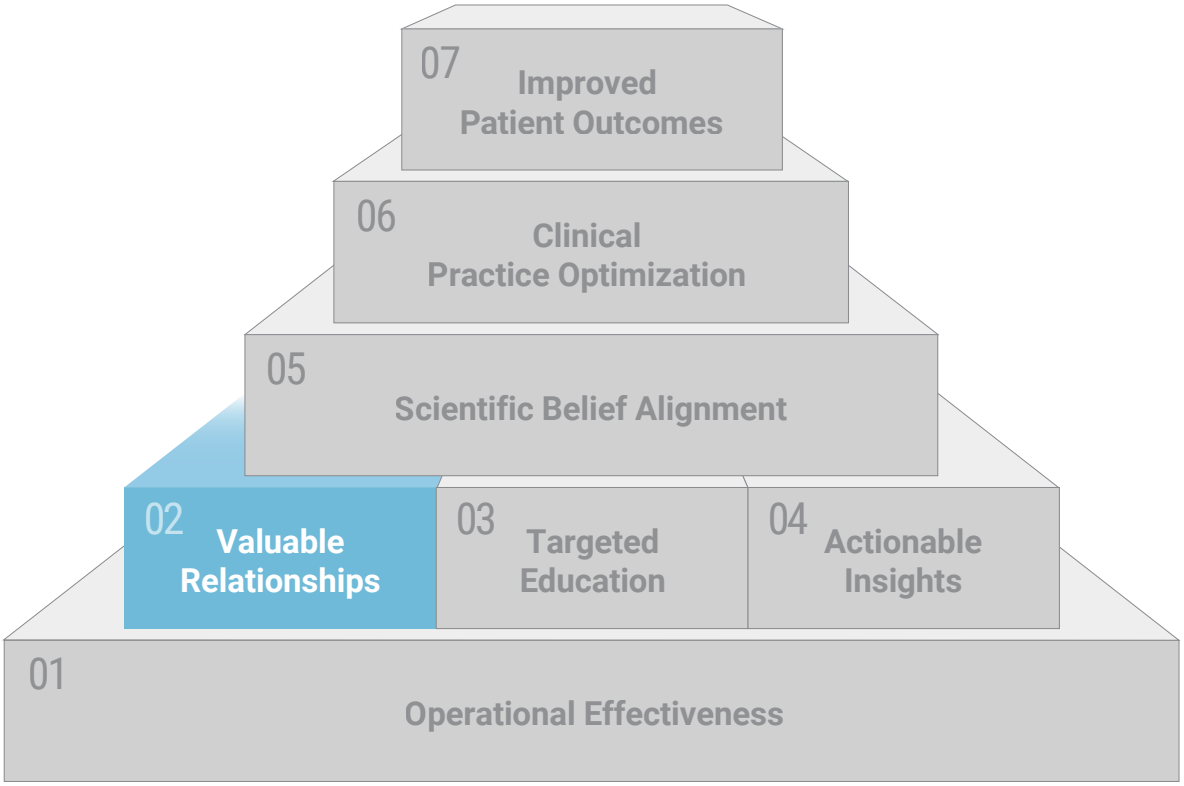
Veeva

Measuring the Impact of Medical Affairs

Part 3: Assessing and measuring valuable relationships



> *"Relationship strength and quality are hugely interesting areas but are often neglected. It's not rocket science. We need to find a way to quantify what we do; otherwise, we will never grow confidently."*
>
> **Michael Zaiac**
> Head of Medical Affairs Oncology Europe and Canada, Daiichi Sankyo Europe GmbH

Our recent white papers introduced a practical approach to measuring medical impact and learnings around operational effectiveness, the foundation of the **medical impact model**.

The next modules in the framework are three enablers: valuable relationships, targeted education, and actionable insights. These enablers involve connecting with the right stakeholders, getting them the right information, and bringing key insights back to the organization.

Although these enablers are essential to monitoring the achievement of your medical affairs organization, they are not an outcome per se. Instead, they help you get to an impact.

Lack of focus, explicit planning, and measurement around these enablers can blind organizations to the cause and effect of their actions. This limits the ability to translate the value of medical affairs across the organization and risks negatively impacting its overall goal of ensuring that science and technologies benefit patients.

This chapter focuses on valuable relationships. While everyone agrees they're critical, the topic rarely appears in discussions on medical impact. Little attention seems to be paid to structured approaches, including planning and measuring their strength.

Again, we have asked industry leaders to share their perspectives, key learnings, and best practices:

Contributors

Angela Smart
Director, Global Medical Excellence and Operations
ADVANZ PHARMA

Anja Linnemann
Senior Director, Global Field Medical Strategy
Bristol Myers Squibb

Robert Kersting, PharmD, BCMAS
Vice President, Global Head, Medical Engagement Excellence
Bristol Myers Squibb

Michael Zaiac
Head of Medical Affairs
Oncology Europe and Canada
Daiichi Sankyo Europe GmbH

Jacques Thevenon
Head of International Medical Operations
Servier

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We hope this chapter on valuable relationships inspires you to focus on this key enabler and sparks thoughts on how to approach the topic for your organization.

Christoph Bug, MD, PhD, MBA
Vice President, Global Medical
Veeva

> *"To really impact healthcare and patient outcomes, we need to work with the right people and measure the strength of those relationships."*
>
> **Angela Smart**
> Director, Global Medical Excellence and Operations, ADVANZ PHARMA

KOLs highly value scientific exchange with the medical affairs organization, especially field medical teams. According to a **recent Veeva survey**, 94% of KOLs say scientific exchange between clinical experts and pharmaceutical companies is becoming more important. The top three reasons they cited were:

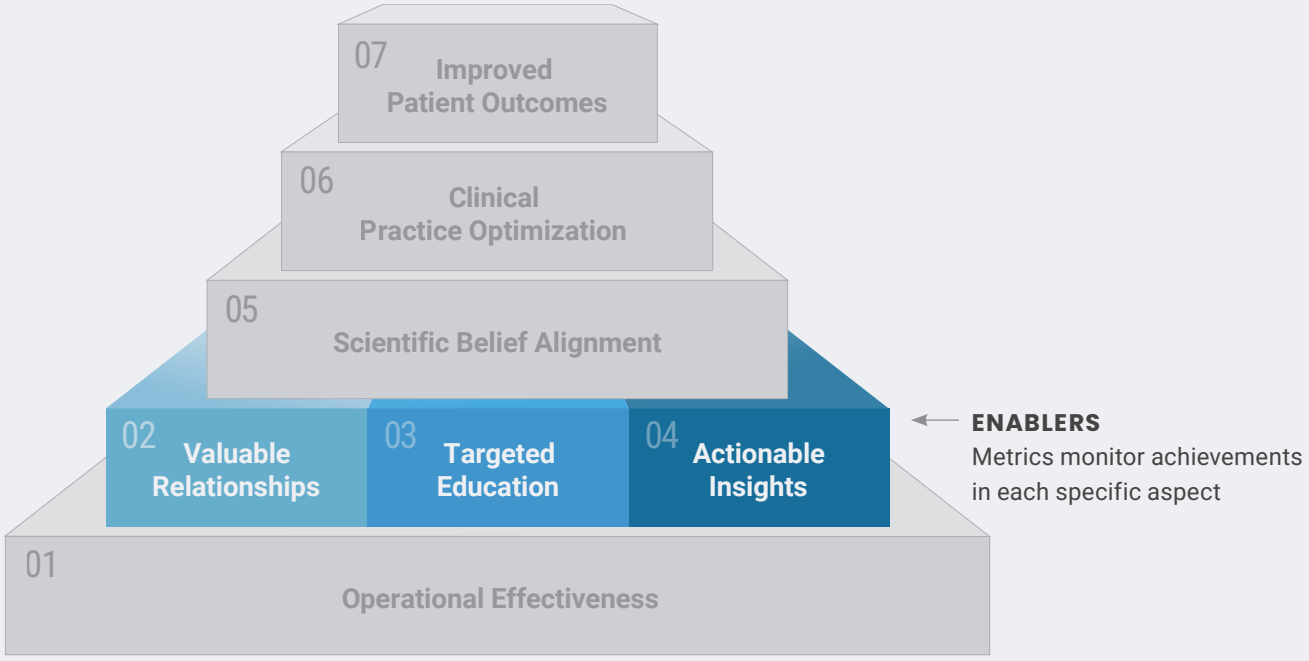
01. There is an increased volume of scientific data

02. Healthcare challenges require deeper collaboration between clinical and scientific experts and industry

03. The value of scientific exchange with companies is increasing

These results are encouraging for medical affairs as a function. They also show how critical the three enablers are within the **medical impact model**.

The Medical Impact Model



Valuable relationships are crucial to accessing the right stakeholders and collaborating on joint objectives. **Targeted education** ensures those key stakeholders get the right information at the right time. Establishing scientific exchange provides a channel to get feedback and capture **actionable insights** from these partners.

Successfully activating and establishing best practices across these enablers will help organizations work smarter and more efficiently with key stakeholders. It will also help them better evaluate how these combined activities impact metrics closer to the patient — the interpretation of evidence, clinical practice change, and patient outcomes.

How enablers affect each another

While the three enablers have their own goals, success in one area can affect the success of the other enablers — and the remaining modules in the **medical impact model**. For example, shortcomings in relationships limit the ability to send information, gain trust, and get feedback and insights, which in turn can affect patient outcomes.

A closer look at how enablers work

The best way to visualize how these enablers work individually and function together is to examine how a walkie-talkie™ operates. This hand-held, portable, two-way radio transceiver uses a single radio channel. To engage requires active participation from both parties involved.

Valuable relationships

To use a walkie-talkie, you must first establish a connection with the person on the other end by tuning to the same frequency. You cannot send or receive information if you are not on the same frequency.

Establishing a valuable relationship requires the same steps. You must create an open line of communication with your stakeholders. If you don't have a relationship with, or at least have access to, that stakeholder, you cannot communicate back and forth with one another.

Targeted education

Once tuned to the same frequency, you must press the "push-to-talk" button to speak. If you don't, the person on the other end will not hear anything nor receive the information you are trying to convey.

This process is similar to how medical affairs approaches the dissemination of scientific data or targeted education. The organization must take an active approach to get that information to stakeholders and ensure they receive it.

Actionable insights

To hear what the person at the opposite end is saying, you must let go of the "push-to-talk" button. If you don't, you will stay in "send" mode and cannot listen to the other person.

It may sound straightforward, but those who have used one of these devices know that you need to be aware and pay attention. If you are too focused on talking, it's easy to forget to release the talk button and switch to listening mode.

This represents how the organization structurally gathers key stakeholders' feedback and captures insights. MSLs, for example, must make the effort to listen to stakeholders, capture information, and bring it back to the organization.

Looking at how a walkie-talkie operates is an easy way to visualize how enablers work individually and function together.

01. Establish a connection

02. "Push-to-talk" button to speak

03. Switch to listening mode

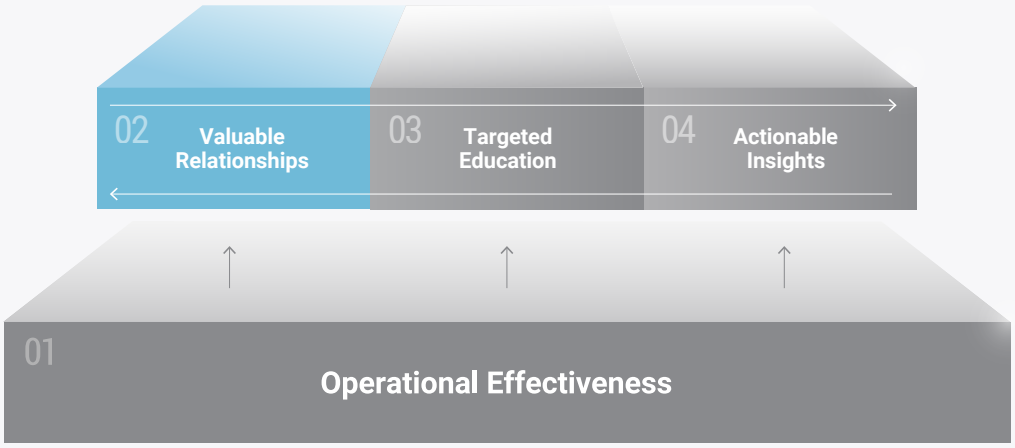
Next, we'll examine the first enabler, valuable relationships. We'll share key learnings and best practices from industry leaders on implementing measurements around this module.

Enabler 1: Valuable relationships

The first enabler within the medical impact model is **valuable relationships**. This module centers on the **strength** and **quality** of the relationship between medical affairs and its key external stakeholders.

The metrics focus on whether medical affairs is talking to the right stakeholders and assessing how well these stakeholders are connected to the organization. Guiding questions include:

- Are we interacting with the right stakeholders?
- Do we segment/prioritize our stakeholders, optimizing benefits and efficiency?
- Are we close enough to the stakeholders?



The "value" of valuable relationships

> *"Stronger relationships often correlate with deeper, more meaningful scientific exchange and collaborations. It comes down to building trust and making HCPs more likely to engage openly, share insights, and collaborate on different initiatives."*

Angela Smart
Director, Global Medical Excellence and Operations, ADVANZ PHARMA

Medical affairs professionals universally agree that the quality of relationships with key stakeholders is crucial to sharing information, scientific exchange, and collaborating on joint objectives. Yet, there's a lack of strong organizational focus and explicit processes to measure and improve the quality of these key relationships. Medical affairs' call to action is to prioritize and develop a better approach to assess and measure this area.

Robert Kersting, vice president, global head, medical engagement excellence at Bristol Myers Squibb agrees that relationships focused on scientific exchange should be much deeper. He believes robust and meaningful scientific exchange with our external stakeholders is the most critical piece for long-lasting, mutually beneficial relationships. "There should be scientific exchange, not 'data dumps' or a scientific monologue," he says.

The same is true for identifying and selecting the right stakeholders with whom to engage. Because there is no industry consensus on the optimal way to do this, most organizations do not use data-driven, structured approaches, often resulting in blind spots and biases.

The three steps to valuable relationships

Industry leaders agree that there are opportunities to improve the measurement of relationships. They categorized the approach into three steps:

STEP 1
Set the strategy

Establish structured planning and tracking processes for the operational execution of relationship building and/or maintenance.

STEP 2
Select stakeholders

Based on the strategy, select the right stakeholders to engage with for the task at hand. Validate using data to avoid introducing bias into the selection process.

STEP 3
Define relationship levels and measure strength

Align on how to define the level of relationships. Outline a process and establish clear metrics to measure this.

These steps can help medical affairs teams take a more concrete approach to creating and assessing these relationships.

STEP 1

Set the strategy

> *"It all starts with understanding our strategy and objectives. What am I trying to accomplish? What are my strategic imperatives, and who should I be talking to?"*
>
> **Robert Kersting**
> Vice President, Global Head, Medical Engagement Excellence, Bristol Myers Squibb

Medical affairs organizations must define an overall strategy before determining metrics around relationships. Answering questions like "What are we hoping to achieve?" and "What is the primary task?" can help organizations better determine how engaging with key stakeholders can help.

"Someone needs to step up and formulate the strategy because, otherwise, you will run into the same challenges we see when it comes to collaboration," Kersting says. "You need to determine what you're trying to accomplish and the problem(s) you're trying to solve to ultimately improve patient care and outcomes."

He also points out that the tasks at hand can differ and are often based on the company's product lifecycle. For example:

- **Clinical trials:** Identifying new investigators or trial sites.
- **Pre-launch:** Disease state education or identifying hurdles to optimal patient care.
- **In-market:** Side effect management or feedback on additional data needs.

"Their job [medical affairs] is increasingly to understand referral networks, both for the clinical research site and the side effect management side," Kersting says. "They need to understand the referral networks and where patients should go to get help."

For Michael Zaiac, head of medical affairs oncology Europe and Canada at Daiichi Sankyo Europe GmbH, side effect management was the main challenge for one brand within his company. The leading experts knew how to handle the rare side effects, but many treating physicians in smaller centers were not fully knowledgeable. "Medical affairs needs to engage with the top-notch HCPs," he says. "But it also needs to engage for the safety message and the management of getting safety information to the patient."

Anja Linnemann, senior director of global field medical strategy at Bristol Myers Squibb, points out that defining clear and strategic stakeholder criteria has shown to be effective. Teams can use these criteria, along with primarily external data, to identify stakeholders that best align with their goals. "There should be room for individual adjustments, but such established criteria help teams focus on finding the most appropriate stakeholders matching the strategy," she says.

STEP 2

Select stakeholders

> *"First, we must ensure we're working with the right people. Then you can measure the strength of the relationship."*
>
> **Angela Smart**
> Director, Global Medical Excellence and Operations, ADVANZ PHARMA

After determining the strategy, the next step is identifying which stakeholders are essential for achieving that objective. The best way to select stakeholders is to use data to identify these individuals and be explicit on how they can help overcome the hurdles and add value to your initiatives.

However, most organizations use a bottom-up approach where MSLs select key regional stakeholders with whom they believe the organization should engage. This can lead to many pitfalls:

01. If MSLs rely too much on individuals they know, have previously worked with, and have access to, their selections may unintentionally be biased.

02. While more senior-level managers may review selections, this approach – in many organizations – is often unstructured and not always based on data.

03. Because it creates blind spots, teams may miss important stakeholders. These include those who are rising in importance (rising stars), those who are difficult to reach (less open to industry collaboration), and those who have different scientific opinions (industry critics or KOLs of different schools of thought).

04. In settings where field teams are held accountable for operational targets such as visits per day/week, field colleagues may be indirectly discouraged from adding a new stakeholder who is not easily accessible, even if the new stakeholder is very influential, as it might hurt their personal KPIs.

To avoid these common pitfalls, MSLs should be trained on the medical strategy and external data use, so that stakeholder selection is done in a structured way. "We also look to enhance compliant cross-functional alignment, to ensure that there is a cohesive and aligned external engagement approach," says Kersting. "We have to ensure internal transparency around which stakeholders engage with the same HCP/thought leaders, so that we don't have a disjointed approach."

In addition, plans to identify new stakeholders too often default to manual research of publicly available information with limited or unstructured data based on unaligned criteria. The most common method is internet searches relating to which experts have recently published or spoken at congresses. However meticulous, this approach quickly becomes limited in a dynamic landscape that includes digital opinion leaders (DOLs) and emerging experts and often lacks aligned selection criteria across teams.

Digitally-savvy, early-career HCPs/emerging experts are four times more likely to adopt a new treatment. Therefore, using deep data to identify, prioritize, and engage these experts with targeted scientific outreach can greatly benefit your organization.

Stakeholder selection is very hit or miss, agrees Zaiac. "We don't have a good system apart from MSL selection," he says. "The reviewer might have suggestions, but if they are not very experienced, the MSL will engage with those they know well – their friends."

Jacques Thevenon, head of international medical operations at Servier, believes it can be possible to be truly objective when it comes to expert identification — if you use external data. "You can see if your experts are in the guidelines and what scientific committee, society, and institution they are affiliated with, so then you understand the science, the clinical studies they are driving." He also emphasizes the importance of including those you are struggling to engage. "This provides the opportunity to make the highest impact on scientific alignment and clinical practice," he says.

With the quickly evolving healthcare landscape, medical affairs has new opportunities to connect and engage with a broader range of experts. Linnemann emphasizes the importance of expanding engagement beyond traditional KOLs to include HCPs and scientific experts who play a crucial role in the patient journey. "Depending on the lifecycle, those may be physicians working with complex patient populations or scientific experts shaping research and care pathways," she explains. "By broadening engagement strategies, medical affairs can enhance clinical practice, influence research directions, and positively impact patient care."

"Identifying HCPs and KOLs, and other external experts beyond the traditional definitions requires increasingly sophisticated digital tools to map networks of influence or collaboration and pinpoint individuals within these networks where medical affairs engagements may have the greatest impact."

Medical Affairs 2030 Vision, MAPS

Key stakeholder profiling solutions

Lately, we see more organizations using external data or help from specialized vendors to find scientific experts when entering a new therapeutic area. Some, like Angela Smart, director, global medical excellence and operations at ADVANZ PHARMA have already been using this approach for quite a few years. "Entering a new therapeutic area involves assessing the molecule's complexity, the disease area, and the competitive landscape," she says. "For effective planning, it's also crucial to map out key stakeholders, including opinion leaders, centers of excellence, and patient groups."

Before Smart's team implemented a key stakeholder profiling solution, they focused on gathering market intelligence that involved weeks of desk research and engaging consultants to profile External Experts (EEs). The data, however, quickly became obsolete. With the streamlined key stakeholder selection process enabled some years ago, the field teams can quickly get up to speed on new therapeutic areas.

Introducing common standards across the organization and taking a more systematic approach to research can increase the chance of finding the right key stakeholders. MSLs that leverage both external and internal data can create better lists. Then, you must ensure the list and the following engagement strategy tie to your defined medical strategy.

With a data-driven approach to identification, you will also have more control over ensuring diversity in your stakeholder network. For example, when doing manual research for potential speakers and collaborators, you may uncover stakeholders heavily weighted in one demographic. However, using external data sources to identify and validate key stakeholders based on pre-set criteria allows you to systematically assess diversity aspects during your selection.

STEP 3

Define relationship levels and measure strength

> *"The quantity of interactions can be an indicator of the quality of the relationship, but such numbers must not be looked at in isolation. We may need to accept that there are aspects of relationships we can't measure reliably."*
>
> **Anja Linnemann**
> Senior Director, Global Field Medical Strategy, Bristol Myers Squibb

Once you have identified and are engaging with the right stakeholders, the last step is establishing how to evaluate these relationships. This will help you better understand the stakeholders' impact on your strategy and help teams cultivate these relationships.

Typically, medical affairs organizations classify stakeholder relationships based on traits like longevity, intensity, proximity to the organization, and trust. While longevity and intensity may be somewhat easier to measure, metrics related to proximity to the organization often lack explicit criteria, and trust is difficult to quantify. Additionally, medical affairs teams don't often assess these traits systematically. And, no one supervises them on how well the key stakeholders are connected to the company.

This often results in a significant reliance on the MSL to a) identify the right stakeholders, b) engage effectively with them, and c) manage the relationship in a way that maximizes both outcomes and resource investment for the organization.

To truly assess the level of a relationship, you need to look at its **depth** (how strong it is) and its **breadth** (how broad it is). For example, if a key stakeholder interacts with different functions within medical affairs (e.g., field teams, home office, medical information) or beyond (e.g., senior medical leadership, commercial, access), we would view the relationship as stronger. These aspects should be taken into account when measuring.

The same holds true for **collaboration**. The relationship is viewed as stronger if a key stakeholder collaborates with the organization in many ways (e.g., clinical trials, publications, speaker advisory roles) versus only in one aspect (e.g., ad boards).

"To understand the breadth of relationships, you should consider many pieces," says Kersting. For example, how many people are the stakeholders talking to within the organization? At which level are they engaged? Are they engaging with senior leadership, such as the Chief Medical Officer? Are they talking to the medical leads? Do you know what those interaction relationships look like? How productive are they?

Levels of relationship

For optimal resource allocation and efficient execution, the organization should strategically plan which stakeholders to engage with at each level. Questions that are helpful in this planning include:

- What defines the group of stakeholders you "only" need access to in order to ensure they receive and consume your information?
- Which stakeholders do you want to engage with in a scientific dialogue because you value their feedback, opinions, or insights?
- Who is so important that you invest more resources to collaborate with them on joint objectives?

Typically, medical affairs does not address these questions methodically, and there is no structured planning approach. Key decisions are left to the individual contributor or chance.

In the **appendix**, you will find a matrix that combines the concepts of depth and breadth with the levels of relationships. It's meant to provide a proactive structured approach to planning relationship levels and also what tracking this could look like.

In discussion with industry leaders, we've identified four levels of relationships:

LEVEL 04

A relationship that **supports collaboration** *with joint objectives.*

LEVEL 03

A relationship that serves as the basis for bi-directional **scientific dialogue**, *where information is not only* **received** *but also* **discussed**, *and* **insights** *or feedback are shared back with the organization.*

LEVEL 02

A relationship that **"just" secures access** *to a person (the ability to send information and have it potentially consumed).*

LEVEL 01

No relationship

The "Trust Equation"

Trust: firm belief in the reliability, truth, or ability of someone or something. —Oxford Dictionary

In addition to relationship depth, breadth, and collaboration, many teams also want to measure an interpersonal component most would describe as "trust."

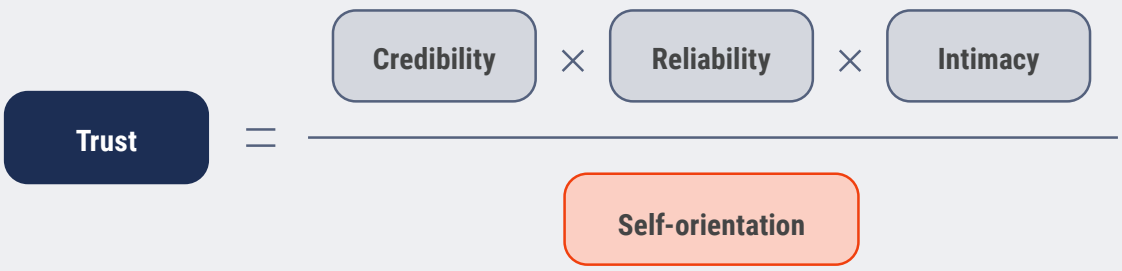
This is not surprising, and as Smart remarks, "Even in life outside of pharma, if you form better relationships and build trust with people, they'll collaborate with you more, open up to you more, and share more insights."

However, level of trust is an elusive concept that is difficult to observe and even more difficult to quantify. Kersting remembers the discussion his previous team had about measuring trust. "There is no number that you can attribute to that," he explains. "We're probably going to look at surrogate markers." He says you must also ask yourself, what is a trusted relationship with an external partner? "You'll likely want to look at the depth of engagement, how often you engage, and whether it is a monologue or a true dialogue where you are having a mutually beneficial relationship."

The widely known "Trust Equation," developed by David Maister, Robert Galford, and Charles Green in their book *The Trusted Advisor*, defines "trustworthiness" as the willingness or ability to rely on others.

It measures trust with the perception of **credibility** (trusting what someone says) times the perception of **reliability** (trusting what someone does) times **intimacy** (entrusting someone with something) divided by **self-orientation** (refers to the person's focus).

The Trust Equation



Source: Maister, D. H., Galford, R., & Green, C. (2001). The trusted advisor. Simon & Schuster.

Creating this trust is high on Smart's agenda at ADVANZ PHARMA. She explains how medical affairs can apply the trust equation to their work with HCPs:

- Demonstrate credibility through scientific expertise and knowledge; make sure to be evidence-based.
- Show reliability through follow-up actions and timely responses to inquiries.
- Develop intimacy through forming a personal connection. Be approachable, provide value, listen to the HCP's needs, and provide solutions or relevant information. Communicate openly, transparently, honestly, and ethically.

Thevenon emphasizes that while external stakeholders may have a link to a company or product, it's the people who establish the trust. "It's a human thing," he says.

However, despite trust formulas and extensive training on the topic, it remains difficult to calculate the level of trust key stakeholders have. Future research is necessary in this area. Tools like AI in voice analytics may provide a solution one day, but for now, explicitly and quantitively measuring trust to inform operations seems impossible.

Measuring the quality of the relationship directly

The two most common ways of directly measuring relationship quality are:

- Self-reporting by customer-facing functions
- Surveys

While some organizations have had success with these methods, there are some limitations.

Linnemann mentions that self-reporting by customer-facing teams can also provide valuable insights. "While this approach is particularly useful for understanding customer sentiment, it may also be leveraged to identify broader trends or areas for improvement in team performance and engagement strategies."

Zaiac shares his experience with surveys at Daiichi Sankyo Europe GmbH. "We use surveys from time to time, but they always have a small sample set, so the results are not representative of reality." He says the sample sets often change, leading to time spent interpreting the percentage changes. "The data is okay, but it doesn't bring us further. It shows the willingness to ask the question, but if we want to do this on a larger scale, we need to find a different solution."

Interviews with industry leaders reveal that none of these approaches fully delivers outcomes that can serve as a basis for a valid assessment or solid source of information to inform actions.

The correlation of quantity to quality

While measuring the quality of relationships and traits like trust directly is challenging, this should not stop medical affairs organizations from trying to measure it quantitatively. The authors agree that quantity metrics can provide insight into a relationship's level.

"You cannot have a lot of interaction and touchpoints of discussion if you don't have a proper relationship that is moving in the right direction," Thevenon says. "People might meet with you once or twice because they are curious, but when you start to have a lot of touch points, it means there's something that is driving it — some level of agreement or some joint scientific position."

Zaiac says he looks at the interaction rate as the basic metric to measure quantity. While it is important to have this available as an initial metric, he wouldn't draw any major conclusions from it. It should only be used if a team member cannot describe the quality of a relationship appropriately, or where quality is lacking.

Kersting agrees. "You can start with metrics and numbers, but they don't tell the whole story," he says. "Looking at how many engagements you've had will not necessarily give you a measure of impact. You also need to look at the outcome of those engagements. For example, how often do you re-engage."

The previously referenced matrix in the **appendix** also defines and categorizes the different levels of relationships using quantitative metrics. This may be a helpful resource in developing your own logic.

Conclusion

Measuring the quality of relationships with key stakeholders is critically important to all medical affairs organizations but might feel challenging to put into action. However, organizations can begin by:

01. Progressing on a structured planning process for the operational execution of relationship-building and/or maintenance.

02. Improving the identification and prioritization of the right stakeholders for the tasks at hand.

A concept of target levels of relationships can help you plan explicitly and be efficient operationally. Don't view relationship metrics in isolation. They are meaningful as part of a mix of metrics. Some are more operational, while others probably correlate with outcome.

As for quantitative metrics, our authors agree that starting with the number of interactions can serve as a preliminary indicator when assessing the level of a relationship.

As new technologies advance, including AI applications and large language models, they may connect data points that assist with these metrics. For example, understanding lag times between emails and responses, email open and click-through rates, interaction patterns on websites, or other pull channel algorithms may help to quantitatively assess the strength of the relationship.

In the meantime, medical affairs can still take steps to determine the quality and strength of its relationships with stakeholders. Analyzing the data you do have, improving your data input, and investigating data-driven solutions to support KOL identification are good areas to start. The resources in the **appendix** can provide guidance that can help your team begin discussing, planning, and focusing on its approach to measuring these relationships.

Stay tuned for the next section of this paper that will explore the remaining two enablers: targeted education and actionable insights.

Sign up to receive the paper here.

APPENDIX

Medical Impact Workbook

Evaluation of Key Areas
and Potential Metrics

Key takeaways for measuring valuable relationships

01. Establish your stakeholder strategy first. You cannot be effective without determining key objectives for your external stakeholder engagement.

02. Stakeholder selection and prioritization require focus and data. Know who is important for achieving your key objective to minimize blind spots and biases. Plan who you want to engage with so you don't leave it to chance or waste valuable resources.

03. Identify at which relationship level you want to engage. The use of targeted levels of relationships can help you plan explicitly and be operationally efficient. Use **this chart** to help visualize.

04. Keep in mind that qualitative aspects of relationships are difficult to measure directly because of a lack of unbiased, long-term, reliable assessment tools.

05. Quantitative metrics can serve as a preliminary indicator when assessing the level of a relationship. These might include KPIs around the frequency of communication, duration of the relationship, and reciprocity of actions. Experimenting with some of the quantity relationship metrics outlined in this paper can also provide a good starting point.

Measuring Relationships: Real-Life Examples

Here are two examples of how some organizations are measuring relationships quantitatively today:

01. Seek and avoidance ratio

For one company, a "seek and avoidance ratio" helps decipher the value of its relationships with stakeholders. It measures the number of times a customer contacts the organization and the number of times a customer receives something from them.

The organization looks to see if the customer responds — or not — and how many times the customer actively avoids communication (e.g., not answering an email, not attending an event following an invite). It also reviews the "seek number," or how many times the customer approached the organization to ask for something or work together.

The final measurement is the ratio of these two factors.

02. Attrition ratio

Another organization uses an "attrition ratio" where it looks at communication patterns over a timeline and builds an average interaction pattern. Then, it looks at the upcoming quarters to see if the pattern changes. Is there less or more interaction? Is it on the edge of losing this stakeholder's interest? Is the relationship thriving or declining?

While still transactional, it provides a proxy measurement of the dynamics of the relationships. For example, who do you really need to collaborate with? Who do you want to have scientific exchange with? Who do you want to make sure just reads the information you disseminate?

Veeva Relationship Level Matrix

When putting together a stakeholder strategy, it's good practice to have a broad representation of relationship levels. Establishing this range of stakeholders means you won't engage with all of them in the same way. Rather, you'll think of how you want to work with each to support your overall objectives.

Use the matrix below to develop your own classification of stakeholder levels. The suggested definitions and indicators can serve as a guide to drive internal discussions. This exercise will also help you better plan resources and ensure that you work with the right people — and at the right level — to reach your goals.

Levels of relationship strength	Trusted collaboration partnership	Strategic transactional partnership	Scientific exchange platform	Accessible for exchange	No access
Quality	**Long-term relationship** *Based on collaboration, established trust, and explicit goal alignment*	**Stable relationship** *Driven by transactions (e.g., exchanges, projects); trusted in exchanging information*	**Solid relationship** *Includes regular exchange of information*	**Developing relationship** *Access to stakeholder but relationship needs to be built*	**No access established**
Access	**Easy** *Frequent interactions (plus ad hoc access) initiated from both sides*	**Reliable** *Frequent interactions plus collaboration touch points; interactions also initiated by stakeholder*	**Established** *Frequent interactions on average; mostly initiated by company representatives*	**Intermittent** *Interaction frequency intermittent/ fluctuating; few if any interactions initiated by stakeholder*	**None**
Access indicators	• *High interaction frequency over time* • *No reduction in interaction frequency (rolling quarters)* • *Average meeting duration constant*	• *Medium to high interaction frequency over time* • *No drastic reduction in interaction frequency (rolling quarters)* • *Meeting duration variable*	• *Medium interaction frequency over time* • *Average meeting at least on average*	*Low interaction frequency over time*	*N/A*

Levels of relationship strength	Trusted collaboration partnership	Strategic transactional partnership	Scientific exchange platform	Accessible for exchange	No access
Exchange	**Trusted** *Shared value perspective, aligned interpretation of evidence, free flow of information, close collaboration*	**Strategic** *Open to receiving information, discussing data, sharing insights, operational exchange on projects*	**Transactional** *Open to receiving information, discussing data, and sharing insights*	**Informed** *Open to receiving Information*	**None**
Exchange indicators	• *Number of insights gathered over time* • *Number of information requests over time (medinfo, publications, slide decks, etc.)* • *Email open rate* • *% of meetings participated in (when invited)*	• *Number of insights gathered over time* • *Number of information requests over time (medinfo, publications, slide decks, etc.)* • *Email open rate* • *% of meetings participated in (when invited)*	• *Number of insights gathered over time* • *Number of information requests over time (medinfo, publications, slide decks, etc.)* • *Email open rate*	• *Number of insights gathered over time* • *Number of information requests over time (medinfo, publications, slide decks, etc.)* • *Email open rate*	*N/A*
Collaboration	**Deep** *Well-established collaboration with multiple projects in different categories (ad boards, publications, trials, speaker, consultant, etc.)*	**Moderate** *Single projects in one category*	**None**	**None**	**None**
Collaboration indicators	• *Number of collaborative projects over time* • *Type and level of collaboration (ad boards, publications, trials, speaker, etc.)*	• *Number of collaborative projects over time* • *Type and level of collaboration (ad boards, publications, trials, speaker, etc.)*	*N/A*	*N/A*	*N/A*