

Best Practices in Globalizing MSL & Field-Based Medical Specialist Programs



**Strategic Benchmarking Research
Best Practices, LLC**

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Research Objectives & Methodology

Best Practices, LLC conducted this benchmarking study to assist Medical Affairs leadership with planning for effective global deployment of Medical Science Liaisons (MSLs) and other Field-Based Medical Specialists (FBMS).

Objectives

- Develop **organizational charts** showing how peer companies address MSL team reporting structures for greatest global impact.
- Outline **strengths & weakness** of different structures.
- Identify which **MSL activities** are best handled at the global, regional or country levels.
- Assess **how leadership and field-based teams communicate** across a global organization to ensure that strategies and work plans are aligned.
- Highlight **pitfalls to avoid** in internal communication.
- Identify **obstacles to global standardization**.
- Compare **resources and funding sources** for MSL/ FBMS function across companies..
- Examine **outsourcing trends** and **model evolution**.

Methodology

Deploy Survey for Data Collection

- Developed and deployed custom online survey instrument to capture industry metrics
- Engaged 36 Medical Affairs and MSL leaders at 30 companies to participate

Conduct Interviews to Harvest Insights & Best Practices

- Conducted deep-dive executive interviews with four selected survey respondents
- Interview targets included professionals with deep experience, innovative practices, or strong insights around MSLs.

Universe of Learning: 31 Bio-Pharma Companies Participated

Thirty-eight leaders of Medical Science Liaison (MSL) and Field-Based Medical Specialist (FBMS) functions at 31 different pharmaceutical, biotech, and medical device companies participated in this study. Results include more than one response from seven companies, where survey participants represented separate MSL organizations.



Study Overview

Medical Affairs and MSL function leaders can benefit from the shared experience of benchmark participants who have globalized their field-based medical specialist/MSL programs.



Medical Science Liaisons, or MSLs, have in recent years played a vital role for bio-pharmaceutical companies in building and maintaining strong relationships with Key Opinion Leaders (KOLs) in the U.S. market and beyond.



The MSL function also has successfully leveraged these highly-qualified scientific experts to communicate important product and disease information to health care professionals on a peer-to-peer basis and to return vital information from KOLs and HCPs to product developers and other internal stakeholders.



Increasingly, companies are expanding the critical MSL function into global markets to align countries with corporate objectives and to achieve regional consistency, compliance, and product harmonization.



This study looks at the organizational models, resources, global standards, and internal communication processes that drive success in globalizing MSLs and other field-based medical specialists (FBMS).



The study also identifies globalization challenges, lessons learned, pitfalls to avoid, and best practices shared by bio-pharma companies engaged in U.S. and non-U.S. MSL programs.

Key Findings: MSL/FBMS Resources & Operations

The following benchmark findings around Medical Science Liaison and Field-Based Medical Specialist (MSL/FBMS) resources and operations emerged from this study.

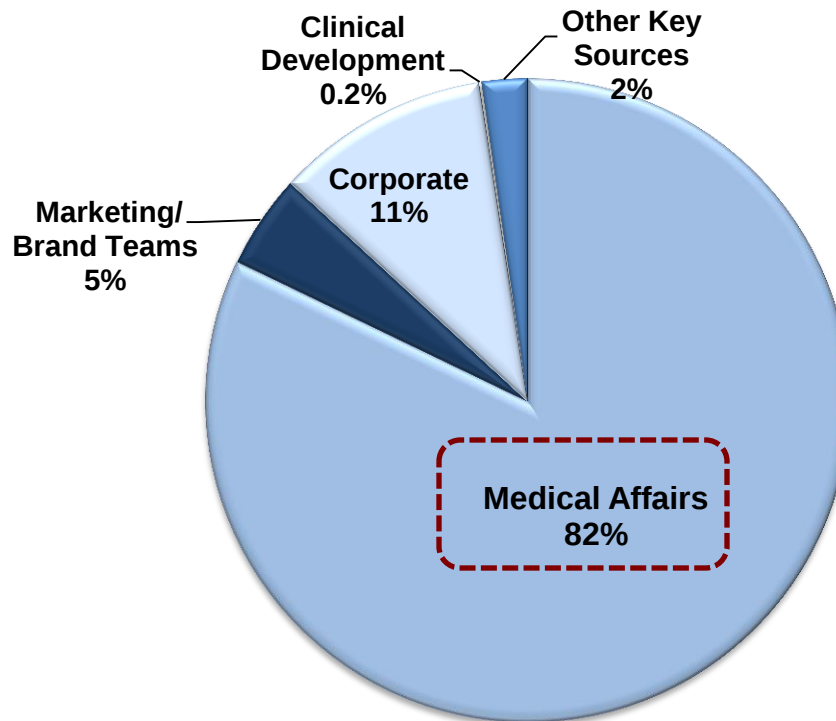
-  **RESOURCES:** MSL/FBMS activities budgets are held at the Country/Local level for 53% of companies, with Medical Affairs providing an average of 82% of the funds. On average, about half the budget goes to salaries. The practice of outsourcing MSL activities is rare and trending downward.
-  **GLOBAL MSL SERVICE STANDARDIZATION:** Only 16% of participants have no approach for standardizing MSL service across all markets, while the rest take at least one approach to developing global policies for MSLs. Among key obstacles to standardization are local resistance, local misunderstanding of the MSL function, decentralization, variations in local regulations, and differences in customs, language, or culture.
-  **REGIONAL DIFFERENTIATION OF ACTIVITIES:** Nearly three-quarters differentiate MSL services and activities to accommodate regional/ country differences, with 63% of those differentiating for the United States and Western Europe. Fewer than 20% differentiate for other regions.
-  **MSL ASSIGNMENT:** MSLs are assigned by **both** therapeutic area (TA) and geographic location at half the companies, while the others assign by either TA **or** geography. Participants with the **dual assignment approach** described more than a dozen different methods for coordinating and managing teams with dual assignment.
 -  Companies find that product lifecycle plans and targeting a ratio of specialists to thought leaders supported are the most effective methods for determining **how many specialists** to place in the field.
 -  The highest-rated methods of determining **where to deploy MSL/FBMSs** are reflecting thought leader geographic concentrations and reflecting the key medical centers targeted.

Medical Affairs Funds 82% of Average MSL/FBMS Budget

More than 80% of the average MSL program budget is funded by Medical Affairs, while 11% of the funds come from corporate. Medical Affairs funds 100% of the MSL program for two-thirds of participants. Only one participants received funds (5% of budget) from Clinical Development.

Q. Approximately what percentage of funding for the MSL/FBMS program budget comes from each of the following functions?

Funding Sources for Function



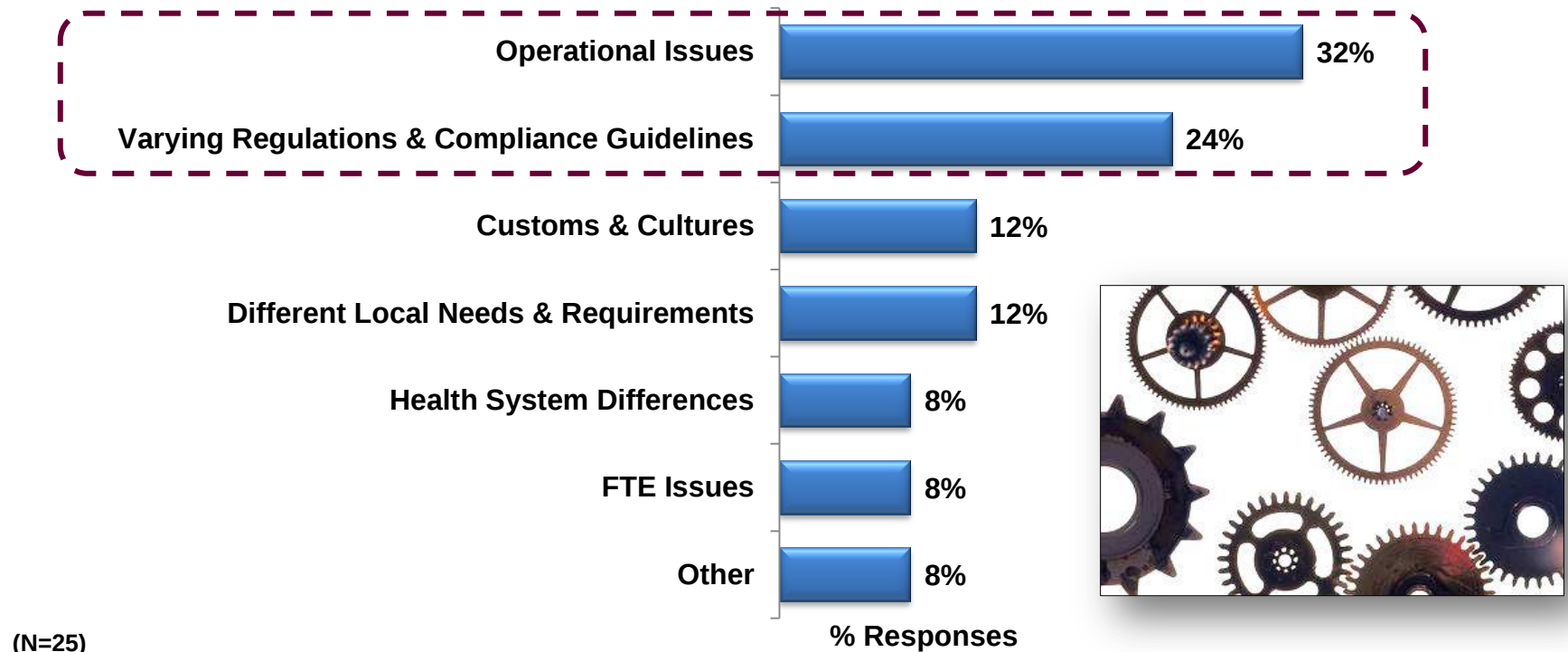
(N= 33)

Operational & Regulatory Issues Thwart Standardization

Participants cited numerous obstacles to global implementation of standards for their MSL/FBMS teams. Various operations issues and differing regional regulations and compliance guidelines were the most commonly cited areas of difficulty.

Q. In your experience, what are the obstacles to global implementation of standards for your MSL/FBMS teams?

Obstacles to Implementing Global Standards



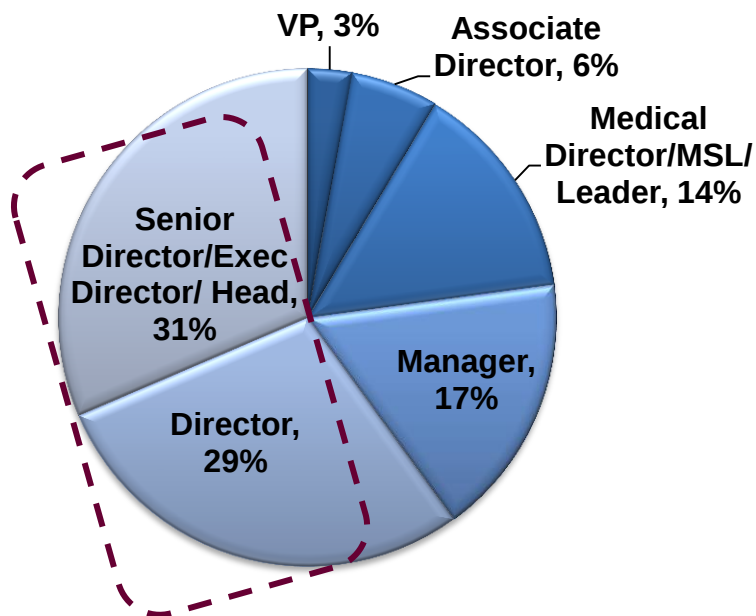
“Geographies have different regulatory guidelines that make a single set of standards too restrictive in more liberal geographies.” -- Senior Director, Global Medical Affairs

Directors Lead Majority of Participating MSL/FBMS Functions

Directors, senior directors, and associate directors lead 60% of benchmarked functions. Others are led by medical directors, MSL leaders and VPs.

Q. What is the full job title of the person who directly manages your MSL/Field-Based Medical Specialist group or function?

Job Title of Direct Manager of MSL/FBMS Function



(N=35)

Selected Titles

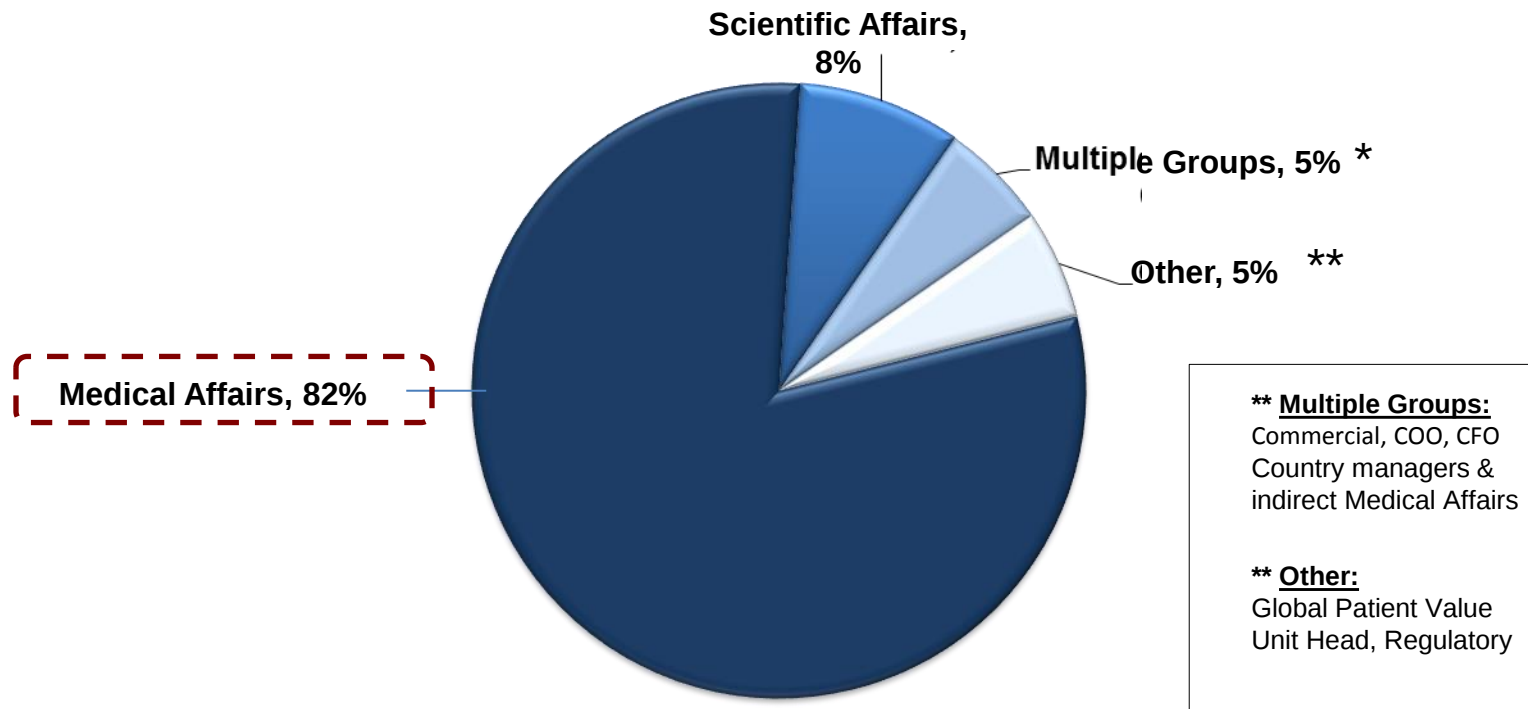
Associate Director MSL Operations	Medical Lead
Director of MSLs, by Therapeutic Area	Medical Manager
Director, Field Medical Affairs	MSL leads/managers
Director, Managed Care Liaison Team	MSL Manager
Director, Medical Affairs	Regional Director
Director, MSLs	Regional Medical Affairs Leader, Clinical Development
Director, Scientific Affairs	Senior Director Medical Affairs Clinical Development
Field Director	Senior Director, Field Medical
Head of Medical Affairs & Operations	Senior Director, Medical Affairs
Medical Affairs Director	Senior Group Director
Medical Affairs Manager	Therapeutic Area Head
Medical Director	Vice President

MSL/FBMS Leaders Report into Medical Affairs Function

At 82% of companies MSL heads report into the to Medical Affairs function, with another 8% reporting similarly to Scientific Affairs.

Q. What is the functional area of the person to whom the leader (direct manager) of your MSL/Field-Based Medical Specialist function directly reports?

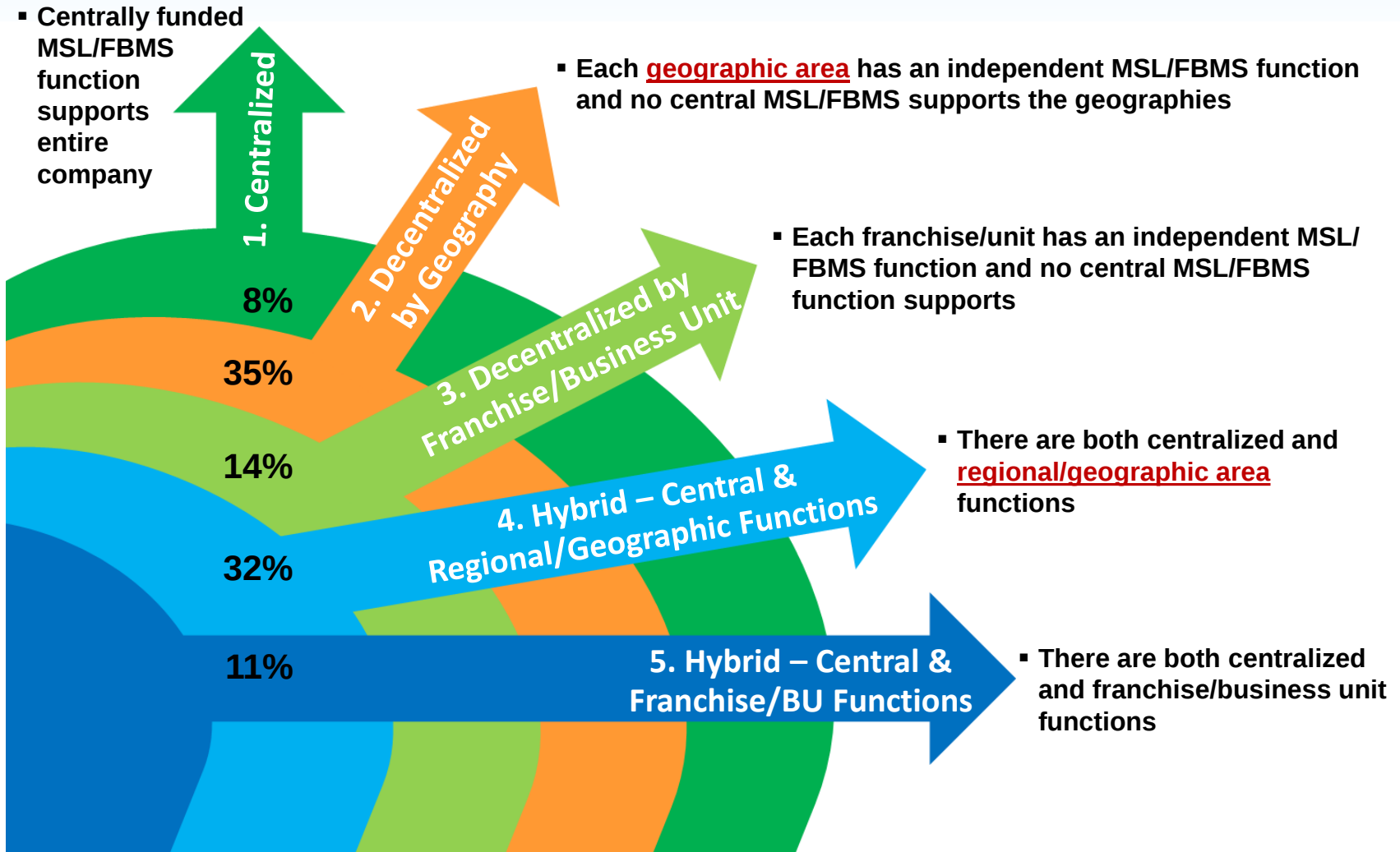
Functional Area MSL/FBMS Leader Reports To



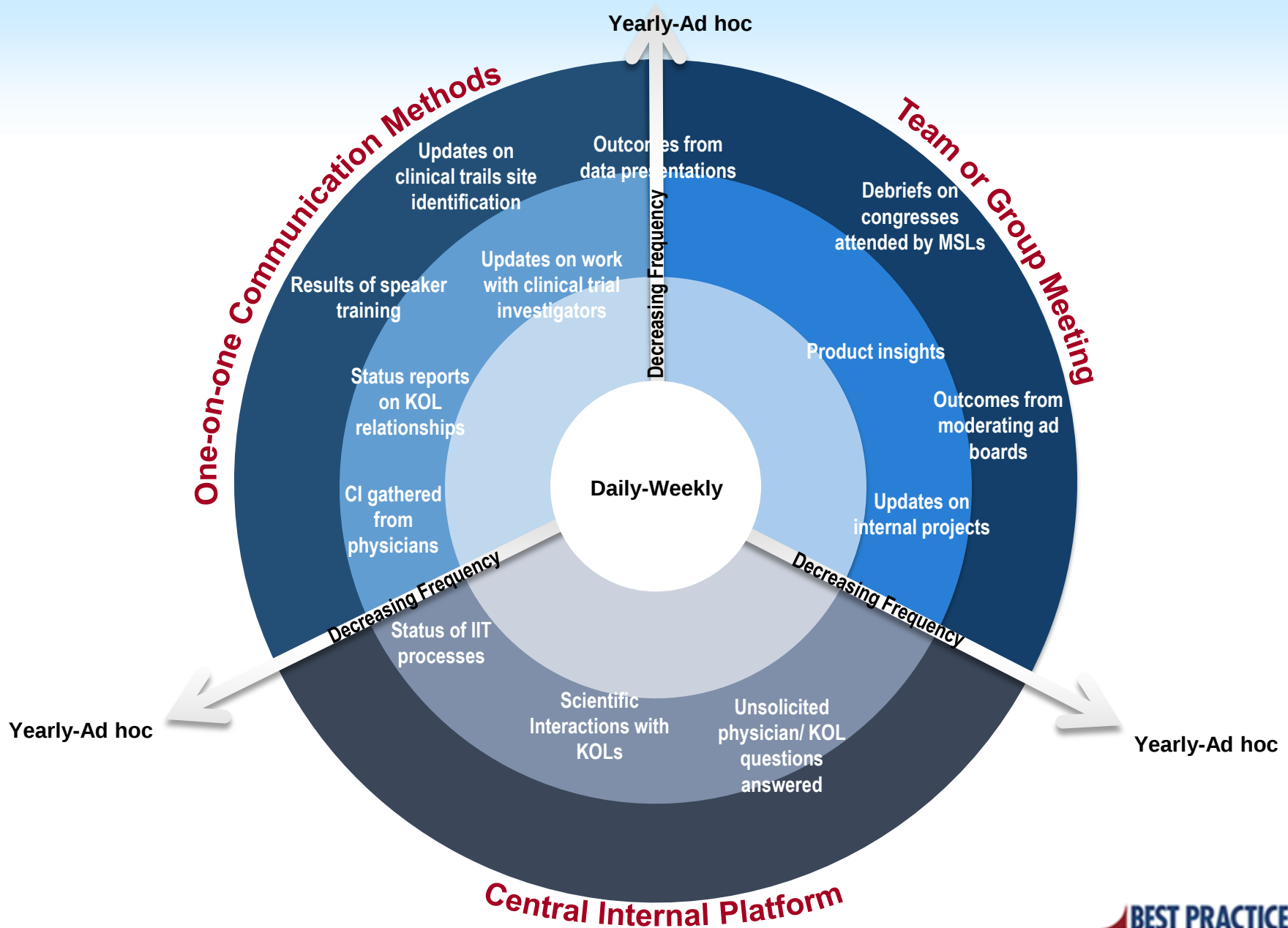
(N= 38)

Benchmark Participants Use 5 Distinct Operating Models

Geography figures into the operating model for 60% of the participating MSL/FBMS groups—in either decentralized or hybrid models. Only 9% of groups are completely centralized.



Top-Ranked Methods & Frequency for Communicating About Field Activities

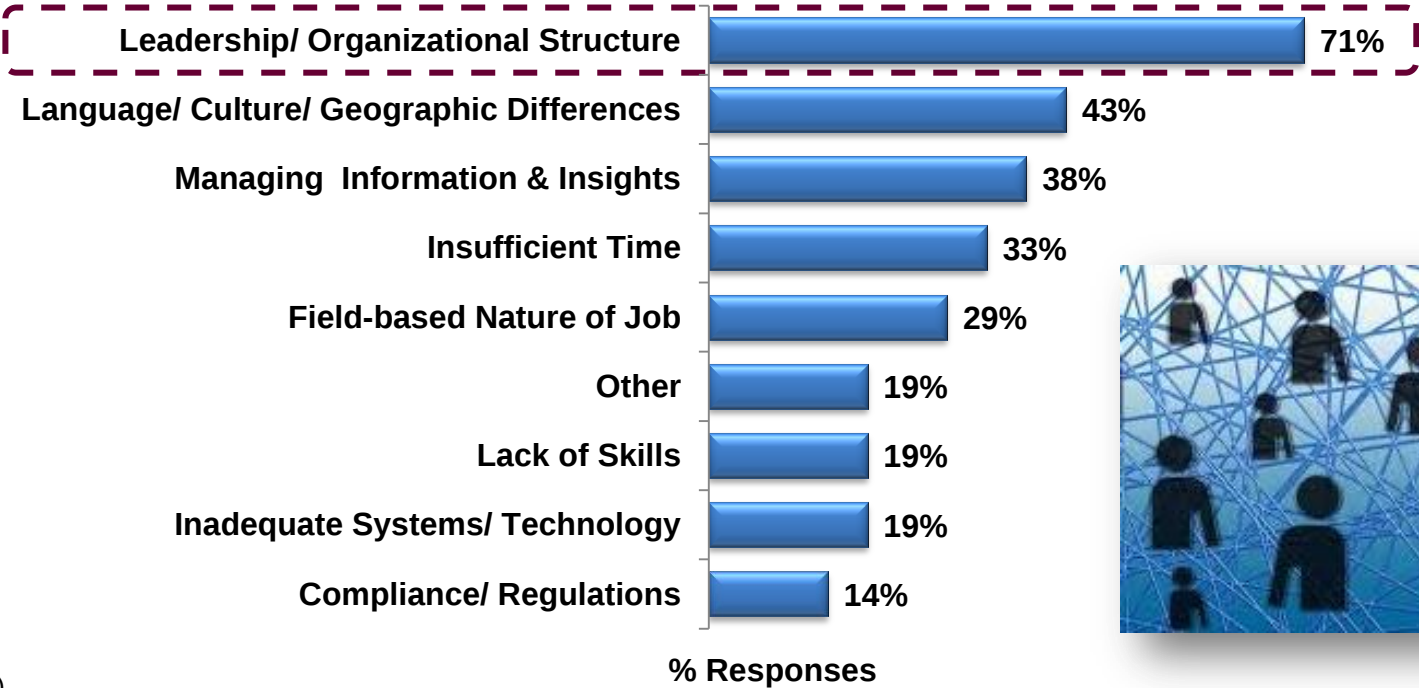


Pitfalls Abound for Internal Communications in Global Groups

Benchmark participants described a host of pitfalls—especially around leadership and organizational structure—that can sabotage efforts to develop effective internal communications across regions where MSLs are located. Full text responses are charted in following three slides.

Q. Describe three potential pitfalls companies face in developing effective, timely, two-way internal communications across regions where MSLs/FBMSs are located.

Internal Communication Pitfall Categories



(N=21)



“There has to be a conscious effort to keep everyone engaged as participant, stakeholder, etc.” -- VP, Medical Affairs

About Best Practices, LLC





Best Practices®, LLC is an internationally recognized thought leader in the field of best practice benchmarking®. We are a research, consulting, benchmark database, publishing and advisory firm that conducts work based on the simple yet profound principle that organizations can chart a course to superior economic performance by leveraging the best business practices, operating tactics and winning strategies of world-class companies.

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