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Optimizing Medical Affairs Approaches with CME Best Practices

Dr. Birnholz:

Coming to you from the Medical Affairs Professional Society's Annual Meeting in Denver, Colorado, this is ReachMD *MAPSChats*. I'm Dr. Matt Birnholz. Today I'm joined by Karen Roy; she's the CEO and Co-Founder of Infograph-ed, which is an interactive visual communications company.

Karen, welcome to the program.

Karen Roy:

Thank you for having me.

Dr. Birnholz:

So Karen, just to get us started here, tell us a little bit about your background, which, I understand, really centered a lot on CME grants management and seeing that through.

Karen Roy:

Sure. I actually started my career in Scotland as a sales rep. So I had a baptism of fire carrying the bag as they used to say in those days, and I moved into clinical research and then medical affairs spaces after that. But the big change was in 2005, when the firewall came in for companies to firewall off their grant-giving functions for CME to really enforce that independence. I came to the US to join a new grants team, and I spent a number of years there. Eventually, I was the director of that group where we operationalized our grant programs across multiple therapeutic areas.

I was really impressed by the rigor, the standards, the ingenuity, and the innovation coming through from CME providers to meet the needs of the learners they served. And when it came time for me to think about my next move for my career development, I thought, "I want to be part of that." And my good friend and colleague at the time, Bhaval Shah, and I decided to co-found the company that's Infograph-Ed today. Bhaval is an amazing individual; I always describe her as a neuroscientist by training and an artist by passion. And essentially everything we do brings the right brain and left brain sides of things together. So we pride ourselves in excelling in bringing scientific data to life with clarity through visual strategies.

We started off just thinking there was a better way of showing data, and then very quickly realized there's an opportunity here to not only present data in a more compelling way, but to track how people are engaging with it and measure the impact of that. So a lot of what we do now is interactive, and it allows our clients to see what their audiences are engaging with. We can have questions and surveys embedded, but just even seeing what they're clicking on and engaging with when they come to a website or a presentation really adds to the impact story and the value story. And in medical affairs, we talk a lot about insights generation and showing our value. I can see there's great opportunities to do more of that by using some of these strategies to leverage those insights from HCPs—how they like to learn, what kinds of things they like to engage with, how to present it to them, et cetera.

Dr. Birnholz:

Yeah, it's actually a perfect segue because you and members of your team ran a workshop for the attendees here titled "Bridging the Gap: What Medical Affairs Can Learn from CME to Elevate Education." Why don't you run us through that workshop?

Karen Roy:

Sure. One of the main differences between independent education and company-led education from within medical affairs is really at the level of the data and outcomes. How can we demonstrate its impact? And I do believe that the CME community is much further

ahead than internally led programs in how they're approaching that measurement.

I was actually joined by two friends and colleagues of mine, Derek Warnick from Sanofi and Greselda Butler at Otsuka. We talked about the rigor of the planning process for CME, what CME providers are required to do, and how that can give you the quality, measurable program at the end, comparing that to perhaps some processes that may be less rigorous and less planned out on the internal side. The impetus for this actually was, I was at a table working with a medical affairs client, and they were talking about planning for the next year. They started saying things like, "We'll need a slide deck for the MSLs, and let's plan something for the congress booth." And I said, "Oh, okay. Where's your needs assessment? What's that based on?" Because if you tell me why you've identified these needs, that helps me and my team deliver it to meet those needs in a way that is going to meet the learner preferences, et cetera.

And they were like, "We just always do that." Okay, then how are you going to know at the end of the year that what you built and delivered was aligned with your strategic communications plan or what have you? And so we got into talking about that as well, and talking to them about the planning process and establishing your needs. Matching the format of your content delivery to align with those needs and then identifying a way to measure that's aligned with those needs will get you a much more cohesive story. And a story that the C-suite will recognize is aligned with strategy as well. Everyone has limited budgets these days, and you have to be able to show the return. We're investing a lot of time and effort in creating these assets to ultimately improve patient care, but where's the data to show that's happening?

Dr. Birnholz:

Yeah. And the legwork that you talked about in terms of gap analysis or applying true instructional design are all things that I instantly associate with things like CME or the editorial vanguard of content. You really have to be thinking about these things. And for CME, of course, where you're going to be accredited and getting credit for these things or applying that for HCPs, this is just the entry fee. This is the walk in the park for those individuals. It's interesting to me that you've been gleaning over time that med affairs is catching up to it. They're seeing the value, but actually implementing that or making that a tangible thing from that moment of even considering the slide deck.

Karen Roy:

Yeah. And both Bhaval and I had backgrounds in CME, and we draw on that every day. Actually, one of the things we did in the workshop yesterday was, using a planning template to actually plan out a fake medical affairs education strategy. And the feedback that we got from people was that it really helped provide a framework. It was very simple to summarize that. It could just be, why is there a need? Who needs to be educated or reached? What's your content going to be? And then how do you know if it worked? But just putting that on a grid, people could see it coming to life rather than throwing spaghetti against a wall.

Dr. Birnholz:

What types of hurdles have you encountered that med affairs might be a little resistant or hesitant to implement that are very second nature to you?

Karen Roy:

Risk assessment and risk management come up over and over again because the regulatory environment is completely different when educational content is being delivered directly from the manufacturer, the study sponsor, or the pharmaceutical company itself rather than through an independent grant where the responsibility lies with the CME provider. So in CME, you can talk about disease state, that can sometimes take you into data that's published and available and use cases that are off-label. Well, a company cannot talk about anything that is not compatible with their approved labeling. There are challenges of how much you can talk about pre-approval. But at the same time, we have a responsibility to educate clinicians on new interventions and what's coming down the pike.

So I think that is one of the biggest risk areas, depending on the risk tolerance at an individual company. And that can put a barrier up very quickly. Just today, we were having multiple conversations with some teams where we were explaining if you prepare for it, you can manage it. So you can put guardrails on how people access information and be transparent about the appropriate use of it.

An example that comes up a lot is proactive versus reactive content and wanting to gatekeep that reactive content to ensure that it truly is that—that you've been asked a question, and now you have the permission to provide that response. So there are ways that, in our formats anyway, you can code it so those guardrails are in place, the appropriate disclaimers are presented, and there's even an opportunity to capture a question where all of that is documented and recorded. On the backend, someone can do an audit or an analysis and ensure that you are sharing your information in an appropriate and compliant manner.

Dr. Birnholz:

I think you're also indicating that sometimes there's a disconnect between the types of measures or the granularity of the impact measures that you and your team find important, and those that you're working with. There's some coaching to do to get some on board

with the idea of making the impact metrics more robust.

Karen Roy:

Yeah, that's a better way of putting it. There are opportunities to go beyond basic metrics and dig a little bit further into engagement and insights you can generate from that. I don't know if it's because it's so new that folks are not seeing those opportunities. Or they don't understand the opportunity that information can give them to constantly evolve their scientific communications plans and adapt how they're talking to key audiences based on the input from that information so that it can be a constantly self-feeding development process.

Dr. Birnholz:

Yeah. It sounds like it puts you in the position of needing to coax people over time, convince them through the quality of those impact metrics, and get them on board earlier and earlier on, thinking that if they apply a more robust or rigorous type of impact metric and align on that, their outcomes or returns can be far better.

Karen Roy:

Yeah. We've had very simple conversations where we've suggested to clients, "Do you want to put a question in here at the beginning and a question at the end and see if there was a shift?" And that doesn't require any additional technology. It doesn't require any other level of effort. And sometimes the response is, "No thanks, that's fine." And in my mind, I'm thinking, "You're missing an opportunity that can be very easily engineered into this." Maybe they're just not used to planning to measure things in that way; they have different types of metrics that have been good enough so far. But I think the time is coming when we have to go beyond.

Dr. Birnholz:

And let me flip this around with a counter argument: does CME ever get caught in a paralysis-by-analysis scenario? I'm thinking of a gap analysis that looks like an opus. Can that overload some of these groups that want to get the executive summary in terms of, "What is the impact going to be, and why does this matter to me?"

Karen Roy:

You've hit on a big hot topic there. I wouldn't say necessarily paralysis by analysis, but just not being able to get to the point in telling their data story post-event. I think supporters are still looking for very robust and multi-source needs assessments. But they need that refined that down too.

The thing that I hear a lot still from some of my friends working in CME is outcomes reports are 50-slide decks. The CME provider is very proud of all the data that they've collected, but they struggle to distill it down to the key insights and findings. And in our earlier days of Infograph-ed, we used to provide services where we help CME providers provide infographic summaries of their outcomes. And it always struck me as interesting how hard it was for us to get from them what the key messages were, because they gave us the 50-slide deck. So I think they struggle a little bit with helping the supporter ultimately tell their data story internally, which helps them keep their grant programs high profile and showing the value of that, which in turn helps them get funding for the next financial round, and then supports the CME providers in the end.

If I can plug a book recommendation, Brent Dykes has a fantastic, easy-to-read, very accessible book on visual data storytelling. If you look him up on YouTube, he's got lots of videos. He's very active on LinkedIn, and he provides very functional frameworks to support folks on how to create your data story, your narrative to support that, and the visuals to support that. It's a great resource for people. Every time I look at his content, I learn something new. It inspires me to feed back to our team on things we could be doing differently.

But at the end of the day, it's about, how do you influence your audience? Whoever that is. How do you tell them a story that's going to resonate with them? And how a supporter can build that effectively is getting the right information in the right way from the providers that they've supported. Again, I think it's a way of better storytelling so we don't get stuck in the weeds and stuck in the detail, and elevating it beyond that.

Dr. Birnholz:

Perfectly put. Karen, I'm so thankful that we had a chance to connect and that you could share some of your perspectives with us today.

Karen Roy:

Thank you for having me.

Dr. Birnholz:

This has been an episode of ReachMD *MAPSChats*. I'm Dr. Matt Birnholz. For more episodes in this series and or others connected to medical education, please visit ReachMD.com where you can Be Part of the Knowledge. Thanks so much for listening.