

## SELECTING THE RIGHT MEDICAL TACTIC BASED ON REACH & IMPACT

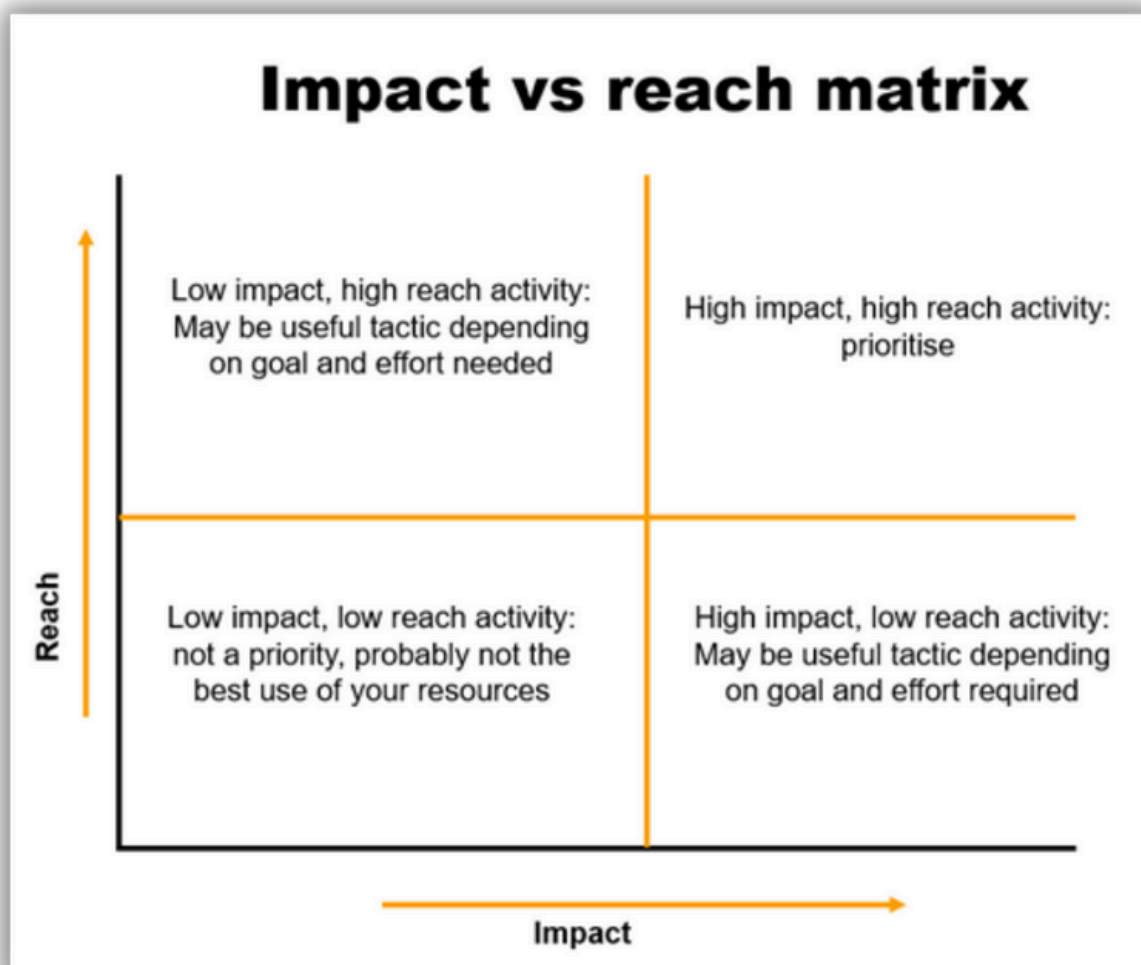
Medical Affairs has a toolbox filled to the brim with useful, value adding, impactful tactics. Advisory Boards, CME and symposia are the most well-known, but there are many other activities Medical Affairs can utilise to have a positive impact on healthcare and the success of the company.

**But how do you decide which of those tactics to use in which situation?**

**One solution would be to use the impact/reach matrix.**

In this matrix, you set off the impact of a particular tactic on your goal to the amount of HCPs or patients you can reach with this.

It is important to realise that maximum impact or maximum reach is not always necessary.



For instance, if you are planning to communicate scientific information that is fairly simple, your impact does not need to be very high. Some lower impact activities such as a CME or a short webinar may suffice.

However, if you are looking to communicate information that is more complex or new, you need to work with higher impact activities, such as a face-to-face meeting, or a symposium with a high profile speaker.

The same considerations are applicable to reach: sometimes, it is enough to reach only a few stakeholders (in which case face-to-face meetings will be enough). However, if you need to reach a large number of HCPs (for instance if you want to inform ALL GPs in your country that medication adherence is essential), you may choose to use one of the tactics with a higher reach, such as eLearning, recorded webinar or brochure.

Of course, besides the impact and the reach, you also need to consider the amount of effort and resources needed to make the tactic a success. If something is low impact and low reach, but a lot of effort, I would recommend against it.

*DISCLAIMER: the information in this document is only meant for inspiration. The actual execution and outcomes of your activities will fully depend on your plans, goals and local compliance rules and regulations. Please ensure compliance with your country and company regulations before undertaking any activities.*

Tactic	REACH: how many people can I reach?	IMPACT: how much impact can the tactic have?	EFFORT: how much work/time/effort/money may be needed?	POSSIBLE OUTCOMES:
Face-to-face discussion	Low	High	Low	<ul style="list-style-type: none"> <li>Improved patient care</li> <li>Information exchange</li> <li>Insights</li> <li>Network building</li> </ul>
Scientific/hospital presentation	Low/medium Depending on size audience	Medium	Medium	<ul style="list-style-type: none"> <li>Improved patient care</li> <li>Information exchange</li> <li>Insights</li> <li>Network building</li> </ul>
Symposium	High Depending on size audience	Medium/high Depending on topic, speakers, format	High	<ul style="list-style-type: none"> <li>Improved patient care</li> <li>Information exchange</li> <li>Insights</li> <li>Establish company as scientific partner</li> </ul>

<b>TACTIC (ctd)</b>	<b>REACH: how many people can I reach?</b>	<b>IMPACT: how much impact can the tactic have?</b>	<b>EFFORT: how much work/time/ effort/money may be needed?</b>	<b>POSSIBLE OUTCOMES:</b>
<b>Speakertour</b>	<b>Low/medium</b> Depending on size audience	<b>High</b>	<b>High</b>	<ul style="list-style-type: none"> <li>• Improved patient care</li> <li>• Information exchange</li> <li>• Insights</li> <li>• Network building</li> <li>• Establish company as scientific partner</li> </ul>
<b>Continuous Medical Education (CME)</b>	<b>Low/high</b> Live format: low; eLearning: high	<b>Medium/Low</b> Live format: medium; eLearning: low	<b>High</b>	<ul style="list-style-type: none"> <li>• Improved patient care</li> <li>• Information exchange</li> <li>• Establish company as scientific partner</li> </ul>
<b>Round table</b>	<b>Low/medium</b> Typically small groups	<b>High</b>	<b>Medium</b>	<ul style="list-style-type: none"> <li>• Improved patient care</li> <li>• Information exchange</li> <li>• Insights</li> <li>• Establish company as scientific partner</li> </ul>
<b>Advisory Board</b>	<b>Low/medium</b> Typically small group	<b>High</b>	<b>Medium</b>	<ul style="list-style-type: none"> <li>• Improved patient care</li> <li>• Insights and Advice</li> </ul>
<b>Medical Projects</b>	Depends on project	Depends on project	Depends on project	<ul style="list-style-type: none"> <li>• Depends on project</li> </ul>

# MEDICAL AFFAIRS TACTICS OVERVIEW AND EXPLANATION

*Disclaimer: definitions and possibilities may differ between companies and countries*

*Note: **FMV**: Fair market value is the amount of money HCPs are allowed to receive per hour for any work they do for the pharmaceutical company. FMV differs between countries but is always modest and reasonable.*

<b>Face-to-face discussion</b>	Discussion with HCP on any topic. HCP is not paid for attendance.
<b>Scientific presentation</b>	Any presentation done by the MSL or MA on a scientific topic. Often, these presentations are done in a meeting or staff room at the hospital at a time when (almost) the whole department is available to attend (lunch, end of the day). The presentation (including discussion time) usually lasts between 15 minutes to 1 hour. HCP are not paid for their attendance.
<b>Symposium</b>	<p>Meeting during which (scientific) information is presented and discussed, usually by KOLs. The meeting is organised or sponsored by pharma. If meeting is organised by pharma, presentations may be made by MA or MSL, or by the KOL themselves, but always need to be approved internally before the meeting. Full compliance is essential.</p> <p>If a symposium is organised during a (international) congress, it is called a <b>satellite-symposium</b>.</p> <p>Speakers are paid FMV for both preparation and presentation.</p> <p>If a symposium is organised by others (eg KOLs) and sponsored by the pharmaceutical company, the content is decided upon by the organisers, but still needs to be fully compliant with the local rules and regulations.</p> <p>HCP attend out of interest, there is no payment or accreditation points for attendance.</p>
<b>Speakertour</b>	Inviting a (internationally) renowned KOL to travel through the country to speak at several smaller meetings. The meetings can be anything from one-to-one meetings with other KOLs, small scientific meetings in hospitals or meetings in external venues. The speaking KOL is paid FMV for his/her time, the other HCPs are not paid for their attendance.

### **CME (Continuous Medical Education)**

Accredited Education for HCP. The education can be provided in a live meeting, webcast, recorded webcast, eLearning or otherwise. It can be fully organised and set up by pharma, in partnership with KOL, or via sponsoring of an external KOL initiative. There are third parties who specialise in the set-up of CME. The topic of the education can be diverse, it is usually closely related to the disease area but could also be something completely different such as skills training for nurses etc.

In order to be able to apply for Accreditation Points, the content needs to be of high scientific value, relevant and balanced.

All content should be fully compliant with local rules and regulations.

### **Round table meeting**

Meeting where HCP are invited to have discussions with and ask questions to a KOL or scientific expert. Usually, the KOL gives a short presentation on a topic, and then has a discussion with a small group of max 15 HCP. The HCPs can ask for advice and clarification and sometimes discuss patient cases. The KOL is paid FMV for the time they spend on preparation and attendance. The HCP are not paid for their attendance.

### **Advisory Board Meeting**

A meeting organised to gain expert advice and insights on a particular topic. During the meeting, certain data or issues are presented to a group of 4-10 experts, and discussion ensues, leading to a better understanding of the issue. Outcomes of an Advisory Board can be (amongst other things): gaining insights and understanding, collaborative projects, consensus. The meeting typically can last between 3 hours to up to a full day, depending on the number of topics. The invitees are usually Key Opinion Leaders that are very familiar with the Therapeutic Area. The experts are paid FMV for the time they spend on preparation and attendance.

### **Medical Projects**

Any project that is done either alone or in partnership with an HCP. Projects should be aimed at fulfilling an unmet need for the patient, the HCP and the company at the same time. Projects can be very small, or they can be comprehensive. Examples are: development of patient tools such as patient information, checklists, websites, apps; organisation or facilitation of multidisciplinary meetings in a hospital or meetings spanning several hospitals, improvements to care paths, etc.