

Key Opinion Leaders - Understanding Physician- Pharmaceutical Industry Relationships Conference Day two, September 30th, London 2008

Fighting back

Starting the second day with a clarion call to academics and industry alike, **Tom Stossel**, Professor of Medicine at Harvard Medical School presented a strong case for the use of KOLs by the pharmaceutical industry. Far from being a cause of embarrassment, mentioned sotto voce, Stossel sees that KOL-industry relations are a cause for celebration. No apologies, no need for apologies.

Stossel contrasts two models of healthcare research that he calls Plan A and Plan B. Plan A “Innovation for Profit” is market-driven and describes a condition in which private biomedical research funding outstrips national support, a model that has held sway since 1990 in the US. At the same time, there has been an explosion articles on conflict of interest. ‘In Plan A, conflict of interest is a good thing’ says Stossel ‘It’s fair, creative competition’. Somehow this has become distorted to the stage where conflict of interest is synonymous with corruption. No smoke without fire. Plan B, over-regulation and excessive disclosure in Stossel’s eyes, has arisen in response.

Stossel doesn’t buy this. Disclosure has reached the point where it invites ridicule: He caricatures a world where he cannot have a slice of pizza with a drug rep without completing disclosure forms. Plan B is Intelligent Design versus the evolution of Plan A to paraphrase Stossel’s terminology.

Opponents of Plan A cite bribery and kickbacks, gift-laden physician prescribing brand products, promotion exposing patients to dangerous drugs, and unnecessary health care costs. Stossel disagrees. ‘Plan A is great’ he says ‘it’s not perfect because we’re human beings and we do dumb things’ On the other hand Stossel sees Plan B’s over-regulation as doing little more than empowering litigation lawyers and journalists.

Stossel went on to say that Plan B is insulting, hypocritical, and not evidence-based. He sees the dislike of profit as its primary motivation and couches this as a long-standing human tradition.

So what is to be done? Stossel ended his talk with a four-pronged call to arms – value creators in medical practice, expose the critics, explain the value of collaborations to others and, finally, hold the media accountable.

In the spirit of the conference Stossel’s last slide cited his conflicts of interest – many drug companies and, almost proudly displayed, a 1964 arrest for brawling...

Key points

- The pendulum has swung too far towards regulation, to the point where it is counterproductive.
- Physicians should hold the media to account for inappropriate balance.
- KOL-industry relations are beneficial not detrimental to medicine.

Making the subjective objective via sentiment-ality

President of 81QD, **Aafia Chaudhry** made the second presentation of the second day by outlining a methodology that attempts to put the personal into a form of practice.

Describing ‘sentiment analysis’ as one approach to justify the ‘expenditure of the pharmaceutical industry on physicians’ which can be a relationship spanning more than 14 years as a brand evolves, Chaudhry purported that some physicians are more important than others and that circumspect literature searches or clinical trial database foraging simply wouldn’t deliver the KOLS that the industry needs to effectively communicate brand needs.

Aafia explained that the concept of opinion leadership is not a new phenomenon, but that its origins lie in the works of Elihu Katz, Paul Lazarsfeld and Everett Rogersn – whose work included the definition of opinion leadership as “intervening factors between the stimuli of the media and resultant opinions, decisions and actions’. Today, Chaudhry believes that an Opinion Leader is a meld of knowledge about a particular domain and an intent to communicate.

It was unclear as to whether these type of OLs (several delegates questioned whether such OL communities are quite so autocratic in their make-up) felt comfortable about being subjected to such level of scrutiny about their communications in medical journals, letters, presentations; certainly are they even aware that their every communication move will be reviewed for ‘entailment, synonymy, ambiguity, discourse, inference and co-reference’? There was a ripple of concern through the audience that such a brutal examination of communication would possible reinforce the negative perceptions of influence and control over OLs that industry needs to change. Nonetheless, Chaudhry asserted that these novel technologies play a critical role to optimise efforts at all stages of ‘Life Cycle Management Planning’ and that objective metrics can provide a way to evaluate the effectiveness of KOL interactions. Stern – probably. Valuable for number-crunching – definitely.

Key points

- Natural language processing can provide a highly-precise method for evaluating KOL sentiment and overall discourse.
- Subjective records of personal interactions are not consistent, reproducible, scaleable.

Ask not what your opinion leader can do for you...

Comparing the volume of approaches that an individual company can make to a KOL to making them feel like the protagonist in the painting 'Scream' by Munch was a somber yet sincere way of **Andrew Scheifele** getting the delegates to realize that KOLS are often inundated with requests or expectations without thought to what their actual needs, desires and capacity might be.

As a regional Medical-Science Liaison professional for Amgen, Scheifele advocated the need to create a cross-functional team to interact with experts and to stick to a primary point of contact where possible. It is easy to 'overuse' one expert at the dearth of interactions with another and common to forget to ask what the particular expert's preferences might be.

Compounding this is the relatively short turnover in role of the average pharmaceutical professional with the drug lifecycle and in turn with the expert themselves who may in fact have the most enduring and long-standing allegiance or understanding of a company's products for use in a given disease. To that extent, Scheifele acknowledged that the MSL is often the best person to establish an alignment of interactions with experts and in many cases vendor groups, or individuals therein may in fact have a deeper understanding of the expert's interests.

Creating an integrated KOL engagement plan is crucial and must be open about all individual needs and should align opportunities with the specific strengths of the KOL. Customer-relationship management databases can help to integrate and orchestrate the plan but care should be taken to make sure you don't just approach engagement in a mercenary fashion. In fact, ask not what your Opinion Leader can do for you... but what you can do for your Opinion Leader.

Key points

- Assess your company's strategic needs for KOLs throughout the product lifecycle.
- Building a coordinated approach for KOL engagement across functional department.
- Take care to learn the KOL's preferences.

Prohibition is the problem; proactivity using presence is the solution

Co-Chair of the conference, **Emma D’Arcy**, painted a picture of ‘puritanical prohibition’ on the interactions between industry and physician and called for both parties to ‘step up’ and take positive action to counteract the relentless attack on the pharmaceutical industry which could ultimately result in significant deterioration in care for patients.

Using insights from a series of interviews conducted via a collective called INTEGRITY (InTernational Ethically-GoveRned Interactions and Trust Body), D’Arcy explained that we are facing troubled times. The reputation of the pharmaceutical industry is increasingly under attack for the ways in which it works with Key Experts and the perceptions of sincerely intended interactions are rapidly deteriorating to be viewed as entanglements, conflicts or manipulations with legislative restrictions being placed firmly at the responsibility of the industry. Crushing a natural coalescence with the Expert Community because a few relationships have been badly managed or exaggerated by the media threatens to stifle the very collaborations that are necessary to promulgate pharmaceutical innovation and medical advances.

Founder of www.myphid.com, Emma explained that the benefits of productive partnerships with Industry and Key Experts must prevail and that a shift from ‘command and control’ influence of Key Opinion Leaders to ‘engage and encourage’ alignments with Key Experts will be the way forward. Urging all stakeholders to consider personal presence over power to govern this approach, the current and desired presence for both Experts and Industry was suggested – to evolve from the ‘big bad wolf of industry’ and the ‘innocent lamb to the slaughter’ physician image to an acceptance of shared responsibilities and equal engagement in the conjoint quest for better care and options for patients.

Emma highlighted pertinent points from the INTEGRITY research which require an honest look at conduct; physicians are probably not adequately trained to partner properly with industry having graduated long before the ‘clinical trial culture’ expanded and when medical school curricula include a disproportionately short stint about pharmacy and drug development.

Concluding that the INTEGRITY collective felt that the pendulum of mediation and bounty-hunting or ‘blaming pharma’ has swung too far, D’Arcy iterated that this is the critical time to consider how to establish and nourish balanced and authentic alliances between medical and pharmaceutical professionals before their essence is dictated. As part of that, therefore, a call for action was made to move the entire debate from rhetoric to reality and convey the positive presence of collaboration in a new era of engagement.

Key points

- Physicians need to step up and be vocal to support industry.
- Industry should stop being passive about the improvements they have made.
- A focus on shared medical science endeavours is important.

The three Ps from Parfremment – passion, pride and proactivity

Emma Parfremment, Co-Founder of www.myPHID.com stirred up the conference delegates with a galvanizing call-to-action that means taking a soul-searching look at how interactions between industry and physicians have been conducted and how they must change.

In a rousing (but compelling) imploration to delegates, Parfremment started out with a big confession – yes she had been a junkie to marketing ploys when she worked in the industry and yes she had become disillusioned with the sense of “being the big bad wolf, hiding behind closed doors, whispering in corners, feeling uncomfortable admitting that she worked in the pharmaceutical industry and reaching to doctors to secure their product and brand loyalty was a part of that.”

Shunning such surreptitiousness and re-training as a therapist brought her back to her senses however. Emma explained that it became obvious that this is not, infact, a fair reflection of how hard industry works to provide healthcare solutions and to collaborate commendably with the medical community – but a ‘mediated perception’ that is constantly reinforced because we want a good guy/bad guy battle. This is the classic ‘drama triangle’ with the pre-set roles of persecutor, victim and rescuer. Stepping out of this game playing is key and that means restoring passion and pride in the contributions of all parties and the essential ingredient – proactivity – where all can find and use their ‘adult voice’ to behave better, be a positive presence, and ‘dare to talk medicine not marketing in a new era of engagement.’

Emma went on to volunteer myPHID.com as both mediator and challenger in this new environment. Making no apologies that the intent is to ‘provoke, push, produce’ new alignments and thinking, Emma outlined the ambition of myPHID to dynamically promote the quest to accomplish best relationship practice in the healthcare arena. MyPHID will seek to understand, encourage discussion and be the facilitator of best practice agreements with the ultimate aim of educating and asserting new and better methods of interactions where all healthcare stakeholders have an equal voice.

Announcing the first dedicated studies commencing in 2009 and the series of monthly investigative ‘Expert Sessions’; Parfremment predicted a paradigm shift in how relationships are conducted and perceived but iterated that it must start now and that people must commit. Concluding that ‘we cannot do this alone’ Emma urged delegates to “care enough to commit to forming commendable relationships, align your goals and realise your ambitions – which are a shared belief in wanting to find answers for patients.” Time to pop that proactivity pill.

Key points

- We all need to engage and be enthused again about working together to make medical advances.
- Now is the time to review your product language, adjust your approach and vocabulary and talk ‘medicine not marketing’.
- Being passionate, proactive and positive is essential to change perceptions; we must unite as equals with shared goals and aspirations.

Annabel Griffiths of ThomsonReuters and **Marc Sluijs** of Oracle made presentations about identification methodology and customer relationship management tools. It was not possible to prepare a summary of their presentations.

In the long run, clarity trumps transparency

In the closing presentation of the conference, **Neil Kendle** urged delegates to be realistic about what transparency could truly achieve, to accept that the media were always likely to want the pharmaceutical industry to be the bad guy and to seek clarity with Key Experts by realising that interactions with them should be “a marathon not a sprint.”

Kendle is a long-term pioneer of industry-community relationships himself and challenged the industry to listen more and engage with experts with greater maturity. Explaining that the online bookseller, Amazon, knows more about the ‘strangers’ who make purchases than industry does about those with whom it cannot be close enough, Kendle told industry to stop being coy and to start displaying candour. Respectful reciprocity is what medical leaders want but rarely get, even though it is evident that KOLs feel more comfortable with a trusting and open relationship, Infact, experts are au fait with the jargon and lexicon that surrounds their relationships with industry – happily describing themselves as ‘rising stars’ and stating that they want to collaborate in a way that suits their attributes and preferences and to have upfront discussions about money.

This is especially so as KOLS are fast-becoming targets of media scrutiny and responsibilities are changing as high-profile cases of failure-to-disclose the monies gained from industry interactions are emerging. Stories of OLs being ‘met by the feds’ as they get on and off trains are not urban myths but a reality of the times. As such, everyone is better served with clear contracts, scopes-of-work and consultancy arrangements that facilitate transparency.

Unfortunately, Kendle’s experiences are that industry are a little behind the KOLs in terms of frankness and organisation. There is inhibition about disclosing or agreeing fair market value for activities across the industry and as a result, people in organisations often don’t know how much an opinion leader is being paid or should be paid which will only lead to overpayments and continuing vulnerability to exposure for misdeeds – perceived. mediated or actual.

Key points

- The relationship between industry and KOLs has matured: it should be long-term.
- Greater candour is now possible and KOLs want greater clarity about what companies expect of them.
- Relationships should be mutually beneficial, respectful, and ethical.

Conclusions from the Co-Chairman

Emma D’Arcy brought the conference to a close by ‘answering’ the questions posed by Dr Gillen at the head of the two-day session:

- 1. What value do these [industry-physician] interactions give to benefit medical science and patient care?*
- 2. What key transitions in thinking need to prompt everyday changes in relationship management?*
- 3. What are the everyday improvements and new methodologies that will underpin future interactions?*
- 4. How are companies striving to achieve better transparency?*

Emma thanked the presenters – in particular the KOLs present – for their compelling examples and bravery in acknowledging that they are grateful to industry for bringing new treatments to bear that allow them to excel in their commitments to patients. Quoting ‘what would we have done differently’ from Malcolm Allison during his presentation about working with the only four OLs in the world to find a better treatment for an extremely rare condition, Emma concluded that although there are adjustments to make, fundamentally the benefits that interactions afford medical science in terms of both invention and innovation are truly remarkable.

Transitions will present themselves as changes in communication and approach above all else. Command and control to influence KOLs will elevate to a more enlightened shared-responsibility of engagement and encouragement with the presence not the power of Key Experts – a descriptor that must extend to include industry professionals as experts too. ‘Adult’ relationships of alignments rather than activities will prevail with reciprocity of candour, trust and clarity to offset unsubstantiated rhetoric and conjecture of the media.

Fair Market Value must be established and industry-wide reporting/databases and methodologies will facilitate transparency; formal contracts to accompany the new era of engagement will protect both parties and eliminate subjectivity from the interactions.

Companies are already working extremely hard to meet Expert’s expectations and needs but more must be done to counteract the negative projections of the industry and the way in which it declines from communicating its strengths to the public. It was a grim warning that ‘one bad interaction is likely to reach the media’ and collectively the conference faculty and participants agreed that the validity of the interactions should be fiercely defended with the passion for engagement re-ignited. Citing Ghandi to empower participants to ‘be the change you want to see’, the Co-Chairman closed the conference by issuing a simple call-to-action – be proud of what your interactions achieve, be visible about the interactions and celebrate their value.