WHAT KOLS (KEY OPINION LEADERS) REALLY WANT FROM PHARMA

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OBJECTIVES OF THE RESEARCH

To investigate the interactions between senior UK doctors & the pharmaceutical/biotech industry

► Particular emphasis was placed on:
  1. The types of working relationships between senior doctors involved in shaping guidelines, research and best clinical practice (KOLs) and pharma/biotech, determining which types or relationship work well and less well
  2. The type of activities doctors may become involved in and how these are perceived
  3. How the relationships may evolve in the future given recent industry events and trends

► Additional research was conducted to assess the industry view of senior doctor/KOL and pharma interactions

► Research was conducted with senior NHS (National Health Service) and private practice doctors together with senior industry managers
METHODOLOGY (1)

Three-tiered approach

170 senior doctors from a variety of specialties contacted via e-mail requesting a 15 minute research call.

A follow up email was sent requesting a brief one-line response.

Senior industry managers (6) were contacted via e-mail with follow-up calls in some cases.
Key Questions Discussed with Senior Doctors/KOLs

- Which companies do you know of or work with and which ones are good and less good regarding their interactions with you and why?
- What is your view of the programmes / activities you are asked to work on by the pharma industry?
- What is your view of the people you interact with from the pharma / biotech industry?
- How would you like to see your relationship and work with the pharma industry improve?

Key Questions Discussed with Pharma/Biotech Industry

- What is your perspective on good (and not so good) doctor/KOL- pharma industry working relationships?
- What internal challenges (processes, compliance, roles, resources) do you see in building strong, mutually beneficial partnerships with doctors/KOLs in organisations?
- How would you like to see the relationships improve?
- How do you see future trends in this area evolving?
RESPONDENTS BACKGROUND & RESPONSE RATES

Respondents were from a variety of different geographical locations around the UK

- 10 physicians responded
  - 8 gave detailed responses to questions
  - 2 gave “one-liners”

- 3 senior industry managers responded
  - 3 gave detailed responses to questions

- The responder consultant breakdown was:
  - 3 psychiatrists
  - 2 cardiologists
  - 2 dermatologists
  - 1 urologist
  - 1 chest physician
  - 1 oncologist
THEMES FROM SENIOR DOCTORS’ RESPONSES

Pharma/biotech companies are perceived by senior doctors as fairly professional
BUT...

Demands on doctors’ time means limited time to interact

Relationships can be quite transactional and are not enduring

Want better use of technology for communication

Like more emphasis on educational material and research
KEY FINDINGS

Which pharma/biotech companies do you know of or work with and which ones are good and less good regarding their interactions with you and why?

- All interact with a variety of companies dependent on their specialties:
  - Urology: Astellas, Takeda
  - Cardiology: AZ, Amgen
  - Respiratory: GSK, BI
  - Psychiatry: Lilly, Janssen

“All companies are pretty good – I feel more positive about the ones I do research with “
Cardiologist

Perception is most companies are fairly professional. 1 respondent had opposing view
DOCTORS’ KEY FINDINGS

Which companies do you know of or work with and which ones are good and less good regarding their interactions with you and why?

Perceived “best” interactions with companies who they work most with either in research or educational activities

Some comments that they know of companies far less now due to NHS restrictions

Also downside in interactions regarding new drugs due to cost and funding difficulties

“...can be isolated in NHS, so this sort of support is greatly appreciated”
Psychiatrist
DOCTORS’ KEY FINDINGS

What is your view of the programmes / activities you are asked to work on by the pharma/biotech industry?

► Generally positive but polarized views on activities

► Some like doing educational events as it provides variety in their role

► Others no longer attend events as they are concerned about the perception of bias if they do

► Several would like to have more research opportunities

“Like doing it – interesting & variety from normal job”
Cardiologist

“Have been invited to ad boards but have not taken part as can be stigmatized by association with pharma”
Psychiatrist
DOCTORS’ KEY FINDINGS

What is your view of the people you interact with from the pharma industry?

**Relationships**
- Generally very pleasant people
- Turnover of staff in pharma companies means often lack of follow through in relationships
- Relationships can be quite transactional

**Time**
- Need to appreciate that doctors’ time is very limited – dislike interruption by reps
- Sometimes **quantity** of interactions prevailing over **quality**

**Communication**
- Need to adhere to ABPI/code of practice
- Often have good information but delivery method not suitable – technology preferred over paper leaflets

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“Good to have a relationship – I like to hear about their drugs”
Cardiologist

“There used to be people everyone knew in industry…now I wouldn’t have a clue who to contact”
Chest Physician

“I don’t like reps turning up in clinic on the off chance they may see me”
Dermatologist
DOCTORS’ KEY FINDINGS

How would you like to see your relationship and work with the pharma industry improve?

- Need more transparency
  - Pharma companies should be more upfront about what’s in it for them
  - Clear demarcation between commercial interest & patient needs

- Would like educational aspect of relationship to continue

- More research opportunities – especially investigator led research, also would love to be involved in smaller, local trials as per those done mainly in the US

- Ability to contact right people in a company

“Need to be clear why a company is interested in a particular initiative”
Psychiatrist

“Any sort of educational funding/materials are gratefully received”
Dermatologist
THE TOP 10 POOR KOL INDUSTRY PRACTICES

Most poor practices point at the lack of true partnerships and the absence of cohesive internal strategy and processes.

1. “17 different people from the same company contacted me in the course of one month”
2. Inconsistent honoraria payments across projects
3. Changes in staff: “I never know who is who”
4. Strong commercial bias in discussions for one treatment
5. “They don’t listen”
6. Unclear or unspoken objectives: “I’m not sure what they want me to do”
7. Sporadic approach: “No follow up to show how they used our input or what they did”
8. 30 page confidentiality agreement
9. The agency holds the relationship
10. Lack of on-going communication

Uptake Strategies KOL and Pharma Industry Expertise, 2011-2013
KEY FINDINGS: PHARMA/BIOTECH INDUSTRY

Enduring Strategic Partnerships

- Doctors would like to see more **enduring strategic partnerships** with greater transparency and range of experts so ‘narrow thinking’ is avoided
  - High staff turnover means there is often a lack of a long term relations
  - Doctors need to know who they should contact in a company
  - Industry also needs to understand that experts may have relationships with several different companies

“...to commercialise a new medicine in the world now, a company needs to reshape the way carers think…”

Industry Expert
KEY FINDINGS: PHARMA/BIOTECH INDUSTRY

Pharma companies should be open to forming different collaborations.

- There is often a disconnect between R&D headquarters and the local operating company.

- Industry should move from a transactional to a more health outcome focused relationship.

- They should ensure doctors have ownership & a sense of contribution to the relationship.

- The future may see doctors being less valued by industry as increased pricing regulation means the focus is more on payors.

“...all stakeholders need to be brought together to change treatment...”

Industry Expert
1. Make relationships *less transactional*

2. Ensure relationships are *open and transparent*

3. Understand what a doctor wants from a relationship and *tailor the interaction* to deliver it

4. Try and maintain *consistency of people* in relationships – or have a clear handover when someone leaves

5. Make it *easy for a doctor to contact the right person* at the right level within the company

6. *Appreciate many doctors are time poor* & ensure interactions reflect this

7. *Utilise technology* where possible to provide alternative provision of information and ways of interacting

8. Deliver *high quality and relevant* educational material

9. Open channels to *discuss potential research and innovation opportunities* with doctors

10. Have a *clear demarcation* between commercial & clinical needs
FUTURE TRENDS

How do pharma/biotech companies evolve their capabilities to collaborate with KOLs?

► Evolving internal policies to foster transparency and industry code compliance

► Fewer opportunities for transactional, financial relationships: congresses, speaking appointments

► Greater independence of KOLs and requirement to contribute their time/efforts pro-bono where their research/professional interests lie

► More independent collaboration projects for research, education and to foster clinical best practice

► Broader definition of a KOL from clinical to patient advocate, payor, academic institution, charity
Recent projects with KOLs-
industry include:

► UK KOL segmentation, profiling and programmes for newly launched oncology brand

► European KOL identification, prioritisation and 1:1 interviews for a bacteriophage in early development

► UK KOL segmentation, targeting, strategy and programme definition as integrated part of all sales/marketing/access programmes for an AF launch

► Global KOL interviews on long term evolution of the management and pipeline for respiratory diseases

► Asian KOL workshop on cross-functional KOL engagement and programmes to support brands at different stages of the lifecycle

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