20ᵗʰ Anniversary

Smart Pharma
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Medical Affairs & Marketing

COLLECTION 2021

Best-in-class Medical Science Liaisons

Strategic KOL Engagement Planning

Strengthening Brand Preference

Best-in-class Pharma Marketers

Outstanding Physician Experience

Engaging HCPs in Post-Covid-19 Era

Omnichannel Strategy in Pharma Marketing

Mature Brand Management

High-Performance Pharma Brand Plans

PART 3   November 2021

This e-book is the Part 3 of the 20th anniversary collection of Smart Pharma Consulting's best position papers published, in line with its commitment to share knowledge and thoughts

Presentation of the 2016 – 2021 Publications

- On the 20th anniversary of Smart Pharma Consulting, we have compiled 34 position papers published since 2016

- These publications propose effective and practical solutions to help pharma companies improve their performance

- For so doing, we share openly:

  – Business insights

  – Concepts

  – Methods

  – Tools

  The majority of which have been developed by Smart Pharma Consulting

- This "2021 Collection" is being released in six parts:

  1. Market Insights

  2. Strategy & Market Access

  3. Medical Affairs & Marketing

  4. Sales Force Effectiveness

  5. Management

  6. Training Programs

- We hope that this 20th anniversary "gift" will be of high value to you

- We will keep on sharing with you our thoughts and recommendations in the years to come

Jean-Michel Peny

3. Medical Affairs & Marketing

Best-in-class Medical Science Liaisons — BEST-IN-CLASS SERIES — How to boost MSL's competence & performance — POSITION PAPER — p.4

Strategic KOL Engagement Planning... — BEST-IN-CLASS SERIES — ... for better efficacy & efficiency — POSITION PAPER — p.39

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Outstanding Physician Experience... — BEST-IN-CLASS SERIES — ... to boost Brand Preference — POSITION PAPER — p.137

Engaging HCPs in Post-Covid-19 Era — BEST-IN-CLASS SERIES — Priorities for pharma affiliates — POSITION PAPER — p.174

Omnichannel Strategy in Pharma Marketing — BEST-IN-CLASS SERIES — Best practices — POSITION PAPER — p.191

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High-Performance Pharma Brand Plans — BEST-IN-CLASS SERIES — The 5 Pitfalls to avoid — POSITION PAPER — p.230

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Best-in-class
Medical Science Liaisons

How to boost MSL's competence & performance

POSITION PAPER

This position paper proposes strategic and operational methods, tools and advice to boost Medical Science Liaisons (MSLs) competence and performance

Context & Objective

■ **Medical Science Liaisons (MSLs) play a pivotal role to maintain a close relationship with KOLs[1] who are instrumental in:**

— Developing new products through their collaboration in pre-clinical and / or clinical trials

— Raising the awareness and the preference – indirectly or directly – for their products in the mind of HCPs[2] but also of health authorities, PAGs[3], individual patients, etc.

■ **The increasing role of Medical Science Liaisons (MSLs) results from:**

— New molecular entities becoming more and more complex…

— … and mainly prescribed by specialists, less and less inclined to be informed by medical reps

■ **In this position paper, Smart Pharma Consulting proposes:**

— Methods, tools and advice to boost **MSLs competence and performance**

— **KOL Partnership Model** to recruit and manage KOLs in a more efficient and effective way
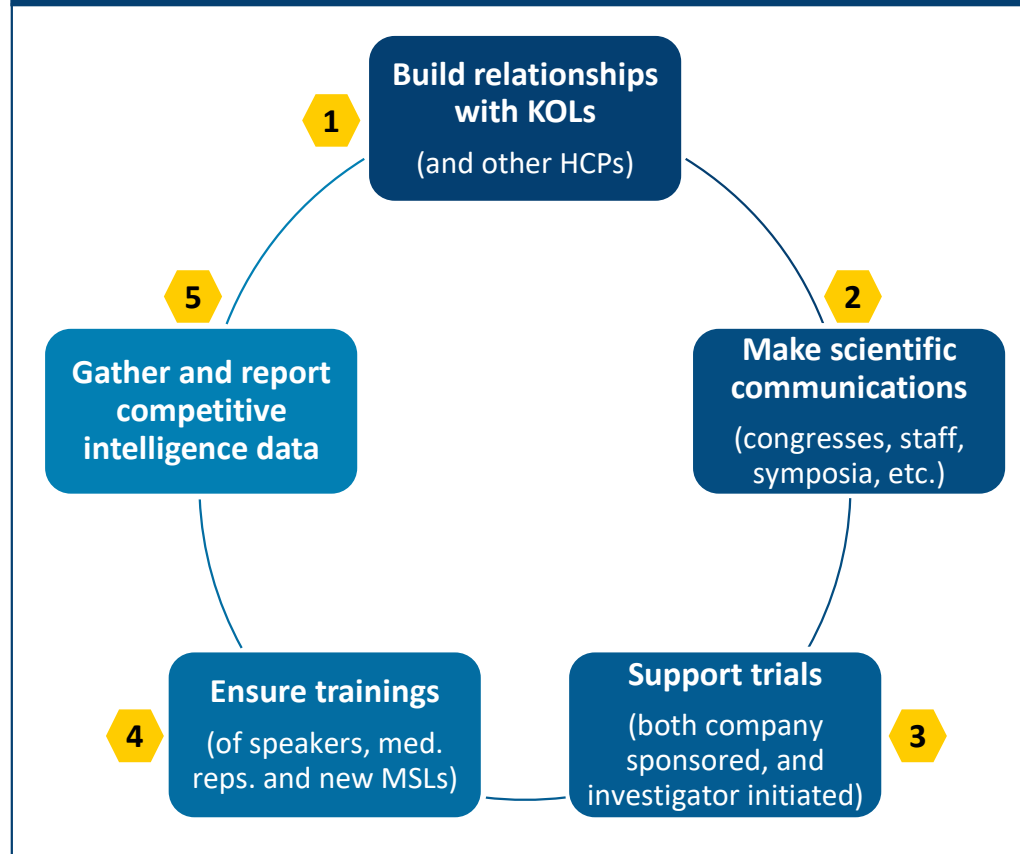
MSLs are the field team of medical affairs in pharma companies, who are dedicated to the development of relationships with KOLs and to high-level scientific communications

Overview: MSLs

MSLs: Medical Science Liaisons[1]

- MSLs are one of pharma companies' field teams dedicated to enhance the full exchange of **scientific information** with physicians, especially with KOLs

- MSLs have a more robust scientific background than medical representatives, such as: **MSc, MD, Pharm. D, PhD degrees** (90% of them have a doctorate degree)

- MSLs were first established by **Upjohn Pharmaceuticals** (now Pfizer) in **1967** with the objective **to build a strong relationship with KOLs**

- The central activity of MSLs is to develop long-term, peer-to-peer **relationships with KOLs**

- MSLs are in most cases affiliated to the **medical affairs department** (whereas med reps. are affiliated to the sales / marketing department)

Core activities[2] of MSLs

1 Build relationships with KOLs (and other HCPs)

2 Make scientific communications (congresses, staff, symposia, etc.)

3 Support trials (both company sponsored, and investigator initiated)

4 Ensure trainings (of speakers, med. reps. and new MSLs)

5 Gather and report competitive intelligence data

[1] Other names than MSLs can be used by pharmaceutical companies such as: Medical Liaisons, Regional Medical Managers, Regional Scientific Managers, Scientific Affairs Managers, Medical Information Scientists, Clinical Liaisons – [2] Excluding administrative time

KOLs have the potential to influence their peers, but also other stakeholders in a specific area, at international, national and local levels

Overview: KOLs

KOL: Key Opinion Leader

- The acronym KOL is generally used to qualify physicians who have a **recognized expertise in a specific field** (e.g. oncology, endocrinology, epidemiology, biostatistics, etc.)…

- … and who are able to **influence the opinion** and **the medical practice** (e.g. treatment scheme, prescribing habits, preference for a given product, etc.) of their peers (specialists or GPs)

- KOLs may also contribute to **modify medical guidelines** when they are members of learned societies or when they advise health authorities

- KOLs' influence can be at international, national or local levels

- Other stakeholders may also be considered as KOLs (e.g. members of governments, of health authorities, of learned societies, of patient advocacy groups, journalists, pharmacists, nurses, etc.)

Pyramid of influence & types of influencers

Other stakeholders than physicians likely to have an influence on medical practices and physicians' preference for a product

The relationships between pharmaceutical companies[1] and healthcare professionals are increasingly regulated, and potential conflicts of interest must be disclosed

Regulatory framework[2] regarding KOLs & pharmaceutical companies' partnerships

European regulations - Directive 2001/83/CE (Article 94)
- Prohibition of bonuses, benefits (in cash or in kind) from pharmaceutical companies to prescribers
- Hospitality at a reasonable level

France
- **Prohibition of benefits** (in cash or in kind), in any form whatsoever, directly or indirectly, for medical professionals
- Obligation to **disclose potential conflicts of interest** between health professionals or health facilities with pharmaceutical companies
- Measures put in place in the DMOS law **extended to students in healthcare** and patient advocacy groups

UK
- **Interdiction to supply, offer or promise gift, pecuniary advantage or benefit** to HCPs in connection with the promotion of medicines or as an inducement to prescribe, supply, administer, recommend, buy or sell any medicine
- During meetings organized by pharma companies, **provision of inexpensive items only** (pens, etc.) that **must not bear the name of any medicine** or any information about it

Germany
- No influence of HCPs in a **dishonest** manner and therefore **no** advantages **granted** or **promised**
- **Open** and **transparent** cooperation
- Existence of a code for the collaboration (FSA) of the pharmaceutical industry with physicians, pharmacists and other healthcare professionals to **avoid conflicts of interest**

Italy
- **Prohibition** of **any kind of economic incentives** designed to compensate healthcare professionals for time taken from normal professional activities in order to participate in congressional events
- Participation in conferences related to the role performed by the industries in the field of research, development and scientific data and inspired by **ethical, scientific** and **cost-effective criteria**

Spain
- **Prohibition** of **direct or indirect offering** or provision of any type of incentive, prize or gift (in cash or in kind) to HCPs
- **Previous communication to authorities of all events** of a scientific or promotional nature, organized or sponsored by pharma companies
- No **organization** or **sponsor** of events that take place **outside of Spain** (unless it makes more sense from a logistical standpoint)

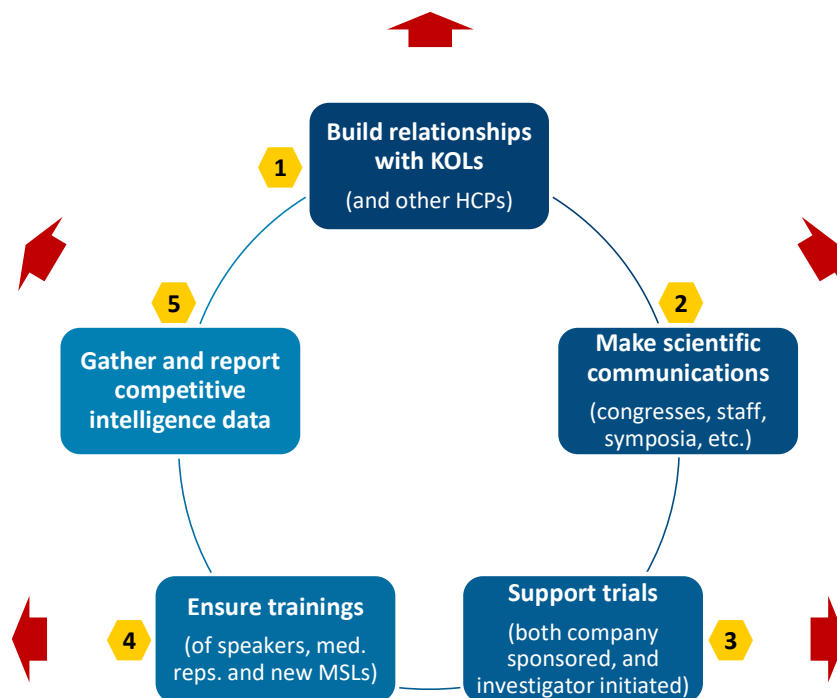[1] Including biotechnology and medical devices companies – [2] Extracts

MSLs are often asked to cover a large scope of activities in collaboration with both internal and external stakeholders

MSLs' detailed core activities

- Identification, selection and collaboration with KOLs: setting-up of boards, organization and participation in scientific information meetings, development of continuous medical education (CME) projects, patients or physicians' associations funding, etc.
- Management of Investigator Initiated Studies (IIS)[1]: requests processing and follow-up
- Invitations to congresses / symposia, etc.

- Presence in congresses and attendance to competitors' presentations
- Desk research: on competitors, on therapeutic areas, on medico-economic studies
- Critical review of scientific papers

- Training and certifications of med. reps.
- Training of other functions, such as marketing
- Training of speakers communicating on companies' products / therapeutic areas, etc.
- Writing of supports for FAQ&O[2]

1 Build relationships with KOLs (and other HCPs)
2 Make scientific communications (congresses, staff, symposia, etc.)
3 Support trials (both company sponsored, and investigator initiated)
4 Ensure trainings (of speakers, med. reps. and new MSLs)
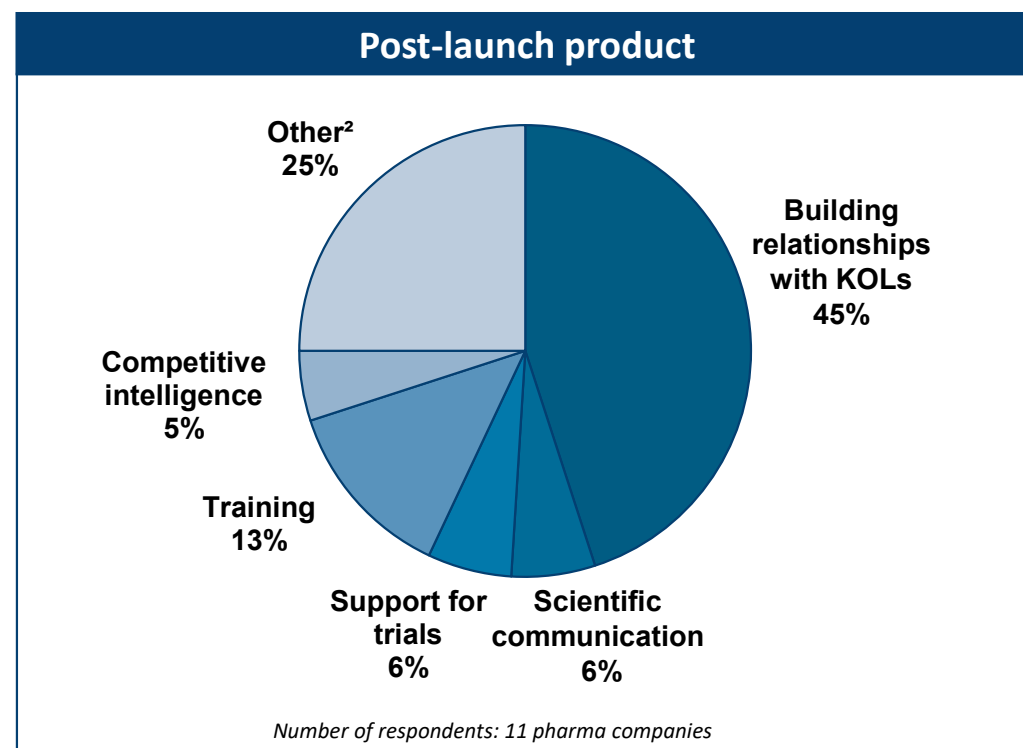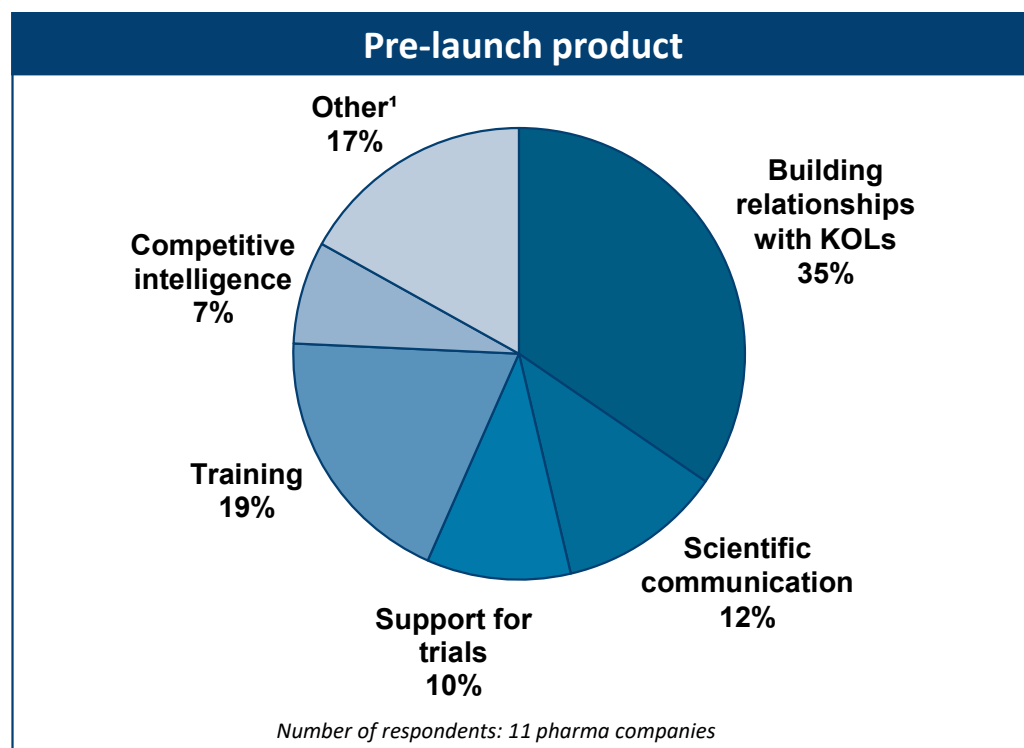**5 Gather and report competitive intelligence data**

- Answers to HCPs' medical questions
- Participation in scientific information meetings (staffs, face to face, etc.) for on- and off-label indications, re. therapeutic areas and products in the pipeline
- Presentation of studies in congresses / symposia

- Identification of needs and demands of KOLs for IIS
- Identification of high potential centers and investigators for company-sponsored clinical trials
- Support for studies carried out and followed-up jointly with CRAs (Clinical Research Associates)

Sources: "An insight into the emerging role of regional medical advisor in the pharmaceutical industry", Perspectives in Clinical Research, 2013 – Interviews with 5 MSLs – Smart Pharma Consulting analysis

1 Also called: Investigator-Initiated Trials or IIT – 2 Frequently Asked Questions & Objections

Building relationships with KOLs and training HCPs or colleagues account together for ~55% to 60% of MSLs' activity in both pre- and post-launch settings

MSLs' time allocation per core activities

MSLs share the same core activities from one company to another,
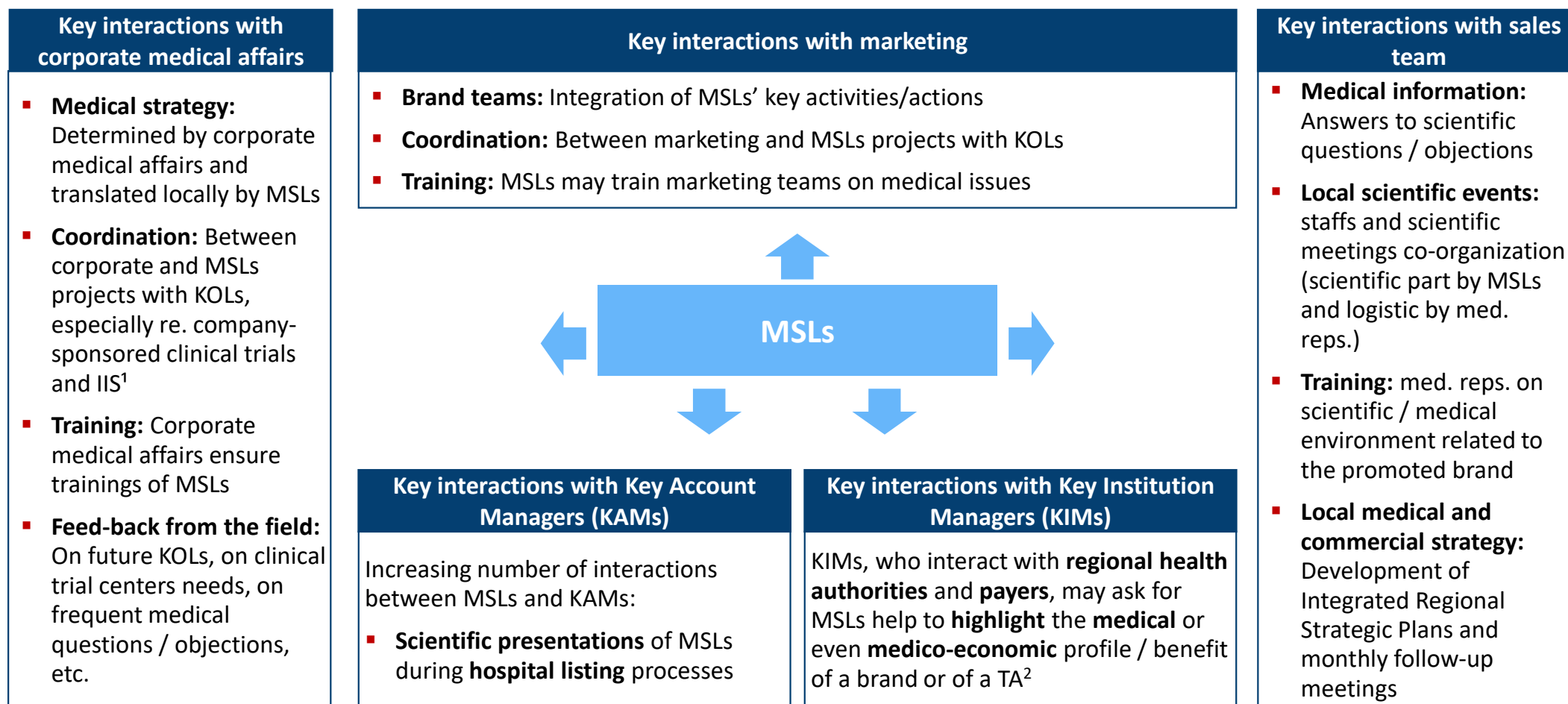but there could be important variabilities in planning and duties

Pre-launch product

- Other[1] 17%
- Building relationships with KOLs 35%
- Competitive intelligence 7%
- Training 19%
- Support for trials 10%
- Scientific communication 12%

Number of respondents: 11 pharma companies

Post-launch product

- Other[2] 25%
- Building relationships with KOLs 45%
- Competitive intelligence 5%
- Training 13%
- Support for trials 6%
- Scientific communication 6%

Number of respondents: 11 pharma companies

MSLs must support KIMs[1] who facilitate regional market access, KAMs[2] who ensure listing of products at hospital level and marketing and sales reps who promote them

The transversal role of MSLs

Key interactions with corporate medical affairs

- **Medical strategy:** Determined by corporate medical affairs and translated locally by MSLs
- **Coordination:** Between corporate and MSLs projects with KOLs, especially re. company-sponsored clinical trials and IIS[1]
- **Training:** Corporate medical affairs ensure trainings of MSLs
- **Feed-back from the field:** On future KOLs, on clinical trial centers needs, on frequent medical questions / objections, etc.

Key interactions with marketing

- **Brand teams:** Integration of MSLs' key activities/actions
- **Coordination:** Between marketing and MSLs projects with KOLs
- **Training:** MSLs may train marketing teams on medical issues

MSLs

Key interactions with Key Account Managers (KAMs)

Increasing number of interactions between MSLs and KAMs:

- **Scientific presentations** of MSLs during **hospital listing** processes

Key interactions with Key Institution Managers (KIMs)

KIMs, who interact with **regional health authorities** and **payers**, may ask for MSLs help to **highlight** the **medical** or even **medico-economic** profile / benefit of a brand or of a TA[2]

Key interactions with sales team

- **Medical information:** Answers to scientific questions / objections
- **Local scientific events:** staffs and scientific meetings co-organization (scientific part by MSLs and logistic by med. reps.)
- **Training:** med. reps. on scientific / medical environment related to the promoted brand
- **Local medical and commercial strategy:** Development of Integrated Regional Strategic Plans and monthly follow-up meetings

MSLs teams face recurrent issues that can be addressed if pharma companies implement the relevant actions

Six main issues facing MSLs teams

		Key issue	What to do?
1	**Distinction from sales / marketing**	▪ Role confusion persists in the mind of some HCPs / KOLs	▪ Information campaigns to be carried out to inform stakeholders of the specific role of MSLs ▪ Information should be provided through calls
2	**Disconnection with corporate initiatives**	▪ Initiatives initiated by corporate (clinical trials, etc.) not coordinated with MSLs teams	▪ The coordination should be improved by implementing standard communication processes and rules
3	**Distraction from core activities**	▪ MSLs, for being well trained and effective professionals, cannot contribute to tasks such as health economics, outcomes research, etc.	▪ MSLs' responsibilities and objectives should be clearly defined and internally communicated through information campaigns
4	**Extensive geographical zones**	▪ MSLs teams being small; they have to cover large geographic areas and must undertake frequent travels	▪ Alternative communication technologies such as web conferencing, e-mailing, teleconferences, etc., should be considered
5	**Complex regulatory environment**	▪ Government agencies keep on scrutinizing on how products are promoted by pharma companies	▪ Pharma companies should focus on MSLs' compliance with local regulations… ▪ … which should be carefully monitored
6	**Trend towards specialization**	▪ The development of secondary care products and the increasing complexity of science lead to major training requirements for MSLs	▪ Pharma companies should keep on investing on their MSLs' scientific training

MSLs' most important challenge is certainly to create highly valued interactions and trusted collaborative relationships with KOLs to support companies and products

MSLs' challenges – Required skills – Expected outputs

MSLs' challenges	• Keeping up with the **latest scientific information** • Building strong and sustainable **relationships with KOLs** • Managing **multiple and diversified tasks**	• Complying with **national regulations** and **internal code of conducts** • Ensuring effective **coordination with collaborators**

Required skills	**Expected outputs**
• Excellent **scientific knowledge** and **understanding** to carry out peer-to-peer discussions during interactions with KOLs	• Ability to **inform**, **challenge** and / or **convince KOLs** based on robust and updated scientific evidence
• Strong **communication skills** to properly position: – The company's therapeutic expertise – A given product at pre- or post-launch stage	• **Convince** KOLs to **carry out research** or **clinical studies** • **Convince** KOLs to **support** the company's **products**
• Ability to **manage projects** with KOLs (e.g., while supporting investigators-initiated studies or company-sponsored clinical trials)	• **Identification** of clinical **research opportunities** with KOLs • **Effective implementation** of **clinical research** trials
• Ability to **train / teach** and / or develop support documents for companies' collaborators and / or HCPs	• **Improvement** of participants' **knowledge, understanding** of the **disease area** and of the **benefits** of the company's **products**
• **Capture** and **share insight** gathered through interactions between KOLs' and all customer-facing teams	• **Profiling** and **selecting** the relevant **KOLs to partner with** • **Fulfilling** of **KOLs needs** related to MSL activities
• **Cooperate** and **coordinate activities** with other **customer-facing collaborators** and **corporate teams** interacting with KOLs	• MSLs being the preferential contact of KOLs, they will **ensure consistent interactions** and **address potential issues**
• **Comply with national regulations** and ethical considerations regarding disseminated information (e.g., off-label)	• **Prevent the company** to **be sued** and to **be fined**
• Ability to **manage time**, **set priorities** and **adjust unforeseen changes** inherent to MSLs' job	• **Timely and proper execution** of multiple tasks under the responsibility of MSLs

MSLs' activities should be integrated in a Regional Strategic Plan to ensure synergies with marketing, sales, market access and patient adherence departments' activities[1]

Integrated Regional Strategic Plan – Principle

Integrated National Strategic Plan

"Men differ less in their abilities…

… than the degree to which they use them"

December 2018

▲ Smart Pharma   Consulting

Integrated Regional Strategic Plan

"Men differ less in their abilities…

… than the degree to which they use them"

December 2018

▲ Smart Pharma   Consulting

Medical Section

- **Collaborators:** MSLs
- **Key clients:** national and regional KOLs
- **Key objectives:** build strong and sustainable relationships with KOLs to develop advocacy
- **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, support of Key Institution Managers (KIMs) and Key Account Managers (KAMs) while meeting their clients, competitive intelligence initiatives

Marketing & Sales Section

- **Collaborators:** brand managers, area managers, medical representatives
- **Key clients:** physicians, retail and hospital pharmacists
- **Key objectives:** strengthen brand preference
- **Key activities:**
  - **Marketers:** crafting of a brand preference strategy leveraging brand attributes, perceived quality of associated services and corporate reputation
  - **Sales forces:** medical calls, invitations to medical meetings, congresses and proposal for services likely to strengthen brand preference

Access & Adherence Section

- **Collaborators:** Key Account Managers (KAMs) and Key Institution Managers (KIMs)
- **Key clients:** regional health authorities, regional payers, hospital directors, hospital purchase managers, PAGs[2], etc.
- **Key objectives:** facilitate the hospital listing, and improve patient adherence
- **Key activities:** development of medico-economic studies to facilitate the market access of brands and support of projects to improve patients' adherence, to promote the proper use of drugs

Sources: Smart Pharma Consulting

[1] In compliance with the national regulations and the companies' internal policies –
[2] Patient Advocacy groups

MSLs' activities should be defined in an Integrated Regional Strategic Plan in coordination with marketing, sales, market access and adherence departments

Integrated Regional Strategic Plan – Structure of the Medical Section

Integrated Regional Strategic Plan

Medical Section

December 2015

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Structure

- **Situation analysis**
  - KOLs mapping (level of influence – advocacy behavior)
  - Activity review (quantitative and qualitative analysis):
    - KOLs' partnership (calls, preparation of staff meetings, invitation to congresses, support of IIS[1] and / or of the company-sponsored clinical trials, etc.)
    - Participation in congresses
    - Training of speakers, of marketing and sales collaborators
    - Support to Key Institution Managers (KIMs) in charge of regional market access and patient adherence programs
    - Support to Key Account Managers (KAMs) in charge of product listing at hospital (or purchasing platform) levels in highlighting medical benefits
    - Competitive intelligence data gathering and analysis
  - Measurement and assessment of activities' impact
  - MSL Advanced SWOT analysis[2]
- **Ambition & strategic priorities**
  - Ambition setting
  - Strategic priorities to fulfill the ambition set (MSL Strategy Card)[2]
  - Key activities to support strategic priorities:
    - Shared activities with other departments (e.g., marketing, sales, KAMs, KIMs)
    - Non-shared activities
  - Monitoring of the quality of execution and impact of activities

The Advanced SWOT is a useful tool to help MSLs analyze and evaluate regional medical opportunities and threats as well as their own competitive position

Integrated Regional Strategic Plan – Specific tools of the Medical Section (1/4)

MSL Advanced SWOT

Opportunities	Relative importance[1]
What regional changes are likely to favor the medical environment?	
1. **National & regional regulations** relating to MSLs' activities (e.g., off-label communication, invitation process to congresses, grants, etc.)	
2. **KOLs' opinion & position** re. the company and its products, KOL's level of influence	
3. **Scientific events**: regional congresses, other meetings	

Threats	Relative importance[1]
What regional changes are likely to disfavor the medical environment?	
1. **National & regional regulations** relating to MSLs' activities (e.g. off-label communication, invitation process to congresses, grants, etc.)	
2. **KOLs' opinion & position** re. the company and its products, KOL's level of influence	
3. **Scientific events**: regional congresses, other meetings	

Strengths	Relative importance[1]
What are the absolute or relative advantages of the company's medical activity at regional level vs. competition?	
1. **Relationships with KOLs**: quality and sustainability	
2. **Scientific communications**: congresses, staff meetings, symposia, etc.	
3. **Support to trials**: company-sponsored trials and IIS[2]	
4. **Training** of speakers, med. reps, new MSLs, etc.	
5. **Competitive intelligence**: data gathering and analysis	

Weaknesses	Relative importance[1]
What are the absolute or relative disadvantages of the company's medical activity at regional level vs competition?	
1. **Relationships with KOLs**: quality and sustainability	
2. **Scientific communications**: congresses, staff meetings, symposia, etc.	
3. **Support to trials**: company-sponsored trials and IIS[2]	
4. **Training** of speakers, med. reps, new MSLs, etc.	
5. **Competitive intelligence**: data gathering and analysis	

The MSL Strategy Card will help design a "one-page strategy" including his ambition, the strategic priorities to meet it and the corresponding medical activities

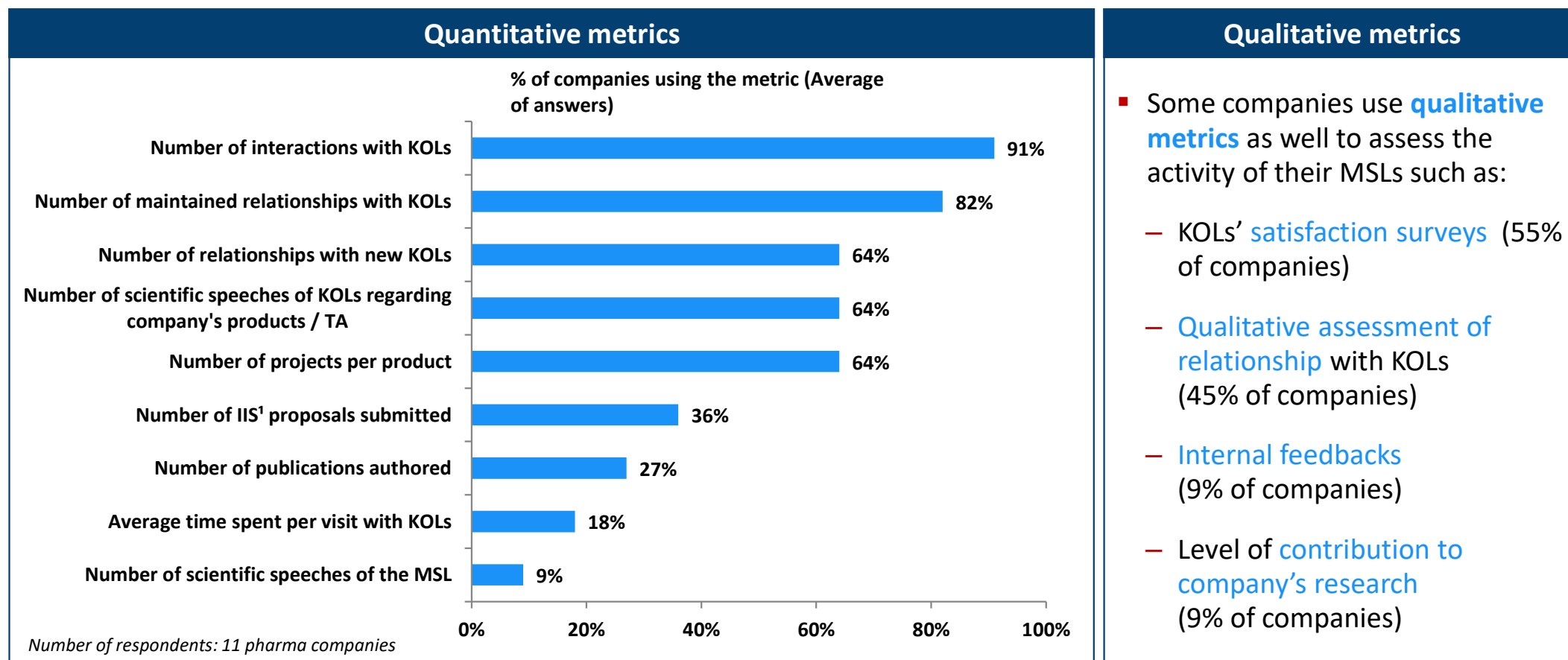## Integrated Regional Strategic Plan – Specific tools of the Medical Section (2/4)

MSL Strategy Card

[1] To support the corresponding strategic priority
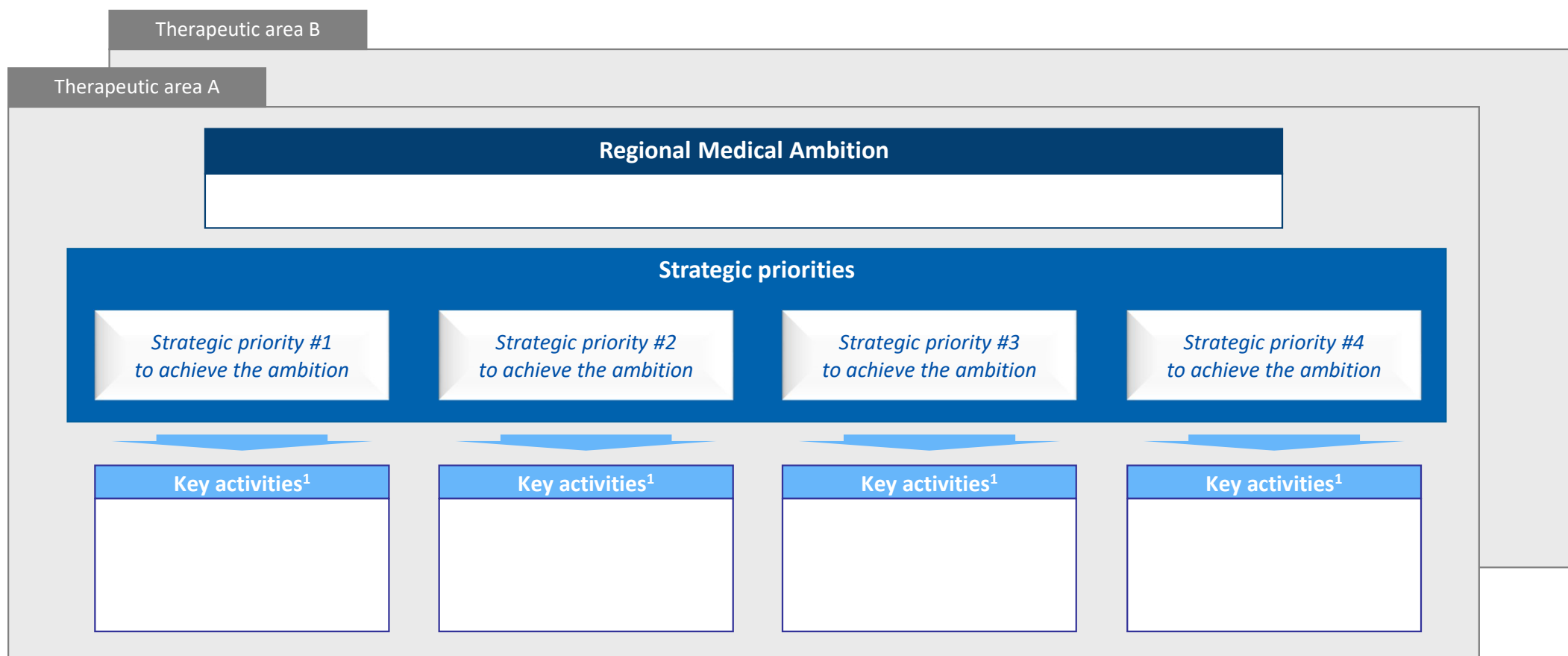
The assessment of MSLs' activity often includes quantitative criteria based on their relationships with KOLs since they are not allowed to be incentivized on sales

Integrated Regional Strategic Plan – Specific tools of the Medical Section (3/4)

Performance metrics to assess MSLs' activity – Current practice in Europe

Quantitative metrics	Qualitative metrics

% of companies using the metric (Average of answers)

- Number of interactions with KOLs — 91%
- Number of maintained relationships with KOLs — 82%
- Number of relationships with new KOLs — 64%
- Number of scientific speeches of KOLs regarding company's products / TA — 64%
- Number of projects per product — 64%
- Number of IIS[1] proposals submitted — 36%
- Number of publications authored — 27%
- Average time spent per visit with KOLs — 18%
- Number of scientific speeches of the MSL — 9%

0%   20%   40%   60%   80%   100%

Number of respondents: 11 pharma companies

Qualitative metrics

- Some companies use **qualitative metrics** as well to assess the activity of their MSLs such as:

  – KOLs' satisfaction surveys (55% of companies)

  – Qualitative assessment of relationship with KOLs (45% of companies)

  – Internal feedbacks (9% of companies)

  – Level of contribution to company's research (9% of companies)

Qualifying MSLs' activity is a challenge, however, several qualitative and quantitative metrics can be considered for pharma companies to ensure a proper monitoring

Integrated Regional Strategic Plan – Specific tools of the Medical Section (4/4)

Recommendations of metrics to monitor MSLs' activities

- Number of partnerships initiated with KOLs
- Number of contacts and / or time spent with KOLs in face-to-face meetings, teleconferences, staff meetings, etc.
- Qualitative assessment of KOLs partnership management

Build relationships with KOLs (and other HCPs) — 1

Make scientific communications (congresses, staff, symposia, etc.) — 2

Support trials (both company sponsored, and investigator initiated) — 3

Ensure trainings (of speakers, med. reps. and new MSLs) — 4

Gather and report competitive intelligence data — 5

- Number of competitive reports
- Number of congresses reviews
- Quality of information gathered

- Number of speeches delivered
- Number of articles authored
- Number of attendees
- Qualitative feedbacks of attendees

- Number of IIS[1] and / or company-sponsored clinical trials submitted / completed
- Number of investigators or patients included in company sponsored-clinical trials

- Number of people trained
- Qualitative feedbacks of trained people

[1] Investigator initiated studies

An effective collaboration with KOLs requires to follow a rigorous recruitment process that should be based on the gathering of accurate information

Recruitment & Management process of KOLs
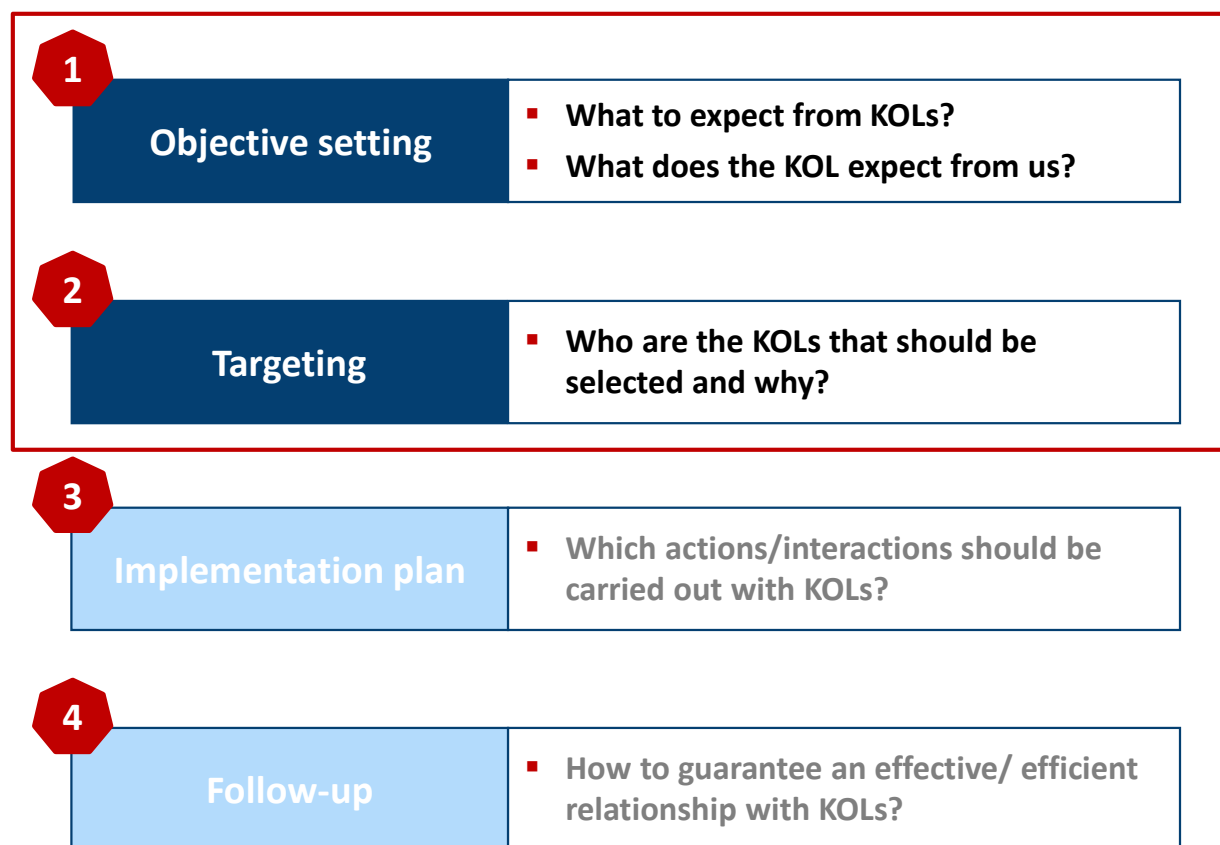
The 4 key steps

1	**Objective setting**	▪ **What to expect from KOLs?** ▪ **What does the KOL expect from us?**
2	**Targeting**	▪ **Who are the KOLs that should be selected and why?**
3	**Implementation plan**	▪ Which actions/interactions should be carried out with KOLs?
4	**Follow-up**	▪ How to guarantee an effective/ efficient relationship with KOLs?

Recruitment

Management

▪ Relationships with KOLs should be defined according to the set objectives

▪ Then, the prospective KOLs should be profiled and targeted

▪ Once KOLs have been selected, their interactions with the pharma company and the activities they are expected to implement should be defined and formalized in an implementation plan

▪ The implementation of the plan should be carefully monitored with the help of KPIs (Key Performance Indicators) and of KEIs (Key Execution Indicators)

Sources: Smart Pharma Consulting

Before defining the activities to be carried out by KOLs, specific objectives, consistent with a global objective, must be set for each of them

Objective setting

1

Partnerships with KOLs should be part of a global strategy,
including also market access, medico-marketing and sales initiatives
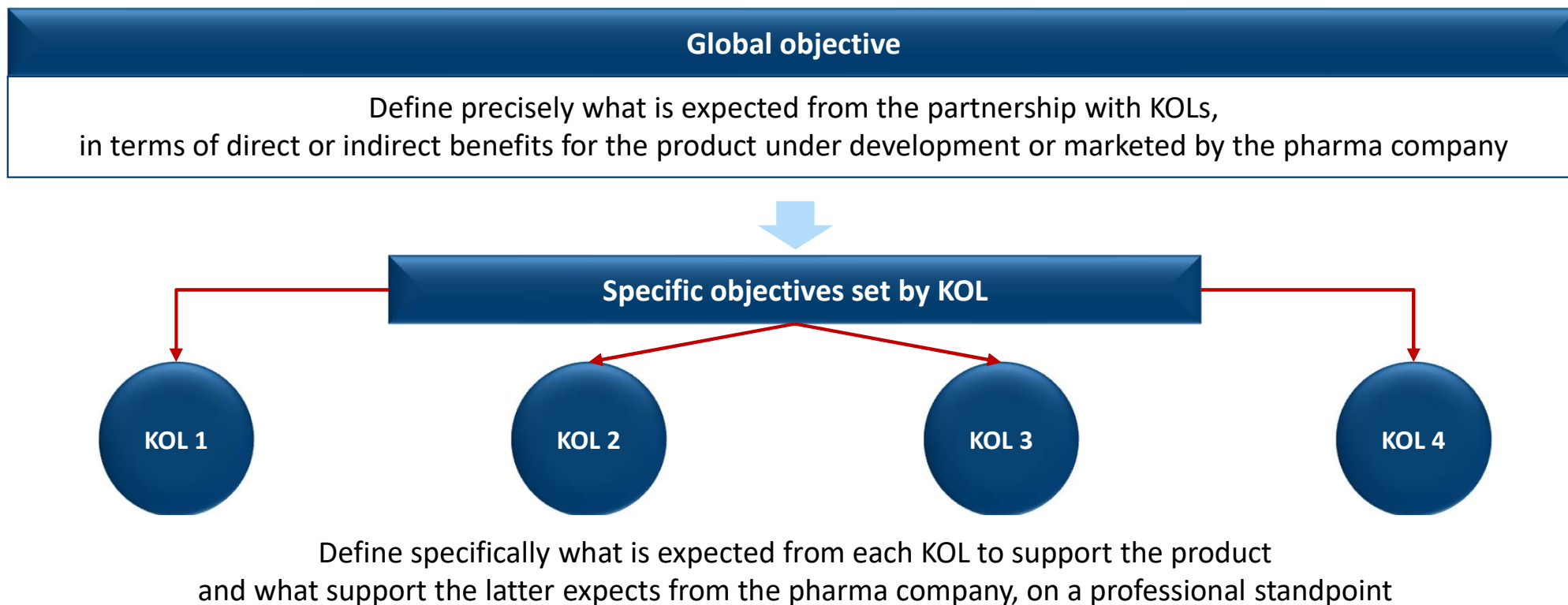
Global objective
Define precisely what is expected from the partnership with KOLs, in terms of direct or indirect benefits for the product under development or marketed by the pharma company

Specific objectives set by KOL

KOL 1   KOL 2   KOL 3   KOL 4

Define specifically what is expected from each KOL to support the product
and what support the latter expects from the pharma company, on a professional standpoint

The objective of the KOL partnership and the corresponding activities will depend on where the product is positioned on its life cycle

Examples of KOL roles according to the product life cycle

1

Product life cycle

R&D and registration phases → Commercial phase →

| Research & pre-clinical phases | Phase I | Phase II | Phase III | Approval | Pricing & reimbursement | Marketing |

Examples of KOL roles

Identification of unmet medical needs

Identification of pharmacological targets

Advice on target product profile and labelling

Implementation of R&D activities

Presentation of clinical results and of product benefits to regulators and payers

Product awareness building & Influence on prescribing choices[1]

Participation in medical education programs[2]

Contribution to patient management programs[3]

The targeting phase should enable to identify the KOLs with whom a partnership should be beneficial and to understand their networks of influence

KOLs targeting – Methodology (1/2)

2

	Key questions	What to do?
Selection criteria	▪ What are the relevant selection criteria to be used considering the final objective?	▪ Review of relevant criteria (e.g., level of influence, scope of influence, scientific/media awareness, membership of a network, etc.) ▪ Selection of a limited number of relevant criteria
KOLs profiling	▪ What information should be collected? ▪ How to collect and analyze this information?	▪ Internal / external databases review to qualify KOLs ▪ Assessment of the number of publications, quotes, lectures during conferences and congresses, etc.
KOLs segmentation	▪ What is the degree of interest and the likely support of the KOL for the product?	▪ Mapping of preselected KOLs on a matrix according to the most relevant criteria ▪ Identification of KOLs' networks
KOLs selection	▪ Who are the KOLs that should be selected to partner with? ▪ For which kind of partnership?	▪ Selection of KOLs ▪ Preliminary definition of the type of partnerships to be carried out with the targeted KOLs

Sources: Smart Pharma Consulting

Relevant selection criteria and gathering of accurate and reliable information about the KOL profile are of utmost importance to optimize the value of the partnership

KOLs targeting – Methodology (2/2)

2

Screening process (illustrative)

Filter 1
Field of expertise

Discarded physicians

# of specialists in the country

Filter 2
Level of reputation & scope of influence

Pre-selected physicians

Discarded physicians

Filter 3
Advocacy potential

Pre-selected physicians

Discarded physicians

Pre-selected physicians

Inclusion criteria

- **Cardiology** (hypertension, arrhythmias, heart failure, surgery, valvulopathy, etc.)
- **Oncology** (medical, radiation and surgical oncology, hematology, brain cancer, etc.)
- **Rheumatology** (osteoporosis, rheumatoid arthritis, osteoarthritis, psoriatic arthritis, etc.)
- **Technical expertise** (design of clinical studies, biostatistics, epidemiology, public healthcare, patients' adherence, etc.)

Inclusion criteria

- **Reputation of the hospital / ward the KOL is working for**
- **Reputation of the KOL** (based on status, honors, publications, etc.)
- **Power of influence** (on peers, health authorities, PAGs[1])
- **Scope of influence** (international, national, local)

Inclusion criteria

- **Communication skills**
- **Inclination to communicate** (in favor of a product)

[1] *Patient advocacy groups*

The proposed matrix is a useful tool to prioritize the candidate KOLs to partner with and to pre-define the type of partnerships that could be considered with them

KOL targeting – Segmentation & selection

- The proposed matrix facilitates the **final selection** (targeting) of pre-selected KOLs based on their **level of influence** and their inclination to support the development and/or the use of the pharma company product

- The matrix helps to define the kind of **partnerships** to be set with the KOLs

- The prioritization of the targeted KOLs, should also consider:
  - The **life cycle** of the product
  - The **networks** of influence of the KOLs

Sources: Smart Pharma Consulting

Qualification of KOLs should be documented with reliable data collected through desk research and field research (e.g.? interviews of peers and of prospective KOLs)

How to qualify KOLs?

2

What data to collect?	How to collect data?	How to analyze data?
Status (e.g., head of medical department, professor, age, public vs. private practice, place(s) of practice)	▪ Internet, direct search	▪ Being head of hospital and professor is a plus
Field of expertise/interest in a therapeutic area, in a technique, etc.	▪ Probing by MSL[1], medical reps and other collaborators of the pharma company	▪ KOLs should express their field of interest over the long term and their expectations from a partnership with the pharma company
Level of reputation & scope of influence	▪ Field research (e.g., peers, pharmacists' interviews, etc.)	▪ Internal or national level is preferable in general to local level (but it depends on the objective)
Communication skills	▪ Analysis of past performances ▪ Interviews of peers	▪ Verbal communication (e.g., lectures, courses) ▪ Written communication (e.g., articles, websites)
Type & level of communication – # articles published (impact factor[2], peer-/ non peer reviewed journals, position as an author…) – # of trainings p.a. (CME[3]) – Teaching activity at university – Presence on the Internet – # of lectures (congresses, round tables) – # of quotes by journalists in current year	▪ Review of scientific articles published (PubMed/Medline, Google scholar, Expertscape) ▪ Probing by collaborators of the pharma company and peers' interviews to evaluate trainings, teaching activities and lectures ▪ Google searching for presence and quotes on the Internet	▪ The higher the impact factor is, the better ▪ Each KOL should be ideally positioned as 1st or last author in articles ▪ The higher the number of trainings, teaching seminars and lectures, the better ▪ Perceived quality of articles, training, teaching and lectures should be assessed
Membership in learned societies – Title / position / activities	▪ On the website of the learned societies or by calling them	▪ Being a member of the management board is a plus
Inclination to partner with a pharma company and to support its products	▪ Probing by collaborators of the pharma company	▪ They should clearly express their interest in the product and the company… ▪ … and in the types of partnerships they are looking for

[1] Medical Science Liaison – [2] It measures the average frequency with which the article has been cited in a particular year. It is used to measure the importance or rank of a journal by calculating the number of times its articles are quoted – [3] Continuous medical education

To convince KOLs to partner, it is important to consider their expectations and to highlight the benefits, they will draw from it, in terms of professional development

How to convince KOLs to partner?

2

What do they want?	What should be proposed?
▪ Qualify a KOL to **design a partnership that will fulfill his professional expectations** *(simultaneously with that of the pharmaceutical company)*:	▪ Based on the knowledge and understanding of the KOL's professional expectations…
– Is the KOL yet a partner of the pharmaceutical company?	▪ … propose ideas – to be discussed – of activities to be carried out through the partnership
– What has qualitatively and quantitatively his level of involvement been?	▪ **Emphasize the benefits the KOL will draw** in terms of **personal awareness** and **competence development** through the partnership:
– What has his feed-back from previous collaborations been?	– Increasing awareness and fame through publication of articles, interviews in media, presentations during congresses, lectures during medical meetings, etc.
– What is his mid- to long-term professional ambition?	– Increasing reputation and extending influence by participating to scientific works (e.g., clinical trials)
– What does he expect from pharmaceutical companies in general, and specifically?	– Professional development through the access to recent information, to high education programs[1], by working in new research/medical areas, etc.
– Is he looking for a long-term partnership?	– Funding of Investigator Initiated Studies (IIS)
– Is he more inclined to enter a "win-win" partnership or a "fee-for-service" transaction?	

[1] *Especially for Rising Opinion Leaders*

The KOL ID card is a practical tool which contains in one single page the most important information required to qualify and then recruit pre-selected KOLs

Tool to facilitate the recruitment process: KOL ID card

2

KOL name	(First name – surname)	Medical status	MD – head of medical department – professor of medicine, etc.	Location	Address & City
Specialty	(Oncology – cardiology, etc.)	Medical setting	Private hospital – public hospital – teaching hospital – private office	Country	

Specific objectives for the pharma company	•
Specific benefits for the KOL	•

	Items	Assessment[1]	Facts / Rationale	Source
KOL Profile	Field of expertise/interest in the therapeutic area	**International - National - Local**	•	
	Level of reputation	**Low -Medium-High**	•	
	Scope of influence	**Low -Medium-High**	•	
	Advocacy potential	**Low -Medium-High**	•	

Recommendations	Priority[1]	Rationale
Medical department	**Low -Medium-High**	•

Final decision	
Selection: YES - NO	**Rationale:**

[1] *Circle your answer*

xxxxxx

Recruitment & Management process of KOLs

The 4 key steps

1	Objective setting	▪ What to expect from KOLs? ▪ What does the KOL expect from us?
2	Targeting	▪ Who are the KOLs that should be selected and why?
3	Implementation plan	▪ Which actions/interactions should be carried out with KOLs?
4	Follow-up	▪ How to guarantee an effective/ efficient relationship with KOLs?

Recruitment

Management

- ▪ Relationships with KOLs should be defined according to the set objectives

- ▪ Then, the prospective KOLs should be profiled and targeted

- ▪ Once KOLs have been selected, their interactions with the pharma company and the activities they are expected to implement should be defined and formalized in an implementation plan

- ▪ The implementation of the plan should be carefully monitored with the help of KPIs (Key Performance Indicators) and of KEIs (Key Execution Indicators)

Sources: Smart Pharma Consulting

Pharma companies should balance what they expect from KOLs in terms of activities and what they give them in terms of services to ensure a win-win partnership

Services proposed to & activities carried out by KOLs

3

Services proposed to KOLs (Illustrative)

KOL Digital Platform (2.0)[1]

Access to scientific information
(e.g., articles, databases, expert reports, clinical cases)

Organization of peer meetings with top international KOLs
(e.g., congresses, symposiums, forums, etc.)

Technical support to publish articles
(e.g., medical writing, proof reading, peer pre-review)

Technical & funding support for Investigator Initiated Studies

Slide kits for training/teaching programs

Ad hoc support on demand basis
(e.g., media training, training on statistics, change management in a ward)

KOL Customer Manager[2]

Activities carried out by KOLs (Illustrative)

Article writing

Promo material review[3]

Participation to scientific studies

Lectures during symposia

KOLs

Press conference

Training of peers / CME[4]

Advisory board member

Participation to internal meetings[5]

[1] Access limited to KOLs – [2] Each KOL should have a dedicated Customer Manager (e.g. a MSL) – [3] Such as Visual aids, leaflets for patients – [4] Continuous Medical Education – [5] Such as lectures to sales forces, face-to-face meetings with the marketing team, etc.

If KOLs share the objective of the pharma company and accept to communicate, the following means can influence medical practices and help better position products

Potential value of KOL activities (1/2)

3

Article writing

- KOLs may support the pharmaceutical company's priorities by communicating in scientific journals, professional magazines or lay press regarding:
  - New medical approaches, new guidelines, patient management, etc. in a given therapeutic area, etc.)
  - The position of its products in the therapeutic strategy
- Perceived reliability by readers: **H**
- Number of exposed readers: **L** to **H**

Lectures during symposia

- While giving lectures, KOLs may accept to cover topics of interest for the company…
- … and/or position their products vs. direct competitors or indirect therapeutic alternatives
- KOLs may also share their own experience as a prescriber of the company's products
- Perceived reliability by participants: **M**
- Number of exposed attendants: **L**

Press conference

- Press conferences enable to have indirectly access to a larger number of readers
- The messages conveyed by KOLs may sometimes be modified by journalists
- It is rare for KOLs to make strong statements in favor of a product during a press conference
- Perceived reliability by readers: **M**
- Number of exposed readers: **H**

Training of peers / CME[1]

- KOLs may communicate to their peers, to pharmacists, to nurses, etc., during training sessions regarding:
  - Medical topics of interest for the pharma
  - The position of its products in the therapeutic strategy
- In such circumstances, KOLs may convey strong messages, if they decide to do so
- Perceived reliability by participants: **M-H**
- Number of exposed attendants: **M**

H: Higher – M: Medium: – L: Lower

[1] Continuous Medical Education

KOLs can be of great value through direct collaboration (by training, informing, giving advice, etc.) with medical, marketing and sales teams of the pharma company

Potential value of KOL activities (2/2)

3

Participation to internal meetings

- KOLs may play an effective role during internal meetings by:
  - Informing / training medico-marketing-sales teams about scientific trends and position of competitors
  - Role playing with sales reps (e.g. selling forums)
  - Being invited as a "guest star" to show collaborators the ability of the pharma company to partner with top medical leaders

Promo material review

- KOLs may collaborate with the marketing team by contributing to the creation of promotional materials
- Thus, they can create value by:
  - Suggesting messages
  - Developing a scientific rationale to support messages/claims of the products
  - Assessing and editing the content of promotional materials (visual aid, booklet…)

Advisory board member

- Advisory board meetings with KOLs should be preferred to individual meetings with KOLs when the objective is to:
  - Generate innovative ideas or concepts (brainstorming sessions)
  - Estimate key market trends (including stakeholders' opinions and behaviors)
  - Obtain a consensual opinion regarding market environment, products development, marketing strategy, etc.

Participation to scientific studies

- KOLs, especially if they are supposed to sign or co-sign the corresponding publication, may be very helpful to:
  - Participate to the design of the study
  - Carry out the study (either about a given pathology only or a pathology & its treatments involving the pharmaceutical company product)
- Involvement of KOLs in medical/clinical studies will depend on their field of interest

Sources: Smart Pharma Consulting

To build a useful and effective "KOL Partnership Plan", it is recommended to follow the 5-step process proposed here-below

KOL Partnership Plan (K2P) – How?

3

- **Step 1:** Design of templates that can be shared with the KOLs and the pharmaceutical company's collaborators (i.e., from market access, medical, marketing departments)

- **Step 2:** Filling up of the templates by the KOL Customer Manager assigned by the pharmaceutical company to the KOL (e.g., MSL) in coordination with the Medical Director and possibly with the Marketing Director[1]

- **Step 3:** Review and adjustment of the content of the K2P by the MSL with the KOL:
  - Objectives
  - Services proposed by the pharmaceutical company
  - Activities to be carried out by the KOL
  - Fees to be paid at a fair market value (if any)
  - Monitoring process of each service/activity

- **Step 4:** Follow up of the K2P:
  - Prepare the planned services/activities
  - Analyze the quality of execution of these services/activities
  - Reconsider – if not relevant anymore – planned services/activities

- **Step 5:** Assessment of the partnership:
  - Twice a year by the KOL Customer Manager and the KOL to measure the level of mutual satisfaction and decide about potential adjustments to be carried out
  - Once a year by a committee including: the Medical Director, the Marketing Director, the KOL Customer Manager, and possibly the General Manager, to evaluate the KOL partnership and decide about potential adjustments

HOW?

[1] *If allowed by national and corporate regulations*

The "KOL Partnership Plan" should include key information extracted from the KOL ID card[1], specify the objectives of the partnership, its scope and duration

KOL Partnership Plan (K2P) – Model: Introduction

3

KOL name	(First name – surname)	Medical status	MD – head of medical department – professor of medicine, etc.	Medical setting	Private clinic – private hospital – public hospital – teaching hospital
Interest/ Expertise	(e.g., Pulmonology, cardiology, etc.)	Reputation/ Influence	Private hospital – public hospital – teaching hospital – private office	Advocacy potential	Address & City & Country
KOL Customer Manager	(First name – surname – position in the company)	Role	(Describe briefly his role vis-a-vis the KOL)	Coordination with…	(Indicates the other collaborators whom to coordinate)
Objectives of the partnership	•				
Specific scope of the partnership[2]	•	•	•	•	
Duration of the partnership	**Starting date**			**Ending date**	
	•			•	

[1] See the proposed format p.111 – [2] Examples: Development of a digital tool to improve patients' adherence, Coordination of a multi-centric study, Expert support to estimate the medico-economic value of a new product, Lectures during medical meetings organized with peers, etc.

The "KOL Partnership Plan" should also describe the services proposed to the KOL and the activities the latter will carry out, as well as monitoring indicators

KOL Partnership Plan (K2P) – Model: Service/Activity Card[1]

3 **4**

Service or Activity #1	Pharma company objective	KOL objective	Key step description	Timing
•	•	•	•	•

Quality of execution Indicators		Expected impact Indicators		Comments
Expected	Achieved	Expected	Achieved	
•	•	•	•	•
•	•	•	•	

[1] *This card should be duplicated by service/activity*

Key execution and performance indicators are essential to optimize the chance of a proper execution of services/activities and of a win-win partnership

Examples of tool to monitor partnerships with KOLs

4

Pharma company's services	Key execution indicators (KEIs)	Key performance indicators (KPIs)

▪ Access to scientific information
▪ Organization of peer meetings with top international KOLs
▪ Technical support to publish articles
▪ Technical & funding support to IIS[1]
▪ Slide kits for training/teaching programs
▪ Ad hoc support on demand basis
	▪ Interest (10-point scale)
	
	▪ Utility (10-point scale)
	
	▪ Practicality (10-point scale)
	
	▪ Implementation[2] (10-point scale)
		▪ Global level of satisfaction of KOLs (10-point scale)
		▪ Inclination of KOLs to support the pharma company products:
		  – Number of lectures / trainings / publications
		  – Quality/objectivity of messages conveyed to peers, pharmacists, patients, etc.
		▪ Increased level of KOLs awareness and reputation
		▪ Increased level of products awareness and reputation

KOLs' activities	**Key execution indicators (KEIs)**	**Key performance indicators (KPIs)**

▪ Lecture during symposia
 	
▪ Training of peers
	▪ Interest (10-point scale)
	▪ Utility (10-point scale)
	▪ Practicality (10-point scale)
	▪ Implementation[2] (10-point scale)
		▪ Global level of satisfaction of attendees (10-point scale)
		▪ Inclination of attendees to support & prescribe the product:
		  – Number of lectures / trainings / publications
		  – Quality/objectivity of messages conveyed to peers, pharmacists, patients, etc.

▪ Article writing	▪ Acceptance by recognized journals (scientific, medical, or in lay press, etc.) ▪ Post on highly regarded websites	▪ Impact factor (for scientific/medical journals) ▪ Number of broadcasted issues for lay press ▪ Number of views / likes on Internet
▪ Press conference	▪ Number of journalists and quality of articles	▪ Contribution of content to support the product
▪ Participation in scientific studies	▪ Implementation (number of patients recruited, timing, cost vs. plan)	▪ Publication of an article in a renowned scientific journal ▪ Impact of the publication on product reputation

9 Recommendations *to Boost MSLs' Competence & Performance*

1. Clarify MSLs' roles and responsibilities to avoid confusion with medical representatives

2. Maintain a high scientific knowledge and understanding to guarantee high quality interactions and relationships with KOLs

4. MSLs' activities should be consistent with their ambition and their strategic priorities, as defined both at national and regional levels

5. Develop an Integrated Regional Strategic Plan[1] including a Medical section formalizing MSLs' ambition, strategic priorities and key activities, in line with marketing, sales, market access and adherence departments priorities

6. Define quantitative and qualitative metrics to monitor MSLs' activities and identify potential corrective measures to be introduced

7. Optimize MSLs' limited time by prioritizing their efforts and using new communication technologies, whenever relevant

8. Apply the KOL Partnership Model as follows:
   a. Define clear and precise objectives for each of them
   b. Build the relationship based on an exchange of services rather than a fee-for-service deal
   c. Ensure an open and transparent relationship
   d. Make sure that the services provided to the KOL contribute to fulfill his needs and expectations
   e. Don't ask KOLs to promote your products, which would affect his reputation and your company's one
   f. Make the best use of the KOL limited time by organizing useful exchanges
   g. Assign a KOL Customer Manager (e.g., an MSL) who will be the KOL-preferred contact point and who will ensure alignment and information sharing between all collaborators of your company in contact with him

9. Define internal guidelines and a control process to prevent any compliance issues that could damage the corporate reputation

Sources: Smart Pharma Consulting

Smart Pharma Consulting Services – Optimizing the MSLs' performance (Case study)

Problem to be addressed

- The pharma company *MediSearch* has a team of 6 MSLs specialized in oncology
- The Medical Affairs Director of the French subsidiary questions how MSLs could help improve *MediSearch*'s reputation and the perception of its products by oncologists

Proposed approach

1. Kick-off meeting:
   → Agreement on the conditions for carrying out the mission (adjustment of the approach, definition of the roles & responsibilities of each member of the project group)
   → Precise definition of the deliverables

2. Interviews with 20 KOLs in oncology:
   → Analysis of the determinants of pharma companies' reputation and of their products' image in oncology
   → Identification of pharma companies whose MSLs are considered by oncologists as the "best-in-class"

3. Reflection workshop:
   → Presentation & analysis of the results of the interviews conducted with the 20 KOLs
   → Definition of "best practices" enabling MSLs to strengthen *MediSearch*'s corporate reputation as well as the image of its products

4. Formalization of recommendations:
   → Drafting of a guide of "best practices" (e.g., management of interactions with KOLs, activity planning, priority management, development of a culture of services, etc.)
   → Proposal for a strategic and operational plans model for MSLs, including quantitative and qualitative indicators for monitoring their activities
   → Setting up of a training program for MSLs

Sources: Smart Pharma Consulting

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Serving & Sharing with *Passion*

Strategic **KOL Engagement** Planning…

… for better efficacy & efficiency

POSITION PAPER

This position paper proposes guidelines to help pharmaceutical companies partner with KOLs to better support the development and the marketing of their products

Context & Objective

- **KOLs[1] are part of the means used by pharma companies to:**

  – Develop their products through pre-clinical and clinical trials

  – Disseminate information (scientific, medical, therapeutic, etc.) to raise health authorities, payers, HCPs (Health Care Professionals), PAGs (Patient Advocacy Groups), individual patients' awareness to optimize the positioning and the usage of their products

- **This position paper:**

  – Reviews the best practices in terms of KOL engagement

  – Proposes a simple but rigorous approach and…

  – … a set of practical tools…

  … to recruit, engage and manage KOLs

This position paper has been written, assuming that it is not illegal nor reprehensible to collaborate with medical thought leaders to influence other stakeholders' opinion and behavior vis-à-vis a medical practice or a given medicine, provided it is in the best interest of patients

[1] *In this position paper, the definition of KOL is limited to influential physicians*

KOLs have the potential to influence their peers, but also other stakeholders in a specific area, at global, international, national and local levels

Working definitions (1/2)

KOL (Key Opinion Leader)

- KOLs are also called: Key Experts, Key Therapeutic Area Experts, Key Scientific Experts, Thought Leaders, Influencers, depending on the companies
- KOLs are **recognized** physicians with an **expertise in a specific field** (e.g., oncology, endocrinology, epidemiology, biostatistics, etc.)…
- … and can **influence the opinion** and **the medical practice** (e.g., treatment scheme, prescribing habits, preference for a given product, etc.) **of their peers** (specialists or GPs)
- KOLs contribute also to **modify medical guidelines** when they are members of learned societies or when they advise health authorities
- Their influence can be global, international, national or local
- Other stakeholders are also considered as KOLs[1]

Pyramid of influence & types of influencers

Other stakeholders than physicians likely to have an influence on medical practices and on physicians' opinion and behavior

[1] Such as members of governments, of health authorities, of learned societies, of patient advocacy groups, journalists, pharmacists, nurses, etc.

Strategic KOL Engagement Planning is essential for pharma companies to ensure an effective, efficient and sustainable relationship with KOLs

Working definitions (2/2)

KOL Engagement	Strategic KOL Engagement Planning
▪ KOL engagement is a **process** in which pharma companies **build** and **maintain constructive** and **sustainable relationships** with KOLs	▪ Considering the **increasing complexity** of the pharmaceutical **environment** and of **pharma companies** organizations[1], it is essential to **plan** and **organize** the **interactions with KOLs**
▪ KOL engagement is **essential** for **understanding** their **wants** and **needs**; and **may** result in implementing ideas that **benefit** both **KOLs** and **pharma companies**	▪ Thus, pharma companies should develop Strategic KOL Engagement **Plans** to **ensure** that KOL Engagement **initiatives**:
▪ Engaging with KOLs **occurs** when pharma companies want to **consider** the **views** and **involvement** of **KOLs** in making and implementing a scientific or medical decision…	– **Support** the Critical Success Factors (**CSF**) to fulfill the corresponding Strategic Imperatives (**SI**) of the related product
▪ … **which might** have an indirect **business impact**	– Are put in a **mid-** to **long-term perspective** to **build** a **sustainable** win-win **relationship**
▪ Pharma companies should **initiate open**, **two-way dialogue**, **seeking solutions** to issues of mutual interest	– Are carried out in a **coordinated manner** across the company departments and from headquarter to affiliates to **guarantee** an **optimal efficiency**

[1] *People from different departments (e.g., medical, marketing, sales, etc.) can be in regular contact with the same KOL*

More and more pharma companies are adopting an integrated strategic approach of their relationship with KOLs, based on their product position on their life cycle

Types of KOL engagement

- According to a study carried out in 2017 by Arx Research, through interviews of 47 executives from medical departments of 34 life science organizations, across 15 countries:

  - 70% of companies indicate that their strategy to engage with KOLs is based on the position of the product on its life cycle, while the remaining 30% adopt an ad-hoc approach

  - 24% of surveyed companies engage with KOLs during pre-clinical phases of the product development and…

  - … 41% begin developing relationships at phase III of their product life cycle, or after

- KOLs exposed to early research and development phases will better support the products due to:

  - A better understanding of the underlying science

  - A better commitment and interest in outcomes

KOL engagement approach

Ad-hoc approach 30%

Product lifecycle- based approach 70%
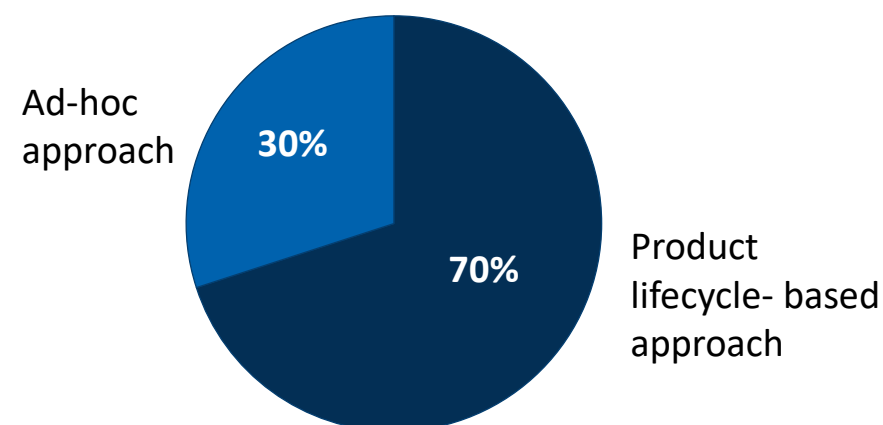
KOL engagement according to product lifecycle

Phase	Percentage
Pre-clinical phases	24%
Clinical phases I & II	35%
Clinical phase III & launch	41%

Sources: Arx Research (2017) – Smart Pharma Consulting analyses
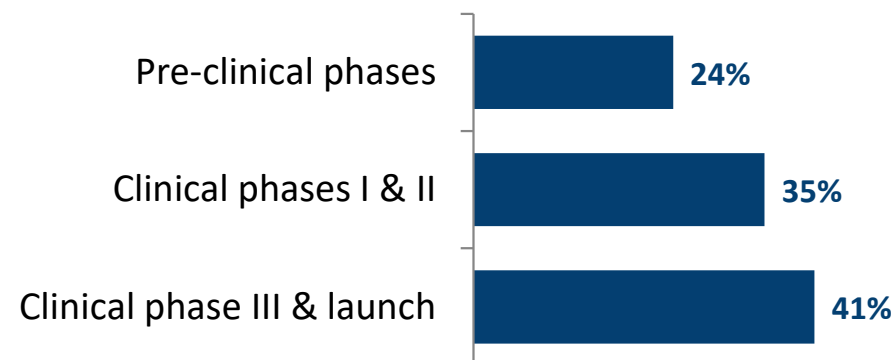
The strength of KOL engagement will strongly depend on the quality of scientific evidence related to the product as well as on corporate and product perception

KOLs engagement & Influencing factors

- From preclinical to phase II studies, Global KOLs are engaged to carry out scientific and clinical activities

- At phase III level, Global, International and National KOLs are mainly involved in clinical studies and in disseminating scientific information to physicians' communities

- While preparing the launch of their products or of new indications, pharma companies may engage KOL to support the preparation of the marketing authorization and of the price & reimbursement dossiers

- At launch time, pharma companies usually shift the balance of their focus to national and local KOLs

- The quality of the scientific evidence is critical to establish strong and effective relationships with KOLs

- Corporate reputation and product recognition are also essential to expect a clear commitment from KOLs

Global & International KOLs engaged at Phase III and Launch phase

Launch phase	44%
Phase III	56%

Factors influencing KOL relationships

Competitive landscape	4,91
Therapeutic area	4,95
Product recognition	5,74
Corporate reputation	5,86
Quality of scientific evidence	8,00

Low   0   2   4   6   8   10   High

← Sensitivity level →

Sources: Arx Research (2017) – Smart Pharma Consulting analyses

The hybrid and centralized management of KOLs are viewed as optimal by interviewees as they enable better coordinated and more consistent interactions

KOLs management by pharma companies

KOL Management responsibility at pharma companies

■ Functional   ■ Budget

N=30

- Medical Affairs: 94%, 87%
- Clinical Affairs/Operations: 55%, 39%
- Marketing: 52%, 55%
- R&D: 32%, 29%

KOL Management organization at pharma companies

■ Hybrid   ■ Centralized   ☐ Decentralized   ☐ Other*

Current N=33: Hybrid 33%, Centralized 27%, Decentralized 40%

Optimal N=29: Hybrid 48%, Centralized 38%, Decentralized 3%, Other* 11%
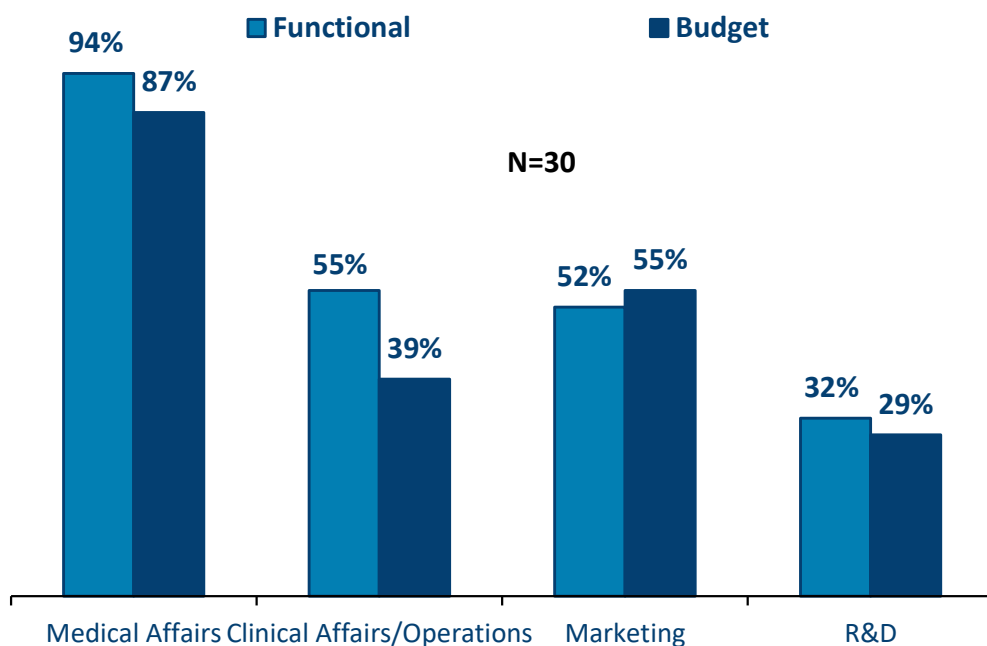
■ Functional and budget responsibility for KOL management are mainly in the hands of Medical Affairs departments
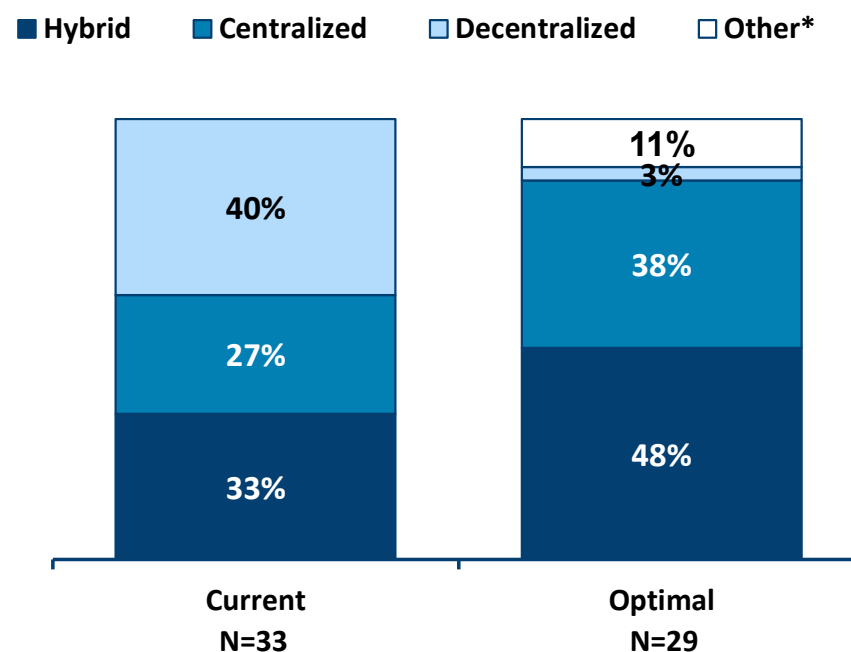
■ Decentralized organizations are used by 40% of companies but recommended by only 3% of them due to lack of coordination and consistency

*One respondent considers there is no ideal system to manage KOLs. It depends on the business needs

If KOLs services are mainly focused on clinical research, clinical advisory boards and disease state awareness exchanges; their impact is most often not formally evaluated

Main KOLs services & assessment

Most important services carried out by KOLs

N=28

Service	Score
Marketing advisory board	56
Consulting opportunities	64
Off-label discussion	66
Speaker training	78
Peer-to-peer…	83
Disease state awareness	105
Medical advisory boards	107
Clinical research	114

Mean score: 75
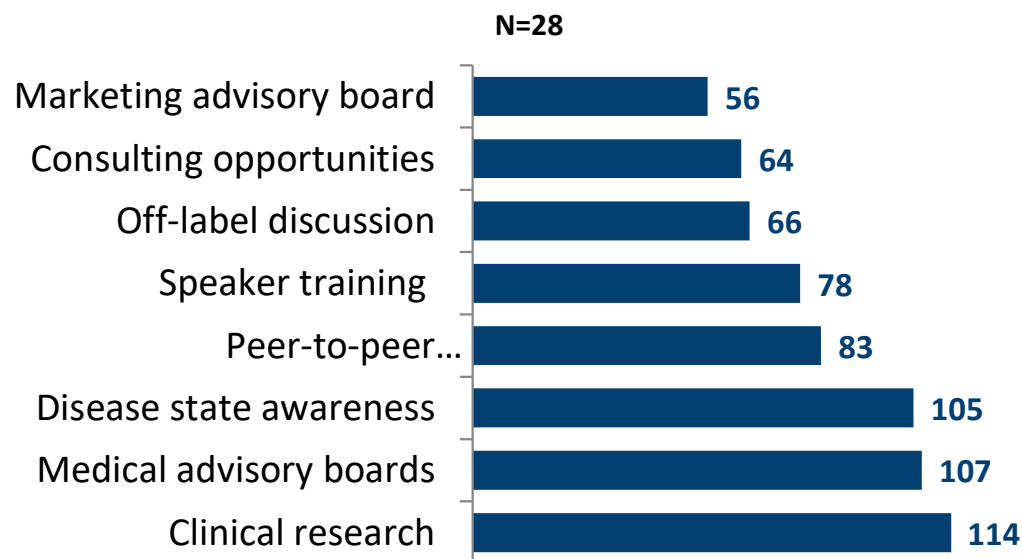
Note: Score based on the average importance rating (0 to 5) multiplied by the number of respondents per activity

Evaluation of KOL Management & Engagement

N=24

Evaluation	Percentage
Other	21%
Return on investment	8%
KOL utilization level	8%
No evaluation	13%
KOL feedback	25%
No formal evaluation	29%
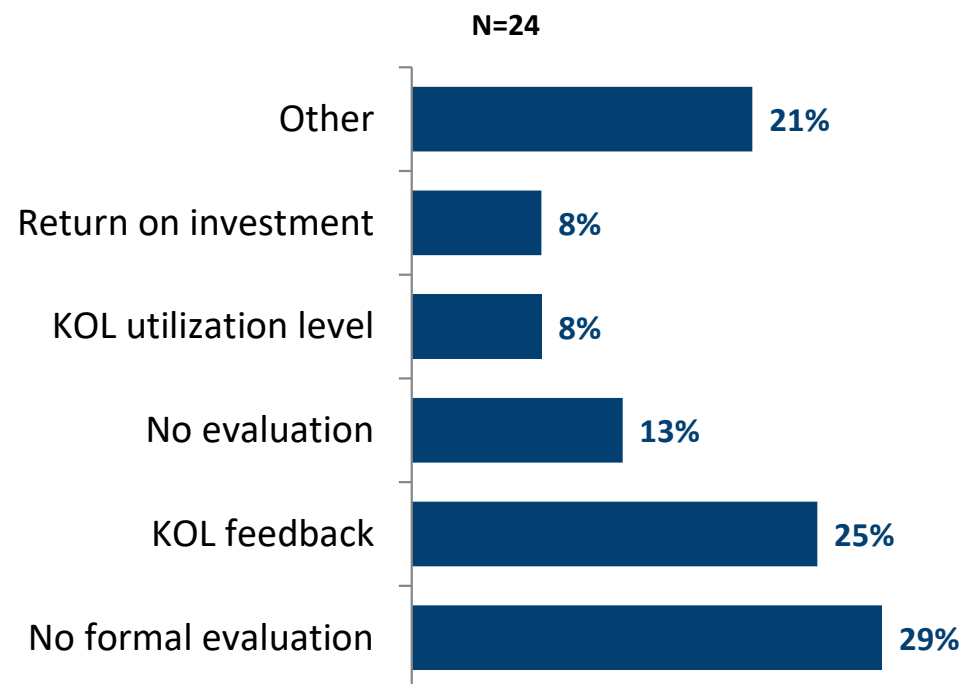
- **Clinical research** support, participation to **medical advisory boards and disease state awareness are** viewed as the most important KOLs activities

- There is **no formal nor systematic measurement** of the impact of KOLs engagement carried out by **most of the pharma companies** from the panel

Sources: Best Practices, LLC (2014 & 2016) based on 33 companies, amongst which: AbbVie, Amgen, Bayer, Genentech, Genzyme, Janssen, Merck & Co, Pfizer, Roche – Smart Pharma Consulting analyses

Few of the 8 benchmarked pharma companies have put in place a systematic and formalized process to qualify and select Global KOLs

Global KOLs qualification & selection

Main criteria to select Global KOLs

Criterion	Value
Skills	3
Membership to cooperative groups	3
Scope of influence / Reputation	5
Involvement in the crafting of guidelines	5
Publications	8

Data gathering

Process → Formal process

Sources →
- External agency if new TA[1]
- Inputs from affiliates
- Internal / external cross-check

Tools → Centralized database
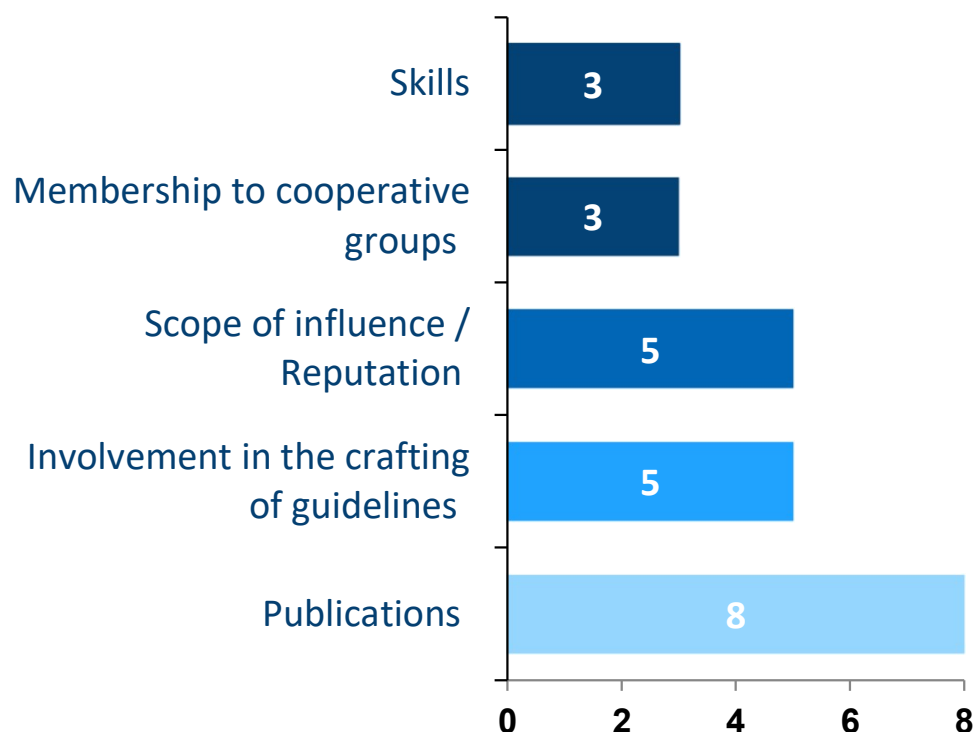
Note: Behavior & personality has been mentioned by one interviewee, as well as KOLs field of interest
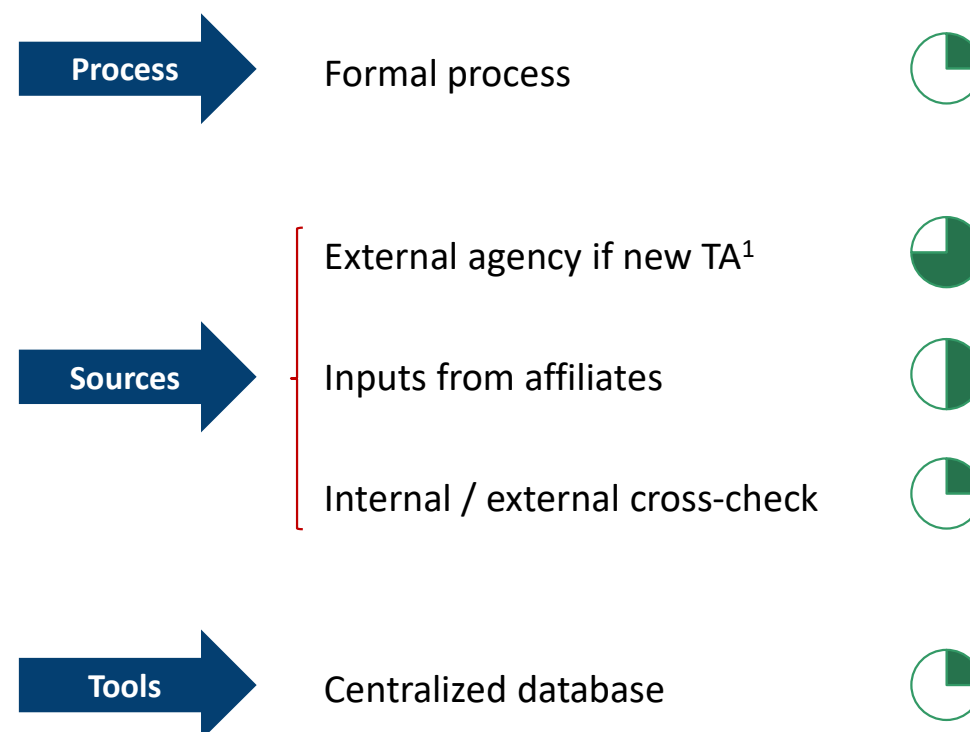
"In case of doubts, Global Medical Affairs may contact local Medical Affairs to get their own opinion regarding a Global KOL"

[1] Therapeutic Area

According to the spontaneous statements of interviewees, Global KOLs are mainly engaged to give advice on brand positioning, produce and exchange scientific data

Main objectives while engaging with Global KOLs

Main objectives[1]

Data generation & exchange — **3**

Brand positioning — **5**

-2   3   8
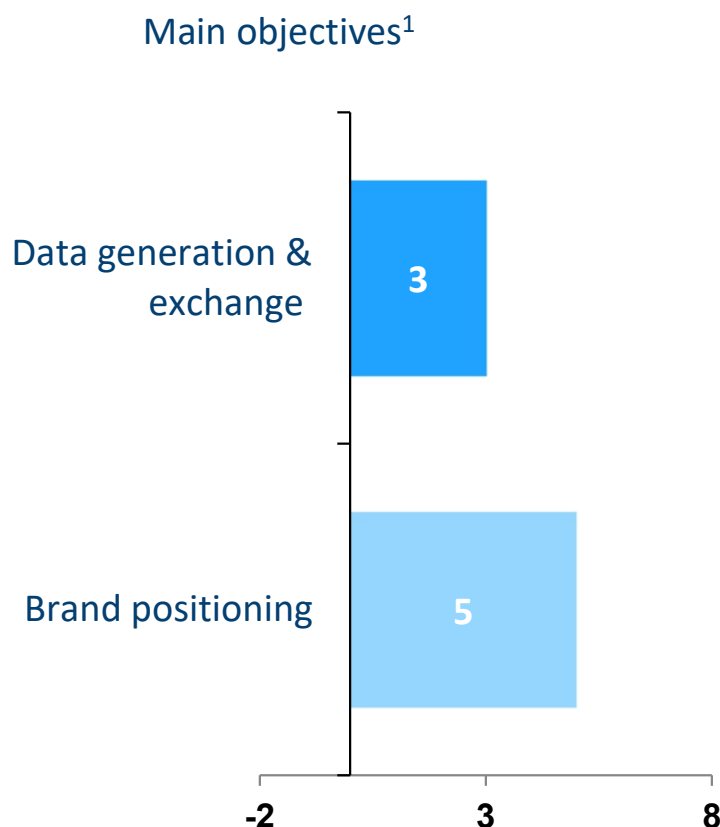
"While engaging with a KOL, we make sure he is interested by the project on which we want to involve him"

Objective setting

No formal approach, based on specific KOL expertise and company needs

Objective alignment on product Strategic Imperatives & Critical Success Factors

No formal alignment / no global vision

Alignment on Global Strategic Brand Plan / R&D Plan / Global Medical Affairs Plan

Type of agreements

Both types — **3**

Mainly Partnership-based — **2**

Mainly transactional — **3**

0   1   2   3   4   5

[1] *Several answers possible*

Global KOL engagement plans are most often not formalized for each KOL and their follow-up over time is far from being systematic

Global KOL engagement planning & execution follow-up

Global KOL engagement plans

No
5

Yes
3
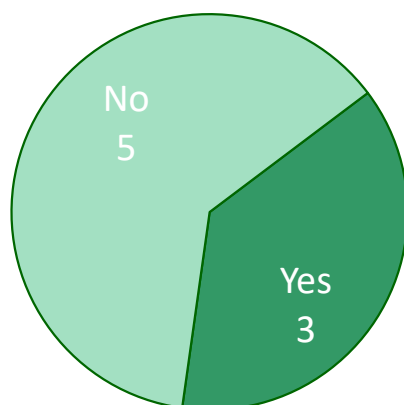
"We prepare an engagement plan but by project rather than by KOL. We engage a KOL to carry out a project"

Execution quality follow-up

System to monitor the implementation of Global KOL engagements

No
5

Yes
3
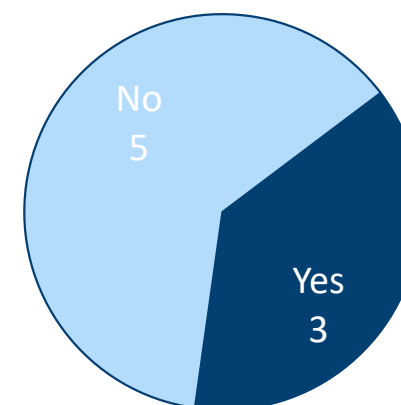
"In Europe, it is difficult to evaluate the performance of KOLs. It should be fact-based and not a judgement"

Main difficulties while engaging with Global KOLs

Poor internal alignment and multiple contact points

Overbooked and overused KOLs

The effective KOL management requires a cross-functional team working in the same direction, in a coordinated manner, with the help of a shared information system

Strategic KOL Management components

Coordinator (Primary Contact Point)

- Coordinates interactions with KOLs
- Oversees the management system
- Guarantees the quality of the collaboration

KOL Management System & Platform

Cross-functional Strategic Team

- Stores information relative to:
  - KOLs profiles
  - KOL engagement plans
  - KOL interactions
- Limits the access of certain medical information to commercial collaborators[1]

- Gathers and analyzes information[2] across access, medical and commercial departments
- Prioritizes the activities to be carried out by individual KOL according to the product needs and the KOL profile

[1] Whenever required by the compliance rules – [2] Internal and external sources

The following 4-step approach is proposed to ensure an effective and efficient Strategic KOL Engagement Planning

A 4-step approach
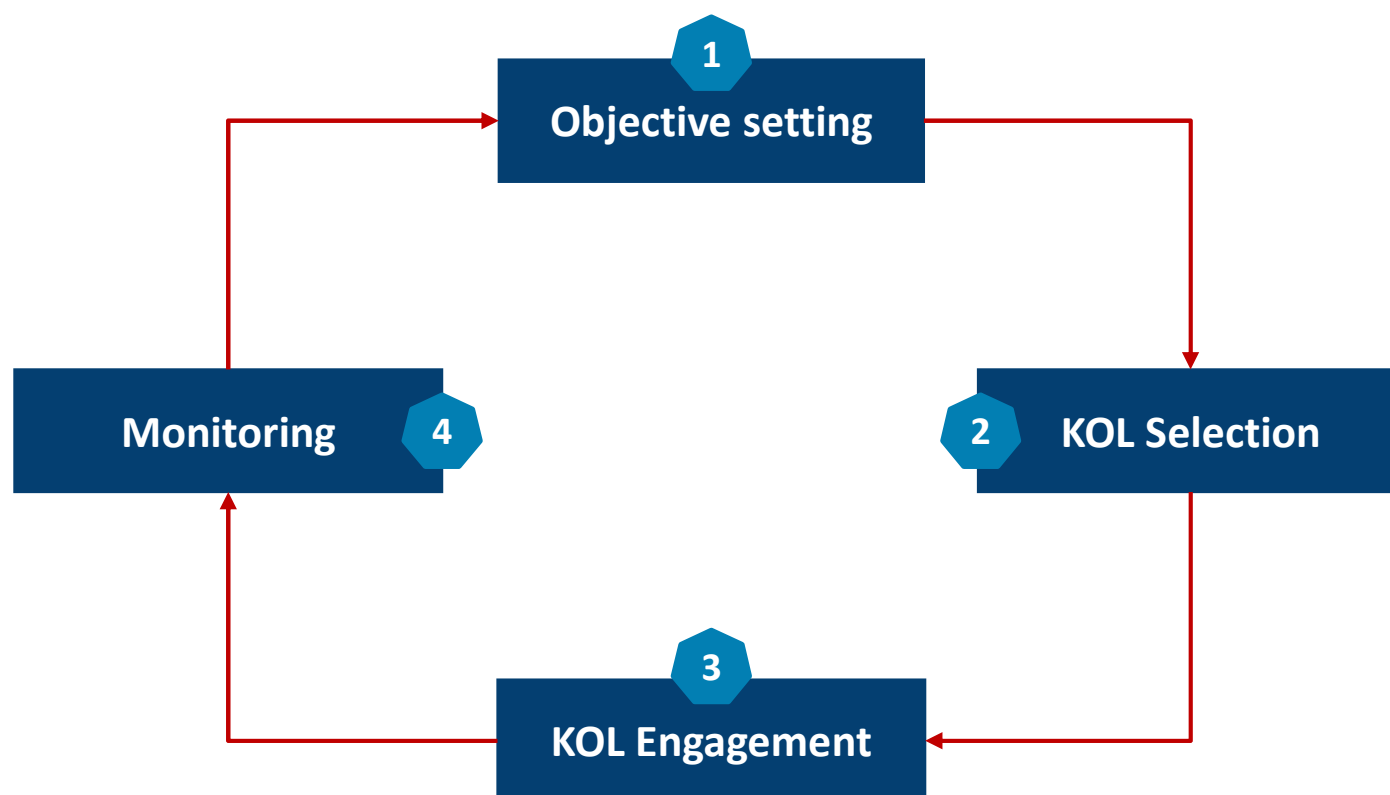
- Relationships with KOLs should be defined according to the set objectives

- Then, the prospective KOLs should be profiled and targeted

- Once KOLs have been selected, their interactions with the pharma company and the activities they are expected to carry out should be defined and formalized in an engagement plan

- The execution of the plan should be carefully monitored with the help of KPIs (Key Performance Indicators) and of KEIs (Key Execution Indicators)

Sources: Smart Pharma Consulting

At each step, the following key questions should be carefully answered to ensure the proper implementation of the proposed Strategic KOL Engagement Planning process

Key questions to be answered by key step

How to measure the impact of KOL engagement vs. the objectives and KOL satisfaction?

- What do we expect from KOL engagement?
- What do KOLs expect from us?

1

Objective setting

Monitoring **4**

2 **KOL Selection**

3

KOL Engagement

- Which interactions should be carried out with KOLs to reach the set objectives?

- Who are the KOLs we want to engage with?
- Why do we want to engage with them?

Sources: Smart Pharma Consulting

The global objectives set for KOL engagements should contribute – directly or indirectly – to meet the brand strategic objectives, irrespective of its life cycle position

Strategic alignment

1

**Strategic Brand Plan
(2020 – 2023)**

Brand Strategic Objective

Strategic Imperative A	Strategic Imperative B	Strategic Imperative C
CSF[1] A1	CSF B1	CSF C1
CSF A2	CSF B2	CSF C2
CSF A3		CSF C3
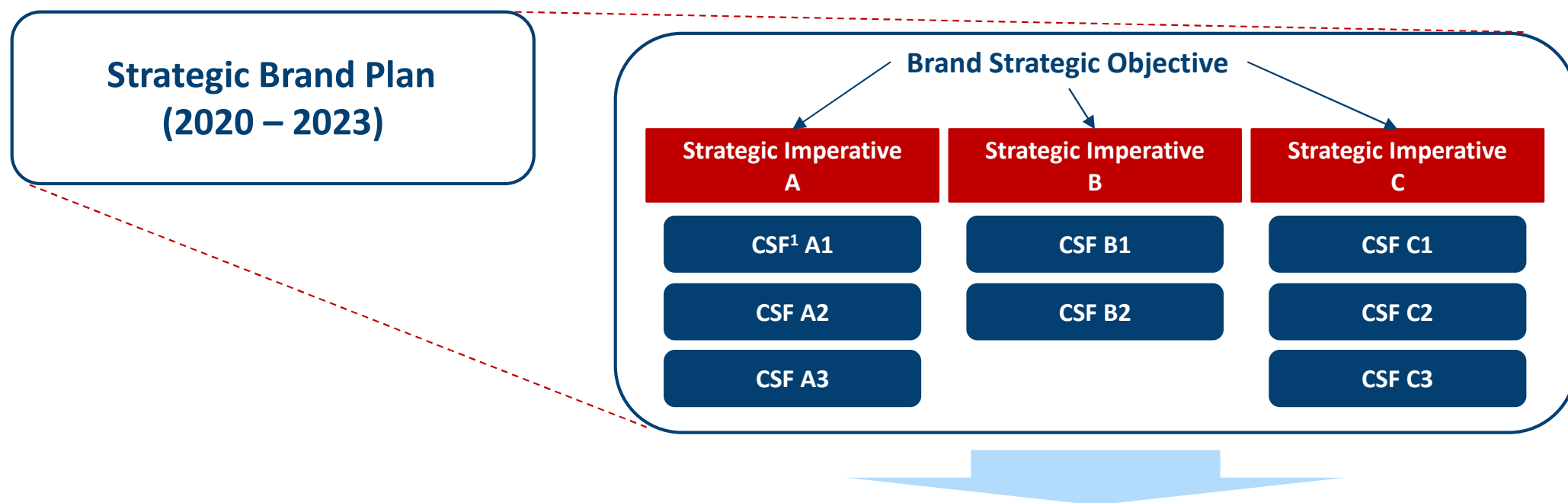
The global objective of KOL engagements must support

one or several CSFs and thus, contribute to fulfill

the strategic imperatives to reach the Brand Strategic Objective

Before defining the KOL Engagement Plan, specific objectives by KOL, consistent with the Brand Strategic Objective, must be set

Global vs. individual objective setting
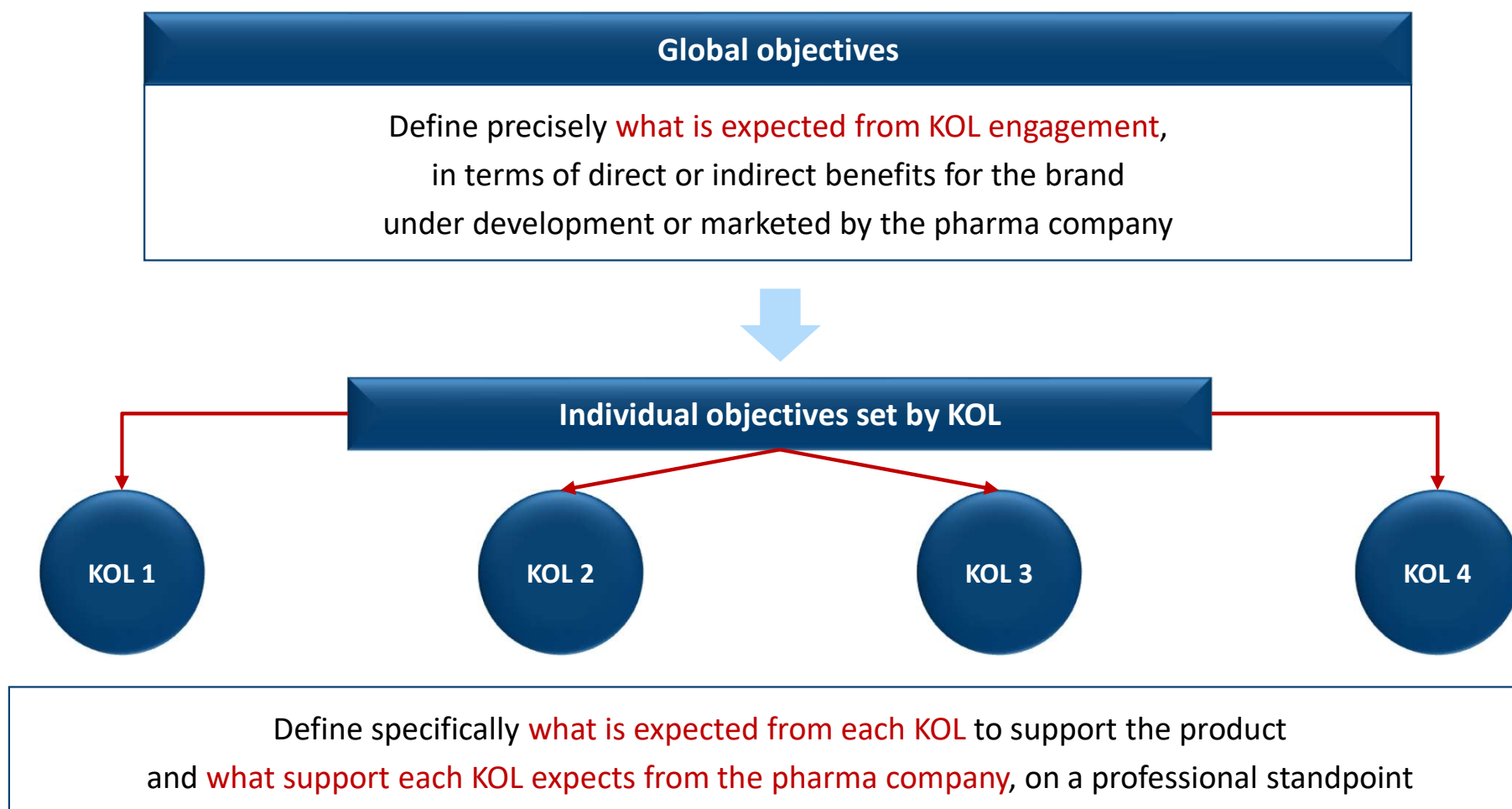
1

Global objectives

Define precisely what is expected from KOL engagement,
in terms of direct or indirect benefits for the brand
under development or marketed by the pharma company

Individual objectives set by KOL

KOL 1   KOL 2   KOL 3   KOL 4

Define specifically what is expected from each KOL to support the product
and what support each KOL expects from the pharma company, on a professional standpoint

Sources: Smart Pharma Consulting

The objective of the KOL partnership and the corresponding activities will depend on where the product is positioned on its life cycle

Examples of objectives along the product life cycle

1

Product life cycle

R&D and registration phases ——————————————→ Commercial phase

| Research & pre-clinical phases | Phase I | Phase II | Phase III | Approval | Pricing & reimbursement | Marketing |

Examples of KOL roles

| Identification of unmet medical needs | | Presentation of clinical results and of product benefits to regulators and payers | Product awareness building & influence on prescribing choices[1] |

Identification of pharmacological targets

Participation in medical education programs[2]

Advice on target product profile and labelling

Contribution to patient management programs[3]

Implementation of R&D activities

Real World Data generation/ phase IV studies

IIT[4]

[1] Through articles, lectures, etc. – [2] Through Continuous Medical Education (CME) programs – [3] Through projects carried out with patient advocacy groups (PAGs) – [4] Investigator Initiated Trials

The selection phase consists in a 4-step process leading to a pool of KOLs with whom to engage to benefit (directly or indirectly) the brand

Methodology

2

	Key questions	**What to do?**
Selection criteria	▪ What are the relevant selection criteria to be used considering the final objective?	▪ Review the relevant criteria (e.g., level of influence, scope of influence, scientific/media awareness, membership of a network, presence in Internet, etc.) ▪ Select a limited number of relevant criteria
KOLs profiling	▪ What information should be collected? ▪ How to collect and analyze this information?	▪ Review internal / external databases to qualify KOLs ▪ Assess the number of publications, quality of journal, the impact factor, Almetrics[1], quotes, lectures during conferences and congresses, etc.
KOLs segmentation	▪ What is the scope of influence and the degree of interest of the KOL for the brand and the related disease(s)?	▪ Map a preselection of KOLs on a matrix according to the most relevant criteria ▪ Identify KOLs networks of collaboration and influence (e.g., cooperative groups)
KOLs selection	▪ Who are the KOLs that should be engaged? ▪ For which kind of engagement?	▪ Select the KOLs ▪ Preliminarily define the types of engagement to carry out with the selected KOLs

Sources: Smart Pharma Consulting

[1] *Collects and collates disparate information on the online activity surrounding scholarly content*

Relevant selection criteria and gathering of accurate and reliable information about the KOLs profiles are of utmost importance to optimize the value of their engagement

Screening process (illustrative)

Filter 1
Field of expertise

Discarded physicians

Filter 2
Level of reputation & influence

# of specialists

Pre-selected physicians

Discarded physicians

Filter 3
Potential interest

Pre-selected physicians

Discarded physicians

Pre-selected physicians

Inclusion criteria

- **Oncology** (medical, radiation and surgical oncology, hematology, brain cancer, etc.)

- **Cardiology** (hypertension, arrhythmias, heart failure, surgery, valvopathy, etc.)

- **Rheumatology** (osteoporosis, rheumatoid arthritis, osteoarthritis, psoriatic arthritis, etc.)

- **Technical expertise** (design of clinical studies, biostatistics, epidemiology, public healthcare, patients' adherence, etc.)

Inclusion criteria

- **Reputation of the hospital/ward the KOL works for**

- **Reputation of the KOL** (based on status, honors, publications, etc.)

- **Power of influence** (on peers, health authorities, PAGs[1])

- **Scope of influence** (global, international, national, local)

Inclusion criteria

- **Inclination to communicate** (in a neutral or positive way)

- **Communication skills** (written and/or verbal)

[1] *Patient advocacy groups*

Qualification of KOLs should be documented with reliable and real-time data collected through desk research and field research (e.g., interviews of peers, pre-identified KOLs)

How to qualify KOLs? (1/2)

2

What data to collect?	How to collect data?	How to analyze data?
▪ **Education** (e.g., university – hospital) ▪ **Medical activity/position** (e.g., specialty, medical department, status in the medical department) ▪ **Teaching activity/position** (e.g., topics taught, professor, lecturer) ▪ **Field of expertise and interest** (e.g., specific disease, pharmacological route, mode of action, medical technique) ▪ **Membership in learned societies** (titles / positions / activities) **and/or in more or less structured networks**	▪ Internet search, direct search ▪ Field research (e.g., peers, hospital pharmacists' interviews, etc.) ▪ Probing by collaborators from the medical department (e.g., MSLs[1]) and collaborators from other departments of the pharma companies (data could be stored and shared on a platform) ▪ KOL Management vendors (e.g., Truven; KOL, LLC; OpenQ; Veeva Systems)	▪ Being head of hospital and professor is a plus ▪ Reputation of the hospital/teaching hospital or of the private institution where the KOL works should be considered ▪ Global or International scopes of influence are preferable, in general, to national or local levels (but it depends on the objective) ▪ Being a member of the management board of a learned society is a plus in terms of potential level of influence

![Smart Pharma Consulting logo]

Qualification of KOLs should be documented with reliable and real-time data collected through desk research and field research (e.g., interviews of peers, pre-identified KOLs)

How to qualify KOLs? (2/2)

2

What data to collect?	How to collect data?	How to analyze data?
■ **Communication activities** – # articles published (impact factor[1], Almetrics[2], peer-/non peer reviewed journals, principal investigator (PI), etc.) – # of training/teaching activities p.a. (CME[3]) – # of lectures (congresses, symposiums, round tables) – Presence on the Internet – # of quotes by journalists in current year	■ Review of published scientific articles (PubMed/Medline, Google scholar, Expertscape, Cochrane Library) ■ Evaluation of training/teaching activities and lectures by interviewing peers and collaborators of pharma companies ■ Google searching for presence and quotes on the Internet	■ The higher the impact factor is, the better ■ KOLs should be ideally positioned as 1st or last author in articles ■ A high number of training/teaching seminars and lectures is a plus ■ The perceived quality of articles, training, teaching and lectures should be assessed
■ **Partnership activities** – Types of activities (e.g., lectures, clinical investigations, advisory boards) – With the company and its competitors – Potential level of interest (inclination to support the development/the proper use of a brand)	■ Review of past performances with the company or its competitors (e.g., probing by collaborators of the company) ■ Interviews of peers	■ Verbal (e.g., lectures, courses) and written communication (e.g., articles, websites) ■ KOLs should express their field of interest over the long term and their expectations from an engagement with the pharma company

Sources: Smart Pharma Consulting

[1] It measures the average frequency with which the article has been cited in a particular year. It is used to measure the importance or rank of a journal by calculating the number of times its articles are quoted – [2] Collects and collates disparate information on the online activity surrounding scholarly content – [3] Continuous medical education

The following table shows a proposed approach to evaluate and rank candidate KOLs to set up a list of Top Global KOLs, that should be continuously updated

Scoring of candidate KOLs

2

Illustrative

Profiling parameters		Prof. A	Prof. B	Prof. C	Dr. D
EXPERTISE	Pharmacological expertise	8	0	6	0
	Academic research	5	9	0	0
	Clinical research	5	0	9	5
	Clinical practice	0	0	6	9
	Scientific advisory board	8	8	7	6
	Sub-total score (A)[1]	5.2	3.4	5.6	4.0
AWARENESS	Publication record	8	5	4	3
	Speaker record	3	4	8	7
	Communicate skills	6	6	5	7
	Density of the network	5	7	7	3
	Sub-total score (B)[1]	5.5	5.5	6.0	5.0
Impact Index[2] score (A x B)[1]		14.3	9.4	16.8	10.0
KOL degree of interest		Moderate	High	Moderate	Low
Ranking		2	3	1	4

- The candidate KOLs can be ranked according to their field of expertise, their associated level of recognition in these fields, and their level of awareness

- The KOL degree of interest for the product should also be considered

- The assessment could be done on a 10-point scale based on data coming from external providers, a panel of peers who will score each expert, combined with the internal insights available at the pharma companies' level, etc.

- This approach will help make a first cut of the Top Global KOLs that should be continuously reevaluated

[1] Average of the marks obtained – [2] [Expertise x Awareness] / 2

The proposed matrix is a useful tool to prioritize the KOLs with whom to engage and to pre-define the types of collaboration to carry out with them

KOL targeting – Segmentation & selection
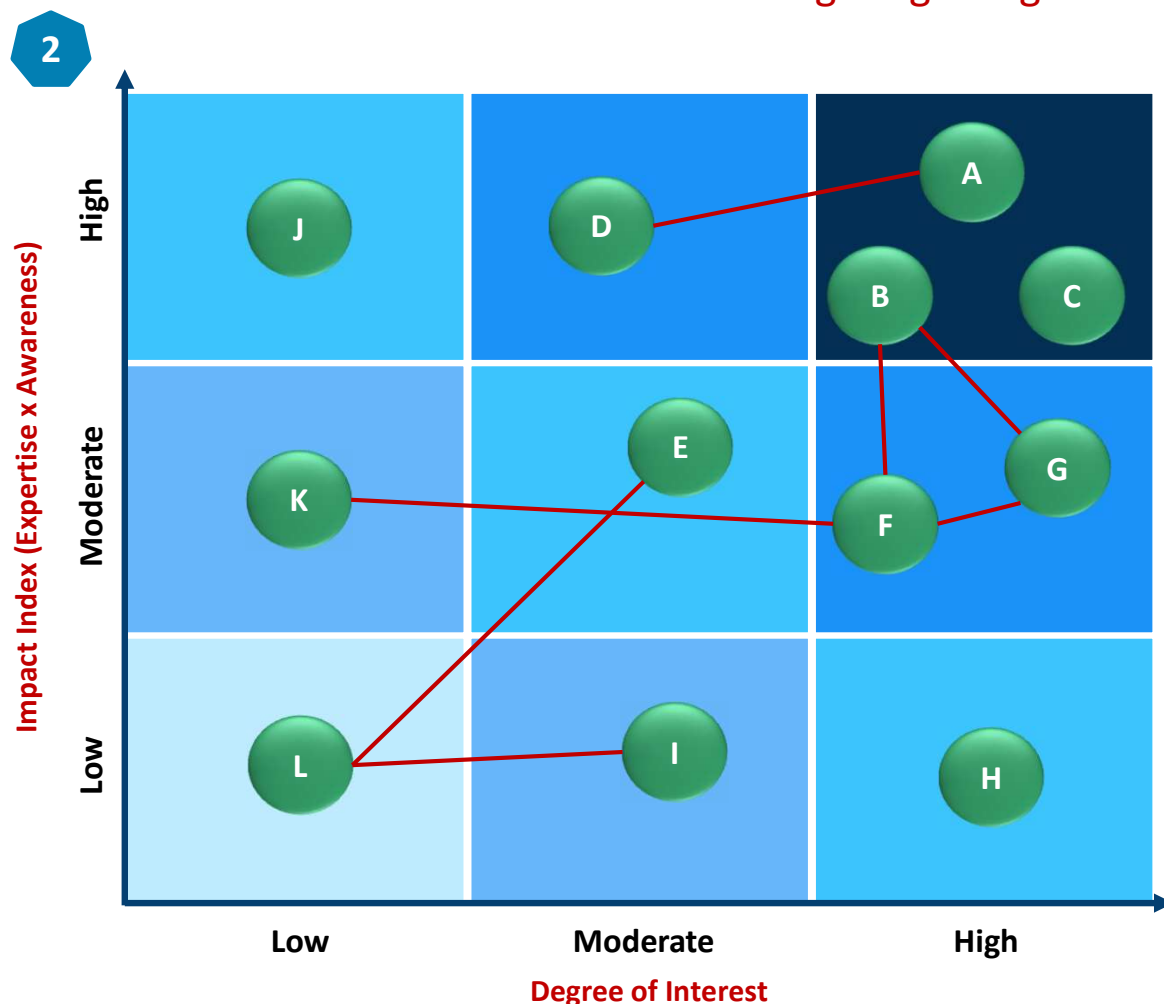
Impact Index (Expertise x Awareness) — High / Moderate / Low

Degree of Interest — Low / Moderate / High

Priority 1 / Priority 2 / Priority 3 / Not a Priority

Networks of influence / collaborations amongst KOLs

- The proposed matrix facilitates the **final selection** (targeting) of pre-selected KOLs based on their:
  - **Impact index** (combining their degree of expertise and awareness[1])
  - **Potential interest**

- The impact index reflects the KOLs ability to influence other stakeholders (i.e., HCPs, policy makers, payers, patients, PAGs)

- The degree of interest reflects the KOLs willingness to support:
  - The development of the company brand
  - The proper use of the brand, once marketed

- The network[2] of KOLs should also be considered

Sources: Smart Pharma Consulting

[1] Including on Internet – [2] Network of influence / collaboration amongst KOLs

To convince KOLs to partner, it is important to consider their expectations and to highlight the benefits, they will draw from it in terms of professional development

How to convince KOLs to partner?

2

What do KOLs want through engagements?	**What should pharma companies propose to KOLs?**

- The selection of KOLs should consider the **benefits they can offer** to the pharma companies and the **benefits** the pharma **companies** can **offer to them**

- *For so doing, the following questions should be addressed:*
  - Is the KOL yet a partner of the pharma company?
  - What has been qualitatively and quantitatively his level of involvement?
  - What has been his feed-back (level of satisfaction) from previous collaborations?
  - What is his mid- to long-term professional ambition?
  - What does he expect from collaborations with pharma companies?
  - Is he looking for a long-term partnership or a "fee-for-service" transaction?

- Based on KOLs professional expectations, pharma companies can **propose ideas** of "**win-win**" **activities** to be carried out through engagements

- The **benefits** the **KOLs** will draw in terms of **personal awareness** and **competence development** through the engagement should be **emphasized**:
  - **Opportunity to participate in** publication of articles, interviews in media, presentations during congresses, lectures during medical meetings, etc.
  - **Provide expert opinion/guidance and/or…**
  - **… opportunity to participate in clinical research (e.g. clinical trials) or to carry out IITs**[1]
  - **Professional development** through the access to recent information, to high education programs[2], by working in new research/medical areas, etc.

[1] *Investigator Initiated Trials*– [2] *Especially for Rising Opinion Leaders*

Pharma companies should be able to manage dynamically their selected KOLs by attracting newcomers and putting an end to some existing collaborations

Dynamic management of selected KOLs

2

Entering KOLs

Current pool of selected KOLs

- Guidance for new product development
- Data generation (pre-clinical or clinical)
- Creation of credible and persuasive medical content
- Advice regarding product strategy (e.g., positioning)
- Facilitation of patient access to new therapies

Leaving KOLs

- KOLs entering the reservoir of partners should fulfill specific objectives

- Depending on the needs to be fulfilled, the expertise and motives of the KOL, the expected engagement will be:

  – Either strategic and renewed for several years (partnership)

  – Or tactic and carried out on an ad-hoc basis (transaction) for a specific activity (e.g., lecture, clinical study)

- To manage dynamically – and efficiently – a pool of KOLs, it is important to stick to certain rules:

  – The objective of the collaboration should be clearly set to avoid any misunderstanding

  – The expected engagement from the KOL and services from the pharma company should be specifically defined

  – The fulfilment of the contractual obligations should be closely monitored and the gaps, if any, filled up by mutual agreement

- KOLs may leave the reservoir of partners based on:

  – Joint decision (e.g., completion of an ad-hoc agreement)

  – Decision made by the pharma company (e.g., engagement not satisfactorily fulfilled, difficulty to collaborate with the KOL)

  – Decision made by the KOL (e.g., mismanagement of the relationship by the company, lack of interest in the product or the requested activities)

Sources: Smart Pharma Consulting

Pharma companies should balance what they expect from KOLs in terms of activities and what they give them in terms of services to ensure a win-win partnership

Services proposed to & activities carried out by KOLs

3

Services proposed to KOLs (Illustrative)

KOL Digital Platform (2.0)[1]

Access to scientific information
(e.g. articles, databases, expert reports, clinical cases)

Organization of peer meetings with top international KOLs
(e.g. congresses, symposiums, forums, etc.)

Technical support to publish articles
(e.g. medical writing, proof reading, peer pre-review)

Technical & funding support for Investigator Initiated Studies

Slide kits for training/teaching programs

Ad hoc support on demand basis
(e.g. media training, training on statistics, change management in a ward)

KOL Manager[2]

Activities carried out by KOLs (Illustrative)

- Participation to scientific studies
- Article writing
- Advisory board member
- Lectures during symposia
- **KOLs**
- Promo material review[5]
- Press conference
- Participation to internal meetings[4]
- Training of peers / CME[3]

[1] Access limited to KOLs – [2] Each KOL should have a dedicated KOL Manager (e.g. a MSL) – [3] Continuous Medical Education – [4] Such as lectures to sales forces, face-to-face meetings with the marketing team, etc. – [5] Such as visual aids, leaflets for patients

If KOLs share the objective of the pharma company and accept to communicate, the following means can influence medical practices and help better position products

Potential value of KOL activities (1/2)

3

Article writing

- KOLs may support the pharma company priorities by communicating in scientific journals, professional magazines or lay press regarding:
  - New medical approaches, new guidelines, patient management, etc.
  - The position of its products in the therapeutic strategy

*Perceived reliability by readers: **H***
*Number of exposed readers: **L-H***

Lectures during symposia

- While giving lectures, KOLs may accept to cover topics of interest for the company…
- … and/or to position its product vs. direct competitors or indirect therapeutic alternatives based on scientific data/ rationale
- KOLs may also share their own experience as a prescriber of the company products

*Perceived reliability by participants: **M***
*Number of exposed attendants: **L***

Press conference

- Press conferences enable to have indirectly access to a larger number of readers
- The messages conveyed by KOLs may sometimes be modified by journalists
- It is rare for KOLs to make strong statements in favor of a product during a press conference

*Perceived reliability by readers: **M***
*Number of exposed readers: **M-H***

Training of peers / CME[1]

- KOLs may communicate to HCPs during training sessions regarding:
  - Medical topics of interest for the pharma company
  - The position of its products in the therapeutic strategy
- In such circumstances, KOLs may convey strong messages, if they decide to do so

*Perceived reliability by participants: **M-H***
*Number of exposed attendants: **M***

H: Higher – M: Medium: – L: Lower

KOLs can be of great value through direct collaboration (by training, informing, giving advice, etc.) with medical and marketing teams of the pharma company

P Potential value of KOL activities (2/2) 2)

3

Participation to internal meetings

- KOLs may play an effective role during internal meetings by:
  - Informing / training medico-marketing teams about scientific trends and position of competitors
  - Being invited as a "guest star" to show collaborators the ability of the pharma company to partner with top medical leaders
  - Playing a role with sales reps (e.g., selling forums)

Participation to scientific studies

- KOLs, especially if they are supposed to sign or co-sign the corresponding publication, may be very helpful to:
  - Participate to the design of the study
  - Carry out the study (either about a given pathology only or a pathology & its treatments involving the pharmaceutical company product)
- Involvement of KOLs in medical/clinical studies will depend on their field of interest

Advisory board member

- Advisory board meetings with KOLs should be preferred to individual meetings with KOLs when the objective is to get advice on:
  - **Estimating** the impact of key **market trends**:
    - Scientific innovation
    - New product development
    - Evidence generation
    - Market access strategy
    - Marketing strategy (positioning)
  - New **ideas** or **concepts**

Promo material review

- KOLs may collaborate with the marketing team by contributing to the creation of promotional materials
- Thus, they can create value by:
  - Suggesting messages
  - Developing a scientific rationale to support messages/claims of the products
  - Assessing and editing the content of promotional materials (visual aid, booklet…)

Sources: Smart Pharma Consulting

A comprehensive KOL engagement strategy requires from pharma companies to gain an in-depth understanding of KOL challenges, motivators and expectations

KOLs challenges – motivators – expectations

3

Challenges

- **Trusting pharma**: product efficacy and safety, corporate reputation and service quality
- **Pharma engagement approach**: transactional arrangement vs. real relationship, multiple contact points
- **Time and doctor/patient ratio**
- **Regulation**: compliance, accountability, disclosure of compensation from pharma companies

Motivators

- Prestige and renown
- Better healthcare outcomes
- Scientific journals and publications
- Membership in advisory boards, steering committees
- Formulation of guidelines and medical policies
- Speaking opportunities at congresses, symposia
- Participation in clinical trials and academic researches

Expectations from pharma companies

- Fair market value remuneration
- Presence in KOLs field of expertise
- Consistency, communication, support and interaction
- Value-adding interactions with pharma companies' collaborators
- Research assistance
- Credibility and commitment to patient care
- Continuous engagement
- Genuine involvement & meaningful partnerships
- Transparency

"One goal that most KOLs share is to capture attention and prestige within their community"

In general, the most common criticisms by KOLs at pharma companies are related to absence of true partnerships and of cohesive internal strategy and processes

Top 10 poor pharma companies practices & key learnings

3

Top 10 poor practices

1. "30-page confidentiality agreement"

2. Unclear unspoken objectives

3. Inconsistent honoraria payments across projects

4. Strong commercial bias in discussions about treatments

5. Lack of listening

6. Lack of on-going communication

7. Sporadic approach: "No follow-up to show how they used our input or what they did"

8. "17 different people from the same company contacted me in the course of one month"

9. Changes in staff: "I never know who is who"

10. Relationship held by the CRO

Key learnings

- Set clear objectives

- Favor partnership-based to transactional agreements

- Consider what KOLs want from a relationship with pharma companies

- Ensure a transparent communication

- Have a clear demarcation between commercial, medical and clinical needs (and others, if needed)

- Ensure a consistent and coordinated communication between the pharma company and the KOLs

The development of a KOL Engagement Plan is a centerpiece to maximize the probability of success while partnering with KOLs

KOL engagement plan (1/2)

3

WHY?

- The development of a clear – precise – concise and shared engagement (activity) plan, between KOLs and pharma companies – will ensure that:

  - Objectives of collaboration are well understood and agreed upon

  - Reciprocal expectations are well defined and accepted

  - Respective commitments are fulfilled and in due time

- The preparation of an engagement plan increases the probability of success of the partnership over time…

- … and minimizes the risks of mutual disappointments

- The KOL Engagement Plan (KEP) will facilitate the coordination and the communication across the pharma company and thus optimize synergies across market access, medical and marketing departments

Sources: Smart Pharma Consulting

To build a useful and effective KOL Engagement Plan, it is recommended to follow the 5-step process proposed here-below

KOL engagement plan (2/2)

3

1. **Design of templates that can be shared with KOLs and the pharma company collaborators** (i.e., from market access, medical, marketing departments)

2. **Filling up of the plan** by the pharma company collaborators assigned to the KOL under the supervision of the Medical Director and Marketing Director[1]

5. **Assessment of the engagement by:**
   - The KOL Manager and the KOL to measure the level of mutual satisfaction and decide about potential adjustments[3]
   - A committee incl.: the Medical Director, the Marketing Director, the KOL Manager to evaluate the KOL engagement and decide about potential adjustments[4]

HOW?

3. **Reviewing/adjustment of the plan by the KOL and the KOL Manager[2]:**
   - Objectives
   - Services offered by the pharma company
   - Activities carried out by the KOL
   - Fees (if any) at a fair market value
   - Monitoring process of services/activities

4. **Follow-up of the plan:**
   - Prepare the planned services/activities
   - Analyze the quality of execution of these services/activities
   - Reconsider – if not anymore relevant – planned services/activities

"To find common ground is a key success factor in KOL engagement"

[1] If allowed by national and corporate regulations – [2] It is recommended to assign one KOL manager who is the preferred point-of-contact for the KOL – [3] Ideally, twice a year – [4] Ideally, once a year

Individual KOL Engagement Plans should be co-developed by the KOL and the pharma company to avoid any misunderstanding and subsequent disappointments

Development of KOL Engagement Plans

3

Strategic Brand Plan (2020 – 2023)

- The KOL engagement plan should be developed to support the Brand Strategic Objective as per the Strategic Brand Plan

- Each individual KOL engagement plan should be designed accordingly and be consolidated in a single document

- The Consolidated KOL Engagement Plan can cover a period lasting from one year to 3 or even 5 years, depending on the product position on its life cycle

Sources: Smart Pharma Consulting
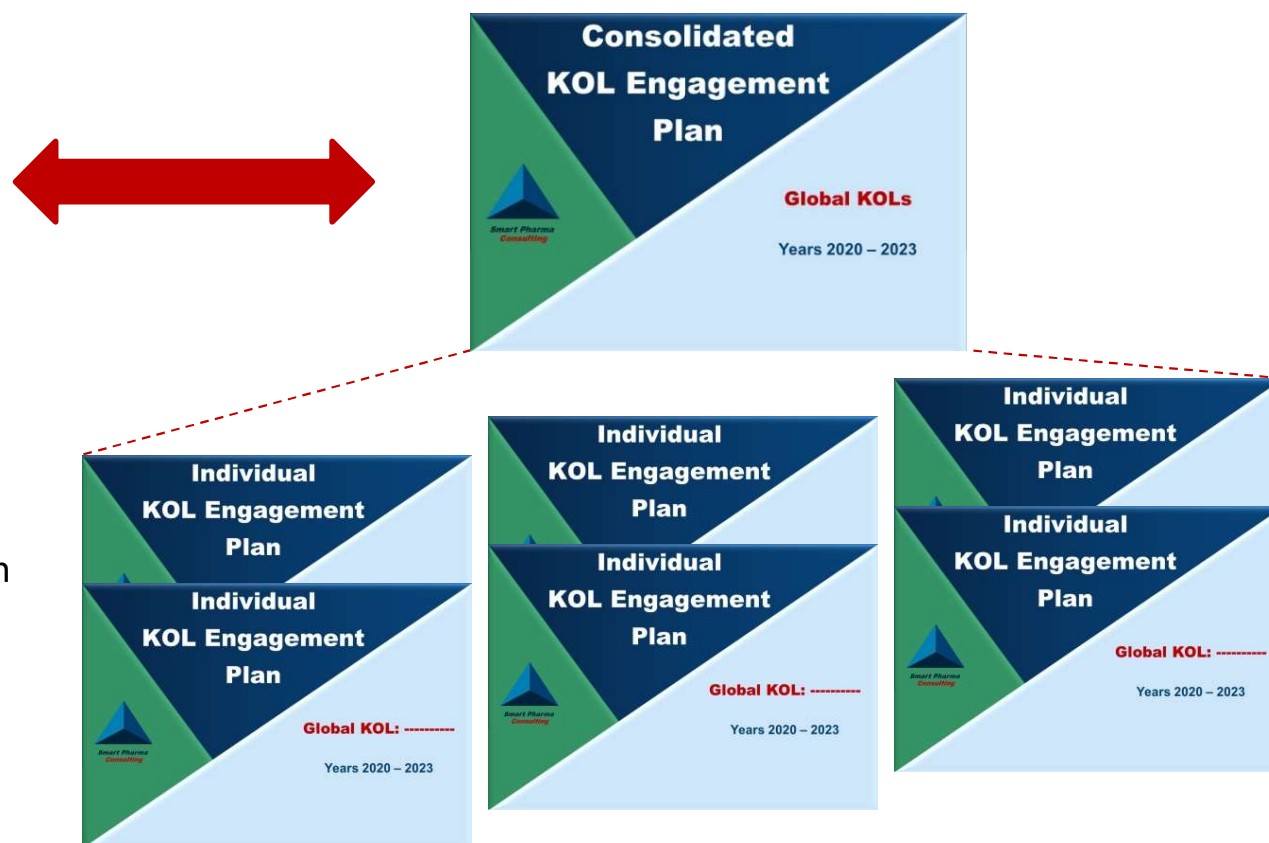
The KOL Engagement Plan should be formalized in a document that could be structured as proposed in the table of contents, here-below

Structure of a Consolidated KOL engagement plan

3

Illustrative

Consolidated KOL Engagement Plan

Global KOLs

Years 2020 – 2023

Table of Contents

- Introduction
  - Brand Strategic objective (vision)
  - Brand Strategic Imperatives & Critical Success Factors
  - Brand development priorities (3-year perspective)
- Expected contribution from the pool of Global KOLs
- Expected contribution from individual Global KOLs
  - Type of agreement (ad-hoc, partnership, duration, etc.)
  - Key activity selection (e.g., advisory board meeting, lecture, clinical study, peer-to-peer trainings)
  - Key activity description (e.g., objective, timing, accountability, budget)
  - Key activity monitoring (e.g., KPIs[1] and KEIs[2])

[1] Key performance indicators – [2] Key execution indicators

The KOL Engagement Plan should include key information extracted from the KOL database, specify the objectives of the collaboration, its scope and duration

Individual KOL engagement plan – ID Card

3

KOL name	First name – surname	Medical status	MD – head of medical department – professor of medicine, etc.	Medical setting	Private hospital – Public hospital – Teaching hospital
Expertise	E.g., therapeutic area, organ, pharmacology, academic and/or clinical research, scientific advisory boards, etc.	Awareness	Publications – Lectures – Communication skills - Network	Impact Index[1]	Numerical scale to be determined
Degree of Interest	Low – Moderate – High	Points of vigilance	E.g., mobility, adherence to deadlines, quality of presentation documents, etc.	Ranking	

Primary objectives of the collaboration	•			
Specific activities planned within the engagement[1]	•	•	•	•

Type of agreement	Duration of the agreement
• Transactional agreement:	• Annual: from: ---/---/--- to: ---/---/---
• Partnership agreement:	• Multi-year: from: ---/---/--- to: ---/---/---

[1] Examples: Development of a digital tool to improve patients' adherence, coordination of a multi-centric study, expert support to estimate the medico-economic value of a new product, lectures during medical meetings organized with peers, etc.

The KOL Engagement Plan should describe the activities the KOL is engaged to carry out to meet specific objectives, and it should include monitoring indicators

Individual KOL Engagement Plan – KOL Activity Card

3 **4**

Illustrative

KOL Activity	• Lecture, training of peers, advisory board, press conference, article writing, IIS, clinical study, etc.	Objectives	•		Pharma company contact point	

Key implementation steps	Timing	Points of caution	Expected output / value of the activity for…		
			… the KOL herself/himself	… the pharma company	… 3rd parties ------------------
•		•			
•		•			
•		•	•	•	•
•		•			
•		•			

Feasibility (High – Moderate – Low)		Key Execution Indicators		Key Performance Indicators	
Technical	•	• These indicators measure the quality of execution of the activity		• These indicators measure the impact (output/value/benefit) of the activity for the different targets (the KOL, the pharma company and possibly for 3rd parties, like peers, patients, PAGs)	
Regulatory	•				
Financial	•				

Sources: Smart Pharma Consulting

The KOL Engagement Plan should also describe, plan and follow up the services proposed to the KOL, as a constituent of the partnership-based agreement signed

Individual KOL Engagement Plan – Partnership-based Service Card

3 **4**

Illustrative

Pharma company services	• Access to scientific information, technical support to publish articles, provision of training/teaching materials, organization of peer meetings, etc.	Objectives	•	Pharma company contact point	

Key implementation steps	Timing	Points of caution	Expected output / value of the service for…	
			... the KOL herself/himself	... the pharma company
•		•		
•		•		
•		•	•	•
•		•		
•		•		

Feasibility (High – Moderate – Low)		Key Execution Indicators		Key Performance Indicators	
Technical	•	• These indicators measure the quality of execution of the service provided to the KOL		• These indicators measure the impact of the service provided to the KOL	
Regulatory	•				
Financial	•				

Sources: Smart Pharma Consulting

Key execution and performance indicators are essential to optimize the chance of a proper execution of services / activities and of a win-win partnership

Examples of tools to monitor engagements with KOLs (1/2)

4

KOLs activities	Key execution indicators (KEIs)	Key performance indicators (KPIs)

▪ Lecture during symposia or congresses	▪ Interest (10-point scale)
	
	▪ Utility (10-point scale)
	
	▪ Practicality (10-point scale)
	
	▪ Implementation[1] (10-point scale)
		▪ Global level of satisfaction of attendees (10-point scale)
		▪ Inclination of attendees to support & prescribe the product:
		  – Number of lectures/trainings/publications
		  – Quality/objectivity of messages conveyed to peers, pharmacists, PAGs, etc.

▪ Training of peers		
▪ Article writing	▪ Acceptance by recognized journals (scientific, medical, or in lay press, etc.) ▪ Post on highly regarded websites	▪ Impact factor and Altmetrics[2] (for scientific / medical journals) ▪ Number of broadcasted issues for lay press ▪ Number of views / likes on Internet ▪ Contribution of content to support the product
▪ Press conference	▪ Number and quality of press conferences conducted	
▪ Participation in scientific studies	▪ Implementation (number of patients recruited, timing, actual costs vs. budget)	▪ Publication of an article in a renowned scientific journal ▪ Impact of the publication on product reputation

[1] *Logistics, timing, actual costs vs. budget –* [2] *Collects and collates disparate information on the online activity surrounding scholarly content*

Key execution and performance indicators are essential to optimize the chance of a proper execution of services / activities and of a win-win partnership

Examples of tools to monitor engagements with KOLs (2/2)

4

Pharma company services	Key execution indicators (KEIs)	Key performance indicators (KPIs)
▪ Access to scientific information	▪ Interest (10-point scale)	▪ Global level of satisfaction of KOLs (10-point scale)
▪ Organization of peer meetings with top global / international KOLs	▪ Utility (10-point scale)	▪ Inclination of KOLs to support the pharma company products: – Number of lectures / trainings / publications
▪ Publications support		– Quality/objectivity of messages conveyed to peers, pharmacists, patients, etc.
▪ IIT[1] support	▪ Practicality (10-point scale)	
▪ Slide kits for training / teaching programs		▪ Increased level of KOLs awareness and reputation
▪ Ad hoc support on demand basis	▪ Implementation[2] (10-point scale)	▪ Increased level of products awareness and reputation

[1] Investigator Initiated Trails – [2] Logistics, timing, cost vs. plan

Future trends
in KOL Engagement Planning

- **Fewer** opportunities for **transactional** and agreements (e.g., ad-hoc contributions such as lecture at a symposium)

- **Greater independence** of KOLs and **increasing pro-bono contribution** where mutual benefits lie (e.g., research program, lectures reinforcing their awareness)

- **More independent collaboration** projects, indirectly or not connected to a specific product (e.g., research program, education program, best practice sharing)

- **Increasing presence**, awareness and influence of **KOLs on Internet**

- **Broader definition of KOLs** from clinical expert to patient advocate, payor, academic institution, charity, etc.

- **Evolving internal policies** to foster **transparency** and **compliance** with industry code of practice

Recommendations for a
Successful KOL Engagement Planning

1. Define **clear** and **precise objectives for each KOL**

2. Build a **relationship** based on an **exchange of services / activities** (vs. fee-for-service deal)

3. Make sure that **services** provided to KOLs **contribute to fulfill** their **needs/expectations**

4. Ensure an **open** and **transparent relationship**

5. Do not ask **KOLs** to **promote** your **products**, you would affect their reputation and yours

6. Make the **best use** of **KOLs limited time** by organizing useful exchanges

7. Assign a **KOL Manager** who is the KOL-preferred contact point and who ensures alignment and information sharing between all collaborators of your company in contact with her/him

8. Create a **technology platform** to **store**, **structure** and **share data** relative to KOL profiles and engagements (planned and achieved)

*Define **internal guidelines** and a **control process** to prevent*
*any **compliance issues** that could damage your corporate reputation*

Sources: Smart Pharma Consulting

Smart Pharma
CONSULTING

Serving & Sharing with Passion

Strengthening
Brand Preference

The Brand Preference Mix approach

POSITION PAPER

In the current environment, market share gain should be the top strategic priority, over reliance on market size growth, to optimize the performance of either established or new brands

Introduction

Market growth vs. market share growth
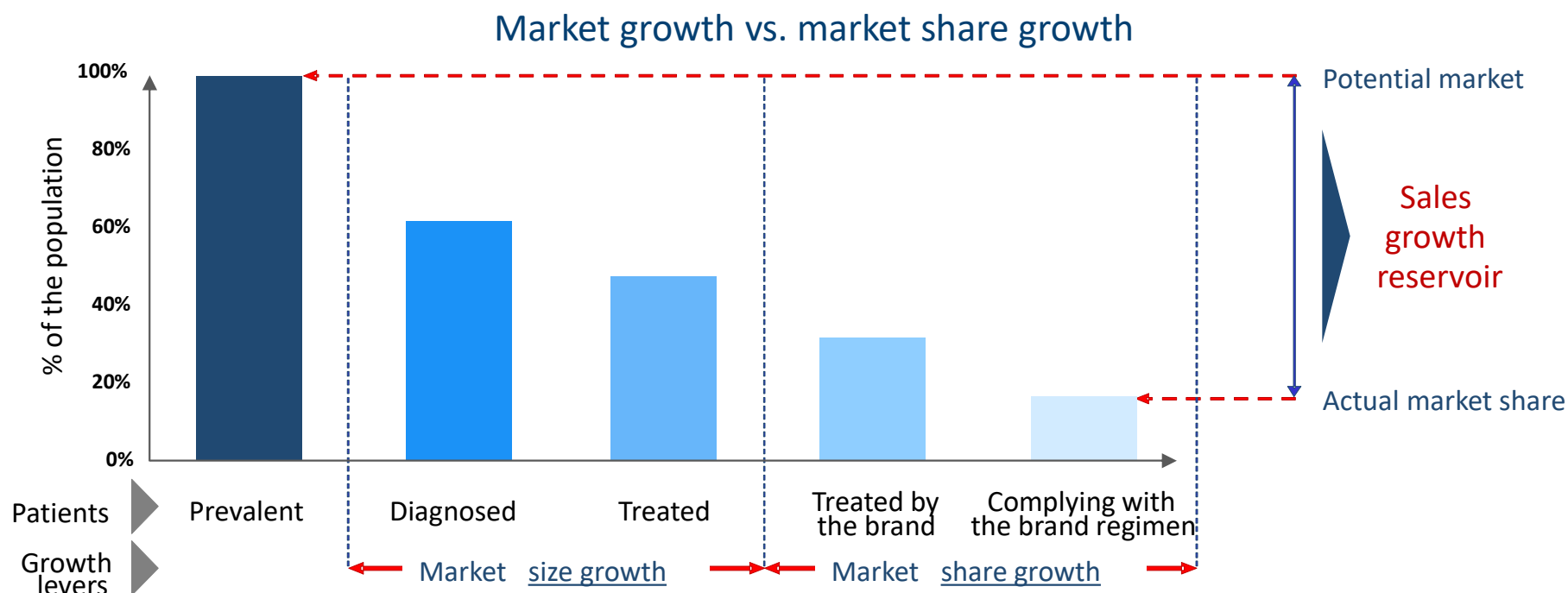
- In an environment where the growth of market is decelerating, gaining market share has become vital for pharma companies to increase their sales
- When several brands are available for a given pathology, enhancing prescribers' brand preference vs. competitors is key to gain market share and thus to succeed in the marketplace
- Thus, for their established or new brands, pharma companies must make the gain of market share their top priority

Sources: Smart Pharma Consulting

Market share gain, which is directly related to stakeholders' level of preference, is the most important determinant of products performance[1]

Introduction

Impact on the performance of pharmaceutical companies

Increase market size

More prescribers

Increase market share

Higher Brand Preference

Earlier treatments & larger target population

Higher adherence & persistence rates

Brand

More patients / prescriber
(% of diagnosed and then treated patients)

[1] Particularly in an environment in which the market growth is severely constrained by budgetary controls on health spending imposed by health authorities

Unlike customer satisfaction, customer preference enables to gain market share, but for so doing, brands are required to offer benefits perceived as unique and superior

Why should preference supersede satisfaction?

Customer Satisfaction		Customer Preference

	Definition	
▪ Results from the fulfillment of one or several expectations		▪ Results from a superior solution to existing alternatives

	Impact	
▪ Secures customer loyalty		▪ Secures loyalty and enables to conquer new customers

	Implementation	
▪ Identification of expectations ▪ Offering of solutions to fulfill these expectations ▪ Assessment of customer satisfaction (e.g., customer satisfaction survey)		▪ Identification of expectations ▪ Assessment of superiority level to induce customer preference ▪ Offering of unique & preferential solutions ▪ Measurement of the preference level with tools (e.g., BPM Index[1])

"Do not just be liked, try to be preferred!"

[1] *Brand Preference Mix Index*

Consumers' preference for an iPhone vs. a BlackBerry is not only based on products attributes

From difference to preference
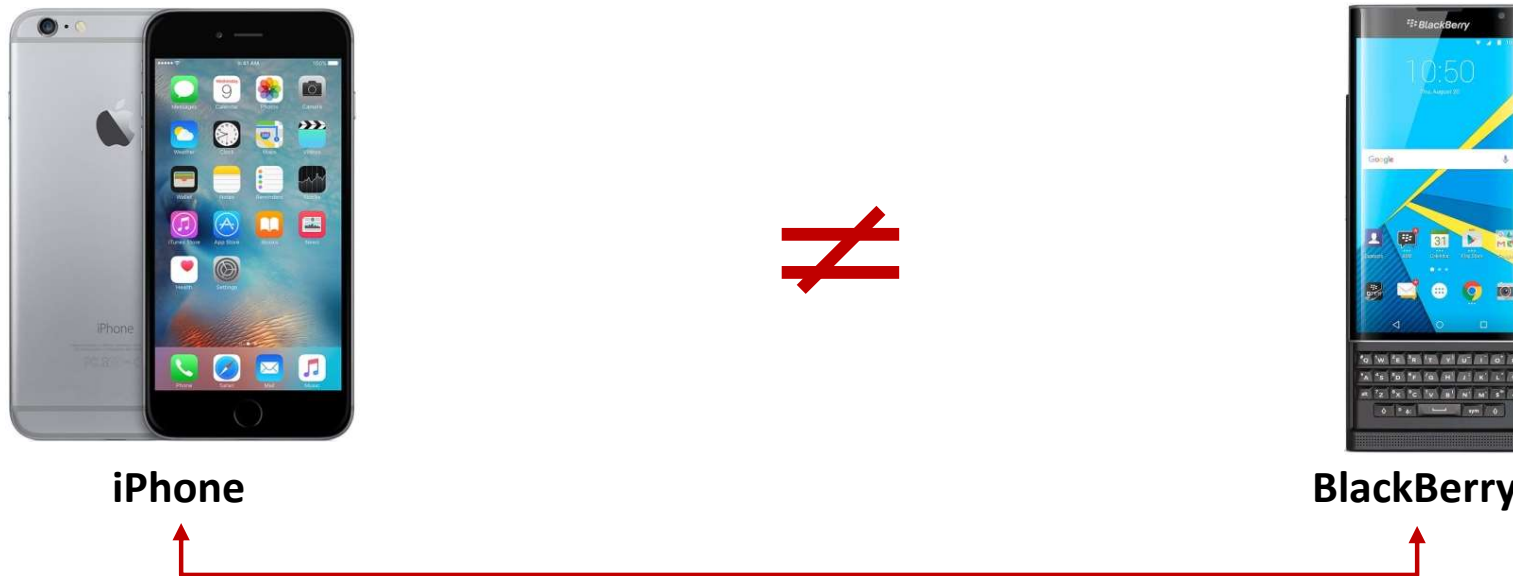
iPhone   **BlackBerry**

1. What are the main differences between an iPhone & a BlackBerry?

2. Does the corporate reputation (Apple vs. RIM[1]) play a role?

3. Is the service offering attached to each product significantly different[2]?

4. How are these differences transformed into preference?

Sources: Smart Pharma Consulting

[1] Apple is very famous and has a good reputation, in contrast to RIM (Research in Motion Limited, renamed BlackBerry since January 30th, 2013) – [2] As opposed to Apple that created Apple Stores, BlackBerry has no specific store

The Brand Preference Mix is an easy and effective approach to strengthen the preference of stakeholders for brands marketed by pharmaceutical companies

Brand Preference triangle
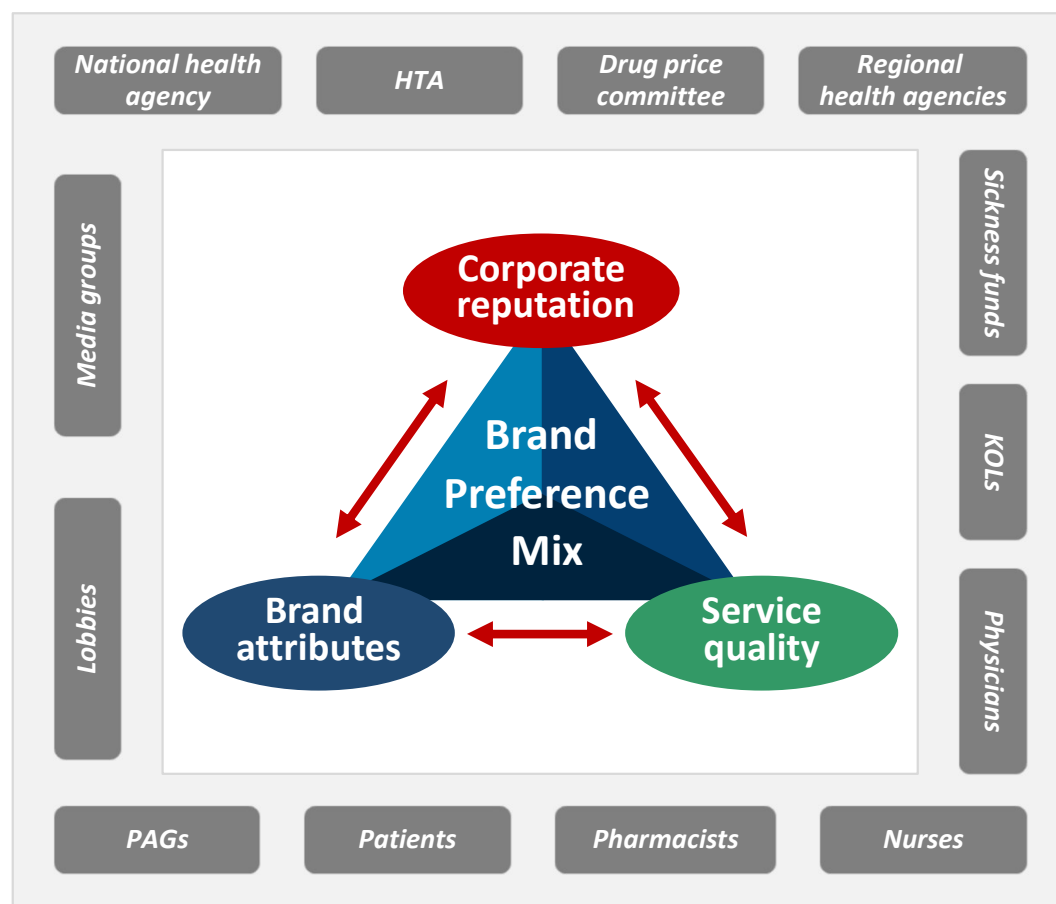
- To change stakeholders' preference:
  - Health authorities
  - Payers (Insurance system) and buyers
  - KOLs/experts
  - Prescribers and other healthcare professionals
  - Patients and Patient Advocacy Groups (PAGs)

  for a brand, pharmaceutical companies can act on three components:
  - Corporate and collaborators reputation
  - The quality of proposed services
  - The image / the perceived quality of product's attributes

- These three components are more or less linked between them by stakeholders

Sources: "Building prescriber loyalty", J.-M. Peny et al., SCRIP Magazine, September 1993 – Smart Pharma Consulting

To optimize the Brand Preference Mix of their products, pharmaceutical companies should address several key issues

How to optimize the Brand Preference Mix?

- How to create a **superior image**?
- How to build an **appealing identity**?
- How to maintain a good **corporate reputation** that induces the preference of stakeholders[1]?

- How to install a perception of **uniqueness**?
- How to generate "preference" from stakeholders by highlighting specific product **attributes**?
- How to **leverage** corporate **reputation** and **service** offering?

Corporate reputation

Brand Preference Mix

Brand attributes

Service quality
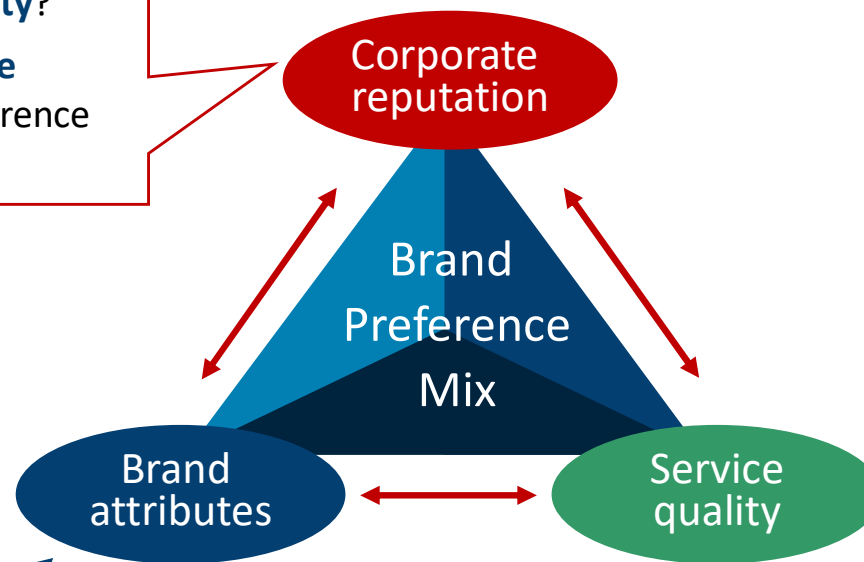
- How to deliver **innovative services valued** by customers?
- How to ensure a sustainable **excellence** in the **execution** of these services?
- How to select and design **services** leading to **higher corporate** / **brand preference**?
- How to make sure that the proposed services are **recognized** and **memorized** as produced by the **company** and that they are related to the **brand**?

Sources: "Building prescriber loyalty", J.-M. Peny et al., SCRIP Magazine, September 1993 – Smart Pharma Consulting

The strength of the brand depends on its identity (i.e., the sum of its objective and subjective characteristics) and on its degree of awareness

Brand strengths components (1/2)

AWARENESS

- Awareness rating:
  - Top of mind
  - Spontaneous
  - Assisted
  } vs. competitors
- The awareness rating depends on cumulated marketing investments dedicated to the brand since its launch, including:
  - Medical calls
  - Press ads
  - Scientific meetings
  - Clinical studies
  - Etc.

X

IDENTITY

Objective components

- Efficacy
- Safety
- Convenience
- Price
- Services
} vs. competitors

Subjective components

- Appearance (e.g., packaging, color, form, taste, texture, etc.)
- Personality (e.g., history, positioning communication style, etc.)
- Affectivity (e.g., feeling conveyed by the company and its collaborators, etc.)

=

Brand strength

"The brand strength reflects its ability to create customer loyalty over time"

Sources: Smart Pharma Consulting, Adapted after G. Lewi and J.N. Kapferer

Certain brands benefits from an extraordinary level of awareness and from an extremely strong identity based on tangible and/or intangible components

Brand strengths components (2/2)

AWARENESS

- Certain brand have reached such a widespread awareness that they have become an antonomasia:
  - Frigidaire
  - Klaxon
  - Kleenex
  - Post-it
  - Scotch

- However, antonomasia is exceptional in the pharma market:
  - Valium
  - Tagamet
  - Prozac
  - Viagra

IDENTITY

- Few pharma brands have managed to build a very robust identity, combining their tangible and intangible components:

Since the launch of Glivec, in 2001, patients do not die anymore from Chronic myeloid leukemia (CML)

Zantac (Glaxo), a me-too of Tagamet (SKB) became the world top selling brand in the mid 90' with peak sales > USD 500M thanks to an "aggressive" marketing strategy[1]

The corporate image should reflect companies' identity and lead to a strong and appealing reputation, likely to generate confidence and stakeholders' preference

Link between corporate image – identity – reputation

Corporate Identity

It is the "**personality**" of the company, based on its **attributes**, **values** and the **way it interacts** with employees and external stakeholders

Pharmaceutical company

Stakeholders (internal & external)

Corporate Image

It is the **sum** of **stakeholders' impressions**, resulting from **interactions**, from **messages**
delivered by the **company**, its **customers**, **competitors**, etc.

Corporate Reputation

It is a **collective representation** of stakeholders' **opinion** based on their **perception** of company's **past behavior** and **performance**, as well as of its **future prospects**[1]

"It takes 20 years to build a reputation and five minutes to ruin it" W. Buffet

Stronger corporate reputation leads to an increased operational efficacy and efficiency which impact companies' performance

Impact of corporate reputation on performance

A good corporate reputation is an emotional bound that can boost a company's success by:

— Generating more positive feedback from media and pressure groups

— Creating a more favorable outlook from regulators and rating agencies, thus decreasing financing cost and increasing value

— Attracting capital resources and strategic business partners, thus expanding business opportunities

— Attracting, motivating and retaining talented employees, thus enhancing innovation capabilities and value

— Encouraging consumers to buy products and services

— Driving profitable sales in crowded markets

— Resisting better in a crisis mode, investors giving the company the benefit of the doubt

Sources: Adapted from D.A Whetten and A. Mackey 2002 by Smart Pharma Consulting – Reputation Institute 2016

The global and individual reputation of pharma companies can be improved through a higher focus on innovative R&D, access programs and ethic in business practices

Global corporate reputation of the pharma industry

The 3 pillars of corporate reputation in the pharma industry

Involvement in R&D and innovation	Access initiatives & CSR[1]	Ethic in business and marketing practices
▪ Focus investments on current unmet medical needs rather than on market potential only ▪ Keep an R&D / marketing & sales investment ratio >1 ▪ Invest in R&D and in manufacturing in countries of interest	▪ Ensure access to the medicines to every patient (through performance-based pricing agreements with payers, financial support for uninsured patients) ▪ Propose initiatives focused on patients aiming at improving education / compliance / use ▪ Focus on your employees' satisfaction at work	▪ Communicate transparently regarding R&D costs and results, pricing and marketing practices ▪ Avoid over-claim and provide objective information ▪ Patient-focused initiatives aiming at a better education / compliance / products good use

Communication (direct by pharma companies and indirect by external influencers)[2]

"Reputation and trust are earned through actions, results, and the way companies communicate"

Pharma companies must put their stakeholders in the center of their strategy, "walk the talk", and be as transparent as possible to get trusted, esteemed and preferred

7 imperatives to improve the reputation of pharma companies

Value employees who build your reputation

7

1

Innovate to fulfill unmet medical needs

Elaborate a robust and relevant argument to justify the price of innovative drugs

6

Corporate reputation

2

Propose useful services for HCPs, patients and institutions

Communicate transparently & pro-actively

5

4

3

Develop highly valued CSR[1] initiatives

Do what you say and say what you do

[1] Corporate Social Responsibility

With dwindling drug differentiation, pharma corporate reputation contributes to strengthen the preference of stakeholders (e.g.; authorities, payers, HCPs, patients, investors)

Why superior corporate reputation creates competitive advantage?

- Correlation between financial performance and corporate reputation has been clearly evidenced over the past 20 years

- Higher corporate reputation, than competitors' one:

  — Leads to a more favorable position to negotiate with health authorities and payers, resulting in earlier market entries and better prices

  — Strengthens brand preference by KOLs, HCPs, PAGs, patients, etc., resulting in market share optimization

- Pharma companies' experience / expertise in specific therapeutic areas must be communicated with robust scientific evidence to enhance the perception of brands value by decision makers at market entry and penetration levels

- Strong positive reputation is built on credibility, reliability, responsibility, trust and transparency
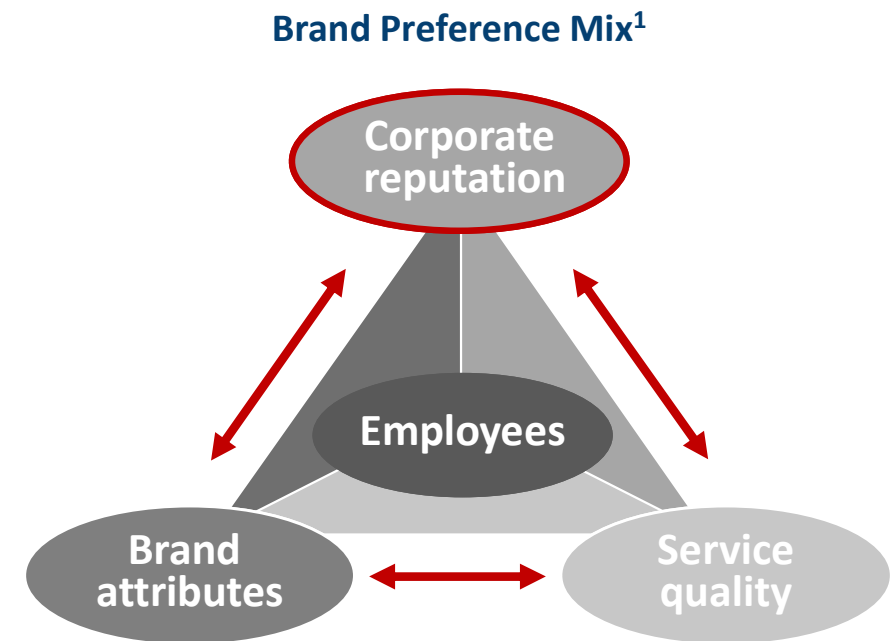
Brand Preference Mix[1]

The Brand Preference Mix is an easy and effective approach to strengthen the preference of stakeholders for marketed brands

"Boosting corporate reputation contributes to reinforce stakeholders' preference and companies' performance"

[1] See the position paper "Brand Preference optimization" https://smart-pharma.com/wp-content/uploads/2019/07/Stakeholders-Brand-Preference-Mix-2016-EN-web.pdf

To generate preference for brands, associated services must be highly valued, unique if possible; and linked – directly or indirectly – to the corresponding brands

Definition of the "preferential power" of a service

The "preferential power" of a service is based on its…

… Value	… Uniqueness	… link to the product

The valuation of a service is based on stakeholders' assessment of 4 key factors:
 	
1. Its usefulness
 	
2. Its interest
 	
3. Its convenience
 	
4. Its quality of execution
	▪ The uniqueness of a service will reinforce preference, provided it is highly valued
	
	▪ Uniqueness is either:
	
	  – Total
	
	  – Partial
	
	  – Non-existent
		▪ A highly valued service, even if unique, will help strengthening the preference for a product brand provided:
		
		  – It is linked to the related product…
		
		  – … and that this link is sustainable

Sources: Smart Pharma Consulting

The importance and sustainability of the perceived benefits of services are relevant indicators of their contribution to enhance brand preference

Mapping of services contribution to preference

Illustrative

Importance of the perceived benefit — High / Low

High contribution & non sustainable effect

Low contribution & non sustainable effect

High contribution & sustainable effect

Low contribution & sustainable effect

Patients Support Programs

Sponsoring

Involvement in clinical studies

Support to scientific works

Support to PAGs

Scientific information

Medical training

Sustainability of the perceived benefit — Low / High

The **benefits of services**, as perceived by physicians depend on four key criteria

1. Usefulness   2. Interest
3. Convenience   4. Quality of execution

Level of investment: High   Moderate

To drive HCPs' preference, pharma companies should strive to fulfill their "Extra Expectations" back offering each of them services that are interesting, useful, convenience and well executed

How to create Service-led medical calls? (1/2)

Hierarchy of HCPs Expectations

Pyramid of Expectations

1. Ultra
2. Extra
3. Basic

1. Ultra Expectations
- They are not consciously expected and thus can create a surprise, and hopefully a "wow effect"
- They can have a strong positive and differentiating effect on physicians' opinion and possibly on their behavior

2. Extra Expectations
- Fulfill physicians' additional needs
- They are a "plus" which may help differentiate positively the med rep interactions from competitors

3. Basic Expectations
- Fulfill physicians' basic expectations regarding calls, medical meetings or invitations to congresses / symposiums

Sources: Smart Pharma Consulting
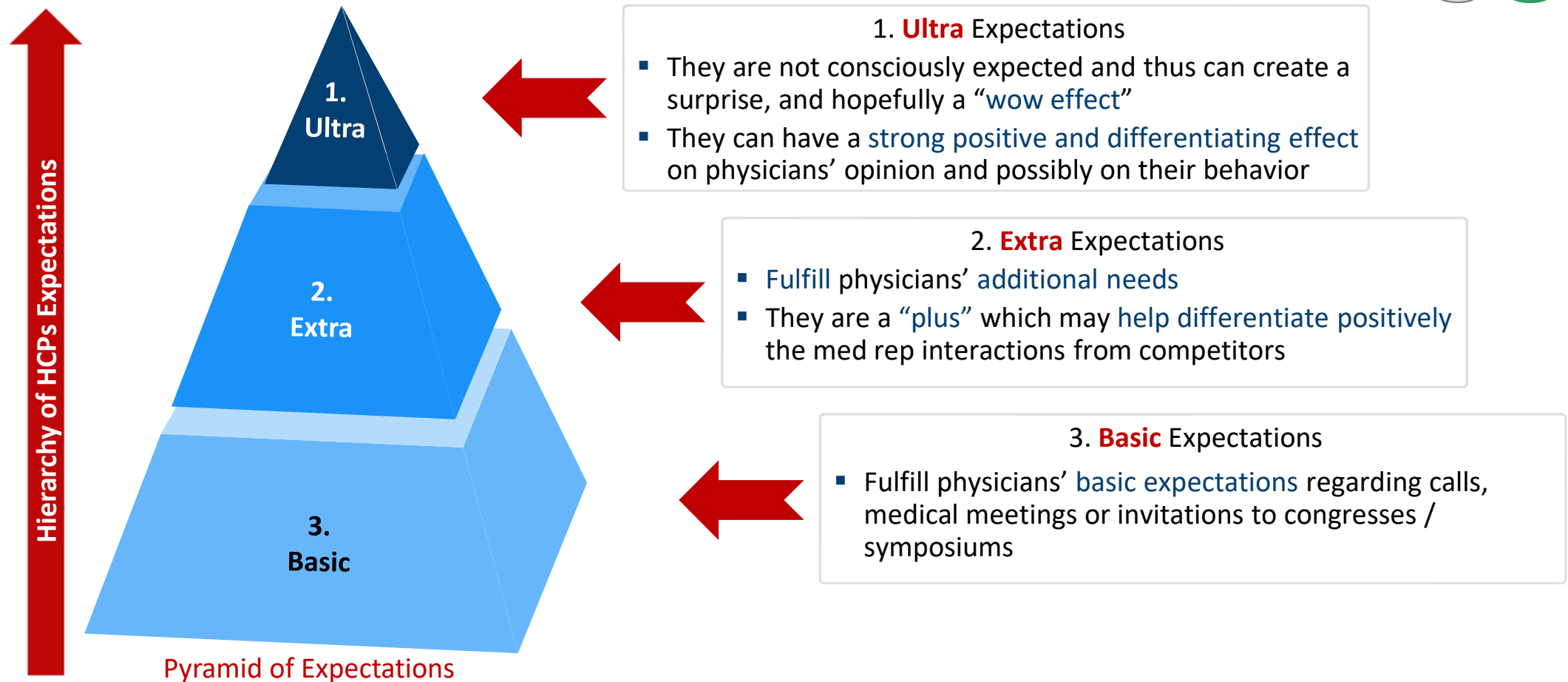
To drive HCPs' preference, pharma companies should strive to fulfill their "Extra Expectations" back offering each of them services that are interesting, useful, convenience and well executed

How to create Service-led medical calls? (2/2)

Illustrative

Commitments for high quality detailing

Objectives

- Increase the perception of a superior quality of detailing, vis-à-vis competitors

Principles

- Commitments are formalized and proactively communicated to physicians
- Med reps must systematically comply with those commitments
- Commitments may be as follows:
  1. Exhaustive information will be presented, incl. side effects (as per the current regulation)
  2. Detailing will be adapted to physicians' availability/convenience
  3. Physicians' questions/requests will be addressed within 5 working days
  4. Competitive information will always be supported by scientific proofs (evidence-based medicine)

Benefits	Complexity of change	Risk

■ Perceived efforts by physicians of the company attempts to improve detailing quality / value for them
■ Referential to measure Sales Representatives performance
	■ Organization
	■ Tools
	■ Processes:
	  – Clear and rigid enough to fulfill commitments (e.g., Reprint delivery within 5 days)
	  – Compliant with the content of "Medical call charter" but med reps' behavior needs to be adapted
		■ Over promises leading to physicians' disappointment
		■ Non strict respect of commitments by Sales Representatives
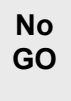
Sources: Smart Pharma Consulting

Evaluation: ● High   ◐ Medium   ○ Low

It is key to make sure that the proposed services will significantly contribute to reinforce the brand preference with the help of specifically designed tools

Pre-assessment of a service contribution to brand preference

Illustrative

Description		Objective		Target (HCPs, patients, etc.)	

Expected Value by the Target			Perceived Exclusivity			Expected Link to the Brand		
Evaluation*		Rationale	Evaluation		Rationale	Evaluation		Rationale
Interest	1 2 **3** 4 5	•	Total	✓	•	Magnitude	🟢	•
Usefulness	1 2 3 **4** 5		Partial	✓	•			
Convenience	1 **2** 3 4 5					Sustainability	🔵	•
Execution	1 2 **3** 4 5		None	✓	•			
Total	1 2 **3** 4 5							

Barriers		Rationale	KPIs (Key performance indicators)	KEIs (Key execution indicators)	Decision	
Technical	🟢	• Implementation	•	Benefit of the service for: ▪ The stakeholders (i.e., HCPs, patients, health authorities, payers, etc.) and ▪ The company and its product	**GO**	
Regulatory	🔴	• Compliance				
Economic	🔵	• Estimated cost and return			**No GO**	

🔴 High 🔵 Medium 🟢 Low

Sources: Smart Pharma Consulting ** 1 & 2 below competitors – 3 as competitors – 4 & 5 above competitors*

Smart Pharma
CONSULTING

Once the service has been delivered, a careful analysis of its quality of execution and of its impact are essential to keep on progressing in terms of resource allocation and efficiency

Post-assessment of a service contribution to brand preference

Illustrative

Description		Objective		Target (HCPs, patients, etc.)	

Perceived Value by the Target			Perceived Exclusivity			Link to the Brand		
Evaluation*		Rationale	Evaluation		Rationale	Evaluation		Rationale
Interest	1 2 **3** 4 5	•	Total	✓	•	Magnitude	🟢	•
Usefulness	1 2 3 **4** 5		Partial	✔	•			
Convenience	1 **2** 3 4 5		None	✓	•	Sustainability	🔵	•
Execution	1 2 **3** 4 5							
Total	1 2 **3** 4 5							

Positive Impact on the Brand		Rationale	KPIs (Key performance indicators)	KEIs (Key execution indicators)	Decision	Rationale / Suggestions
High	x	•	•	•	**Stop**	•
Moderate					Renew as such	
Low/None					Adjust	

Sources: Smart Pharma Consulting

🔴 High   🔵 Medium   🟢 Low   ** 1 & 2 below competitors – 3 as competitors – 4 & 5 above competitors*

It is essential that stakeholders correctly connect the company and the proposed services to its products in order to enhance the preference for the latter

Links between the three components of the Brand Preference Mix

➔ Reinforce the links between the BPM components
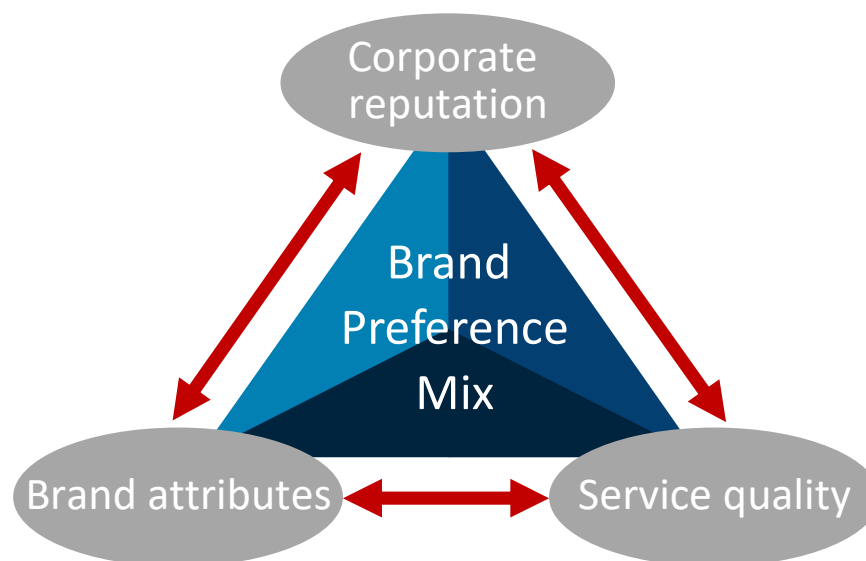
"Pharma companies must always ensure that their actions to strengthen their reputation and the services they propose contribute to improve the perceived value of their brands"

The Brand Preference Mix Index makes it possible to measure the evolution of stakeholders' preference for brands compared to their competitors, overtime

Brand Preference Mix Index (1/3)

Illustrative

Brand attributes 74%

Service quality 15%

Corporate reputation 11%

Visual Analog Scale

0   5   10

6.4   8.0 8.2
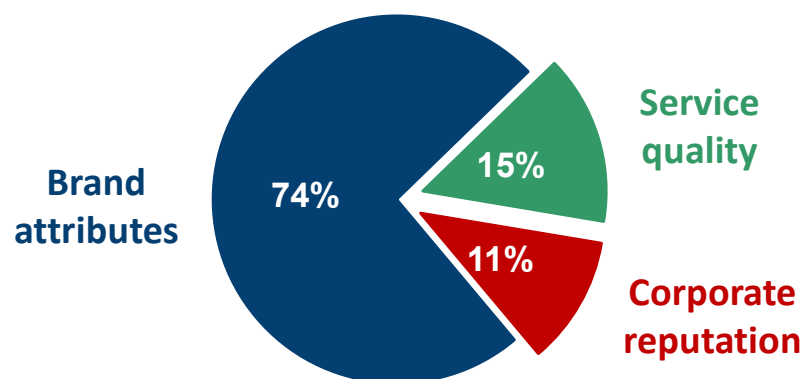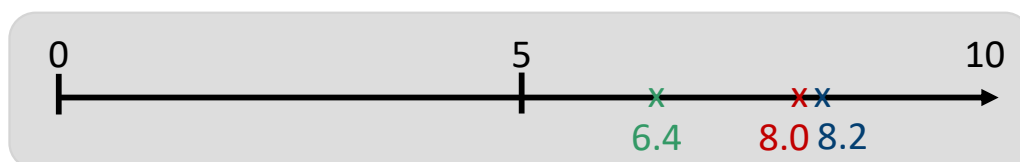
BPM Index calculation ▶ (74% x 8.2) + (15% x 6.4) + (11% x 8.0) = 7.9

- The Brand Preference Mix Index (BPM Index) can measure, by stakeholder:
  - The importance of the three components of the BPM
  - The perceived image on a scale of 0 to 10

- Thus, the BPM Index measures:
  - Stakeholders' perception at one point
  - Its evolution overtime
  - Its value compared to competitors

- The BPM also enables to:
  - Understand the root-causes underlying the commitment of stakeholders to brands and...
  - ... define actions / messages to modify this attachment to brands

Sources: Smart Pharma Consulting

The Brand Preference Mix Index can be assessed at national level by market research agencies, at hospital and individual levels through interviews by field forces

Brand Preference Mix Index (2/3)
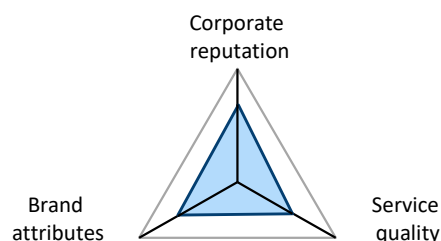
National level	Hospital department level	Prescriber level
▪ The BPM Index should be measured, at national level through face-to-face or phone interviews by an agency ▪ The number of interviewees should be ~50 for specialists and ~100 for GPs, in medium to large markets such as France, Germany, UK, Italy ▪ The rationale behind the marks obtained for each dimension of the BPM Index must be investigated	▪ The BPM Index can also be measured at hospital department level through interviews carried out by medical reps, KAM, etc. ▪ Interviews can be either concentrated on key institutions and/or departments or carried out on all those that have been targeted ▪ The reasons that support the evaluation should be captured	▪ The BPM Index should be measured for each targeted prescriber through face-to-face interviews carried out by medical reps or other collaborators ▪ Prescribers should be interviewed, once or twice a year ▪ Medical reps should identify the reasons motivating the marks granted by the prescribers for their brands
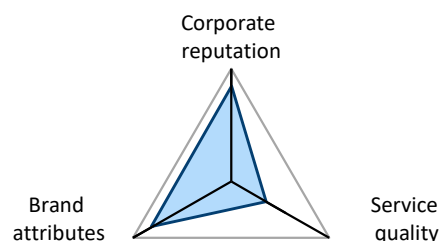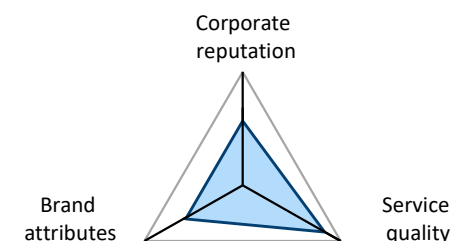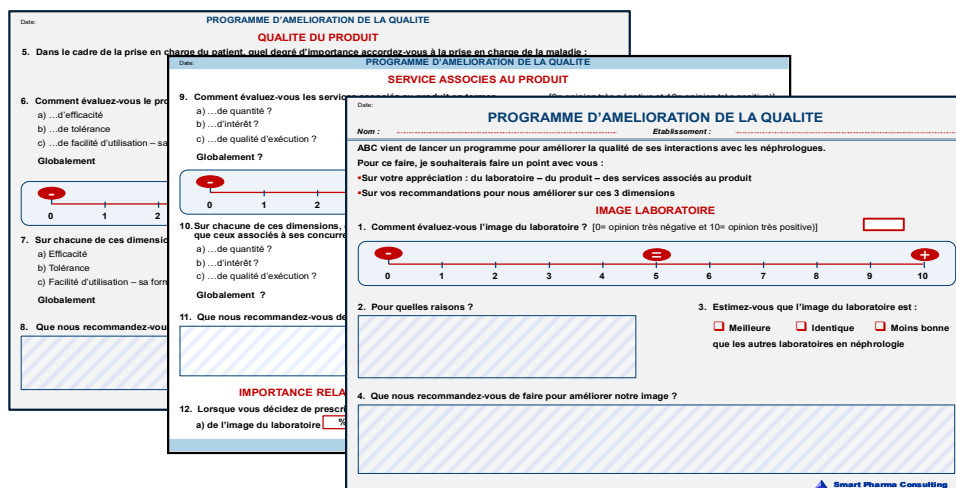
Sources: Smart Pharma Consulting

Med reps can apply the "Brand Preference Mix Index" when they call upon their targeted physicians and thus fine tune their activities

Brand Preference Mix Index (3/3)

Assessment guide for Med Reps

From observation to decision: The 4 Ws approach

WHAT?	WHY?	SO WHAT?	WHAT TO DO?
What is the rating of the brand by the physician?	Why did the physician give these marks?	What are the implications for the brand?	What should be done to reinforce the preference to the brand?

- Recent experiences have shown that:
  - >96% of physicians accept to be questioned on the three components of the BPM
  - >80% of physicians consider that the BPM approach conveys a positive image
  - >85% of med reps say that the BPM helps improving their insight of physicians

- Once physicians have evaluated the BPM, med reps will ask them:
  - Why did they give these marks?
  - What should be done to raise their preference to this brand?

- Then, med reps can fine-tune their messages and actions, physician by physician, based on his feed-back

- The collected information can be shared with marketing people who will define specific initiatives to reinforce prescribers' preference to the brand

Sources: Smart Pharma Consulting
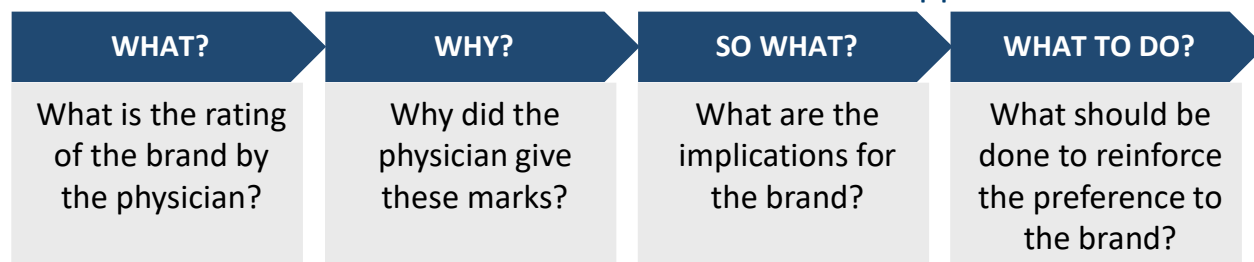
The Brand Preference Mix Index allows to assess the attachment of physicians to brands, to define the actions to implement to optimize their impact on preference

Brand Preference Map: Case study

Illustrative

Arimuh

Corporate reputation — 10 — 7,5
BPM Index[1] = 7.1
0
Brand attributes — 6,8 — 10
Service quality — 10 — 7,9

Edacimer

Corporate reputation — 10 — 7,0
BPM Index[1] = 7.6
0
Brand attributes — 10 — 7,8
Service quality — 10 — 7,1

Pie: Brand attributes 71%, Service quality 20%, Corporate reputation 9%

BPM Index calculation

(71% x 6.8) + (20% x 7.9) + (9% x 7.5) = 7.1

(71% x 7.8) + (20% x 7.1) + (9% x 7.0) = 7.6
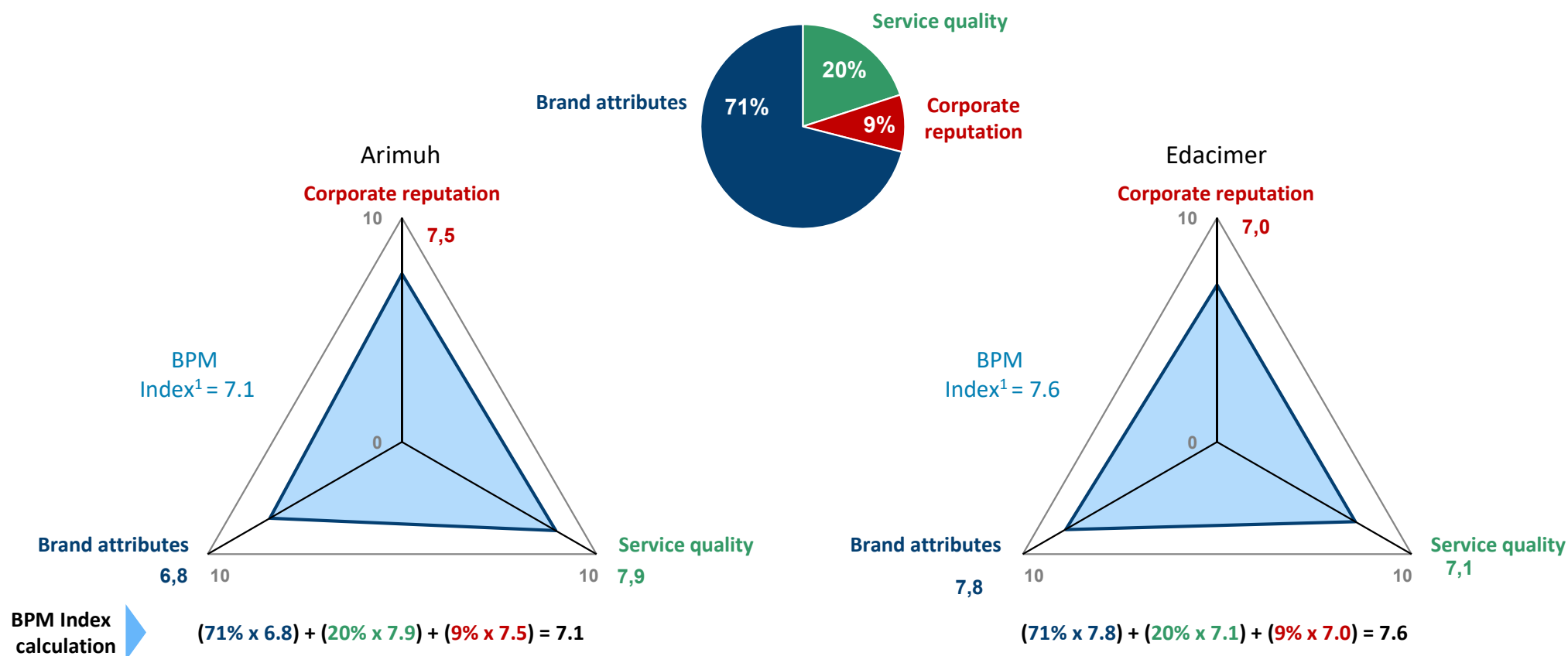
The higher the customers' preference, the higher the probability to gain market share

The Preference Ladder is a tool helping pharma companies identify, where do their customers stand and how to make them move up to the preferential behavior step

The Preference Ladder

xxx

Leverage points

Step	Ladder rung	Leverage points
Step 4	Preferential behavior	▪ Be highly desirable ▪ Offer attractive experiences ▪ Induce unmatchable perception of higher benefits
Step 3	Preferential opinion	▪ Offer higher benefits ▪ Be significantly distinctive ▪ Ensure superior execution
Step 2	Positive opinion	▪ Be relevant (what are the benefits?) ▪ Be credible and legitimate ▪ Ensure high quality of execution
Step 1	Awareness	▪ Communicate ▪ Create experience ▪ Stimulate / sustain memorization

▪ To build a **strong preferential** (prescribing – purchasing) **behavior** in favor of a brand, the company must **make customers climb** the **Preference Ladder** from step 1 to step 4

▪ While defining:

  – Activities to be implemented

  – Implementation standards

  – Communication priorities

at targeted customers, it is key to **monitor where each of them stands** on the Preference Ladder and fine tune **how to make them move up**

Sources: Smart Pharma Consulting

To optimize the performance of their brands, pharma companies must strengthen the preference of their customers which will boost their market share dynamics

Brand Preference optimization in practice (1/3)

- Customer preference for brands is not limited to product features (tangible and intangible)

- Customer preference for drugs is determined by the "Brand Preference Mix" (BPM):

  1. The perceived value of the product (efficacy, safety, acceptability, convenience, price, etc.)

  2. The perceived quality of the associated services

  3. The reputation of the pharma company which markets the product

- The relative importance of these three components of the BPM differs across therapeutic areas

- Skills and behaviors of collaborators responsible for:

  - Promoting the brand

  - Proposing and/or implementing associated services

  - Communicating about the pharma company

  play a key role to strengthen the brand preference

- The higher the customers' preference for a brand, relative to its competitors, the higher the probability of market share gain

Sources: Smart Pharma Consulting

To strengthen preference to their brands, pharma companies must consider multiple external factors which have a strong impact on their " Brand Preference Mix"

Brand Preference optimization in practice (2/3)

Pressure from payers

Prescribers' habits and practices

Recommendations from KOLs

COLLABORATORS

COLLABORATORS

COLLABORATORS

Corporate reputation

Brand Preference Mix

Brand attributes

Service quality

Request from patients

Scientific publications & lay press articles

COLLABORATORS

Scientific & health authorities' guidelines

Key stakeholders influencing the preference to the brand

Sources: Smart Pharma Consulting

The Brand Preference Mix approach lies on best-in-class value creation for customers, through deeper customer insight and sustainable positive experience

Brand Preference optimization in practice (3/3)

- By measuring the performance of their brands vs. competitors on the 3 dimensions of the BPM, with the BPM Index, marketers will be able to:
  - Determine their strategic priorities to leverage their strengths and address their weaknesses
  - Evaluate the impact of their strategies and tactics on the different dimensions of the BPM

- The BPM Index should be ideally measured for each targeted customer (e.g., GPs, specialists, KOLs, etc.), once or twice a year, by a market research company, or the company sales force

- Based on the analyzed results, a series of customized actions will be defined and implemented customer by customer, following the Behavioral Prescriber Segmentation (BPS) principles

- The Brands Value Proposition should align the benefits associated to the 3 components of the BPM and the customers Needs and Wants to gain/strengthen their preference

- Any planned and carried out initiative to contribute to reinforce brand preference should be:
  - Differentiated – perfectly executed – properly marketed – systematically measures

- When ROI (return on investment) of initiatives cannot be objectively and meaningfully evaluated, which is frequent, surrogates such as assessment of: customer interest, quality of execution, etc., should be used

Smart Pharma
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Best-in-class
Pharma Marketers

BEST-IN-CLASS SERIES

Implementation of the Brand Booster Program

POSITION PAPER

The Brand Booster Program includes specific concepts, methods and tools which have been designed to develop Pharma Marketers competence and performance

Context

- **Over the past decade, pharma marketing functions have decreased in importance due to:**

  - External factors:

    → **Health authorities** have raised regulatory **barriers** restricting the scope of possible marketing initiatives

    → **Healthcare professionals** have **reduced** the number of **interactions** with marketing and salespeople and have become less and **less sensitive to operational[1] investment**

  - Internal factors:

    → **Marketing decisions** are more and more shifting from affiliates to headquarters, losing insight into their customers

    → **Marketers have** more and more **difficulties** in **differentiating** their brands

- **Smart Pharma Consulting has set up** the innovative **Brand Booster Program** to help **Marketers strengthen** their **competence**, **improve** the **performance** of their brands and become **Best-in-Class Pharma Marketers**

---

[1] *Medico-marketing-sales*

The Brand Booster Program helps Pharma Marketers optimize the performance of their brands by giving the priority to strategies that increase their market shares

Objective

Brand Performance Drivers

1 *Increase market size*

2 *Increase market share*

Total market

Competitors

The Brand

Sales   Sales
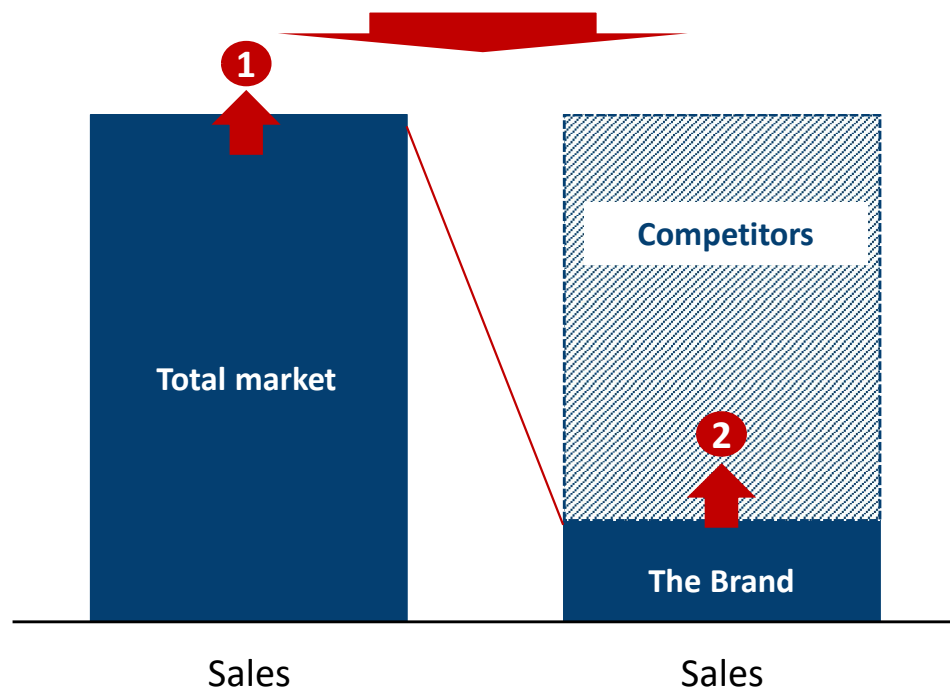
- The slowdown in the pharma market growth leads pharma companies to focus on gaining market shares

- The Brand Booster Program (BBP), which has been developed to help pharma companies achieve this objective, is based on three frameworks:

  — The Brand Preference Mix (BPM) driving market share gain

  — The Behavioral Prescriber Segmentation (BPS), which improves the efficacy and efficiency of marketing investments

  — The Individual Prescriber Plan (IPP), which formalizes tailor-made operational[1] activities for an optimal efficiency

- The Brand Booster Program guarantees consistency between market reality and marketing activities to be implemented to boost brands sales

[1] Medico-marketing-sales

The Brand Booster Program relies on three simple, logical and complementary frameworks that can be advantageously combined for a faster and higher impact

Executive Summary – Frameworks

Brand Preference Mix

Brand Preference Triangle

Behavioral Prescriber Segmentation

Dynamic Prescribing Potential

Permeability to Investments

Individual Prescriber Plan

Prescriber-Centric Strategy
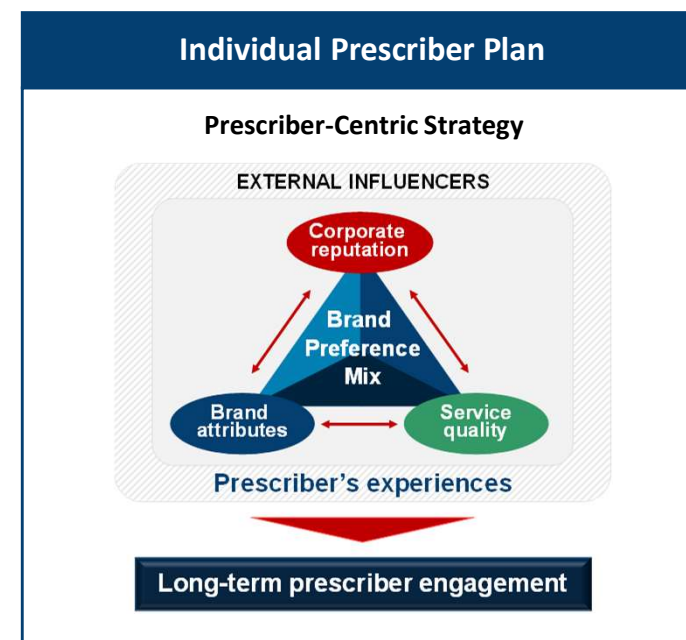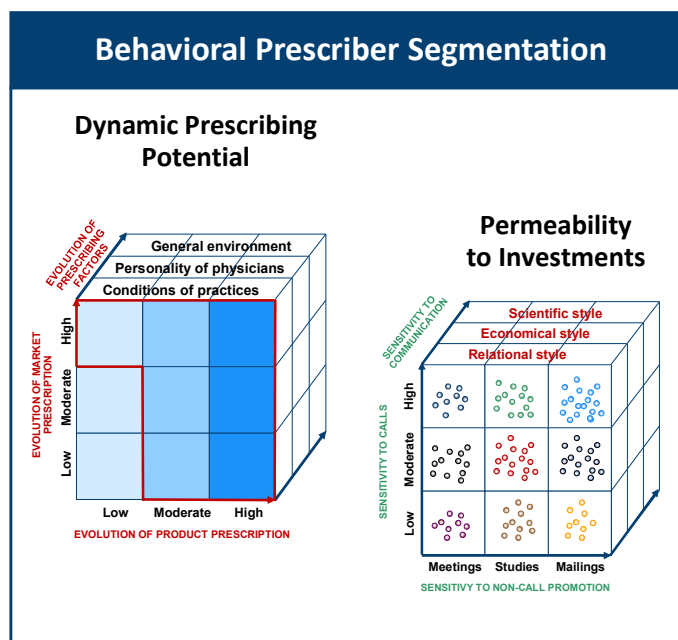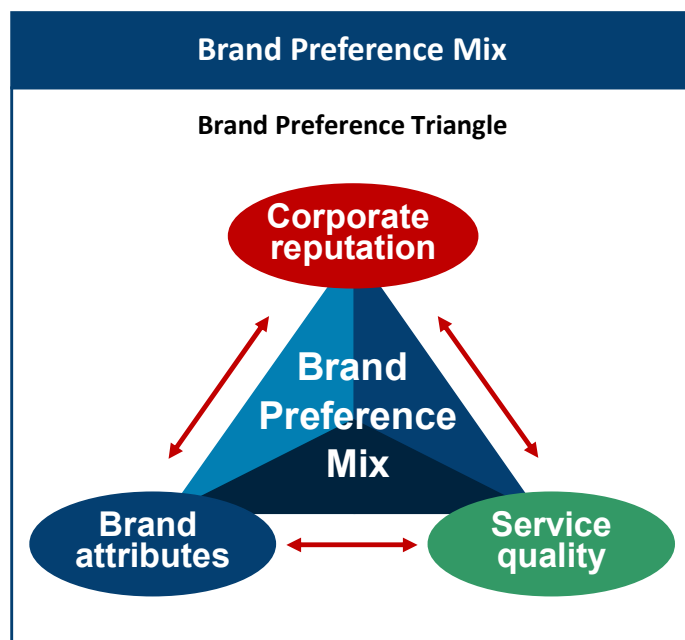
- The share of brand prescription is driven by physicians' preference level
- This level can be enhanced by acting on the Brand Preference Mix (BPM), i.e., brand attributes, service quality and corporate reputation

- The Behavioral Prescriber Segmentation is built on 3 dimensions:
  - Factors that drive the dynamics of prescribers' prescriptions[1]
  - Prescribers' personalities
  - Prescribers' permeability to investments[2]

- The cornerstone of the Individual Prescriber Plan is the individual prescriber-centric strategy
- This strategy is about building positive experience with the company, the brand and the services to boost preference

[1] By market (competitors + brand) and by brand – [2] Medico-marketing-sales investments

The tools supporting the Brand Booster Program are pragmatic and user-friendly, which facilitates their use by pharma marketers

Executive Summary – Tools

Brand Preference Mix

Brand Preference Mix Index

Service quality 20%

Corporate reputation 9%

Brand attributes 71%

Visual Analog Scale

0   5   7.8   10
7.5 7.9

BPMI calculation (71% x 7.8) + (20% x 7.9) + (9% x 7.5) = 7.8

Behavioral Prescriber Segmentation

Individual Prescriber Portrait

Physicians	Evolution Market/Brand	Permeability to calls/marketing	Personality dominance
A	High/ Moderate	High/ Mailings	Relational
B	Moderate/ High	High/ Meetings	Scientific
C	High/High	Low/ Studies	Scientific
D	Moderate/ Moderate	High/ Meetings	Economic
E	Low/Low	High/ Meetings	Relational

Individual Prescriber Plan

Prescriber-Centric Brand Plan

Individual Prescriber Plan

Year 2017

- The Brand Preference Mix Index is a practical measurement tool that can be used at national level, at hospital/ department level, or at individual prescriber level through face-to-face or phone interviews

- The Behavioral Prescriber Segmentation tracks by prescriber:
  – The evolution of its prescriptions
  – The dominant traits of its personality
  – Its permeability (accessibility + sensitivity) to operational[1] investments

- The Individual Prescriber Plan describes, on a brand and client basis:
  – Qualitative & quantitative objectives
  – Strategic levers & corresponding medico-marketing-sales initiatives to meet these objectives
  – Monitoring tools (KEIs[2] – KPIs[3])

The Brand Booster Program helps to determine the optimal level and nature (channel, message, tone) of operational[1] resources to be allocated per physician

Executive Summary – Benefits

Brand Preference Mix

Brand Preference Map

Corporate reputation
10
7,5

BPM Index = 7.8

0

Brand attributes
10
7,8

Service quality
10
7,9

- In addition to providing the necessary data to measure the Brand Preference Mix Index, interviews will provide information to identify the strategic levers and the key initiatives to implement to reinforce the three dimensions of the Brand Preference Mix

Behavioral Prescriber Segmentation

Individual Prescriber Operational[1] Mix

Physicians	# of Calls	# of Meetings	# of Studies	# of Mailings	Messages & Style
A	12	2	0	4	Dialogue Services
B	8	5	0	0	Scientific
C	6	1	2	0	Scientific
D	6	2	1	1	Economic
E	4	1	0	0	Dialogue Services

- The Behavioral Prescriber Segmentation provides a behavioral portrait for each prescriber, allowing a more effective/efficient targeting and a customized allocation of operational[1] resources for each prescriber

Individual Prescriber Plan

Operational Performance Matrix

High

IPP

Operational efficiency

KEIs
KPIs

Low

Low   High
Operational efficacy

- The Individual Prescriber Plan improves operational efficacy/efficiency through:
  – A rigorous planning of operational activities
  – A systematic monitoring of the execution and impact of activities[1] with specific indicators (KEIs[2] – KPIs[3])

[1] Medico-marketing-sales – [2] Key Execution Indicators – [3] Key Performance Indicators

The Brand Preference Mix determines the key drivers that can be activated to enhance prescribers' preference and ensure maximum market share

Brand Preference Mix – Framework (1/2)

Brand Preference Triangle
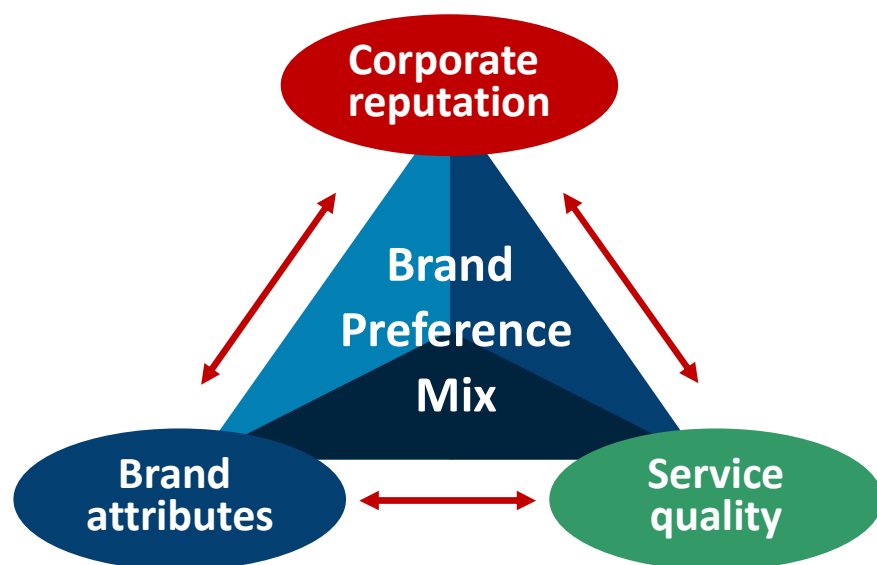
- As the great majority of prescribers use several brands for a given pathology:
  - The **challenge** for pharma companies is to **increase** their **preference** for their brands, **to get** a **bigger share** of their **prescriptions** (vs. competitors)
  - Strengthening the **preference** of a prescriber for a brand **must go beyond** securing brand **loyalty** only
- To **reinforce** brand **preference**, pharma companies should **optimize** their Brand Preference Mix:
  - The **perceived value** of their **brand** (product) **attributes**
  - The **perceived quality** of the **services** they offer and deliver to physicians
  - Their **corporate reputation**
- The **links between** the three components of the Brand Preference Mix should be **well established** in the mind of prescribers

---

Sources: "Building prescriber loyalty", J.-M. Peny et al., SCRIP Magazine, September 1993 – Smart Pharma Consulting

To boost the preference of physicians for their marketed brands, Pharma Marketers can leverage the three components of their Brand Preference Mix (BPM)

Brand Preference Mix – Framework (2/2)

Levels to be activated

- Convey an appealing corporate identity
- Maintain a high corporate reputation that induces preference

- Highlight attributes in a way that generates preference
- Create a perception of uniqueness
- Leverage corporate reputation & service offering

- Deliver services…
- … that are highly valued based on their level of:
  → Interest
  → Utility
  → Practicality
  → Quality of execution
- Select and design services that will lead to corporate and / or brand preference
- Make sure services are related to the company and / or the brand

Corporate reputation

Brand Preference Mix

Brand attributes

Service quality

The Brand Preference Mix Index (BPMI) enables to evaluate the brand performance on each of its preference components, over time and compared to its competitors

Brand Preference Mix – Tool

Brand Preference Mix Index

Illustrative

Service quality 20%

Corporate reputation 9%

Brand attributes 71%

Visual Analog Scale

0   5   7.8   10
         7.5 7.9

BPMI calculation ▶ **(71% x 7.8) + (20% x 7.9) + (9% x 7.5) = 7.8**
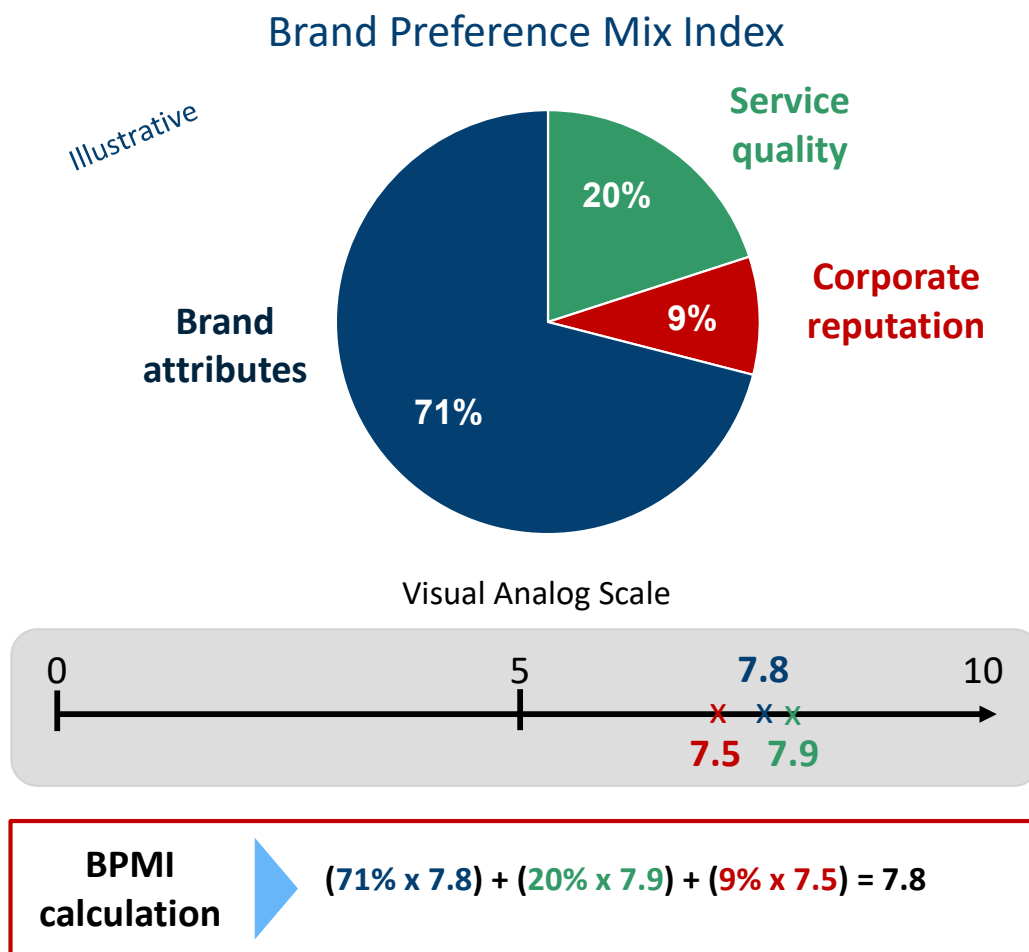
- The Brand Preference Mix Index (BPMI) is a measurement tool that takes into account:
  – The relative importance of each BPM component (i.e., corporate reputation, brand attributes and associated service quality) per brand
  – The score of the brand, on a 10-point scale, for each of its preference components

- The BPMI can be defined per customer[1], per indication, per form, etc.

- The BPMI scores the customer perception at a given point in time, making possible to track the evolution of this perception over time and to compare it to competitors, considering:
  – External events (i.e., related to health authorities, competitors and customers' behaviors)
  – Internal events (i.e., related to operational activities[2], quality of services offered, communication strategy, etc.)

[1] Physicians, patients, pharmacists, nurses, payers, health authorities, etc. – [2] Medico-marketing-sales

The BPM Index can be assessed at national level through market research studies and at hospital/department and individual levels through interviews by sales forces

Brand Preference Mix – Method (1/2)

National level	Hospital / Department level	Prescriber level
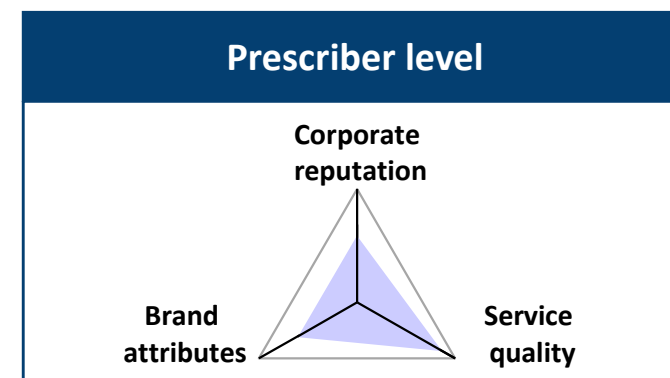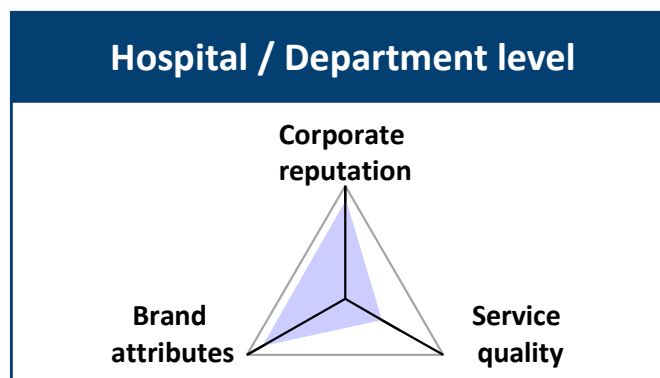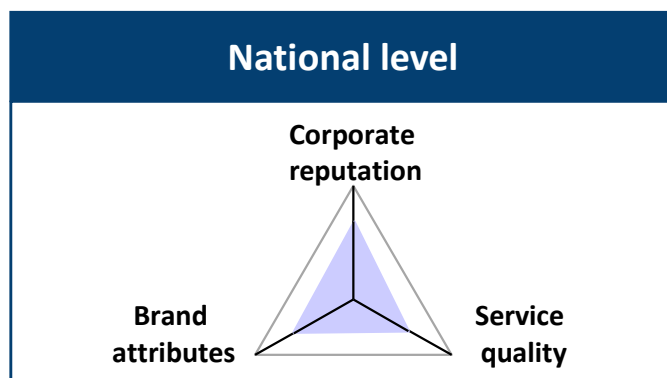
- The Brand Preference Mix Index (BPM Index) should be measured, at the national level, through face-to-face or phone interviews by an external agency
- The number of interviewees should be approximately 30 for specialists and 60 for GPs, in medium to large markets such as France, Germany, Italy, Spain, the UK, etc.
- The rationale behind the scores obtained for each dimension of the BPM Index must be investigated
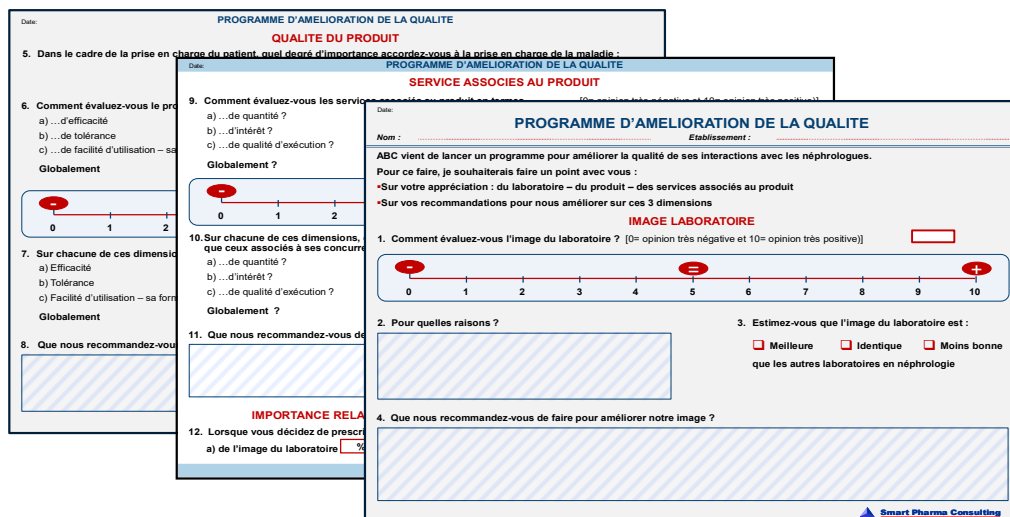
- The BPM Index can also be measured at a hospital or a hospital department level (i.e., cardiology, oncology, etc.) through interviews carried out by the field forces (i.e., medical reps, KAMs, MSLs, etc.) of pharmaceutical companies[1]
- Interviews can be either concentrated on key hospitals and/or departments or carried out on all those that have been targeted
- The reasons that support the evaluation should be captured

- The BPM Index should be measured at the level of each targeted prescriber through face-to-face interviews carried out by medical reps or other field force collaborators
- Prescribers should be interviewed at least once a year, but ideally twice a year
- Medical reps should carefully and precisely identify the reasons that motivate the marks granted by the prescribers for their brands and those of their most important competitors

Sources: Smart Pharma Consulting

[1] Can be alternatively carried out by an external agency in a limited number of hospitals and/or medical departments

Med reps can monitor the brand performance with the "Brand Preference Mix Index" while calling upon their targeted physicians and thus, fine-tune their activities

Brand Preference Mix – Method (2/2)

Assessment guide for medical reps

From observation to decision: The 4 Ws approach

WHAT?	WHY?	SO WHAT?	WHAT TO DO?
What are the scores of the brand by each physician?	Why did the physician give these scores?	What are the implications of his assessment for the brand?	What should be done to reinforce the preference to the brand?

- Recent experiences have shown that:
  - >95% of physicians accept to be questioned on the three components of the BPM
  - >80% of physicians consider that the BPM approach conveys a positive image
  - >85% of medical reps say that the BPM helps improve their insight into physicians
- Once physicians have evaluated the brand with the BPM, they are asked:
  - What is the rationale supporting these scores?
  - What should be done to raise their preference to the brand?
- Then, med reps can fine-tune their messages, their activities, physician by physician, based on the feedback
- The collected information should be shared with marketers who will define specific initiatives to reinforce prescribers' preference to the brand

Sources: Smart Pharma Consulting

The Brand Preference Mix Index permits to track the performance of each brand on the three dimensions of the Brand Preference Mix, down to the individual prescriber

Brand Preference Mix – Benefits (1/2)

Brand Preference Map

Illustrative

Competitor A

Brand attributes

Service quality **20%**

Corporate reputation **9%**

71%

Corporate reputation
10
0.8

BPM
Index = 7.8

0

Brand attributes
10
0.8

Service quality
10
0.8

Competitor B

Corporate reputation
10
0.7

BPM
Index = 7.6

0

Brand attributes
10
0.8

Service quality
10 0.7

BPM Index calculation ▶ (71% x 7.8) + (20% x 7.9) + (9% x 7.5) = 7.8

(71% x 7.8) + (20% x 7.1) + (9% x 7.0) = 7.6

Sources: Smart Pharma Consulting

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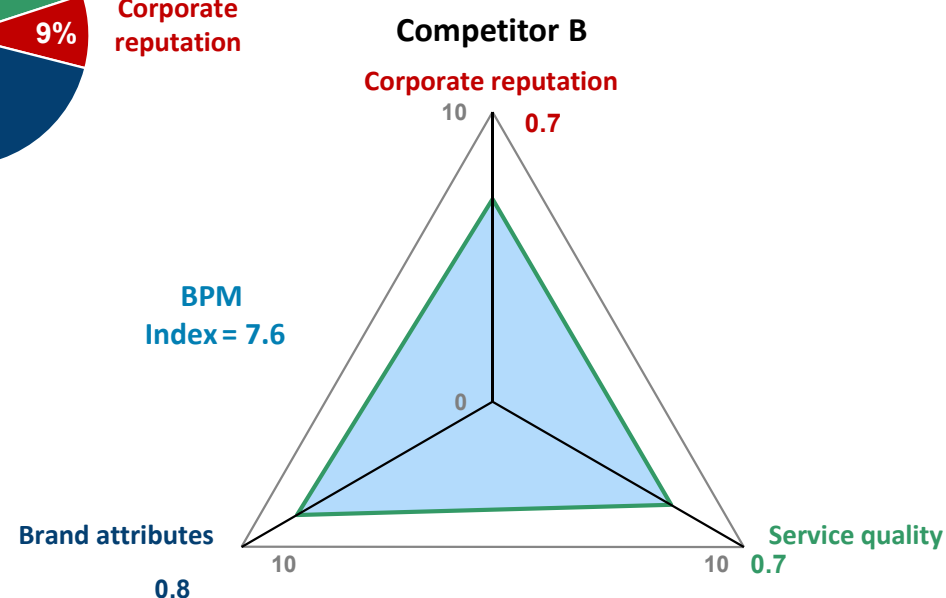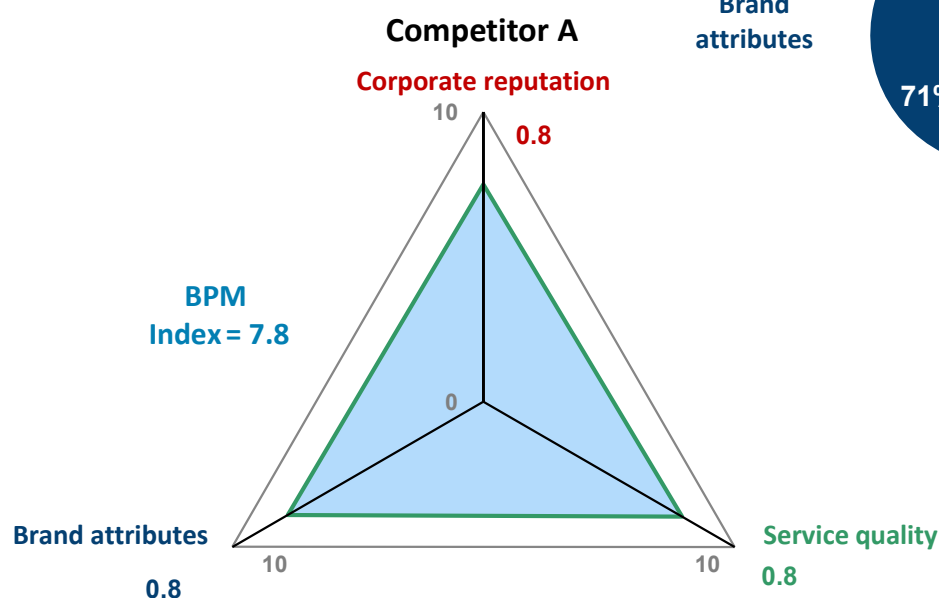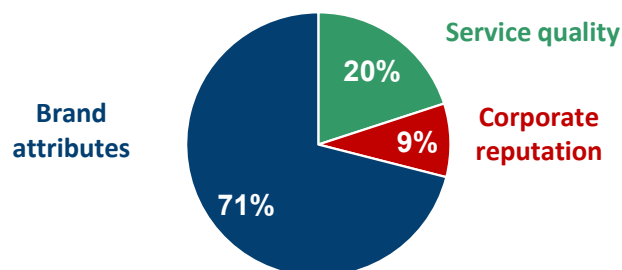
It is possible to identify the rationale behind the scores of the brands for each component of the Brand Preference Mix and then to find solutions to improve them

Brand Preference Mix – Benefits (2/2)

1. Corporate Reputation Score

Critical factors	Score (0-10)	Weight	Weighted score
Access to medicine	5	30%	1.5
Ethics	9	30%	2.7
Community involvement	8	15%	1.2
Innovation	4	15%	0.6
Employees at work	6	5%	0.3
Environment	6	5%	0.3
	Score	**S= 100%**	**6.6/10**

Corp. reputation
6.6

Brand attributes
7.4
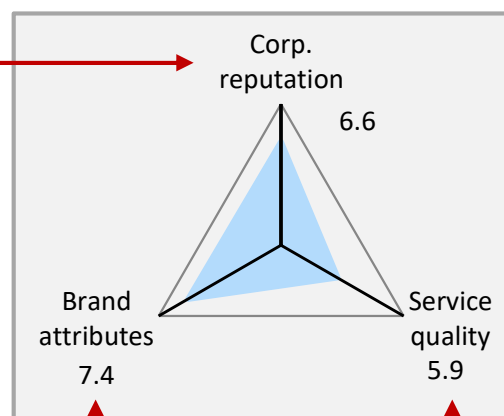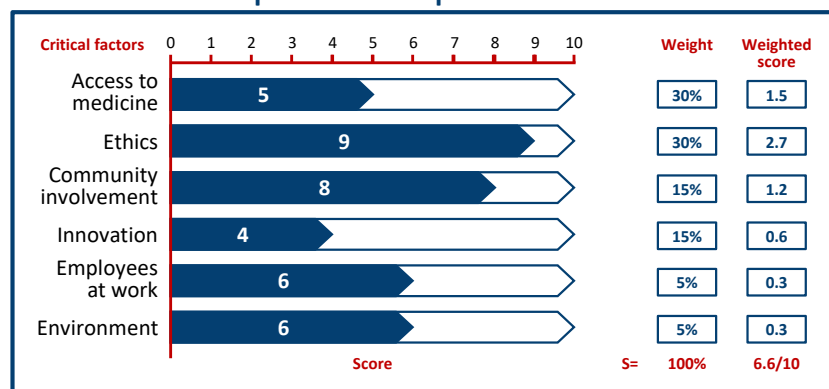
Service quality
5.9

1. The Corporate reputation score is strongly driven by CSR[1] and scientific commitment which requires regular and well-structured communication to prescribers

2. The Service quality score depends mainly on the quality of scientific information, for which medical reps remain an important communication channel

3. The Brand attributes score depends on different components according to the product type (OTC vs. Rx), its lifecycle stage and its reimbursement status

3. Brand Attributes Score

Critical factors	Score (0-10)	Weight	Weighted score
Efficacy	8	40%	3.2
Safety	6	30%	1.8
Convenience	10	15%	1.5
Scope of indications	7	10%	0.7
Price	4	5%	0.2
1st-to-launch	6	0%	0.0
	Score	**S= 100%**	**7.4/10**

2. Service Quality Score

Critical factors	Score (0-10)	Weight	Weighted score
Scientific information	4	40%	1.6
Scientific partnership	8	30%	2.4
Sponsorship	6	15%	0.9
Professional trainings	7	10%	0.7
Career development support	6	5%	0.3
	Score	**S= 100%**	**5.9/10**
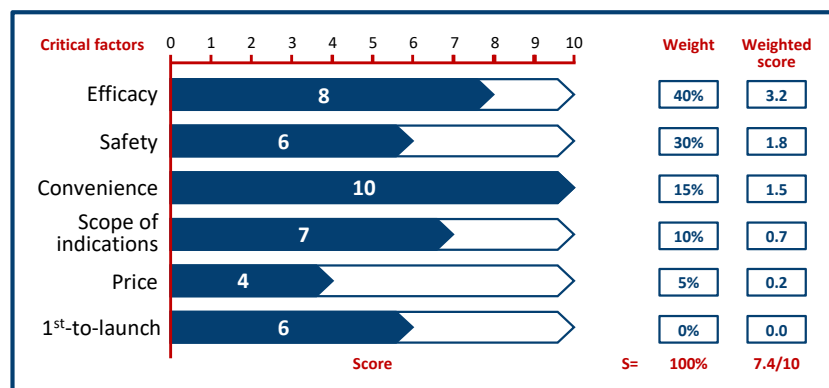
The replacement of a static profiling of physicians by a dynamic one, enables to capture more relevant and accurate insights regarding their prescribing potential

Behavioral Prescriber Segmentation – Framework (1/2)

Static physician segmentation
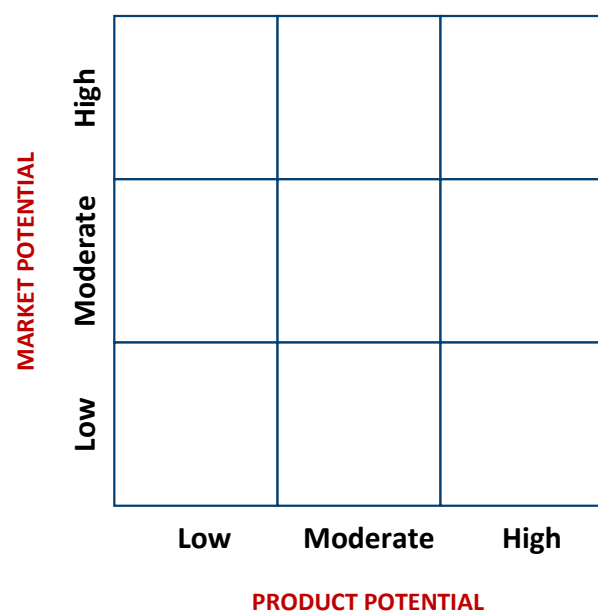
Dynamic physician segmentation
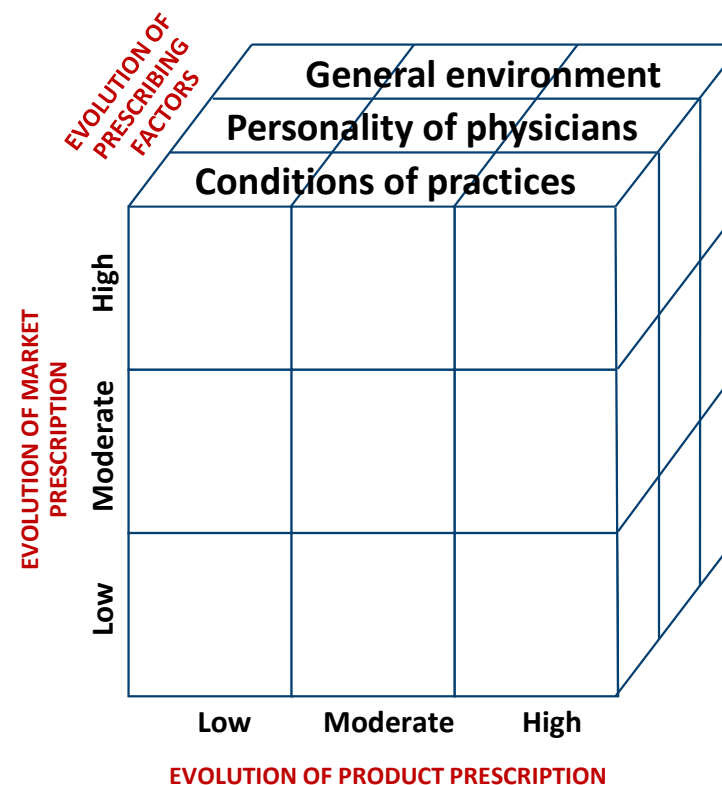
The Behavioral Prescriber Segmentation is based on the dynamic assessment of the prescription potential and on the permeability to investment per individual prescriber

Behavioral Prescriber Segmentation – Framework (2/2)

Dynamic segmentation

EVOLUTION OF PRESCRIBING FACTORS

General environment
Personality of physicians
Conditions of practices

EVOLUTION OF MARKET PRESCRIPTION

High
Moderate
Low

Low   Moderate   High

EVOLUTION OF PRODUCT PRESCRIPTION

Individualized segmentation

SENSITIVITY TO COMMUNICATION

Scientific style
Economical style
Relational style

SENSITIVITY TO CALLS

High
Moderate
Low

Meetings   Studies   Mailings

SENSITIVY TO NON-CALL PROMOTION

- The Behavioral Prescriber Segmentation (BPS) optimizes the efficacy and efficiency of the operational[1] investments targeted at each prescriber

- The BPS consists in identifying:
  - The evolution of market[2] and brand prescriptions by physician
  - The key factors determining that evolution (environment, personality and medical practice)*
  - The permeability (accessibility and sensitivity) to operational channels and activities such as:
    - Face-to-face calls
    - Other operational initiatives (including digital ones)
  - The personality dominance of each physician (relational, economic, scientific)

Key factors that determine the evolution of market[2] and brand prescriptions by physician

- *Environment (e.g., patient flow, regulations, public health initiatives, Sick Funds decisions, reimbursement, drug prices, influencers such as Key Opinion Leaders, etc.)*
- *Personality (e.g., innovative, conservative or resistant profile, willingness to try new therapeutic protocols, new products, etc.)*
- *Medical practice (e.g., habits of prescriptions, involvement in clinical studies, compliance with guidelines, etc.)*

The Individual Prescriber Portrait keeps a track record of sales potential dynamics, permeability to operational[1] activities and personality dominance for each prescriber

Behavioral Prescriber Segmentation – Tool

Individual Prescriber Portrait

Physicians	Evolution Market/Brand	Permeability to calls/marketing[2]	Personality dominance
A	High/Moderate	High/Mailings	Relational
B	Moderate/High	High/Meetings	Scientific
C	High/High	Low/Studies	Scientific
D	Moderate/Moderate	High/Meetings	Economic
E	Low/Low	High/Meetings	Relational

- To implement the Behavioral Prescriber Segmentation, it is necessary to set up a process to collect, store, analyze and retrieve three sets of data for each prescriber:
  - The evolution (negative, neutral, positive) of their prescription level:
    - Market dynamics (the brand + its competitors)
    - The brand dynamics
  - Their permeability (accessibility and sensitivity) to operations[1]:
    - Face-to-face calls
    - Other operational channels, including digital ones (e.g., remote e-detailing, e-mailing, e-meetings, websites, etc.)
  - The dominant trait of their personality (relational, scientific, economic)
- Medical reps and other collaborators in contact with prescribers should be involved in the collection of those data, which should be updated on an ongoing basis
- These data will define the "Individual Prescriber Portrait" that will then be used to set the optimal level and mix of operational activities for each prescriber

[1] Medico-marketing-sales – [2] Marketing meaning other channels than medical calls

The level and mix of operational[1] activities for each prescriber depend on his specific profile which should be mainly documented by medical representatives[2]

Behavioral Prescriber Segmentation – Method

Profiling	Segmentation	Adjustment
■ Assessment of Market/Product dynamics evolution per prescriber by med reps on a regular basis: — Observation and probing of physicians… — … and of other relevant healthcare professionals ■ Identification of the key drivers that influence the prescribing dynamics of each physician (environment, personality, medical practice) ■ Identification of each physician's permeability (access & sensitivity) to operational channels & activities ■ Definition of each physician's personality dominance (relational, scientific, economic)	■ Segmentation of physicians based on the following individual characteristics: — Market dynamics — Product (brand) dynamics — Factors that drive these dynamics — Permeability to medico-marketing-sales activities, including the preferred channels — Drivers related to the dominant traits of their personality that will contribute to influence their prescribing choices: • Scientific drivers • Economic drivers • Relational drivers	■ Determination of the magnitude of the operational effort per prescriber considering: — The prescription dynamics for a given indication (the Market) and for the pharmaceutical company product (the Brand) — The degree of operational permeability to operational channels (including digital ones) and to operational activities ■ Definition of the communication messages based on: — The market potential (patient flow and diagnosis rate) — The prescribing habits — The reasons that determine the product choice

The Behavioral Prescriber Segmentation permits to adjust medico-marketing and sales activities to the respective sensitivity and personality of each physician

Behavioral Prescriber Segmentation – Benefits

Individual Prescriber Portrait

Physicians	Evolution Market/Brand	Permeability to calls/marketing	Personality dominance
A	High/Moderate	High/Mailings	Relational
B	Moderate/High	High/Meetings	Scientific
C	High/High	Low/Studies	Scientific
D	Moderate/Moderate	High/Meetings	Economic
E	Low/Low	High/Meetings	Relational

Individual Prescriber Operational Mix

# of Calls	# of Meetings	# of Studies	# of Mailings	Messages & Style
12	2	0	4	Dialogue Services
8	5	0	0	Scientific
6	1	2	0	Scientific
6	2	1	1	Economic
4	1	0	0	Dialogue Services

- The Behavioral Prescriber Segmentation (BPS) offers pharmaceutical companies a more reliable estimate of individual prescribers' prescription potential than conventional approaches do
- The BPS also helps to acquire a better understanding of factors driving prescribers' brand preference
- Thus, by implementing the BPS, pharmaceutical companies can determine, for each prescriber, the operational actions likely to be the most:
  - Effective (message content and style of communication)
  and
  - Efficient (level and nature of efforts)

Sources: "Pharma Marketing Tool box", J.-M. Peny, Smart Pharma Consulting, 2015, 246 p.

The Individual Prescriber Plan is essential to structure and formalize a Prescriber-Centric Strategy to secure Brand Preference and long-term engagement

Individual Prescriber Plan – Framework

Prescriber-Centric Strategy
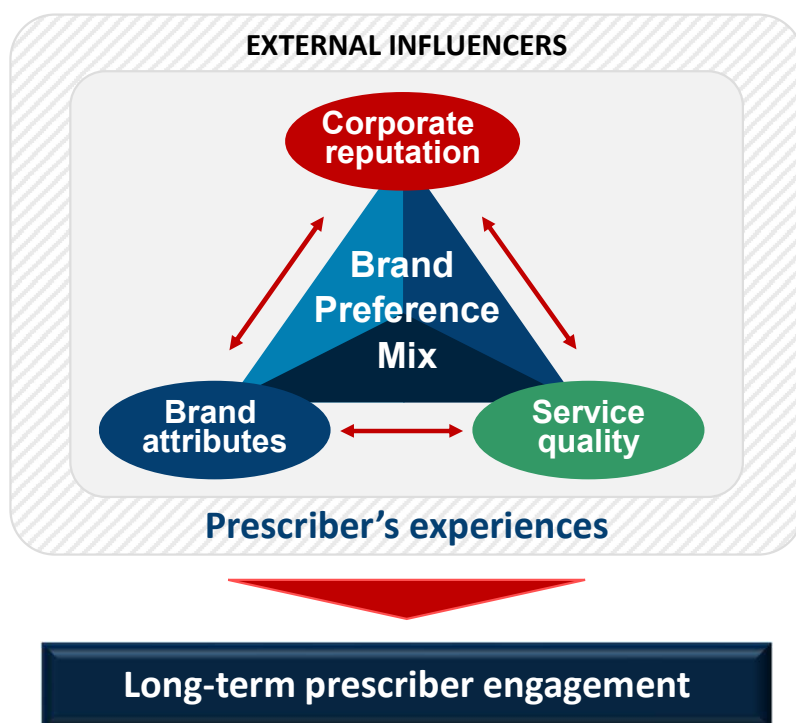
- The Individual Prescriber Plan (IPP) is built around prescribers who represent the most important customer category for Rx-driven brands of pharma companies

- Depending on the type of products, physicians, nurses, pharmacists and even patients can all be considered as "prescribers"

- External influencers, such as health authorities, politicians, sick funds, private health insurance, patient advocacy groups, professional associations, pharmaceutical companies, key opinion leaders, etc., may also play an essential role by modifying the behavior of prescribers

- Prescriber-centricity requires going that extra mile to please the prescriber and ensure that he enjoys the experience of being:
  - A prescriber of the company and of its brand(s)
  - A beneficiary of the associated services

- Positive experiences are essential to create sustainable prescriber preference to brands and to induce their long-term engagement (active loyalty)

Sources: Smart Pharma Consulting

The Individual Prescriber Plan makes it possible to set objectives by individual prescriber and define the appropriate operational activities to meet these objectives

Individual Prescriber Plan – Tool (1/3)

Prescriber-Centric Brand Plan

Individual Prescriber Plan

Year 2017

Table of Contents

Situation analysis by prescriber
- Evolution of market/brand prescription
- Key factors determining that evolution
- Permeability (accessibility and sensitivity) to operation
- Personality dominance
- Individual Prescriber Portrait
- Prescriber -centric SWOT

Objective by prescriber (qualitative / quantitative)

Strategy and tactics by prescriber
- Strategic priorities
- Individual Prescriber operational Mix
- Monitoring tools (KEIs [1] – KPIs [2])

- The Individual Prescriber Plan is structured like a Brand Plan, but analyses are carried out from the prescriber's perspective

- The situation analysis section should highlight, for each prescriber:
  - The driving forces that influence his prescribing behavior
  - His preferred communication channels and the ones likely to influence him the most
  - His personality (relational, economic, scientific)

- The prescriber-centric SWOT should consider the prescriber's prescription potential, as well as his values, perceptions and motivations

- A qualitative and quantitative objective should be set prescriber by prescriber

- Strategy and tactics should aim at:
  - Creating more value for the prescriber
  - Reinforcing his preference for the brand

- KEIs [1] and KPIs [2] should be defined to ensure appropriate execution and resource allocation

Sources: Smart Pharma Consulting

[1] Key execution indicators – [2] Key performance indicators

Before making the decision to invest in operations[1] at targeted prescribers, expected impact should be clearly defined, as well as execution and performance indicators

Individual Prescriber Plan – Tool (2/3)

Check-list to support operational investment decisions

Illustrative

What is the objective of the action?	What are the KEIs[2]?	What are the KPIs[3]?
▪ Create / reinforce awareness ▪ Generate interest ▪ Develop brand preference ▪ Increase share of prescription ▪ Increase compliance ▪ Limit substitution rate ▪ Get the brand listed ▪ Fine tune the profile of the prescriber or of other customers	▪ % of the target covered by the action ▪ % of the target exposed to the action ▪ % of the target impacted by the action ▪ % of the target having a positive opinion of the action (usefulness, Interest, practicality, quality of execution) ▪ Implementation time required vs. planned ▪ Actual vs. budgeted cost	▪ Brand Preference Mix index ▪ Preference Ladder step ▪ Key message memorization rate ▪ Share of prescription ▪ Sales evolution ▪ Variation in the number of treatment initiations ▪ Profit evolution in euros ▪ % of hospitals having listed the brand ▪ Return on investment

The a priori and a posteriori assessment tools help objectivize that planned or existing activities will significantly contribute to reinforce the Brand Preference Mix

Individual Prescriber Plan – Tool (3/3)

A priori assessment tool

Description		Objective		Target (HCPs, patients, etc.)	

Expected Value by the Target		Exclusivity		Expected Link to the Brand	
Evaluation*	Rationale	Evaluation	Rationale	Evaluation	Rationale
Interest 1 2 **3** 4 5	•	Total ✓		Magnitude 🟢	•
Usefulness 1 2 3 **4** 5		Partial ✓			
Convenience 1 **2** 3 4 5		None ✓		Sustainability 🔵	•
Execution 1 2 **3** 4 5					
Total 1 2 **3** 4 5					

Barriers		Rationale	KPIs (Key performance indicators)	KEIs (Key execution indicators)	Decision
Technical	🟢	• Implementation	•	•	GO
Regulatory	🔴	• Compliance			No GO
Economic	🔵	• Estimated cost and return			

A posteriori assessment tool

Description		Objective		Target (HCPs, patients)	

Perceived value by the target		Exclusivity		Link to the product	
Evaluation*	Rationale	Evaluation	Rationale	Evaluation**	Rationale
Interest 1 2 **3** 4 5		Total		Magnitude f – M - F	
Usefulness 1 2 **3** 4 5					
Convenience 1 2 **3** 4 5		Partial ✓			
Execution 1 2 **3** 4 5				Sustainability f – M - F	
Total 1 2 **3** 4 5		None			

Impact on brand preference		Rationale	Solutions to reinforce toe preferential power	
			Initiatives	Evaluation
High			1	
Moderate	✓		2	
Low			3	
None			4	

Sources: Smart Pharma Consulting

The Individual Prescriber Plan enables pharmaceutical companies to turn prescriber insight into competitive advantages in a more effective and efficient manner

Individual Prescriber Plan – Benefits

Operational Performance Matrix

Key Execution Indicators (KEIs[1])

- **Level and mix of operational activities (medico-marketing-sales) vs. plan**
- **Quality of execution of activities:**
  - Disease, competition and brand knowledge
  - Management of health economics issues
  - Ability to handle questions and objections
  - Knowledge and understanding of prescriber's profile
  - Adjustment of communication style and of message content to the prescriber's profile
  - Ability to trigger multi-channel initiatives
  - % of calls carried out with an iPad

Key Performance Indicators (KPIs[2])

- **Impact on performance:**
  - Level of sales and evolution (in euros, units, prescriptions, patients)
  - Level of prescription share and evolution (in euros, units, prescriptions, patients)
  - Level of initiations and evolution
  - Level of prescription switches and evolution (of prescriptions, patients)
- **Impact on behavior:**
  - Level of prescriber interest
  - Product memorization rating
  - Intention to prescribe rating

- The Individual Prescriber Plan (IPP) is a useful tool to support a Prescriber-Centric Strategy
- Prescribers' experiences and perceived values with:
  - The brand
  - The services related to the brand
  - The pharmaceutical company

  are captured and analyzed with the help of the Brand Preference Mix Index (BPMI)
- The Behavioral Prescriber Segmentation (BPS) provides an accurate knowledge of each prescriber:
  - Prescription potential for the market and the brand
  - Permeability to operational[3] channels, messages and communication styles
- Thus, it is possible to design a fine-tuned "business plan" for each (key) prescriber, in such a way that operational efficacy and efficiency are optimized
- The quality of execution will be tracked with KEIs, and the performance measured with KPIs

The Individual Prescriber Plan[1] should be precisely elaborated by a team of collaborators interacting, on a regular basis, with the concerned prescribers

Individual Prescriber Plan – Method

Exploring Individual Prescriber insight[2]	Crafting Individual Prescriber strategy & tactics	Designing Individual Prescriber Plan[2]
■ Key questions to be answered: — Who are the most critical prescribers to focus on to develop brand growth? — What will drive their brand preference? ■ Ongoing exploration and discovery of individual prescriber insight are key to answering these two questions ■ Prescriber-related insight collected by: — Medical representatives — Medical Scientific Liaisons (MSLs) — Other collaborators like Key Account Managers who meet prescribers or influencers ■ Data should be stored in a shared database, opened to medical, marketing and sales collaborators that interact with prescribers[3]	■ Prescriber insight must be translated into effective operational[4] activities likely to reinforce brand preference ■ When there is a potential to create high reciprocal value for the prescriber and the company, a one-on-one customized program should be built according to the following steps: 1. Evaluate the level of potential value for the prescriber and the company 2. Understand individual prescriber needs, brand preferences, behaviors 3. Create a "business plan" including services, communication styles, message contents and operational channels adjusted to each prescriber 4. Track prescriber experiences and all aspects of his satisfaction to ensure high level of brand preference	■ Each prescriber plan should be built by a "prescriber team" which includes the collaborators who interact with the prescriber and know him best ■ The strategy and the corresponding tactics are supported by Individual Prescriber Portraits, which should be fine-tuned and updated by the team ■ Before deciding to implement any operational activity, the following key questions should be answered: — What is the objective? — How should it be implemented? — What is the cost? — What is the expected impact? ■ An individual action plan should be set

The Brand Booster Program is a best-in-class program based on deep prescriber insight, value creation for prescribers and optimization of resource allocation

Value of the Brand Booster Program (1/2)

- The Brand Preference Mix is the central pillar of the Brand Booster Program developed by Smart Pharma Consulting

- To create a strong and sustainable brand preference, marketers can identify the root causes of prescribers' brand valuation with the help of the Brand Preference Mix Index

- The Behavioral Prescriber Segmentation approach makes it possible to get deeper insight regarding prescribers' needs, motivation, behavior and experience that are all essential to target the most attractive prescribers:

    - Those who have a high potential of prescription growth for the market[1] and the brand

    - Those who are the most permeable to medico-marketing-sales activities

- The Individual Prescriber Plan is a key element to help pharmaceutical companies express their strategic priorities and tactics in terms of value creation per prescriber and to align their resources accordingly to create a sustainable brand preference in an effective and efficient way

[1] Market includes the brand of the pharmaceutical company and the competitors' ones

The Brand Booster Program is a powerful and comprehensive approach, based on three components, enabling Marketers to optimize the performance of their brands

Value of the Brand Booster Program (2/2)

Brand Preference Mix	Behavioral Prescriber Segmentation	Individual Prescriber Plan

■ By measuring the performance of their brand with the BPM Index, marketers will be able to:
  − Define their strategic priorities to strengthen prescribers' preference
  − Evaluate the impact of their strategies and of the corresponding tactics
 	
■ The BPM Index should be calculated for each targeted client once or twice a year
 	
■ Based on the analyzed results, a series of customized actions will be defined and implemented at individual prescriber level
	■ The BPS enables marketers to fine-tune operational[1] investments per prescriber…
	
	■ … by identifying:
	  − His capability/willingness to prescribe the competing brands
	  − The driving forces influencing his prescribing behavior
	  − His permeability[2] to operations
	  − Acceptable/convincing messages
	  − Appropriate style of communication
	
	■ The BPS success requires:
	  − The implementation of a simple and systematic process to collect data
	  − The development of operational tools that take into account the diversity of prescribers' behaviors and permeability
		■ To make their brands preferred, marketers must develop:
		  − A prescriber-centric strategy/tactics
		  − A prescriber-centric brand plan
		
		■ Prescriber-centric strategy is about creating positive experiences through the three components of the BPM
		
		■ This requires deeper insight to develop strategies and tactics to intensify their positive perception
		
		■ A prescriber-centric brand plan captures the prescriber perspective and estimates his real perception of the company, its products and its services

[1] Medico-marketing-sales activities − [2] Accessibility and sensitivity to different channels

As the author of the Brand Booster Program, Smart Pharma Consulting is the best positioned to ensure its smooth and efficient implementation by pharma companies

Smart Pharma Consulting Services (1/2)

Brand Booster Program Implementation

Brand Preference Mix

- Design and implementation of national studies to measure the Brand Preference Mix Index
- Design and facilitation of the implementation of Brand Preference Mix Index measurement at hospital/department and at prescriber levels through sales forces

Behavioral Prescriber Segmentation

- Presentation and training of the medico-marketing-sales departments to learn how to:
  - Collect prescriber insight to define an Individual Prescriber Portrait
  - Quantitatively and qualitatively adjust operational efforts for each targeted prescriber

Individual Prescriber Plan

- Design of an Individual Prescriber Plan structure, including monitoring tools
- Training of marketers and other collaborators to correctly prepare Individual Prescriber Plans
- Challenge of teams involved in the preparation and development of Individual Prescriber Plans

Sources: Smart Pharma Consulting

Smart Pharma Consulting supports national and international multi-disciplinary[1] brand teams with robust methodologies, practical tools and a challenging attitude

Smart Pharma Consulting Services (2/2)

Smart Pharma Experience & Approach

Support to 80 brands in 17 different disease areas:

1. Addictology
2. Allergy
3. Cardiology
4. Dermatology
5. Gastroenterology
6. Gynecology
7. Infectious diseases
8. Metabolism / Diabetes
9. Metabolism / Diabetes
10. Neurology
11. Nephrology
12. Oncology / Hematology
13. Ophthalmology
14. Pulmonology
15. Psychiatry
16. Rheumatology
17. Urology

- We provide robust methodologies and practical tools to strengthen situation analyses
- We facilitate the identification of relevant strategic priorities to achieve pre-set objectives…
- … and the selection of the corresponding tactics[2] including the appropriate monitoring tools[3]
- We positively challenge brand teams to enhance the quality of their analyses and recommendations

Key issues addressed by our approach

1. How to best evaluate the market dynamics and the brand performance?

2. How to measure the impact of recent investment decisions?

3. How to build market scenarios?

4. How to carry out an *Advanced SWOT[4]* analysis?

5. How to set rational performance objectives[5]?

6. How to define the corresponding relevant strategy with the help of the *Advanced SWOT* analysis?

7. How to determine the optimal mix and level of medico-marketing and sales investment per brand and across different brands of a portfolio?

Smart Pharma
CONSULTING

Serving & Sharing with Passion

Outstanding Physician Experience…

BEST-IN-CLASS SERIES

… to boost Brand Preference

POSITION PAPER

Offering outstanding Physician Experience is a source of competitive differentiation likely to boost their brand preference

1. Introduction

Forward

- The search of outstanding customer experience should be the overarching priority of R&D-based pharmaceutical companies

- Indeed, numerous studies, in various industrial sectors, have shown that delightful customer experience is a powerful means to create and maintain privileged relationships and induce customer preference for their related products (or services), leading to market share growth

- By offering outstanding experiences to physicians, pharma companies are more likely to:
  - Keep on interacting with them
  - Differentiate positively their products from competition
  - Optimize their market share evolution

- In this position paper, we have adapted the concept of "customer experience" to physicians[1], and we propose a methodology and tools to help pharma companies offer outstanding physician experience

"Managing customer experience bolsters your brand" – Stan Phelps

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[1] *Pharmaceutical companies must deal with other customers such as regulators, payers, distributors, patients, patient advocacy groups who will not be covered in this position paper*

The purpose of Physician Experience is to urge pharma companies to provide physicians not only with products and customized services but to enrich their life with memorable events

1. Introduction

Physician Experience (PX) – Definition (1/2)

Evolution of the drug prescribing model
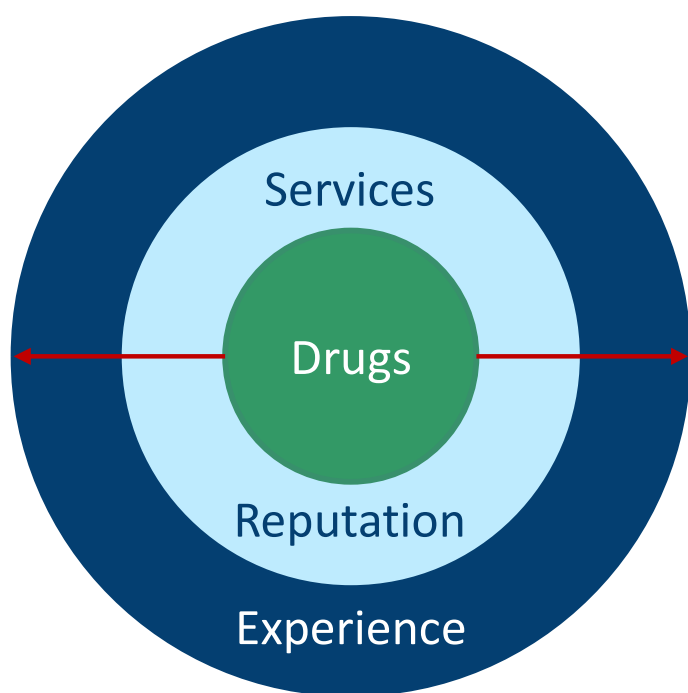
- Innovative drugs and related services are key to success, but too quickly copied to create a sustainable competitive advantage

- Delivering experiences, delighting physicians, is a powerful means to cope with product and service commoditization

- Physician Experience is the perception (physical, rational, emotional, sensorial, etc.) resulting from interactions with a product, its associated services and the people of the companies involved in selling and/or delivering them

- Thus, experiences may be different from one physician to another

- Experience-related events either before, during or after a drug prescription, a service delivery, an exchange with the company[1] determine the degree of physician delight

- Remarkable Physician Experience enables to differentiate positively drugs from competition by enriching physicians' life

Sources: Adapted by Smart Pharma Consulting from "Welcome to the Experience Economy" by B. Joseph Pine II and James H. Gilmore, HBR (1998)

[1] Its collaborators or representatives

Physician Experience must be defined as the physician end-to-end journey, not just at key touchpoints

1. Introduction

Physician Experience (PX) – Definition (2/2)

- Physician Experience should not be limited to key touchpoints or critical moments – also called moments of truth – when physicians interact with a brand (drug), its related services and/or the company marketing it

- Physician Experience is the accumulated effect of multiple touchpoints over time, which can lead, if positive and consistent, to a strong relationship feeling and intimacy between physicians and brands

- Physician Experience needs to be extraordinary, memorable and compelling in order to generate a competitive advantage

- Physician Experience is not fully under the control of the pharma company marketing a brand; it is also impacted by various indirect elements and stakeholders (i.e., bad buzz on social media, word-of-mouth, advocates, detractors, distributors, etc.)

"People will forget what you said, what you did, but not forget how you made them feel" – Maya Angelou

Zappos key strategy to retain its customers consists to create a "wow" effect on every call so that customers feel delighted of their interaction with the employees

1. Introduction

Zappos Customer Excellence Strategy

Case Study

Delivering wow customer service	Designing enabling organization & tools	Selecting the right service metrics
1	**2**	**3**

▪ It can be defined as a service going beyond fulfilling basic expectations in a creative and unexpected way	▪ Zappos has set up a decentralized management model[1], called holacracy, to help staff remain focused on delivering wow customer services	▪ Customer-facing staff is expected to spend 80% of their time interacting with clients, whatever the number of clients
▪ Employees attempt to distinguish the service experience for every customer each time they interact with them	▪ Personalization of services, requiring to know and understand what customers want and need, is supported by AI[2]	▪ Zappos measures the quality of contacts with a 100-point scale:
▪ For so doing, they connect over the details of the order, a question or a difficulty, and create a special emotion by using the right words, transcending the transaction	▪ Call center employees are trained for four weeks on how to make customers happy, by creating Personal Emotional Connections	– Did the agent try twice to make a PEC[3]?
		– Did he keep the rapport going after the customer responded to its attempt?
		– Did he address unstated needs?
		– Did he provide a "wow experience"?[4]

If Zappos sells average products at average prices, it delivers unique services, second to none

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[1] This model is of interest in situations requiring flexibility, adaptability, responsiveness and empowerment. Responsibilities are distributed throughout self-organizing teams – [2] Artificial Intelligence, especially to better predict the best size of shoes and clothes for customers – [3] Personal Emotional Connection – [4] Those having less than 50-point average at the end of the month, will receive extra training

The key lesson to learn from Amazon.com is their continuous experience improvement strategy with a special focus at making the customer life as easy as possible

1. Introduction

amazon

Case Study

Amazon Customer Excellence Strategy

Understanding customer needs	Anticipating customer needs	Simplifying the customer journey
1	**2**	**3**
▪ Amazon is a customer-centric company whose priority is to keep on improving its understanding of customers needs ▪ Due to its size, Amazon can capture a huge amount of data and uses it to deliver personalized offers and recommendations based on previous purchase history ▪ Amazon believes that the key dimensions defining customer experience are right sellers and products, price and convenience	▪ Amazon tends to listen to its customers and meet them where they are at, developing for instance: — The "Customers who bought this item also bought" functionality to anticipate clients needs — The "Being given as a gift" functionality to know who will be the end user, and thus propose more relevant personalized offers or recommendations	▪ The objective of Amazon is to turn a client into a lifetime customer by developing functionalities that ease its journey such as: — One Click, ensuring a fast and simple purchase without customers having to re-enter credit card and address details — Prime is a subscription service that gives access to free 1- or 2-day delivery[1] — Searching, adding to cart or returning items process have been made easy

Amazon was one of the first companies to invest in technology and infrastructure, and to leverage data collection to enhance the customer experience

[1] The annual subscription which costed €49 in France and $119 in the USA in 2019, gives members access to a variety of additional perks such as: exclusive deals, streaming titles on Amazon Video, 2 million titles on Amazon Prime Music, etc.

Air France customer experience strategy is supported by an integrated CRM system enabling the delivery of excellent human interactions, along the customer journey

1. Introduction

AIRFRANCE ✈

Air France Customer Excellence Strategy

Case Study

Understanding customer needs	Delivering personalized experiences	Simplifying the customer journey
1	**2**	**3**
■ By better knowing its customers, Air France expects to better serve them ■ Air France has invested in technology to concentrate all customers data on a common platform to ensure the staff has an accurate real-time view on: 　— Customers' history (incl. possible issues) 　— Servicing needs 　— Commercial opportunities	■ Air France has developed, over the years, tools to propose personalized services to its customers, such as: 　— Algorithms to offer promotional fares to their next favorite destinations, according to the pages they have consulted on Air France website 　— iPad for its front-line staff to enhance its face-to-face service	■ Air France aims at simplifying customers lives by developing tools such as: 　— Electronic bag tags and tracking devices as well as bag drops in order to facilitate customers travels 　— Geolocation and chatbots tools are also explored to let Air France be present where its clients are (e.g.,clients can receive their boarding cards on Facebook Messenger)

Air France uses technology and innovation to develop customer intimacy[1]
to create superior customer experience

Sources: Future Travel Experience.com (2017) – L'Usine Digitale.com (2016) – Smart Pharma Consulting

[1] Consists in getting closer to customers to better know and understand their needs and wants to better fulfil or anticipate them

Offering outstanding Physician Experience is a strong driver to generate positive memories in highly competitive markets where products and services are most often undifferentiated

2. Why is Physician Experience so Important?

Physician Experience Objective – Part 1

- To grow, it is not anymore enough for pharma companies to:

  – Market effective, safe and convenient drugs

  – Deliver good quality associated services

- To modify the opinion and then the behavior of physicians in favor of their marketed drugs, pharma companies must go beyond product and service functionalities

- Thus, pharma companies must offer, along with drugs and services, consistent, intentional, differentiated and valuable experiences, that physicians will positively remember

"It is no longer enough to satisfy your customers; you must delight them" – Philip Kotler

Sources: Smart Pharma Consulting

Providing positive experiences to physicians will increase their loyalty and preference for the brand, while turning them into advocates, which will drive sales and profit growths

2. Why is Physician Experience so Important?

Physician Experience Objective – Part 2

Positive Physician Experiences

Satisfaction   Delight

Loyalty   Preference   Advocacy

Sales growth   Profit growth

- Positive Physician Experience will lead to:
  - Satisfaction and positivity
  - Delight and happiness
- Physicians that are satisfied and delighted by experiences with a brand (drug), the associated services and/or the interactions with the company marketing that brand, will:
  - Be more loyal, increasing the retention rate
  - Show a stronger preference
  - Be inclined to recommend
- Thus, positive Physician Experience will drive:
  - Sales growth mainly through the impact on brand preference and advocacy
  - Profit growth mainly through higher retention

Sources: Smart Pharma Consulting

The features of the Brand Preference Mix components should offer meaningful benefits and delightful experiences to physicians to strengthen their preference

3. The Smart Physician Experience Model – Concept

Introduction

Brand Preference Mix → **Value Drivers** → **Individual Physician Portrait**

Features – Benefits Experiences

- The features of the three components of the Brand Preference Mix must be activated in a way…
- … that brings **superior benefits** and **experiences** to physicians than competitors do
- Pharma companies must **promote** these **benefits** and **offer experiences** to physicians to **convince** them to **prescribe** more and to **recommend** the **brand**

Physicians **preference** is **driven by**:
- **Needs**: "I need a treatment for this disease that is effective and safe" [rational-based]
- **Wants**: "I want to prescribe this treatment because I feel more secure" [emotional-based]

But **limited by**:
- **Fears**: "I am used to another treatment and do not wish to change my habits" [rational- and emotional-based]

Sources: Smart Pharma Consulting adapted from "Value Proposition Canvas" by Peter J. Thomson (2013)

The Brand Preference Mix determines the key drivers that can be activated to enhance prescriber preference and thus optimize market share

3. The Smart Physician Experience Model – Concept

The Brand Preference Mix
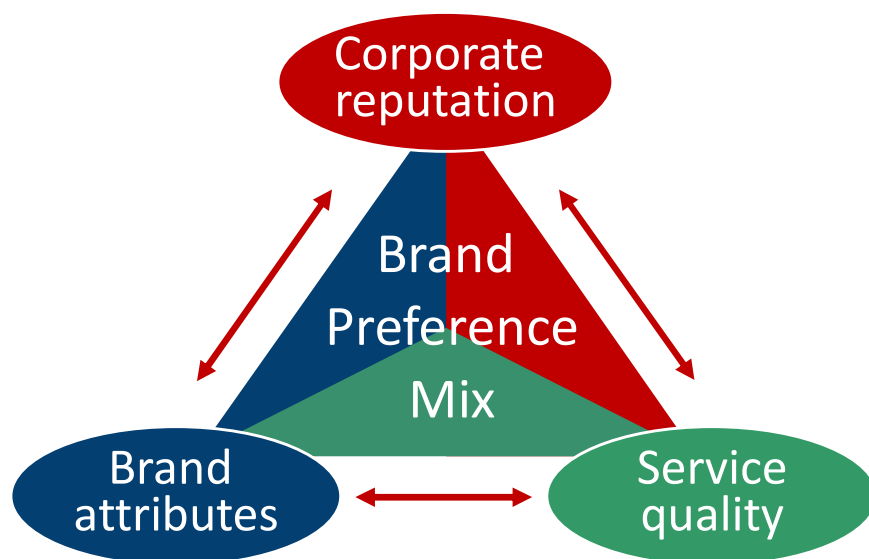
- One of the pharma companies biggest challenge is to increase physician preference for their brands (drugs) to gain prescription share with each of them

- To reinforce the preference of physicians, pharma companies must optimize their Brand Preference Mix:

  - The perceived value of their brand attributes

  - The perceived quality of the services they offer and deliver to physicians

  - Their corporate reputation

- The links between the three components of the Brand Preference Mix should be well-established in the mind of the prescribers

Sources: "Building prescriber loyalty", J.-M. Peny et al., SCRIP Magazine, September 1993 – Smart Pharma Consulting

To activate the Brand Preference Mix components of their drugs, pharma companies should address the following key issues

3. The Smart Physician Experience Model – Approach

The Brand Preference Mix levers

- How to create a **superior image**?
- How to build an **appealing identity**?
- How to maintain a good **corporate reputation** that induces the preference of physicians?

- How to install a perception of drug **uniqueness**?
- How to generate "preference" of physicians by highlighting specific drug **attributes**?
- How to **leverage** corporate **reputation** and **service** offering?

Corporate reputation

Brand Preference Mix

Brand attributes

Service quality

- What **services** to offer to physicians which will lead to a **stronger corporate reputation** and/or **brand preference**?
- How to ensure a sustainable **excellence** in the **execution**[1] of these services?
- How to make sure the proposed services are associated with the right **pharma company** and the right **brand**?

[1] See the position paper "Excellence in Execution Applied to Pharma Companies " on Smart Pharma Consulting website

Sources: "Building prescriber loyalty", J.-M. Peny et al., SCRIP Magazine, September 1993 – Smart Pharma Consulting

The Brand Preference Mix determines the key drivers that can be activated to enhance prescriber preference and thus optimize market share

3. The Smart Physician Experience Model – Concept

The Physician Experience Level

- To deliver an outstanding Physician Experience, Pharma companies must have a clear value proposition based on the three components of the Brand Preference Mix and an intimate understanding of individual physicians' "needs", "wants" and "fears"

- Physician Experience strategy should be holistic, considering the:

  – Cognitive (the fact to know, to be exposed)

  – Affective (the fact to appreciate, to prefer)

  – Conative (the fact to prescribe, to recommend)

  perspectives of the experience

Corporate reputation

Brand Preference Mix

Brand attributes

Service quality

Physician Experience

Sources: "Building prescriber loyalty", J.-M. Peny et al., SCRIP Magazine, September 1993 – Smart Pharma Consulting
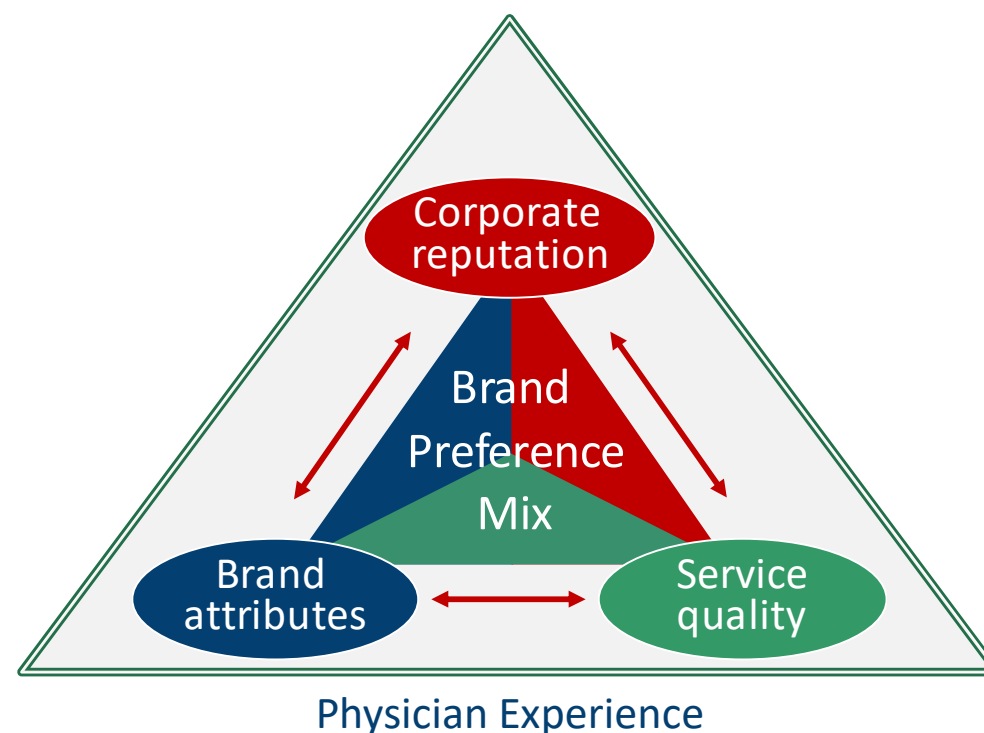
The following 5-step approach will help pharma companies deliver a consistently outstanding experience to physicians whose expectations keep on rising

4. The Smart Physician Experience Model – Approach

Introduction
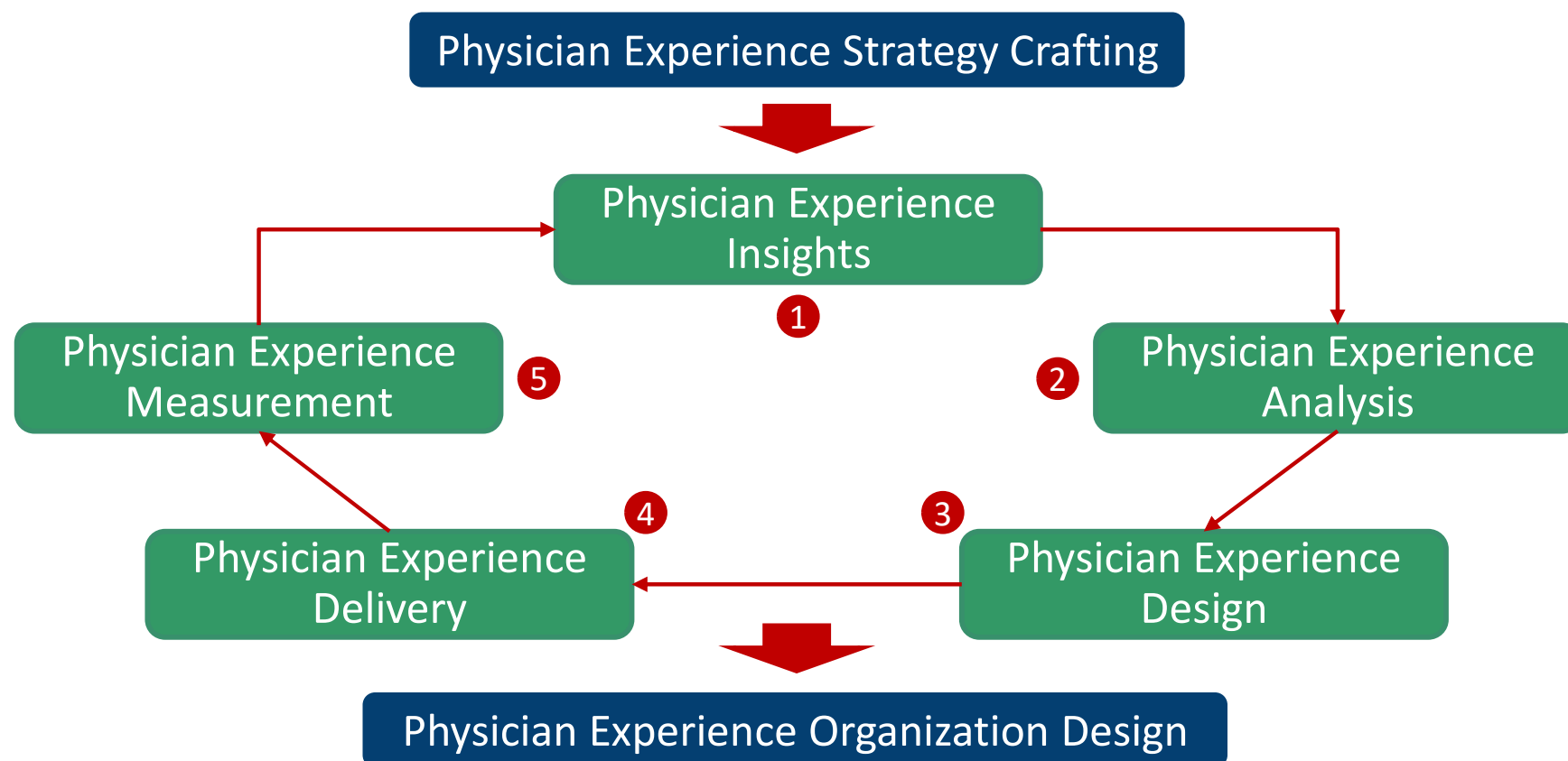
Physician Experience must move to the strategic agenda of pharma companies as patient-centricity did for most organizations

4. The Smart Physician Experience Model – Approach

Physician Experience Strategy Crafting

Step 1
- Experience strategy crafting should start by defining a clear vision, formalized, communicated and bought in by collaborators

Step 2
- Strategy and tactics should be based on co-creation, involving physicians and collaborators across the company

Step 3
- Experience strategy should be integrated into the brand strategy, considering the brand preference mix

- Physician Experience strategy crafting should consider the following key factors:
  - PERSONALIZATION: apply individual insights gathered at each touchpoint to create delighting interactions
  - CONVENIENCE: offer services that are convenient from the physicians' perspective
  - ACCESSIBILITY: ensure that physicians have an easy and quick access to pharma companies' collaborators to fulfill their needs (e.g., information, pharmacovigilance, issues to be addressed)

"Physician Experience Strategy needs to be aligned with the strategic square[1] of the company "

One should understand why each physician is disappointed, satisfied or delighted by each moment of truth between him, the company, its marketed brands and offered services

4. The Smart Physician Experience Model – Approach

1 Physician Experience Insights (1/2)

Why to gather data?

- To hone their strategy, Pharma companies must engage with physicians to understand what are their expectations, motivations, frustrations, pain points[1]

- The ultimate objective is to maintain a continuous updating of data

- The value of these data depends on the insights (knowledge and understanding) they will bring

- Specific data, from every physician touchpoint, should be captured to understand which interactions increase engagement and which hurt it; and why

- Then, Pharma companies will define the actions to be carried out to drive a positive change in physician opinion and behavior

What data to gather? – Small data

- Highly specific and individualized data – small data – are the starting point to improve Physician Experience

- They enable to choose a specific initiative to be implemented for a specific physician

What data to gather? – Big data

- Big data have more to do with strategic decisions and can be useful to define strategic directions

- At tactical level, when small data are missing, big data can be used to feed algorithms to predict Physician Experience issues or the type of solutions to propose

"Physicians' expectations are also set by their experience in other sectors which are far ahead[2]"

---

[1] Pain points are specific problems that physicians experience – [2] Such as banking, retails, etc.

The challenge is to transform data into an enhanced Physician Experience by investing in understanding what drives physicians' opinion, emotion and behavior

4. The Smart Physician Experience Model – Approach

1 Physician Experience Insights (2/2)

How to gather data?

- Amongst the broad range of data to be collected to develop insights, the following ones are important:
  - Medical specialties
  - Fields of interest
  - Opinion and emotion on various subjects
  - Behaviors re. diagnosis, prescriptions, patients follow up, etc.
  - Unmet needs
  - Specific wants
  - Major fears
  - Key habits
  - Interaction histories
  - Etc.

- To devise the actions to be carried out to enhance individual Physician Experience, data should be continuously updated

- Multiple sources of information can be used to keep an updated and precise portrait of physicians

- In-fields collaborators (e.g. MSLs, med reps, area managers, etc.) are the best positioned to do so

- Harvesting feedbacks from C-suite to physician-facing employees; and analyzing this information can help create superior experiences for physicians

"The emotional component of experiences is essential when products and services are undifferentiated"

Personas or individual ID cards are commonly used to help design an optimal experience model to meet/exceed individual expectations and thus achieve a sustainable competitive advantage

4. The Smart Physician Experience Model – Approach

② Physician Experience Analysis (1/10)

Personas & Physician ID Cards

- The Physician Experience should be analyzed from the outside in

- For so doing, it is possible to create personas which represent models (archetypes) of physicians, including their characteristics and their emotional needs

- However, individual portraits (ID cards) of physicians, based on real data, would be preferable to personas, because they enable to determine, for each physician:

  – Who are they?

  – What are their opinions, emotions, behaviors?

  – What is their historical experience with the company, its products and services?

  – What do they want, need, fear?

  – Etc.

Physician ID Cards *Illustrative*

- Name:----------------------
- Workplace:-----------------
- Medical degree:---------------
- Medical position :-------------

Expertise / Field of Interest	Awareness
Key priorities	Key challenges
Opinion / Emotion / Behavioral re. company, its products and services	Expectations from company, its products and services
Preferred communication channels	

Sources: Smart Pharma Consulting

Physician journey mapping will complete personas or individual ID cards to evaluate physician practical and emotional degree of satisfaction at each touchpoint

4. The Smart Physician Experience Model – Approach

② Physician Experience Analysis (2/10)

Physician journey mapping – Introduction

- The experience of individual physicians is so complex that its analysis requires its deconstruction into journeys which are visualized in a flow of interactions, called "touchpoints"

- Physicians journey mapping enables to understand:

    – What are their touchpoints?

    – How do they interact with the company, its brands and associated services at these touchpoints?

    – The emotional connection they feel at each interaction across all touchpoints,

    so that to explore how to eliminate current "pain points" and reinforce "delight points" to create an emotional attachment to the brands

- Thus, it is possible to find solutions, and enable an end-to-end redesign of the physician journey

- The audit of current practices and capabilities, as well as a mapping of existing Physician Experience, will raise important questions, such as:

    – Where are the current pain and delight points?

    – Is there a clear understanding of how physicians feel about existing processes?

    – What ideas do in-field collaborators have to enhance experience of physicians?

    – What key learnings can be applied?

    – Which channels do physicians prefer?

Sources: Smart Pharma Consulting

In practice, the most important journeys should be selected, and their respective pain points addressed, physician by physician, through a cross-functional contribution of collaborators

4. The Smart Physician Experience Model – Approach

2 Physician Experience Analysis (3/10)

Physician journey mapping – In practice (1/2)

- The 1st step will consist in identifying the most important[1] journeys and the associated pain points through a dual approach:
  - Top-down, judgement-driven evaluations
  - Bottom-up, data-driven analyses

- During the 2nd step, the selected journeys will be examined in detail to pinpoint the touchpoints between the physician, the brand, the company which markets it and the services it proposes

- A 3rd step will evaluate the positive or negative perceptions of the physician at each touchpoint and their root causes; and the likely impact on its behavior, knowing that certain poor experiences do not necessarily lead to a negative behavioral change

- Ideally, the physician journey mapping should be carried out, physician by physician, so that to obtain a precise diagnosis of the situation from which a redesign of physician interactions will start

- The production of a robust physician journey mapping requires:
  - The contribution of different departments of the company (i.e., physician-facing collaborators as well as collaborators from support functions having a direct or indirect impact on physician experience)
  - The input of physicians (through interviews, focus groups, etc.) to make sure all key touchpoints have been selected, the internal performance assessment and their related causes are valid

[1] *The most important journeys are those having the greatest impact on physician positive or negative opinion and behavior vis-à-vis the brand. They can vary according to the physician, the country, etc.*

The redesign of journeys should have an important impact on the physician's prescription and offer opportunities for significant improvements

4. The Smart Physician Experience Model – Approach

② Physician Experience Analysis (4/10)

Physician journey mapping – In practice (2/2)

- The following matrix can be used to select the journeys that should be redesigned – in priority – to improve physicians' experience

Experience Prioritization Matrix — Illustrative
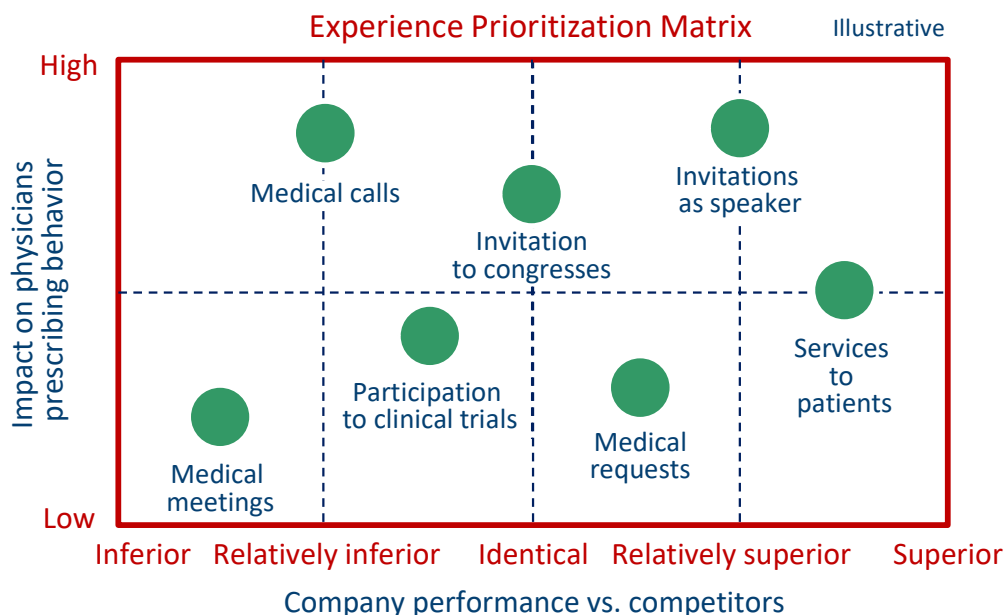
- The two recommended criteria to be considered are:
  - The journeys having most impact on physician's prescription, beyond the attributes of the product
  - The performance of the pharma company
- The performance should be evaluated in comparison with competitors, because the objective is to offer physicians a greater experience than competitors do
- The feasibility (organizational, technical, financial, legal, etc.) should also be considered for prioritization
- The matrix can be used by physician or groups of physicians, knowing that results can vary significantly by individual, by therapeutic area, by country, etc.
- In this illustrative case, "medical calls" and "invitations to congresses" are priorities for redesigning

Sources: Smart Pharma Consulting

Medical call experiences are generally considered by physicians as having a limited value, which explains their dissatisfaction and their reluctance to meet medical reps

4. The Smart Physician Experience Model – Approach

② Physician Experience Analysis (5/10)

Physician journey mapping – Medical call experience (1/2)

Current situation	Objective of the journey mapping
■ Access of medical reps to physicians is declining and calling time reducing	■ If face-to-face contacts with physicians are expensive[2] they are also the most effective promotional means to influence the physician's prescription
■ Physicians do not want to waste time for medical calls (51% say they already know the information shown)[1]	■ In this context, physician medical call experiences should be analyzed to identify the pain points and find solutions to maintain a regular access with them
■ Digital alternatives (i.e., e-mails, text messages, phone calls, webinars) are in general ignored by physicians	■ These solutions should ensure that during medical calls, physicians:
■ Physicians are ready to give medical reps some time, provided the interaction during the medical call is:	
– Interesting	– Receive relevant, trustworthy and up-to-date information
– Useful	
– Well-executed	– Are offered useful services (for them or their patients)
■ Physicians want to have a good time	– Have enjoyable interactions

Sources: Smart Pharma Consulting

[1] Based on a survey of 1,814 US practicing physicians across 25 specialties, carried out in 2017 by Decision Resources Group - [2] Estimated cost per contact: from €130 to €200 in western countries

This journey map depicts the medical call made to a physician to identify the pain points and neutral points that represent opportunities of transformation into delight points

4. The Smart Physician Experience Model – Approach

② Physician Experience Analysis (6/10)

Simplified illustration

Physician journey mapping – Medical call experience (2/2)

Pre-call	Call	Post-Call
Touchpoints[1] 1. Next call planning w/ the med rep 2. Call to the med rep to clarify the program of a symposium the physician is considering to attend	3. Introduction by the med rep who indicates the objective of the call 4. Answer to questions asked to the med rep during previous calls 5. Detailing of the promoted brand by the med rep 6. Questioning by the med rep re. the number of patients under his brand 7. Overall call perceived as too long and not very interesting	8. Reception of a reprint from the medical department, following a specific demand during the call 9. Reception of an e-mail with a link to a webinar

Pre-call	Call	Post-Call
Opportunities 1. Determine, in agreement with the physician, a topic to be covered during the next call to be planned	6. The physician does not want to be asked by the med rep to prescribe the brand he promotes. Alternative approaches should be implemented to engage the physician to extend his usage of the brand 7. Better manage the call duration and determine what could have made the physician more interested by the content of the call	8. The process should be rethought so that the physician feels delighted by the way his demand is fulfilled

Sources: Smart Pharma Consulting

[1] *Interactions of the physician –* [2] *What does the physician feel and think?*

**Invitations to congresses are generally viewed by invited physicians as a commodity
and therefore, they do not represent a preference driver for the brands, despite the high cost**

4. The Smart Physician Experience Model – Approach

❷ Physician Experience Analysis (7/10)

Physician journey mapping – Invitation to congress experience (1/2)

Current situation	Objective of the journey mapping
■ The great majority of physicians is interested to attend medical congresses to remain informed about the latest medical progresses and to meet their peers	■ Invitations of physicians to congresses represent a significant cost[1] for pharma companies
■ For key opinion leaders (KOLs), congresses are an opportunity to present the outputs of their researches	■ Pharma companies inviting physicians to congresses should analyze the overall invitation journey to identify the ways to offer them a positive experience that will be memorable over time
■ Their registration, transportation and accommodation costs are in general subsidized by pharma companies	■ Physicians want not only a service of quality but also a peace of mind
■ Most physicians are satisfied to have been invited, but rarely delighted	■ The analysis of key touchpoints should enable to identify where to make improvements so that the overall invitation to congress experience is considered as unique and become a source of positive differentiation vs. competitors
■ They consider this "service" as a commodity; having no preference regarding the company inviting them, and it is not rare that, after a few months, they do not remember by whom they have been invited	

Sources: Smart Pharma Consulting

[1] Invitations of physicians practicing in Europe to national, European and American congresses cost per physician in the range of € 1,500, € 2,500 and € 7,000 respectively

This example of a journey map relative to the invitation of a physician to a congress highlights the key touchpoints that should be redesigned to offer him a unique experience

4. The Smart Physician Experience Model – Approach

2 Physician Experience Analysis (8/10)

Simplified illustration

Physician journey mapping – Invitation to congress experience (2/2)

	Wish to attend a congress	Finding & selecting a sponsor	Trip organization	Trip execution	Invitation follow-up
Touchpoints[1]	1. Check the date and the location on Internet 2. Check if personal and professional availability	3. Contact MSLs from pharma companies 4. Select one sponsor if several offers	5. Get the travel plan from the MSL 6. E-tickets received from the travel agent the day before departure 7. No support for Visa	8. Meet & greet service at arrival 9. Special shuttle organized between hotel and congress location 10. No special event organized, either scientific or not, by the sponsor company	11. Follow-up meeting w/ the MSL 12. Three calls to the accounting dept. to get reimbursed for travel costs of € 225
Emotions[2]	1 😊 2 😊	3 😐 ↑ 4 😐 ↑	5 😐 6 😞 ↑ 7 😞 ↑	8 😊 9 😊 10 😞 ↑	11 😐 12 😞 ↑
Opportunities		3. 4. Anticipate the demand of the physician and have a program ready to be shown	6. 7. Improve the support during the preparation (e.g., handle the demand of visas, book a taxi to and from the airports)	10. Enhance the stay of the physician by ensuring a personalized attention (e.g., concierge service, individualized support by the MSL who invited the physician)	12. Reduce the hassles and the time required to reimburse the cost of physician travel

[1] Interactions of the physician – [2] What does the physician feel and think?

There is no regular interactions between physicians and pharma companies before, during and after the prescription of their brands to a given patient

4. The Smart Physician Experience Model – Approach

② Physician Experience Analysis (9/10)

Physician journey mapping – Brand experience (1/2)

Current situation	Objective of the journey mapping
▪ Physicians looking for information about a brand prefer company-sponsored websites and to a lesser extend face-to-face meetings with medical reps or MSLs	▪ Determine the information physicians need to get to feel comfortable prescribing the marketed brand
▪ However, they often complain about the difficulty to have access to the right medical information…	▪ Facilitate access of physicians to reliable and well-structured information about the brand attributes and its prescribing conditions (i.e., indications, patient profile, contra-indications, side effects, dosage and treatment duration)
▪ … and about the information they consider as: — Incomplete — Irrelevant — Skewed	▪ Encourage physicians to share with medical departments of pharma companies the experience of patients treated by the brand
▪ Physicians are not in a regular contact with pharma companies before, during and after they have prescribed their brand	▪ Thus, the company marketing the brand will be able to send information and/or give advice to physicians to enhance their patient experience under the brand

The journey map of a Physician Experience relative to the prescription of a brand may help discover touchpoints for which improvements could be proposed

4. The Smart Physician Experience Model – Approach

② Physician Experience Analysis (10/10)

Simplified illustration

Physician journey mapping – Brand experience (2/2)

1. Get informed about the brand	2. Prescribe the brand	3. Analyze patient outcomes w/ the brand
Touchpoints[1] 1. Receive information from MSLs and/or medical reps of the marketing company 2. Give a phone call to the medical information department of the company 3. Get feedbacks from peers, KOLs, competitors 4. Read scientific papers about the brand	5. Look for drug information (contra-indications and posology) on the company-sponsored website when prescribing the brand 6. Check with the patient the suitability of the brand according to his profile and his consent considering the brand attributes[1]	7. Question the patient to get feedbacks regarding the impact of the brand on his disease (e.g. symptoms) and possible side effects 8. Control clinical (e.g. blood pressure) and biological (e.g. blood glucose) parameters

Emotions[2] — 1, 2, 3, 4 / 5, 6 / 7, 8

Opportunities 1. Prepare well-structured product-related information to facilitate the proper prescription of the brand to the right patient 2. Reorganize the medical information department to deliver high-quality services	6. Design an application and/or a booklet to help the physician explain the patients the pros and cons of the treatment by the brand and the specific precautions for use	6. The physician getting unformal patient feedback and having little time to question him, would require a structured questionnaire, ideally on a digital support like an Electronic Patient Record (EPR)

[1] Such as the most serious and common side effects, the mode of administration (injectable), the frequency of administration

Outstanding Physician Experience

The way services are delivered is more important than the service itself, knowing that emotions shape the attitudes which drive decisions

4. The Smart Physician Experience Model – Approach

❸ Physician Experience Design (1/2)

Physician Experience design to leave an enjoyable footprint

- The design of Physician Experience refers to the creation of a sequence of touchpoints which are concrete and controllable elements that can be identified, crafted and integrated
- While designing or redesigning a Physician Experience journey, pharma companies should aim to deliver at each touchpoint:
  - Better interactions
  - Integrated and coherent experiences
- The level of customization and the breath of offering should be defined and adjusted by individual physician
- A Physician Experience plan should be elaborated and integrated to each brand plan, ensuring it supports the brand, efficiently

- The challenge is to create an emotional connection with physicians at touchpoints by:
  - Addressing pain points
  - Creating good content that will meet their needs and lead to positive feelings about the brand
  - Empowering physician-facing collaborators

> **Zappos story**
> A customer was late on returning a pair of shoes due to her mother passing away. When Zappos found out what happened, it took care of the return shipping and had a courier pick up the shoes without cost. The next day, the customer received at home a bouquet of flowers with a note from the Zappos customer service team who sent their condolences

Sources: Smart Pharma Consulting

Smart Pharma 2016 – 2021 Publications   November 2021   164

The initiatives designed to enhance the experience of individual physician should remove hassles and offer delightful interactions

4. The Smart Physician Experience Model – Approach

3 Physician Experience Design (2/2)

Physician Experience Card

- The Physician Experience Card formalizes a specific action plan, for each individual physician, to enhance his experience with the company, its products and services

- To do so, the key learnings from individual Physician[1] and from the mapping of his journeys will be used

- To select the touchpoints of the journeys that should be redesigned, it is important to categorize each of them:
  - The "musts" are essential to meet physician basic expectations
  - The "pluses" lead to physician preference because there are particularly useful and well executed
  - The "minuses" lead to physician negative feelings and possibly behavior due to poor experience

- It is recommended to focus on touchpoints having the most important impact on the physician experience and that are the easiest to enhance

Physician Experience Card *Illustrative*

- Name:----------------------
- Medical degree:---------------
- Workplace:-----------------
- Medical position :-------------

Physician journey mapping – Medical call experience[2]

Pre-call	Call	Post-Call

1. Define for each medical call a preset agenda likely to interest to physician and thus offering him a better experience
6. Train the med rep to probe the physician about his practice and to engage him in a more subtle manner to avoid to annoy him

Physician journey mapping – Invitation to Congress Experience[3]

Wish to attend a congress	Finding & selecting a sponsor	Trip organization	Trip execution	Invitation follow-up

6. 7. Agree with a travel agent to deliver "VIP-like" personalized services, while complying with regulations and internal rules
10. Propose the physician to participate to a unique event (e.g., meeting with the top international KOL) during the congress
12. The MSL will inform the physician that it takes, on average, two months to get his travel expenses reimbursed, but that he does not have to worry and that will do the follow up himself

Physician Experience delivery must attempt to create delight by adding positive and memorable emotions at each touchpoint to strengthen physician preference

4. The Smart Physician Experience Model – Approach

4 Physician Experience Delivery (1/2)

Excellence in execution (1/2)

- Outstanding Physician Experience requires to define the best way to manage each touchpoint with the company, its brands and services to exceed physician expectations, and even to delight him

Hierarchy of Physician Expectations

1. Ultra
2. Extra
3. Basic

1. Ultra Expectations
- Are not consciously expected but when fulfilled they can create a "wow effect" and thus have a strong and memorable positive effect on physicians

2. Extra Expectations
- Correspond to the extra miles carried out in terms of Physician Experience which may help differentiate positively from competitors

3. Basic Expectations
- Fulfil basic expectations at touchpoints, but may be insufficient to create a competitive advantage, if competitors do the same

Sources: Smart Pharma Consulting

Delivering outstanding experience requires to meet or exceed physician expectation, the promised value proposition and a particularly positive emotion

4. The Smart Physician Experience Model – Approach

④ Physician Experience Delivery (2/2)

Excellence in execution (2/2)

- To deliver excellent Physician Experience, pharma companies must develop an intimate understanding of physician journeys and mindsets; and craft accordingly an adjusted value proposition

- The challenge is to deliver consistently a great experience, as Apple or Virgin companies do

- In a study carried out by Bain & Company, 80% of companies think they deliver a customer experience while 8% of customers feel they live a customer experience[1]

  Companies   **Physicians**

  (Desired experience / Delivered experience) - - - (Expected experience / Lived experience)

- The experience designed and delivered by pharma companies should be as close as possible to the experience expected and lived by each physician

- To guarantee the excellence in the experience delivery[2], pharma companies should comply with the following key principles:

  — Offering unmatched Physician Experience should be a core value and …

  — Integrated in the brand strategy and its corresponding tactics

  — The entire organization should be designed to ensure an optimal delivery of Physician Experience

  — All employees should be engaged and passionate to deliver superior Physician Experience
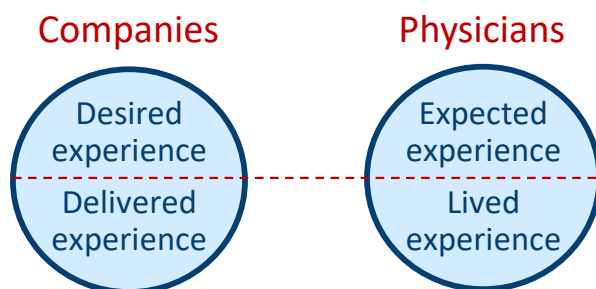
Measuring Physician Experience is essential to evaluate the pharma company, its brands and related services; and fill potential gaps

4. The Smart Physician Experience Model – Approach

⑤ Physician Experience Measurement (1/4)

Key points

- Measuring Physician Experience is essential to evaluate the pharma company, its brands and related services proposed, compared to competitors

- Physicians' feedback should be captured in real time, or at least soon after the moment of truth

- These information being evolutive, it is essential to organize permanent data gathering…

- … and to regularly control their quality (reliability and specificity)

- Surveys and focus groups can be carried out, but will give a surface view of the opinion, emotion and behavior of physicians

- To uncover deeper insights, ethnographic[1] methods will be more appropriate to identify the pain points of the key physician journeys that should be addressed

- One should focus on measuring data that will give insights on Physician Experience with metrics such as:
  - The Brand Preference Mix Index (BPMI)
  - The Net Promoter Score (NPS)
  - The Customer Satisfaction Score (CSAT)
  - The Customer Effort Score (CES)

- These different metrics can be combined to measure the quality of execution of the different interactions / experiences between the physician and the company

"If you cannot measure it, you cannot improve it"

Sources: Smart Pharma Consulting

[1] *Ethnographic market researches such as on-site study, help understand cultural trends, lifestyle factors, attitudes and social context which influence brand selection and usage*

The Brand Preference Mix Index makes it possible to measure the evolution of individual Physician Experience compared to competitors at a given point of time and overtime

4. The Smart Physician Experience Model – Approach

⑤ Physician Experience Measurement (2/4)

Brand Preference Mix Index (BPMI)

- The BPMI measures, physician by physician:
  - The importance of the 3 components of the BPM
  - His perception of each of them on a 10-point scale

Brand attributes 74%
Service quality 15%
Corporate reputation 11%

Perception Scale
1 2 3 4 5 6 7 8 9 10

BPM Index calculation ▶ (74% x 8) + (15% x 6) + (11% x 7) = 7.6
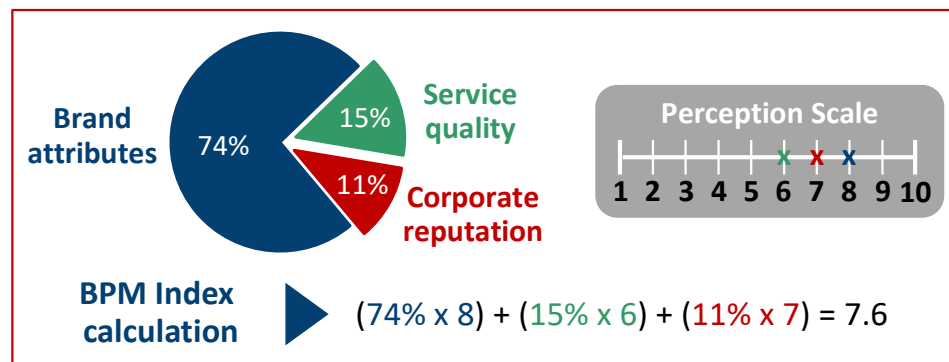
- The BPMI enables to determine:
  - The root-causes underlying the commitment of physicians for a brand
  - Actions to strengthen his attachment to the brand

Net Promoter Score (NPS)

- The NPS measures the degree to which physicians will recommend a brand, a service or a company to another healthcare professional

- The NPS can be used to evaluate a touchpoint at a given moment or the overall physician experience

- The NPS is the % of promoters minus the % of detractors
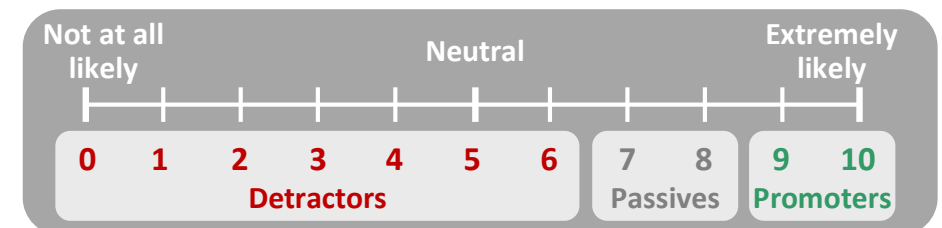
Not at all likely — Neutral — Extremely likely

0 1 2 3 4 5 6 **Detractors**
7 8 **Passives**
9 10 **Promoters**

- By asking customers why they would be likely or not to make a recommendation, it is possible to identify solutions to convert detractors into promoters

The main advantage of the CSAT is to be easy-to-implement and of the CES is to be predictive of the customer loyalty behavior

4. The Smart Physician Experience Model – Approach

⑤ Physician Experience Measurement (3/4)

Customer Satisfaction Score (CSAT)

- The Customer Satisfaction Score measures how satisfied a physician is with a recent interaction on a rating scale

- This experience metric is used to measure directly the physician satisfaction level by asking him how was his experience on a 5-, 7- or 10-point scale

Very poor									Excellent
1	2	3	4	5	6	7	8	9	10
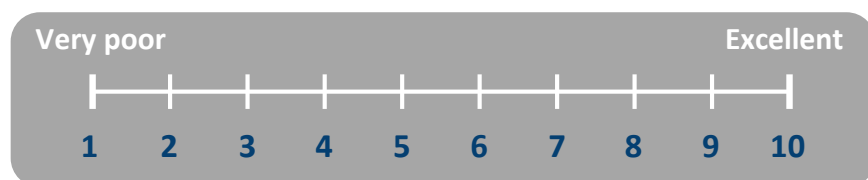
- CSAT surveys can be carried out to evaluate the perception of a physician regarding a global experience (e.g., attendance to a congress) or a specific touchpoint (e.g., invitation proposed by the MSL)

Customer Effort Score (CES)

- The Customer Effort Score (CES) measures the ease of interactions with a product, a service, a company

- It helps uncover and address concrete pain points

- The CES has shown to outperform CSAT and NPS in predicting loyalty behavior

- The CES is measured by asking questions like:

  "How easy was it to handle your request?"

- It can be scored on a 5-, 7- or 10-point scale, using:

Emojis	Likert's scale	Numbers

The organization should be designed based on an "outside-in" view of Physician Experience to ensure a consistency in the quality of interactions along the key journeys

4. The Smart Physician Experience Model – Approach

Physician Experience Organization Design

Culture

- Nurture a culture of superior Physician Experience
- Develop a powerful vision to connect[1] employees
- Install a participative culture[2]
- Encourage creativity, experiment and best practices sharing to enhance Physician Experience

Activities

- Focus on activities that best support the Physician Experience strategy
- Develop the hard and soft skills of collaborators involved in delivering high quality experiences
- Carefully plan and monitor the execution of key interactions with Physicians

Processes

- Put in place a continuous and cross-department feedback system to capture physician emotions at touchpoints during their key journeys
- Physician journeys being cross-functional, all functions need to work together[3] to collect insights and redesign enhanced interactions to delight physicians
- Design simple and easy processes for physicians to benefit from services offered by the company

Structure

- Design an agile structure that can be adjusted to better fulfil or exceed physician expectations
- Set up flat and lean organizational chart, around physicians, to favor reactivity and pro-activity
- Having a shared platform with qualitative and quantitative insights, regarding physicians' opinion, behavior and emotion is a must to deliver unique –second to none - experience

Sources: Smart Pharma Consulting

[1] *Set clear performance expectations, hold them accountable, give them regular feedbacks, reward their performance, share outcomes, etc. –* [2] *Solicit ideas and inputs, listen to people, select and implement their most appropriate suggestions to improve Physician Experiences –* [3] *Medical affairs, marketing, sales, market access, digital, compliance, etc.*

A superior valued-added experience leads to physicians' preference over competitors offer but requires to recruit talented and passionate people to offer moments of exception

5. Conclusion

Key Success Factors to Deliver Awesome Physician Experience

Vision & Ambition

Vision and ambition regarding Physician Experience
should be set by the CEO and shared with all collaborators

Strategy

- The strategy should be crafted to consistently meet or even exceed physicians' expectations across their journeys
- Greater Physician Experience creates stronger engagement, positive opinion and thus enhance brand preference
- To get preferred by physicians, compelling stories and experiences must be delivered with strong contents through conventional and digital channels, in a coordinated manner

Tactics

- Mapping journeys helps select the most important ones, i.e. those influencing the most physician's prescription
- Journey maps are essential to develop actions based on individual physician emotion, opinion and behavior
- Physician Experience is not limited to one-to-one interactions with in-field collaborators, it includes also office-based collaborators, and digital interactions

Organization

- Physician Experience is a holistic approach requiring the engagement of everyone from the company
- An integrated approach should be designed to ensure the congruence in the messages conveyed and the consistency in the quality of interactions, while making access to proposed services as easy as possible for physicians
- A continuous system should capture Physician Experiences and collaborators be empowered to improve these experiences

Sources: Smart Pharma Consulting

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Serving & Sharing with Passion

Engaging HCPs
in Post-Covid-19 Era

BEST-IN-CLASS SERIES

Priorities for pharma affiliates

POSITION PAPER

The Covid-19 crisis is likely to leave permanent after-effects that Pharma Affiliates should seize to rethink their business priorities

Introduction

- The Coronavirus disease 2019 (Covid-19) has spread in 227 countries and led to 344,503 deaths[1], of which 76% are concentrated in 8 countries

- Half of the global population has been asked or ordered to stay at home by their government, with varying stringencies, to slow the spread of the outbreak

Number of deaths by country[1]

Country	Deaths
USA	97,948
UK	36,996
Italy	32,877
France	28,460
Spain	26,834
Brazil	22,666
Belgium	9,312
Germany	8,309

- However, considering that most countries are starting to lift, step by step, lockdown restrictions, at this stage of the pandemic, Pharma Affiliates should:

  - Imagine how the Post-Covid-19 Era is going to change HCPs behavior

  - Anticipate the impact of these changes on engaging HCPs

  - Adapt the strategy, tactics and/or organization to these HCP behavioral changes
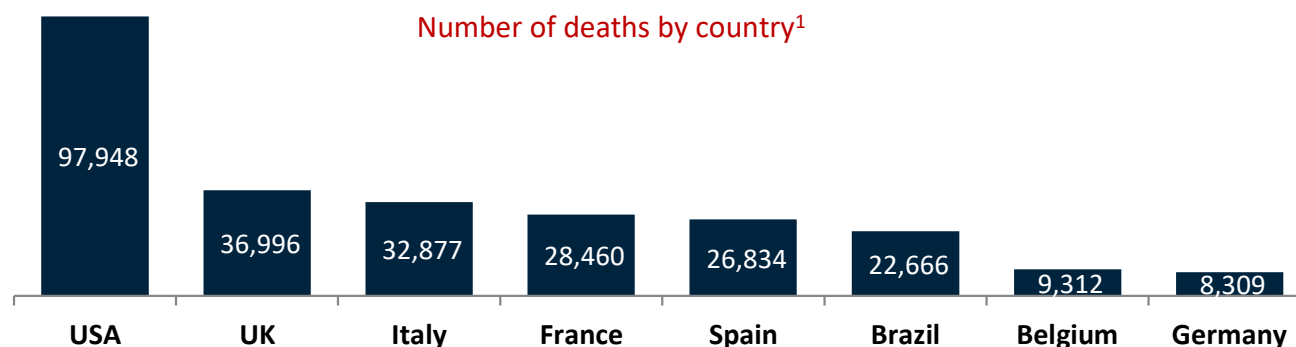
"The Covid-19 may offer a real opportunity for Pharma Affiliates to rethink their commercial operations"

Sources: Smart Pharma Consulting after Johns Hopkins University data   [1] *As of May 25, 2020*

To optimize HCPs engagement in the Post-Covid-19 Era, Smart Pharma Consulting proposes a method and selected tools, while pre-defining five essential business priorities

Introduction

– Part 1 –
HCPs Behavioral Changes & Impacts

– Part 2 –
Pre-defined Priorities

2020	2021	2022	2023

HCPs Behavioral Changes

Driving Factors

Impacts for Pharma Affiliates

1. Segment Dynamically & Individually HCPs

2. Craft a Commercial Omnichannel Strategy

3. Create Service-led Interactions with HCPs

4. Design an Integrated Customer-facing Organization

5. Develop a Human-focused Reputation

Sources: Smart Pharma Consulting
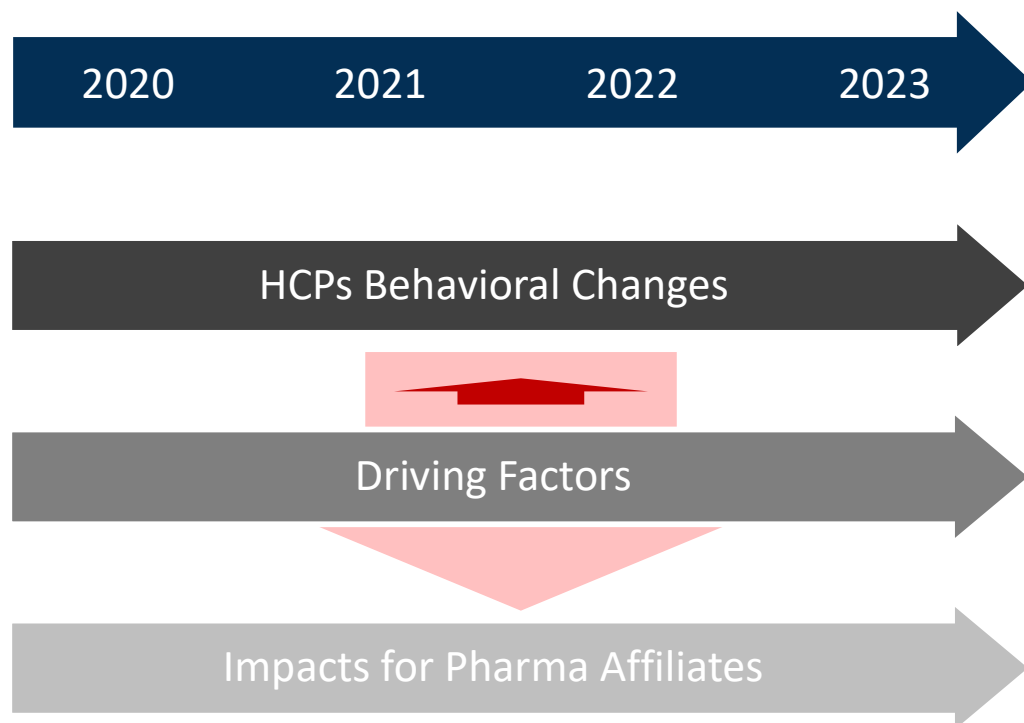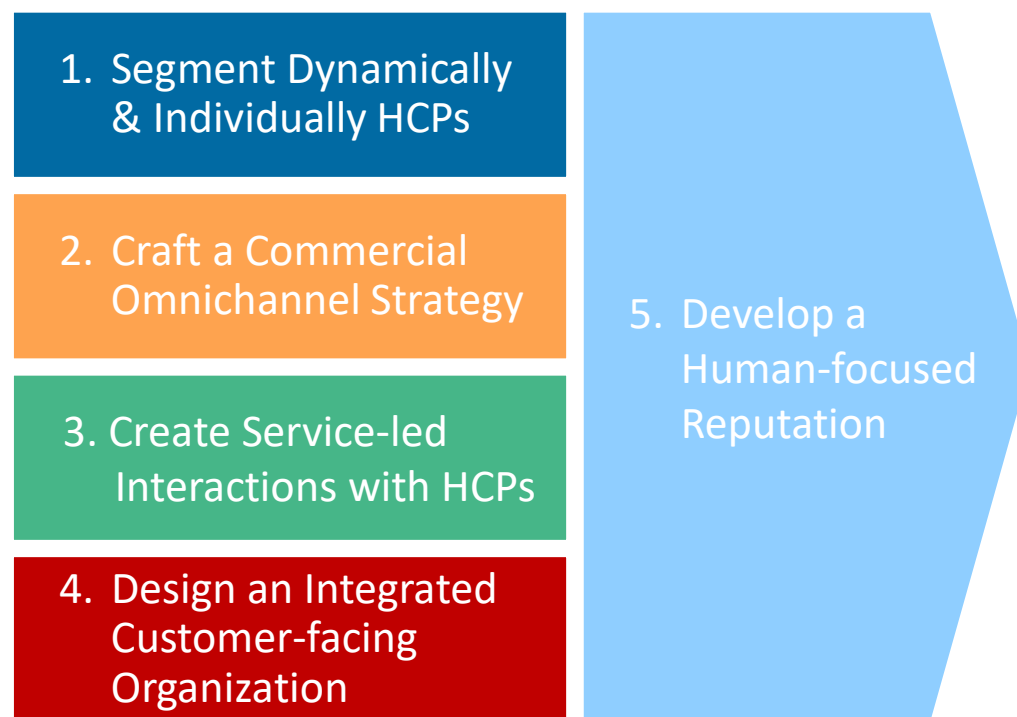
At this stage of the crisis, it is impossible to figure out to which extent HCPs behavior with Pharma Affiliates is going to change, but it is the right time to start investigating

Part 1 – HCPs Behavioral Changes & Implications

Issues to be addressed

- Regarding HCPs behavioral changes induced by the Covid-19 outbreak and relevant to Pharma Affiliates, the following key issues should be addressed:

How to answer these questions?

Sources: Smart Pharma Consulting
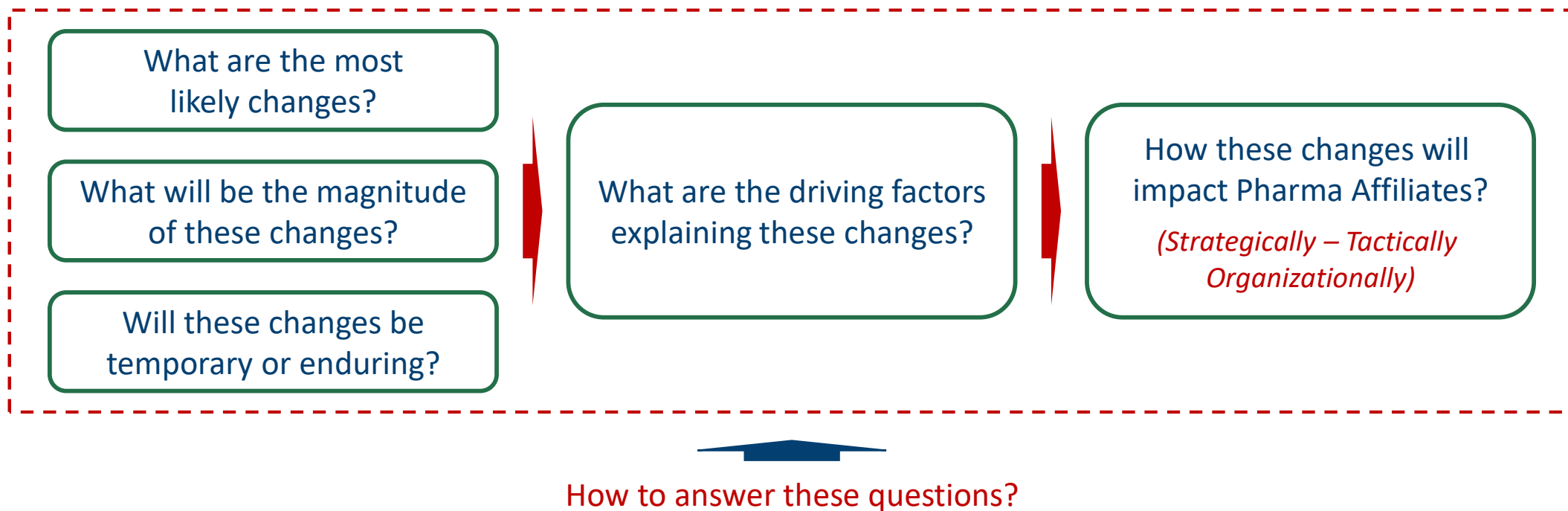
The most relevant method to prefigure the Post-Covid-19 behavior of HCPs is to collect data from each individual HCP, by in-field collaborators of Pharma Affiliates

Part 1 – HCPs Behavioral Changes & Implications

HCPs Behavioral Changes → Key Individual Data Collection ← **Driving Factors**

Changes in HCP Medical Practice

- Will the HCP change his practice regarding:
  - Disease diagnosis?
  - Treatment strategy (initiations, renewals, switches)?
  - Patient care (hospital day-care vs. home-care)?
  - Disease monitoring?
  - Follow up of patient adherence to treatment?
- How will the use of telemedicine evolve vs. the Pre-Covid-19 Era?
- Will the institution (e.g. hospitals, healthcare centers) in which the HCP practices limit or forbid the visits by med reps, MSLs and KAMs?

Changes in HCP Engagement with Pharma Affiliates

- Will the HCP reduce in-person and remote calls with med reps, MSLs, KAMs?
- Will the importance of in-person vs. remote calls evolve?
- Will the HCP modify his habits regarding attendance to medical meetings and participation to congresses?
- Will HCP expectations regarding the content of interactions with pharma companies significantly change?
- Will the relative importance of product features, related services and corporate reputation be modified?
- What does the HCP expect from Pharma Affiliates and their in-field collaborators following the Covid-19 crisis?

Each question should be completed by the question "WHY?" to identify the corresponding driving factors

Sources: Smart Pharma Consulting

Changes in medical practices and engagement with Pharma Affiliates will vary in duration and magnitude according to each HCP and will have specific impacts at Pharma Affiliates

Part 1 – HCPs Behavioral Changes & Implications

Data Analysis (1/2)

Impacts for Pharma Affiliates

Changes in HCP Medical Practice

- Will the HCP change his practice regarding:
  - Disease diagnosis?
  - Treatment strategy (initiations, renewals, switches)?
  - Patient care (hospital day-care vs. home-care)?
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> Each question should be completed by the question "WHY?" to identify the corresponding driving factors

| HCP A | HCP B | HCP C | HCP D | HCP ... |

Mapping of HCP Behavioral Changes & Impacts

Duration of Changes — Enduring / Temporary
Magnitude of Changes — Limited / Important

- Enduring / Limited: Low & Lasting Impact — C2, C5
- Enduring / Important: High & Lasting Impact — C1[1]
- Temporary / Limited: Low & Transient Impact — C4
- Temporary / Important: High & Transient Impact — C3, C4

● Negative impact　● Neutral impact　● Positive impact

[1] C1: means behavioral change #1

The identification of each HCP behavioral changes will help Pharma Affiliates figure out the strategic, tactical and organizational adjustments to be made to optimize their performance

Part 1 – HCPs Behavioral Changes & Implications

Impacts for Pharma Affiliates

Data Analysis (2/2)
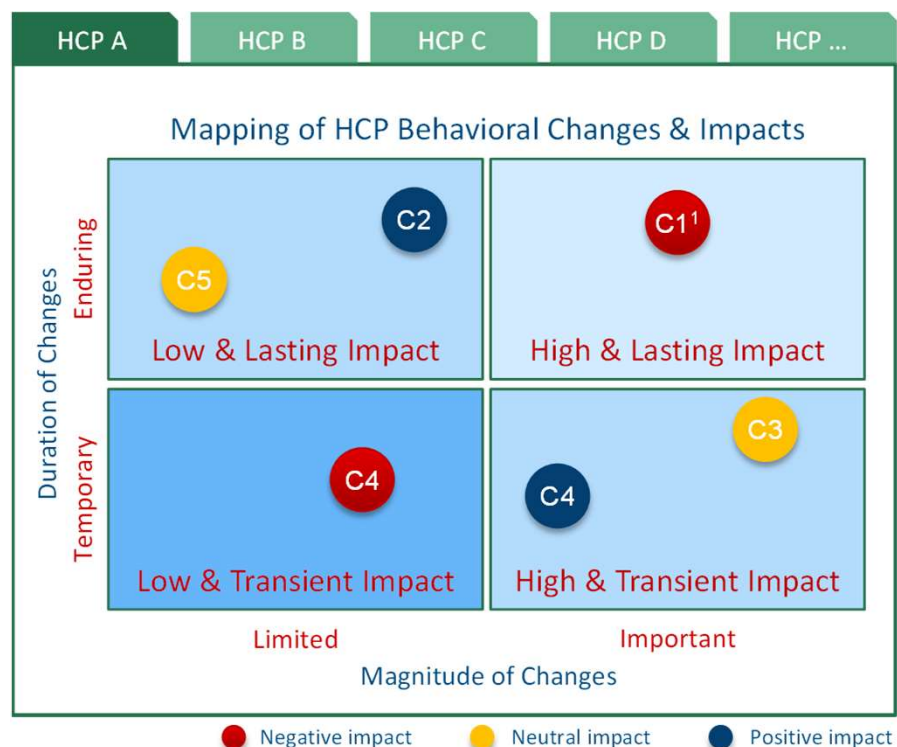
Strategic Impact

- Which HCPs should be targeted by in-field collaborators?
- How to reinforce the brand value by strengthening the three components of the "Brand Preference Mix":
  - Product attributes?
  - Associated services?
  - Corporate reputation?

Tactical Impact

- Which interaction channels should be used per HCP?
- Who, from the pharma affiliate, should preferably engage with each of the targeted HCPs?
- How to adapt the content of interactions to each HCP?
- What is the optimal level of interaction per HCP?

Organizational Impact

- How to design / redesign the pharma affiliate organization re.:
  - Activities and competencies of in-field collaborators?
  - Structure[2] of medico-marketing and sales departments?
  - Key processes associated to interactions with HCPs?
  - Cultural aspects of HCPs engagement management?

to best support the revised strategy and the tactics

The individual and dynamic segmentation of HCPs enables to optimize their targeting and to define the most efficient level and nature of interactions to modify favorably their behavior

Part 2 – Pre-defined Priorities

1. Segment Dynamically & Individually HCPs

Dynamic Segmentation

Individualized Segmentation

* Environment (e.g., patient flow, regulations, public health initiatives, reimbursement, drug prices, influencers)
Personality (e.g., early adopter, laggards, price-sensitive, science-driven)
Medical practice (e.g., hospital vs. office-based practice, prescribing habits, involvement in clinical studies)
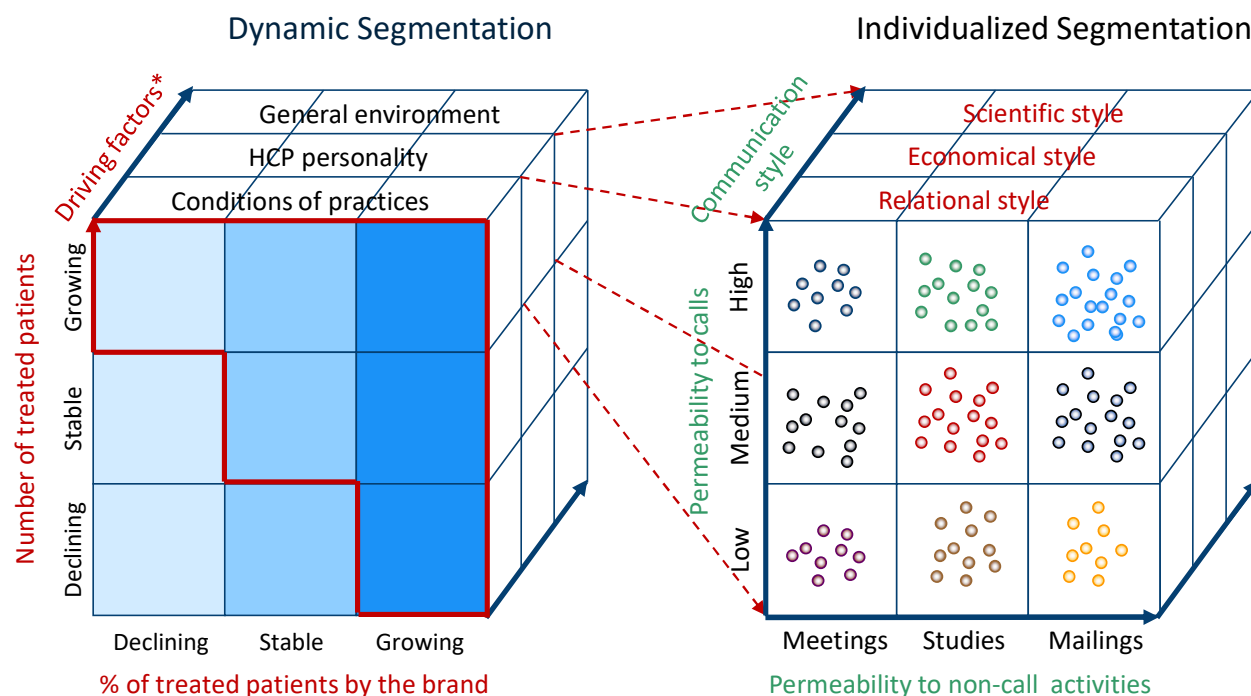
- The dynamic and individual segmentation is based on behavioral criteria and designed to optimize the efficacy and efficiency of medico-marketing and sales interactions per HCP

- This approach has been formalized by Smart Pharma Consulting under the name of BPS[1] and consists in:

  – Segmenting dynamically each HCP, based on the evolution of its number of treated patients and of the weight of the pharma affiliate brand used

  – Determining the key factors driving each HCP behavior (environment, personality and practice)*

  – Evaluating the degree of permeability (accessibility and sensitivity) to medico-marketing and sales activities and channels (e.g., calls, meetings, studies)

  – Adapting the activity and channel mix, as well as the communication style to the personality dominance of each HCP (relational, economic, scientific)

[1] Behavioral Prescriber Segmentation. See the position paper "Best-in-class Pharma Marketers" – https://smart-pharma.com/wp-content/uploads/2019/07/Best-in-class-Marketers-2017-VF.pdf

The Individual HCP Portrait keeps a track record of each HCP behavior regarding the marketed brands and his permeability[1] to medico-marketing and sales interactions, and his personality traits

Part 2 – Pre-defined Priorities

1. Segment Dynamically & Individually HCPs

Individual HCP Portrait

HCPs	Total patients / Brand MS[2]	Permeability to Calls / Non-calls	Personality dominance
A	Growing / Stable	High / Mailings	Relational
B	Stable / Growing	High / Meetings	Scientific
C	Stable / Stable	Medium / Meetings	Economic

Individual Resource Allocation per HCP

HCPs	Calls #	Meetings #	Studies #	Mailing #	Messages / Style
A	10	2	0	3	Dialogue / Services
B	6	3	0	0	Scientific
C	4	3	0	2	Economic

- It is necessary to collect, store, analyze and retrieve for each HCP:
  - The impact of his behavior re. the number of treated patients and the market share of the pharma affiliate brands
  - His permeability to medical calls and other non-call activities
  - His personality traits
- In-field collaborators should be involved in the collection of those data, which should be updated on an ongoing basis

- The "Individual HCP Portrait" is used to set, per HCP:
  - The optimal level and mix of medico-marketing and sales activities
  - The appropriate message content and style of communication
  - This proposed approach helps to acquire a better understanding of factors driving HCPs behavior, and especially their brand preference

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Sources: Smart Pharma Consulting   [1] *Accessibility and sensitivity –* [2] *MS stands for Market Share or if the HCP is a prescribing physician, it can be replaced by Prescription Share (PS)*

The absolute priority for Pharma Affiliates is to maintain regular contacts with each targeted HCP by offering the content he wants through the coordinated combination of channels he prefers

Part 2 – Pre-defined Priorities

<div style="background-color:orange">

2. Craft a Commercial Omnichannel Strategy

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Evolution of in-person vs. remote interactions between Pharma Affiliates & HCPs

Illustrative

Number of interactions

In-person interactions

Remote interactions

2019   2020   2021   2022
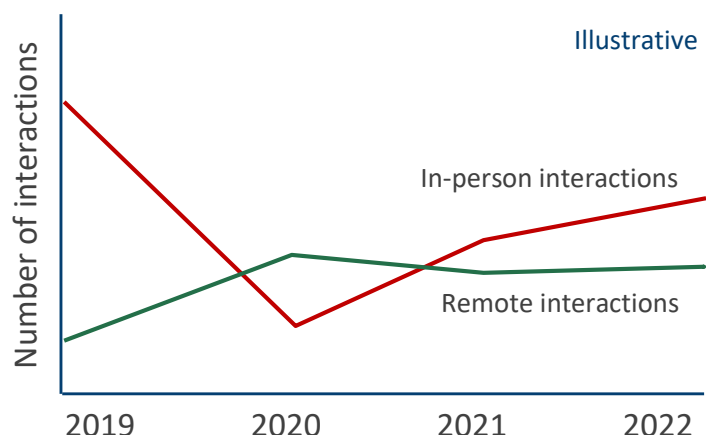
- In the Covid-19 outbreak context, in-person interactions between pharma affiliates and HCPs have fallen and been partially offset by remote contacts

- Until the Covid-19 crisis occurred, ~70% of medico-marketing and sales total interactions were coming from in-person contacts

- If most HCPs expect in-person interactions to resume after the crisis, they will reduce the overall number of interactions with in-field collaborators[1], while increasing the weight of remote interactions in their contact mix[2]

- Therefore, to keep regular contacts with HCPs, Pharma Affiliates can craft an omni-channel strategy which consists in using multiple channels (media) in an integrated approach to optimize their impact

- For so doing, every channel must inter-relate to provide HCPs with consistent and high-value content provided by multiple sources

[1] Mainly due to the necessity to grant more time to treat patients and to the low value brought by most of in-field interactions –
[2] The number of HCPs becoming familiar with digital tools has strongly increased, especially by experiencing teleconsultations during the Covid-19 crisis

Digital channels are not the panacea to cope with the Post-Covid-19 Era but, if well-executed and integrated into an individualized omni-channel strategy, they can help engage HCPs

Part 2 – Pre-defined Priorities

2. Craft a Commercial Omnichannel Strategy

Five Rules for an Effective Omnichannel Strategy per Individual HCP

Rule #1 → Identify each HCP preferred channels and usage patterns (e.g. frequency, time of the day, duration)

Rule #2 → Select one or several channels (in-person and/or remote, non-digital and/or digital) to be combined, according to the sought objective (e.g. message to convey, partnership to propose, service to offer)

Rule #3 → Adapt the content and the format to the channel specificities

Rule #4 → Plan carefully the execution of the omnichannel strategy while defining the right sequence of channels and the right timing

Rule #5 → Monitor the quality of execution with KEIs[1] and the impact of the omnichannel strategy with KPIs[2]

Sources: Smart Pharma Consulting

[1] *Key Execution Indicators –* [2] *Key Performance Indicators. See the position paper:*
https://smart-pharma.com/wp-content/uploads/2019/07/Smart-Management-Series-KPIs-KEIs-VW.pdf

The purpose of service-led interactions is to secure access to stakeholders, and especially to HCPs, while boosting their preference for the company's product portfolio

Part 2 – Pre-defined Priorities

> 3. Create Service-led Interactions with HCPs[1]

- In the case of physicians, an interaction (e.g., medical call, medical meeting) perceived as a service will lead to more regular contacts and…

- … to a better memorization of the interaction content, a higher probability to convince them and an increased preference to the company's product portfolio

- A service-led interaction is characterized from the…

… Physician perspective…	… by an interaction which is…	… Med Rep perspective…
– … Interesting		– … Memorable
– … Useful		– … Convincing
– … Well executed		– … Preferential

[1] *After the Smart Pharma Consulting position paper "Service-led medical Calls to secure Access to Physicians & boost Brand Preference* https://smart-pharma.com/wp-content/uploads/2019/12/Service-led-Medical-Calls-VW.pdf
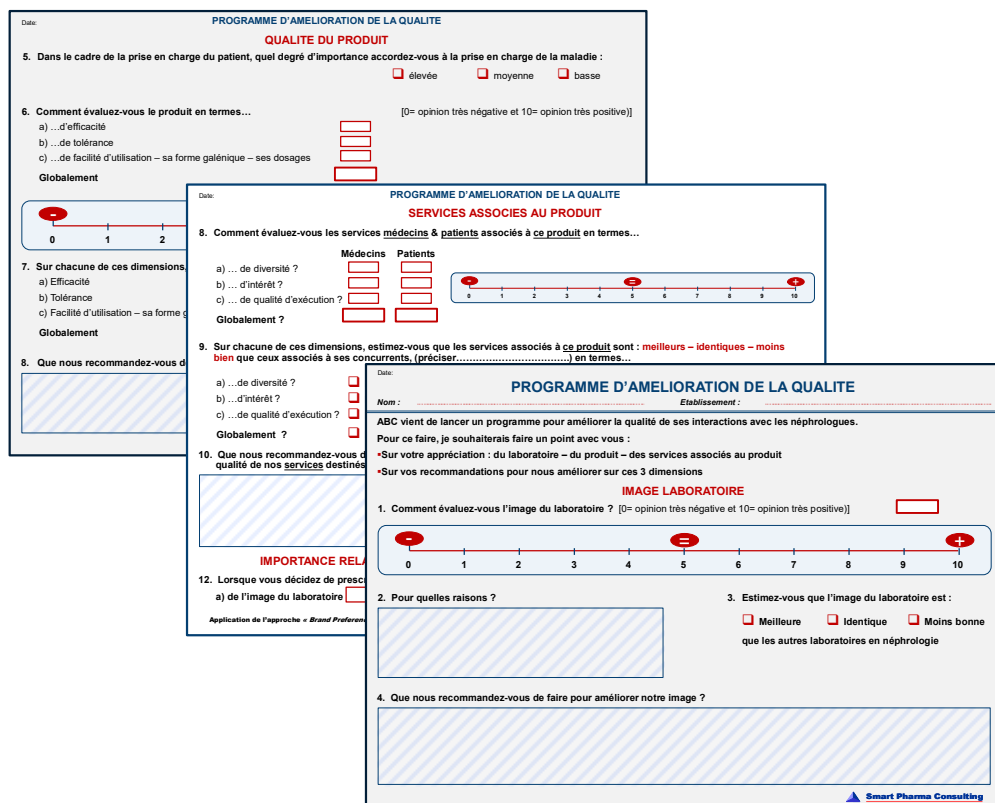
The medical reps should measure once a year, during a face-to-face meeting, the opinion of each physician, and its evolution, regarding the quality of their interactions

Part 2 – Pre-defined Priorities

3. Create Service-led Interactions with HCPs[1]

- The evaluation of the quality of the medical calls, as perceived by each physician, can be integrated in the measurement of the three components of the Brand Preference Mix:

  1. The perception of the promoted brand (efficacy, safety, convenience)

  2. The quality of the services proposed, amongst which the content of the medical calls

  3. The reputation of the Pharma Affiliate

- This measurement provides the medical reps with:

  – A better knowledge and understanding of the physician

  – A more robust identification of the specific actions and messages the most likely to strengthen the brand preference

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Sources: Smart Pharma Consulting

To achieve Excellence in Execution, companies must design a holistic organizational system that will foster the search for excellence by all their collaborators, front line and back-office ones

Part 2 – Pre-defined Priorities

4. Design an Integrated Customer-facing Organization

Field Force Interactions

MSLs[1]

Medical Reps

KAMs[2]

KIMs[3]

1st line managers

Pharma Reps

HOSPITALS

PHARMACIES

PHYSICIANS

PATIENT GROUPS

PAYERS

INSTITUTIONS
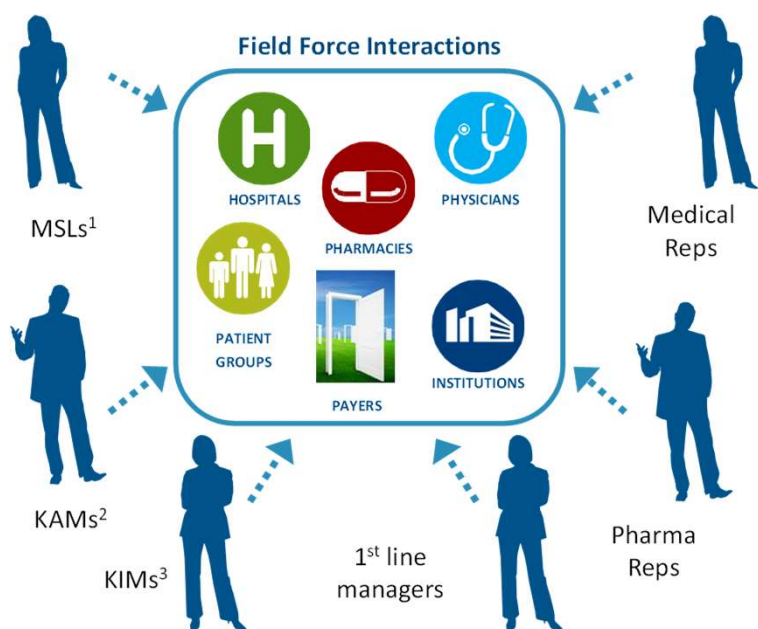
- **Field Force Activities:**
  - Stop activities having no significant impact to raise / maintain brands' value
  - Acquire a high level of market insights[4]
  - Propose and deliver highly valued services, and leverage the corporate image[5]

- **Field Force Structure:**
  - Set up a flat organizational chart to favor accountability and empowerment
  - Design an adaptative structure that can be easily modified to environment changes
  - Co-position functions (e.g. MSLs and medical reps) that share the same customers

- **Field Force Processes:**
  - Foster / impose cross-functional collaboration and cohesion to leverage synergies
  - Carefully plan key activities and monitor the quality of their execution and their impact with key execution indicators (KEIs) and key performance indicators (KPIs)

- **Field Force Culture:**
  - Develop a culture of customer preference to increase brand market share
  - Encourage pro-activity, agility and experiment to find solutions to excel in execution

The Covid-19 crisis has shown the fragility of our overall society and led many citizens, including HCPs, to reflect on the meaning of their life and to refocus their priorities on human values

Part 2 – Pre-defined Priorities

5. Develop a Human-focused Reputation

Pharma Industry Reputation & Covid-19 Crisis

- Most pharma companies have been exemplary in managing their collaborators and their customers since the beginning of the Covid-19 outbreak:
  - They have shown kindness to their employees for whom the lockdown has been a challenge
  - They have secured the supply of drugs on the hospital and retail pharma markets
  - They put themselves at disposal of stakeholders, especially HCPs in case of specific needs
- They have a great opportunity to strengthen ties with their collaborators – even if these ties remain fragile considering the upcoming economic crisis and increasing price pressure expected on drugs

Implications for Pharma Affiliates Reputation

- If the pharma industry reputation is unlikely to change dramatically, as a result of the Covid-19 crisis, there is, however, a window of opportunity for individual affiliates
- Corporate reputation is particularly important to enhance HCPs brand preference when products are little differentiated, which is the great majority of cases
- Pharma corporate reputation, from HCPs perspective, is mainly driven by:
  - The quality of their product pipeline and portfolio
  - The quality of their relationships
  - The quality of services offered to HCPs and patients
  - Their societal commitments and their "HUMANITY"

"The general feeling is that so far, pharma companies did the job"

Sources: Smart Pharma Consulting

Pharma Affiliates should craft and implement a strategy to do "business with more humanity" and communicate regularly on the corresponding benefits for its stakeholders

Part 2 – Pre-defined Priorities

> ### 5. Develop a Human-focused Reputation

Why Pharma Affiliates should be Human-focused?

- During the Covid-19 crisis, pharma companies and their affiliates have shown their humanity by giving priority to the security of their employees and by supporting their customers

- It is probably the right time for pharma CEOs to manage their company for the benefits of all stakeholders (i.e. employees, customers, suppliers, communities, shareholders)

- Customers, including HCPs, want – more than ever – to interact and collaborate with companies having put human relationships at the heart of their corporate purpose

5 Imperatives Pharma Affiliates should put in Practice[1]

1. Meet or exceed HCPs and other customers (e.g. patients, PAGs, payers, health authorities) expectations

2. Invest in employees by offering fair compensation, supporting their development while respecting them

3. Deal fairly and ethically with suppliers

4. Implement corporate social responsibility (CSR) programs likely to have a significant benefit for the society on economic, social and environmental aspects

5. Generate long-term value for shareholders by being a human-focused company and proving it on a day-to-day basis

BUSINESS with HUMANITY

"In the Post-Covid-19 Era, customers will favor companies with a deep human purpose"

Smart Pharma
CONSULTING

These five pre-defined priorities should help Pharma Affiliates adjust to the change of the HCPs expectations, so that to keep them engaged in the Post-Covid-19 Era

3. Key takeaways

5 Pre-defined Priorities

1. Segment Dynamically & Individually HCPs

- The individual and dynamic segmentation of HCPs enables to optimize their targeting…
- … and to define the most efficient level and nature of interactions to modify favorably their behavior

2. Craft a Commercial Omnichannel Strategy

- Digital channels are not the panacea to cope with the Post-Covid-19 Era…
- … but, if well-executed and integrated into an individualized omni-channel strategy, they can help engage HCPs

5. Develop a Human-focused Reputation

- Pharma Affiliates should craft and implement a strategy to do "business with more humanity"…
- … and communicate regularly on the corresponding benefits for its stakeholders

3. Create Service-led Interactions with HCPs

- The purpose of service-led interactions is to secure access to stakeholders, and especially to HCPs…
- … while boosting their preference for the company's product portfolio

4. Design an Integrated Customer-facing Organization

- To achieve Excellence in Execution, companies must design a holistic organizational system that will foster the search for excellence by all their collaborators, front line and back-office ones

Sources: Smart Pharma Consulting

Smart Pharma
CONSULTING

Serving & Sharing with Passion

Omnichannel Strategy
in Pharma Marketing

BEST-IN-CLASS SERIES

Best practices

*"Digital channels are just a means
– not an objective –
to interact with customers"*

The Covid-19 crisis has led pharma companies to rethink their marketing mix and look for an optimized multichannel approach to interact with HCPs

Introduction

- While multichannel strategy consists in using multiple media (channels) to convey information and messages to customers, omnichannel strategy goes one step further by ensuring an integrated approach

- For so doing, the omnichannel approach inter-relates every channel (unlike multichannel) to provide customers with consistent and integrated messages through multiple sources

- Thus, pharma companies' departments (medical, marketing, sales, etc.) interacting directly or indirectly with HCPs and other customers should be aligned with information conveyed and services proposed

- Omni-channel strategy has shown to create stronger relationships with customers and higher loyalty

- In the Covid-19 crisis context, marked by a drop of in-person interactions, pharma companies have reinforced their remote communication as a compensatory measure to ensure a higher level of interactions with HCPs

- This position paper, based on Smart Pharma Consulting experience and a benchmarking study, shares some best practices in implementing omnichannel strategy in pharma marketing

Sources: Smart Pharma Consulting

In-person calls by Med Reps will resume progressively, but ~12% of physicians will not accept to meet them anymore, and those accepting may further reduce the number of contacts p.a.

Access to HCPs

One-year Perspective

% of physicians anticipating to accept regular in-person calls by Med Reps following the lockdown[1]
(% of total)

	Regular access to Med Reps	No regular access to Med Reps
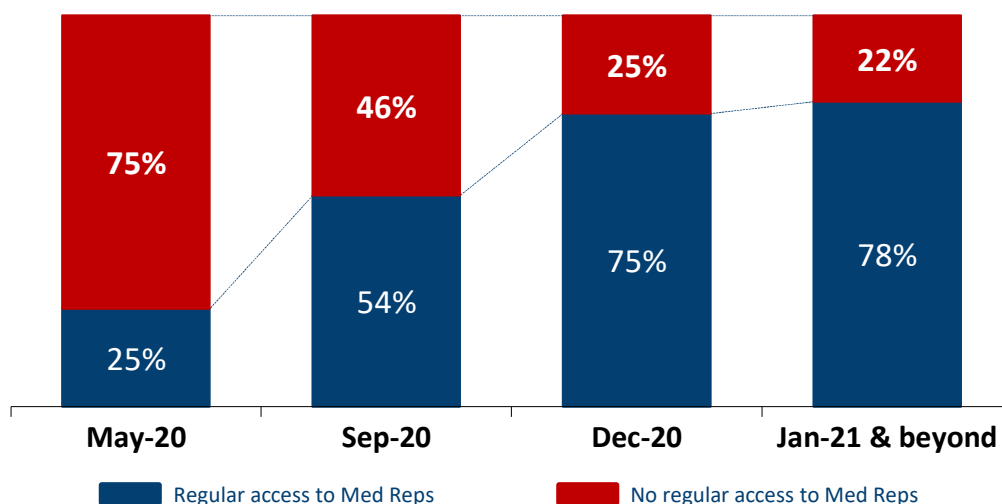
185 French physicians (GPs, cardiologists, neurologists, oncologists) interviewed from May 21 to 26, 2020 (McKinsey)

Comments

- 10% of interviewed physicians were not accepting in-person calls from Med Reps before the lockdown and 12% more will not accept after the lockdown

- The physicians anticipate a progressive re-opening of access to Med Reps

- However, the situation varies significantly, depending on the:

  — Physician specialty (e.g., GPs, cardiologists)

  — Conditions of practices (e.g., hospitals vs. private practices)

  — Quality of relations between HCPs and Med Reps

Despite the Covid-19 crisis, in-person calls by Med Reps will remain the most effective channel to interact with HCPs, followed by phoning, remote calls and personalized e-mails

Communication Channel Efficacy

Assessment Matrix
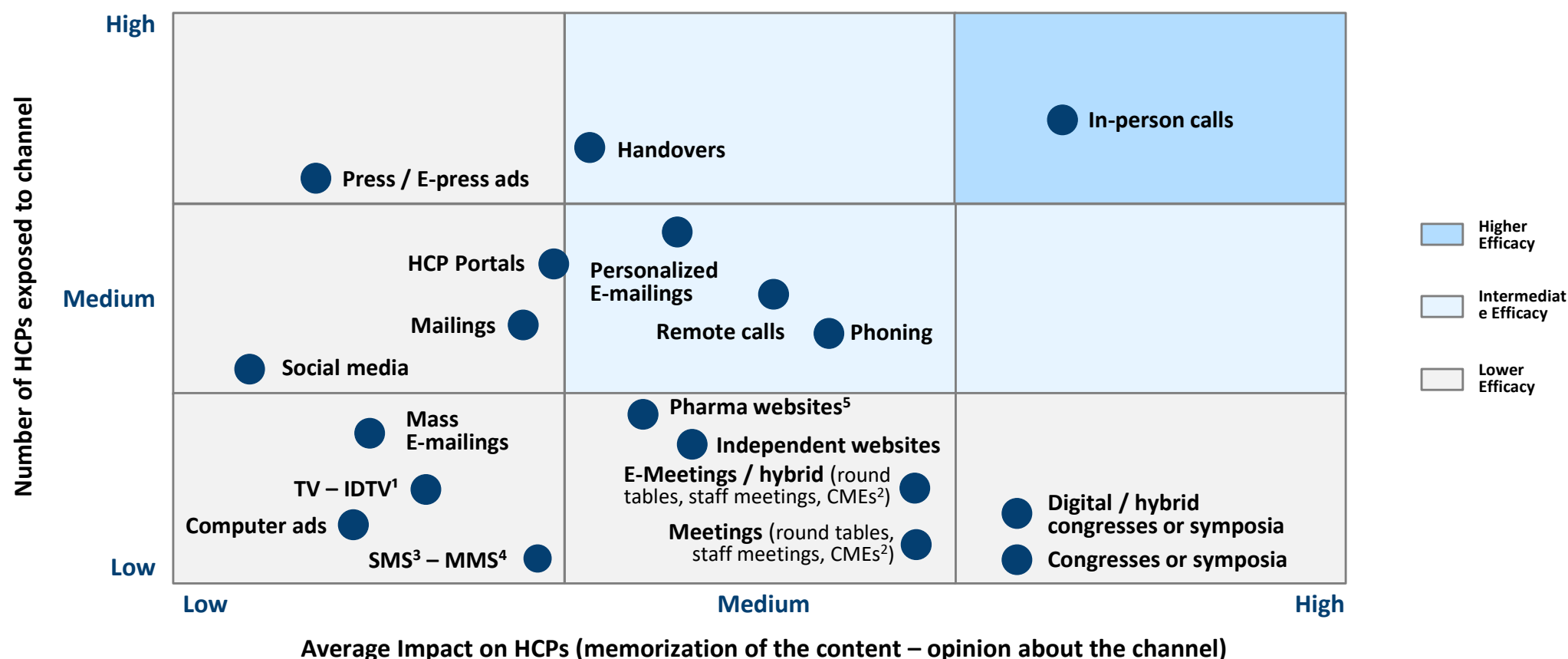
In-person calls have the highest impact on prescriptions, and can be reinforced by other complementary communication channels, either conventional or digital

Communication Channel Efficacy

Assessment per Channel (1/2)

Channels	Reach	Impact	Efficacy	Feasibility	Comments
In-person calls	High	High	High	Medium	▪ The content must be meaningful for each HCP
Phoning	Medium	Medium	Medium	Medium	▪ Favor communication about environment / services
Remote calls	Medium	Medium	Medium	Medium	▪ Favor communication about environment / services
Personalized E-mails	Medium	Medium	Medium	High	▪ Should be related to the content of the in-person calls
Digital / hybrid congresses or symposia	Low	High	Low	Medium	▪ Development of hybrid (in-person and remote) meetings, especially in the context of the Covid-19 crisis
Congresses or symposia	Low	High	Low	Medium	▪ Less and less people attending congresses or symposia but well appreciated, in general
Pharma websites	Low	Medium	Low	Low	▪ The perceived quality by HCPs is good
Independent websites	Low	Medium	Low	High	▪ The content is perceived as reliable

● High   ◐ Medium   ○ Low

Considering the low efficacy of digital channels, it is recommended to use them preferably as an add-on to conventional channels, in a pre-determined sequence, depending on HCPs preference

Communication Channel Efficacy

Assessment per Channel (2/2)

Channels	Reach	Impact	Efficacy	Feasibility	Comments
E-meetings / hybrid	Low	Medium	Low	Medium	▪ Peer-to-peer meetings are particularly well appreciated
Meetings	Low	Medium	Low	Medium	▪ Peer-to-peer meetings are particularly well appreciated
Press / E-press	High	Low	Low	High	▪ Ads to maintain the presence of the brands
HCP Portals	Medium	Low	Low	High	▪ Ads or content to maintain the presence of the brands
Mailings	Medium	Low	Low	High	▪ More effective than mass e-mailings
Social media	Medium	Low	Low	High	▪ Ads or content to maintain the presence of the brands
Mass E-mailings	Low	Low	Low	High	▪ Not attractive for HCPs
TV-IDTV	Low	Low	Low	Medium	▪ Very limited use
Computer ads	Low	Low	Low	High	▪ Ads to maintain the presence of the brands (banners)
SMS – MMS	Low	Low	Low	High	▪ Very limited use

● High   ◐ Medium   ○ Low

Sources: Benchmarking study (7 French Affiliates of Pharma companies) and analysis carried out by Smart Pharma Consulting in August and September 2020

Remote calls are potentially attractive to HCPs and likely to engage them provided the technology is well mastered, the content is non-promotional or focused on new products or indications

Communication Channel Efficacy

Focus on Remote Calls

Pros	Cons
■ Economic and time saving by reducing travels	■ Problems of online access due to firewalls or low bandwidth, especially in hospitals
■ Personal relationship is kept, to a certain extent	■ All HCPs are not familiar with remote calls
■ Optimization of calls:	■ Less than 10% of HCPs accepting in-person calls will accept, in addition, remote calls
— Higher attention span	■ A phenomenon of rejection by HCPs is growing as a result of several disappointing experiences through this channel
— Med Reps more focused on promotional activity	
■ Flexibility of scheduling	
■ Reutilization of digital contents on other channels	

Golden rules to succeed

■ Make sure the content is attractive enough

■ Specifically train Med Reps

■ Use remote calls as a complement of in-person calls

■ Perform remote calls by internal Med Reps, only

■ Keep the call short and crispy to maintain attention

■ Include short videos and animations[1]

[1] 20 to 30 seconds

The absolute priority for pharma companies is to maintain regular contacts with targeted HCPs by offering the content they want through the coordinated combination of channels they prefer

Best Practices

Introduction (1/2)

Evolution of in-person vs. remote interactions between Pharma Affiliates & HCPs

Illustrative

Total interactions

In-person interactions

Remote interactions

Number of interactions

2019 2020 2021 2022
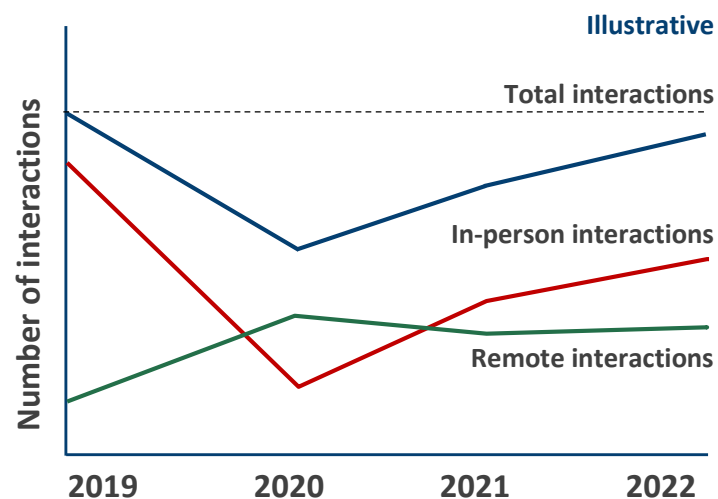
- In the Covid-19 crisis context, in-person interactions between pharma companies and HCPs have fallen and been partially offset by remote contacts

- Until the Covid-19 crisis occurred, ~70% of medico-marketing and sales total interactions were coming from in-person contacts

- If most HCPs expect in-person interactions to resume after the crisis, they will reduce the overall number of interactions with in-field collaborators[1], while increasing the weight of remote interactions in their contact mix[2]

- Therefore, to keep regular contacts with HCPs, pharma companies should carry out omni-channel initiatives, consisting in using multiple channels (media) in an integrated approach to optimize their impact

- For so doing, every channel should be inter-related to provide HCPs with consistent and high-value content through multiple sources

Digital channels are not the panacea to cope with the Covid-19 crisis but, if well-executed and integrated into an individualized omnichannel strategy, they can help engage HCPs

Best Practices

Introduction (2/2)

Five Rules for an Effective Omnichannel Strategy per Individual HCP

Rule #1 — Identify each HCP preferred channels and usage patterns (e.g. frequency, time of the day, duration)

Rule #2 — Select one or several channels (in-person and/or remote, non-digital and/or digital) to be combined, according to the sought objective (e.g. message to convey, partnership to propose, service to offer)

Rule #3 — Adapt the content and the format to the channel specificities

Rule #4 — Plan carefully the execution of the omnichannel strategy while defining the right sequence of channels and the right timing

Rule #5 — Monitor the quality of execution (the IT should be flawless) with KEIs[1] and the impact of the omnichannel strategy with KPIs[2]

The most common sequencing used combines personalized e-mails sent just after in-person calls in which HCPs can be invited to use other digital channels to get information or services

Best Practices

Channel Sequencing

- The opening rate of personalized e-mails, following an in-person call can reach 30% to 50% according to:
  - The interest of the HCPs for the content
  - The quality of the presentation
  - The day and the time of sending

- The e-mail sent can invite HCPs to:
  - Attend a webinar
  - View a webcast
  - Visit a website (with product and/or non-product contents)
  - Use other digital channels to get information or services

The right sequence across different channels, physical, digital or hybrid, will mainly depend on the content to communicate and the preference of HCPs

To measure the efficacy and efficiency of communication channels, it is essential to use key execution indicators (KEIs) and key performance indicators (KPIs)

Best Practices

Execution & Performance Monitoring: Definition

- For purposes of clarity and efficacy, monitoring metrics should be of two kinds:
  - Key Execution Indicators (KEIs) which measure the quality of execution of an activity or of a project
  - Key Performance Indicators (KPIs) which measure the outcome of an activity or a project
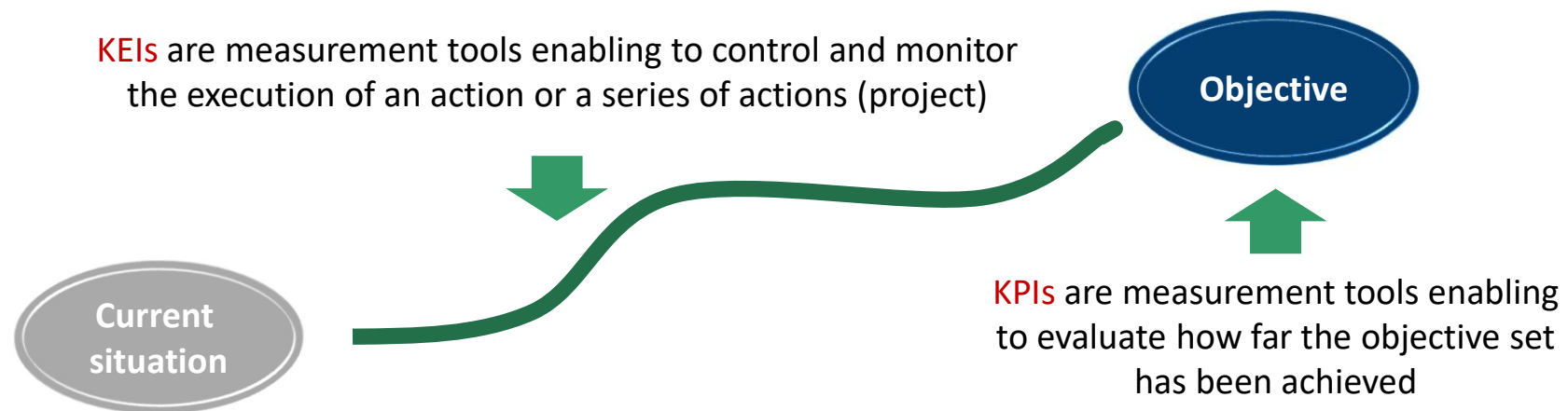
KEIs are measurement tools enabling to control and monitor the execution of an action or a series of actions (project)

Objective

Current situation

KPIs are measurement tools enabling to evaluate how far the objective set has been achieved

"If you cannot measure it, you cannot improve it"

Sources: Smart Pharma Consulting

Smart Pharma CONSULTING

Key execution indicators and key performance indicators, which can be quantitative and/or qualitative, must be carefully selected to monitor the use and impact of different channels

Introduction

Execution & Performance Monitoring: Tools (1/3)

Illustrative

Key Execution Indicators	Key Performance Indicators
Quantitative	
▪ % of targeted HCPs contacted in-person by Med Reps	▪ Number of new prescribers
▪ Number of interactions with HCPs	▪ Average # of prescriptions per HCP
▪ Bounce rate of a website	▪ Prescription dynamics per HCP
▪ Opening rate of e-mailings, webcasts, etc.	▪ Sales dynamics
	▪ Return on investment
Qualitative	
▪ Quality of interactions with HCPs	▪ Corporate reputation improvement
▪ Interest and usefulness of the content conveyed through different channels	▪ Perceived quality of products / portfolio
▪ Convenience of proposed / used channels	▪ Perceived value of services offered
▪ Proper organization of e-meetings	▪ Brand Preference Mix Index (BMPi)[1]
	▪ Net Promoter Score (NPS)

Sources: Smart Pharma Consulting

[1] Corporate reputation x products image x perceived service quality: see Smart Pharma Consulting website

The Brand Preference Mix Index makes it possible to measure the evolution of individual HCPs Experience compared to competitors at a given point of time and overtime

Best Practices

Execution & Performance Monitoring: Tools (2/3)

Brand Preference Mix Index (BPMi)

- The BPMI measures, HCP by HCP:
  - The importance of the 3 components of the BPM
  - His perception of each of them on a 10-point scale

- **Brand attributes** 74%
- **Service quality** 15%
- **Corporate reputation** 11%

Perception Scale
1 2 3 4 5 6 7 8 9 10

BPM Index calculation ▶ (74% x 8) + (15% x 6) + (11% x 7) = 7.6
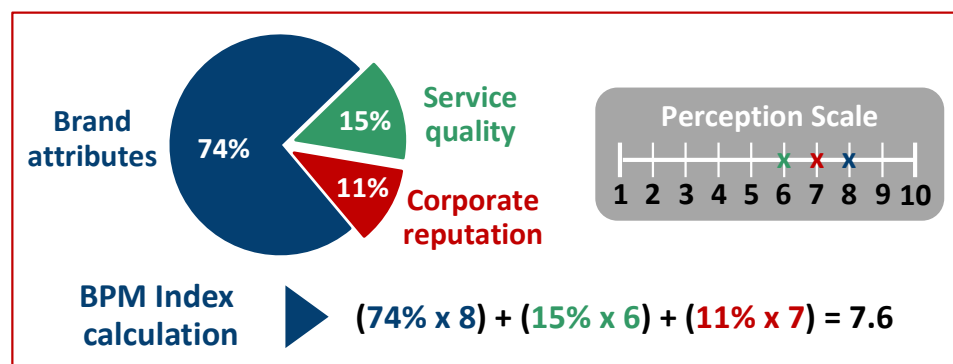
- The BPMI enables to determine:
  - The root-causes underlying the commitment of each HCP for a brand
  - Actions to strengthen his attachment to the brand

Net Promoter Score (NPS)

- The NPS measures the degree to which HCPs will recommend a brand, a service or a company to another healthcare professional

- The NPS can be used to evaluate a touchpoint at a given moment or the overall HCP experience

- The NPS is the % of promoters minus the % of detractors
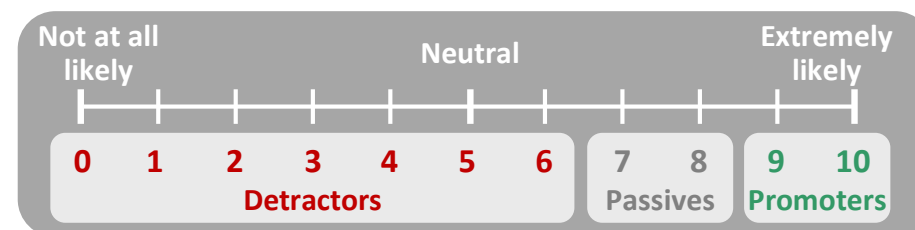
Not at all likely   Neutral   Extremely likely

0	1	2	3	4	5	6	7	8	9	10
Detractors							Passives		Promoters	

- By asking customers why they would be likely or not to make a recommendation, it is possible to identify solutions to convert detractors into promoters

The BPMi, specifically designed to measure HCPs opinion, is the most complete indicator but it could be advantageously complemented by the NPS

Best Practices

Execution & Performance Monitoring: Tools (3/3)

Brand Preference Mix Index (BPMI)	*Net Promoter Score (NPS)*
Pros	
▪ It measures overall and specific experiences…	▪ The NPS focuses on overall experiences
▪ … including rationale and suggestions of improvement	▪ It is a long-term satisfaction metric
▪ It enables comparisons vs. competitors	▪ It measures how many HCPs are likely to advocate the brand
Cons	
▪ BPMi being a holistic metric (incl. brands, companies, services), it may be perceived as complex to implement	▪ Promoters, detractors and passives segments are theoretical[1]
▪ Not yet broadly known and used, unlike NPS	▪ The single question asked does not enable to define the actions to be taken to correct or reinforce the situation

[1] They do not necessarily reflect the reality of the customers behavior. One customer can evaluate a brand with a "8" and talk positively about a product and another one with a "10" may not talk about the brand, either positively or negatively

Sources: Smart Pharma Consulting

If it is difficult to measure the impact on performance of one isolated channel at one point of time, it is however easier to measure the quality of execution so that to keep on improving

Best Practices

Execution & Performance Monitoring: Application (1/2)

Illustrative

Channels	Key Execution Indicators		Key Performance Indicators
In-person calls	▪ Call duration		The impact of the different channels will strongly depend on:
Phoning	▪ # of calls p.a.		– The objective sought
Remote calls	▪ Memorization rate		– The quality and …
TV-IDTV	▪ Satisfaction score		– … the relevance of content conveyed by the channel
Personalized E-mails	▪ Opening rate ▪ Time to opening	▪ Churn rate ▪ Satisfaction score	
Mass E-mailings			Irrespective of the considered channel, the following KPIs could be selected:
Mailings	▪ Memorization rate	▪ Satisfaction score	▪ Change in opinion (e.g. Brand Preference Mix Index, Net Promoter Score)
Digital / hybrid congresses or symposia	▪ # of invitees	▪ # of connected invitees	
E-meetings / hybrid	▪ # of registered invitees	▪ # remaining connected	▪ Change in behavior (e.g. prescription share)
Congresses or symposia	▪ Satisfaction score	▪ # of attending invitees	▪ Impact on the # of treated patients, the prescription share, the market share, the sales dynamics, etc.
Meetings			

Sources: Benchmarking study (7 French Affiliates of Pharma companies) and analysis carried out by Smart Pharma Consulting in August and September 2020

If it is difficult to measure the impact on performance of one isolated channel at one point of time, it is however easier to measure the quality of execution so that to keep on improving

Best Practices

Execution & Performance Monitoring: Application (2/2)

Illustrative

Channels	Key Execution Indicators		Key Performance Indicators
Pharma websites	▪ # of visits		The impact of the different channels will strongly depend on:
Independent websites	▪ Frequency of visits		– The objective sought
Social media			– The quality and …
	▪ Duration of visits		– … the relevance of content conveyed by the channel
HCP Portals			
Computer ads	▪ Click rate		Irrespective of the considered channel, the following KPIs could be selected:
E-press	▪ Reach (# of HCPs exposed to the ad)		▪ Change in opinion (e.g. Brand Preference Mix Index, Net Promoter Score)
Press	▪ Frequency (# of times each HCP is exposed) ▪ Gross Rating Points (GRP) = Reach x Frequency		▪ Change in behavior (e.g. prescription share)
SMS – MMS	▪ Response rate	▪ Time to response	▪ Impact on the # of treated patients, the prescription share, the market share, the sales dynamics, etc.

In the Covid-19 context, the omnichannel strategy should be designed to secure an effective level of interactions with HCPs to keep on strengthening their preference for the promoted brands

Best Practices

Recommendations
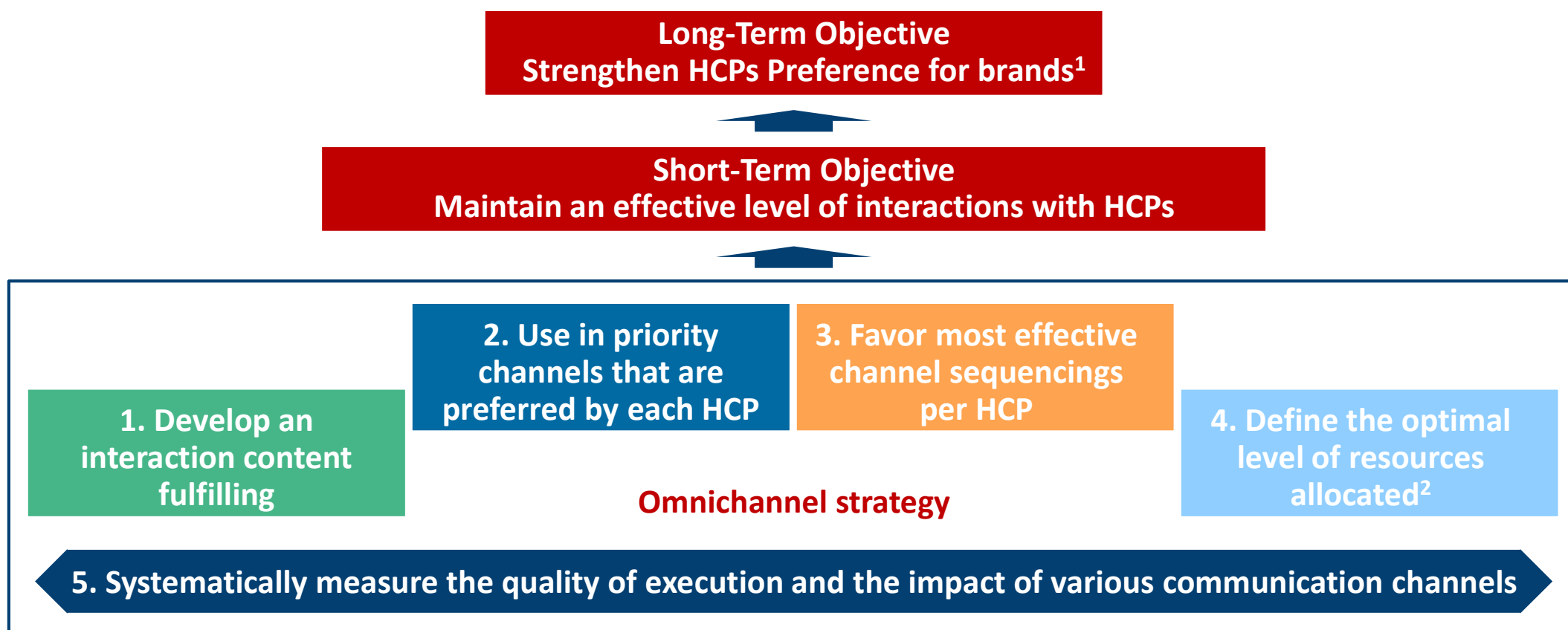
Long-Term Objective
Strengthen HCPs Preference for brands[1]

Short-Term Objective
Maintain an effective level of interactions with HCPs

1. Develop an interaction content fulfilling

2. Use in priority channels that are preferred by each HCP

3. Favor most effective channel sequencings per HCP

4. Define the optimal level of resources allocated[2]

Omnichannel strategy

5. Systematically measure the quality of execution and the impact of various communication channels

[1] In the best interest of patients, HCPs and payers – [2] Human and financial resources

Smart Pharma
CONSULTING

Serving & Sharing with Passion

Mature Brands
Management

Guidelines
to optimize performance

POSITION PAPER

Smart Pharma Consulting has developed its methodology based on desk research, benchmarking studies and own experience to optimize mature brands management

Objective & Approach

- Mature brands play an ambiguous role within the portfolio of pharma companies:

  – They show in general low or negative growths while…

  – … providing high profit contribution

- Performance optimization of mature brands requires to answer the two following questions:

  – What is the sensitivity of the brands to promotional investments?

  – If sensitive, what are the optimal investment level and mix?

- To help pharma companies optimize the performance of their mature brands, Smart Pharma Consulting has formalized a methodology based on:

  1. Review of expert reports, articles, position papers on mature brands management

  2. Benchmarking studies

  3. Its own consulting expertise and experience

Sources: Smart Pharma Consulting

Most companies currently limit strategic thinking on mature products to brands with limited local potential, with a special focus on corporate non-core brands

Portfolio strategic matrix

QUESTION MARKS
- Newly launched global brands
- Established global brands

with high potential for development at global level and low/no potential for development at local level

GLOBAL STARS
- Newly launched global brands
- Established global brands

with high global and local potential for development

Examples from UCB portfolio:

Local situation

	NON-STRATEGIC	STRATEGIC
CORE	QUESTION MARKS	GLOBAL STARS
NON-CORE	**NON-PRIORITY BRANDS**	LOCAL STARS

Global situation

Mature products scope

NON-PRIORITY BRANDS
- Established global/local brands

with low global and local potential for development

LOCAL STARS
- Established local/global brands
- Newly launched local brands

with high potential for development at local level and low/no potential for development at global level

Sources: Smart Pharma Consulting

Before selecting "activable" products within mature products portfolio, the screening scope needs to be clearly defined through portfolio segmentation

Portfolio analysis & mature brands optimization process
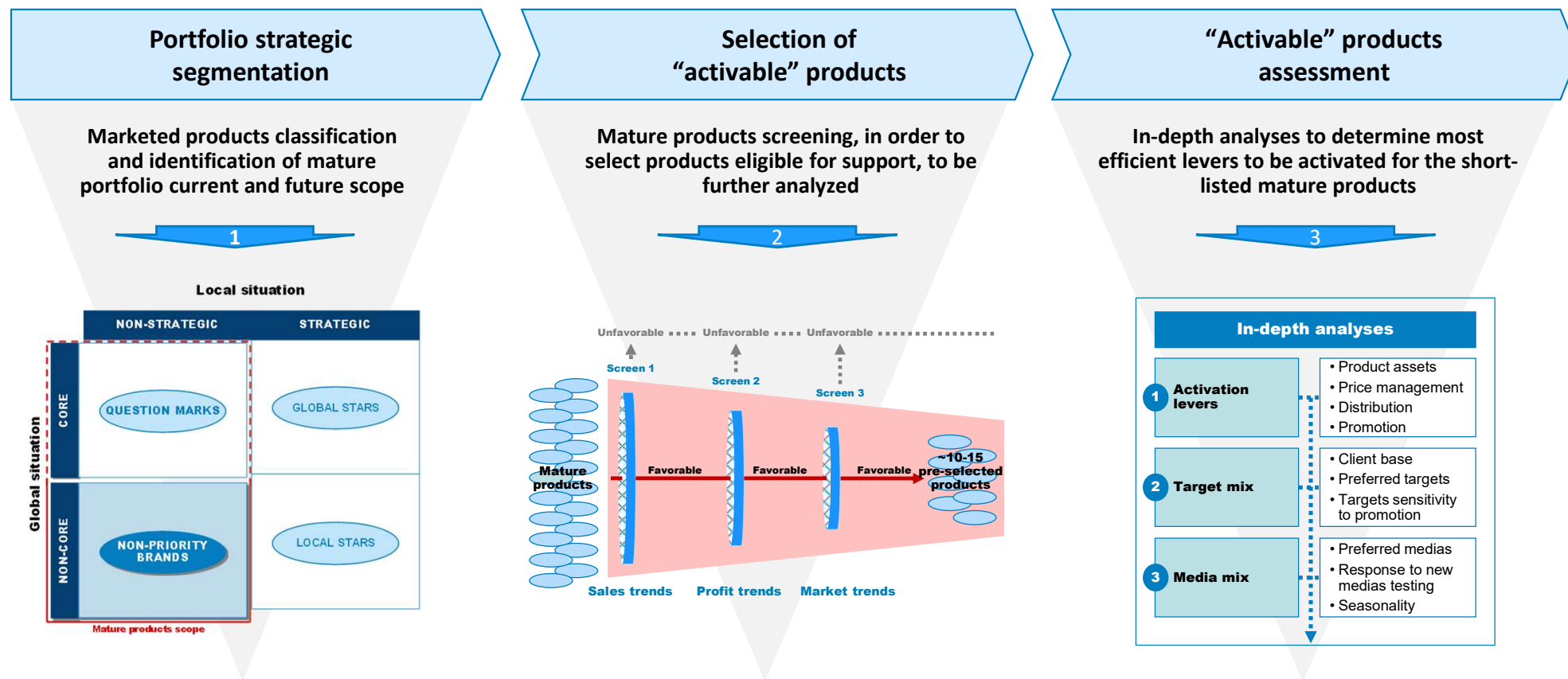
The selection of "activable" mature products within marketed marketing authorizations (MAs) and "sleeping" MAs of interest can be made through a 2-step screening process

Selection of "activable" mature products

	Sales trends	Profit trends	Market trends	Regulatory risk	Competitive risk	Strategic fit with core products
Parameter examples ▶	• Level • Growth *Contribution to portfolio trends*	• Level • Growth *Contribution to portfolio trends* • Price variations	• Size • Growth • % generics	• Patent • SmPC • Guidelines • Reimbursement	• Market position • Differentiation • New-comers • Entry ticket	• Door opening • Scientific legitimacy • Prescribers overlap • Company image and responsibility

◄ Step 1: Quantitative screening ►   ◄ Step 2: Qualitative screening ►

MA = Marketing authorization   SmPC = Summary of product characteristics

An in-depth analysis of "activable" mature products is then required to determine most efficient levers to activate selected products

"Activable" products assessment

Illustrative

In-depth analyses

~10 "activable" products

1 Activation levers
- Product assets
- Price management
- Distribution
- Promotion

2 Target mix
- Client base
- Preferred targets
- Targets sensitivity to promotion

3 Media mix
- Preferred medias
- Response to new medias testing
- Seasonality

12 to 24 months projections assuming activation

Estimated impact of an activation on sales and profits

Variation vs. baseline (M€)

Case 1: +0 / -3
Case 2: +10 / -3
Case 3: +10 / +1

Sales / Profits*

Investment Level (M€): Case 1: 3 → Milk; Case 2: 12 → Milk; Case 3: 8 → Promote

* Assumption: gross profit = 90% of sales. Thus, +€ 10M for an investment of € 8M will lead to a profit variation of: (€ 10M x90%) – € 8M = +€ 1M

Opportunities usually considered to enhance sales trends at mature products level merely consist in maximizing the prescriptions per prescriber ratio

Product growth levers

Illustrative

MATURE PRODUCTS SCOPE OF OPPORTUNITIES

+50   +30   +20

100   200

Performance 2021
(sales, market share, profit)

Number of prescribers | Patients per prescriber | Units per patient¹

Performance 2026
(sales, market share, profit)

Product performance drivers

1 Product attributes ▷ How could product leverage indications, clinical outcome and positioning to enhance performance?

2 Price and reimbursement ▷ Can price be optimized and/or reimbursement conditions and listing be improved across portfolio?

3 Distribution ▷ Does the company properly leverage all relevant distribution channels?

4 Targeting ▶ What are the right prescribers to focus on to optimize portfolio sales trends?

5 Promotional investment ▶ What promotional mix (channels) should be required to facilitate portfolio promotion to selected targets?

The primary goal of mature products management is to maximize profits, while sales optimization may come as an immediate second-line objective

Portfolio management objectives

Growing products

Mature products
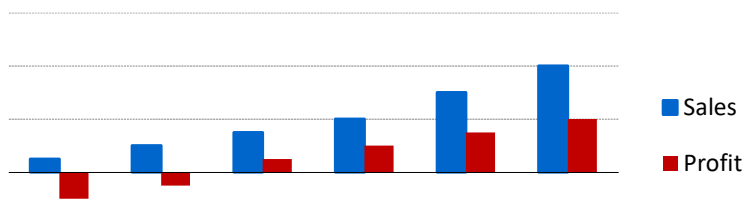
Growing products — Objectives

1. Maximize sales
2. Develop profits

Maximizing investment
may be the obvious response

However, some products sales may not soar with an excessive promotional support thus, inducing a rapid drop in profits

Investment should be regarded first in the light of sales enhancement magnitude
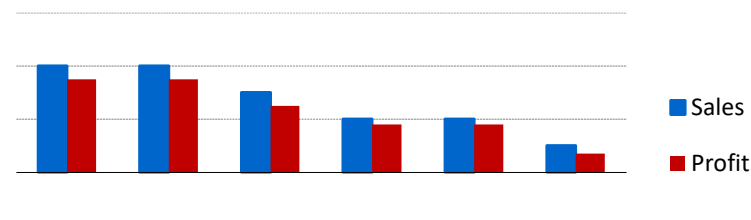
Mature products — Objectives

1. Maximize profits[1]
2. Optimize sales

Milking
may be the obvious response

However, some products sales may slump dramatically in the absence of promotional support thus, inducing a rapid drop in profits

Investment should be regarded first in the light of profit erosion magnitude

[1] Maximizing profit does not necessarily mean maximizing profitability

Preferred product strategies currently range from limiting generics competition to developing product prescriptions

Mature portfolio strategies

Challenges	Eligible actions
Genericized products • Limit generics penetration • Minimize sales eligible for substitution	1. Immediately align prices if a reference price is enforced 2. Convince pharmacists not to increase product substitution[1] 3. Foster prescriptions transfer to non-genericized forms
De-reimbursed products • Preserve product prescriptions • Ensure product is properly delivered in pharmacies	1. Foster prescriptions transfer to non-genericized forms 2. Maintain prescriptions of de-reimbursed forms with valid MA 3. Prevent delivery switch to high-margin non-listed products
Other products • Limit sales erosion • Develop sales of positive-trend forms	1. Control and/or enlarge prescriber basis 2. Control and/or develop prescriptions per prescriber 3. Maximize spill-over effect

Sources: Smart Pharma Consulting

[1] In certain countries such a practice may be considered as illegal

Promotional decisions on selected "activable" mature products should be made in compliance with precise objectives and management guidelines

Mature products' management – Investment decisions

Option 1	Option 2	Option 3
Promote	**Milk**	**Divest**
• Objectives and guidelines should be set to frame promotional decisions on "activable" mature products:	• Before considering any stop in promotion, affiliates should carefully analyze the risk of creating major discontinuations in brands' trends over time	• Depending on their sales potential over time and their impact on the affiliate's overall performance, it may be better to renounce retaining some mature brands in the affiliate's portfolio

Option 1 – Promote:

1
- Continuous support over time
- Short-term/iterative support

2
- Sales force investment
- No sales force investment[1]

3
- Stand-alone management
- Management with core products[2]

4
- Internal management
- External management[3]

Option 2 – Milk:
- Before considering any stop in promotion, affiliates should carefully analyze the risk of creating major discontinuations in brands' trends over time
- Corporate ambition with the brand may also be a major constraint to milking it
- Prior to make any decision, the affiliate needs thus to carefully analyze brands' potential and sensitivity to promotional investment

Option 3 – Divest:
- Depending on their sales potential over time and their impact on the affiliate's overall performance, it may be better to renounce retaining some mature brands in the affiliate's portfolio
- There may be three ways of abandoning a brand:

  1 Market withdrawal

  2 Licensing-out to 3rd party company

  3 Selling

- Licensing-out activities can be a source of short-term profit, to be weighed with the loss in sales and contribution over time
- Before abandoning brands, the affiliate should also consider potential impact on Franchise image and activity

[1] E.g., PR, press, mailing, etc. – [2] E.g., franchise strategy – [3] E.g., risk sharing

The Portfolio Strategy Card has been designed to summarize investment decisions for the different mature product segments, in one page

"Portfolio Strategy Card"

Format	Comments

Format

Portfolio ambition

Sales ► €m (+%)   €m (+%) ◄ Profit

Products activated with promotion		
Sales	€m (+%)	
Contrib.	€m (+%)	

Products activated without promotion		
Sales	€m (+%)	
Contrib.	€m (+%)	

Non -activated products		
Sales	€m (+%)	
Contrib.	€m (+%)	

Key tactics
· ·

Key tactics
· ·

Key tactics
· ·

Comments

- Products can be classified into three categories:
  - Products activated <u>with</u> promotion
  - Products activated <u>without</u> promotion
  - Non-activated products
- Sales and profit objectives are set for the entire portfolio and for each category
- Decisions re. activation levers are summarized per product or product group (incl. packs, if any)
- Targeting and multi-channel approaches are considered transversally (sales force support can also be split between external and internal, if relevant)
- Non-activated products are split into three subgroups:
  - Milked products
  - Products not launched but for which MA is maintained
  - Pruned products (licensing-out, cession)

Sources: Smart Pharma Consulting

Three different organizations are usually considered to manage mature products at country level

Organizational models to manage mature products

Model 1

Internal Management

Model 2

External Management

Model 3

Hybrid Management

Internal

External

Director

Product manager(s) | Sales manager | Support functions¹

Med Reps

Proper sales force or shared with in-line products

Director or coordinator

Support functions¹

"Nursing"

CSO² or 3rd party company

Director

Product manager(s) | Sales manager | Support functions¹

Med Reps

Director

Product manager(s) | Sales coordinator | Support functions¹

Sales manager

CSO² or 3rd party company

Med Reps

Doted line boxes = shared functions within internal organization

Physicians' saturation vis-à-vis face-to-face calls and the emergence of "new players" pushed companies to investigate alternative promotional channels

Multi-channel approach – Changes in the environment

- Strengthening of CRM[1] tools allowing for a more precise profiling of customers

- Strong detailing pressure of companies on the same targets of high potential physicians

- Evolution of product portfolios (increasing weight of specialist-oriented products requiring less reps)

- Increasing role of other market players (patient advocacy groups, regional sickness funds, etc.) influencing physician prescriptions

Implications for pharma companies

- Higher proportion of physicians refusing face-to-face calls from sales reps
- Tighter control of medical calls by health authorities which aims at:
  - Reinforcing detailing of products' good usage as set in SmPCs[2]
  - Limiting the number of calls to contain the number of physicians' prescriptions
- Need to adapt communication (contents and channels) to multiple targets (prescribers, influencers, payers)
- Reduced marketing and sales force budgets

- Reduction in the number of new active substances with high sales potential, leads companies to try to:
  - Improve the level of return on investment of each promotional activity
  - Maximize the profits of mature products by using more efficient promotional channels
- Less favorable economical context

If the impact of an action may be high on an individual basis, the global result may be limited, as the number of clients exposed to the promotional initiative may be too low

Multi-channel approach – Evaluation mix

% of total physicians exposed to the channel (vertical axis: High, Medium, Low)

Relative impact on Brand performance (horizontal axis: Low, Medium, High)

- Face-to-face detailing
- Handovers
- Press ads
- Face-to-face e-detailing (digital tablet)
- Web / Web 2.0[5]
- TV – IDTV[1]
- Phoning
- Remote e-detailing
- Meetings (round tables, staff meetings, CMEs[2])
- Social media
- Smartphone apps
- Portal-based e-detailing
- Scripted e-detailing
- Sponsorship / grants
- Mailings
- Computer ads
- Meetings (congresses, symposia)
- E-CME[2]
- Clinical trials
- E-mailings
- SMS[3] – MMS[4]
- E-conferences

Digital channels   Relative cost per effective contact: High   Medium   Low

Sources: Smart Pharma Consulting

[1] Interactive digital television – [2] Continuous medical education –
[3] Short message service – [4] Multimedia message service – [5] Including websites and blogs

Two different approaches can be considered to measure out the benefit/risk of an investment variation on "activable" products...

Assessment of product sensitivity to promotion

Approach n°1	Approach n°2
Anticipate _expected_ impact in view of:	**Evaluation of _required_ impact to:**
Past experience	Cover investment
Benchmarking	Maintain sales levels
Ambitions	Maintain profit levels / ratio
Propose best guess evaluation (e.g., expected sales and/or market share variations) +/- pilot test / monitoring method	Determine minimal impact (e.g., required sales and/or market share variations) to break even

… and up to 4 different methods can be used to quantify the impact of promotional investment decisions on products sales and profit trends

Methods to evaluate the impact of promotional investment decisions

Method 1

Historical data analyses

Sales

Action (Year 2)

Year 2

Year 1

Gap

Time

Method 2

Analogical models

Sales

Sales

Gap

Competitors w/ the action

Product w/o the action

Method 3

Deductive reasoning

Impact measurement grids

- Geographies
- Nature of physicians addressed
- Nbr. of physicians addressed
- Nbr. of patients per physician
- Etc.

Method 4

Testing

Sales

Gap

Group 1 w/ the action

Group 2 w/o the action
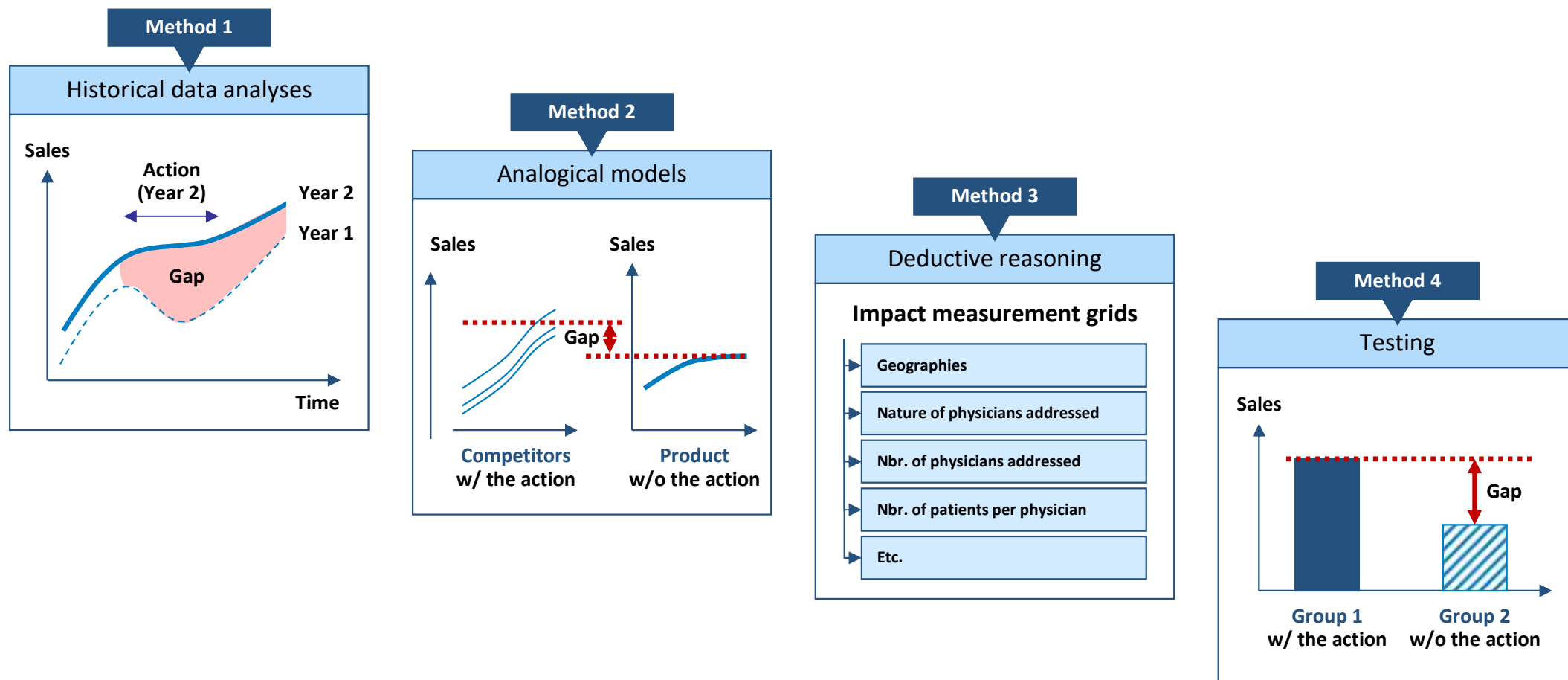
Statistical methods should be considered in view of data availability and the capacity to isolate a specific action from the overall investment

Statistical methods to measure investment impact

|	Vs. control group (geography)	Vs. baseline (time)	Vs. benchmark (experience)
Description	• **Analyses comparing product performance in a group / area with the action and a group / area without the action** • **Product usually compares to itself in both groups / areas, simultaneously**	• **Analyses comparing product overall performance with and without the action** (no control group), **in a sequential way** (Y Vs. Y-1, Q Vs. Q-1) • **Product usually compares to itself** (intrinsic approach) **or to competitors** (extrinsic approach)	• **Analyses comparing a product performance with a specific action to another product performance in the absence of this action** (investment levels and marketing mixes need to be quite homogeneous, exclusive of this specific action)
Methods	• **Ad hoc surveys monitoring Rx changes in pre-determined sub-populations** • **Panel-based/P&L analyses comparing areas with and without selected action with standard parameters** (e.g., sales, sales growth, market share, etc.)	• **Ad-hoc surveys monitoring Rx before and after the action** • **Panel-based/P&L analyses measuring variations Vs. baseline trends with standard parameters** (e.g., sales, sales growth, market share, etc.)	• **Ad hoc surveys monitoring Rx changes of both products** • **Panel-based analyses measuring performance trends of both products with standard parameters** (e.g., sales, sales growth, market share, etc.)
Examples	Measuring the impact of a congress on invitees' prescription behaviors	Measuring product sensitivity to sales force variations	Comparing the performance of products with two different promotional mixes
Applications	• Analyses usually enable to identify an impact (either neutral or positive)… • … though without allowing any direct mathematical transposition to product overall sales	• Analyses enable to identify an impact (either neutral or positive), on a marginal or general basis (entire investment considered) • Direct mathematical transposition to product overall sales usually possible	• Analyses enable to say that the performance could have been equal or better with the action • The direct mathematical transposition to product overall sales may be possible, though with much caution

Sources: Smart Pharma Consulting

Logical grids' objective is to anticipate the likelihood of a breakeven / significant positive impact of an action, through a step-by-step approach

Impact evaluation grids
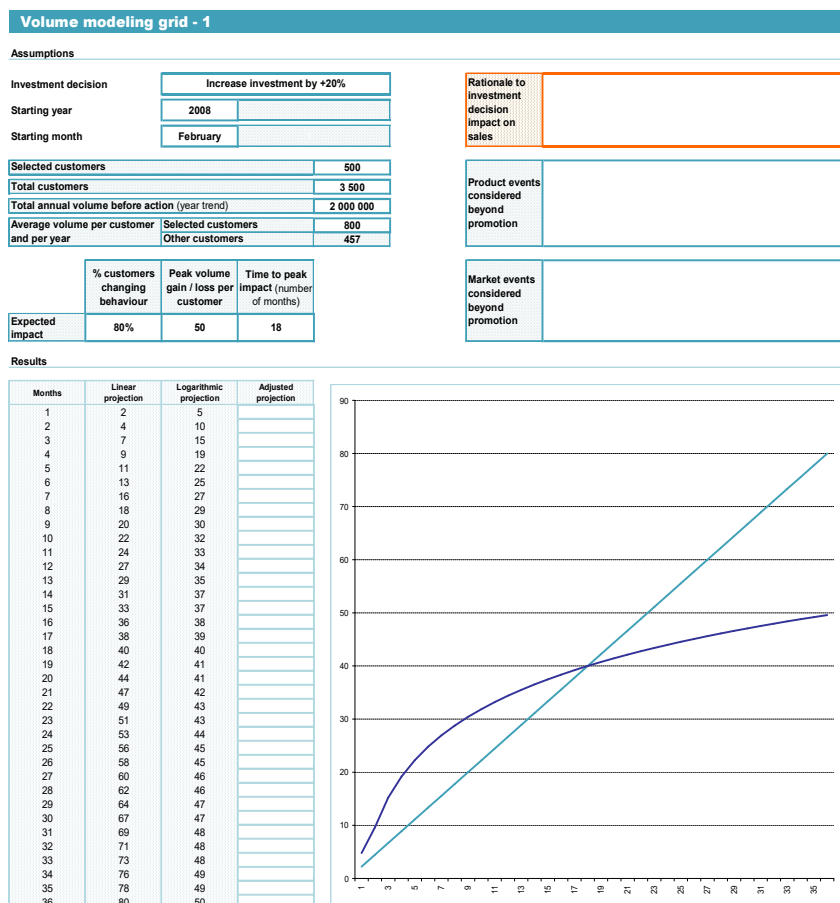
- Impact evaluation grids aim at measuring the impact of an action, while going through logical steps, e.g.,:
  - % of physicians to be accessed with the action
  - % of physicians accepting to participate into the action
  - % of physicians convinced by the action
  - Physicians weight in total product sales before action
  - Performance trends change among physicians changing their behavior (gain either in terms of market share or sales growth)
  - Related sales gain after action at local / national level
  - Action cost
  - Net result

- Most parameters would need to be populated via ad hoc surveys, however, the beforehand evaluation of expected impact without those ad hoc surveys can also be an excellent means to properly calibrate an action

- Impact evaluation grids should be used for major actions only

Sources: Smart Pharma Consulting

Logical reasoning should ideally be complemented with testing, when *a priori* evaluation seems to be favorable, to verify action efficiency

Testing of the impact of invitations to congresses in selected territories

Sales evolution (vs. same period of Year n-1)

◯ = Territory size (in K€)

+2%
+0%
-8   -6   -4   -2   +0   +2   +4   +6   +8
-2%
-4%
-6%
-8%
-10%
-12%

Territories where action started

Territories where action stopped

Territories where action was never done

Investment variation in K€
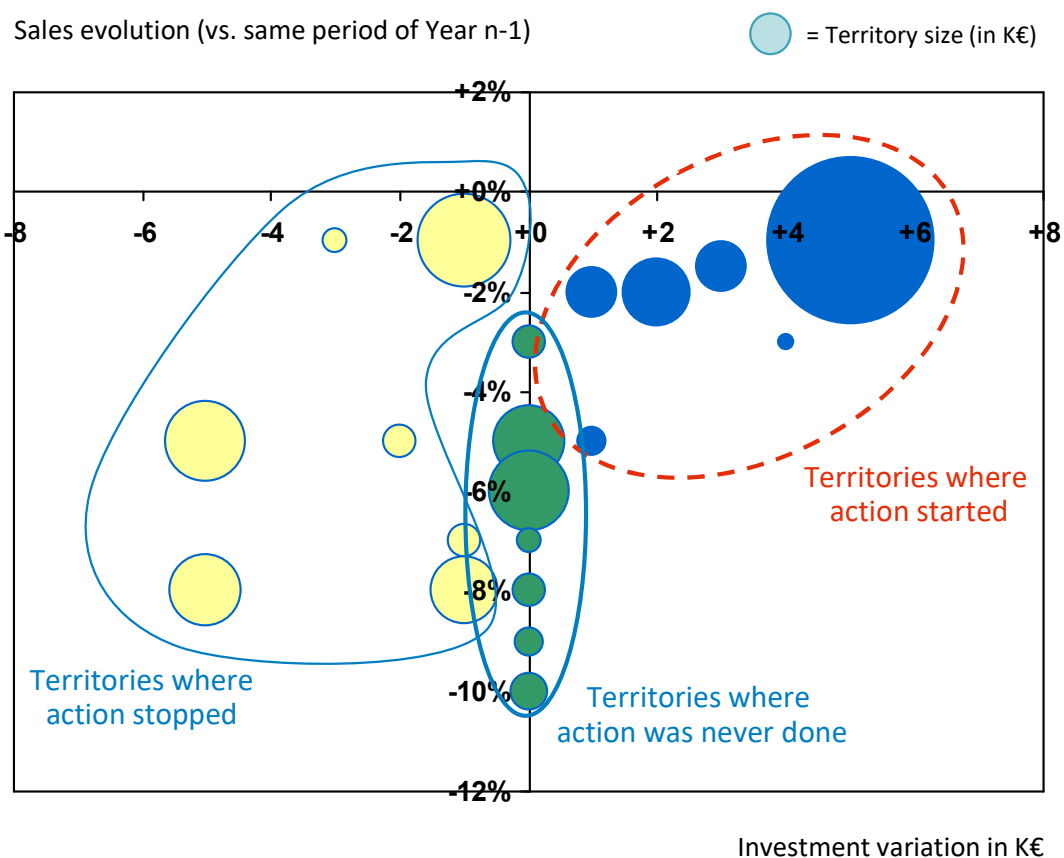
- Sales evolution should be measured for a specific period
- Period calibration is the most difficult part of the exercise, and should consider:
  - Action pre-launch (e.g., formal invitation by Reps for a congress)
  - Action own time (e.g., congress date)
  - Action monitoring (e.g., Reps visit to get physicians feedback)
- Action impact is usually measured either instantly or up to 3 months after action initiation, for mature products
- There is no need to measure out systematically the impact of stopping the action; however, if territories are vacant or action did stop for any reason, it might also be interesting to consider them into the analysis

Sources: Smart Pharma Consulting

Four questions would need to be answered before implementing any action and monitoring it with KPI[1] and KEI[2]

Investment implementation – Key questions to be answered before acting

	Detailing	Clinical studies	Congress/ symposium/ meetings	Subsidies and grants	Direct marketing	DTC[3] / public campaigns	Samples	Press ads
1 What is the objective of the action?								
2 What is action target (nature and size)?								
3 How should the action be implemented?			Selection of: **Key Performance Indicators (KPI)** **Key Execution Indicators (KEI)**					
4 What is action cost?								

[1] Key performance indicators – [2] Key execution indicators – [3] Direct to consumer

General recommendations

- **Mature brands** representing as much as 30% to 50% of certain big pharma total sales and 60% to 70% of their profits, performance optimization should be one of their **strategic priorities**

- The opportunity of **optimization** should **be assessed** brand **by brand** and country **by country**
  (e.g., Branded generics competition like in Eastern European countries have a totally different impact on original brands compared with the one observed with unbranded generics like in Western European countries)

- **Decision to invest** in promotion should be supported by **cost-efficient** market studies and **analyses**, rather than intuitive considerations, as it is often the case

- **When** mature brands have shown to be **sensitive** to **promotion**, the level of effort should demonstrate an **impact** on performance, **at national level**

- **Targeted physicians** should include **only moderate** and **high prescribers** of the mature brand
  (The primary objective being to remind them about the brand and not to convince them. After 15 to 20 years in the market, it is too late to convince non- and low-prescribers)

- If HCPs are increasingly embracing **digital technology**, it is **far to be a panace**

Four Key Success Factors

1. Mature products should be recognized by the corporate management committee as a key strategic lever

2. Mature products franchises or BUs should be set-up at national level (to better address local specificities), while remaining lean and agile, capitalizing as much as possible on shared support functions (i.e., finance, manufacturing, supply, regulatory, legal, BD, medical, commercial, etc.)

3. Collaborators in charge of managing mature products should: be experienced, have no preconceived ideas, have an entrepreneurial mindset and be able to mobilize support functions throughout the company

4. Decision-making processes should be fact-based with a permanent double valuation at global and local levels so that trade-off analysis can be carried-out

Sources: Smart Pharma Consulting

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Serving & Sharing with Passion

High-Performance
Pharma Brand Plans

BEST-IN-CLASS SERIES

The 5 Pitfalls to avoid

Brand Plans are often inefficient and of little use due to insufficient brand teams' involvement, lack of market insights and of coordination across pharma companies' departments

1. Introduction

- Smart Pharma consultants have helped 35 pharma companies develop brand plans on more than 80 products belonging to 18 different therapeutic areas:

1. Allergy	7. Immunology	13. Oncology
2. Cardiology	8. Infectiology / Virology	14. Pulmonology
3. Dermatology	9. Metabolism / Diabetes	15. Psychiatry
4. Gastroenterology	10. Nephrology	16. Rare diseases (various)
5. Gynecology	11. Neurology	17. Rheumatology
6. Hematology	12. Ophthalmology	18. Urology

- From this experience, we have identified several common pitfalls that should be avoided to craft brand plans likely to optimize brand performance

"At affiliate level, the Brand Planning process is often viewed as a window-dressing exercise"

For each of these five pitfalls, we propose practical and easy-to-implement solutions so that pharma companies can transform useless brand plans into high-performance ones

1. Introduction

Pitfall #1

Describing and not analyzing
the market situation

Pitfall #2

Carrying out a sub-optimal
SWOT analysis

Pitfall #3

Crafting an
inconsistent strategy

Pitfall #4

Selecting tactics which do
not support the strategy

Pitfall #5

Not integrating
monitoring indicators

*"The purpose of Brand Plans is to allocate the right resources
to reach the performance objective set, in an effective and efficient way"*

Sources: Smart Pharma Consulting

Market situation is too often superficially analyzed and therefore poorly understood, preventing a proper identification of market opportunities and threats

2. Pitfalls to avoid

Pitfall #1

Describing and not analyzing the market situation

What do we observe?

Market Definition / Structure / Dynamics

Illustrative

€ M

Chart (stacked bar, € M):

	2017	2018	2019	
Total (Market)	**205**	**277**	**365**	Market
Competitor C	23	25	25	Competitor C
Competitor B	39	47	61	Competitor B
Own brand	67	67	81	Own brand
Competitor A	76	138	198	Competitor A
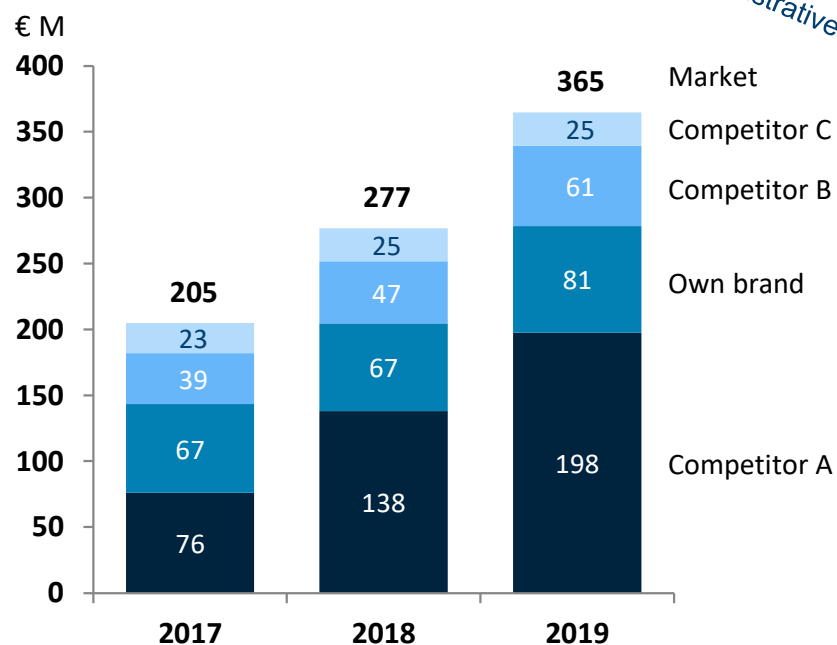
- The situation analysis section is most often just a description of the market facts with no or poor analyses

- Despite a large quantity of available data, the knowledge and the understanding of key market stakeholders are too often partial and not accurate

- The main reasons for these weaknesses in the brand planning process come from:

  – Affiliate brand teams considering it is just a constraint, imposed by the regional or global teams, having little, if any, value for them

  – Insufficient time spent to carry out in-depth analyses to enhance market insights (knowledge and understanding)

Sources: Smart Pharma Consulting

The situation analysis should focus on identifying and analyzing current and future key market events from which implications for the brand will be deducted

2. Pitfalls to avoid

| Pitfall #1 | Describing and not analyzing the market situation |

What do we recommend?

The 7 Ps – Market stakeholders' analysis

Policy makers

Pharma competitors

Physicians · Pharma company · Pharmacists

Patients & PAGs

Payers

Stakeholders behavioural trends	Driving factors	Implications
▪ ▪ ▪	▪ ▪ ▪	▪ ▪ ▪
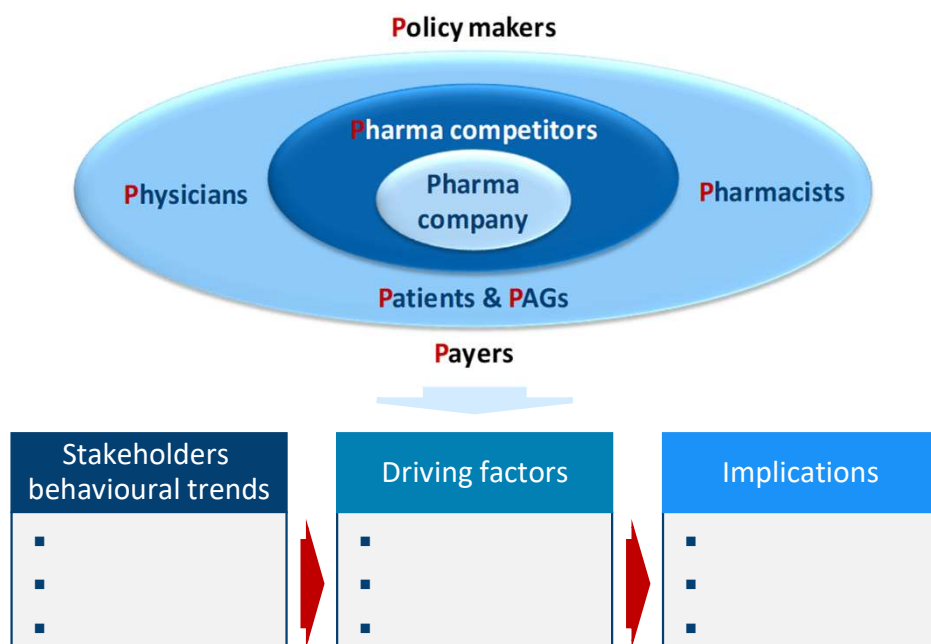
- ▪ A robust analysis of the market situation requires to identify key market features, by gathering precise and reliable information regarding:

  - – Sales data trends (historical and forecasted data)

  - – Opinion and behavioral trends of key stakeholders (policy makers, payers, physicians, pharmacists[1], patients, patient advocacy groups (PAGs), pharma competitors)[2] who are likely to impact the market attractiveness and the competitive position

- ▪ Then, it is essential to understand the factors that drive stakeholders' opinion and behavior, and market attractiveness

- ▪ An in-depth market knowledge and understanding will enable to identify the major market opportunities and threats and to assess the brand strengths and weaknesses

[1] Retail and hospital pharmacists – [2] In certain therapeutic areas, other stakeholders such as nurses may be considered

The SWOT analysis is rarely properly structured, preventing from deducting the most relevant key strategic drivers to optimize the brand performance

2. Pitfalls to avoid

Pitfall #2	Carrying out a sub-optimal SWOT analysis

What do we observe?

Conventional SWOT analytical tool

Market Opportunities	Market Threats
▪ ▪ ▪	▪ ▪ ▪

Brand Strengths	Brand Weaknesses
▪ ▪ ▪	▪ ▪ ▪

- The SWOT analysis constitutes a structured summary of the situation analysis from which the key strategic drivers (also called: key business drivers, key strategic imperatives, strategic priorities, etc.) should be drawn

- However, the conventional SWOT framework is not well conceived, leading to misuses:
  - It is frequent to see a long list of items, not always relevant, and considered to be of equal importance
  - Opportunities are often confused with strengths, and threats with weaknesses
  - It is not rare for an item to be mixed-up with its cause, leading to wrong strategic decisions[1]

- The frequent inappropriate use of the SWOT framework has led detractors to rename it *"Silly Way Of Thinking"*

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[1] *For instance, the fact that a brand has a leading position on a therapeutic area is not necessarily a strength per se. It may just be the result of a factor which is the strength, such as its superior efficacy, acceptability or convenience*

The "Advanced SWOT" helps brand teams carry out a more specific and relevant assessment of the market situation and of the brand competitive position

2. Pitfalls to avoid

| Pitfall #2 | Carrying out a sub-optimal SWOT analysis |

What do we recommend?

Advanced SWOT analytical tool

Market Opportunities	RI[1]
■ Authorities[2]	
■ Customers[3]	
■ Competitors	

Market Threats	RI
■ Authorities	
■ Customers	
■ Competitors	

Brand Strengths	RI
■ Product (4 Ps[4])	
■ Services	
■ Corporate reputation	

Brand Weaknesses	RI
■ Product (4 Ps)	
■ Services	
■ Corporate reputation	

- ■ To facilitate the definition of the brand strategic drivers, it is recommended to use the "Advanced SWOT framework" which structures:
  - — Market opportunities and threats into stakeholders' opinions and behaviors
  - — Brand strengths and weaknesses into the product, the associated services and the reputation of the marketing company
- ■ It is also essential to prioritize the items listed in each of the four components of the SWOT framework by evaluating their RI (relative importance) by using, for instance, a five-point scale
- ■ These proposed adjustments of the SWOT framework have shown to be very helpful to transform it into a practical tool

The brand strategy is too often crafted irrespective of the market reality and is not structured so that to foster the synergy of the supporting activities across departments

2. Pitfalls to avoid

Pitfall #3

Crafting an inconsistent strategy

What do we observe?

Strategic drivers

Strategic driver #1

Strategic driver #2

Strategic driver #3

- The strategic drivers, which are the priorities on which the company concentrates its resources and capabilities to achieve the performance objective set for its brand, should derive from the SWOT analysis

- The links between the situation analysis, summarized in a SWOT, and the selected strategic drivers, are not always clearly established and sometimes may even not exist

- In addition, if not properly put into perspective with the set objective, the selected strategic drivers may not be the most relevant ones and lead to a suboptimal brand performance

- When the activities corresponding to each strategic driver are not well-defined, across key different operational functions (i.e., market access, medical, marketing, sales), the quality of execution is in general poor

Sources: Smart Pharma Consulting

The Brand Strategy Card has shown to be a useful tool to align the brand ambition, the strategic drivers and the corresponding tactics

2. Pitfalls to avoid

Pitfall #3

Crafting an inconsistent strategy

What do we recommend?

The Brand Strategy Card

Brand ambition		
Quantitative & Qualitative objectives		

Strategic driver #1	Strategic driver #2	Strategic driver #3
▪ Brand Perception ▪ Service quality ▪ Corporate reputation	▪ Brand Perception ▪ Service quality ▪ Corporate reputation	▪ Brand Perception ▪ Service quality ▪ Corporate reputation

Key tactics	Key tactics	Key tactics
▪ Market Access ▪ Medical Affairs ▪ Marketing & Sales	▪ Market Access ▪ Medical Affairs ▪ Marketing & Sales	▪ Market Access ▪ Medical Affairs ▪ Marketing & Sales

- The Brand Strategy Card shows the brand ambition, the strategic drivers selected to achieve that ambition and the key tactics to support the strategic drivers

- Thus, this one-page Brand Strategy Card helps to ensure the consistency between the three building blocks of the brand strategy: the ambition – the strategic drivers – the key tactics

- The trickiest part is to select the most relevant strategic drivers, as derived from the Advanced SWOT, which are…

- … opportunities to seize, threats to fight again, strengths to capitalize on, and/or weaknesses to address

- The preferred strategic drivers are those which are the most likely to have an impact on the brand performance so that to achieve the set ambition for the brand

Sources: Smart Pharma Consulting

The tactics do not always support the strategic drivers and are too often limited to marketing and sales activities

2. Pitfalls to avoid

Pitfall #4

Selecting tactics which do not support the strategy

What do we observe?

Table of key tactics

Tactic	Target	Timing	Responsible	Budget

- It is not rare to see, in brand plans, key tactics which do not formerly support the strategic drivers

- However, key tactics are the actions which are selected to support the strategy

- In other words, these actions are the operational expression of the strategic drivers

- Key tactics are too often described as a series of activities carried out by the marketing and sales departments…

- … which are a renewal of past activities and for which objectives have not been clearly set and the impact formerly measured

- Being rarely based on the assessment of past experience, the process to prioritize these tactics is in general weak

Sources: Smart Pharma Consulting

Each tactic should be carefully selected to best support the strategic drivers to enhance the probability to achieve the brand ambition

2. Pitfalls to avoid

Pitfall #4	Selecting tactics which do not support the strategy

What do we recommend?

Table of key tactics related to the strategic drivers

Strategic Driver			Department[1]		
Tactic	**Target**	**Objective**	**Timing**	**Responsible**	**Budget**

- Tactics should be carefully selected to best support each strategic driver

- These tactics may concern not only marketing and sales departments, but also market access and medical affairs departments

- If the medical affairs department is not supposed to promote brands, it can/should however contribute to optimize the use of the brands in the best interest of the patients, by generating and disseminating to healthcare professional relevant medical data

- It is important, for each tactic, to precise the target concerned, to set a precise objective, to plan it, to name a responsible and estimate a budget

- Before selecting a tactic, it may be needed to test the idea[2]

It is rare to see brand plans with integrated monitoring tools and associated monitoring process, which therefore prevents from measuring the efficacy and efficiency of the selected tactics

2. Pitfalls to avoid

Pitfall #5

Not integrating monitoring indicators

What do we observe?

Monitoring indicators

Tactic	Target	Objective	Timing	Responsible	Budget	KEIs[1]	KPIs[2]

- A brand plan without indicators to measure the quality of execution and the – direct or indirect – impact of the selected tactics on the business is of little use

- Rare are the companies which integrate, in their brand plan, indicators to measure the quality of execution (Key Execution Indicators) and/or the impact (Key Performance Indicators) of tactics

- Without these indicators and the implementation of a monitoring process, it is impossible to evaluate the efficacy and efficiency of the tactics planned in the brand plan

- Thus, a brand plan with no systematic monitoring can be viewed as a window-dressing exercise

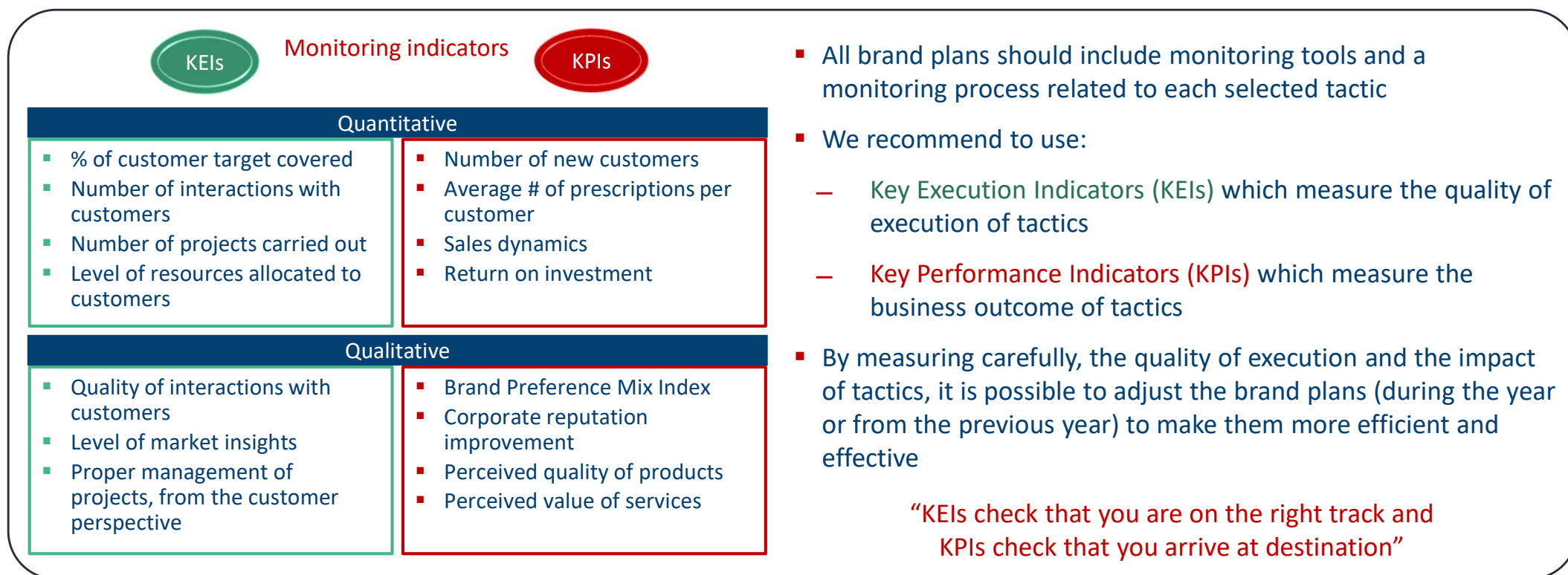*"If you can't measure it, you can't manage it!" – Peter Drucker*

KEIs[1] and KPIs[2] are both essential, the first type of indicators measuring the quality of execution and the second one the degree of objective achievement

2. Pitfalls to avoid

Pitfall #5

Not integrating monitoring indicators

What do we recommend?

Monitoring indicators

KEIs   KPIs

Quantitative

- % of customer target covered
- Number of interactions with customers
- Number of projects carried out
- Level of resources allocated to customers

- Number of new customers
- Average # of prescriptions per customer
- Sales dynamics
- Return on investment

Qualitative

- Quality of interactions with customers
- Level of market insights
- Proper management of projects, from the customer perspective

- Brand Preference Mix Index
- Corporate reputation improvement
- Perceived quality of products
- Perceived value of services

- All brand plans should include monitoring tools and a monitoring process related to each selected tactic

- We recommend to use:
  - Key Execution Indicators (KEIs) which measure the quality of execution of tactics
  - Key Performance Indicators (KPIs) which measure the business outcome of tactics

- By measuring carefully, the quality of execution and the impact of tactics, it is possible to adjust the brand plans (during the year or from the previous year) to make them more efficient and effective

"KEIs check that you are on the right track and KPIs check that you arrive at destination"

Sources: Smart Pharma Consulting

[1] *Key Execution Indicators* – [2] *Key Performance Indicators*

"High-Performance Pharma Brand Plans require method, rigor and pragmatism"

3. Key takeaways

Recommendations

- Design brand plans with the intent of helping allocating the right resources to achieve brand performance ambition, and not just as a formality to be reported at corporate level

- Adopt the 4Ws[1] (What? – Why? – so What? – What to do?) approach to improve the relevance, the consistency and the robustness of the brand plans

- Use the "Advanced SWOT" to facilitate the analysis of the market situation and of the brand competitive position, identifying market opportunities and threats and prioritizing brand strengths and weaknesses

- Seek customer preference rather than customer satisfaction by improving customers perception of the brand attributes, the quality of the proposed services and the corporate reputation

- Make the best use of the "Brand Strategy Card" to formalize clearly and precisely the brand ambition, the strategic drivers and the corresponding key tactics

- Define Key Execution Indicators and Key Performance Indicators to monitor respectively the quality of execution and the impact of tactics

4. Smart Pharma Service Offering

Consulting Services

- Smart Pharma Consulting is well-known for its ability to help brand teams build robust brand plans

- To date, Smart Pharma consultants have helped 35 pharma companies develop strategic and tactical plans on more than 80 brands belonging to 18 different therapeutic areas

- Thus, we can bring our support to address the following issues:

  — Which market analyses should be carried out?

  — How to define market key success factors and the corresponding brand challenges with the help of the "Advanced SWOT"?

  — How to develop market and brand scenarios?

  — How to define the brand performance ambition?

  — How to craft a specific strategy to achieve the brand ambition?

  — How to support the strategy by tactical initiatives likely to reinforce the preference of stakeholders for the brand?

  — How to anticipate the impact of future investment options on the brand performance?

  — How to monitor the quality of execution and the impact of investment decisions?

Training Program

Example of a One-Day Program[1]

8:30	Introduction to the program
8:40	Definitions, concepts, methods, tools related to Brand Plans
9:00	Module 1: Situation analysis
	Market definition and dynamics
	Stakeholders' opinion and behavioral analysis
10:30	Break
10:50	Advanced SWOT analysis
12:00	Module 2: Sales forecasting & ambition setting
13:00	Lunch
14:00	Module 3: Strategy crafting
15:00	Module 4: Tactics selection
16:00	Break
16:20	Module 4: Tactics monitoring
17:30	Conclusion and key takeaways
18:00	End of the program

Target Audience

- Collaborators involved in supporting the brands (e.g. from the medical, marketing, commercial, market research, strategic,… departments), whatever their level of responsibility and seniority

Smart Pharma CONSULTING

Consulting firm dedicated to the pharmaceutical sector operating
in the complementary domains of strategy, management and organization

The Collection 2021

- The "Collection 2021" which includes Smart Pharma Consulting best position papers, is published on its 20th anniversary
- This e-book proposes effective and practical solutions to help pharma companies improve their performance
- Its content will be released in six parts, overt the 4th quarter 2021:

  1. Market Insights
  2. Strategy & Market Access
  3. Medical Affairs & Marketing
  4. Sales Force Effectiveness
  5. Management
  6. Training Programs

Part 3
Medical Affairs & Marketing

- This 3rd part of Smart Pharma Consulting's best position papers, covers the following topics:
  - Best-in-class Medical Science Liaisons
  - Strategic KOL Engagement Planning
  - Strengthening Brand Preference
  - Best-in-class Pharma Marketers
  - Outstanding Physician Experience
  - Engaging HCPs in Post-Covid-19 Era
  - Omnichannel Strategy in Pharma Marketing
  - Mature Brand Management
  - High-Performance Pharma Brand Plans

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

- More than 80 publications, in free access, can be downloaded from our website, of which:
  - 19 business reports (e.g., The French Pharma Market)
  - 12 position papers in the "Best-in-Class Series"
  - 18 position papers in the "Market Insights Series"
  - 10 position papers in the "Smart Tool Series"
  - 10 position papers in the "Smart Manager Series"

- Our research activities in pharma business management and our consulting activities have shown to be highly synergistic

- We hope that this new publication will be useful for you

- We remain at your disposal to carry out consulting projects or training seminars to help you improve your operations

Best regards

Jean-Michel Peny