



How to Schedule and Conduct Compliant Scientific Discussions with HCPs in Today's Remote-Access Landscape

Cultivating and preserving relationships with Health Care Professionals (HCPs) in a post-COVID environment

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Introduction

Pharma continues to evolve in the way Medical Affairs engages with external stakeholders, primarily HCPs and Key Opinion Leaders (KOLs).

Pre-pandemic, it wasn't unusual for field-based medical professionals (particularly MSLs) to be traveling up to 75% of the time.¹ Then came COVID-19, which only accelerated many of the changes that would have inevitably occurred for Pharma.

The field medical landscape is constantly evolving, and the future of its operations and the full return to regular face-to-face interaction remains uncertain. With travel still somewhat restricted and in-person conferences largely suspended, HCPs remain less accessible than they were in a pre-COVID world.

The way Pharma's Medical Affairs teams engage will continue to evolve to meet present circumstances. For field medical professionals, the initial transition to remote engagement was a tremendous disruption to previously routine practices. Although company size, disease state, and geographical location were the main determinants of how much an MSL travels, the common underlying theme of MSL activities has always been field work.²

As of this writing in 2021, remote interactions are likely to be the dominant communication method for some time to come. Going forward, medical professionals should maintain best practices in preparing for face-to-face interactions while perfecting the new blended engagement strategies they had to adopt at the onset of the pandemic.



The Critical Components of Scheduling and Conducting Compliant HCP and KOL Discussions

To help field-based medical professionals gain remote access to today's busy HCP, Amplity's global Medical Affairs team leaders developed a strategic blueprint for conducting scientific discussions, all in a fully compliant manner.

The robust [Scientific Engagement Model](#) helps all field medical professionals compliantly plan for, engage in, and follow up on outstanding scientific exchange with KOLs and HCPs (hereafter, we'll simply refer to HCPs as inclusive of KOLs). For the sake of this example, the focus here is on the MSL role.



The expertise required to learn insights, discuss data, and manage follow-up is in large part what has always made an MSL valuable. The skills used in traditional face-to-face engagements still apply in a blended scientific engagement model. However, as it relates to **Pre-Visit Planning** and **Build Rapport**, today's omni-channel engagement model calls for a different approach with new skills not previously prioritized by MSLs.

Pre-Visit Planning

Pre-call research can ensure that work is conducted compliantly

There are many rules and policies governing HCP engagement. Comprehensive research will include becoming familiar with **internal company guidelines** in addition to those of a **country's guiding body**.

Furthermore, **the medical site** will have its own policies. When visiting in person, this guidance can be easily ascertained from a gatekeeper in the organization. When communicating digitally, however, policies may differ; in these situations, therefore, it is important to proactively conduct due diligence to ascertain the specific policies and procedures.

Policy information probably won't be accessible via clinic websites because it's often considered to be "institutional knowledge." It's also safe to assume that these policies are always changing, so ongoing due diligence is necessary to remain compliant.



MSLs should receive both initial and ongoing training to ensure they're knowledgeable on the latest regulations. Field managers should be responsible for overseeing the completion of the training, ensuring completion and alerting field medical team members when refresher training is available.

Manufacturers considering [outsourcing an MSL team](#) should articulate regulatory boundaries in the contractual language so they can depend on their outsourced partner to appropriately train and certify their field teams. Different types of field medical activities have very precise boundaries, such as specific requirements for proactively requesting a meeting with HCPs. An experienced outsourced partner will recruit, interview, onboard, and train members of the field team in keeping with mutually agreed upon standards.

Conducting this research has *proven* effective. When able to articulate their role and explicit reason behind their request to connect in a compliant manner, some of Amplity's MSLs have reported getting more access to HCPs since their request is virtual and can be set at a time and venue of the customer's choosing.

Preparing yourself and your environment

It can be tempting to dive right into a conversation once the physical preparation is complete, but first, MSLs should switch gears to get mentally prepared. Achieving the right mindset plays as much a role in the success of the interaction as does physical preparation.

Before every interaction, the most successful performers eliminate all distractions, find solitude, and think...

What is my role in helping patients gain access to the appropriate therapy?

How do I need to present myself to make sure this interaction is successful?

How can I make my remote workspace particularly comfortable and engaging?

Being mentally prepared naturally projects confidence. There are a variety of techniques to harness nervous energy and visualize positive outcomes. Many find it beneficial to find a technique or workspace that makes them feel most comfortable. For others, it's an open window in hopes of catching a fresh breeze, or a scented candle on the desk. There's no right answer here. Each person must settle on their own "pre-game technique" to get in the right mindset.

Top performers use the following steps to prepare their environment and themselves:



To create a proper workstation, they

- Choose a quiet space devoid of distractions.
- Tidy the workspace or use a virtual background to project a professional image.
- Sit in front of their camera with their anticipated wardrobe to double check that the camera shows them as they intend to be seen.



To be sure of their technology, they

- Check their lighting, mic, and camera for sound and video quality.
- Ensure their camera is positioned in a way that permits their audience to feel like they're speaking directly to them.
- Test all their audio and visual equipment two days in advance, two hours in advance, and two minutes in advance.



To be fully prepared, they

- Build muscle memory with relentless practice. They are hyper-aware of the way they communicate.
- Practice body language and movement. Over-zealous hand gestures, for instance, can be distracting.
- Stretch before the engagement and position a comfortable chair to maintain good posture.
- Have a glass of water handy. Staying hydrated is not only important for well-being, but also for impact! Routine pausing can help emphasize key points; a short pause for a sip of water can work wonders.
- Practice projection by being mindful of these key components throughout the entire conversation:



Planning for success should include the **ACTIVE** model:



ACTIVE planning helps ensure that all the vital elements have been fully considered both before and during scientific exchange. By paying attention to all components of ACTIVE, a successful remote interaction is much more likely.

In 2020 alone, Amplity helped over 10,000 pharmaceutical field professionals around the world develop their skills in becoming more impactful, memorable, and credible.

For those ready to take a conscious approach to mastering remote communication in the workplace, Amplity's template for remote interactions has proven successful in helping teams develop good communication habits.

Team leaders can [Contact Amplity Health](#) to learn more about the ACTIVE model and how it can support and upskill field teams to have more impact during their remote communications.

Along with working on their mindset for each call, field medical personnel will also want to plan for what they will say to each person with whom they will interact. At each level of engagement, starting with the gatekeeper, it is important they know beforehand their explicit goal and what they will say or do to achieve that goal.



Build Rapport

Prepare case-specific presentations for Gatekeepers, Intermediaries, and HCPs

Amplity recommends using a tool like the ABCD Opener as a framework for planning how to build rapport at the beginning of the call. The tool will help Medical Affairs personnel capture the other person's attention, be it the gatekeeper, clinical staff, or HCP. It will help articulate the benefit — to them and their patients — of hearing what the MSL has to say. It will help establish the MSL's credibility and give specific direction about what it is they want to accomplish.

The ABCD Opener is an effective planning tool for telephone conversations, virtual meetings, and face-to-face interactions.

A – ATTENTION GRABBER gives them A REASON TO LISTEN

B – BENEFIT gives them A REASON TO BELIEVE

C – CREDIBILITY / CREDENTIALS give them A REASON TO TRUST

D – DIRECTION gives them A REASON TO ACT

Agendas should be held lightly; moment-by-moment adaptation is key

MSLs may find it challenging to digress from their original plan. But to ensure the HCP finds their conversations valuable, they should allow the flow in their conversations to flex based on which pieces of the conversation they're responding to. The key to successful interactions with HCPs is the planning process, but a vital part of the planning phase is to ensure there is flexibility in the conversation. This elevates an interaction from being a one-sided presentation to becoming a two-way scientific exchange. Depending on a variety of factors — whether an HCP is data focused or people focused, or more introverted or extroverted, for example — field medical professionals should tailor the conversation to ensure the objectives of both parties are being met. Rigidly sticking to a pre-planned agenda will not result in a successful interaction, and it is unlikely the HCP would want to repeat the experience.

Skills that turn gatekeepers and intermediaries into advocates



It's been over a year since field medical professionals began adopting new technologies (Zoom, Microsoft Teams, etc.) to host virtual meetings. At the start, Amplity's clients reported that their Medical Affairs representatives were saying "we are intimidated to pick up the phone [and call an office to try to get an appointment]." A large and immediate need to upskill MSL teams around the world revealed itself rather quickly.



This digital shift required new learning and the ability to implement the skills needed to virtually engage with customers effectively, impactfully, and compliantly. Skill development has predominantly focused on the technical skills needed to conduct a successful virtual engagement.



Today, another shift is necessary. Organizations will want to place less emphasis on the technical skills of virtual engagement and instead place more emphasis on the soft skills needed to effectively, impactfully, and compliantly communicate with HCPs and their staffs. This focus should begin with the first person with whom the MSL most often interacts — the gatekeeper.

Previously, introductions to an HCP could be made organically, such as when standing in front of a scientific poster at a conference. The follow-up interaction with the gatekeeper was then relatively easy because the initial introduction had already been made. This ease of introduction was lost when the world went fully virtual, and it will remain difficult as field medical teams continue to interact remotely to varying degrees. Learning to confidently engage with the gatekeeper via phone and email is a critical skill.



The key word for the future of interacting with gatekeepers and intermediaries should be **engage**

In the past there has been a tendency to want to "get past the gatekeeper"; but today, more than ever, engaging with the gatekeeper is a crucial first step in earning the right to engage with the HCP.

Amplity's Remote Engagement Trainer, Amy Sullivan, explains, "Once the receptionist answers the phone, you have one shot. One shot to succinctly state your specific purpose and quickly connect it back to the patients so the HCP knows your goals are aligned."

To connect successfully, MSLs must immediately explain who they are and why they're calling. Having crafted an opening statement using the ABCD Opener tool will help start the conversation. The faster an MSL can align their goals with the HCP — maybe it's new data or a new study they'd be interested in — the faster they are likely to connect.

Engaging the gatekeeper is significantly easier when the MSL is responding to a specific information request. When a gatekeeper hears something along the lines of "I'm following up to provide answers on the questions Dr. Smith posed to my colleague," the MSL is significantly more likely to get through to the HCP.



"Hello, my name is Sam. I'm an MSL calling to speak with Dr. Smith. The last time I spoke with Dr. Smith, she asked me to get in touch with her about new clinical insights in the DiseaseX space. I have some new information I believe would be very relevant to Dr. Smith's clinical practice. Can you help me find 15 minutes to speak with her about Etcetera Biosciences?"

Amplity's Director of Client Solutions, David Barwick, offered some additional advice: "One of the most valuable tactics I learned early on in my career is one I still use regularly: providing one undesirable option alongside a desirable option. When presented with a decision, human nature compels you to pick one or the other, as opposed to just saying no altogether." Instead of saying, "do you have 15 minutes to speak?," an MSL might try "when is convenient to speak? Right now or is there a better time this afternoon?" "Right now" is hardly an option at all, making the proposed "better time" option an easy choice.

Along with the previously introduced ABCD Opener tool, Amplity has also developed a framework to help navigate initial conversations with the gatekeeper. The *Gatekeeper Interaction Framework* provides a roadmap for succinct, effective communication, particularly over the telephone.

According to the Gatekeeper Interaction Framework, MSLs should carefully listen to the way in which the gatekeeper replies to their introduction, including tone and word choice. This practice is called "active listening," and it allows the MSL to use the gatekeeper's response to their advantage.



For instance, when a gatekeeper says, "I'll pass the message on," the details of said message might not get passed on with the same urgency the MSL's own tone would reflect. Or worse, the gatekeeper's handwriting could result in the HCP mistaking a 1 for a 7 in an MSL's call-back number.

Instead, MSLs should ask to leave a voicemail so they can rest assured their message was delivered their way, with necessary detail, the appropriate level of urgency, and correct contact information.

Amplity's Framework includes these additional common objections with suggested replies:

Gatekeeper's Statement	MSL's Response
I'll pass on the message	<ul style="list-style-type: none">• May I please leave a voicemail?• Please, can you make a note of the following...
I'll transfer you to the clinical staff	Great! What's the person's name and direct telephone number that you'll be transferring me to? Before you transfer me.... (ask a question to gather more information about policies and procedures)
They don't have the time	<ul style="list-style-type: none">• When is more convenient – perhaps early morning or later in the evening? Is there any time to avoid?• Is another method of communication preferable?
They're not interested	We've got some really interesting data that I think Dr. Smith will be interested in based on something she wrote in a recent paper
They're not accepting phone calls	Would they prefer an email?

If an MSL is still having trouble engaging the gatekeeper, they should explore other options. For example, HCPs often have a strong online presence, so it may be possible to reach them directly via an association website, a blog post, or social media. Top MSLs look for mutual connections and explore opportunities for a personal introduction to be made on their behalf.

These interaction skills require practice. Sustainable behavior change only happens when the skills are adopted into everyday practice. The good news is that these skills are transferrable to live interactions and will help prepare MSLs be more effective in compliant conversations virtually and face-to-face.

Conclusion

Rethinking traditional strategies for exchanging information with HCPs is no longer optional. Field-based medical professionals must embrace an omnichannel strategy. Whether these tactics are adopted over the long term is still to be determined, but the benefits of doing so are already starting to reveal themselves as Medical Affairs teams have been able to maximize the number of HCP engagements and minimize travel expenditures. Whether an MSL is in a fully remote or hybrid role, an omnichannel model often entails a larger geography, and therefore, additional complexities.

Amplity's Pharma clients have been most successful when they've installed a competency framework for their field medical associates to ensure a standardized global approach to scientific exchange. When applied consistently, this framework has led to more effective and impactful engagement with external stakeholders.

Amplity Health has the experience, expertise, and infrastructure to customize a blended engagement solution that aligns with each manufacturer's unique needs to cultivate and preserve relationships with HCPs in a post-COVID environment.

Team leaders can [click here to contact Amplity](#) to discuss a potential partnership.



References

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