

**COLLABORATING WITH OPINION LEADERS:  
SUPPORTING ACADEMIC AND COMMERCIAL SUCCESS**

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Our Medical Minds team has developed successful KOL-driven educational initiatives in many different disease categories. The issues and goals are usually different, but the keys to success are always the same.



Recently I was asked to give a talk about working with opinion leaders. The landscape is evolving. Everyone knows that. There are plenty of articles telling us about changes in federal policies and the cap on payments to physicians that are driving healthcare communications towards unbranded (“non-promotional”) vs branded (“promotional”) education. Also, innovative high-tech communication channels continue to evolve. So what’s new? I decided to focus on some basic topics that we sometimes forget.

### WHY WORK WITH OPINION LEADERS?

We need each other. Our different perspectives and skills have contributed to every major healthcare advance. Collaboration between academia and industry is the key to success throughout the entire product life cycle from discovery and development through clinical trials and commercialization.

### WHO IS AN OPINION LEADER?

We are all familiar with the term key opinion leaders (KOLs) who serve on professional committees and author treatment guidelines; they provide invaluable academic perspectives. Regional opinion leaders (ROLs), on the other hand, are usually practicing physicians often with high-volume practices; their practical input on day-to-day practice is essential to understanding product adoption. In general terms, KOLs educate the national and international community about disease and treatment issues. ROLs seek to improve care for their individual patients and are also sought by their colleagues for their opinions and advice.

There are also many other extremely knowledgeable opinion leaders in industry; they come from many different backgrounds—medicine, science, business. The industry opinion leaders (IOLs) have multiple indepth perspectives; fostering their interaction outside of their companies stimulates new thinking. Consumers are emerging as the new kid on the block. Bloggers and patient advocates are powerful consumer opinion leaders (COLs). The concept of genetic profiling and individualized care is filtering down to patients and the COLs tell us what they want.

KOLs, ROLs, IOLs and COLs all play an important role in the development and adoption of innovative new products and treatment options that advance the standards of care in our rapidly evolving world. Working separately we can develop good things; working together we can create amazing innovations!

### WHAT DO THE OLS SAY ABOUT WORKING WITH US?

Working in a communications agency we often find ourselves in the middle between a commercial company and the opinion leaders in the outside world. So we hear from both sides—sometimes things that each side doesn’t tell the other.

In contrast to people in industry KOLs and ROLs often spend their entire working lives at 1 or 2 institutions and/or in their own private practices. They tell us it can be difficult to develop relationships with companies because, to quote a KOL, “They change people all the time; there’s a new product manager every 2 years.” So it’s important for our clients to remember to establish a longer-term point of contact.

Payment is another area with pitfalls. KOLs especially cannot be seen to be associated with any one company or with inappropriate compensation. Rules and regulations are different in different institutions but usually we can find a way to work together if we understand the other person’s perspective.

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### Quotes from Physicians

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Urologist, Cleveland Clinic	<i>“They change people all the time; there’s a new product manager every 2 years.”</i>
Endocrinologist, Johns Hopkins	<i>“If you are on a speaker’s bureau you can’t give a presentation at Johns Hopkins.”</i>
Pain Specialist, UCSD	<i>“I don’t participate in speaker’s bureaus or give presentations on behalf of pharma because I am restricted in what I can say and how I can answer questions.”</i>
Oncologist, Mayo Clinic	<i>“I can’t sign a CDA until it has been approved by corporate.”</i>
Oncologist, Johns Hopkins	<i>“I can accept travel expenses but not an honorarium because it would be seen as a conflict by my ASCO committee.”</i>
Oncologist, NIH	<i>“I can give a presentation but I am not comfortable with moderating an industry sponsored event and I can’t accept any payment.”</i>
Oncologist, Memorial Sloan Kettering	<i>“I can help you with content but my name cannot be associated with any projects that relate to specific products.”</i>

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### HOW CAN WE WORK TOGETHER EFFECTIVELY?

The best collaborations are built on understanding and respecting the other’s perspective. Prior to setting up an advisory panel or developing an educational initiative always take the time to interview individual participants indepth to make sure you understand their perspectives. That may sound obvious but it’s surprising how often people forget to do just that.

Start with the end in mind, making sure there is agreement on the objective. Ask the question: “If at the end of this project you said ‘I am really happy we did this because...’ what would that ‘because’ be?” Select opinion leaders with the knowledge and experience needed for specific tasks. And finally, no matter what the project is remember to communicate with all participants on a regular basis — it’s a collaboration and everyone needs to be on the same wavelength to be successful!