

# Achieving Field Medical Excellence

**Astellas and Pfizer share their perspectives on creating customer-centric teams and a content-driven approach to omnichannel engagement.**

## Introduction

Medical teams have long been trusted advisors to healthcare professionals (HCPs). Now, their roles have expanded into gathering data to support better patient outcomes and quickly adapting to both changing stakeholder needs and digital engagement channels. They know that life sciences companies must deliver an experience to KOLs that is as personalized and effective as those they have with leading consumer brands. In this ebook, Astellas, Pfizer, and Veeva share how field medical can improve engagement with KOLs and other stakeholders, and measure its impact.

## CONTRIBUTORS



**John McKenna** is the global field medical excellence lead for Astellas, a pharmaceutical company working in urology, immunology, cardiology, and infectious disease.



**Walter Sheloff** is medical affairs academy lead for inflammation and immunology at Pfizer, one of the world's premier innovative biopharmaceutical companies.



**Louisa Peacock** is a practice manager in Veeva's Medical Business Consulting team in Europe. She was previously a member of EY Advisory and Accenture's European Life Sciences consulting group.

## What do KOLs expect from their interactions with medical science liaisons (MSLs) now?

**JOHN MCKENNA:** The most precious thing our external stakeholders have is time, so MSLs must deliver value. It's very important to come in with credibility around science and our medicines. MSLs need to understand KOL needs so these professionals can then appropriately use our medicines to benefit patients. Trust is built on credibility and authenticity, and that takes time.

**WALTER SHELOFF** HCPs want more science and data. The power of data and analytics and digital tools will become more important, not only from a virtual interaction perspective but to help us to better understand HCP needs and have a more personalized interaction with them.

**LOUISA PEACOCK:** KOLs want control over the relationships they have with life sciences. They have become used to having a more 'on-demand' type of relationship. They don't want to wait weeks to have a face-to-face meeting with an MSL the way they once did. Medical teams must become more precise in delivering an experience-led relationship with KOLs.

## What is the impact of digital or virtual interactions on customer experience? Do HCPs truly expect experiences comparable to those that they have as consumers?

**JOHN MCKENNA:** The pandemic has accelerated digital and virtual, so field medical now needs to be really, really excellent at executing those interactions. We've got to be clever enough to understand that generations may be different, geographies may be different, and cultures may be different in how they want to interact. MSLs need to blend these new skills with face-to-face meetings over the lifecycle of our products and the complexity of the medicines we're talking about, gaining trust. Digital and virtual are also very positive for our "green" credentials: When I was an MSL and I got to know somebody, they would ask, why are you traveling half the length of the country for an hour's meeting? Let's talk differently.

**WALTER SHELOFF** The expectations of our HCPs and KOLs are changing, and we may not have a choice but to change with them. The big question is whether we can address the capabilities that are required and build those in our organizations.

*"The most precious thing our external stakeholders have is time, so MSLs must deliver value."*

John McKenna  
Astellas

**LOUISA PEACOCK:** We have to remind ourselves that KOLs are consumers in their spare time. They have real-time expectations about when they should get information, so we need to think about the differentiators and enablers of engagement. The future in field medical is going to be about building a consumer-grade experience into what has been traditionally very much one-to-one, face-to-face interactions with very dense levels of content. The future is about layers of engagement, not one size fits all.

## How does field medical learn what HCPs need and how do we motivate them to get that knowledge?

**JOHN MCKENNA:** You've got to set up your operating model and your engagement model to give field medical those skill sets; to be curious, to ask questions and not just to deliver the science. We're not data dumpers, we're not transactional in our nature. I want the people we're talking to to use our medicines appropriately and teach others to do that. HCPs want peer-to-peer conversation around the product, around the science, and around the therapy area. We've got to be excellent around the science, and have the skills, the authenticity, and the credibility to talk about that information.

**WALTER SHELOFF:** Understanding the needs of the external stakeholders is absolutely the starting point to building credibility, trust and delivering value. People value what they need, not what they're given that they don't need. Giving HCPs what they need must be one of the core competencies of our field medical colleagues. It needs to be a focus of the managers building medical affairs teams. This is potentially more challenging for virtual interactions, especially when you're meeting HCPs for the first time. You don't necessarily see things that can help you to understand them as an individual. We'll be looking into tools and technology to help us further understand HCP needs and deliver personalized content. We're not there yet, but we're on our way and there are tools to help us.

## How do we use digital and omnichannel tools to meet those needs?

**WALTER SHELOFF:** We need to understand HCP channel preferences and use them appropriately. With omnichannel, there's a risk that we will put out too much information around our medicines and our disease areas, and hope that some of it will stick. Instead, we need a very clear plan for each individual HCP based on their needs and their preferences to allow them to quickly and effectively access the information that they value.

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Walter Sheloff,  
Pfizer

**JOHN MCKENNA:** We talk about medical value, but sometimes I don't think we're very good at collecting it. Having really good integrated strategic planning and [an understanding of] how we fit into that whole model in an organization is vitally important. So [that] people understand when we are planning for our compounds for the next few years that we've clearly got a strategic purpose; we've got clear objectives and tactics. Omnichannel can help us deliver [on that].

**LOUISA PEACOCK:** There are four key things about digital. The first is that by truly knowing the customer, you gain intelligence to inform and shape your engagement plan so that when you speak to that KOL you know what they're interested in, their preferences and who they've been talking to, and you know that in real time. The second thing is that digital gives traceability. You can see the dynamics and impact of your engagement. So much of medical up to now has been off the books in emails, text messages or conversations that aren't recorded. Digital enables you to gain deep insight into what's being communicated. How long did you speak to the KOL, what did you show them? Did they click through on the email you sent? You can then take that data and use it to guide your next best actions. The third key thing is that digital amplifies field medical's reach as never before. Gone are the days of one KOL in a room in a face to face. Now, at the click of a button, an MSL can reach multiple peers at once. You can get your KOL to invite a peer into a meeting then and there. Finally, we do this scientific engagement for rich insights that we can take back to our companies. Digital is a tool that captures the insights and helps you to apply them.



*“Digital is a tool that captures the insights and helps you to apply them.”*

Louisa Peacock,  
Veeva

## How do you demonstrate the value of your medical field team to their managers and to the business more widely?

**JOHN MCKENNA:** The key is to be clear about what field medical is going to deliver. We can't just talk about what we have done; we need to also talk about the outcome and impact. We need to think on that level so we can clearly demonstrate to our organizations what we've been able to deliver.

**WALTER SHELOFF:** As we learn to be better at analytics, will we have the data to better measure some outcomes, such as patient outcomes, that are linked to medical and field medical goals going forward. I think it might get slightly easier for us to demonstrate more value and show impact based on some of the analytical tools and data that we may have access to.

**LOUISA PEACOCK:** A lot of the change for medical teams is around what we call the skills, the wills and the behaviors. It's about knowing how to use technology in the lightest form with a particular customer and in a really clever way. That might be through a self-serve channel, an independent platform, or a co-sponsored educational platform. KOLs need to be confident in being able to use it and have a user experience that makes it valuable for them in their daily life. Think about what customers are demanding, and how we set people up for success within our medical teams.



Veeva Business Consulting combines commercial and medical expertise with Veeva's proprietary data and technology to deliver better business focused solutions for our customers.

To achieve excellence, field medical teams must adopt new ways of working, from their tools to their priorities. Their leaders must understand the competencies now needed in MSLs, and support and empower them to deliver the personalized engagement that KOLs want. To accelerate the transformation of your field medical operations with strategy, data, and technology, contact **Veeva Business Consulting**.