10 ways to improve your opinion leader development

A practical guide by Neil Kendle

Opinion leader development and the use of product advocates play a vital part in developing and commercialising drugs. The advice of opinion leaders at all stages of the product lifecycle is invaluable. The ability to identify and select investigators on a wide range of criteria, including their reputation and suitability as communicators, is extremely important. Plus, their support as independent advocates is the linchpin of most communications activities, whether media activities or educational initiatives.

Recently, however, the use of opinion leaders has been attracting attention of another kind – some critics believe that their relationship with pharma companies is corrupting. This is shortsighted. The relationship between OLs and pharma is not only mutually beneficial, there are also positive knock-ons for the medical profession and society as a whole.
1. IT’S NEVER TOO EARLY TO START... OR TOO LATE TO BENEFIT

The relationship with an opinion leader should be a long-term one and the earlier in the product lifecycle you can start this, the better. Firstly, it takes a long time for trust to develop. Secondly, the input of opinion leaders is beneficial at all stages of a product’s lifecycle. In an analysis in the US, almost 90 per cent of pharma companies said they had started their opinion leader management activities by the end of Phase II. Some companies claimed to start their programmes as early as the pre-clinical phase. There may be some wishful thinking at work here, but it shows the increasing importance companies are giving to starting early.

Early on, the relationship will be mainly ‘owned’ by clinical, and the roles of the OL will also be mainly clinical, eg, advising on unmet medical needs and on studies, as well as actually participating in the trials. Even at this stage, however, the input of OLs into commercial matters such as assessing market needs and competitive analysis, is invaluable.

To capitalise on this early start, it is essential that there is good cooperation and communication between clinical and marketing. In the past, there was too often little continuity with the result that valuable potential advocates developed in the trials process were ignored, while marketing started afresh with a new set of OLs. Some of this was due to inadequate processes, but some was simply initial selection of opinion leaders with little or no regard to the future needs for advocacy support through the product lifecycle.

Having stressed the importance of starting early, don’t despair if you’re only a few months away from launch or even have an in-line product. Even at this late stage, you can establish good relationships with OLs, gain valuable advice, and cultivate advocates.

2. BE ETHICAL, OPEN AND TRANSPARENT

There isn’t much that the mischievous can’t make look bad, which includes the relationship between the industry and opinion leaders. Of course, the industry and the opinion leaders themselves must act responsibly and be aware of sensitivities about this relationship.

And, everything we do should stand up to the closest scrutiny and comply with industry standards and our own individual company’s code of practice.

I have long argued that we must be more open with our opinion leaders about what we want and be transparent in our dealings. When we sponsor someone to go to a conference, for example, we should be specific about anything we expect in return – maybe we want the opinion leader to give a talk or to sit on an advisory board. This lack of ambiguity not only makes for a more effective relationship for both parties, it can also go some way to offsetting the criticisms we face.

3. PLAN YOUR PROGRAMME

Obviously, you will make a plan and set objectives for your overall programme. These will probably include recruiting advisers on clinical and commercial matters at each stage of the product lifecycle, and developing a cohort of advocates who will give presentations about your product, speak to the media, etc.

It is helpful to make a strategic and tactical plan for each individual opinion leader too. The table above shows a typical advocacy development process. Your tactical plan should ensure you have plenty of contact, particularly in the early stages of this development process – but don’t overdo this interaction – and, subsequently, opportunities for using the advocate as a spokesperson.

A simple spreadsheet ensures that no-one is overused or forgotten. It also makes it easy to enrol the advocate to a defined package of activities over a set period of time, rather than to each activity, as you need his help, eg, in giving a presentation or writing an article. Share this plan with him if you can – outline what you would like and what you will provide in return. This will allow him to make an informed decision about how closely he works with you and to see the scope of likely activities. This is particularly valuable where the collaboration involves activities in the public domain – seeing the scale of the relationships will offset any concerns that he will be perceived as being too close to you.

4. BE SYSTEMATIC IN YOUR IDENTIFICATION OF OPINION LEADERS

Identification of opinion leaders is usuallyad hoc and narrow – many companies identify too few opinion leaders (and so, develop too few advocates). The starting point is often a recommendation by CRAs, field force, or in-house colleagues. This is a good place to start, but shouldn’t be relied upon alone. At best, it is likely to be a snapshot and it may have subconscious biases due to friendships. Maybe, in addition, someone sees a well-argued talk or reads an authoritative paper and adds the author to their list of opinion leaders.

But, a systematic approach is not too difficult. Analyses of the literature and congress presentations are a useful starting point – membership of editorial boards and scientific committees and participation in guidelines development give further clues to a person’s influence. This should be cross-checked with the views of a number of those identified as being prominent in the disease area. This checking with other opinion leaders is a so-called ‘top-down’ approach. For local opinion leaders, a ‘top-up’ evaluation, that is, an analysis of to whom
GPs refer patients, can be more valuable.

A more sophisticated listing can be obtained from third-party vendors, such as Kendle Healthcare’s own Censeo Opinion Leader Intelligence (see box, right). These not only provide a list of the opinion leaders, they often segment them in terms of expertise of specific sub-categories of the disease and areas of special interests such as epidemiology, quality of life, etc.

A subscription, rather than an outright purchase of the list, will ensure that it is kept up to date, something pharma companies find inherently difficult. The listing will also identify the ‘rising stars’, ie, the next generation of opinion leaders.

As these listings are valuable for clinical and marketing, costs can often be shared across cost centres.

5. CONSIDER WHAT’S IN IT FOR THE OPINION LEADER

You should look at this relationship as much from the point of view of the opinion leader as from what you want out of it. Why should he/she want to get involved with your company? What’s in it for him/her? This will depend on her interests, the nature of your product, especially whether it is a genuine advance, and the stage in its lifecycle. Reasons for getting involved may be the opportunity to get to know your product early, to participate in educational initiatives, to get sponsorship for themselves or their juniors to attend congresses, or maybe just because it is rewarding to advise on marketing matters through an ad board.

For most opinion leaders, at least one of the attractions of developing a relationship with a company is the opportunity for research. If opinion leaders have a positive experience with the product and the company, they are likely to become supporters of the brand. But, according to CenterWatch, a US-based clinical trials listing service, companies are not making the most of the opportunity to build good relationships with investigators.

CenterWatch undertakes surveys in the US and in Europe to find out what investigators think of the pharma companies that sponsor trials. In a US survey conducted in 2002, most companies got a mediocre rating from their investigators on the effectiveness of their collaborations. By the most recent survey in 2004, things were improving, but there were still many aspects of the relationship that investigators found poor.

You should look to all aspects of your relationship with an opinion leader to see if they could be improved from their points of view, but particularly in the area of relationships with investigators where it is so easy to identify opportunities to stand out from the crowd.

6. IMPROVE YOUR RECORD KEEPING

You will already have an opinion leader database and possibly a CRM system, but, if you are like the majority of companies, these records will not be kept up to date. There is a tendency to keep information about opinion leaders in one’s head. Given the high turnover of pharma company personnel, especially product managers who, if not leaving the company may frequently change brand, valuable information about relationships is being lost.

In addition, information is often not readily accessible across functions. Marketing may not know who has been involved in all the studies and clinical may not know that people they are considering as investigators are already involved with marketing.

You should make sure someone is responsible for policing record keeping. You also need to ensure, of course, that record keeping is not too onerous – your databases and CRM systems should be intuitive to use.

Those records you do keep should comply with data protection legislation and practice. There should not be anything that you would feel embarrassed about the opinion leader seeing. This may limit you a little. You might want to record, for example, their ability as a speaker or as a chairperson. There is nothing unethical about keeping this information, but in my experience, even those who you rate highly are uneasy about this sort of record.

Then there’s the tricky issue of whether someone will endorse your messages. You need to know this, but again it’s contentious. Don’t take a unilateral approach. Ask OLs what they are prepared to talk about – whether it is the disease or products – and what their views are. Ask whether they are happy for you to record this information.

7. INCLUDE PATIENT ADVOCACY GROUPS IN YOUR PROGRAMME

As we all recognise, patient advocacy groups have become increasingly influential. They are a potential source of information about your product, not just to sufferers and their families, but also to the media. So, it is important that they know your product and understand the company’s position on it, regardless of whether they agree with that position.

You should include them in your advocacy development programme in as much as you need to know the key players and take time to build relationships and ensure they know your product well. If the product hasn’t been launched yet, you should give them advance information and get their views on both the product and how they would like to communicate about it to their members. If your investor relations rules allow, tell them in confidence when you plan to launch. Remember, if it’s a high profile launch, they will get telephone calls about the product and may even need to staff up their switchboard for a few days.

8. PREPARE FOR ISSUES

Unless you are very lucky, from time to time there will be issues with your product – a publication questioning its efficacy, reports of adverse events, maybe even an unfavourable NICE decision. Having credible, knowledgeable and independent commentators for the media and other audiences will be invaluable. You can, of course, wait to see if this happens before approaching opinion leaders to help, but in the time this takes, you may lose the initiative. In any case, no-one likes a fair-weather friend and, if the only time the opinion leader sees...
If you are wise, with or without the help of your PR agency, you will have in place a contingency plan to deal with issues that seek to identify problems that may arise, gets the input of opinion leaders to help prepare your company position and ensures that some of these doctors are willing and media trained in case you need them.

One further point – there is a natural tendency, when an issue does break to keep your head down and hope no one will notice. But, it is essential that you keep your closest external advisers informed. If the first they hear about a problem with your product is in the newspapers or from colleagues, it may jeopardise the trust you have established. In addition, because they have not heard your version of events, they can’t defend your position in any discussions that arise.

9. SEGMENT OPINION LEADERS
You will want to work with different opinion leaders in different ways.

Most companies rank opinion leaders into three tiers – international, national, and local. This differentiation will inform whom you choose to do what – the top names, for example, are more likely to be prepared to speak on an international stage than on a national one and certainly than on a local one.

But, you should also think about differentiating your opinion leaders in other ways, particularly to align with their interests and abilities. You should find out, by asking them, whether they like to be involved in studies, if they are happy to sit on advisory boards, and particularly about their preferences and abilities as communicators – whether they like presenting, writing in medical publications, talking to the media etc. You might want to help enhance their skills in their preferred area – by media training for example.

Segmentation is particularly important for studies. Typically, companies select one or more key OLs as Principal Investigators (PIs) and then a number of good investigators who can provide patient numbers. But, as the trial reads out and they need someone who can communicate about it, the big names are often too busy or not interested, particularly for national as opposed to international studies, and the ‘recruiters’ don’t have the clout. Companies are often left with a good study, with important results, and no-one of any academic stature to front it up. At the point of selecting trial centres, it is better to think about who will be the likely communicators on the study. This may entail adding some rising stars, or national OLs to the investigator mix.

Again, it’s important to stress there is nothing manipulative in this. People will want to hear about your studies and they want to hear about them from experts whose views they trust, and who have the knowledge to put the results of your studies into context.

10. MEASURE THE RESULTS OF YOUR EFFORTS
It is difficult to measure the results of opinion leader management. Most of us believe that effective OL development ultimately has a dramatic impact on sales, but it is difficult to isolate that from all the other activities that take place. In any case, many companies in the UK feel that, even if it was possible, it would be inappropriate to attach an ROI to opinion leader programmes.

So how can we evaluate what we’re doing? There are no industry-wide standards, but it is sensible to measure the level of relationship developed with an individual opinion leader, and possibly the results of specific activities with him or her.

The nature of the relationship with an opinion leader can be scored on a sliding scale from, say, zero, meaning no relationship, to five, being someone who is very willing to give ready access for honest feedback and advice.

Measurement of performance in a clinical study is easy – we can look at agreement to participate, number of patients enrolled, hitting study milestones, etc. While this may be helpful, we should recognise that it does not give us a full measure of the value of the relationship – an opinion leader putting a couple of patients into a study may look like failure on this measure, but if he/she becomes convinced of the value of the drug, that involvement could be considered a huge success. Similar milestones can be measured, perhaps with more validity, in educational initiatives – willingness to speak, impact of the presentation as measured by audience feedback etc.

Author
Neil Kendle is managing director at Kendle Healthcare. He can be contacted at neil@kendlehealthcare.com or on 020 8487 3726

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Specialists in working with opinion leaders and developing brand and disease message advocates.

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Contact Neil Kendle at:
neil@kendlehealthcare.com
+44 (0)20 8487 3726
www.kendlehealthcare.com