MEDICAL INFORMATION AND CALL CENTER PERFORMANCE
BUILDING NEW PRACTICES TO MEET THE EVOLVING NEEDS OF HCPS AND PATIENTS

THE BOTTOM LINE:
In today’s budget-constrained environment, medical information teams must demonstrate value without pointing to monetary ROI. Though their workloads grow heavier, these teams improve their own internal visibility as they adopt new responsibilities and absorb tasks from other functions.

This study examines medical information activities, showcasing strategies to boost productivity, elevate the team profile and communicate value. Tracking call center performance with appropriate KPIs and setting realistic goals will improve group efficiency — and increased efficiency is critical as these teams’ responsibilities grow. As part of that challenge, top-notch medical information groups streamline structures to better serve an expanding base of patients, healthcare providers (HCPs) and other stakeholders.
# REPORT TABLE OF CONTENTS

## EXECUTIVE SUMMARY
- 8 Medical Information Call Centers: Key Recommendations for Success

## SUPPORTING MEDICAL INFORMATION TEAMS AND CALL CENTERS THROUGH STRUCTURE AND STAFFING
- 22 Maximizing Medical Information’s Impact Through Global And Regional-Level Groups
- 35 Staff Medical Information Call Center Agents To Drive Successful Operations
- 47 Train Knowledgeable Call Center Agents To Meet Medical Information Demands

## MAINTAIN QUALITY CALL CENTERS BY MONITORING KEY PERFORMANCE INDICATORS AND PROVIDING ADEQUATE SUPPORT
- 69 Benchmarking Key Performance Indicators for Call Centers
- 90 Align Budgets with Call Center Volume and Group Responsibilities

## RECEIVING AND RESPONDING TO MEDICAL INFORMATION REQUESTS
- 109 Call Center Processes for Receiving Medical Information Requests
- 132 Processing and Responding to Customer Requests

## MEDICAL INFORMATION CALL CENTER PROFILES
- 147
KEY QUESTIONS

The report’s data show how to structure, staff and train medical information teams for optimal efficiency; which key performance indicators best gauge call center effectiveness; and methods for preparing teams to expertly handle increasingly complex medical information inquiries.

Our new study features benchmarks from teams in the US, EU and emerging markets — offering a truly comprehensive overview of medical information call centers. The report also includes real-company case studies and diagrams showing coordination among global, regional and therapeutic area-specific teams.

KEY QUESTIONS ANSWERED IN THIS REPORT

• What factors influence medical information spending?
• How should medical information teams best allocate resources?
• Which call center activities are most commonly outsourced, and to what extent?
• Which KPIs do companies use to gauge call center performance?
• How do companies determine which KPIs are most useful? How do these KPIs differ across regions and companies of different sizes?
• How should companies staff their medical information teams to efficiently address operational needs and ensure optimal product support?
• How much time and effort should companies dedicate to training both new and experienced call center agents? What topic areas should companies devote the most training time to?
• How often should companies revisit or update their standard response documents to ensure complete accuracy? How do they overcome common challenges in this process?
• How is technology (e.g., smartphones, tablets) facilitating and accelerating responses to HCP information requests?
• Which topic areas do most inquiries fall under, and what channels are most prevalent for these requests?
• What protocols do other companies use to audit their call centers?

Q. What percentage of companies hire nurse practitioners to staff their medical information call centers?

A. 46%
KEY FINDINGS

Cutting Edge Information’s analysts synthesized the following principles from the full breadth and depth of this project’s research. The principles are signposts to help improve your company’s medical information team strategies. While these points are not inclusive of all elements in this report, they emphasize its central and most critical concepts.

1. **RIGHT-SIZE AND EQUIP MEDICAL INFORMATION TEAMS TO BETTER SERVE INTERNAL AND EXTERNAL STAKEHOLDER INQUIRIES.**

2. **IDENTIFY KEY PERFORMANCE INDICATORS TO MONITOR CALL CENTER EFFICIENCY.**

3. **FOCUS TRAINING ON PRODUCT INFORMATION FOR BOTH NEW HIRES AND EXPERIENCED CALL CENTER AGENTS.**

4. **MANAGE CALL CENTER VENDORS TO MAXIMIZE FLEXIBILITY WHILE TRACKING PERFORMANCE.**

5. **EXPAND DUTIES TO JUSTIFY REQUESTS FOR INCREASES IN RESOURCES AND TO SHOW VALUE TO COMPANY LEADERS.**

Average Percentage of Training Hours for New Call Center Agents, by Activity: All Companies

![Average Percentage of Training Hours for New Call Center Agents, by Activity: All Companies](chart.png)
MAJOR TAKEAWAYS

- Implement global functions as well as country-level and therapeutic-area specific teams to unify the company voice and meet community needs.
- Staff call centers with highly educated agents with professional healthcare backgrounds to address complex information requests.
- Adjust call center staffing to meet anticipated call volumes around product launches.
- Focus new-hire and annual-review call center training on product information and education.
- Consider self-guided training programs to maximize efficiency.

CHAPTER DATA

38 charts detailing medical information and call center team structure, staffing and training benchmarks. Throughout the chapter, data are broken up by company size/type (top 10, top 50, small pharma and device) and geographic region (US, EU and emerging markets groups).

Team Structure and Staffing

- Types of medical information team structure (global, therapeutic area-specific, regional-level and country-level)
- Diagrams showing medical information team structures, representing different company sizes
- Diagram showing in-house and outsourced agents at one emerging markets group
- Number of call center agents per manager
- Educational background of typical call center agent

Team Training

- Average cost of training new medical information call center agents
- Average annual cost of training experienced agents
- Percentage of training hours dedicated to specific formats (classroom, self-guided, live role-play)
- Average number of hours and percentage of training hours, by activity:
  - Compliance
  - Adverse event reporting
  - Product information
  - Customer service
  - Database/CRM system navigation
- Percentage of training hours dedicated to those activities for new agents
- Average hours of annual ongoing training for those activities
- Percentage of annual ongoing training hours dedicated to those activities
KEY METRICS

CHAPTER 2: MAINTAIN QUALITY CALL CENTERS BY MONITORING KEY PERFORMANCE INDICATORS AND PROVIDING ADEQUATE SUPPORT

MAJOR TAKEAWAYS

• Use KPIs to track call center performance in lieu of hard ROI.
• Understand other companies’ KPI targets and actual metrics.
• Align budgets with call center volume and group responsibilities.
• Use vendors for flexibility and for easily scalable activities.

CHAPTER DATA

48 charts detailing call center key performance indicators (KPIs) and vendor support. Throughout the chapter, data are broken down by company size type (top 10, top 50, small pharma and device) and geographic region (US, EU and emerging markets groups).

Call Center KPI

• Percentage of companies using specific call center key performance indicators
• Number of inbound calls per month
• Outbound calls per month
• Response turnaround time at US (EU, EM) call centers
• Abandonment rates (as a percentage) at US (EU, EM) call centers
• Average hold time (in minutes) at US (EU, EM) call centers
• Customer satisfaction (as a percentage) at US call centers
• Methods for collecting customer satisfaction

Medical Information Team/Call Center Budgets

• Total budget for US (EU and EM) medical information teams
• Percentage of medical information budget dedicated to all call center activities
• Single call center budget for top 10 (50, small and device) company call centers
• Cost per FTE at US (EU, EM) call centers
• Cost per inbound call

Outsourcing

• Activities outsourced by US (EU, EM) call centers
• Percentage of call center activity outsourced at US (EU, EM)
  o Answering unsolicited inquiries
  o Adverse event reporting
  o Patient adherence
  o Trial recruitment
  o Internal literature requests
• Frequency of call center vendor audits

TWEET THIS STAT!

@CuttingEdgeInfo’s new medical information report finds that US pharma call centers place an avg 196 outbound calls per month.
MAJOR TAKEAWAYS

- Evolve medical information teams to respond to today’s more informed, tech-savvy customers.
- Tailor standard response documents to your audience.
- Boost efficiency by establishing clear processes for elevated calls.
- Allocate internal staff to monitor and audit the medical information call center.

CHAPTER DATA

31 charts detailing call centers’ processes for managing and responding to medical information requests. Throughout the chapter, data are broken down by company size/type (top 10, top 50, small pharma and device) and geographic region (US, EU, and emerging markets groups).

- Activities conducted by medical information call centers
- Percentage of medical information requests received, by channel
- Percentage of medical information inquiries relating to a specific product topic
  - Efficacy
  - Adverse events
  - Off-label uses
  - Safety questions
  - Clinical studies
  - Stability and storage
  - General dosing/administration
  - Publications
- Percentage of inquiries placed by specific internal stakeholders:
  - Sales force
  - Commercial or market access teams
  - Medical Science Liaisons
  - Direct customer inquiries
- Response methodologies to medical information requests, by channel

DID YOU KNOW?
88% OF SURVEYED COMPANIES TRACK INBOUND CALLS AS A PERFORMANCE METRIC.
MAJOR TAKEAWAYS

• Benchmark your call center teams directly against 7 other groups.
• Explore call center operations for teams of different sizes and regions.

CHAPTER DATA

21 charts detailing seven medical information call center profiles. Profiles span all company sizes (Top 10, Top 50, small and medical device) and geographies. Each profile focuses on the following data:

Call Center Background

• Company size
• Call center region
• Therapeutic areas supported
• Business hours

Call Center Resources:

• 2014 call center budget
• In-house and outsourced managers
• Presence of an automated response system

Key Performance Indicators:

Ideal and actual KPIs for specific call centers where available. KPIs include:

• Inbound calls per month
• Turnaround time
• Abandonment rates
• Customer satisfaction
• Average hold time
• Median hold time
• Annual calls per FTE
• Outbound calls per month
USE THIRD-PARTY VENDORS FOR FLEXIBILITY AND EASILY SCALABLE ACTIVITIES

When effectively managed, outsourcing call center activities can provide several strategic advantages to pharmaceutical companies. Figure 2.40 shows that activities such as responding to unsolicited requests and adverse event reporting can sometimes be wholly outsourced. Others, such as trial recruitment or patient adherence work, usually retain an in-house element of some kind. Managing information requests and adverse reporting can be entirely managed by a single call center or medical information vendor. Another commonly outsourced call center activity among surveyed US companies is handling internal literature requests. Surveyed US-based medical information teams outsource a large portion of this activity, ranging from 70% to 100%.

For smaller companies that may not be able to handle large fluctuations in call volume to their call centers, outsourcing can be a valuable tool. The medical information director at one small company said, “We have a vendor who is currently managing the calls on a day-to-day basis. We’ll continue to use that vendor for the foreseeable future until the volume is consistently high enough to justify bringing in headcount internally.” Carefully managing vendors in this way will contribute toward well-allocated budgets and more effectively managed teams.

“DETERMINING SPENDING IS NOT THAT SIMPLE, AS THIS IS A DECISION THAT IS MADE AT THE GLOBAL LEVEL, BUT RATHER IN LIGHT OF THE REGIONAL RESOURCES AND NEEDS.”

-CALL CENTER MANAGER, TOP 10 COMPANY
IMPROVE SERVICE BY MONITORING THE REQUESTS RECEIVED AND THEIR SOURCES

Understanding the customer base and their needs is key to any business. For this reason, medical information call centers often track the types of inquiries they receive and the sources of those inquiries. Armed with the types of questions asked, medical information teams can better understand which standard responses to prepare for each product. Typically, the inquiries that companies receive include questions concerning:

- Efficacy
- Safety
- General dosing and administration
- Adverse events
- Clinical studies
- Publications
- Off-label uses
- Safety and storage

When products have off-label uses for products, questions about those off-label uses may be a large percentage of the inquiries received at surveyed call centers.

Surveyed emerging markets call centers receive a higher percentage of questions pertaining to clinical studies than call centers in other regions do.

Figures 3.12 through 3.16 show the breakdowns of question types that surveyed call centers receive. Differences across therapeutic areas, general product safety and many other factors lead to these data not showing a tremendous pattern. There are some takeaways, however:

- Efficacy and safety consume a relatively decent portion of the questions many medical information teams receive.
STUDY METHODOLOGY

Analysts developed the information upon which this study is based through both primary and secondary sources. Cutting Edge Information’s process for collecting and analyzing information encompasses two distinct tools: quantitative surveys and qualitative interviews. Both tools are necessary for understanding not only the hard metrics included in this study, but also the reasoning behind the metrics.

For this study, Cutting Edge Information collected and analyzed data from over 30 pharmaceutical, biotechnology and medical device companies of all sizes and geographic locations. Study participants included vice presidents, directors and heads of medical information teams at these companies. The study team interviewed and collected data from executive titles including:

• Vice President for Medical Information Services
• Senior Director, Medical Information
• Associate Director, Global Medical Information
• Senior Manager, Medical Information Services
• Medical Information Call Center Manager
• Medical Information Expert
• Medical Affairs Officer
• Medical Affairs Director
• Medical Affairs Manager
• Manager for Medical Communications
• Scientific Knowledge Manager
MORE CUTTING EDGE INFORMATION REPORTS:

**PH184 – Medical Affairs:** Resource Allocation for the Global Marketplace

**PH201 – Medical Publications Planning:** Uniting Traditional and Emerging Channels to Foster Transparency

**PH183 - Pharmaceutical Key Opinion Leader Management:** Effective Strategies for Segmenting Thought Leaders
http://www.cuttingedgeinfo.com/research/medical-affairs/key-opinion-leaders/

TO ORDER THIS REPORT, CONTACT CUTTING EDGE INFORMATION AT:

919-403-6583
info@cuttingedgeinfo.com