

# Hospital & Institutional Relationships in Regions

Benchmarking  
study carried out  
in France

Best-in-Class Series #9

Recommendations for  
Pharma Companies

January 2019



**Smart Pharma**  
**Consulting**

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The evolution of the healthcare environment in regions should spur pharma companies to adjust hospital KAMs<sup>1</sup> and regional KIMs<sup>2</sup> roles and responsibilities

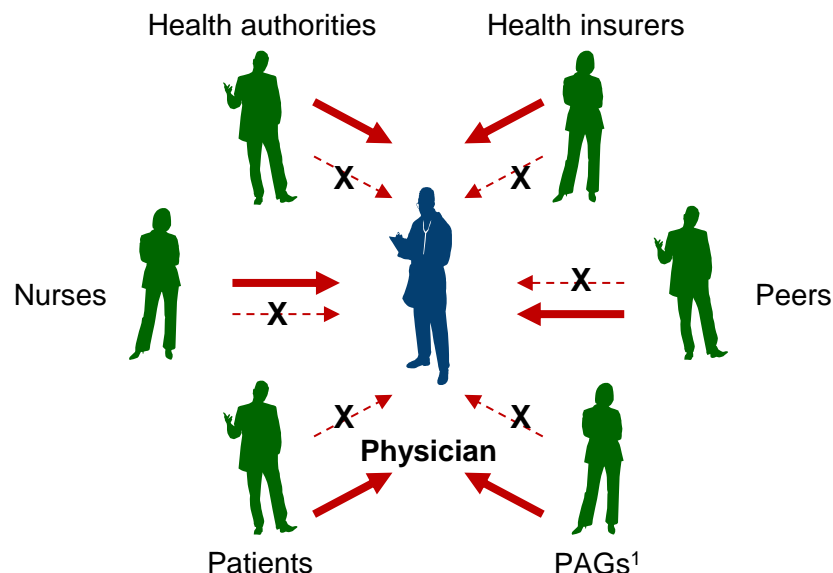
### Scope & Objective of the study

- The purpose of this position paper is to **analyze** the **hospital KAMs** (Key Account Managers) and the **regional KIMs** (Key Institution Managers) **roles** and **responsibilities** and to discuss **the way** they **must adapt** to the **evolution** of the **regional healthcare environment** in France
- For so doing, Smart Pharma Consulting has:
  - **Reviewed** its previous **publications** on this topic
  - **Interviewed** senior executives from French affiliates of **7 pharma companies** (Biogen, Janssen, MSD, Pfizer, Roche, Novartis and Novo Nordisk) in July and November 2018
- Based on these information, Smart Pharma Consulting **proposes**:
  - **Strategic** and
  - **Organizational recommendations**regarding hospital KAMs and regional KIMs

The pharma market is increasingly driven by multiple stakeholders influencing physicians prescriptions and by secondary care drugs mainly prescribed at hospital

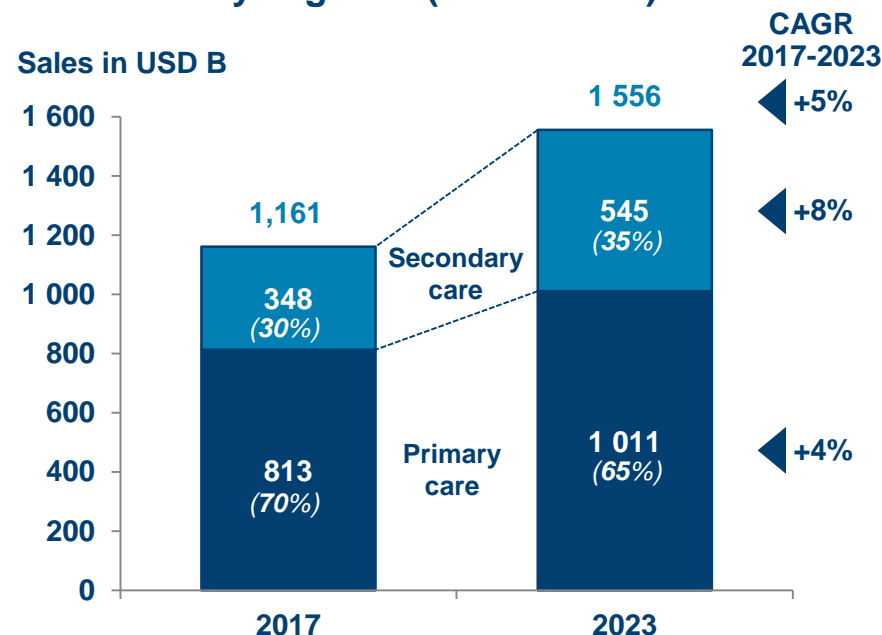
### Evolution of the pharma market (1/2)

#### Therapeutic decision-making process evolution



Physician prescribing decisions are more and more under the influence of multiple stakeholders such as: national / regional health authorities, health insurers and payers, PAGs, etc.

#### Global pharmaceutical market growth by segment (2017 – 2023)



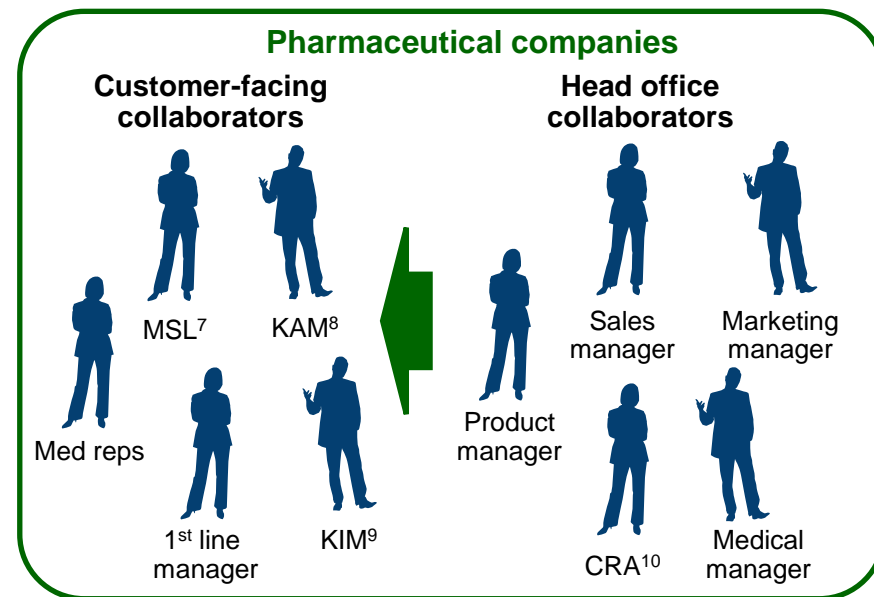
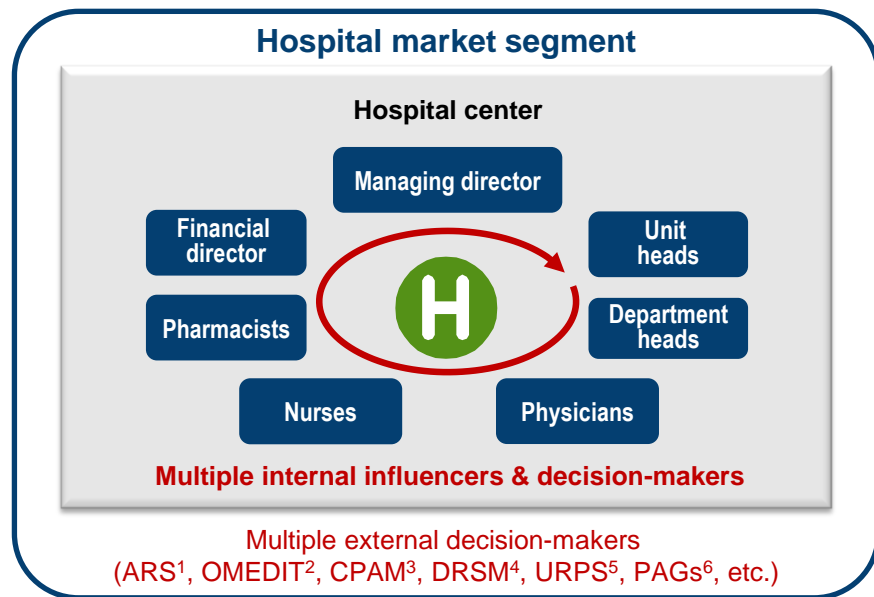
Secondary care products which are mainly prescribed<sup>2</sup> in hospital centers should grow faster than primary care products mainly initiated and prescribed by office-based physicians

Sources: IQVIA Institute (March 2018) – Global OTC Drugs Market, Mordor Intelligence (May 2018) – Smart Pharma Consulting estimates

<sup>1</sup> Patient Advocacy Groups – <sup>2</sup> Secondary care products could also be initiated by hospital physicians and then renewed by office-based physicians, either specialists or GPs, depending on the treatment. In this case, the prescribing decision made by hospital physicians has a major impact on product sales

Pharma companies must adopt an efficient organization to deal with bigger accounts, more and more price-sensitive, in which decision-making processes are complexified

### Evolution of the pharma market (2/2)

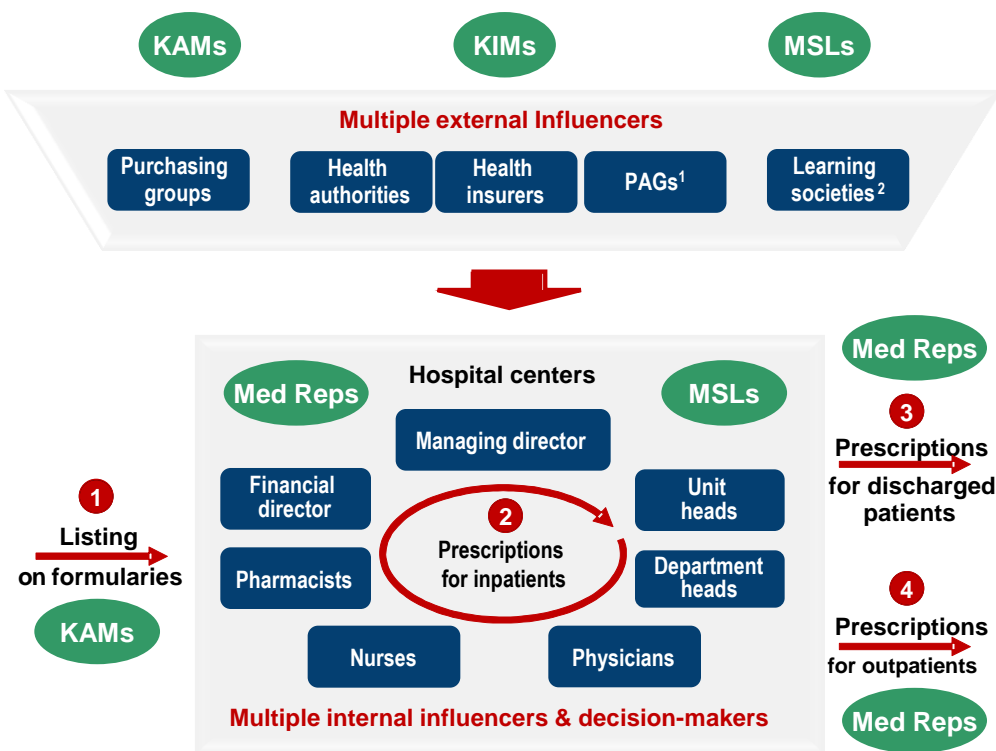


- The grouping of hospital centers has led pharma companies to deal with bigger accounts benefiting from a stronger bargaining power...
- ... in a context of economic pressure, making customers more price-sensitive than ever

- Pharma companies must address two key issues:
  - Protect, as much as possible, the price of their drugs
  - Move from a B-to-C to a B-to-B business model in which the prescribing decision is made by multiple stakeholders having different views and objectives

Irrespective of the hospital center, the strategy crafted by pharma companies should have a favorable impact on one or several key performance drivers

### Strategic levers at hospital key account (1/2)



- To boost their hospital performance, pharma companies can activate several internal drivers:
  - The listing on formularies under the KAM responsibility (1)
  - The prescription for inpatients (2), discharged patients (3) and outpatients (4) under the Med Reps responsibility and the activities of MSLs
- Pharma companies may also act at the level of hospital external influencers such as:
  - National or regional purchasing groups through KAMs, along with collaborators such as: head of KAMs, commercial director
  - Health authorities, health insurers and regional branches of PAGs through KIMs
  - Regional branches of learning societies through MSLs

● Key performance drivers for pharma companies

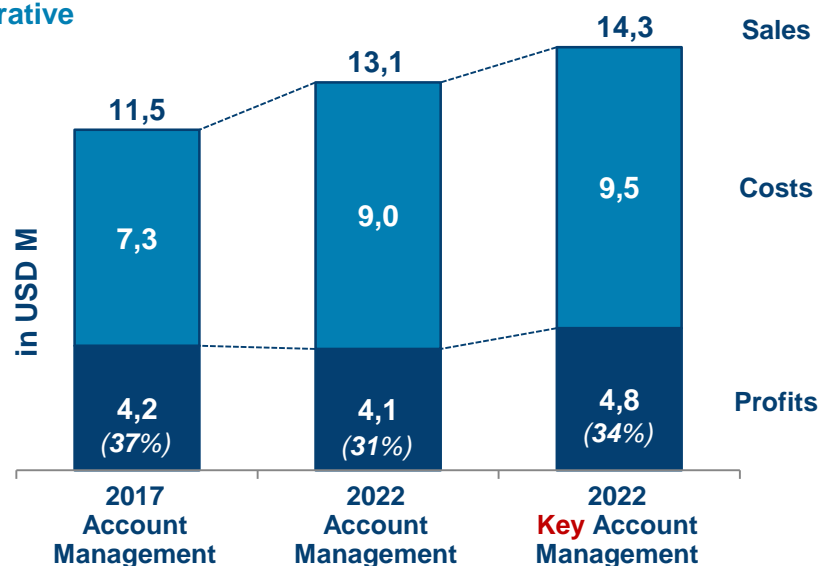
● In-field collaborators of pharma companies

To get the expected return on investment from hospital key account management, pharma companies should focus on five critical success factors

### Strategic levers at hospital key account (2/2)

#### Expected impact from pharma company perspective

Illustrative



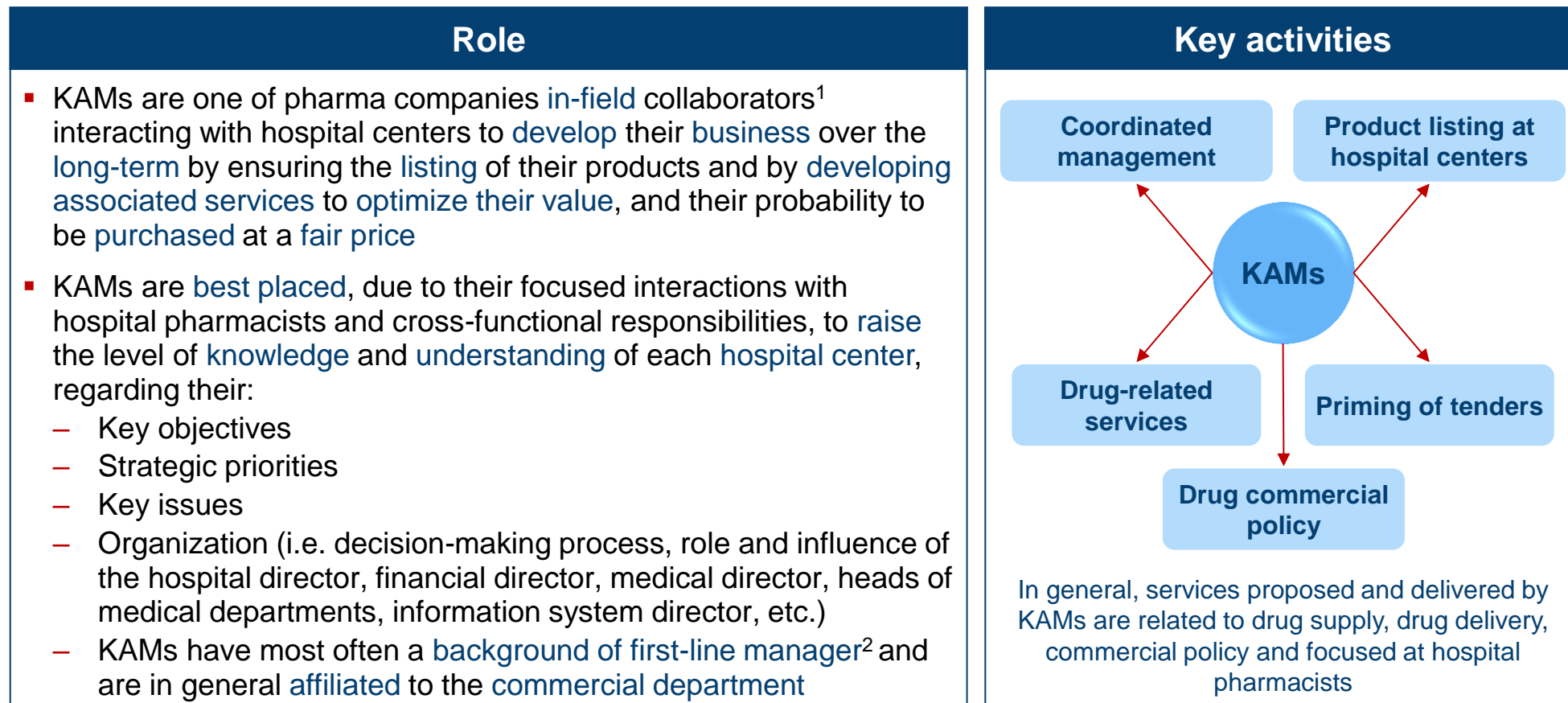
The specific management of hospital key accounts by pharma companies will generate extra costs due to the proposed services but should generate more sales, more profits and possibly higher profitability than a standard account management

#### Critical success factors

- **#1:** The services (solutions) proposed should be tailored to important needs / wants of the most influential stakeholders of the hospital center
- **#2:** The partnership should lead to tangible and long-term “win-win” outcomes for both, the hospital center and the pharma company
- **#3:** The services should be perfectly planned and executed, while being carefully monitored with specific KEIs<sup>1</sup> and KPIs<sup>2</sup> to deliver the expected joint value
- **#4:** The services should be clearly communicated by the collaborators of the pharma company and related to its product portfolio
- **#5:** Each hospital key account should be managed in a coordinated manner by cross-functional multidisciplinary internal and external stakeholders

**KAMs are essential to get pharma companies products listed and bought by hospital centers and to ensure the proper coordination of activities carried-out by in-field teams**

## Role and core activities: Introduction

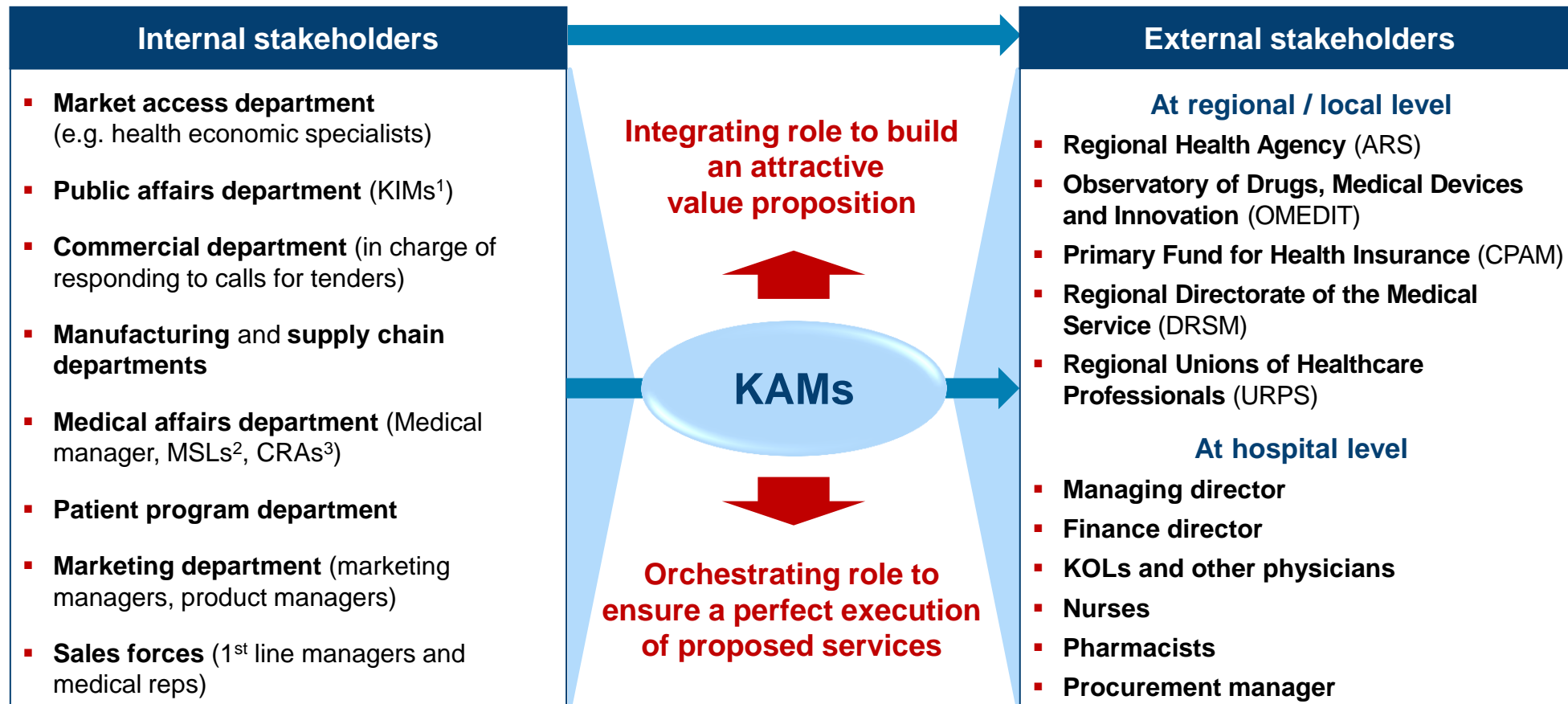


Sources: Smart Pharma Consulting

<sup>1</sup> Amongst other field teams we can mention: Medical Reps, MSLs (Medical Science Liaisons), KIMs (Key Institution Managers) – <sup>2</sup> It is important to note that competent Medical Reps or 1<sup>st</sup> line Managers do not make necessarily competent KAMs. The skill set required for key account management role is much broader

The complexity of hospital KAMs role lies in the fact that they must deal with multiple internal and external stakeholders having different needs and priorities

## Cross-functional role



Sources: Smart Pharma Consulting

<sup>1</sup> Key Institution Managers in charge of relations with regional health authorities and payers and, in some pharma companies, with local / regional politicians too – <sup>2</sup> Medical Science Liaisons – <sup>3</sup> Clinical Research Assistants



The 5 key activities carried out by hospital KAMs are very similar from one company to another one

## Key activities

## Survey Outcomes

Key activities	Description
Listing	<ul style="list-style-type: none"> <li>Coordination with Med Reps and MSLs to convince prescribers, members of the hospital listing committee, to get the company products listed and to help them fill up the dossier to motivate the listing of the concerned products<sup>1</sup></li> <li>Coordination with other KAMs to deliver the same information when decision-makers, for a given call for tenders, belong to purchasing groups at national (e.g. UNI-HA), regional and local (e.g. Hospital Territory Groups) levels</li> <li>It is essential to anticipate and work upstream with these different decision makers, in a coordinated manner</li> </ul>
Tender priming	<ul style="list-style-type: none"> <li>Tender priming requires a coordinated approach led by the KAMs and based on tangible differentiating points to motivate a more favorable design of lots called for tenders</li> </ul>
Commercial policy	<ul style="list-style-type: none"> <li>The commercial policy is set with or without prior agreement<sup>2</sup></li> <li>Analysis of earlier calls for tenders provides information to potentially adjust prices for the others to come</li> <li>KAMs are also involved in negotiated contracts to set the commercial terms</li> </ul>
Drug-related services	<ul style="list-style-type: none"> <li>KAMs can propose drug-related services which can count up to ~20% of the final mark in the evaluation of the bids for calls for tenders, as Corporate Social Responsibility initiatives can do (up to 10%)</li> <li>Certain companies bring their support and propose solutions to hospital centers to improve their efficiency (e.g. revision of terms of payment, conditions of supply, day care organization)</li> </ul>
Coordinated management	<ul style="list-style-type: none"> <li>To support the coordination of hospital centers and especially of key accounts, some pharma companies have developed a “key account plan” but, for compliance reasons, the KAMs, KIMs, MSLs and Med Reps sections are not shared on the same document or partially shared (e.g. Intranet with shared and non-shared sections)</li> <li>The KAM is key to raise the knowledge and understanding of hospital centers, especially if he maintains good relationships with hospitals pharmacists who, in general, have a privileged position</li> </ul>

Sources: Smart Pharma Consulting

<sup>1</sup> The dossier includes information such as: the number of patients, the therapeutic value, the economic impact, etc.  
<sup>2</sup> Depending on the pharma companies, a prior agreement may be required at affiliate or even corporate level, before offering a price to hospital centers in the case of calls for tenders or negotiated contracts

The number of KAMs per company is mainly driven by the size of the hospital-only product portfolio and to the organizational model which has been chosen

## Organization and targeted clients

Survey Outcomes

Companies	Model	FTEs <sup>2</sup>	Portfolio of hospital-only drugs	Target clients
A	Exclusive	15	Broad	Hospital pharmacists
B	Exclusive	4	Narrow	Hospital pharmacists
C	Hybrid <sup>1</sup>	12	Broad	Hospital pharmacists (to a lesser extent have an activity with ARS and OMEDITs)
D	Exclusive	9	Intermediate	Hospital pharmacists

Sources: Smart Pharma Consulting

<sup>1</sup> Organizational model: some companies have opted for a hybrid model in which the same collaborator ensures the role of KAM and KIM (Key Institution Manager) at the same time – <sup>2</sup> Full Time Equivalent

**KAMs and departments in charge of responding to calls for tenders must collaborate closely to optimize their chances to win calls for tenders**

## Interactions with the response to calls for tender department — Survey Outcomes

### Response to calls for tender department

- Monitoring of public calls for tenders published in the Official Gazette (with the possible support of specialized agencies such as MEDImarket)
- Contact of hospitals or purchasing groups to clarify requirements specifications, if needed...
- ... or to understand why the company products have not been called, if it is the case
- Preparation of the administrative dossier
- Quantitative and qualitative analysis of the tendering results that are useful to prioritize the in-field collaborators activity and draw key learnings for the new calls for tenders to come

Average headcount: 3 to 7 collaborators, depending on the size of the product portfolio concerned by call for tenders



### KAMs

- The KAMs will review the list of lots that are called for tenders
- They will collect qualitative and quantitative information, mainly through hospital pharmacists in charge of drugs procurement, to adjust the therapeutic and technical specificities of their products and the associated services they want to highlight
- They are responsible for setting the commercial policy, with a degree of autonomy which is very different from one company to another<sup>1</sup>
- Based on the analysis of the information collected by the response to calls for tender department and by them, they may revise their price for the new calls for tenders to come

Regional Key Institution Managers role is focused at ARS<sup>1</sup>, OMEDIT<sup>2</sup>, CPAM<sup>3</sup>, DRSM<sup>4</sup>, URPS<sup>5</sup> who can have an influence on hospital centers decisions related to drugs

## Role and key activities

Role	Key activities
<ul style="list-style-type: none"> <li>▪ The KIMs role is to interact with regional/local health institutions (e.g. ARS, OMEDIT, CPAM, DRSM, URPS) and for certain companies with local politicians (e.g. Members of Parliament, Senators, Mayors) to optimize the conditions of use of the key products marketed by the pharma company they work for</li> <li>▪ Thus, KIMs do not promote products</li> <li>▪ KIMs may also be responsible for improving the reputation of their company by carrying out various initiatives that are likely to have a positive impact on public health at a regional/local level</li> <li>▪ KIMs may have different backgrounds (e.g. marketing, sales, market access) and are affiliated, in general, either to the commercial department or the market access department</li> <li>▪ They need to have a solid knowledge and understanding of the healthcare system at national, regional and local levels</li> <li>▪ They must be able to manage projects</li> </ul>	<div style="text-align: center;"> <pre> graph TD     KIMs((KIMs)) --&gt; PM[Project Management]     KIMs --&gt; ISHE[Information sharing re. health economy]     KIMs --&gt; FWS[Facilitation of working sessions]     KIMs --&gt; ISNPI[Information sharing re. new products or new indications]             </pre> </div> <p>To carry out these activities, KIMs interact with health institutions by calling on them, inviting them to symposiums and proposing them or co-building with them healthcare projects</p>

Sources: Smart Pharma Consulting

<sup>1</sup> Regional Health Agency – <sup>2</sup> Observatory of Drugs, Medical Devices and Innovation – <sup>3</sup> Primary Fund for Health Insurance – <sup>4</sup> Regional Directorate of the Medical Service – <sup>5</sup> Regional Unions of Healthcare Professionals

**KIMs activities consist in sharing information to raise the interest of institutions about their company portfolio, the disease they address and in managing healthcare projects**

**Model – staffing – key activities and target clients**

Survey Outcomes

Companies	Model	FTEs <sup>2</sup>	Key activities	Target clients
A	Exclusive	5	Information sharing re. the evolution of the product “pipeline” of the company and the new coming indications for existing products	OMEDITs – ARS – Regional buying groups – Hospitals
B	Exclusive	4	Calls and meeting during regional events	OMEDITs – Hospitals (pharmacists and sometimes hospital directors)
C	Hybrid <sup>1</sup>	12	Complex project management in regions as a KIM ( <i>and hospital interaction management as a KAM</i> )	OMEDITs – URPS – ARS – Hospitals
E	Exclusive	3	Project management (e.g. support to the development of a telemedicine program)	Specialist physicians – OMEDITs – URPS
F	Exclusive	3	Expertise sharing re. patient care, public health, disease / risk factors prevention (e.g. vaccination campaigns, smoking)	In-field collaborators (i.e. Med Reps, MSLs) who implement the projects at regional/local level
G	Hybrid <sup>1</sup>	5	Health economic projects or information sharing as a KIM ( <i>hospital interaction management as a KAM</i> )	OMEDITs – DIM <sup>3</sup> – ARS

Sources: Smart Pharma Consulting

<sup>1</sup> Organizational model: some companies have opted for a hybrid model in which the same collaborator ensures the role of KIM and KAM at the same time – <sup>2</sup> Full Time Equivalent – <sup>3</sup> Information System Director at hospital level

**Regional institutions are little inclined to interact or collaborate with pharma companies, unless they propose and contribute to a public healthcare project of interest to them**

## Mutual expectations between KIMs and targeted clients

Survey Outcomes

Target clients	Importance L – M – H*	Accessibility L – M – H*	Expectations of targeted clients from pharma companies	Expectations of pharma companies from targeted clients
OMEDIT <sup>1</sup>	H	M	<ul style="list-style-type: none"> <li>Information sharing regarding products marketed by the companies, especially for new products or new indications of products yet marketed</li> </ul>	<ul style="list-style-type: none"> <li>Getting an opinion / advice before implementing a project to evaluate the benefit of a drug or a therapeutic strategy at the regional level</li> <li>Facilitation of early access for innovative drugs (e.g. screening of patients with biomarkers)</li> </ul>
CPAM <sup>2</sup>	M	L	<ul style="list-style-type: none"> <li>No expectations</li> <li>CPAM distrust pharma companies and therefore do not want to interact with their collaborators</li> </ul>	<ul style="list-style-type: none"> <li>To have the possibility to inform the CPAM re. new indications, prices, etc. for a product to avoid them to convey erroneous information to physicians that could negatively impact its performance</li> </ul>
DRSM <sup>3</sup>	M	L	<ul style="list-style-type: none"> <li>No expectations because they distrust pharma companies</li> </ul>	<ul style="list-style-type: none"> <li>To have the possibility to meet them to address specific problems about products indications, use, etc.</li> </ul>
URPS <sup>4</sup>	M	M	<ul style="list-style-type: none"> <li>Provide an organizational and a financial support to carry out trainings, screening campaigns at regional level</li> </ul>	<ul style="list-style-type: none"> <li>URPS are a useful relay to inform and mobilize their members to participate to healthcare projects (e.g. screening campaigns, initiatives to improve adherence of patients to treatments)</li> </ul>
ARS <sup>5</sup>	M	L	<ul style="list-style-type: none"> <li>Limited or no contact, because they do not want to collaborate with pharma companies or because the latter are not a priority for them</li> </ul>	<ul style="list-style-type: none"> <li>To set up healthcare projects and get their approval</li> <li>Convince ARS to allocate specific resources (financial and/or human) for a better management of the diseases for which the company products are indicated</li> </ul>

\* L: low – M: medium – H: high

Depending on the project, regional KIMs can propose a scientific, logistics or financial support to public healthcare projects or projects to improve the proper use of drugs

Examples of projects carried out with regional institutions — Survey Outcomes

## Project #1: The Immunization Day

## Project #2: Drug Fact Sheet

### Objectives

- Scientific support
- Logistics support
- Formatting of messages

- Writing of a drug fact sheet for a new product...
- ... while transitioning from the ATU (Temporary Use Authorization) status to the post-ATU one
- Set up of working groups in regions

### Partners

- ARS
- CPAM

- OMEDIT

### Duration

- 1 month

- 2 months

### Conclusion

- Impact on medical practices: raise the awareness re. the pharmaceutical conciliation<sup>1</sup> especially during the patient transition from hospital to ambulatory care
- Publication of the results

- This drug fact sheet has shown to be useful especially to inform the pharmacists...
- ... and thus to guarantee the proper and safe use of this new drug

Sources: Smart Pharma Consulting

<sup>1</sup> Information sharing amongst healthcare professional regarding a given patient to avoid errors while prescribing and/or dispensing drugs to patients

These two projects show the ability of pharma companies to bring together diverse expertise to produce recommendations or carry out pilot projects related to healthcare

## Examples of projects carried out with regional institutions

Survey Outcomes

### Project #3: Innovation in Oncology

### Project #4: AMD<sup>1</sup> Screening in Region

#### Objectives

- Multi-disciplinary experts (oncologists, surgeons, pharmacists, PAGs, economists, lawyers, pharma companies, etc.) have written a manifesto with 30 propositions to favor innovation in the oncology field

- Screening of AMD in the Northern region of France (Hauts-de-France)

#### Partners

- 113 experts

- CPAM
- Healthcare network
- URPS of pharmacists
- Teaching hospital

#### Duration

- 2 years

- 4 weeks

#### Conclusion

- Increase awareness regarding key topics such as: delays in access to innovation, methods to evaluate innovation, real-world data processing
- This manifesto has been handed over by KIMs while meeting healthcare institutions in regions

- Out of the 1,200 patients diagnosed, 250 had a stage 1 AMD and 12 have been treated, urgently
- The ARS agreed to deploy this project across the region, but without the support of the pharma company



Projects managed by regional KIMs may (should) contribute to raise the value of the response to the calls for tenders, as illustrated in this example

## Examples of projects carried out with regional institutions

Survey Outcomes

### Project #5: Hospital Day Care Management

#### Objectives

- Measurement of time spent by patient
- Search of solutions to reduce the cost of hospital day care against diagnosed-related groups (DRG)
- Methodological contribution to the hospital center

#### Institutions

- Hospital centers

#### Duration

- 3 to 6 months (delay due to the time required to get the agreement from the hospital director)

#### Conclusion

- This has enabled hospital centers to improve their efficiency while managing drug perfusion to patients
- This service has been highlighted in the responses to calls for tenders

The services proposed must offer tangible benefits to the targeted customer and to the pharma company by improving access and usage of its products

### Examples of services for hospital centers and regional institutions

Co-creation of a specific **program** to increase the **number of referred patients**, leading to more activity for the hospital center, more drug prescriptions for the pharma company and more income for both

Co-development of a **patient registry** and offering of a **technical support** to collect and analyze data to help the hospital center increase medical outcomes in a specific disease covered by the pharma company

Creation and funding of a **support program** to **improve the adherence** of patients to their treatment in exchange of a preferred supplier status on the hospital drug formulary

Design and implementation of a specific **process to reduce** the **distribution** and **inventory costs** for both, the hospital center and the pharma company

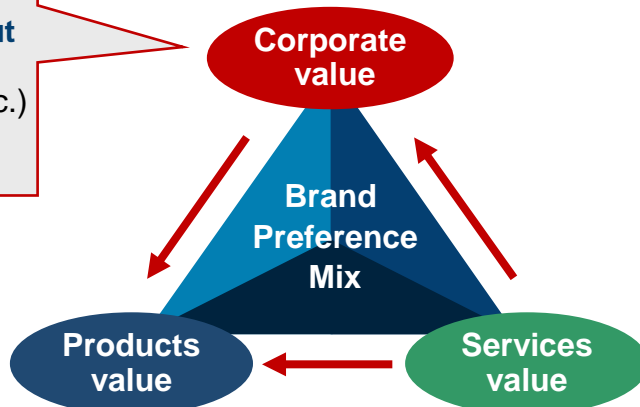
Help the key account **re-engineer** the **journey** of **hospitalized patients** to reduce the duration of their stay and the time allocated by the HCPs to look after them

From the pharma company perspective, the value of the proposed services should be translated into higher product sales and associated profits

## Impact of services on pharma company performance

The ultimate objective of services proposed to hospital centers or regional institutions is to fulfill their highly valued needs to enhance – directly or indirectly – their preference for the products marketed by the pharma company

- KAMs and KIMs should **communicate once or twice a year information about their company** (e.g. R&D news, CSR<sup>1</sup> initiatives, specific services delivered, etc.) to hospital stakeholders and regional institutions



- The direct or indirect<sup>2</sup> **impact of services** on products will be **objectivized** by the **positive evolution** of their **performance drivers** in **hospital centers**:
  1. Listing on formularies
  2. Prescription for inpatients
  3. Prescription for discharged patients
  4. Prescription for outpatients

- The **perceived value** of the proposed **services** by KAMs and/or KIMs at hospital center level will **depend on their ability** to:
  - Reduce hospital costs
  - Improve operational management
  - Improve medical management...
- ... and on their **quality of execution**:
  - Planning
  - Execution *per se*
  - Monitoring
- These services should have a **positive impact** on **corporate reputation** and **products perception** of the pharma company

The activities of in-field collaborators interacting with the same hospital center should be integrated in a single key account management plan, including separated sections

## Integrated Key Account Management Plan

### MSL Section

- **Key clients:** KOLs
- **Key objectives:** build strong and sustainable relationships to develop advocacy at hospital level and beyond
- **Key activities:** interactions with KOLs, scientific lectures at congresses, symposia, staff meetings, support of research clinical trials, training of speakers and collaborators from marketing and sales teams, competitive intelligence initiatives, etc.



### Marketing & Medical Rep Section

- **Key clients:** physicians and pharmacists
- **Key objectives:** increase prescriptions
- **Key activities:**
  - **Marketers:** brand preference strategy crafting leveraging products attributes, perceived quality of associated services and corporate reputation
  - **Medical reps:** calls, invitations to medical meetings and congresses and other services to boost preference

### KAM Section

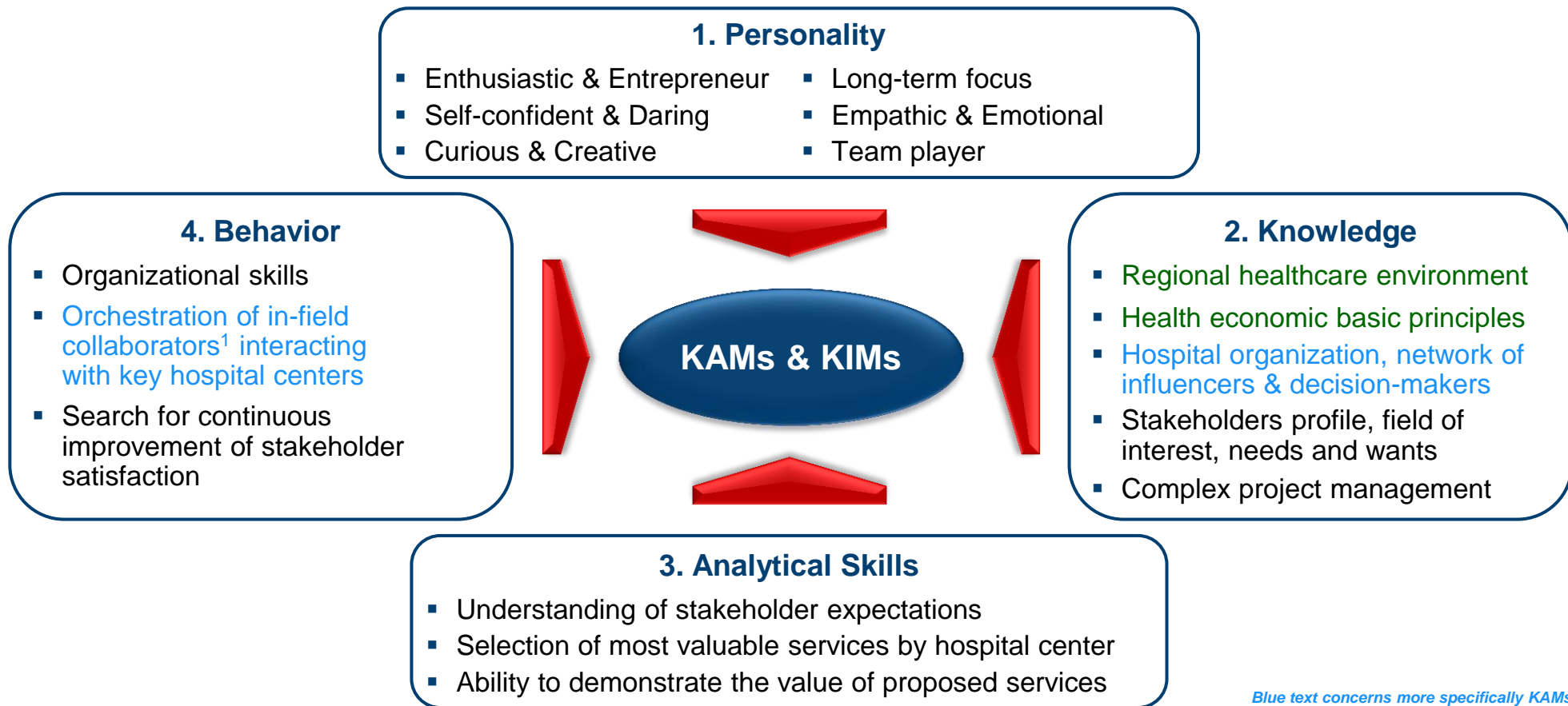
- **Key clients:** hospital pharmacists, purchase managers, director
- **Key objectives:** facilitate the hospital listing of drugs and maximize the chances to win the calls for tenders and get a fair price when products are bought through negotiated contracts
- **Key activities:** develop close relationships with hospital pharmacists, prime calls for tenders, highlight the value of the products and of their associated services regarding drug supply and management, negotiate payment terms, coordinate MSLs, Med Reps and KIMs activities per key account

### KIM Section

- **Key clients:** health authorities<sup>1</sup>, payers<sup>1</sup>, hospital directors, regional and local politicians, PAGs
- **Key objectives:** create the conditions to grow the therapeutic areas covered by the company products, ensure their proper use and participate to strengthen the company reputation at regional level
- **Key activities:** share relevant health economic information, new indications, new products information, propose specific projects (e.g. medico-economic studies to increase the access to the products, patient support programs to improve adherence to treatments, etc.)

**KAMs and KIMs must have an in-depth understanding of hospital centers and of regional healthcare environment and be able to build trusted relationships**

**Profile & competences of “best-in-class” hospital KAMs & KIMs**



*Blue text concerns more specifically KAMs  
Green text concerns more specifically KIMs*

Sources: Smart Pharma Consulting

<sup>1</sup> Medical, marketing, sales people and KIMs (Key Institution Managers)

The performance and activities of KAMs and KIMs are evaluated with the help of KPIs and KEIs respectively, as indicated by interviewed senior executives

## KPIs & KEIs<sup>1</sup>

## Survey Outcomes

### Key Performance Indicators (KPIs)

- **Hospital Listing** (Yes / No)
- **Calls for tenders** (Won / Lost)
- **Average price level** (actual vs. budgeted)
- **Sales performance** (Units sold per month per hospital center)
- **Savings due to optimized management of products whose patent has expired**
- **Customer preference survey** (Brand Preference Mix<sup>1</sup>)
- **Reputation assessment survey** (Pharma Reputation Index<sup>1</sup>)

### Key Execution Indicators (KEIs)

- **Number of contacts** (F/F. phone, e-mails)
- **Activity planning** (e.g. quality of tendering planning)
- **Quality of execution of the action plan** (e.g. % of applications sent on time for calls for tenders)
- **Project management** (compliance with project deadlines, satisfaction of targeted customers re. the project development and execution)
- **Coordination of the in-field team members activity per hospital center** (e.g. frequency and quality of interactions, relevance of joint-activities, respect of compliance rules)

*Blue text concerns more specifically KAMs*

Irrespective of their competence, KAMs and KIMs should dramatically improve their performance if they implement our recommendations in a rigorous and systematic way

### Recommendations

#### Objective

- Hospital KAMs and regional KIMs **priority** is to contribute to raise **preference** of stakeholders **for their product** portfolio

#### Strategy

- **Hospital KAM** job should be to obtain the **listing** of company products at hospital centers, contribute to get **purchased** at a **fair price** by **highlighting** the competitive **advantages** of **products** and “offering” **associated services** re. supply
- **Regional KIM** job should be focused **at contributing to public health initiatives** (e.g. screening, adherence programs) re. diseases covered by the company products, **at ensuring corporate communication** (e.g. pipeline, healthcare services, CSR projects) **to improve** the **reputation** of the **company** and **at raising** the **value** of the **products** by **sharing** or **generating** health **economic data** at regional and/or hospital level(s)

#### Organization

- **Hospital KAM** and **regional KIM jobs** should **ideally be combined** to get a **greater flexibility** in terms of resource allocation and to increase synergy
- The following **skills** should be strongly developed:
  - **Strategic vision** to help, for instance, hospital general managers or hospital directors meet their objectives
  - **Soft skills** (e.g. interpersonal skills, problem solving, adaptability, teamwork, creativity)
  - **Technical knowledge** (e.g. healthcare system and hospital management, diseases, products, health economics)
  - **Management knowledge** to carry out projects and coordinate multi-disciplinary teams

## Best-in-Class Series

- This series intends to share concepts, methods and tools to boost the efficiency and efficacy of executives having operational responsibilities in the pharma business
- We have yet published eight Best-in-Class issues:
  1. MSLs
  2. Pharma Marketers
  3. Medical Reps
  4. Hospital KAMs
  5. Pharma BD&L
  6. Pharma Market Research
  7. Pharma Strategy Crafting
  8. Pharma Field Force Organization

## Issue #9

### Hospital & Institution Relationships in Regions

- This new booklet proposes strategic and organizational recommendations related to Key Account Management and Key Institution Management in regions
- Our recommendations are based on:
  - A benchmarking study carried out with pharma companies
  - Smart Pharma Consulting experience
  - Our training programs
  - Our previous publications

## Smart Pharma Consulting Editions



- Besides our consulting activities which take 85% of our time, we are strongly engaged in sharing our knowledge and thoughts through:
    - Our teaching and training activities
    - The publication of articles, booklets, books and expert reports
  - As of today, more than 100 publications in free access can be downloaded from our website
  - Since 2017, we have published:
    - 2 business reports (The French Pharma Market 2016 – 2022 – The French Generics Market, incl. Biosimilars)
    - 9 position papers in the “Best-in-Class Series” and 3 in the “Smart Manager Series”
  - Our research activities in pharma business management and our consulting activities have shown to be highly synergistic
  - We expect that this new publication will interest you and we remain at your disposal to carry out consulting projects or training seminars to help you improve your performance
- Best regards  
Jean-Michel Peny