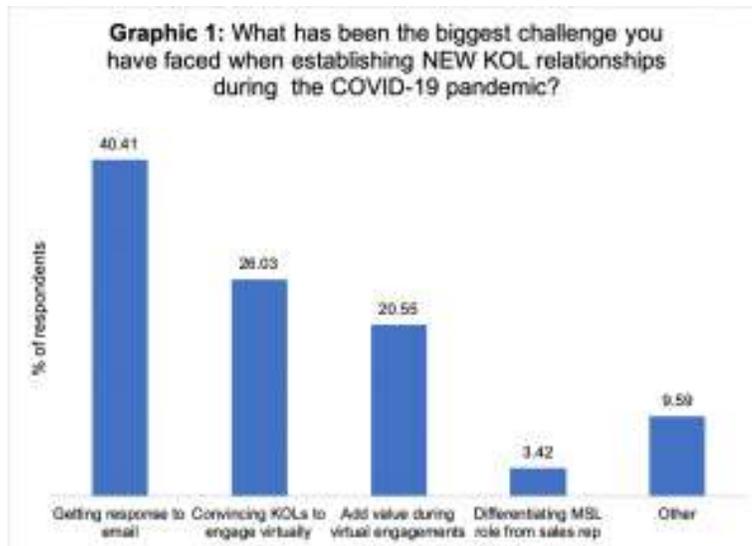
This issue was addressed by the MSL Spanish Chapter during the webinar that took place in May 2021 entitled "Building New Virtual Relationships During the Pandemic: Tips and Tricks", in which 395 people from 38 different countries had registered and answered a pre-registration survey. 51% of the respondents were MSLs, Sr. MSLs, or Medical Advisors (or equivalent title) and 12% were managers/directors of MSLs. Furthermore, 127 people assisted to the webinar and answered live polling questions regarding the selected topic.

Hence, the aim of the present article is to recapitulate the feedback extracted from the participants in this pre-registration and live polling questions and provide a briefing of the main insights collected by the MSLs when addressing virtual relationships with KOLs during the COVID-19 pandemic.

### Start virtual relationships with KOLs

The first question was: "What has been the biggest challenge you have faced when establishing NEW KOL relationships during the COVID-19 Pandemic?", and the most selected options by the MSLs were **getting a response from an introductory email request to meet** and **convincing KOLs to meet/engage virtually** (40% and 26% respectively, Graphic 1).

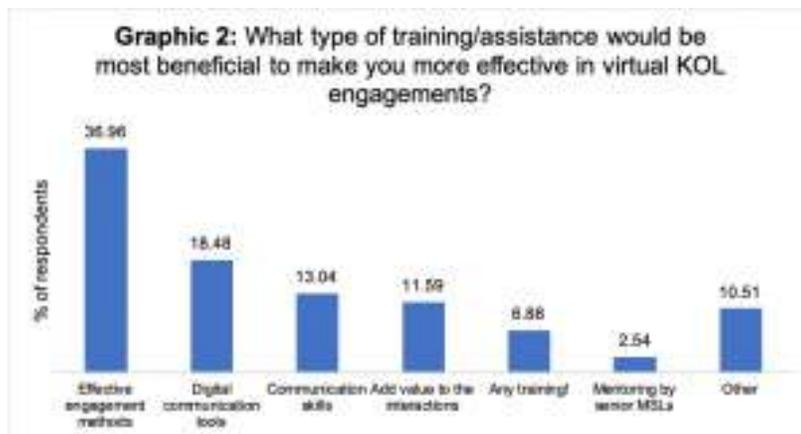
Graphic 1. Pre-registration survey question 1.



Thus, 66% of the respondents expressed that their main barrier was related to the initiation of a professional relationship, that used to be face-to-face and nowadays is primarily virtual.

Accordingly, it can be noted in Graphic 2 that the top 1 result of an open question of the pre-registration survey that stated: “What type of training/assistance would be most beneficial to make you more effective in virtual KOL engagements?” was receiving training about **effective engagement methods** (37%). Among the ones who answered in this direction, 22% were interested specifically in developing the email as a successful engagement method. In the second position, the participants expressed the need to receive training regarding the existing **digital communication tools** (18%).

Graphic 2. Pre-registration survey question 2.



Therefore, the answer to the first two questions indicates that the virtual engagement with the KOLs is the principal challenge for the MSLs in the actual environment, with a special concern about virtually establishing the very first contact with them, as well as achieving proper management of the available digital applications.

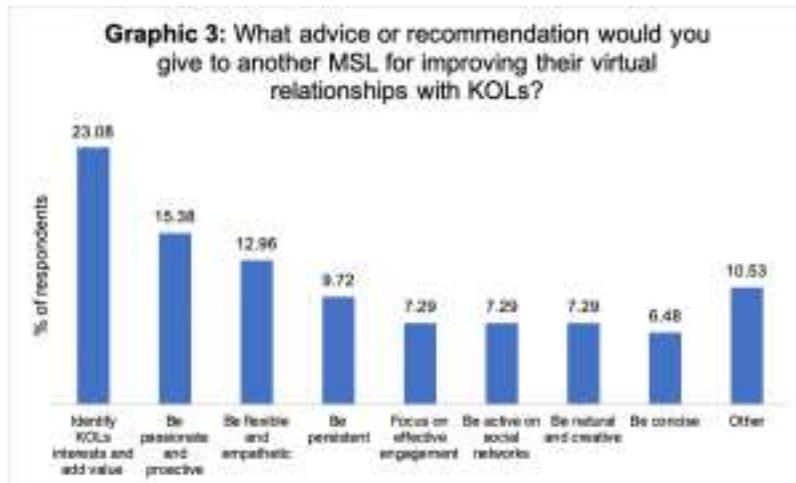
### Conducting virtual interactions with KOLs

However, although the first contact with new KOLs is critical, MSLs also need to set up a follow-up engagement to build long-term relationships with them. In fact, MSLs should equally maintain their interactions in the digital environment to meet monthly performance and KPIs. This matter was also reflected in an open question of the pre-registration survey, which stated: “What advice or recommendation would you give to another MSL for improving their virtual relationships with KOLs?”. Graphic 3 reveals that the three principal recommendations were:

1. **Identify KOLs interests, personalize and add value to the interaction** (23%).
2. **Be prepared, passionate, proactive, and open to listen and learn** (15%).

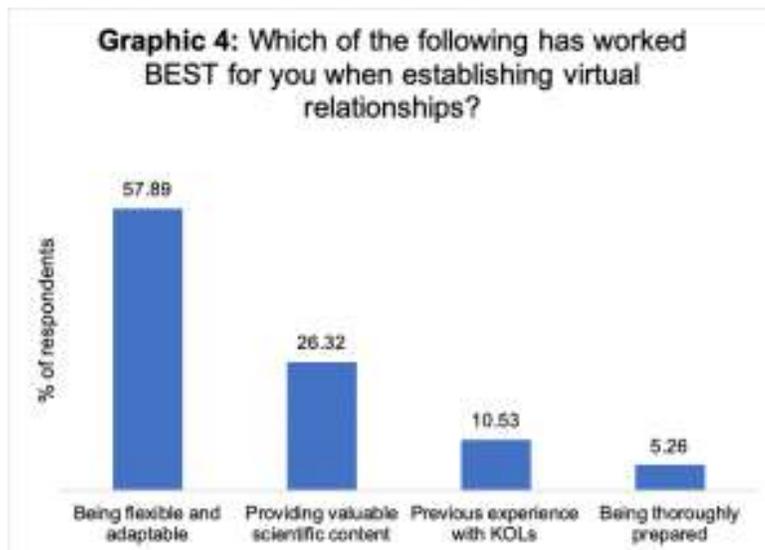
3. **Be flexible, patient, and empathetic** (13%).

Graphic 3. Pre-registration survey question 3.



In line with this result and as shown in Graphic 4, when asked “Which of the following has worked BEST for you when establishing virtual relationships?” during the webinar, the respondents chose **to be flexible and adaptable** (58%), which was the top 3 advice in the previous question, as the most important consideration to take into account in virtual interactions, followed by **providing valuable scientific content** (26%).

Graphic 4. Webinar live polling question 1.



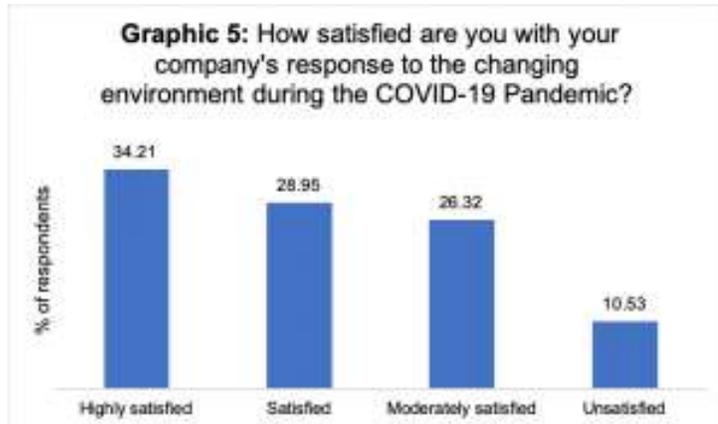
According to the previous questions, we may anticipate that the main skills that MSLs should develop to achieve mutually beneficial virtual relationships do not differ at all from the ones required in face-to-face interactions. Consequently, virtual engagement skills should be enhanced and taken into consideration by the MSLs during the planning, engagement, and review of their KOL interactions.

### The company environment and future perspectives

In the current situation, it emerges as essential that MSLs and Medical Department members embrace virtual transformation aligned with other departments, in order to accelerate the digital transition of Pharma companies.

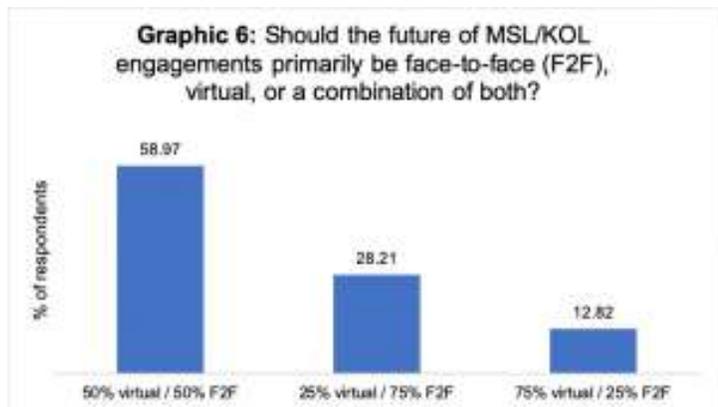
Regarding this issue, during the webinar, the assistants were asked: “How satisfied are you with your company’s response to the changing environment during the COVID-19 Pandemic?”. The result was that 89% of the participants were **highly satisfied**, **satisfied**, or **moderately satisfied** (34%, 29%, and 26% respectively), indicating that the MSLs feel supported by their companies in this transition to virtuality (Graphic 5).

Graphic 5. Webinar live polling question 2.



The last inquiry that was addressed by live polling in the webinar was related to the future perspectives: “Should the future of MSL/KOL engagements primarily be face-to-face (F2F), virtual, or a combination of both?”. Interestingly, 59% of the respondents selected the mixed model, which implies **50% of both virtual and face-to-face interactions** (Graphic 6). Thus, it seems clear that if the MSLs could choose they would prioritize this approach for future interactions, according to the generalized belief that the virtuality will remain.

Graphic 6. Webinar live polling question 3.



From all this data, it can be concluded that virtuality has undoubtedly changed the way the MSLs engage with KOLs and has empowered digital tools that did not have such importance before (for example, the videocall assistants or the emails). Hence, the outcomes extracted from this webinar point out the need to achieve an effective virtual engagement with KOLs as the biggest challenge that MSLs have faced during the pandemic. Importantly, when accomplished this could lead to an advantageous synergy between in-person and digital relationships with KOLs, as the virtual environment provides unique advantages in terms of flexibility and feasibility.

Nevertheless, it can also be concluded that the focus during the interaction seems to stay the same as in the pre-pandemic era, so the digital environment does not represent a change in what the KOLs require to feel connected and attracted by the MSLs, who despite communicating through a webcam need to show interest, provide value, be flexible or be passionate and proactive.

Finally, it is important to highlight that the vast majority of MSLs are satisfied with their companies' efforts in this transition to virtuality and that all the lessons learned during the COVID-19 crisis will be useful in the future, as most of the companies seem to be moving towards a mixed virtual/face-to-face model in the following years. However, further investigation will be needed to follow up the evolution of the digital scenario in this rapidly changing world, focusing on the strategic role that the MSLs have in the Pharma industry.

**Authors:**

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Victor has more than 20 years of experience in the pharmaceutical & biotech industry, Medical Affairs, and R&D. Professor in several Masters and Pharma MBA Coordinator. Passionate and author of various publications related to the MSL position. He is currently a Senior MSL in Amgen, with responsibility in Bone Metabolism, Neuroscience, Inflammation, and Biosimilars. Victor has previous experience at Parke-Davis and Pfizer. In 2018, he received the MSL Award of the year (Outside USA) from the MSL Society.

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Albert Chavero holds a Ph.D. in Biomedicine and a degree in Biochemistry. He has 5 years of experience in basic research in the field of cancer cell biology and is currently studying on a graduate program in the Scientific Departments of the Pharmaceutical Industry at ESAME. He is looking forward to an MSL position and as part of his master's practice, is working at Amgen in the Bone/Inflammation Medical Affairs Department.

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Martina has more than 13 years of experience in the Pharmaceutical & Biotech industry, in Training, Marketing, and Medical Affairs departments, overseeing both national and international projects for subsidiaries and headquarters within a multicultural work environment. She is currently an MSL in Norgine, mainly focusing on Nuclear medicine and Gastroenterology. In 2019, She received the award for MSL of the year Outside USA from the MSL Society.

**Mateo Javier**



Javier Mateo is an MSL Lead with more than 3 years' experience. Career and life achievements to date are centered on making a difference, creative problem solving, and working in high-energy teams with honesty and integrity. Always close to innovations and new discoveries, very much patient-focused with medical and business vision and in a continuous learning environment. Accountable for the overall performance of the MSL team and the ongoing capability development by effectively leading, coaching, and managing.

**Cristina García García, MSc**



Cristina has more than 10 years of experience in the Pharmaceutical & Biotech Industry. She is currently an MSL Manager at Persan Farma, specialized in Clinical Nutrition, especially focused on therapeutic areas as Endocrinology, Oncology, Surgery, and Gerontology. She is developing her doctoral thesis at the Department of Biomedicine, Translational Research, and New Technologies at Malaga University.

In 2019, she received *the MSL Manager Award of the Year (Outside USA) from the MSL Society*. She is also a member of the Advisory Committee in the Spanish Chapter of the Medical Science Liaison Society.

**Beatriz Cuéllar, MSc**



Beatriz Cuéllar, MSc is Field Medical Excellence Manager at Takeda. She has a Pharmacy degree and a master's degree in Pharmaceutical and Clinical Research. For the last 10 years, Beatriz has held different roles at key pharmaceutical companies, always within medical affairs. She started in research and then moved to MSL positions, which allowed her to fully understand its

different particularities and become really passionate about the role. At present Beatriz is responsible for the planning, execution, and alignment of the in-field strategy, processes, and systems for MSL teams. She loves supporting and inspiring MSLs to enhance their capabilities and skills so that they become high-performing and best-in-class teams.

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## Working with Internal Stakeholders in a Virtual Setting

| July 2021

As the pandemic drags on, many of us have chosen to move on. Whether out of choice or out of necessity, we've taken on new opportunities and moved our MSL careers forward despite the limitations of being virtual. Engaging with health care providers (HCPs) is the "bread and butter" of the MSL, and lots of great advice has been shared on how to excel at this in a virtual environment. This article takes a look at the less often addressed, but very important, topic of working with internal stakeholders in a digital setting.

I come to this topic from experience, positive and negative. I landed a great opportunity in February 2020 to lead a high-performing team of MSLs. I couldn't wait to get out in the field and meet everyone, and then came March 2020, and everything face-to-face came to a halt. Before the pandemic, I took field rides, dinners at conferences, and bumping into people in the home office hallway for granted. Through live interactions, I naturally developed rapport and relationships without too much extra thought, and then I leaned on those for trust when conducting business. When work gets stressful and tensions rise, trust is essential to success. Therefore, even when you only ever meet with someone through a monitor, it is crucial to building relationships that foster trust.

### Who are your internal stakeholders?

Stakeholders are anyone in your company you interact with on a regular basis to get your job done. This should be a 360-degree view. Your manager, your cross-functional field partners, and your MSL teammates are definitely on this list. Depending on the size of your organization and your role, you may also benefit from developing relationships with the field trainers, the strategy team, even (perhaps especially) the departmental administrators. For an MSL to be successful, each of these partners has a role.

From an MSL-manager perspective, your MSLs are your most important stakeholders. They are out there every day getting the true engagement and insight-gathering work done. You need to trust them to do their best, and they need to trust that you have their best intentions in mind.

### Building Relationships Through a Screen

Building virtual relationships isn't necessarily hard, but it takes effort. Start by setting up one-on-one time. Make it through video if possible so you can see their body language. Do not make it all about business. Find out what else matters to them? Ask them about their motivations and their biggest challenges. The more you know about what makes the person "tick," the more likely you are to build foundational trust. On the flip side, it's okay to be vulnerable. Share your motivations and your challenges. Don't be afraid to share personal success and celebrate with each other.

These types of conversations are made easier when you have a hint of the personality type you are working with. Learn a personality profiling system (e.g. Colors, DISC, etc.) and apply your knowledge to these interactions. Just like a good MSL-Key Opinion Leader (KOL) interaction, flex into your stakeholder's personality. When the conversation concludes, jot down some notes. Again, just as you would with a KOL interaction, it is really useful to be able to go back to them for the next time you engage with that stakeholder and keep building on your connection.

### Going Beyond One-on-One Meetings

One-on-one and KOL meetings are typically interesting and pretty easy to stay engaged with, but what about those endless internal meetings? Internal people can tell if you are paying attention, and your attention and participation contribute to the continued success of your relationship; however, sitting behind a screen presents a real challenge in trying to stay engaged.

To start, ruthless meeting prioritization is key. Make sure your attendance is really necessary, the topic is directly relevant to

you, and you are important for the decisions being made. If none of these things are true, look for a meeting summary or a quick debrief from a colleague. These may get you what you need to know and save you an hour of time that can be spent productively elsewhere.

When your attendance is important, you need to stay engaged. Force yourself to take notes and follow along. Volunteer to play an active role such as providing a meeting summary or leading a breakout. Consider fidget toys to keep your hands busy, and place your phone and other distractions far out of reach.

### **Did Video Kill the Phone Call?**

For MSL teams the pandemic has vastly increased the prevalence of the video call. Remote communication has always been an MSL staple; conference calls were the easiest option for regular engagements with geographically remote internal stakeholders who are often in cabs and at airports. However, with the rise of completely virtual work, video calls have become standard practice. There are distinct advantages to the video call. It is preferable to be able to see your stakeholders at least some of the time, but is it always necessary? When on video, there is added pressure to be “camera-ready” and it may be hard not to be distracted by the video of yourself. In addition, you may inadvertently miss nuances and intonation of what is being said in a video call because it is visual by nature. We should all consider mixing video and phone from time to time to relieve that pressure and shift our focus.

### **The Future of Internal Virtual Interactions**

Now that vaccines are more widely available, more and more in-person interactions will be taking place, but virtual internal interactions and relationships are here to stay. We can all get a lot done virtually while limiting the impact of travel on our work-life balance and the environment. Companies can source top talent from anywhere in the world if they are willing to work with them virtually. Virtual internal stakeholder interactions, relationships, and trust-building will continue to be imported into the future.

As MSLs we have always done at least some business virtually, but it will continue to be a bigger part of our worlds than it was pre-pandemic both in terms of how it is applied (e.g. the increased demand to be on video) and its prevalence (think about how much cost savings there is with replacing live training with virtual). Despite the challenges, virtual interactions with internal stakeholders can be very fruitful, and with intentional tactics, MSLs and MSL leaders can build and maintain virtual internal relationships and fuel success into the future.

### **Tips for Prospective MSLs in the Entirely Virtual MSL Interview**

Over the pandemic, I have interviewed dozens of prospective-MSLs exclusively through a screen. Those that have quickly established rapport and started to build a relationship have made the best impressions. Just like the intentional engagement necessary during one-on-ones with your internal stakeholders, a virtual interview requires a prospective MSL to be intentionally friendly and engaging. Be interested in your interviewer and ask after their day or their weekend. Better yet, try to learn something about your interviewer that you can inquire about, and bonus points if it’s something you have in common. Don’t let the interview go straight to the business if you can help it. Start building a relationship right off the bat. Furthermore, when it is your turn to ask questions, this is another chance to start a relationship. Ask your interviewer about their motivations and challenges. Not only does this demonstrate your desire to connect with your interviewer on a deeper level, but the answers may tell you a lot about the company culture.

#### **Author:**

**Nicole Gellings Lowe, PhD**



Nicole Lowe, PhD., is the Women’s Cancer MSL West Regional Director at AstraZeneca.

Nicole received her Ph.D. in Cell and Molecular Biology from the University of California, San Diego, and San Diego State University. After completing postdoctoral research, she spent the first several years of her career in increasing roles of responsibility for medical advertising agencies, first as a medical writer, and eventually overseeing a team that conducted national and international speaker programs and advisory boards. Before joining AstraZeneca in 2020, Nicole worked for Sandoz in key medical affairs positions including medical science liaison (MSL), MSL director, and medical director. She is regularly recognized for her leadership, cross-functional collaboration, and innovation with her approach to health care provider engagement.

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## What Makes An Engaging Medical Science Liaison In The Current Environment?

| July 2021

Medical Science Liaisons (MSLs) have evolved to become a critical component of the pharmaceutical industry’s efforts in product awareness, acceptance, and adoption. Although the measures of success continue to evolve, MSLs continue to have a significant impact on internal and external stakeholders through their expert knowledge of the clinical landscape. Why have MSLs evolved into such a key role?

Essentially, the pharmaceutical industry has grown to have a deeper appreciation for transparency and the value it offers to influencers, prescribers, and patients. In this regard, MSLs offer candid, transparent discussions on the science behind the medicines to Key Opinion Leaders (KOLs). This type of engagement is exactly what these influencers need in order to feel comfortable advancing the discussions related to the use of these medicines. KOLs are less interested in promotional messages; they value the data and facts. MSLs deliver the facts and do so in a manner that engages the KOLs to delve deeper into the conversation.

So, what attributes make the most impactful MSL candidates who can deliver this winning combination? We consider the ideal MSL profile to be that of a “hybrid”, in that the MSL needs to deeply understand the science but be able to deliver it in engaging conversations with a variety of key stakeholders. Essentially, these MSLs have a strong left brain and right brain attributes. As the MSL talent pool continues to evolve, and the demand for high-performing MSLs increases in the pharma industry, it becomes

an increasingly more competitive environment to find the best candidates.

On the science side, MSLs generally have an advanced degree such as PharmD, MD, or Ph.D. as KOLs similarly have advanced scientific degrees and value conversations with those with relevant backgrounds. Having an advanced degree can serve as a qualifying test to break the ice, allowing the KOL to feel comfortable enough to engage in conversation and delve more deeply into the data. This sense of collegiality created is a first step in the process of establishing a connection and building enduring relationships.

However, one must look beyond this scientific background to find a successful MSL candidate. The ideal candidate is also someone who can carry on “conversational medicine” – someone who has the necessary “soft skills” and emotional intelligence to engage. Soft skills are critical to being a successful MSL, and there are times when a candidate with strong soft skills can be elevated beyond a candidate relying solely on their advanced degree in terms of their overall effectiveness in the medical field.

Having an advanced degree or coming from a clinical background doesn’t always translate into being a good presenter and conversationalist. Rather, successful MSLs need to be able to showcase their personality, their transparency, their likability and have their presentation and listening skills fine-tuned in order to present in a way that sounds genuine, not rehearsed or read from a slide deck.

Everyone can struggle initially with a presentation of data, but those who continuously work to improve these skills and who recognize when they have made a mistake, and are then able to pivot and recover, are the ones who will ultimately make a good MSL. Those who flounder and fail to rehabilitate the discussion, are unlikely to land the ensuing engagements that lead to valuable relationships. This is where innovative training programs and content strategies can dramatically impact effectiveness.

These soft skill qualities are even more critical to the whole communication process now as we require mastery of a virtual environment. In most instances, we still don’t have the ability to meet face-to-face, so MSLs must be able to let their personality and ability to engage shine through the virtual platform interface in order to conduct a successful interaction.

Despite the industry movement toward digital and AI, the MSL engagement with KOLs is still based on an irreplaceable human connection. Making sure the MSL candidate has the necessary skill set to adjust and engage under such conditions is paramount to success. Undeniably, the face-to-face meeting will still deliver the most value and impact as an engaging MSL can maintain the KOL’s undivided attention to the conversation at hand. It is hard to replace this in a virtual setting where the KOL maybe squeezing in a 20-minute conversation during lunch and could be distracted easily with other tasks. Content delivery is still possible, but feedback may be less forthcoming or genuine in this environment.

Ultimately, no matter what the setting, the MSL must deliver value in order to start and maintain a human relationship with the KOL. Such relationships are critical to the ultimate commercialization of the medicine, not just due to the referrals KOLs offer, but for the valuable feedback, MSLs obtain and bring back to impact medical strategy moving forward. Finding that hybrid MSL is key to both.

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## Does it stay or does it go? The MSL Perspective on Virtual Engagement 1 Year Later

| July 2021

Due to the nature of field medical teams being spread across the country, Medical Science Liaisons (MSLs) were already accustomed to working virtually with field colleagues and headquarters. However, the COVID-19 pandemic pushed the boundaries of the virtual environment to now include virtual engagements with external thought leaders. Now with over a year of virtual scientific conversations and conferences, a current topic in the MSL community is whether we should continue working virtually as we evolve during this challenging time and look to the future after the pandemic. In this article, we would like to dive into what we've learned regarding virtual engagement as it relates to external thought leader engagement.

The initial shift to virtual scientific exchange with external thought leaders was a significant undertaking by MSLs. Over a matter of days, MSLs quickly adjusted to various virtual meeting platforms and assisted their external thought leaders in shifting to the virtual environment. Now, working virtually has become the new norm with many positive aspects. Some positives include an increase in efficiency, accessibility, and enhancement of scientific exchange. Instead of coordinating several meetings in the same geography to optimize travel time, MSLs can virtually jump from city to city based on thought leader availability and even accommodate same-day appointments as travel time is not a factor. This not only increases an MSL's efficiency and accessibility in covering one's territory but also decreases the carbon footprint associated with the travel usually necessary for these meetings. Virtual meetings are also highly efficient for scientific exchange. The virtual environment sets the stage for more transactional information exchange and makes the sharing of visual scientific content a smoother process. In live interactions pulling up slides is not always feasible or desirable. However, in the virtual setting, presenting information with the ease of a share screen button has been transformative for scientific exchange. With the audience focused on the screen, pulling up data for a scientific exchange enhances the virtual engagement and feels natural. This sharing of data has not been unidirectional with many thought leaders also feeling comfortable utilizing the share screen button themselves. Many thought leaders have expressed their preference for continued virtual exchange as part of their interactions with MSLs.

Despite the positive characteristics of virtual engagements, one must consider the limitations of pivoting away from face-to-face interactions. It goes without saying that virtual engagements with thought leaders are less personal. The inability to establish a full human connection may prove problematic for high-stake meetings due to the difficulty in expressing non-verbal cues which enhance communication. If the thought leader is less engaged in the virtual setting, it will be difficult to ask probing questions. When meeting with thought leaders at an office or hospital, MSLs have the ability to assess the environment and connect on a personal level (i.e. diplomas, awards, memorabilia). With the reality of decreased access for the industry in healthcare systems, maintaining visibility and creating relationships with office/hospital staff can also be of value.

Many internal and external meetings for thought leaders have transitioned to virtual platforms over the past year. Frequently, people have expressed screen fatigue or being "zoomed out", resulting in less interaction and attention. Similarly, when presenting or conversing with multiple thought leaders that are located in the same room, one may encounter additional barriers, such as the inability to see facial expressions and attentiveness, resulting in an unwelcoming and distracting setting. Although less common, it is important to remember that technical skills to log on to a virtual platform may be challenging for some individuals. If technical or internet issues arise, this may result in no interaction, with both parties feeling frustrated.

As it relates to virtual conferences, the ability to bring people together to discuss new and impactful data is extremely important. Therefore, the lack of networking is the biggest disadvantage. During live conferences, MSLs have the opportunity to engage with thought leaders in between presentations and during downtime. This provides freedom to have scientific engagements and obtain insight. In the virtual setting, this may not occur based on the platform or if the presentation is pre-recorded. Most importantly, conferences provide the MSL the opportunity to meet with top thought leaders who are otherwise difficult to meet in any other environment. During live presentations, MSLs can gauge the audience's response and the level of engagement. The

question and answer session in person is more effective and revealing compared to the anonymous chatbox.

Overall, there are positive and negative aspects to virtual and in-person engagements with external thought leaders. MSLs should continue to interact with thought leaders in person but flex to the remote setting if there are issues related to COVID, access, travel, or thought leader preference. The COVID pandemic has accelerated the ability to engage with thought leaders in the virtual setting, however, this should not entirely replace live interactions. In the future, we foresee both virtual and in-person meetings being part of the MSLs' repertoire to achieve success in their territories.

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