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Trust in MSLs: What Physicians Value Most

Dr. Birnholz:
Coming to you from the Medical Affairs Professional Society's Annual Meeting in Denver, Colorado, this is ReachMD *MAPSChats*, and I'm Dr. Matt Birnholz. Today I have the pleasure of speaking with Dr. Justin O'Rourke. He is a very recent graduate of The Chicago School whose thesis and focus of scholarly work was physician trust in medical science liaisons, or MSLs.

Dr. O'Rourke, welcome. Great to have you with us.

Dr. O'Rourke:

Thank you.

Dr. Birnholz:
I have to just dive right in and just ask, what type of trust, or lack thereof, did you find among physicians related to MSLs? Because there's often a connotation among physicians, or at least the healthcare community, where MSLs are perceived as, at least in general—and you can correct me on all of this—there are perceptions by which the information that they can provide is very important, but often there's a stigma attached to it in the form of, "Well, they must just represent the pharma companies." So there's also a suspension of trust, if you will, and I'd love to find out how you got into the research that you did and what you found.

Dr. O'Rourke:
So I started looking at the medical science liaisons, and medical affairs in general, maybe four years ago, when I stumbled upon engagement with Charles River Associates and my dissertation chair. I didn't know what medical affairs was, and I didn't know what a medical science liaison was, to the point where I remember saying to my dissertation chair, "So medical affairs—is that a department or an abstract concept?" And so that was my introduction to medical affairs.

We did an engagement with Charles River Associates, and they graciously offered to help me out with my dissertation research by letting me use the existing panel they use for market research of physicians who are treating rare and orphan diseases—a prime sample for MSLs. And my whole curiosity in this was exactly what you just said. MSLs are out there communicating objective scientific information to physicians, but physicians must look at that and think, "How objective and scientific can an agent of a pharmaceutical company really be?"

Well, my research shows that there is actually a high level of trust there. When physicians trust, they're more likely to enact the information that they're receiving from the MSL. That's pretty intuitive, right? The part that gets a little bit more in the weeds is that in psychology, we break up trust in three dimensions: ability, benevolence, and integrity. And conventional wisdom in psychology would say that early in relationships, you can signal ability and integrity, but benevolence is something that needs to be experienced over time through interactions.

So a great example of signaling ability is, you can give someone a business card that says "Joe Smith, MD" and immediately say, "Oh, this is a medical doctor. This person must know what they're talking about." Or maybe they're somebody from Pfizer coming to speak about a drug that Pfizer makes. Clearly, they're part of the organization; they know a lot about this drug. So you can signal ability, but if that person were to introduce themselves and say, "Hi, I'm Dr. Joe. You can trust me. I care about your interests," that's going to signal that there's something fishy going on there. You can't signal benevolence without coming off as really inauthentic.

Here's the finding though: between ability, benevolence, and integrity, we found that all three dimensions start pretty high, and integrity doesn't add anything unique to the model when looking at whether or not a physician will enact that information they're receiving from

the MSL. So that indicates a couple things. First of all, that peer-to-peer relationship likely is fueled by some likeness and similarity bias. So a physician on the ground prescribing drugs says, “Oh, this MSL is an MD or PharmD like me. They went through the same schooling.” In many cases, they were also practitioners at one point. “They're like me, and I'm a person of integrity and ability and benevolence. So I'm going to believe the same thing about them.”

The other thing that it appears might be the case is, since integrity doesn't add anything unique to the model, integrity might be assumed. And what I mean by that is, physicians who are prescribing drugs might look at an MSL and say, “I know there's an internal firewall at their company between commercial and medical, so I can inherently trust that this person is going to act in an ethical way.” They may also think, “This person came up through schooling and training with the same set of ethics that I have.” They also know that there are regulatory restrictions on what they can and cannot do that they're beholden to and they're limited to. So integrity, it appears, is assumed. If medical science liaisons want to start building trust early in a relationship, maybe don't worry so much about communicating integrity; worry more about communicating ability and allowing those experiences of benevolence to occur.

Now, the reason that this is important is because with integrity, you don't want to ignore it. Obviously, if you act in a manner that shows that you don't have integrity, that's going to damage trust. But if the physicians understand that integrity is just a given, then don't exert effort early on to try to communicate that. And the reason this is so important—the big picture—is that when an MSL engages with a physician, and they're communicating objective, scientific, high quality information, we want to make sure to take down that barrier where the physician needs to get to a point of trust to enact that information. It's not in the patient's best interest to be sitting around waiting for a therapy that they are going to rely on simply because a physician feels like they're going to be a gatekeeper to this information and they have to vet the trustworthiness of an MSL who is trustworthy and just needs to communicate that.

The other thing that should be mentioned is that early judgments that people make linger. They stick around, and so first impressions are really important. We know that in broader psychology. So anytime there's an opportunity to do that signaling upfront to really let that HCP know as much about you as possible—in a not so obnoxious way, right? You don't want to take an hour giving them your life biography. But as many times you can signal those things up front, the better, because those early judgments of your competence and your character will linger throughout the relationship.

Dr. Birnholz:
Well, if you're just joining us, this is *MAPSChats* on ReachMD. I'm Dr. Matt Birnholz, and I'm speaking with Dr. Justin O'Rourke from The Chicago School about perceptions from physicians around MSLs.

What else did you dig into within your dissertation that looked at where physicians stand with information coming from medical affairs as represented through MSLs? Was there any other takeaway that might be instructive, not only to aspiring MSLs out there in terms of how they can relay information and gain trust, but maybe also to physicians for what could they be looking at in terms of the role of the MSL and integrating that information?

Dr. O'Rourke:
Yeah, that's a great question. So I think it's important for physicians to acknowledge that they are susceptible to the same judgment errors that we are—the same biases. They rely on many of the same heuristics that we do. And when you rely on those things, oftentimes, your judgments are inaccurate. One thing that I would recommend to physicians is to be aware of that, but it's a double-edged sword. There is some research out there that shows that if you are aware of those things, you're more likely to fall into them. It's a strange paradox.

But with physicians, I would say, there are some really unique pressures that they're under—15-minute consultations with their patients, back-to-back, and no time to make notes. They have pharmaceutical sales reps trying to contact them. They have meetings with MSLs, and they have meetings with administration. They are busy people, and they need to be able to access this information in small digestible doses, if you will—pun kind of intended, I suppose.

My recommendation to them would be to slow down and to really consciously think about whether or not the person they're interfacing with is trustworthy. “Have they demonstrated competence? Have they demonstrated that they have my patients' interests in mind? Have they demonstrated that they have my interests in mind?” And for what it's worth, I think they will find that oftentimes, the MSLs do. Outside of my research, I've engaged with probably about a hundred MSLs over the last four years. To a shocking—in a good way—degree, they really take the objective scientific terminology seriously. They're very ethical people, it seems. They truly stick to the science, and they truly care about the end goals of the information that they're communicating.

Dr. Birnholz:
Excellent. Well, Dr. O’Rourke, is there anything before we take off that you want to relay to our audience of healthcare professionals, including MSLs?

Dr. O'Rourke:
Especially for MSLs, when they're communicating scientific information to physicians, and physicians are relying on heuristics to judge whether or not the source is credible, it's important to know that anytime they can get the physician to really focus on the scientific information to cognitively process it, to really judge its veracity themselves, and not just rely on it because they're being told it by an expert, it's better. Because when they develop judgments of that information upfront, it's less susceptible to being broken down by other information that's out there.

Oftentimes, that other information will be the noise—the sales noise from the competitor or something they happen to stumble upon on TikTok. None of us are immune to the noise. So it's really important to try to get them to develop those cognitive judgments early on about the information, because those will be more durable.

Dr. Birnholz:
Teach them the fish. Don't just give them the fish. Well, Dr. O'Rourke, it has been a pleasure being able to talk with you. I'm looking forward to hearing about where the research might take you, and where your next career directions might go—maybe even interfacing with MSLs in the future. Thanks so much for your time.

Dr. O'Rourke:
Thank you.

Dr. Birnholz:
This has been an episode of ReachMD *MAPSChats*. I'm Dr. Matt Birnholz. For more episodes in this series, visit ReachMD.com, where you can Be Part of the Knowledge.