

Cross Functional Colleagues are Not Excited by Current Medical Affairs Metrics. The Case to Demote Traditional Metrics and Embrace Value Based Measures.



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Background

Medical Affairs is an important strategic pillar in the pharmaceutical industry. Medical Affairs is uniquely positioned to shape the healthcare ecosystem for a triple benefit to healthcare practitioners, patients/consumers, and the company. Commercial teams are better able to articulate their team's value, as commercial activities are faster, more colorful, and can be directly linked to sales. Medical Affairs' activities tend to be longer, less well understood cross functionally due to their scientific nature, and cannot be directly linked to sales. When a pharmaceutical company does not understand or even perceive the value of Medical Affairs, other departments move in to fill this perceived void and become more directive of Medical Affairs activities, inhibiting the ability of Medical Affairs to shape the healthcare ecosystem for the triple win. When Medical Affairs associates are able to understand their contribution to strategic goals in terms of value and impact, and are *skilled*, *empowered* and held *accountable* to speak about this value to all levels of cross functional colleagues, Medical Affairs is able to occupy the Medical space and give confidence to cross functional colleagues that there is no void in Medical Affairs value. This strengthens the firewall between Medical Affairs and commercial, ensures Medical Affairs is not a support function of commercial, and allows Medical Affairs associates to check the quality of their own work, ensure cross functional alignment, and get insightful feedback from invested colleagues.

How to Achieve Value Based Measures

In order to transition from traditional number-based metrics into Value Based Measures, Medical Affairs associates have three imperatives. First, develop the skills to identify and measure value rather than simply the completion of activities or tasks. Second, orient activities and tasks toward achievement of goals rather than achievement of assigned metrics. Third, empower and hold accountable Medical Affairs associates at all levels to talk daily about their impact and value to cross functional colleagues.

Goal 1

Assess Medical Affairs' contribution to strategic goals in terms of value and impact rather than metrics and activity. Metrics measure activity quantitatively, and frequently do not reflect the value and impact brought by Medical Affairs. For example, if one MSL sees 80 healthcare practitioners in a quarter and another MSL sees 60 healthcare practitioners in a quarter, metrics will imply the MSL who saw 80 did a better job. How does the company know that the 80 people seen by the first MSL were the right people, and how does the company know whether those 80 meetings moved the HCP along a journey of understanding? Measuring impact in terms of value provides more information about the quality of work of Medical Affairs associates than measuring activity in terms of metrics.

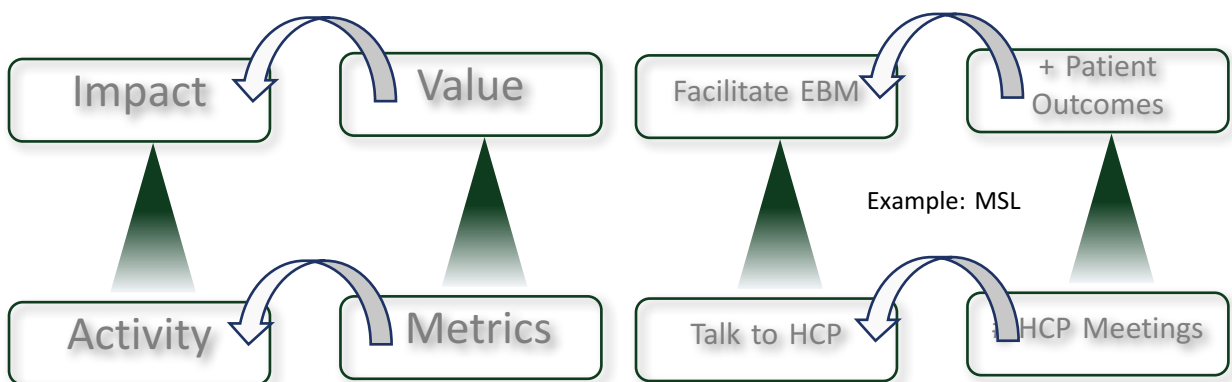


Fig 1. Metrics measure activity while value measures impact. For example, metrics will record the number of HCP meetings conducted by an MSL. The impact of those meetings may be facilitating evidence based medicine (EBM). The measure of that impact, the value, is a measure of better patient outcomes. Number of HCP meetings does not represent value or achievement of strategic imperatives.

Goal 2

Execute tactical plans in order to meet strategic goals, not to meet metrics. To ensure Medical Affairs is making a contribution to strategic goals and subsequently they are able to articulate that contribution cross functionally, Medical Affairs associates must execute tactical plans with the strategic goal in mind rather than achieving metrics in mind. Metrics should never drive activity, rather metrics simply reflect that it happened. Strategic imperatives should drive activity.

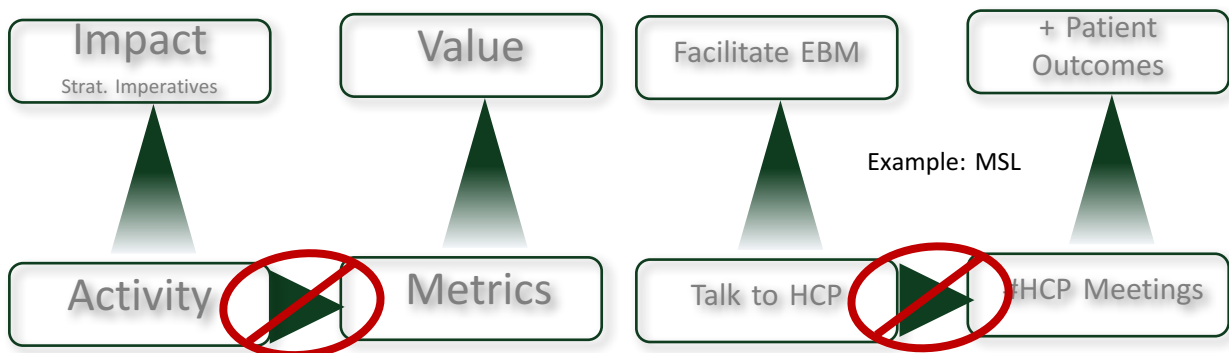


Fig 2. Tactical plans need to be executed toward achieving strategic imperatives, not toward meeting metrics. For example, an MSL should schedule a meeting with an HCP in order to achieve the goal of facilitating EBM, not in order to meet a defined metric such as minimum number of HCP meetings.

Goal 3

Empower and hold accountable Medical Affairs associates at all levels to articulate Medical Affairs value to cross functional colleagues daily. Metrics which measure activity are not exciting cross functional colleagues. All Medical Affairs associates speaking daily about Medical Affairs value with cross functional colleagues is essential and beneficial. The results of these daily conversations are: resources, advocacy, autonomy, quality check, alignment, and insightful feedback. Medical Affairs associates are typically uncomfortable with the sense of boastfulness when encouraged to discuss their value daily. However, interestingly, it is actually arrogant to assume our work speaks for itself. It does not. It is humble to check the quality of our work, humble to ensure alignment, and humble to open ourselves up for feedback, all of which are immediate benefits of daily discussing Medical Affairs value cross functionally.

Conclusion

This is a call to action for Medical Affairs to demote traditional metrics and embrace Value Based Measures. Ideally, Medical Affairs associates understand their valuable contribution to strategic imperatives, not a numeric count showing that those activities took place. For efficiency and effectiveness, Medical Affairs associates consider the strategic imperatives driving their tasks and activities as they populate their calendar. Metrics are a reflection of an activity taking place and are not an appropriate driver of action. Finally, to fully occupy the Medical space, Medical Affairs associates are empowered and held accountable for talking daily about their value with cross functional colleagues at all levels. This daily conversation allows cross functional colleagues to perceive and understand Medical Affairs value. Benefits to Medical Affairs of this understanding include improved autonomy, cross functional advocacy, resources, valuable feedback, and checks for alignment and quality.
