Structure and Organization of MI Services: Insights from a Survey of 27 Pharmaceutical MI Departments
On Behalf of the Benchmarking Sub-Committee of phactMI™

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phactMI
Pharma Collaboration for Transparent Medical Information

BACKGROUND

Medical information (MI) departments across pharmaceutical companies respond to medical inquiries from healthcare providers, patients, payors, and caregivers regarding the company's medications in a relevant, timely, accurate, and scientifically-balanced manner. In the past, benchmarking surveys of MI groups within the pharmaceutical industry focused on organizational structure and operations, outsourcing options, technology, and globalization.[1] From December 2017 to February 2018, pharmaceutical member companies of phactMI™, a consortium aimed to provide easy access to current, accurate, and non-promotional drug information to healthcare providers[2], were surveyed to capture attributes of pharmaceutical industry medical information organizations. Company background, structure and operations, technology, product support, key performance indicators, inquiry management, decision makers, content development, and other services were key areas of focus in this benchmarking survey.

OBJECTIVE

An opportunity exists to leverage the collective insights/experiences of phactMI™ member companies on current MI services across pharmaceutical manufactures. The collective insights provide considerations for refinement and enhanced medical information services. The objective of the benchmarking survey was to support the development of MI services across the pharmaceutical industry by leveraging collective insights.

METHODS

The phactMI™ Benchmarking Sub-Committee developed a 9-section survey focused on various area of operations and/or activities of MI departments. Between December 2017 to February 2018, 27 phactMI™ member companies completed the survey. Responses reflected 2017 business metrics and practices. Each focus area included a range of multiple choice and open ended questions. Specifically, the survey included 18 questions on company background and 11 questions focused on organization structure and resourcing.

RESULTS

Company Demographic/Structure (n=27)

- All noted global parent organizations: size from <10,000 employees (n=7), <80,000 employees (n=8), and >90,000 employees (n=7)
- MI Support: pharmaceutical (n=24), biologics (n=22), devices (n=12)
- Scope of responsibility: US activities only (n=10), US-based MI organization acting as a global MI organization (n=8), other variations (n=9, such as US-based people focused on worldwide markets or non-US activities, but the US team is focused on US only or US-based group responsible for MI in the Americas)
- Reporting Structure: Directly into US Medical Affairs (n=20), Global Leadership (n=2, Medical Capabilities and Global MI Head), other (n=5, such as chief scientific officer, chief medical officer or global scientific affairs head)
  - US Medical Affairs Alignment: Functional area (n=15), Operations area (n=4), Therapeutic area (n=1)
- Product Support [#]: >50 products (n=7), 40-50 products (n=5), 20-39 products (n=6), up to 20 products (n=9)
- Therapeutic Area Support: Median of 6
- MI support across product lifecycles: pipeline (median of 8 products), active (median of 17.5 products), and mature (median of 10 products)
- The majority of MI departments were currently not under a corporate integrity agreement (n=22); 13 previously worked with a corporate integrity agreement in place
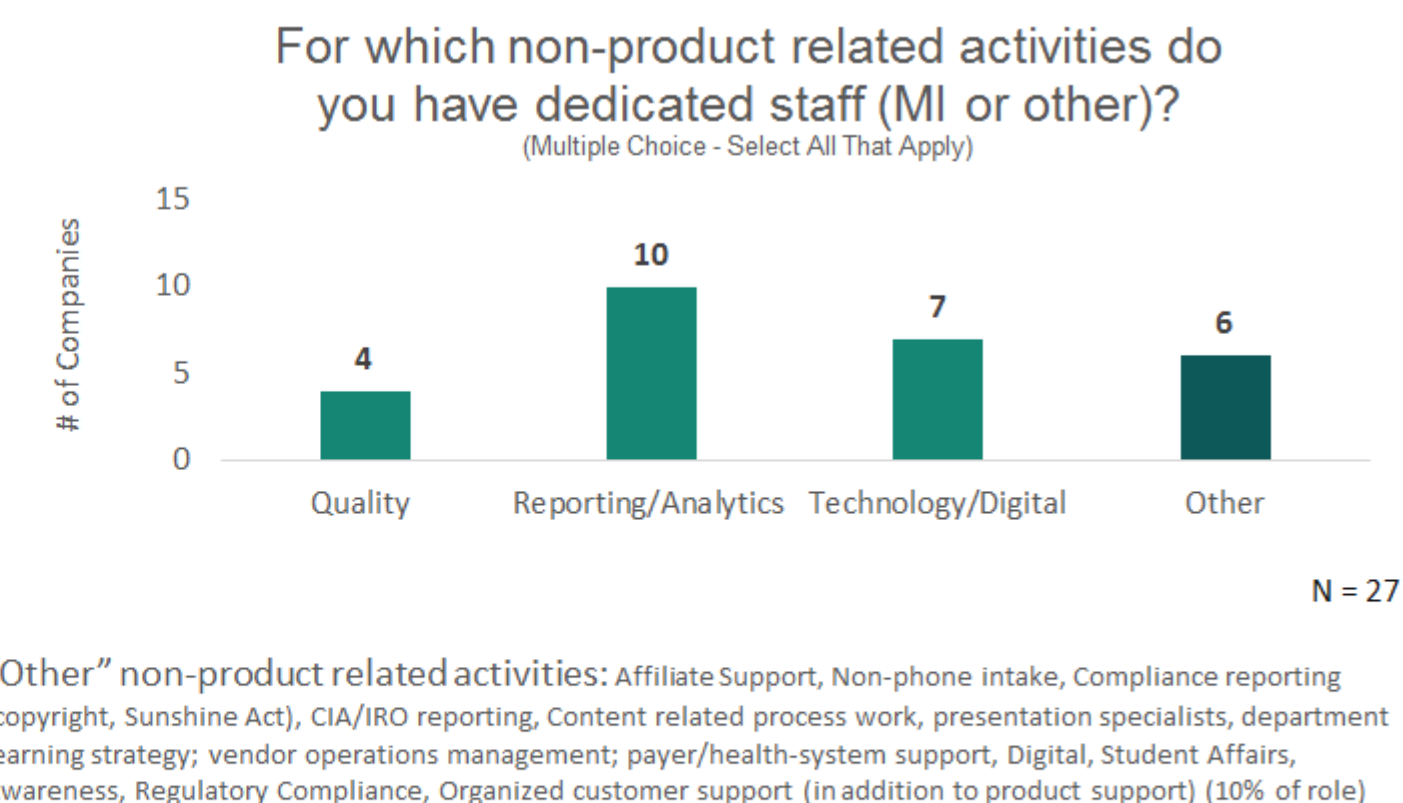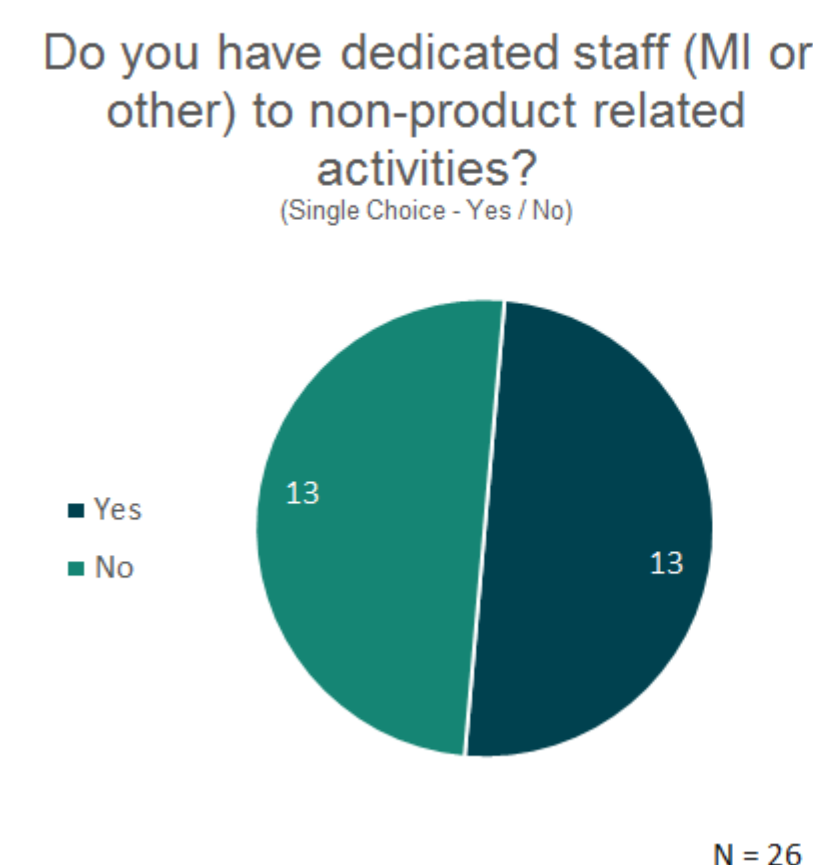
RESULTS

Contact Center Information

Does your company's MI Call Center report into your MI team?
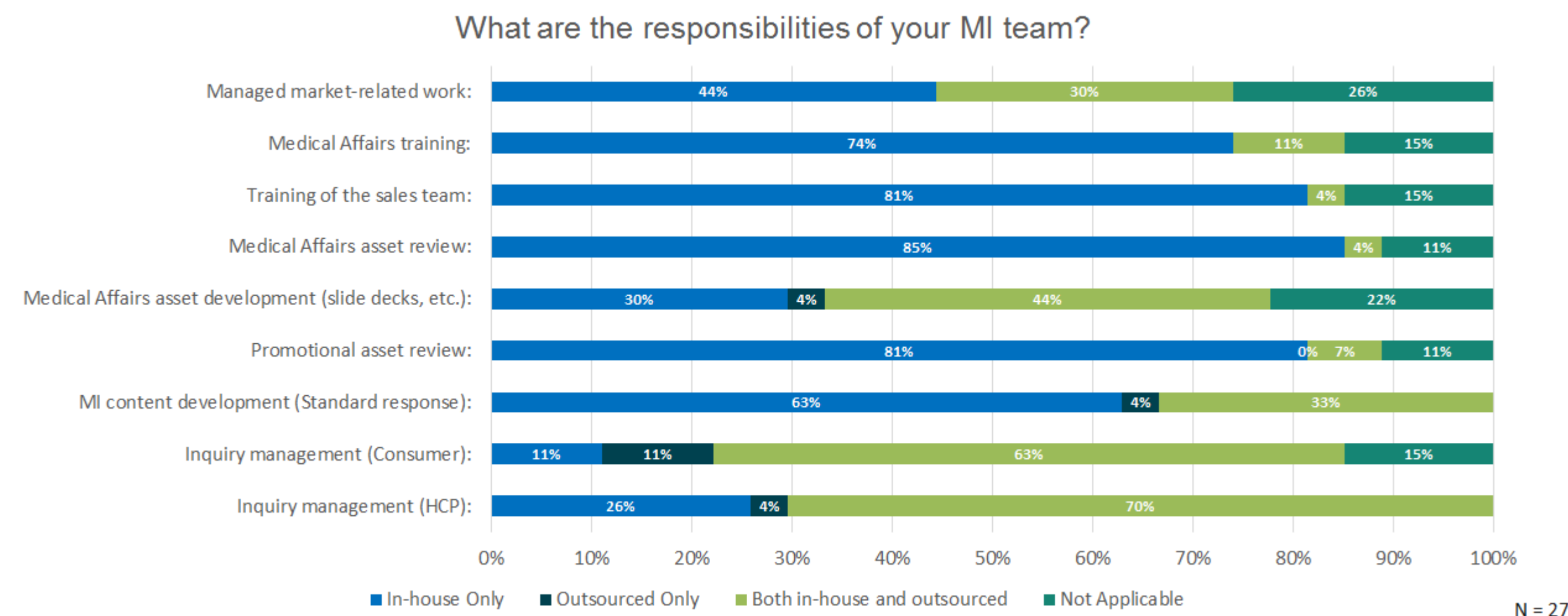(Single Choice - Yes / No)

N = 27
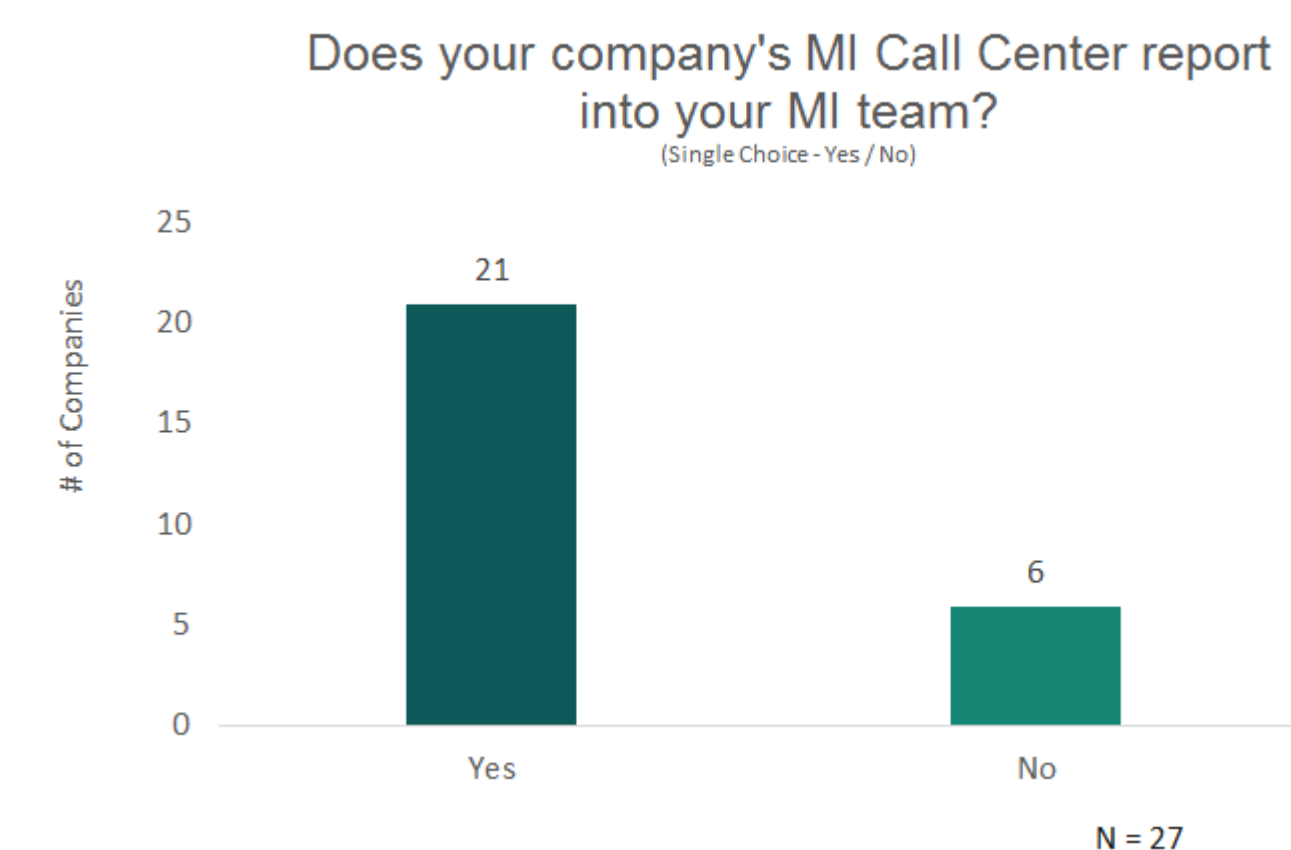
6 MI contact centers aligned externally with: pharmacovigilance, commercial operations, marketing, commercial communications, medical capabilities and medical affairs customer operations groups

Non-Product Related Activities

Do you have dedicated staff (MI or other) to non-product related activities?
(Single Choice - Yes / No)

N = 26

For which non-product related activities do you have dedicated staff (MI or other)?
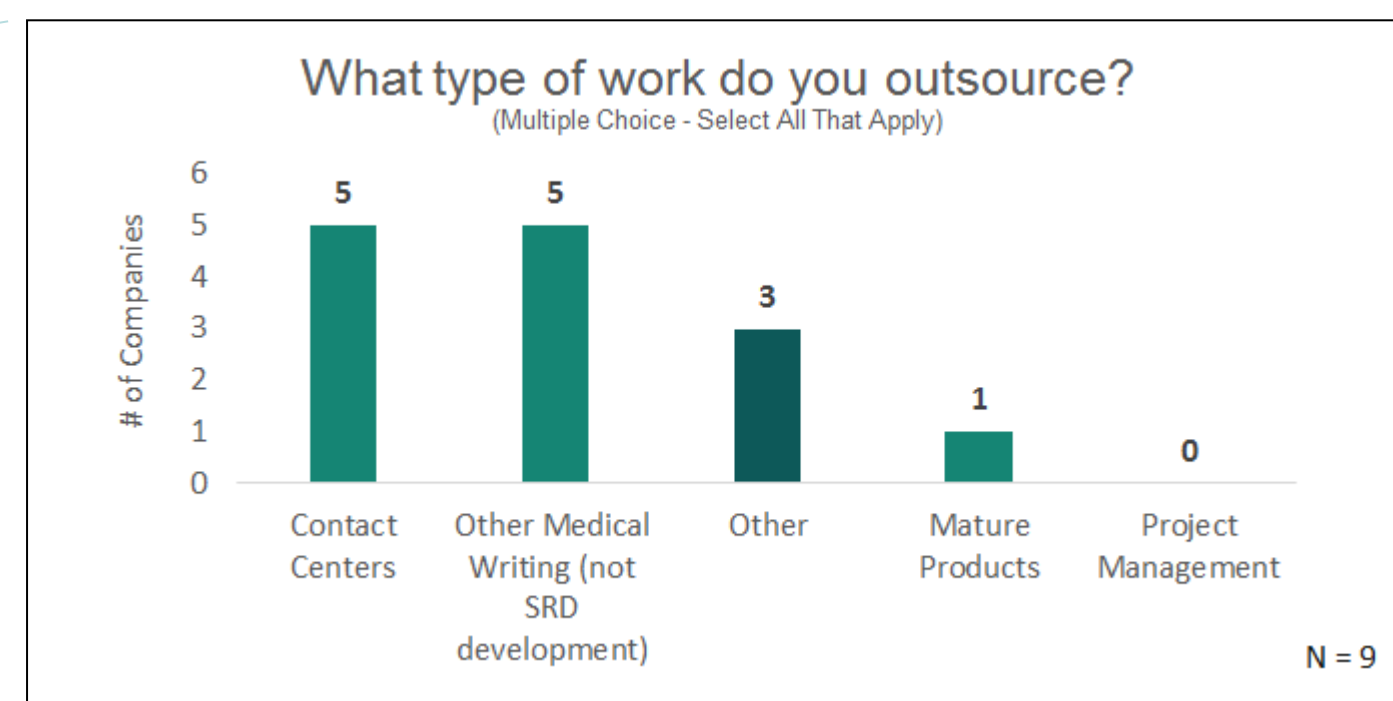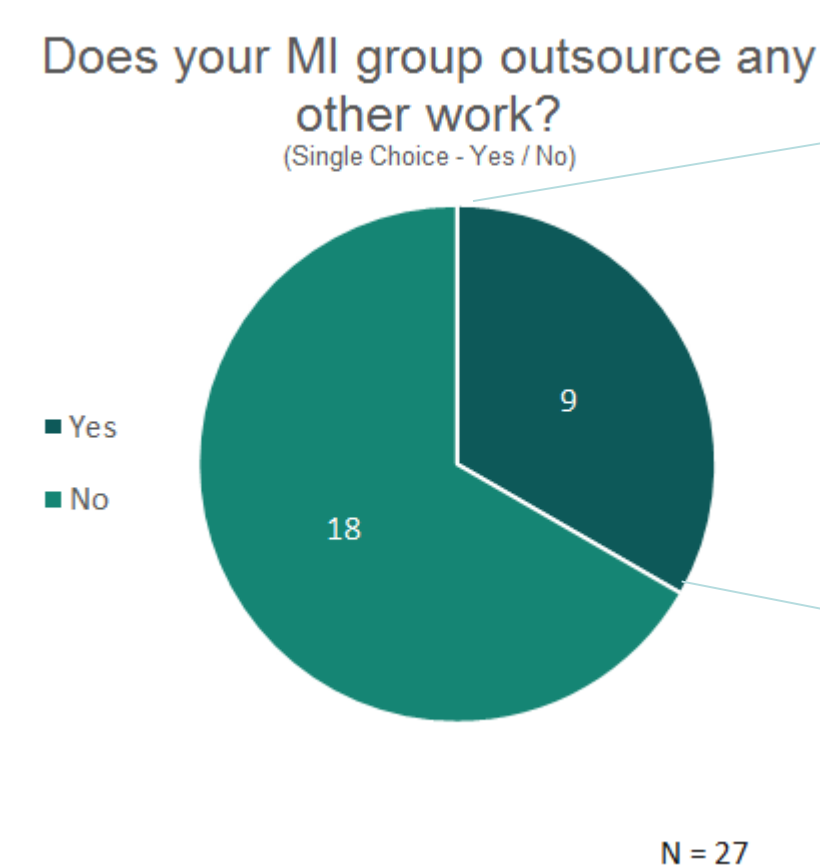(Multiple Choice - Select All That Apply)

N = 27

"Other" non-product related activities: Affiliate Support, Non-phone intake, Compliance reporting (copyright, Sunshine Act), CIA/IRO reporting, Content related process work, presentation specialists, department learning strategy; vendor operations management; payer/health-system support, Digital, Student Affairs, Awareness, Regulatory Compliance, Organized customer support (in addition to product support) (10% of role)

Medical Information Responsibilities: In-house and Outsource Resources

What are the responsibilities of your MI team?

N = 27

Additional Outsourcing Strategies

Does your MI group outsource any other work?
(Single Choice - Yes / No)

N = 27

What type of work do you outsource?
(Multiple Choice - Select All That Apply)

N = 9

"Other" outsourced work included: contact center call monitoring, translation

DISCUSSION

Results from the benchmarking survey of 27 companies highlight the range of organizational structures and respondents' various MI responsibilities supported by in-house and outsource resources. These results highlight the companies' range of services and focus areas which may assist other MI departments to explore and to support the development of additional MI services across the pharmaceutical industry.

The top three MI responsibilities performed by in-house staff included Medical Affairs asset review (85%), promotional asset review (81%), and training of the sales team (81%). Other responsibilities performed by in-house MI staff were medical affairs training (74%), MI content development (standard responses [63%]), managed market-related work (44%), medical affairs asset development (30%), and inquiry management. The top three MI shared (in-house and outsourced) responsibilities included HCP inquiry management (70%), consumer inquiry management (63%), and Medical Affairs asset development (44%). Outsourced work included contact center services, medical writing (apart from standard response document development), and mature products. Half of the MI groups reported dedicated staff for non-product related activities including quality assurance (n=4), reporting/analytics (n=10), technology/digital (n=7), and other (n=6) work such as affiliate support, compliance reporting, content related process work, vendor management, organized customer or payer/health system support.

There were limitations to the study. This survey focused on US organizations in support of US markets and customers for 10 respondents. Although many respondents noted they were part of global companies, the extent of the responses focused on US team roles and activities (such as promotional asset review, sales training, managed market-related work, etc). Additional insight on how these companies partner with their global MI teams along with differences in responsibilities would be of interest. As this survey only covered a 1-year time frame, it would be interesting to continue to survey the 27 organizations to identify trends over time in structure, resources, and responsibilities.

CONCLUSIONS

Although the MI teams surveyed differed in structure and size, the MI responsibilities performed both by in-house and outsourced groups were similar with each organization. Half of the groups outsourced various responsibilities which may have supported the non-product roles such as quality assurance, compliance reporting, vendor management, reporting/analytic and technology/digital support. These findings provide MI teams various options for organizing and structuring MI services to consider.

REFERENCES

1. Guillot P, Fung SM. Pharmaceutical medical information contact centers: Results of three benchmarking surveys. Drug Inf J 2010;44:569-579.
2. phactMI: Pharma Collaboration for Transparent Medical Information website. https://www.phactmi.org/PortalAboutUs.