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New Views Point the Way

This year, *Pharmaceutical Executive* has hosted an increasing number of executive roundtables—some sponsored, others internally-driven, and still others collaborative. The most important aspect of all, no matter what the business driving them, is the insightful dialogue and focus on the topic or task at hand. Early on, our parent company joined with us to host a CEO Leadership roundtable around the pandemic, becoming the first of a quarterly series we are now conducting with CEOs on pressing concerns.

The second roundtable, in this issue, explores the image of pharma (see page 22), and upcoming suggested topics include diversity and inclusion, and technology drivers post-COVID. Other upcoming executive roundtables to appear this year discuss real-world evidence uses and regulatory, and a look at biotech IPOs achieved from their CFOs’ viewpoint. Literally, all of these topics incorporated a view of COVID because, well, COVID.

We are still a couple of months from our Industry Outlook issue in January, but teased from the executive insights, here are some early trends in the running.

**Re-imagining office space.** This is not limited to large pharma, small biotech, or even the drug development industry at large. This is across industries and functions. Executives, once reticent to allow remote or telecommuting for employees, are revisiting their management by walking around style, to include the successes they’ve experienced by utilizing Zoom, Teams and other virtual platforms. This includes a greater trust of their employees, who did not lose focus and even thrived during the virtual disruption.

**Strategic travel.** Most companies have not resumed travel as usual. And, again, through necessity, are now considering the successes achieved, albeit without a grueling travel schedule. As one executive noted: “I can see foregoing a coast-to-coast flight for a two-hour meeting as a good thing.” This also goes a long way toward cost-savings.

**Real-world evidence.** There is a lot going on in real-world evidence in light of the COVID-19 pandemic and those professionals definitely feel that part of the world...HEOR, learning health systems, regulatory decision-making...incorporating RWE has a wave of optimism behind it. And in this setting, the FDA is clearly making pathways for industry to get through submission approvals with RWE.

**Collaboration.** Collaboration is taking many forms. From precompetitive alliances, to working quickly and diligently toward a goal amongst shared stakeholders, to more formal partnerships. But it truly is a practice that is getting more real traction out of COVID on many fronts.

**Diversity.** Diversity, inclusion, and equity in all aspects of work/life have increased in attention and scope, related to both COVID and advocacy around systemic institutional racism. For biopharma organizations, the issues become keeping employees safe, healthy, and productive (i.e., As a person of color, does my employee feel safe? Does our culture allow them to fully contribute in their role?); making sure all employees have access to roles of increasing responsibility and authority; and ensuring the drug development and commercialization process, every aspect from clinical trials inclusion of diverse populations to developing drugs that affect diverse communities—and that access for all medications is supported by a diverse healthcare system.

Clearly, these trends are broad, complex, involve a lot of nuances, and we won’t be seeing clear results around any of these topics immediately. But as we move forward into 2021, continued practices will offer more supportive case studies to see where industry is going in all of these—and more—areas. Our Editorial Advisory Board meeting is at the end of this month, where we will tackle more trends for 2021.

In the meantime, our December issue will be our first deep-dive into COVID, featuring the Unintended Consequences around the virus, including therapeutic, manufacturing, philanthropy, and technology decisions.

One observation is the willingness of professionals in this industry to quickly look for the positives out of what is definitely a negative situation, bring those to the top, and move forward successfully.
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George Baxter, CEO of Edinburgh Innovations, on how his group is bringing innovation to market in Scotland.
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Twitter Talk

This @PharmExec article on digital engagement with physicians & HCPs gives a good insight into their expectations—something L&D and sales leaders can keep in mind while #coaching and #training sales teams for #virtual interactions.
Echelon, @ThinkEchelon
bit.ly/2srsqqg
Dealing with the COVID-19 pandemic has been disastrous for FDA. A series of actions signaling premature support for unproven treatments promoted by the White House has undermined confidence in the agency’s decisions and independence. Now with hopes high for a safe and effective vaccine against COVID, industry and public health authorities seek to prevent political interference in approval decisions that can drive confusion and vaccine hesitancy across the nation.

FDA stumbled early on in efforts to assess much-needed diagnostics when initial COVID lab tests authorized by the Centers for Disease Control and Prevention (CDC) proved inaccurate. Then the agency signaled support for treating ill patients with certain long-used malaria drugs—an approach loudly praised by President Trump and his advisors, but questioned by researchers and clinicians. FDA then had to rescind an emergency use authorization (EUA) for administering hydroxychloroquine to COVID patients when subsequent clinical studies found no clear benefit, and serious potential risks.

More damaging was a series of events in August related to emergency use of convalescent plasma to treat hospitalized patients. In a press conference, FDA Commissioner Stephen Hahn joined President Trump and Health and Human Services (HHS) secretary Alex Azar in a chorus of praise for this “major advance” in COVID care. Hahn’s support for the initiative was startling, as it came right after Trump lashed out in a highly public tweet about the “deep state” at FDA, implying that FDA officials were deliberately delaying product development until after the Nov. 3 election. Meanwhile, the White House continued to predict access to a COVID vaccine this month, which heightened fears that political pressure will lead to some kind of FDA authorization of a new vaccine before the Nov. 3 election, even if studies are incomplete.

**CEOs MOUNT DEFENSE**

The situation prompted industry leaders to speak out publicly on the importance of rigorous clinical research and full study data for any authorization or approval of new COVID vaccines or treatments. Leaders of the Biotechnology Innovation Organization (BIO) issued a letter in August calling on FDA to maintain its “historic independence as the gold-standard international regulatory body” to assure the public that its decisions reflect the “highest standards of scientific and medical integrity.”

Five pharma CEOs similarly said they would not seek early authorization or approval of a new COVID treatment without a clear demonstration of product safety and efficacy from randomized clinical trials. During a virtual press conference organized by the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), Pfizer Chairman Albert Bouria stated that his company “will not cut corners” or take any action that would tarnish Pfizer’s scientific reputation. Eli Lilly will publish all data and “subject it to scientific scrutiny,” stated chairman David Ricks, also IFPMA president. Merck Chairman Kenneth Frazier and others urged reliance on FDA advisory committees to gain added transparency to approval decisions and guard against political influence.

And FDA’s senior leadership took the unusual step of publishing a strongly worded opinion piece asserting the integrity and independence of the agency in a move to fend off political interference in vaccine approval decisions. CBER Director Peter Marks, CDER Director Janet Woodcock, now on detail to the office of the commissioner, and six other top officials acknowledged that FDA operates in a political environment, but that if the agency loses credibility and trust, the public will doubt its recommendations and fear to use regulated products important to improving health and overcoming COVID-19. They ensured that regulatory decisions are based “on our unbiased evaluation of the scientific evidence.”

These statements aim to protect the integrity of the regulatory process from outside political interference as vaccine data moves through the pipeline. Manufacturers recognize that premature approval of any product would erode FDA’s coveted gold-standard reputation. Biopharma companies have much to gain from producing and distributing effective treatments able to slow or halt the lethal COVID pandemic, and even more to lose in reputation as well as financial health from allowing patient access to sub-potent or risky products.
Among the many challenges affected by the coronavirus pandemic, in-person contact in healthcare is one of the most disruptive. Telemedicine and telehealth have literally answered the call for communications between medical professionals and patients. But what about the vital need for peer-to-peer connectivity between healthcare providers (HCPs)? Research has shown that HCPs highly prefer to get their colleagues’ perspectives as one of the top means of staying informed and engaged. The solution to this challenge can be found in online communities that can be tailored to meet the specific needs of an organization.

24/7 SHARING
Many online healthcare communities operate like a combination of Facebook—in that you decide with whom to interact—and LinkedIn, with its focus on a specific kind of content where members post articles, exchange viewpoints, and help to establish key thought leaders in their respective fields. Unlike live conferences and symposia, HCP social communities can operate on demand. They can provide members with the chance to share their opinions and perspectives; dialogue with thought leaders and colleagues; and/or create content with collaborators. Online community platforms may also provide options such as display advertisements or job postings as a means to generate revenue for the organization. Some community platforms also offer additional widgets such as calendars, polling, and group announcements as other options for engaging members.

OPTIMIZE THE WAY ENGAGEMENT GETS DONE
What many organizations find pleasantly surprising is that building and managing a community can be efficient and affordable. Content can be updated regularly, and some community providers offer a service to link directly with the company’s homepage or main website. Customization can be a key differentiator when assessing community platform providers. Many offer a generic, one-size-fits-all platform, which lacks rich feature sets tailored for your community, endless subgroups, advanced file sharing, and multiple privacy settings. Other features such as panel discussion, journal club, morning report, and grand rounds features can replace or be added to live events with simple digital solutions. Automated invitations and notifications can increase engagement and awareness of your audience and put less burden on a community manager. You can also promote career advancement opportunities, with advanced jobs boards, mentor matching, and private messaging when members seek more discretion about their communications. With all of these advantages, it’s no wonder why communities are a vital resource to attract and maintain talent.

CASE IN POINT
A national community healthcare provider was adding new practices to expand their organization. Dispersed geographies and independent thinking challenged the new practices to successfully function in unison. Medstro solved the client’s dilemma by customizing a platform for bringing together new and existing clinicians for information-sharing, education, networking, and mentoring opportunities. As part of the feature set, discussion boards/grand rounds presented patient cases to gain feedback. Further, the newsfeed feature promoted their clinicians’ articles and speaking engagements and company updates with the members of the community. After less than a year, they could not be more pleased with the level of engagement and activation they get from the platform.

GETTING IT RIGHT, RIGHT FROM THE START
Like any tactical initiative, the concept is only as good as the developer can make it. Here are some questions to ask that will ensure you’re getting the right partner.

1. Why is a community right for my organization at this time?
2. How do I put together the right community features for my platform?
3. How much work will I have to do to maintain and update the community?

While COVID-19 has forced our industry to rethink how our HCPs and patients can engage, communities are not only the answer now, but will transform the way your members interact with you and each other going forward. So, reach out now to keep the conversation going, and chart a bold new course for your brand.
The Shifting Kaleidoscope of EU Pharma Policy

Universal strategy push elicits range of constituency views

Even without the COVID-19 pandemic, this year would have seen some intense discussion in Europe of fundamental questions about its pharmaceutical industry. Long-running battles over IP protection and prices were going to come to a head anyway, as four years’ reflection by the European Union on research incentives were scheduled to deliver new views on its legislation on orphan drugs and pediatric medicines. The European Commission also produced a volley of new initiatives from early 2020, aimed at squaring the circle of stimulating drug innovation without bankrupting healthcare systems. At the same time, a reworking of the EU’s long-term budget included a massive boost to Europe’s health program, while the gaps identified in Europe’s digital infrastructure led to an ambitious plan to create an “EU Health Data Space,” and Europe’s indifferent record on tackling cancer prompted not one but two large-scale parallel programs.

Then came COVID, exposing multiple weaknesses in Europe’s capacity to respond—and most particularly, the slender shape of Europe’s vaccine industry, which had been in gradual decline for years. As it threw billions of dollars at the many problems that the pandemic generated, the EU promoted and subsidized big investment in vaccine development among a handful of selected producers, tweaked its regulatory systems to fast-track promising candidates through the authorization procedures, and urged steps to repatriate drug manufacturing back to Europe after years of relocation to cheaper sites in Asia, and even the creation of European non-profit drug manufacturers.

Amid all of this, the EU released a consultation at mid-summer on an overarching “European Pharmaceutical Strategy”—with a promise for it to appear before the end of 2020, on an agenda stretching from manufacturing autonomy and access to affordable medicines to environmental sustainability, digitalization, unmet needs, and antimicrobial resistance. As Europe’s pharma executives struggled to make sense of all this in their replies to the consultation, European Commission President Ursula von der Leyen delivered a “State of the Union” address last month which included the ambition to create “a genuine European Health Union,” along with a strengthening of the European Medicines Agency (EMA).

For the principal European trade body, the European Federation of Pharmaceutical Associations and Industries (EFPIA), the plans for a shake-up of European rules on pharmaceuticals do not go far enough in support for innovation, and it issued a stern warning against “tampering” with incentives to ease patient access to treatments. Europe needs a research and manufacturing infrastructure “that delivers the next generation of vaccines and treatments,” says EFPIA, with clinical trial networks, biobanks, and data banks, a European health data space, public-private collaboration in speeding products to patients, and encouragement for innovative manufacturing, along with an IP framework and incentives to address unmet medical needs.

The focus of the reply from Medicines for Europe, the generic industry association, was very different: “sustainable economic, regulatory, and industrial off-patent medicines policies.” It urged “removing barriers that delay off-patent medicines market entry at loss of exclusivity,” with “harmonized rules such as the Bolar Directive and an EU ban on patent linkage.”

EUCOPe and EuropaBio want to see “more supportive measures...to drive future medicine development for rare diseases,” and “improved access to new treatments (ATMPs, orphan medicines),” with “streamlined regulatory processes.” The German BPI urges “mapping of existing procurement strategies in all member states,” while in an intriguing comparison, Medicines for Poland wants “support for the building of national production capacities,” citing as a model the EU’s Common Agricultural Policy. The principal concern of Romania’s ARPIM is action to overcome “long delays for pricing and reimbursement processes and late start of market access.”

In the Netherlands, the manufacturers’ body, the VNO-NCW, calls for measures that will “ease the development process of treatments, in order to reduce both development time and cost.”

All these views are, in theory, to be put into the crucible where the EU will forge its new strategy. So too will views from the many stakeholders with different viewpoints, such as the European Public Health Alliance, whose submission speaks—not untypically—of “financial toxicity” in EU current arrangements for pharmaceutical provision, identifying “the excessive price of medicines” as one of the key barriers for patient access in Europe.
I once thought I had multiple sclerosis. A few months ago, a series of MS disease-awareness pop-ups began showing up on my web browser. They captured my attention because I’d been experiencing a mix of health ailments, but I kept putting off a doctor’s visit. Were the pop-ups indicative of an underlying disease?

Today, AI-driven algorithms can help identify undiagnosed patients with rare and difficult-to-diagnose diseases and the healthcare providers (HCPs) who are managing them.

When pharma company executives hear about the promise of AI for diagnosis, they hope to walk into an HCP office and jump right into a conversation about undiagnosed patients or to engage patients online, leveraging look-alike models. These approaches have had mixed success. Since patients are de-identified, the discussion is necessarily general. Patients may not respond to online messaging, depending on how well the call to action motivates them.

While critical, identification is only the first step. Effective engagement is needed to drive diagnosis. Coupled with identification, AI can deliver a disruptive impact in three areas to drive diagnosis: Awareness, Activation, and Adoption.

**AWARENESS**
AI can raise awareness of the clinical journey that undiagnosed patients undergo. Machine-learning algorithms can be used to mine massive amounts of data to understand the nuances of undiagnosed patients. Historically, we have assumed that undiagnosed patients “look the same” as diagnosed patients. In difficult-to-diagnose yet highly prevalent diseases, this is often not the case.

**ACTIVATION**
AI can elucidate the treatment journey for undiagnosed patients. Primary care physicians (PCPs) often treat these patients, but engaging a broad range of PCPs across the country is rarely, if ever, feasible.

AI platforms can map connections among specialties to assess which HCP networks to activate, which, in turn, facilitate appropriate diagnoses.

**ADOPTION**
AI can drive the adoption of clinically appropriate diagnostic approaches. Educating clinicians is imperative to help shape treatment approaches. Key to success is identifying highest-impact HCPs whose networks include HCPs with significant numbers of undiagnosed patients. These clinical influencers have been shown to be highly effective in driving educational initiatives for diagnosis.

While AI did a good job by targeting me with MS disease-awareness messages, I really wasn’t activated to do something about it—not just yet, anyway. Maybe when I see my PCP, AI will have already alerted her to the diagnostic approaches that can help determine whether or not I have MS.

This might finally be the right time to find out for sure.
Mastering the Transition From Academia to Industry  
Tips for rounding out the rough edges in crossover

There’s no doubt scientific knowledge translates well from academia to industry, but the two work environments can be very different. Recognizing the differences and learning how to address some of those disconnects are key to a successful crossover for both employer and employee.

“In academia, you’re judged for the most part on how you do and how your individual programs move forward,” says Mark Genovese, MD, senior vice president of inflammation development at Gilead Sciences. “In industry, it’s how well your groups can move forward cross-functionally to achieve a common goal.”

Genovese, the James W. Raitt Professor of Medicine and clinical chief in the division of immunology and rheumatology at Stanford University for the past 22 years, joined Gilead in April. He now oversees the clinical development of an entire portfolio, including inflammatory diseases and NASH. Despite his success in academia, Genovese was eager to expand his research interests and long-standing collaborations with industry.

“I welcomed the opportunity to potentially build my program in a much larger way by working in industry, with greater resources—and I don’t just mean financial ones,” says Genovese. “I mean a talent pool that works cross-functionally to make things successful. I liked the idea that I would be able to work with a group to get more therapeutics in the diseases where there are unmet needs.”

The difference between academia’s emphasis on the individual versus pharma’s focus on teamwork is one of the most commonly quoted adjustments when moving between these two careers. To bridge that gap, companies should focus on the unique insights and skills people from academia can bring to the pharma table. In a video posted on the American Psychological Association website, R. Anne Hull, a career counselor and president of Hull Strategies, emphasizes certain academia strengths to seek and foster, including:

• Experience as problem solvers
• A bigger-picture view outside industry that offers objectivity
• An expanded network and resources outside industry
• Communication and presentation skills
• Organization and project management skills
• Analytical and critical thinking skills

Pharma’s dynamic environment relies on diverse thinking and partnering to drive innovation within the company. Fortunately, people from academia excel in this area of inquiry. Their ability to freely ask questions and share ideas is one from which pharma can benefit.

Genovese believes his experience with the scientific process as a researcher and physician helped in this regard. He wasn’t afraid to ask people questions in order to understand the historical context of how and why things were done the way they were done, and how and why things would be done moving forward.

“It’s trying to rapidly identify where the issues are within programs but also within your own deficiencies, and then to try and correct them,” he says. “I have trusted that the people around me would give me enough runway to help me get there and that they would be responsive to my questions and provide me line of sight on things that I don’t know. I think it would be much harder if people weren’t open.”

Genovese was fortunate to have worked with Gilead as an investigator prior to joining the company. This provided a level of familiarity and trust that his new colleagues would support him through the transition. He says he is grateful that his new co-workers were comfortable enough to point out his blind spots and where he needed to educate himself.

“It’s a bit of a fog for the first month or two—as another colleague who made a similar move to industry told me—as you realize all the things you don’t know and what you need to learn quickly,” he says. But once the wrinkles of transition are ironed out, merging the minds of academia and industry can produce a successful synergistic situation.

“At first, it can be like a square peg in a round hole,” says Genovese. “But over time, those edges get a little rounder or a little softer, to the extent to which you can move quickly and figure out how this group works slightly different than your group in academia.”
A new report—led by the Novartis Foundation and Microsoft and published by the Broadband Commission Working Group on Digital and AI in Health—states that, just as low- and middle-income countries have adopted technologies such as e-banking, e-commerce, and blockchain faster and more comprehensively than high-income countries, their adoption of health technologies will follow the same trend—but accelerated by COVID-19.

To bring their capabilities to the next level for health systems and patients, however, countries need to “foster a robust enabling environment for needs-driven AI.” Reimagining Global Health through Artificial Intelligence identifies six “self-assessment” areas that countries should focus on to achieve “AI maturity:”

1. People & workforce: Prioritizing AI and data science in their national health education curricula.
2. Data & technology: Prioritizing robust technology architecture, connectivity, access to quality, data privacy, etc.
3. Governance & regulatory: Establishing robust governance structures and regulations to ensure AI innovation targets national health priorities.
4. Design & processes: Performing gap analyses for technical and user requirement specifications and collaborating broadly to ensure successful integration.
5. Partnerships & stakeholders: Supporting effective, goal-oriented partnerships (e.g., multi-sectoral public-private partnerships, data collaboratives).

CONNECTIVITY, COLLABORATION

Speaking to Pharm Exec, Dr. Ann Aerts, head of the Novartis Foundation and co-chair of the Broadband Commission Working Group, said that while universal broadband connectivity will be needed before the sustainable development goals can be reached, “it is very feasible for any country to carry out the self-assessment of their readiness to deploy digital technology and AI in health.” The goal of the report, she adds “is about countries being able to ask themselves, ‘What are the elements we still need to invest in?’ or ‘In which areas are we already quite mature?’ We want every policymaker or decision-maker, whether insurer or health authority, to be able to assess themselves so that they can measure which of the six elements need progress.”

In all countries where it has a presence, the Novartis Foundation aims to sit down with governments and help with the AI self-assessments. “Obviously, we can’t do everything that will be necessary, but we can help bring the right partners around the table,” says Aerts. She points to Brazil, where the Novartis Foundation partners with the local health authorities to run a large urban population health initiative. Based on this partnership, “the government asked for our support in setting up an ‘AI nucleus,’” she explains. “São Paulo, for example, was a COVID hotspot and needed access to innovative solutions. So we partnered with the local government and the University Hospital and tailored an AI-driven (lung) image-based diagnosis for COVID, which was developed in China, to the Brazilian context, while also supporting a call for proposals for health tech innovation. This has been successful in identifying common patterns created by the disease and helping doctors prioritize who needs the most urgent treatment.”

COVID-19, of course, has been a major catalyst for driving the global uptake of new technologies. But it wasn’t a factor when Aerts and her colleagues began the report in October. Indeed, the report was delayed so that the authors could “integrate many of the COVID learnings” into it. The pandemic has brought an opportunity to think how we can do things differently, says Aerts.

With many countries ill-prepared to address COVID-19, in addition to the existing burden of infectious and chronic diseases, digital technology and AI “are essential enablers to re-engineer health systems from being reactive to proactive, predictive, and even preventive,” she explains. “As health systems build back after the pandemic, technological innovation has to be a core part of the agenda and become integral to every health system, as essential as hospital beds.”
The SPAC Makes a Comeback!

When the people are the sole assets

The special purpose acquisition company (SPAC), or “blank-check company,” originally introduced decades ago as a cleaner form of a reverse merger shell, has made an impressive comeback. A SPAC has one purpose: to merge with a company and take it public (“de-SPAC”). Typically, when a biotech company does an IPO, it raises cash to fund the development of its assets. Here, the money comes first, and the company has up to two years to find assets to acquire and build. Essentially, these deals are backed by the “bankability” of their celebrated founders.

According to NASDAQ, in 2014, SPACs represented only 3% of all IPOs. In 2020, SPACs represent nearly half of all IPOs. More than 81 SPACs have gone public, each raising about $400 on average. More SPACs went public in July than in the first six months of the year. There are currently about 120 SPACs actively seeking business combinations and 15% have specifically stated they are targeting healthcare and the life sciences.

So why the renaissance?

Unlike IPOs, which can take months to do, require lengthy road shows, underwriters, a detailed prospectus, and heavy SEC regulation, a SPAC can be done in weeks. And in the midst of an economic shutdown due to the COVID-19 pandemic, SPACs are seen as an efficient source of capital with a clear path for funding.

The size of SPAC deals has increased, and the mechanism has gained newfound legitimacy by attracting high-profile executives from leading companies, married with high-profile investors.

SPACs offer investors protections, such as the right to withdraw capital with interest at the time of a proposed business combination, offering free optionality.

SPAC investors still must vote to approve any deals. Sponsors are highly aligned with their shareholders, often holding 20% of the SPAC, often with warrants to sweeten the pot even further. The sponsors have a strong motivation to do “good” deals and would likely not be keen to see shareholders redeem their shares for cash.

SPACs may also offer target shareholders greater certainty on valuation versus the way the traditional IPO route might, where ultimately, the market decides the valuation.

Earlier this month, ex-Allergan CEO Brent Saunders and Co-Founder Manisha Narasimhan raised $400 million in an IPO for Vesper Healthcare Acquisition Corp., with a goal of building a company that is a leader in the markets it will pursue, which will include aesthetics, ophthalmic, and health and wellness plays.

Other notable and “bankable” luminaries in the investment biotech world include Joe Edelman’s Perceptive; Rod Wong at RTW Health Sciences; RA Founder Peter Kolchinsky; and Jim Tananbaum, founder of Foresite Capital. Hedge fund manager and activist Bill Ackman is reported to be teeing up a SPAC that’s targeting raising $4 billion. However, unlike Saunders and Narasimhan, they are operators, these are all investors.

The work begins following the IPO transaction, when the sponsors and their teams must turn the strategy into action.

Interestingly, despite the boom, and the incentives sponsors have to succeed, most SPACs, historically, have not outperformed, and in fact substantially lagged behind their market indexes one year after the combination. But some have bucked the trend and the future may reap a different result. McKinsey did an interesting study that uncovered a recipe for success: prove operational experience. Operator-led SPACs outperformed non-operator-led ones by 40% and their sectors by 10% one year after merging.

It makes sense that operators would have the edge, right? They are specialized and take a larger role in the combination’s success, usually leading them and often assuming a board seat. These “operators” are:

• More likely to identify their industry focus in the initial SEC filings, which are typically the areas they know best
• Focused, which matters with scarce resources
• Taking a more surgical approach to deal search, which may deliver better sourcing, more rigorous diligence
• Better strategic plans for value creation
• Higher-performing assets
• Ultimately driving higher returns

While the SPAC is definitely back, are these entities here to stay? Probably, but the future performance of the class of 2020 will likely determine whether today’s hot trend will sizzle.
2020 is the year of reimagination. From Zoom weddings to socially distanced graduation ceremonies, we’ve completely overhauled the way we approach interpersonal interactions. And education has been no different.

But it’s not all because of COVID-19. Even before the global pandemic took hold, a new generation of students started matriculating into colleges and universities across the country, demanding a new way of doing things.

Believe it or not, Generation Z—born roughly between 1997 and 2012—is no longer just a generation of kids on TikTok. The older Gen Zers have already completed undergraduate education and are advancing to the next phase of their adult careers—including healthcare.

Therefore, now is the time for brands to begin laying the strategic framework for how to reach this new generation of HCPs.

The brands that learn when, where, how, and with what types of educational information these emerging HCPs wish to engage will be the ones that have the upper hand in not only exceeding Gen Z expectations, but also exceeding their future brand goals.

WHEN AND WHERE: ALWAYS-ACCESSIBLE DIGITAL INTEGRATION

It should come as no surprise that the generation of digital natives isn’t looking for education to be confined to a physical classroom. Based on their exposure to on-demand information and the normalization of work-from-home for their parents, these students believe that technology affords them the ability to learn from anywhere.

They also expect the format of information to evolve to be available on demand digitally with low barriers to access. According to a study conducted by FutureCast and Barkley, these students spend an average of nine hours a day interacting with digital content. Ninety-five percent of them report watching YouTube daily, consuming an average of 70 videos per day, according to the University Professional and Continuing Education Association. While online video and interactive tutorials are the most preferred source of information, Gen Z is also open to learning via other digital platforms, including podcasts, websites, and internet-based educational games.

HOW: HANDS-ON INTERACTION WITH REAL-TIME FEEDBACK

Gen Z is a generation of doers, and innately entrepreneurial, even at a young age. As a carry-over from their social media experience on platforms like Snapchat and TikTok, they also love to not only consume content, but create it. This makes Gen Z students extremely active learners. They dislike passive listening during lectures, and over 50% say they learn best by doing, according to the same study.

They are also keen to keep tabs on their performance and improvement. Born into a highly responsive and real-time world where the number of “likes” immediately determines the effectiveness of a post, Gen Z is accustomed to the constant feedback loop of digital dashboards and expects that same in-the-know experience in their education as well.

WHAT: HIGHLY RELEVANT, BITE-SIZED CONTENT

Gen Zers are highly motivated by personal satisfaction and are particularly focused on pursuing personal interest. Because of this, they value relevancy above all else and want to quickly weed out what is nonessential to them. Because of their natural predisposition to discover, self-educate, and process large amounts of information quickly, they prefer information that is bite-sized, succinct, and visual in nature. They are constantly looking for ways to maximize the best use of their time and only want information that will be helpful in reaching those personal goals.

As the pharmaceutical industry learns how to navigate the new world of resonating with this emerging generation of HCPs, it’s crucial to keep in mind the importance of crafting an experience that meets their expectations for optimal engagement—or else you risk being deemed irrelevant by their eight-second attention spans and passed right on by.
The Regulatory Engagement Conundrum

Biopharma must find sustainable models for public policy engagement

Responsible lobbying—appropriate corporate engagement with legislative and regulatory processes—is becoming a high-priority social impact and governance topic for biopharma. This complex and sensitive challenge needs a tailored response from each company, but there are important general questions to ask, and good ideas to consider.

What’s the problem? Near-term responses to COVID-19, together with our long-term commitments to the UN Sustainable Development Goals (SDGs), are driving new regulations that will deeply affect biopharma. This is true in the US, where discussion skews legalistic and political, and in the EU, which has become a global leader in sustainability regulation. An active dialog between biopharma companies, regulators, and legislators is needed—how else can we craft well-designed policy? But isn’t public policy engagement by industry—lobbying in all its variations—perceived negatively, especially for biopharma?

Key institutional investors are waking up to this conundrum, increasing scrutiny of lobbying activities and corporate oversight. There’s quite a range of perspectives: the Future-Fit Foundation “encourages investors to take a systems-lens approach, enacting change through…the political sphere as well as…asset allocation,” while the Corporate Lobbying Alignment Project (CLAP) from Preventable Surprises aims to “make corporate political capture a central component of investors’ approach to environmental, social, and governance (ESG) stewardship.”

The Biopharma Sustainability Roundtable, an executive network I founded and co-lead, organized a discussion on Responsible Lobbying to explore this challenge. Three of the highest-priority ESG topics identified by biopharma corporates and investors connect with the question of responsible lobbying: equitable access to medicines with fair pricing, business integrity and compliance, and effective corporate governance.

Nate Byer, managing director at Purple Strategies, a corporate communications firm working with global biopharma clients, shared surprising poll results on public expectations and opportunities related to biopharma lobbying. For our Roundtable, Purple surveyed 501 “Informed Public” respondents in the US from Aug. 28 to Sept. 2. It seems there’s a generational divide in attitudes towards biopharma. Younger respondents (age 25-44, 41% of survey, vs. 48% over 45) were more familiar with the industry, more positive about corporate motivations, and more open to industry participation in the regulatory process. At the same time, 65% of respondents across age groups and genders said biopharma has a social duty to provide data and insights to elected officials and regulators. The divide is over viewing biopharma as an innovative technology sector, vs. older perceptions focused on drug pricing and insurance. This insight suggests biopharma can drive positive social perceptions by focusing on the next generation of social and political influencers.

An investor’s perspective came from Jvan Gaffuri, director, ESG benchmarking, for S&P Global, the financial data and analytics firm that recently acquired RobecoSAM’s ESG ratings business. Their research corroborates the idea that effective policy engagement can impact biopharma value drivers, potentially reducing long-term risk and encouraging revenue growth. They note that healthcare, including biopharma, has the highest annual spend on policy influence as a percent of revenues across business sectors, but lacks meaningful disclosure frameworks.

Biopharma has a key role to play in defining policies and regulation for pandemic recovery, and for tackling some SDGs. Best practices for engagement noted by S&P Global echo the suggestions from Purple: highlighting supported social causes and outcomes, being transparent about policy-related funding and activities, and leadership to address issues before they get on a government agenda. They also warn that excessive lobbying can create reputational risk, especially if not aligned with public statements or in defense of structural inefficiencies.

Building a policy engagement strategy that reflects future international requirements, while still driving company objectives, requires a team: business planning, risk management, communications, investor relations, and sustainability professionals need to collaborate. Do you have governance processes in place to ensure lobbying and policy engagements are aligned with your long-term value creation strategy? Are you disclosing the scope and purpose of external engagements to analysts and investors?

We are living through a once-in-a-generation opportunity to shape public dialog on the role of biopharma in our healthcare infrastructure. We all need to find a way to lean into this opportunity for social impact.
When restrictions on travel and gatherings began to take effect due to the COVID-19 pandemic this past March, Physicians’ Education Resource®, LLC (PER®) was one of the first continuing medical education (CME) providers to fully embrace digital programming and quickly pivot to a digital landscape. The uncertainty of those early days of the pandemic meant that live meetings were converted into online programs very rapidly—in as little as four days in one instance. But PER® President Phil Talamo, CHCP, and his colleagues immediately recognized the opportunity to innovate in order to keep delivering critical clinical information to healthcare providers (HCPs).

PER® not only converted 100% of its previously scheduled live events into virtual meetings, but also added multiple new series that address the ongoing public health crisis. But capturing and maintaining the attention of busy HCP audiences during such a tumultuous time involves more than simply posting content online. Here are three ways Talamo and the PER® team pivoted to create impactful, engaging virtual CME events.

1. FOCUS ON CREATING A PREMIUM DIGITAL EVENT

From the onset of PER®’s pivot to digital programming, Talamo says the team’s motto was, “We’re not doing webcasts; we’re doing virtual meetings.” For PER®, this meant making innovative technology work for them, rather than just broadcasting a speaker and synced slide deck. Talamo explains, “There is no playbook for this type of thing, and you can’t be afraid to innovate and take a chance.” The team at PER® did just that, incorporating features such as real-time question-and-answer sessions, live polling, and virtual breakout sessions to create a one-of-a-kind experience for virtual event participants.

2. BRING FACULTY INTO THE INNOVATION PROCESS

Talamo and his team have found faculty to be one of their greatest partners during this time of transition, and frequently ask faculty for feedback on the types of content and formats that they, as practicing clinicians who must earn CME, would like to see. In addition, PER® selects activity chairs and faculty who are not only leaders in their area of specialty, but also skilled at presenting in a highly interactive online environment.

“We look for dynamic, engaging experts who not only understand the data but are also great teachers,” Talamo says. “Most learners aren’t sitting in their home completely uninterrupted for these programs. They’re in their homes, sometimes with one head-phone in while watching TV, maybe with kids in the next room, and we have to create an attractive and engaging experience that can both compete for their attention and educate them on complex topics.”

3. MAKE THE VIRTUAL EXPERIENCE CONVENIENT FOR ATTENDEES

In this busy environment, ease of use is a necessity for any online programming. PER® pivoted to offering one-click access for its virtual events to provide a turnkey experience for participants. “Our team looked at everything,” Talamo says. “From marketing and social media, to removing barriers to attending, length of programs, interactivity. Every single thing moved just a little bit to make it more virtual-friendly.”

PER® recently announced their decision to move all events to its virtual platform through March 2021, and will continue to innovate by adding features that include avatars, virtual exhibit halls, and one-on-one communication with faculty. However, Talamo cautions, “There is no replacement for in-person learning and we will look to include a component of that again.”

As face-to-face events begin to resume, PER® will integrate hybrid platforms that combine in-person groups with livestream opportunities.

But until that time, Talamo urges us all to keep exploring new ways to educate HCPs. “In this evolving time, education still needs to take place because doctors are still treating patients. It just looks a little bit different,” he says. “So, you have to try to find new ways to engage both the faculty and the audience to make sure you’re able to adjust to the new climate, and not just rely on one format to deliver quality programming.”
Speed and Sensitivity

Anne E. White, president, Lilly Oncology, talks about how the lessons she learned from leading a startup helped her to speed Lilly’s drug development from target identification through successful launch

By Julian Upton
Anne White first joined Eli Lilly and Company as an engineer supporting projects in the company’s research laboratories. She quickly became fascinated with the clinical trial process and didn’t waste time in convincing the leadership to move her to that area. From there, she went on to hold various roles in drug development across a number of therapeutic areas, including neuroscience and infectious diseases. But once she became part of the oncology business, she “never wanted to move from it,” she says. Nearly 30 years after entering the company as an engineer, White now leads Lilly’s oncology organization, overseeing the R&D of its later-phase oncology pipeline and its commercial activities, including global marketing and North American sales.

White took a break from Lilly in 2005 when she set up a small oncology company, Tigris Pharmaceuticals. Serving as Tigris’ chief operating officer and vice president, clinical operations was a rewarding experience in terms of the speed and agility with which she could work, she says. “There’s definitely something about being able to focus on just a few medicines that obviously leads to speed.” She adds that the importance of knowing when there is enough data to make a good, well-thought-out decision is something that she learned in the startup space, “because there’s a price to being indecisive or slow to make decisions.”

At the same time, she missed the expertise that she had access to during the first part of her career. Having seen how things work from the small company perspective, she learned to appreciate more “how helpful and valuable, particularly in drug development, it was to have the expertise that you get within the walls of Lilly.” At its peak, Tigris consisted of eight people. “You had a lot of use of consultants and other people to gain information on how to proceed,” White explains. “That’s not the same as having all that knowledge in the same company with you, helping you push forward.” Also, her time at Tigris involved doing a lot of business development with other companies, and this further convinced her of Lilly’s special appeal. “There is the integrity, the transparency we have about our data and how we design studies. It became clear to me that Lilly operates at a higher level of excellence than many.”

GETTING AHEAD

After five years with Tigris, White reached out to Lilly again, but she wasn’t sure of the return path. But she was flattered when Lilly’s then-CEO John Lechleiter quickly said, “You have to come back. Take your learnings from Tigris and help us make Lilly better.” So in August 2010 she returned as senior director, global strategic planning and patient tailoring, oncology, becoming a vice president in oncology two years later.

Lilly gave White a major opportunity to draw on her startup experience working with speed and agility when she was tasked in 2014 with expediting the company’s drug development efforts. “Our CEO had noticed that Lilly was falling behind the median with regard to the time it took us to bring a drug to market,” White explains.

During the next four years as vice president, Lilly Research Laboratories, she led efforts to reduce Lilly’s drug development time from an average of 11 years to under seven years. Like other pharma companies, Lilly was hampered by the ongoing struggle to find patients to enroll in their trials. White and her team began a number of approaches, including using social media differently, making it easier for patients to be screened for studies, and revamping the company’s approach to partnering with advocacy groups. It was no small endeavor, she says. “It wasn’t like we suddenly went from 11 years to under seven,” White told Pharm Exec.

“We assessed our progress six months at a time, and every time we did the data run, I held my breath until I saw we were still making progress.”

She admits that pharma’s drug development process has gotten quicker overall—“The median keeps dropping for the industry as a whole, so Lilly wasn’t unique in this.” But White adds, “I think we are unique in how quickly we moved to get ahead of the median and it is now a competitive advantage.”

White’s prior experience and success at Lilly Research Laboratories made her the right candidate to apply

FAST FOCUS

» Anne E. White is senior vice president of Eli Lilly and Company and president of Lilly Oncology. She has led the development of multiple late-phase opportunities and has held roles leading early-phase drug development and patient tailoring in oncology.

» Earning a bachelor’s degree in engineering from the University of Michigan, White commenced her career at Lilly as an engineer supporting research projects before transitioning to clinical research and later oncology drug development.

» Outside Lilly, she founded and led an oncology startup company, Tigris Pharmaceuticals, collaborating with the Moffitt Cancer Center and the National Cancer Institute.
those acceleratory principles specifically to oncology. Current CEO Dave Ricks told her, “Oncology is probably the area where we need the greatest rate of speed.” The importance of this was further underlined to White when Lilly had a cancer drug that was taking “a little bit longer than I would’ve liked for development,” she says. A patient’s family reached out to Lilly to get access to the drug before it was approved; fortunately, the company was able to get the drug through to them via compassionate use mechanisms. “But it struck me that if we’d just been three months faster, that family would have easily been able to get the drug through the normal channels,” says White.

She adds, “Patients talk of wanting to make it to their children’s weddings or see their grandchildren being born. These moments matter, even if you can’t find a cure. If you give people time to achieve some of those milestones in their lives, it means the world to them. That’s really what grabbed me about working in the oncology area, and we’ve done a lot of things to make things happen faster.”

One example is the recent launch of Lilly’s Retevmo, the first therapy specifically developed for patients with advanced metastatic rearranged during transfection (RET)-driven lung and thyroid cancers. Lilly gained the rights to the RET inhibitor after the organization acquired the Connecticut-based biopharma Loxo Oncology in February 2019.

Retevmo, which had entered clinical trials in May 2017, went on to achieve FDA approval in just three years (May 8, 2020), representing the most rapid timeline in the development of an oncology medicine with multiple indications. Since approval, of course, White and her team have had to negotiate the launch of Retevmo amid the COVID-19 pandemic. Probably the biggest challenge associated with this, she says, was preparing for the ASCO Annual Meeting in June. “We had just a few weeks to shift to a completely virtual experience, including creating a virtual booth, changing all our customer meetings to video calls, and making sure all the scientific presentations were recorded,” she explains. “We had to put in some long days ahead of the meeting to ensure proper planning and execution in this virtual environment.”

But now White hopes that congresses will continue to offer a virtual option in the future, after the pandemic. “Virtual congresses are more attainable for people who cannot afford to travel, especially to places outside of the US,” she says. “If we can maximize participation at those meetings, I think the whole oncology community will benefit. Meetings such as ASCO are essential for people to find out about new data.”

White feels that her group was actually among the quickest to adapt to the new way of working things during the pandemic. “We’d already had to move to virtual peer-to-peer programs because our physicians didn’t have the time to travel to programs and things like that. It wasn’t as much of a hurdle as it could have been if we didn’t have that dynamic.” But she concedes, “we would have never dreamed of having a non-in-person product launch for Retevmo if the pandemic hadn’t forced us to do it differently.”

BUILDING A LEGACY

White is proud of the number of cancer medicines she’s had the chance to work on in her career, whether that’s as oncology group president, project manager or clinical development leader. “I’ve contributed to six launched oncology medicines, as well a number of indications beyond the original one. I think that is pretty powerful in the world of cancer,” she says.

Another source of pride are the leaders White’s had a chance to mentor, sponsor, or promote over the years. “I’ve been a people leader now for all but the first two years of my career,” she says. “In the company, there are several people I mentored early on who are now at the vice president level. That’s a legacy—it makes you think you helped to make a broader difference at the company.”

White continues to be passionate about promoting and encouraging new talent. She was awarded the Lilly Women’s Network Award for her efforts in mentoring and supporting women in the workplace and she is the executive sponsor for Lilly’s LGBTQ community.

“Another big to-do for me in the next few years is to continue to make Lilly a very inclusive place,” White explains. “We just did a survey of our LGBTQ employees, which said we have made progress in helping this community feel embraced and welcomed at Lilly, but there is a lot more to achieve.”

Having built a meaningful legacy and served a total of 25 years at Lilly, White still has an undiminished passion for her work. She remains fascinated by oncology, by the unmet need and the opportunities. And she is still open to new challenges. “I’m a big fan of Lilly, so if the CEO asked me to lead another area, I’d certainly do that,” White says. For now, though, she still has plenty to do.
LET’S GO BEYOND THE PAGES

Expert insights on the go

Have you listened to Pharm Exec’s new podcast? Every episode, we talk out topics and trends that matter most to the C-suite. You’ll hear and learn from pharma peers who bring their unique experience and insights to life in our fast-paced, user-friendly format.

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Today we have access to more data from more sources than we could ever dream possible.

To be competitive in today's digital world, we increasingly need the ability to efficiently and effectively process this data for insights and actions. The life sciences industry can leverage this data using predictive analytic tools and machine learning to rapidly identify patient behaviors and patterns – allowing us to predict and execute “next best actions” in our quest to improve hub performance and, ultimately, patient outcomes.

Pharma companies interested in supporting patients through their care journeys need to implement predictions in the apparatus of patient and hub services. A prediction alone is not interesting. A prediction that enables an action and learns from the outcome of that action is what creates a high-performance operation. As the industry continues its shift to value-based care, this challenge has never been timelier.

Building a Model

The solutions we build must establish metric-based patient segments along with data-driven approaches to patient profiles because we know that patients have different adherence issues, communication preferences and triggers that influence their behavior. The ability to track messages and segment performance, and be supported by a learning system that optimizes engagement, is key to improving health outcomes.

We begin by collecting data to provide the foundation for what will become our model. Understanding the factors impacting patient behavior and action, we could then identify and create the “personas” that would provide accurate insight into how patients are likely to engage with patient services providers and hub programs. This insight helps us predict next best actions and leads patient services and hub providers to focus on customizing several different technology and engagement solutions. Our goal was to identify the key drivers of a patient’s switch to a competitor’s brand or discontinuation of use of a brand and provide clarity on how hub efforts are affecting results.

Predictive Action With Measurable Impact

By identifying the path a patient is on we can predict probability of nonadherence and measure the size of the potential impact across the product life cycle. We gathered and analyzed data points from all aspects of the patient’s health journey to create an authentic persona. We segmented and
described the unique persona patterns of patients who responded to existing hub services, and once the persona was created, matched patients to similar patients who shared that persona and contrasted based on their actions and engagement to predict the path that the patient was likely to take.

FIGURE 1 traces the path of one of the personas we created, Persona A, who discontinued a brand therapy. We developed a unified data set – consisting of demographics, income data, total Rx costs per year, estimated out-of-pockets and total cost of care – to help train our model. Patients who matched Persona A were identified from the database at the time of hub enrollment and deployed/enrolled into the hub process. The results of our modeling showed a 98% accuracy rate in our ability to describe the types of patients, or personas, across the model.

FIGURE 2
*Improvement in adherence plus cost savings for 1000 patients*

Implementing Predictions in Hub and Predicting Communication Response

We found that by altering content and communication mediums, and by delivering a co-pay card via an app, we maximized Persona A’s ability to refill his script two days ahead of scheduled refill. The system “learned” how well Persona A did with that action and improved its ability to predict – allowing us to successfully predict the next best action.

FIGURE 2 demonstrates the economic impact of ACTICS by EVERSANA™, our technology-enabled solution to optimize end-to-end commercial success for life science companies.

This technology is designed to enable data integration and predictive actions, further complemented with integrated commercial services to optimize actions through the patient journey. It drives incremental value and actions across the product life cycle and can help clients proactively improve patient identification, acquisition, conversion and retention.

Conclusion

The goal was to demonstrate how the power of technology can drive the success of patient services hub programs operations as well as the value of predicting the next best action in increasing the effectiveness of keeping patients on therapy. Through predictive modeling, we showcased new ways to improve and manage patient outcomes and treatment pathways, increased the value of hub performance and demonstrated measurable economic value.

Predictive analytics and machine learning is transforming healthcare by helping us identify diseases faster, decrease costs through precision therapies, improve clinical trial enrollment and increase operational effectiveness. The technology drives performance optimization, and it can do the same for many other services, including field solutions, clinical trial recruitment and supply chain distribution. We can expect that the next generation of patient and hub services will significantly improve health outcomes through high-touch patient engagement, and technology and data analytics will play a key role.
Leadership and Industry Image

A recent roundtable moderated by Rob Jekielek of The Harris Poll gathered five biopharma CEOs to discuss the industry’s shifting reputational landscape in the public eye

By Elaine Quilici

In a closed virtual roundtable on Aug. 20, Michael J. Hennessy Jr., president and CEO of MJH Life Sciences, parent company of Pharmaceutical Executive, welcomed a panel of five biopharma CEOs to discuss the improving image of their industry. Hennessy commented that despite its many negative aspects, COVID-19 has provided the pharma industry a new opportunity to show its value. The panelists shared their insights on why the industry has been able to shift its image for the better and how to maintain the momentum moving forward.

STATE OF THE UNION

Rob Jekielek, managing director at The Harris Poll, moderated the event. The organization, which has been conducting public opinion research for more than 50 years, decided early on in the pandemic to focus on gathering information that could be of public service. As a result, The Harris Poll has been looking closely at the pharmaceutical industry.

“We’re in such a different place today than we’ve ever seen in the data,” said Jekielek. “As we look at the last 20 years of perceptions around the industry, it’s been hovering closer to tobacco than to tech. As the numbers move…it’s basically a doubling of positive public perception, and that’s being massively accelerated since the beginning of this year.”

Jekielek referred to The Harris Poll’s 20-plus-year tracking of the industry’s positive reputation. An industry low of 26% positive reputation in 2008 barely improved over the course of a decade, sitting at just 32% in January of this year. But as COVID came into focus, pharma’s positive reputation jumped to 53% by July 2020.

As people process news stories and other public information about pharma’s response to the pandemic, and recognize companies’ willingness to collaborate and earnest efforts to develop vaccines, treatments, and testing, their perceptions are improving. Harris Poll research also indicates the public is receiving industry communications and advertising in a positive way. “They are picking up on much more than ever before,” said Jekielek. “And it has a much more positive pull-through.”

This increase in positive perception is a key opportunity for pharma. As Jekielek expressed, this is a “once-in-a-generation
inflection point for the industry.” If companies can build upon the lessons they’ve learned during COVID—including the benefits of focusing on employees, patients, educating the public, and collaboration—they might be able to finally showcase their true value to society. The following are insights our CEO roundtable participants shared regarding what’s driving the change, and how they can continue it.

**VALUING EMPLOYEES**

Employees arose as one of the most critical components driving image. From the way employees are treated to how they showcase their efforts in the community, this perception “cuts through the clutter of any message,” said Jekielek.

Liz Barrett, president and CEO of UroGen Pharma, talked about Disney’s management model: Instead of focusing on consumers, the company focuses on instilling its mission in employees, who deal with customers at the forefront. “We need to do that,” said Barrett. “We need to ensure that all of our employees feel valued, that they feel like this is a place where they want to come to work and they want to give.”

At the onset of the COVID crisis in mid-March—a midst various business concerns such as financial stability and drug shipments—John Crowley, chairman of the board and CEO of Amicus Therapeutics, launched Amicus Cares, a program to listen to and connect with his team about their concerns during this disruptive time. “Within the first 30 days, I had small group sessions with every one of our 500 employees,” he said. “The first thing we did in those first 72 hours, we added a $1,000 bonus to every non-executive paycheck that Friday. We said, ‘We don’t know what extraordinary expenses you have, but here’s some help.’ It was also a symbol to people that we’re in this together and we’re here for you, and that proved incredibly important.”

At Global Blood Therapeutics (GBT), Ted Love, MD, president and CEO, focuses on the three Ps: a commitment to patients; people, or employees driven by those patients; and pennies or money to make it all work. “What we’ve really tried to do is to create a unified force,” he said. “There’s a line that people will work for money. People will work even harder if there’s a great culture that you create. But people will work the hardest if they feel they are on a critical mission. In our industry, we really have the capacity to be about a critical mission.”

Karyopharm, which had a partner in China with access to masks, lotions, wipes, and other hard-to-get items during COVID, showed it cared by delivering each employee a care package full of items. In addition, some were sent to local businesses, allowing them to remain open; veterans’ facilities in need; and patient advocacy organizations to distribute to patients who needed them to receive treatment at clinics. “I think it showed that we really do care,” said Michael Kauffman, MD, PhD, CEO and co-founder of Karyopharm.

Michael Bailey, president and CEO of AVEO Oncology, talked about how his company tapped into its core tenets of respect, trust, and transparency during the pandemic. “One of the reasons we’ve been able to adapt to this circumstance so well is because our mission is for the greater good and what we do for other people,” he said.

Bailey found the office changes around COVID to be a litmus test of those precepts and reported that the pandemic had only reinforced them within the company. His leadership team has responded to employees’ voiced needs effectively. At the same time, employees have respected the company by keeping their requests within reason. Trust has come into play in regard to working remotely. Before COVID, Bailey was not convinced that work from home could be successful, but since quarantine, he said he’s been “impressed by the increase in productivity and professionalism that the team has demonstrated.” Remote work has also eliminated the “walkabout management” model he believed in. Now, without the ability to see people face to face, AVEO has increased its formal communication with more regular and robust meetings and messages, which have increased transparency.

“At the end of the day, pharma companies are not entities,” said Bailey. “They’re a collection of people with a common mission. And to just make sure that achieving that mission is doable is one of our key responsibilities.”

**COMPANIES COME TOGETHER**

Love expressed his pride in how employees at GBT, which focuses on sickle cell disease, supported each other during
COVID. “It’s interesting that during this pandemic we’ve had issues around social justice, and sickle cell patients are 90% African American in the United States,” he said. “Those are patients who not only have a devastating disease but also suffer tremendously from social injustice in our country, social injustice in our healthcare system as well. So this has been a very powerful time for us.”

Amicus’ Crowley stated he was most proud of his team’s ability to deliver its medicines around the world, especially during the height of the crisis. “These medicines are the lifeblood for these patients,” he said. “Without these medicines delivered on schedule, people will suffer and, in some cases, could die.”

Karyopharm experienced an unexpected bump in activity when Xpovo, a drug for diffuse large B-cell lymphoma (DLBCL), proved successful in inhibiting coronavirus. “That necessitated us becoming a virology company sort of overnight, which as a small company in the middle of everything is not a good idea—especially when you’re dealing with a virus that nobody understands,” said Kauffman. He applauded his team for coming together amid the heavy workload of filing a new drug application (NDA) and getting approval for the DLBCL indication.

At UroGen Pharma, Barrett led her small team through COVID at full steam also, as the organization had to switch to a virtual launch of its first drug. UroGen worked closely with FDA to receive product approval ahead of its scheduled April PDUFA date. “I’m grateful and really proud of what the team has done to, one, ensure we got our approval, but, two, really to make sure that [Jelmyto] is accessible for patients.”

**INFORM AND EDUCATE**

UroGen’s Barrett put a premium on the need to transform advertising and communication to connect with patients. “One thing that has hurt our industry is that the general population is uninformed about what we do,” she said. “What they hear are the sound bites of a politician or the amount of money they have to pay when they go into a pharmacy. And we’ve actually, as an industry, been reluctant to do too much around education and information in advertising because we usually get criticized for it. But we have to continue to educate the population...as to what we do. I think back to my time in Novartis where we launched Kymriah, the CAR-T therapy, which is truly a cure for these patients; but we don’t really talk about it like that,” she said.

Karyopharm’s Kauffman said the industry has done an “abysmal job” of highlighting the breakthroughs that could be used to project pharma’s worth. He mentioned GBT’s sickle cell drug, Oxbury; the many life-changing cancer and heart failure drugs; the cure for hepatitis C; and numerous new drugs for orphan diseases as examples that could have been used better to promote pharma’s value in society.

Getting the industry to work together to send unified messages is now more important than ever. With a COVID-19 vaccine on the horizon, educating the public and building an image of trust can help foster a level of comfort that makes people amenable to receiving it.

**CONNECTING WITH PATIENTS**

While pharma has a natural focus on patients, to really connect with them, companies need to understand the true patient experience. “It’s a mindset more than anything,” said Crowley, whose own family has battled rare disease. At Amicus, he works to build a patient-focused culture. When making decisions, he asks employees every day to consider the child or parent perspective, with self-directed questions such as: Where would you build the factory? What type of person would you hire? Where would you put your precious dollars? How would you price the medicine? How would you make sure that there’s access?

To reinforce that, Amicus has a patient hub that supports both patients and physicians. It also has a team of patient advocates within the company who act as a bridge to patient communities. The group is led by a C-suite-level executive who holds the title of chief patient advocate, Jayne Gershkowitz. “All of us should represent that patient perspective,” said Crowley. “But I ask Jayne to always be the conscience of the company. And if we’re deviating from what’s best for patients, remind us and drive us back to that true north.”

Love commended Amicus’ work in this area and said his company tries to follow a similar model. He said GBT was involved in the patient community even before it had its drug in the clinic. He and his team participated in sickle cell walks around the country, donating their own money. And when they were designing their studies, they talked to patients and integrated patients’...
insights into their plans. “If we all focus on the patient, we will never get lost,” he said. “If we compromise on the patient for financial success, it will lead to failure and it’ll lead to something that we’re not proud of.”

AVEO’s Bailey said “it boils down to our responsibilities.” In the case of oncology, companies need to improve quality of life and the overall patient experience, which includes tolerability of therapies and access to treatments. “We need to think about the whole patient experience,” he said. “Getting an extra two months of life and being absolutely miserable because you’re taking a terribly toxic therapy is probably not a great tradeoff.”

Bailey lauded how the industry has evolved in this respect, moving away from a “chemotherapy poison era to targeted therapy” and encouraged pharma to continue that trend.

UroGen’s new upper tract urothelial cancer therapy is a good example of improving patients’ journeys. The treatment allows patients to avoid getting a kidney removed—something especially welcome during the COVID-19 crisis. Barrett also had patients in mind when she questioned the original protocol for Jelmyto, a six-week therapy followed by maintenance. With no evidence that the maintenance was actually helpful, Barrett ended it, instead focusing on retreatment. “There’s no drug that is benign,” she said. “[Patients] only should take the amount of medicine they need to get better. Developing our clinical studies with the idea of what’s in the best interest of the patient is important.”

Kauffman also dealt with quality of life issues in regard to Xpovio, Karyopharm’s drug that launched last year with some tolerability issues. “You don’t want to make people miserable, especially if they have two, three months to live,” he said. His team invested in supportive care to address this.

“It is remarkable that our entire messaging got weighted down on supportive care, making sure the patient felt good, almost to the detriment of the efficacy of the drug,” he added. Patient advocates’ YouTube and Twitter presence helped convince people that supplementing the treatment with some standard anti-nausea remedies was worth the benefits of Xpovio.

### INDUSTRY COLLABORATION

As individual companies pulled together through COVID, so did the industry as a whole. “We have collaborated around data and information,” said GBT’s Love. “You publish patents not only to protect you but to teach people how you did it. It provides the pathway that if they can improve upon your invention, they can have a new product. It’s very unusual to teach people how to beat your product, but our industry actually does that. That is an indirect form of collaboration even across companies which are competitive.”

UroGen’s Barrett said now that biopharma organizations have reached out to working with one another, it would be hard to do otherwise. “In the past, I think it’s been about how can I maximize,” she said. “[But] we’ve got to be willing to share the success, and I think this is demonstrated that you can get to success faster and probably bigger, and so sharing it is a good thing.”

Bailey said collaboration and strategic partnerships have been integral to AVEO’s success—not just to share in the successes but to diversify the risk. Many times, small companies don’t have the resources to develop assets in an effective way.

“Seeing the importance of advancing these therapies and maybe losing some of the value of them, but for the greater good, to get these products to the patients that we serve is a cornerstone to what we do,” he said.

Bailey was proud of the strategic partnerships that have occurred as a result of the pandemic, such as the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) partnership, which brought together more than a dozen biopharma companies to develop an international strategy to address COVID research.

“It’s very refreshing to see,” he said.

Bailey hopes that example of collaboration can be extended beyond COVID. For example, he mentioned the various oncology immunotherapies that could potentially be combined with other drugs to continue progress. “Not many people have multiple drugs within their portfolio that they can combine, so seeking out those kind of collaborations to ensure they increase in efficacy and overall quality of patients’ lives is very important,” he said.
While pharma has always had collaboration, especially in drug development, Amicus’ Crowley said COVID prompted two welcome things: increased transparency and working fast. “Look at the regulators’ response—this isn’t the typical ‘I’m going to send in my type-C meeting request and hope to get a face-to-face in 60 days,’” he said. “You’re on a cell phone call that night with regulators who have stepped up unbelievably well. And the FDA and EMA and other organizations are collaborating in a way they never have. If we can build upon that notion of collaboration, I think it would be for the benefit of everybody.”

Bailey pushed the envelope on the topic of collaboration amid competition by raising the idea of common control arms in clinical trials. In multiple studies exploring the same opportunity or disease state, such as COVID, many patients have received suboptimal or no therapy. Creating a common control arm across these studies could reduce the number of patients not receiving treatment. “This concept, along with master protocols, were referred to by Scott Gottlieb at a conference I attended,” said Bailey. “Is there a possibility to minimize the number of patients who get nothing and ultimately identify the best solution? COVID is a perfect opportunity for that.”

Kauffman, who experienced a few logistical delays with FDA, was equally impressed with the industry’s collaboration during COVID. “We had a protocol turned around in six or eight days, with about three back-and-forths,” he said. “People jumped on it, and it’s been great. Institutions got their ethics committees and their IRBs together quickly. Nobody was messing around here. There was…seven days a week, 24 hours a day. Energy. This industry is stepping up, like it always does, and they’re moving about as fast as they can.”

MANAGING NEW REALITIES
The COVID-19 pandemic has certainly changed pharma’s usual way of doing business. Recognizing these shifts as new opportunities to meet current needs will be important to maintaining the industry’s image.

One new driver to consider is time. Whereas in the past, patients may only have thought about quick access to medicines if they became very ill, people now value getting treatments faster. This new emphasis on access will likely carry over, according to Crowley.

“The notion of broad access to medicines for all—universal access—is implicit in this whole COVID world, and that needs to be an important principle going forward,” he said.

Cost is another element that has been cast in a new light, thanks to the COVID-19 outbreak. “This is not a time for price gouging,” said Crowley. “You’re seeing very responsible behavior in pricing. A fair return for risks; but you’re seeing that notion of responsibility in a way that maybe we hadn’t seen.”

GBT’s Love explained the importance of breaking through old ways of thinking by comparing it to racial inequities in the US. Though many individuals have tried to stand against injustice throughout the years, the executive felt the George Floyd incident was a turning point because it changed the discussion. “It’s all about controlling the narrative,” he said. “The pharmaceutical industry is no better today than it was a year ago. Police violence is no worse today than it was a year ago, but we have changed the narrative. And, unfortunately, our industry has been the target of politicians who, in order to get elected, really focus on the one issue our industry did not create, which is out-of-pocket costs.”

Pharma’s unique commitment to keeping patient costs low can help lead the narrative going forward. “In how many industries do their products get cheaper?” said Love. “How many industries…if you can’t afford the product, the companies provide it free? There is a tremendous amount to be proud of, and we should make sure that our politicians and others who do control the narrative are telling the truth and not using us as a tool to influence their probability of being elected. We have to make sure we never let the narrative become anything but about the truth.”

Maintaining the positive image that has begun to emerge since COVID will require continued effort on all levels—from within companies to across the industry. But pharma is off to a good start in rebranding its overall message.

“We’re not just in it for the profits,” said Barrett. “We are in it because we believe that we truly make a difference in human health and that we’re needed, and the industry has come out to demonstrate that.”

In the past, I think it’s been about how can I maximize. [But] we’ve got to be willing to share the success, and I think this is demonstrated that you can get to success faster and probably bigger, and so sharing it is a good thing.
Innovation in oncology care is rapidly evolving due to the growing availability, and use of, biomarker testing. Biomarker testing can be a valuable component of designing a treatment plan for patients to help positively impact outcomes. However, in routine care, levels of biomarker testing can greatly differ. In fact, the increasing number of biomarker-linked targeted therapies can, at times, complicate optimal adoption of biomarker testing.

How do we solve for this challenge?

Joining an expert panel as they discuss barriers that are limiting testing for solid tumor biomarkers in the United States and the impact of these barriers on decision making for treatment plans now and in the context of the changing healthcare ecosystem. They will also offer solutions to help reduce these testing barriers to realize the benefits of truly personalized medicine.

3 Key Take-Aways

• **Examine the current state of biomarker testing adoption in the US** — Optimal adoption of biomarker testing is necessary for cancer patients to realize the benefits of biomarker-based targeted therapies, yet biomarker testing rates vary greatly across biomarkers and tumor types.

• **Explore barriers to optimal biomarker adoption** — As biomarker tests and biomarker-based medicines proliferate, the complexity of the patient journey has increased, and a number of barriers hinder optimal use of testing to guide therapy selection.

• **Discover proposed approaches to overcome barriers to realize the benefits of truly personalized medicine** — With an ever-growing focus on personalized medicine, changes that address testing barriers and spur a robust uptake of biomarker testing in oncology care can enable a future with better patient outcomes.
In simple terms, patient support programs help get medicines into the hands of people who need them. In an increasingly complicated healthcare environment, that alone more than makes these services “essential” to those who count on them as they navigate their healthcare journeys.

In fact, patient support has never been more important than it is now, as the COVID-19 pandemic wreaks havoc with the very structure of how we deliver healthcare. Yet that same havoc has made it harder to maintain continuity within these critical programs.

So how’s a mindful pharmaceutical manufacturer to serve its patients, even when the going gets tough? By planning for the next disruption, now. Pharmaceutical companies should have crisis-management and risk-mitigation plans in the pipeline before the next upheaval arrives, and they need a fleet of trained professionals ready to execute those plans when it does. For while COVID-19 has been a disruptor of the first order, it won’t be our last.

A ‘MUST HAVE’

In the not-too-distant past, patient support programs were seen as more of a “nice to have” than a “must have.” However, with the growth of specialty pharmaceuticals and the increasing complexity of treatment overall, patient support programs are now mission critical to healthcare delivery.

It’s a trend that shows no sign of reversing either, as the growth of personalized medicine, advances in genetic and diagnostic testing, and the rising cost of health-related specialty products all increase the value of active and supportive patient engagement.

Consider this reality: While specialty medicines currently account for only about 2.2% of prescription volume overall, by the end of 2020, they’re projected to make up nearly 50% of all US drug spending, according to the IQVIA Institute. That’s a significant figure.

BARRIERS AND BEYOND

So how do patient support programs ensure that patients get the medications they need? Principally, these programs help patients navigate barriers to access, which could be anything from financial and insurance-related limitations to the logistical challenges of starting, receiving, and administering a medication. Furthermore, patient adherence poses a barrier for these programs to address.

Steering patients around barriers isn’t all support programs do. They help patients determine eligibility for certain medications via benefit investigations. They guide patients through prior-authorization and appeals processes. They open doors to financial and copay assistance, facilitate patient education, and even ensure compliance with risk evaluation and mitigation strategies, data reporting, and, of course, drug distribution.

ENABLING SUCCESS

Helping patients get access to therapies is a high-stakes commitment. And as we look across patient support programs, one consistency we see among successful ones is an emphasis on optimal program efficiency, cost containment, and an improved experience for patients and providers alike.

In my experience, the best way to reach those endpoints is by staffing programs with highly skilled and experienced agents who’ve built track records delivering on their number-one goal: patient-centric support.

Successful patient support programs implement what I call “technology enablers” that augment the work these agents do—increasing program efficiency by trimming the administrative burden so that agents can concentrate on other more value-added activities. That means meeting patients where they are in their journey and improving their overall experiences.

Bottom line, you can’t lose sight of the primary goal of patient...
support programs: easing the path between the patient and the therapy their provider prescribes for them. There are no two ways about it.

SECRET SAUCE TO SUCCESS
This brings us back to crisis management, risk mitigation, and why planning for them—and hiring skilled staff to carry those plans out—are so important during disruptions like our current one. And though this time we’re dealing with a pandemic, next time we might face a wildfire or hurricane, or something more mundane—such as a power outage—that can impact a program’s ability to serve its patients and, thus, put their health at risk.

As it happens, I’m in a unique position that lets me speak to clients every day about what leads them to a vendor partner as they establish their patient support programs. There are a few key recurring themes manufacturers should look for.

First is a capacity to scale. Manufacturers vetting prospective partners to run their patient support program want one with the flexibility to ramp up or down quickly and accommodate the ebbs and flows of program volume. That includes having the physical space and infrastructure to accomplish that rapid ramping up and down.

Equally important is site redundancy. This helps ensure continuity so that manufacturers can transition volume seamlessly from one site to another in the event of disruption. It also provides an opportunity to ensure diversity of staff, supporting each program with the best talent regardless of location. And when you consider the current pandemic, having multiple sites makes remote or virtual employment that much more manageable.

We’ve also found that in some situations, a global service-delivery model with employees in lower cost regions provides a benefit with expanded time-zone coverage and employee diversification, while also allowing for cost benefits.

Staffing the human resource: Since the success of a program is directly tied to the quality and empathy of the agents who are supporting patients, the right partner needs to equip their human resource with the right tools to be effective and efficient. When you look at the contact-center space more broadly, you sometimes notice problems tied to agent engagement. Key to the solution is empowering agents with the tools to do their jobs and forge that link to the importance of their role.

At the end of the day, we’re helping patients access product, and you want your vendor to instill that mission in their agents, who work as an extension of you as a manufacturer. Additionally, you can’t neglect priorities like social responsibility, inclusivity, and a commitment to diversity, either. If you fail in any of those commitments, you risk agent attrition and lower engagement.

When it comes to minimizing program risk, manufacturers must also consider their entire program ecosystem and how well their partners are integrated. Does a prospective vendor have established connections to the many parties that are part of their patient support program, or are they recreating the wheel each time from a process-infrastructure perspective? Here’s a helpful hint: Avoid the latter.

And what about data reporting and analytics? Can a vendor give you the information and insight you need as a manufacturer to monitor program performance and make informed corrective decisions? Gone are the days of standard reports—business intelligence tools that aggregate and consolidate data into a single repository that presents your program data in a drillable and visually intuitive format enables rapid, actionable insights. Providing manufacturers with comprehensive visibility and clarity of their program status (across patients, products, and services) on how patients are progressing in their care journey facilitates rapid identification of trends and patterns and exposes obstacles, confirms approaches, and uncovers insights that allows them to quickly adjust their program to maximize the potential of their product.

And finally, what additional capabilities does the vendor bring to the table, and what’s the benefit of coupling them with patient support? Examples include seamless integration with a non-commercial specialty pharmacy, field service support, clinical support, lab testing, financial assistance, REMS, and drug safety to name a few.

PLANS INTO ACTION
That’s a lot for any manufacturer to consider. But from my vantage at Covance, I’ve learned that establishing these imperatives before disruption descends can ensure program continuity and avert any disruptions for patients and providers.

For example, because we had a robust business continuity plan in place before the pandemic, we were well positioned to implement it immediately. In fact, we enacted our business-continuity plans on March 1 as COVID-19 developed, and within that same week were already talking with clients about what changes we’d need to keep all our employees safe.

In the immediate term, it meant increased site cleaning, social distancing within the contact center, greater access to sanitizing agents, and remote work for those who could immediately go to a remote-based environment. Within two weeks, we had 80% of our workforce working from home, both in the US and globally and 100% within four weeks. Our technology infrastructure was key in facilitating this transition so seamlessly. Additionally, all our performance metrics were on track immediately following that shift and continue along the same course.

So, given that this pandemic will continue to impact how we serve our manufacturers’ patient support programs in the future, Covance will remain committed to engaging with our clients to plan for that future in a collaborative way.
Last spring, COVID-19 quickly swept the nation and forced the healthcare industry to adapt just as swiftly. In-person physician visits dropped precipitously as people stayed at home, afraid to expose themselves to the virus. They were scared and delayed elective treatments. Providers were busy changing the way they did business. They coordinated remotely with their nurses and office staff and scrambled to adopt new technologies in order to help patients.

As the void between patient and provider widened, it was an ideal opportunity for hub services to step in. These patient support groups ensured patients received the handholding they needed to navigate prescription and insurance issues. They also took the pressure off of physicians by providing innovative options for doctors to electronically engage patients.

During such an uncertain time, these groups proved to be a valuable asset for everyone.

THE CHANGING FACE OF CARE
The uncharted territory of COVID caused disruptions at every point on the patient care continuum, from diagnosis through initiation of therapy to continuation of therapy. But the root of the pandemic’s impact on pharma was the reduction in patient visits to the physician’s office. According to Epic Health Research data, mid-April was the peak for telehealth visits, with 69% of total doctor visits being virtual.

This shift has resulted in fewer preventative screenings, and as a result, diagnosis has dropped for some therapeutic areas, such as those for breast and colon cancers.

“As much as it’s having an impact right now, there’s likely to be longer-term impact, because not only are patients not getting diagnosed right away, but some are not getting initiated on therapy in a timely fashion because of the need to get some pre-initiation lab tests and scans done,” says Janardhan Vellore, vice
president at Beghou Consulting, a biopharmaceutical commercial strategy and operations consulting firm.

Pharma is noticing the effects. For example, Novartis’ Q2 sales numbers came in below expectations. Vellore attributes that to the company’s ophthalmology and dermatology drugs underperforming due to decreased patient demand. Lucentis, which needs to be administered as an injection into the eye in the physician’s office, and Cosentyx, which requires a subcutaneous injection under the physician’s guidance, were impacted by a slowdown in new patient starts and maintaining patients on therapy. As companies move forward, many are revising their 2020 sales guidance as a result, Vellore says.

Tommy Bramley, PhD, president of Lash Group, a patient support service company that is part of AmerisourceBergen, says his analytics team closely monitors the dynamics of prescription volumes and copay volumes, and both have been down since the pandemic began. He directly attributes that to patients avoiding in-office visits.

Arming patients with information about hub services can help them get ahead of their fears and avoid making choices that produce suboptimal therapeutic results. “Educating patients on a variety of hub services can help ease some of their treatment anxiety and provide supplemental options to navigate their access,” says Nicole Hebbert, a member of Pharm Exec’s Editorial Advisory Board and senior vice president, head of patient support services, at United BioSource (UBC), a provider of pharmaceutical support services. “This allows them to focus on their health and their families in an informed and empowered manner.”

UBC provided hub services for SK life science’s drug Xcopri, a treatment for partial-onset seizures that launched in May. Because Xcopri has a titration schedule, SK life science sought a partner that could help with that process, to ensure patients got started and continued their therapy as appropriate.

“For patients who don’t want to go to the pharmacy or leave their house, the product is being delivered to their door, and we’re ensured a proper start, the right dosing, and the patient is put off on the best foot,” says Robert Polans, vice president of market access and trade at SK life science. “The main reasons why we launched in a COVID environment is because we have this program and it was the right thing to do for the patients. This program made us more confident that the launch would be executed in a better fashion.”

A HAND TO HOLD

While the average American was concerned about where to find toilet paper and hand sanitizer in the early days of COVID, patients had the added stress of worrying about how they were going to see their physician and receive the medicines they needed to survive. “Patient education and hand-holding have never been as important as now, because patients are scared,” says Vellore. “Engaging with the patient at each step of the way is really critical.”

As physicians’ offices are forced to adapt to new models, they don’t have the time and energy to educate patients on support programs. In the absence of that, hubs have had a proactive role to play.

“We normally rely on a doctor, nurse, or office staff to teach the patient about our program and what to expect, and that’s not happening, because maybe the doctor is talking to the patient on a telemedicine visit, but the nurse or the office manager never gets to,” says Meghan Szczech, senior director, patient services, at SK life science. “We have to think about how we approach those patients differently.”

Hubs are actively figuring out alternative pathways to reach patients, such as educating individuals through virtual programs and making connections through visiting nurses. The good news is that patients are receptive to their efforts.

“I think people are more willing to ask for help right now,” says Szczech. “They’re more willing to see what we can do.”

Jennifer Lim, director of commercial operations at UBC, says the need for patient assistance has been on the rise. While some services, such as availing a nurse to engage with patients, may have seemed “extra” before, patients are demonstrating a need to connect with a professional who can verify that they have everything in place or talk about specific challenges they might be going through that may not be drug specific.

“It’s just that ear, that trusted, credible resource that has proven so valuable,” says Lim. “We’ve been able to have a lot of discussions around the importance of stay-
Patient Support

ing on therapy. We have resources here that can help patients through any challenge.”

ENSURING ACCESS
Initiating treatment in a COVID era is no easy task. To make the process easier, a spotlight has been shone on patient centricity and flexibility. Many pharma companies are developing novel strategies to ensure access:

- Zeposia, a multiple sclerosis (MS) drug recently launched by Bristol Myers Squibb, requires pre-initiation testing—bloodwork, an electrocardiogram, and in some cases an eye exam—before the treatment can be prescribed. To help patients, BMS is offering a visiting nurse to complete these tests in the patient’s home so that patients can avoid the lab and physician’s office.
- Ultragenyx’s X-linked hypophosphatemia drug Crysvita is usually administered by subcutaneous injection by a visiting nurse. However, some nurses are not comfortable visiting patients in their homes because of COVID. The company is now working with payers to authorize and approve self-administration by the patient.
- Biogen is exploring in-home infusions for the organization’s MS drug Tysabri, which currently is administered via in-office infusion.
- Merck & Co. reduced the dosing frequency of its immunotherapy drug Keytruda to 400 milligrams versus the 200-milligram dose that was initially approved. This allows patients to get administrations every six weeks instead of every three weeks, lessening the number of visits to their doctor’s office.
- Likewise, Lash Group decided almost immediately to increase the day supply on drug refills so that patients would have their medicines on hand.

Looking toward the future effects of COVID-19, Bramley also has been planning for what might be required of patient assistance programs and access programs when it comes to therapeutics and vaccinations.

All of these various programs need to be coordinated, and having a central place for patients to turn to makes the process easier. “The patients left to themselves will just say, ‘You know what, this is too much of a headache. I’m not going to do this now,’ says Vellore. “To help overcome that problem, biopharmaceutical companies have their hub support team reaching out to the patient saying, ‘Let me help you.’”

TECH BOOST
The virtual-induced world of COVID has certainly had an effect on how companies use technology to connect with patients (see the Q&A beginning on facing page). Though physicians have historically been hesitant to adapt new technologies, the coronavirus crisis gave them little choice. As a result, there has been an acceleration of new technology as well as greater adoption of digital practices that were already in place.

“The pandemic really has forced our stakeholders’ hand in a lot of ways,” says Hebbert. “Manufacturers and physicians alike have had to be more flexible in how they’re going to engage and take advantage of the patient support services. They have opened up to new technology and new processes that enable speed and efficiency. As many offices had to limit staff and patient visits, it became increasingly important for them to see how they can still work effectively by leveraging the clinical support, the adherence support, and the reimbursement and prior authorization support that’s out there to help patients get on the medications that they’re prescribing.”

Some technologies being developed by hubs and adopted by physicians and patients include:

- Mobile messaging applications to get patient consent.
- Virtual education sessions with patients for in-home self-administration.
- Digital signatures and digital assistant tools within the adherence space.
- YouTube channels to educate patients before the point of contact.
- Universal patient portals to upload documents via smartphone.

“We want to make sure that we have a variety of ways to communicate with patients and make sure there’s multiple modes of interaction between them,” says Bramley. “Some of these digital companions and digital tools were already in place and we’ve just seen quicker adoption of them. What may have taken three to five years, in terms of adoption with patients, now has maybe been condensed down into three to five months.”

In addition to developing new electronic tools, companies are using the power of technology in an analytical way. By combining anonymized patient-level data with machine learning, they can assess patients and situations.

“At Beghou, we help companies find emerging commercial opportunities—growth opportunities as well as risks, such as who is going to be noncompliant—and proactively predict some of these emerging situations so that targeted actions can be taken,” says Vellore.

KEEPING PATIENTS COVERED
As the economy struggles through the COVID pandemic, unemployment and the resulting loss of insurance coverage are additional causes for concern.

Though it may not be fully evident now due to lingering government assistance, this impending gap is something to plan for in the near future.
“As you see unemployment climb, there are insurance benefits still in place,” says Bramley. “However, those are going to dissipate, and there are going to be more people uninsured who are going to need to rely on the patient assistance programs. We help them in terms of insurance options available to them and we help them in the form of free medications through foundations. As commercial insurance wanes with higher unemployment, those two areas are going to be very important.”

Insurance companies are already addressing issues with a variety of temporary and emergency measures, especially regarding the prior-authorization and appeal processes. Some have become more lenient with their qualifying criteria, some have eased up their review process, and others have offered situational extensions to existing prior authorizations.

To help with coverage, most companies offer some form of patient assistance that targets the uninsured, underinsured, and functionally uninsured (those who have insurance, but aren’t covered because of the payer’s formulary). There are also programs to aid those with financial hardships.

Bridge programs are another useful way to ensure access to medicines, which may become more important in the coming months. “There is a whole host of barriers patients have to go through to get a specialty, rare disease, or oncology drug covered, and so that takes time and effort,” says Vellore. “In the bridge program, the patient hub works with the payers to help the patient get coverage approval eventually, but in the meantime, the patient doesn’t have to wait. They get a free starter kit and continuous supply at no cost for a limited duration.”

Zeposia provides a 30-day supply for up to 24 months in its bridge program. This is for people starting out on the therapy and for those who are going to lose coverage. Though bridge programs are very expensive, they are a good way for a launch brand like Zeposia to have some initial adoption when entering a competitive market. They also reduce uncertainty in the minds of physicians and patients.

ADAPTING TO CHANGE

Launching a hub program in a COVID environment certainly has its challenges. Due to the complex nature of some products, it can be difficult to design a successful program. There is no cookie-cutter approach (see related story on page 37).

“You have to be flexible,” Szczech told Pharm Exec. “We launched our HCP portal a week after we initially launched. Since then, we’ve had four different sets of updates and additions. It’s helped us think outside the box more than we ever had to and push the line further to make significant changes to differentiate ourselves.”

Until now, companies have been trying to quickly adapt to COVID to make sure patients have access. However, as the pandemic lingers on, they will have to start evaluating all these new strategies and technologies to determine which are the most valuable. This will certainly be something to think about as 2021 budgets are devised.

As technology has evolved, patient hub services have been able to create more advantages for their consumers. Despite this, there are still barriers that patients need to get through to gain access to a medical product. One of the companies looking to provide a clearer path for patients is Cardinal Health through its Sonexus™ Access and Patient Support Hub.

In the following interview, Rebecca Cotton, executive director of data analytics and intelligence, Cardinal Health Sonexus™ Access and Patient Support, discusses what Sonexus brings to the table, the overall landscape and future of the hubs industry, as well as how the COVID-19 pandemic has put data and analytics front and center for service hubs.

**Smoothing Access Path**

The role of advanced data technologies in reducing hurdles

*By Andrew Studna*

As technology has evolved, patient hub services have been able to create more advantages for their consumers. Despite this, there are still barriers that patients need to get through to gain access to a medical product. One of the companies looking to provide a clearer path for patients is Cardinal Health through its Sonexus™ Access and Patient Support Hub.

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D igital transformation is no stranger in the life sciences industry. Drug innovators have long recognized that the adoption of digital technology can optimize business and reporting processes, future-proof compliance, streamline collaboration, and boost in research and development productivity. At the same time, drug companies have long struggled with digital transformation, from early artificial intelligence (AI) engines that performed poorly to virtual trials that are just as challenging to execute as conventional programs.

While the promises of some past technology failed to deliver, Sankesh Abbhi, President and CEO of ArisGlobal, says times have changed. “The industry has been exposed to a lot of hype around innovative technologies for years such as large vendors introducing AI engines that didn’t work as promised...We believe we are finally at the point of reality in terms of the promise of digital transformation and its benefits to clinical development, product safety, regulatory, medical affairs and other key areas,” he explains.

With this backdrop, where does the life sciences industry stand today in terms of digital transformation, and what solutions are on the table that create more results than hype?

**Top Three Life Sciences Digital Transformation Trends**

As technology providers like ArisGlobal take a more pragmatic approach to the development of concepts like AI, Abbhi says hype about digital solutions is giving way to reality in three core areas:

1. **Data across the enterprise.** Technology providers initially focused on solutions that addressed specific challenges for specific departments, teams, or studies—and often existing in stand-alone systems. These early efforts unintentionally exacerbated existing tendencies to collect and hoard data within operating units and teams rather than sharing data across the enterprise.

   Now, however, Abbhi believes the latest end-to-end platforms streamline information sharing and availability to improve and accelerate outcomes across clinical, regulatory, safety, medical affairs, and other departments.

   “We’re seeing movement away from legacy point solutions (sometimes still on-premise) with siloed data that’s difficult for other teams to access and toward end-to-end platforms that can streamline the flow of data across teams,” he says.

2. **Data analytics takes hold.** There’s also a great deal of conversation within the life sciences industry around harnessing big data and analytics to improve the product development process and gain real-time understanding of the information being collected, according to Abbhi.

   In the late 1990s and early 2000s, as enterprises expanded across national boundaries and continents through organic growth, mergers, and acquisitions, firms found themselves responding to multiple regulatory, reporting, and pharmacovigilance standards. The growth in clinical trial sites in Eastern Europe, Latin America, Asia Pacific and Africa added additional operational and regulatory complexities. Local and regional operations understood local needs, but headquarters had no effective means to monitor performance throughout the organization in anything close to real time. Stalled reporting led to delayed decision making, missed opportunities, and missed deadlines.

   But, Abbhi says technology specialists like ArisGlobal are addressing this issue with novel solutions that make it possible to quickly and effectively process and analyze large sets of structured and unstructured data thanks to cognitive computing, machine learning, natural language processing, and cloud processing to improve knowledge sharing, real-time. ArisGlobal offers the first (and only) system to deliver automation and cognitive computing to safety case processing.

3. **Rise of AI and cognitive automation.** The third digital transformation trend is movement toward automation. Drug development is only getting tougher, with more complex regulations, greater data volumes/more diverse sources putting a strain on teams, and static budgets. “Automation is really one of the few avenues we have to increasing speed to market while maintaining quality within R&D,” Abbhi says.

   Another noteworthy driver in the automation trend is the COVID-19 pandemic and the social distancing restrictions, which forced sponsors to be open minded and efficient about the implementation of virtual clinical trials and ushered in a renewed need for automated solutions. “Many companies are responding by doubling down on automation as a way of introducing operational transformation,” Abbhi states.
From Hype to Real Results

Reflecting on these trends, Abbhi says his company created a solution that addresses all these digital transformation needs. His top priority was to have a cloud-based, end-to-end software platform with the ability to be deployed efficiently across an entire R&D organization with uniform functionality, reliability, reporting, and data security. Other priorities that were once dreams—intuitive user experience and user interface design, integrated business and reporting processes with internal and external stakeholders, compliance assurance across jurisdictions as regulatory and reporting requirements evolve over time, seamless collaboration between sites, teams, and functions across the organization, R&D enhanced by intelligent automation—were made reality.

“We wanted to build the industry’s most powerful R&D technology platform to streamline collaboration between teams, deliver efficiency via automation and help our customers get actionable intelligence from data,” says Abbhi.

How did ArisGlobal move the needle from hype to reality? While IT giants used an informatics-centric approach of AI to produce biopharma engines that proved unsuccessful, ArisGlobal took a fresh view of automation. “Automation is a spectrum, not an entity,” says Abbhi. At one end of the automation spectrum are more basic, repetitive tasks that require little knowledge work. At the other end are knowledge-based activities. Most elements within the product development process lie somewhere on that spectrum. ArisGlobal wanted to use a combined approach to automation, one that “transforms R&D by eliminating many of the repetitive, manual administrative tasks that were pulling people away from more value-added activities,” as well as leverage cognitive uses such as natural language processing and machine learning (ML).

With the help of industry companies, ArisGlobal pinpointed real-world automation use cases within the product development spectrum. In particular, the company focused on historically manual, resource-intensive processes across clinical development, patient safety, regulatory affairs and medical affairs. The firm applied different automation technologies to each task. For instance, ArisGlobal incorporated AI/ML into its platform in the LifeSphere Safety Signal and Risk Management application, which “helps companies better understand risk-benefit profile by crunching multiple datasets and applying advanced machine learning algorithms.”

Driving LifeSphere is the cognitive computing engine, Nava, a fusion of commercial and proprietary automation technologies that provides flexibility to address different use cases. “If you look at pharmacovigilance automation, for example, we’re applying rule-based automation, robotic process automation, natural language processing, and machine learning to drive huge efficiency gains,” says Abbhi.

This approach is quite different from other platforms that expanded quickly across R&D but have little compliance or content understanding. “Our end-to-end platform offers a unique combination of breadth and depth because we are focused on building automation use cases across the life sciences product development lifecycle,” Abbhi states.

Abbhi acknowledges, however, that having feature-rich products is only as good as your end-user experience. So, the LifeSphere platform delivers a supportive user experience and an intuitive user interface, which are key levers to speed buy-in, acceptance, and application of a single platform across the organization.

Several industry companies are already seeing the benefits of this unique approach to automation:

- In 2018, the Food and Drug Administration selected the both the LifeSphere Safety and Medical Affairs platforms to automate the agency’s pharmacovigilance system to intake, triage, and process safety reports. The system also provides end-to-end processing of product quality defect reports as it tracks and responds to queries from professional and consumer sources.
- Boehringer Ingelheim, a top 20 global biopharma, recently announced via its corporate LinkedIn page that it has just gone live with ArisGlobal’s next-generation LifeSphere Safety platform, becoming the first company in the industry to have an automated pharmacovigilance system in production. This represents a key milestone after many years of automation hype across the wider industry.
- A series of large, midsize and emerging biopharmas are in line to roll out the same automation technology over the coming months. ArisGlobal’s own time and motion studies have shown an initial 77% gain in efficiency. Efficiencies are expected to improve with experience, an important benefit given that pharmacovigilance is largely a cost center as well as a key contributor to patient safety.

Summary

The ultimate goal of life sciences technology solutions is to bring safer products to market more quickly by accelerating R&D, reducing risk and streamlining collaboration. A single end-to-end platform like LifeSphere enables firms to break down silos by making collaboration the easy, obvious way to handle data collection, storage, and reporting across workflows and with stakeholders inside and outside the enterprise.

Abbhi says to expect innovation to continue in this vein: “We’re looking to further unify our platform, with a deep emphasis on streamlining the flow of content and collaboration around the development of content. We’re also excited to roll out new automation functionality across our product domains.”

Additional Resources

The LifeSphere platform brings cloud-based intelligent automation to multiple aspects of biopharma, including:

- Clinical development: www.arisglobal.com/products/lifesphere-clinical-total-clinical
- Safety: www.arisglobal.com/products/lifesphere-safety
- Regulatory: www.arisglobal.com/products/lifesphere-regulatory/
- Medical affairs: www.arisglobal.com/products/lifesphere-medical-affairs
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used to be days and now they can be less than a minute, and this
significantly reduces the time to therapy for patients.

The next piece is putting the power of the hub into the offices’
hands. With our Connect Point 360 portal, we’re able to do many
of the reimbursement tasks that were previously done by phone
or fax in the hub and move them to an online setting. This reduces
not only the benefit verification, but potentially the prior autho-
rization and all of the timelines
to get that patient on therapy.

Thirdly, with some of the
more advanced technologies like
AI or natural language process-
ing, we are able to use those tools
to have a deep understanding of
our patients and what hurdles
they are facing on their journey.
Natural language processing is
where we record and transcribe
calls from the patient so we know
exactly what they’re saying,
what’s top-of-mind; and we can search on those barriers and use
that information to help manufacturers put programs in place
that reduce those hurdles.

PE: What would you say are the current data and analytics challenges in
the patient hub services space?
Cotton: The ability to aggregate hub data is challenging. Making
sure the data is usable, since we’re pulling data from many dif-
f erent sources—not only from our own internal data but from
pharmacy, payers, healthcare providers—and there’s little con-
istency in how it’s structured. If it isn’t structured correctly, then
it takes longer to answer questions or you could get misleading
information, which can then impact the decisions that are made
from that information.

PE: What are the steps companies can take to ensure that the data they
have is structured and curated properly?
Cotton: You have to focus on the patient journey. You need to
decide what the beginning and the end of the patient journey are,
and then make decisions about key points within that jour-
yey. If you structure it that way, then it becomes much easier to
manage. When looking at any hub data, you may find data sig-
als in multiple places for a specific event because a patient may
have come in [through] multiple channels into the hub, but which
one is correct? If straight, raw data is used, there will be chal-
enges in making it more useful.

PE: How do technology and digital tools continue to bring new advantages
to the customer?
Cotton: We are using AI and natural language processing much
more; every call and interaction is recorded, and we can quickly
search this information to find out what barriers patients are
encountering. So, whereas we would have to rely in the past on
our call-agents potentially knowing or seeing a pattern, we now
have automated searches that, within minutes, can say, “We’re
starting to see a signal in this particular area.” We definitely used
that more when it came to COVID.

PE: What do you think the future holds for the industry in this area?
Cotton: I believe [the industry] will be turned on its head. Most
programs still have a person moving a patient through the sys-
tem; they are sometimes pulling interactive tools like doing eBV,
ePA, or using some AI to advance a patient through the system,
but for the most part, a person is still advancing that patient
through the system.

In the future, the system should be moving the patient through
and calling on a person when an automated solution can’t do it.
As we’re more reliant on texting as a source of information from
a healthcare provider or a hub to a patient, these channels are
more useful and sometimes preferred by patients. They can be
completely automated; there isn’t the need for a person to pick
up a phone and make a call; a system can automatically send a
text at different points in the process.

So, it’s turning the system on its head where the machine is
pushing the patient through the process, overcoming the various
hurdles, and people get involved when more personalized sup-
port is needed to get over the hurdles.
Setting up patient services programs is a critical endeavor that can help make or break a product launch and the ongoing success of a product during “normal” times. In the wake of the novel coronavirus pandemic and increasingly uncertain coverage scenarios, the role of hub services is even more critical for pharmaceutical and biotechnology companies to ensure patient access to therapy and to help patients navigate the healthcare system.

When well-designed, these programs tailor services to make it easier for patients to learn about and receive appropriate care, with services that may include disease state education, support for understanding insurance coverage, and financial assistance for those in need. Understanding that no one-size-fits-all template for patient services programs exists, this article provides best-practice guidance on choosing your support service model, as well as design and implementation strategies.

CHOOSING YOUR HUB MODEL

As you prepare to launch your product, one of the most important steps is to determine which hub model to implement. Should your team rely wholly on a third party, a hybrid of outsourced and insourced components, or all in-house resources?

To begin, based on your product strategy, potential patient pool, and planned services to be built into your program, assess the infrastructure needs of hosting and managing a patient services support program, spanning:

- Technology and data management, such as the systems and technology to support secure handling of patient information, the complexity of business rules, and workflows associated with patient services administration.
- Legal and regulatory compliance, such as organizational structure and bandwidth to support oversight of patient services in-house, regular monitoring, and remediation processes.
- Human capital and staffing, considering that patient services generally rely on people resources and an investment in ongoing recruiting, hiring, and support for hub staff, as well as leadership and management for oversight.
- Training and quality management, e.g., the structure and ongoing support needed to implement and maintain hub programs.
- Facilities, including the infrastructure for the necessary equipment (computers, phones, etc.) and space to support a hub program, as well as secure areas to keep patient information safe.
- Patient service management, considering the expertise needed to support the design, development, and ongoing operations of patient service programs.
- Product service, such as the necessary processes and controls to meet a product’s specific requirements, e.g., Risk Evaluation and Mitigation Strategy (REMS).

Then, weigh those needs against your current organizational structure, as well as the intended focus of your enterprise and the product being launched to identify the hub model that best fits your organization.

Let’s say your enterprise is focused on science and delivery of novel life-changing therapies and the product you are preparing to launch is an oral oncolytic. An outsourced model might be ideal in this situation because it will provide the people, process, and technology to support your launch, while your team focuses on research and development. In this case, you will need to find the right vendor based on the combination of capabilities needed (such as bridge program and financial assistance) and the account management approach (such as dedicated staff and partnership strategy). While the vendor’s capabilities should align with the product need and the intended services to be provided to customers, the account management approach needs to align with what your team expects for day-to-day operations, strategic oversight, compliance requirements, and the vendor/client communication plan.

For example, a fully outsourced model for a physician-administered ophthalmology product that included reimbursement support and financial assistance enlisted a “right-sized” vendor to implement and run the day-to-day patient services program. As part of the strategic oversight plan, the manufacturer actively...
monitored and audited the program’s success through vendor-facilitated daily activity reports, weekly meetings to track progress against goals, and quarterly business review meetings of the overall program progress against milestones. This approach enabled the manufacturer to be confident the program was meeting its organizational goals and product strategy without the need to execute the hub services themselves. It also enabled them to adjust the services support as necessary.

For comparison, a hybrid model includes some services to be administered in-house, while others are outsourced. This model should be developed based on in-house infrastructure and skill set, as well as the desired customer experience. For example, in a recent case, the manufacturer preferred to keep the customer relationship management in-house, so it decided to focus on front-end customer support and outsource payer-related services like benefits verification and prior authorization. In a hybrid model, the integration of people, process, and technology is important. You want to be sure your in-house and outsourced functions own and are accountable for their respective areas, have proper handoffs between the two functions, and are working consistently and collaboratively to create a positive patient experience.

Some manufacturers prefer to manage the patient services support entirely in-house. The advantage of this approach is it enables you to tightly control every aspect of the product experience. The disadvantage is it requires having the necessary infrastructure, as well as the ability to develop and maintain the people, processes, and technologies required to fully support the program. This may work well when the target patient population is particularly small, or when the product is nuanced and has complexities in the manufacturing or distribution process. In addition, some large manufacturers elect to keep everything in-house, especially in cases where past outsourced experiences delivered underwhelming or even negative patient experiences.

DESIGNING YOUR PROGRAM

Once your team determines the model that best aligns with your organizational goals, product strategy, and infrastructure, you can begin designing the patient services program. Here, it will be important to map the patient and provider journeys to determine and address any potential barriers to access. The design strategy should at once 1) help the right patients learn about the therapy option, its potential benefits to them, and the hub program offering and requirements; as well as 2) be convenient for clinicians to refer into, work within, and rely on to facilitate patient access and clinical outcomes. Depending on the therapy, key service offerings might include:

- Patient financial assistance in the form of free product for uninsured patients, financial assistance, or copay assistance for underinsured patients, or referrals to charitable organizations for government-funded insured patients.
- Nurse educator support to provide individualized education and product support to patients and their caregivers.
- Adherence support to help patients initiate and stay on their therapy.
- REMS support to meet FDA-directed requirements to prevent, monitor, and/or manage a specific serious risk by informing, educating, and/or reinforcing actions to reduce the frequency and/or severity of such an event.

For example, in one recent case, a manufacturer of an oncology product with a REMS created a full suite of reimbursement, patient financial, and adherence support services to be able to address manufacturing specificity, multiple patient touchpoints, care coordination, provider requirements for receiving and administering the product, and ensuring coverage and access according to payer policies. For comparison, a product in the rare disease space implemented only reimbursement support and patient financial assistance for its hub program, because the therapy is administered in a controlled hospital setting in which adherence poses little risk.

Once the service components of your program are determined, begin developing the program. As a first step, thoroughly document program design parameters and key decisions, including program objectives, compliance considerations, program communication tactics, and service offerings.

MANAGING AND MOTIVATING PERFORMANCE

Once the components and support tactics are planned, be sure to define metrics to track and assess program performance, and create a process to monitor and report metrics against key performance indicators (KPIs). Also, define actionable analytics for the report to be sure the right information is included, and create a process and plan to implement necessary changes based on results and learnings. It is also important to plan ongoing compliance reviews for marketing materials and correspondence templates.

A systematic approach for program management will ensure that issues are identified, mediated, and course corrected early in order to support long-term success. Your measurement tools should be used to monitor the progress and performance of the program, as well as to identify opportunities for improvement. With this in mind, build the program around the concept of continuous process improvement and plan for evolution.

To do this, plan to perform audits and regular monitoring to ensure operations adhere to standards and perform in line with expectations, and that KPIs align with SOPs. Consider incorporating independent audits to help reveal discrepancies or catch when the program evolves or strays.
Forecasting in a Time of Rapid Change
5 Key Challenges for Commercial Forecasters

On-demand webinar
Aired September 2, 2020

In times of uncertainty and disruption, organizations rely heavily on their commercial forecasting teams to provide answers to key business questions. In the past 6 months we’ve seen forecasters fighting to build accurate forecasts despite large swings in key market dynamics, such as the 2000%+ increase in telehealth visits and accompanying changes in prescription rates.

In this webinar, we’ll look at 5 key challenges commercial forecasters face and how best-in-class teams have responded in this time of rapid change:

• **Increasing responsiveness** by reducing turnaround time to add new scenarios and events
• **Unifying the forecast funnel** to reduce submission times and delays from affiliates and other groups
• **Moving beyond the 'single best forecast'** paradigm to model a range of potential outcomes
• **Managing the data dump** from an avalanche of information from a multitude of sources
• **Increased visibility of forecast mechanics** to meet the surge in demand for forecast data

3 Key take-aways

• Improve forecast accuracy in a time of rapid change by increasing your ability to incorporate new data and ideas
• Reduce the time to get data from teams, to respond more quickly to adverse events and market disruption
• Better position your organization to meet challenges and succeed in a time of uncertainty

CONTACT US  forecasthorizon@iqvia.com

For technical questions about this webinar, please contact Martha Devia at mdevia@mjlifesciences.com

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COVID-19 continues to impact us all. It has changed the way we work and how we engage with each other. From a global health perspective, it has highlighted the need for integrated healthcare systems that can effectively manage both chronic and infectious diseases with equal focus.

Across all countries, the pandemic has forced governments and their healthcare systems to address a threat that is tangible, versus various threats that are not as easily identifiable, such as non-communicable diseases (NCDs). Choosing to focus on infectious diseases and diverting from chronic diseases can be problematic, as NCDs not only affect human health but also jeopardize development and economic progress.1

Emerging countries account for 85% of premature NCD deaths.2 While these figures are alarming and unacceptable, there is an opportunity to lead the conversation in changing these outcomes.

This change will require us to address troubling trends we are seeing globally due to COVID-19. These trends include the realigning of NCD care staff to support COVID-19 efforts, the postponement of public NCD screening programs, and reduced utilization of primary healthcare services. While some actions are required due to overburdened healthcare systems and the immediate need to address the threat of COVID-19, it is still worrying, as it causes a significant disruption in the prevention and treatment of NCDs, especially, in low- and middle-income countries.

These steps also do not take into consideration the burden that unaddressed NCDs place on healthcare systems and, by proxy, the economy. By reallocating resources away from the prevention, treatment, and management of NCDs, we are creating an environment that puts added pressure on the system. An example is hypertension, which is often asymptomatic and requires acute care when not diagnosed or poorly managed, leading to further complications.

The microeconomic burden from NCDs is exerted directly through loss of productivity, not only from patients but also their caregivers, as well as indirectly through out-of-pocket expenditure on medical care.3

The world is at a critical juncture. In this current landscape, our mission to relieve the burden of NCDs for every patient everywhere is a commitment we are tirelessly working toward and is greatly needed, given the deadly interplay between the COVID-19 pandemic and the NCD epidemic.

As you read this, you may ask “What can be done given the significant threat of COVID-19?”

As healthcare systems allocate resources and develop strategies, we must keep in mind that despite COVID-19’s rapid spread, it is still unlikely to overtake the prevalent figures of NCDs. In fact, it is the high prevalence of NCDs that provides the conditions that make people so vulnerable to COVID-19.

Addressing this interplay between the pandemic and NCD epidemic requires a multisectoral approach. All stakeholders, including governments, patient groups, medical societies, healthcare providers, and the private sector must be committed to work collaboratively to address the threat NCDs pose while also managing the COVID-19 pandemic.

As we begin the development of plans to help healthcare systems address a multitude of issues, including NCD care guidelines, the financial strain this pandemic and NCDs place on healthcare systems, digital solutions to ensure patients have continuity of care during and after this pandemic, and the mental health impact of COVID-19, let’s keep in mind the importance of focusing on both chronic and infectious diseases.4

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Event Overview

With the future of face-to-face marketing uncertain for a while, how can pharma ensure product messaging reaches the right healthcare audiences and, ultimately, patients?

Join experts from AmerisourceBergen’s Strategic Global Sourcing team to learn how brand teams can engage today’s most influential audiences in the virtual spaces where they’re receptive and ready to act.

Key Learning Objectives

• Get insights into the changing role of pharmacists
• Learn considerations for communicating product messaging
• Understand the reasons to consider a targeted promotional campaign

For questions or concerns, email mdevia@mjhlife.com

Register for this free webcast at: www.pharmexec.com/pe_p/virtual_marketing
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