Communications and Commercialisation

Plus: patient engagement in drug discovery

BMS' Catherine Owen on pharma's comms evolution

Benchmarked: European pharma's strategic comms

Building a successful pharma brand after a strong launch

pharmaphorum deepdive

September 2021

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Deep Dive: Communications and Commercialisation 2021

The COVID-19 pandemic kickstarted a period of profound change in how the pharmaceutical industry approaches both communications and commercialisation. In some cases it was an accelerant for existing plans, but it has also caused some new shifts in the landscape, shifts that have yet to be completed.

Bristol Myers Squibb's senior vice president for major markets Catherine Owen discusses a number of these changes – as well as her role mentoring pharma's female leaders of the future – in this issue, and there's benchmarking data on how European pharma and biotech companies are addressing strategic communications.

The issue also features examinations of whether pharma is closing its communication gap with patients and how to embrace patient-centricity in drug development. Elsewhere, changes to the pharma-HCP relationship are addressed, with research into pharma-doctor digital interactions, commentary on rethinking traditional physician-pharma relationships and a look at how to build successful brands.

The magnitude of change that the pandemic has brought to the industry is such that we will be discussing its implications for quite some time to come. As ever, the expert viewpoints in Deep Dive can give you the perfect head-start in these conversations.

Dominic Tyer
managing editor, Deep Dive

Next issue:
Patients & Partnerships (October 2021)
Plus:
• Clinical trial innovation
• New models for market access

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Oncology – June 2021

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BMS' Catherine Owen: Hybrid communication is here to stay

The company's senior vice president for major markets (Europe, Canada and Japan) talks about the continued evolution of pharma's approach to communications and commercialisation.

The core of Bristol Myers Squibb's commercial business outside its home base of the US covers most of the large countries in Europe, as well as Canada and Japan. These 19 territories have about 4,500 employs between them and account for revenues of around $12,5 billion.

Overseeing all of this is as the company's senior vice president for major markets is Catherine Owen. It's a role that requires her to ensure her general managers are supported to lead their country's business and it's one she's well placed for.

During a pharma career of over 25 years, she's spent most of her time working across the commercial side of the industry, with stints in sales, marketing and market access, at regional and global levels. She recently joined the pharmaphorum podcast to discuss the evolution of communications and commercialisation and her work mentoring the female leaders of tomorrow. Here are some of the highlights of that conversation.

The industry's always been an international one, but has pharma become even more globalised in the last five years?

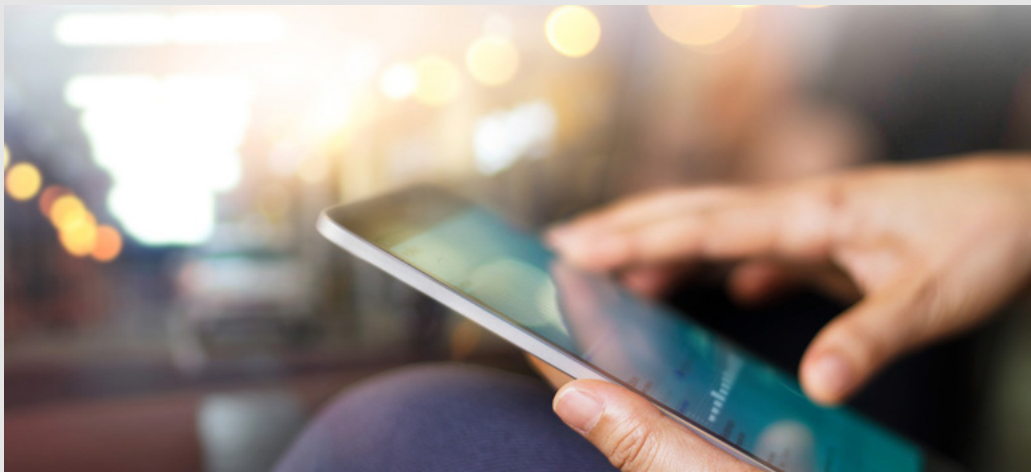
As conglomerates merged, we started to centralise and understand that our commercial messaging needed to be more unified.

In the last five years [with] literally global media where decisions that we make in the US are pretty much real-time understood across the world, our communications teams have had to pivot very quickly to understand that. Press releases in 2000 were approved locally, because it didn't really matter what you said, because nobody was really going to find out about it for a month or two.

Whereas now, we have to be very cognisant of everything we do and say, because obviously, it needs to make sense globally. That real-time information generation, which is what our industry is all about, has really fostered a whole new way of behaving commercially, broadly, but also very specifically in our communications channels.

With communications being so much more instant nowadays, has that made pharma companies more cautious?

Actually, I think it's slightly the opposite. I think before, we were pretty cautious about the way we communicated, because it was written, and it was a one-time event. I think now, what we've realised is communicating in real-time is the way we have to evolve and so we've become more open to understanding that communication is a full-time job. It's not one press release, it's constant. We're able to be a little bit more open to different forms of communication, different styles, understanding that we have to communicate differently to patient groups than we do to payers, than we do to governments.



How have you seen pharma commercialisation specifically change during your time in the industry?

If I characterise it into three main pivot points, the ’90s for us was all about carrying the bag, and the commercial messaging was very much directed to the physician. Obviously, I was in the UK at that point, but then came to the US and there was limited patient communication, even in the US at that point. Then as we pivoted into the early 2000s and healthcare started to change, globally, there was more patient cost-involvement, certainly in the US.

The patient became part of our mix, our communication, as well as payers starting to think through how they could rationalise, if you like, the access to health care. I remember in the UK, the birth of NICE and the whole HTA movement really started in the 2000s. We really had to think differently about the value of our products and the trifecta of communication, with the three Ms: medical, marketing, and market access. Then I think in the last five years, the globalisation of our industry, the rise of social media, the ability for people to understand very quickly when products are approved, when products are available.

The influence of patient advocacy, the influence of all kinds of other forces now might mean that we have to be so omnichannel in terms of our marketing approach. We’ve gone from unichannel, to trichannel, to omnichannel, would be my big reflection on marketing and commercialisation in the last 25 years.

Has the COVID-19 pandemic impacted pharmaceutical commercialisation?

Oh, absolutely. It’s about the omni-channel approach that we have to have now in commercialisation. Making sure your messaging and your communication about your drugs, both efficacy and safety, are being clearly channelled through the different media on the different channels that we have.

Essentially, the pharma industry still has a strong reliance on our sales representatives getting out there and our medical liaisons getting out there and talking to doctors and being able to really take them through the data, because it’s complicated.

It's a two-way dialogue about clinical trials, safety, efficacy, different patient types. That ability to have live conversations was obviously very quickly curtailed. We had to learn very quickly how to have those conversations in a different way with our customers and at different times.

We need to really understand that we're not going to be able to go back to how we were, [and instead have] much more of a hybrid way of working.

What role do you think 'digital', in a broad sense, will play in the future in terms of pharma communications and commercialisation?

It's going to play a much larger role. I think as it's accelerated maybe by five or so years, if I was to guess. Either, we were going down the route anyway. Let's face it, we're all-consuming media, basically digitally, at our convenience when we want it, where we want it, on the device that we want it on and so we were moving down that path. I think the acceleration has really made us realise that we've had to speed up a lot of that and I think hybrid communication is here to stay.

We still have to understand that giving medical information to physicians is a process. It's not a 'one and done'. That's fine and our commercialisation teams are very ready to evolve, because we're here to ensure that our customers get the right information, so our patients get the right treatment.

Are there areas where you would like to see further evolution in pharma's approach to commercialisation?

One of the things we've realised is the intersection of healthcare, government, policy and the role that pharma can play in global healthcare, which seems an obvious thing to say. I think the pandemic has helped us all realise that it's very intertwined. What I'd like to see, and we are seeing, is governments now coming forward, instead of being a little bit adversarial and talking to us about drug costs and so forth.

The discussion's changing a little bit, and from certain countries, it's how can we work with you to drive investment into our economies, to build your manufacturing facilities here, to ensure that we're attracting life science brains and thinking into our country? How can we work with you to really support a vibrant pharmaceutical industry which needs to be, thriving for our globe to ensure that we're carrying on in the way that we need to in the face of not only pandemics, but chronic debilitating diseases that continue to go unchecked in many cases?

I'm looking forward to that evolving and ensuring that we can play a part together rather than feeling like we're perhaps part of the problem. I look forward to us becoming part of that solution.

You also help the next generation of young female pharma leaders, how did you get involved in mentoring them?

It's a part of my role that I really love. I think starting back in my career, when I was in the first five years or so in my career, I looked above me, and I looked up and around me to see leaders who I admired and leaders who were on a journey that I wanted to go on. It was important for me to have those people to talk to. As a young female leader in the late '90s, there weren't tons of women above me, but there were enough to help signpost the way. I really valued those conversations in a different way than my male mentors, all valuable, but that we had a different discussion.

As my career has advanced, I've looked to ensure that I'm mentoring women around me and coming up behind me, as well as men. With a particular focus on ensuring that women feel empowered to join our industry, realise how flexible it is and how many different opportunities there are for vastly different careers, from finance, to marketing, to sales, to market access, R&D, statistics, engineering, manufacturing.

Also then, I have a more formal role within our specific leadership development programs in BMS with a colleague of mine, Ester Banque, we lead our general manager development programme, ensuring that we're developing our general managers of the future. We [also] have a diversity and inclusion development program, which I'm helping to sponsor.

What advice do you have for the next generation of female leaders?

I try to focus on a few key areas of advice when I'm talking to women. Obviously, it depends on their specific challenge. Some of the things that I think are important is thinking about your career in five-year spans and not trying to get too ahead of yourself in terms of planning. Ensuring that you think about not only your next job, but the one after that and what you need to be doing to be successful in both of those roles, which allows you to think a little bit more broadly about the experiences that you're going to need to get there.

At the same time, I also like to talk to people about getting the right experiences. In most careers, there are experiences that are expected for you to move to the next level, but there are also experiences that are diversifying and maybe differentiating. We all are competing with people at a similar level, at a similar experience grade for that next job. It's not just about 'Catherine Owen', it's about 'Catherine Owen in her competitive set'.

Who else are they talking to? I try to talk to people about making sure you've got 80% of the experiences that people are expecting, but maybe one or two experiences that are slightly different and actually differentiating and make you stand out. Have you done a role that involves a different country experience, a different technical area experience? I tried to do that myself and I found that to be quite a good blueprint for moving on and up, is those differentiating experiences really make you much more competitive at different points in time.

About the interviewee

Catherine Owen is the senior vice president of major markets at Bristol Myers Squibb, having joined the company in 2019. Previously, she was a senior executive at Johnson & Johnson and in her last role was president of immunology at Janssen Pharmaceuticals and president of infectious diseases. She spent more than twenty-five years with J&J and served as the first leader of the Janssen North America Culture Team. Catherine has an honours degree in pharmacy from the University of Manchester and a postgraduate degree in marketing from the University of London.

About the author

Dominic Tyer is a journalist and editor specialising in the pharmaceutical and healthcare industries. He is currently pharmaphorum's interim managing editor and is also creative and editorial director at the company's specialist healthcare content consultancy pharmaphorum connect. Connect with Dominic on LinkedIn or Twitter

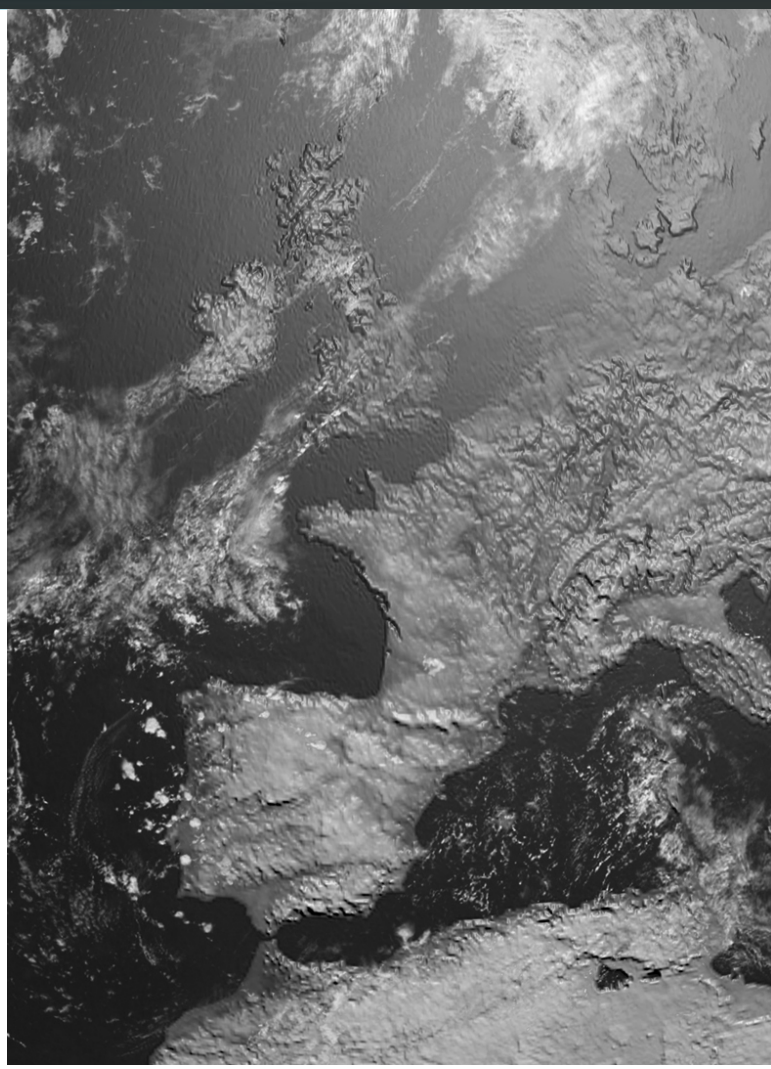
How are the European pharma and biotech sectors addressing strategic communications?

Stakeholder expectations are high and, with all eyes on healthcare at the moment, it is essential for companies to go beyond generic commitments, says Rosanna Campbell-Gray

Consumers are driving and accelerating change when it comes to healthcare, demanding better, faster and more accessible services. The COVID-19 pandemic has further altered the dynamics for this sector and leading players are showing the importance of collaboration, partnership and new forms of innovation in protecting public health globally.

With all eyes on healthcare at the moment, Lundquist conducted a deep dive analysis on Europe's leading pharmaceutical and biotech companies in order to assess and map how companies are using strategic narratives to engage authentically, meet expectations and generate trust amongst their stakeholders. The best companies show rather than tell, giving stakeholders clear insights into how they are navigating this new scenario.

The benchmarking survey is based on 17 firms from seven countries and explores five main themes that are of utmost importance when it comes to communicating in 2021: strategic sector partnerships, digitisation and innovation, access to medicine, leadership, and efforts shown during the Covid-19 pandemic.



The research measures the credibility and efficacy of corporate communications, providing a guide for companies to effectively narrate their messages. The in-depth analysis focuses on two fundamental macro-areas that are key to a well-balanced and trustworthy communication on strategy and corporate vision: Substance and Distinctiveness.

In this article, we will investigate three of the main themes addressed in the research: partnerships, digitisation and access to medicine.

Adding pharma and biotech value through strategic partnerships

Strategic sector partnerships are revealed to be one of the most significant ways in which companies can add value to their businesses, from digitisation in diagnostics to innovation and accessibility. It is therefore crucial that companies' communications strategies align with their collaborations.

Indeed, all companies analysed in the study addressed the importance of partnerships in some form, mainly as a tool for accelerating innovation and responding to patient demand, but what separates the best from the rest is those companies that have connected their partnerships to a strategic view of their commitments to innovation and sustainability, as well as for the overall pursuit of their purpose. Currently, only 59% of the key players were able to communicate this successfully.

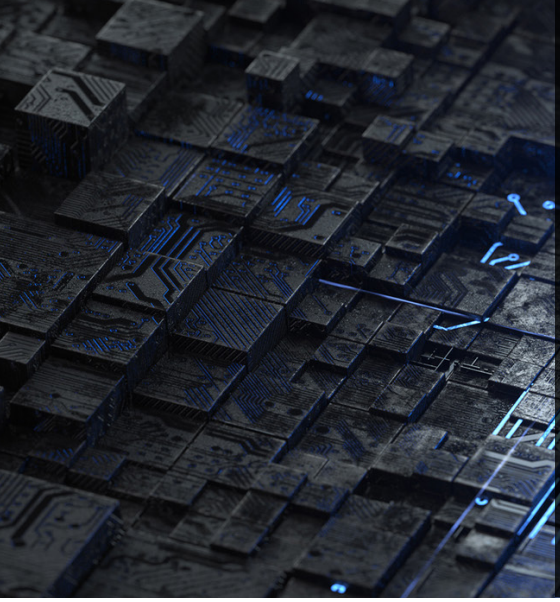
How are healthcare providers using partnerships to communicate strategy and generate trust among stakeholders?

When it comes to messaging, AstraZeneca proves to be among the leaders, boldly stating that their "purpose is to push the boundaries of science to deliver life-changing medicines", a task which they acknowledge would be impossible to undertake alone and without collaboration. Another leader emerging from our research is Swiss pharma company Novartis which, beyond placing partnerships at the core of their corporate identity, has leveraged its position as a partner in helping to combat COVID-19 through their support of vaccine production facilities around the world.

Roche, which outperforms most other companies throughout the analysis by scoring highly both in terms of distinctiveness and substance, offers an extensive partnerships section with a series of articles called Perspectives in which specific areas such as neuroscience, cancer immunotherapy and gene therapy are addressed.

Companies should be using partnerships as a tool to integrate industry topics more broadly across communication platforms and as a strategic element of companies' innovation and identity. Not doing so is a missed opportunity in providing credibility and concreteness to the messages being communicated.

When it comes to communicating about partnerships for the benefit of corporate social responsibility, other companies to watch are Bayer, Sanofi and GlaxoSmithKline. BioNTech and Novo Nordisk are the ones to watch when looking at partnerships for breakthrough in innovation.



Digitisation and artificial intelligence

Using both visual and textual narratives is crucial to engaging with stakeholders, especially when it comes to complex areas such as artificial intelligence (AI) and digitisation where users may be more apprehensive.

Pharmaceutical and biotech companies have historically lagged when it comes to technological solutions, however, the past few years have witnessed a shift, driven by demand and accelerated by the COVID-19 pandemic. Across the industry, digitisation means innovation and it is becoming increasingly difficult to separate the two.

Telemedicine, smart diagnostic systems, blockchain electronic health records and AI-enabled medical devices are just a few digital innovations that are reshaping the industry, reducing human error, increasing efficiency and making healthcare more accessible and sustainable. Big data can help forecast care, avoid medication prescription errors and help shift to preventative rather than responsive care.

Staying engaged and aligning strategic communications with sustainability

As companies rise to meet stakeholder expectations it remains surprising to see that only half of the companies analysed strategically and extensively discuss digitisation, using persistent and engaging narratives throughout their communication ecosystem. With digitisation playing such a crucial role in the healthcare sector, relegating the topic to subsections of a company's digital platform under partnerships or innovation means divesting trust and credibility amongst stakeholders.

Qiagen is one of the companies that includes digitisation as a mainstay of the company, including it in the first level of the About Us menu pages and clearly connecting digitisation with business mission "to make improvements in life possible". By using decisive and consistent statements, Qiagen successfully demonstrates their commitment to finding digital solutions in healthcare.

AI is another area that is generating a significant amount of coverage and will be pivotal in helping healthcare companies find 21st Century solutions, from increasing efficiency and accuracy in diagnosis to discovering new drugs and treatment protocols. Yet just a handful of companies distinguish themselves through engaging messaging and dynamic presentations about AI within the overarching theme of digitisation.

Novartis demonstrates leadership and communicate the intricacies of AI through an hour-long video interview between their CDO Bertrand Bodson and Microsoft's corporate VP of research and incubation, Peter Lee who discuss why healthcare's digital moment is now.

AI can be a daunting subject so providing examples and case studies is key to generating trust among users. Roche does well to engage users through a detailed blog-style post in which readers are explained how AI can help diagnose diabetic macular oedema, a complication of diabetes that causes a thickening of the retina that can lead to blindness. The article explains concepts of deep learning and diagnostics in order to facilitate understanding and conjure confidence in their digital innovations.

Philips also communicates their innovative digital solutions via blog-style articles, explaining with detail the ways in which digitisation can help improve patient care and emergency diagnostics such as MRI scans in a straightforward and digestible style.

AstraZeneca is another company to watch when it comes to digitisation and innovation.

Stakeholder expectations are high and with all eyes on the healthcare industry at the moment it is essential for big players to go beyond generic commitments and distinguish themselves by clearly communicating measures taken and concrete achievements. Ample space should be given to digital innovation and woven into all communication platforms in a holistic manner.

Access to medicine

According to the WHO, less than half of the global population is covered by essential health services and 100 million people are pushed into extreme poverty because of health expenses, forcing them to live on $1.90 or less a day. Furthermore, it is estimated that in 2020, the COVID-19 pandemic put around 71 million people back into extreme poverty, reversing decades of progress and setting the UN's 2030 Sustainable Development Goals (SDGs) firmly out of reach.

When it comes to accessing effective, affordable, and safe healthcare (SDG 3.8 and 3.b) a collaborative global approach is required between multiple stakeholders including policymakers, governmental bodies, healthcare providers and pharmaceutical companies. The latter are crucial in ramping up progress and achieving sustainable and long-term access to medicine, especially for low-income countries where government expenditures on healthcare are in decline.

Lundquist's benchmark shows that five out of the 17 companies included in the research do not discuss access to medicine in any form which, considering the pressing nature of the subject and the size of the companies, is surprising. In fact, just a handful of companies truly communicate their efforts through their digital corporate platforms.

An essential part of closing the gap in healthcare will come from implementing pricing strategies that allow for increased access. GlaxoSmithKline (GSK) dedicates a full section to pricing, acknowledging its importance and detailing their strategy when it comes to working with less developed countries. The company explains their approach to patents, which they do not file in certain regions to allow local pharmaceutical companies to create generic versions of GSK medicines. Other thematic focuses include access to vaccines, the fight against HIV and eliminating lymphatic filariasis.

Roche also focuses on pricing strategies based on country-specific circumstances such as GDP and purchasing power parity as well as personalised reimbursement models, aligning access to medicine with their overall business mission.

Access to medicine is also another area in which partnerships should be communicated and highlighted. Development, production and infrastructure can create a significant burden on any single company so divvying responsibility through strategic partnerships within the sector and across the supply chain can allow better and more efficient advancement.

Germany's Merck puts partnerships centre stage when it comes to issues of access with a focus on creating sustainable supply chains. In fact, when it comes to distinctiveness in communicating stories and viewpoint, Merck set themselves apart. The company has created a dedicated sustainable supply chain charter which gives added weight and value to their commitments and as a result generates a feeling of trust and accountability.

Tackling lower-income countries' access to medicine also involves addressing the infectious diseases and health risks that most affect those areas. This can mean investing in vaccines that work towards the eradication of infectious diseases, and even education programs that provide locals with the know-how to safeguard themselves against potential health problems.

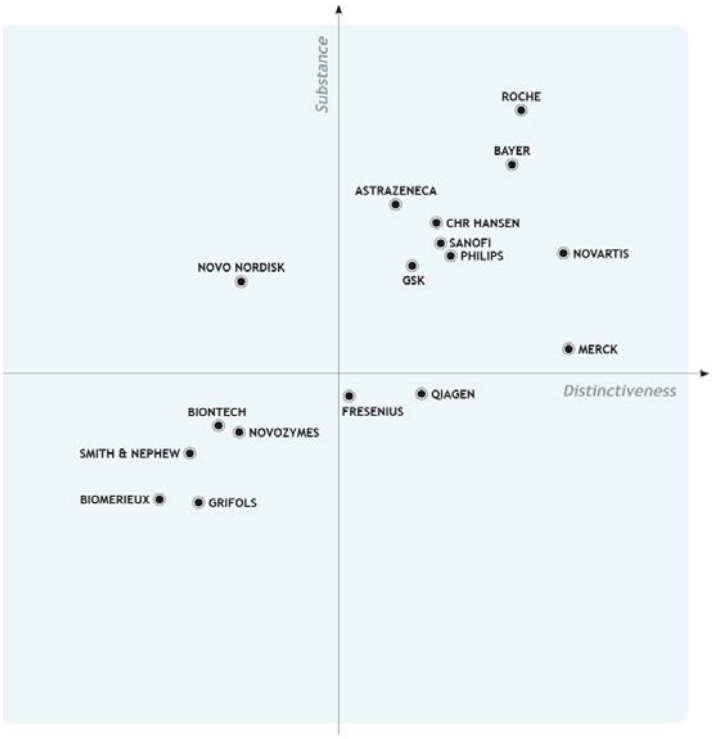
An excellent example of communicating this to stakeholders can be seen in Bayer's recent partnership with the German Red Cross. The pair have joined forces to co-create a Family Planning Module so that they can "deliver family planning in humanitarian response to emergencies and protracted crises".

One to watch when it comes to communicating lasting solutions for eradication of infectious diseases and education programmes is Sanofi.

Clearly pharmaceutical companies do not bear all of the responsibility, but no tangible increase in accessibility can be achieved without them. Those who communicate best align their mission, vision and values with commitments to sustainable access to healthcare. Stakeholders should have access to up-to-date, relevant and accessible information that provides concrete examples, case studies, goals and achievements. This is key to generating trust, especially in the context of COVID-19 which has signalled a greater need for big players to step up.

The road ahead

Healthcare providers and pharmaceutical companies are under the spotlight and they have mostly responded by integrating key sector topics such as partnerships with the public and private sector throughout their corporate communications.

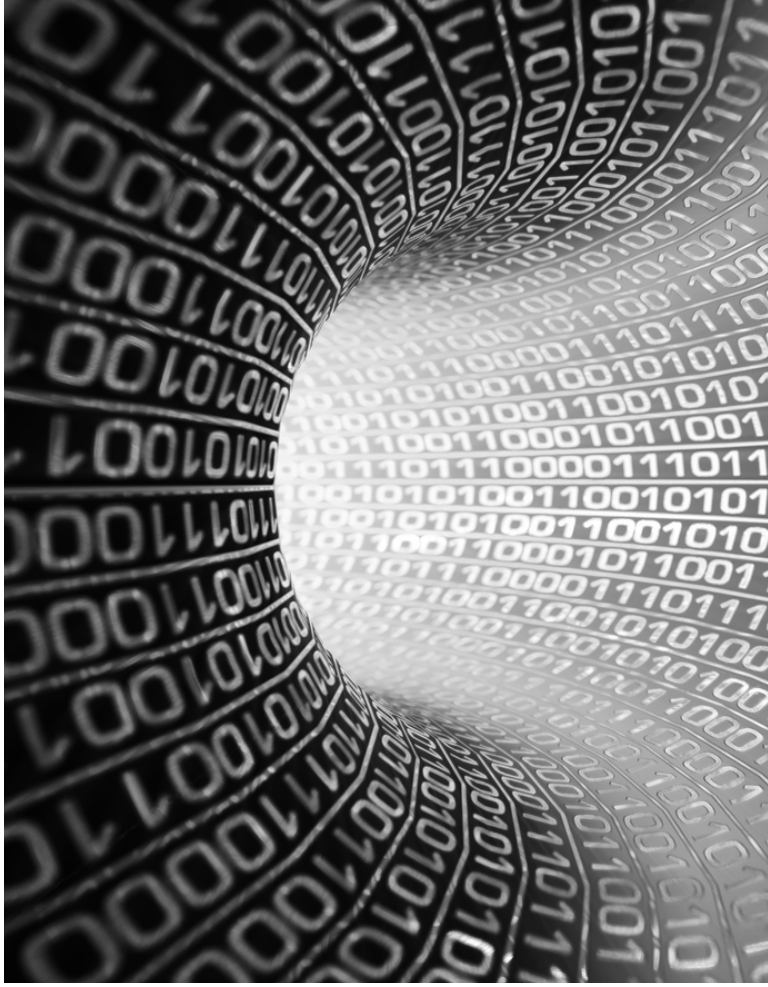


Companies that perform best in the research demonstrate that they are adapting to customer expectations, setting concrete goals and communicating their progress along the way. The dynamics of the sector have changed and the best companies provide stakeholders with clear insights into how they are adjusting to this new scenario, most notably when it comes to engaging in strategic partnerships with other companies, governments, NGOs and even tech giants. Generating trust will be dependent on the substance and clarity stakeholder-centred communications.

As can be seen from the matrix, Roche and Bayer lead the way in terms of distinctive and substantive communications. AstraZeneca, CHR Hansen, Sanofi, GSK and Philips perform well when looking at “Substance”, explaining topics with great attention to detail however, they sometimes lack a touch of distinctiveness. Merck and Novartis are revealed to be leaders in distinctive communications but are a little weaker when compared with other leaders in terms of substance. Other companies tend to be located around the centre of the matrix, indicating that more can be done in terms strategic and interconnected digital communications ecosystem.

Lundquist's analysis revealed that the sector has generally made great leaps forward in the way they present themselves and their commitments to these subjects, particularly when it comes to the challenging issues of accessibility to medicine or care and digitisation. However, few companies have actually demonstrated a strategic incorporation of these messages within their overall communications ecosystem. That is, many have missed the mark when it comes to stakeholder-centred communications strategy. The study also reveals several leaders when it comes to delivering messages with substance and distinctiveness, most notably Roche and Bayer although AstraZeneca performs well on substance.

The next challenge for the sector will be to adapt communications to stakeholders. The only way ahead is to provide forward-looking future-led communications that breakdown stakeholder insecurity by providing them with the answers and guidance they need with regards to what to expect from the fast-evolving sector.



About the research

Lundquist's .trust research measures the credibility and efficacy of corporate communications and how it is able to generate trust. It provides a guide to help companies effectively narrate their corporate messages in a way that goes beyond transparency. The analysis is based on two fundamental macro-areas that are key to a well-balanced and trustworthy communication on strategy and corporate vision: Substance and Distinctiveness. The two pillars are broken down into 10 sections that make up the .trust protocol. Each of these sections contain detailed evaluation criteria that are individually weighted to reach a total of 100 points.

About the author

Rosanna Campbell-Gray is a consultant at Lundquist, a leading corporate communications and sustainability consultancy based in Milan and specialising in national and international listed companies. She has a background in luxury PR and a master's degree in Sustainability and Energy Management from Bocconi University, Milan.

About Lundquist

Lundquist is a corporate communications consultancy based in Milan. For further information about the company and its European Healthcare .trust analysis, please visit lundquist.it or contact info@lundquist.it.

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Closing pharma's communication gap with patients

The pharma industry has been talking about being patient-centric for years, but often that rhetoric hasn't been accompanied by real change in the way product development is carried out.

Keri McDonough thinks there is still a void between some pharma and patients, but one that can be bridged by developers who make a commitment to incorporate patient insights at scale across their operations.

Why the patient voice is important

Listening to patients. It's a phrase that's been repeated so often and for so long by the pharma industry that it surely must be deeply ingrained in its culture, but McDonough says the sentiment – while sincere– doesn't always match the reality and has lost meaning.

Through her role as head of the Patient Voice Consortium at Syneos Health®, McDonough has seen first-hand how pharma companies large and small have attempted to build patient-centricity in the development programmes, with varying results.

One problem is that the term patient-centricity has started to lose its meaning, becoming a buzzword that is used without really thinking about what it means. And that was part of the thinking behind naming the Patient Voice Consortium, which has been set up to make sure patient perspectives and partnerships are included throughout the drug development and commercialisation process.

"Patient-centric is a little bit vague, whereas patient voice says, 'we want to hear what patients have to say' – and that lies at the heart of our mission to put patients at the forefront of innovation," she says.

So why is that so important? Firstly, patients are increasingly empowered and knowledgeable about their illness, many with free access to resources and the motivation to seek out and connect with peers, and pharma companies need to respond to that trend. Healthcare systems meanwhile are recognising that well-informed patients need to be represented in decision-making and that therapies should be designed around their needs.

Incorporating patient perspectives in the product development and commercialisation process also increases the chances that a programme will be successful – for example by improving the design of clinical trials, encouraging enrolment and retention of trial participants, and making sure the patient pool is representative of what is seen in the real world.

This goes beyond seeking out patient stories to inspire employees – something almost all pharma embraces for good reason. It comes from asking a diverse mix of patients what would make trials and other activities more meaningful and accessible to them and from involving the patient advocacy community early on.

"There's a difference between listening to the patient voice to pressure-test an almost baked idea versus creating the infrastructure and timelines necessary to allow patient perspectives to guide you," says McDonough.

"It's not like you can just say, 'okay, we listened to the patient voice, check. Now we're done. We can move on to something else.' It has to become part of the way that we do business across the board."

The current landscape

The industry overall is making progress. Syneos Health and its Patient Voice Consortium have seen firm evidence that some of the bigger pharma companies have gone from piloting patient-centricity to "operationalising" their patient-focused work – in other words, having patients along the way for the entire journey through commercialisation.

At the other end of the spectrum, there has been amazing work by smaller, often rare disease-focused companies with close ties to patient communities, although that may not necessarily scale.

It's in the middle ground of small- to mid-size companies not focused on rare diseases where there is still a lot of variability and room for improvement, according to McDonough, and some still think of the healthcare professional as their customer, not the patient. There's clear evidence of a shift in thinking though – which can be seen by the number of companies in pharma that are hiring and scaling up their patient advocacy and patient engagement teams.

Likewise, patients and advocacy groups are diverse in many ways, including their ability to engage with medicine developers. Some may simply not be equipped to have conversations about the entire treatment landscape and where the gaps are.

"A lot of the diseases with the highest need for treatment are also the ones that have an impact on somebody physically, emotionally and financially," points out McDonough. "These patients are not always able to be highly engaged as they are too burdened by navigating care that can be onerous, disconnected and costly."

Others want to be deeply involved and can go toe-to-toe with any key opinion leader (KOL) or industry expert in a disease area and are often more knowledgeable when it comes to cost and affordability.

"We can't only connect with folks who are most engaged without also trying to understand what's happening to those that aren't as vocal," according to McDonough. While advocacy groups are increasingly industry-savvy, some may still need help and expertise into the mechanics of drug development, regulation, commercialisation, and market access. Others may even still be opposed to working with industry altogether, which can pose an engagement challenge.

The clear need for greater collaboration is being seen in the regulatory environment as well. The FDA has been developing Patient-Focused Drug Development guidance documents to help incorporate the patient's voice in medical product development and regulatory decision making, for example, and has set up a Patient Engagement Collaborative (PEC) that exchanges ideas and expertise with other regulators, including the EMA in Europe.

It's a complex task, and navigating those complexities of the process is where the Patient Voice Consortium comes in. The group has been built from the ground up with people who understand the needs of patients, and how to work with them in areas such as clinical trial design, operations, stakeholder education and access to care.

Acting as a hub, it brings together Syneos Health's therapeutic knowledge and expertise across advocacy and engagement, drug development, behavioural and social science, patient-reported outcomes and registries, regulatory compliance, and health policy.

Overall, the aim is shortening the distance from lab to life® in other words taking scientific discoveries and bringing them forward as quickly as possible so they can bring benefits to patients.

Advice for developers

"We need to demonstrate that we're listening to the patient voice, not just talking about it," says McDonough. "We need to move on, and chip away at the mindset and operational barriers that prevent routine and strategic patient input across the business."

That includes a clear understanding of and adherence to health literacy principles – defined as the degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions, either for themselves or others, which is one of the Consortium's current priorities along with working on ways to ensure diversity in trials.

When it comes to health literacy, the onus isn't just on the recipient of the information, and one thing that developers can do is work to make sure that the recipient – the patient or caregiver – is set up to succeed by having the skills and understanding needed to advocate for themselves and their communities. Community-based and disease specific health literacy programs can help here, along with universal glossaries designed by and for patients.

Many in the industry also need to be more cognizant of how disease and life circumstances may impact a patient's willingness to participate in a trial or even the likelihood that a physician will bring up research options. Socioeconomic status, race, education, disease status, and history with prior treatments are all factors that can affect a patient's consideration of a clinical trial or a new medicine.

Recognising the disparities in access to digital technologies, transportation or centres of excellence can guide operational decision-making in trials, such as whether to use a decentralised design or have systems for delivering therapies directly to patients in their homes rather than at centralised sites.

"It's not about psychoanalysing anybody," asserts McDonough. "It's trying to understand the nuances of patient experiences and figuring out tools and ways in which we can then translate that to meaningful interventions."

That includes being inclusive about who you engage with, and not just listening to those that are on board with your plans – don't ignore the dissenting voices, and those of individual patients who are not experienced advocates.

The Patient Voice Consortium can help pharma by connecting the dots – providing the insights, tools, frameworks and early-adopter best practices that embed thinking about patients at that operational level throughout the drug development lifecycle, according to McDonough.

Part of that is figuring out the mechanics of the process – when to start and stop engagement, how to equitably renumerate patients, setting the right cadence for interactions, and budget and headcount considerations, for example – but also understanding how to adapt the approach where necessary.

Top tips are to start engagement early, making sure you have access to relevant expertise, as well as clarity on who is responsible and accountable for bringing the patient voice to the table.

It still happens that pharma companies only start thinking about patient engagement when a product approval is around the corner, says McDonough. Sometimes that's because they think of patient advocacy groups as a channel – a way to push out information that doesn't take into account the benefits of two-way communication with patients.

Overall, there's no one-size-fits-all or universal playbook for making sure that the patient voice is heard in the development of medicines, but it is possible to close the communication gap between patients and developers, says McDonough.

"If you can understand the outer edges of a patient community and understand where there are commonalities, then you are more likely to develop the best programme or drug possible."

About the interviewee

Keri McDonough heads up the Patient Voice Consortium at Syneos Health. Keri has integrated patient perspectives across therapeutic areas for nearly two decades with the goals of improving patient experience and outcomes. Keri's approach is framed around surfacing ways to chip away at barriers and biases that limit patient-focused innovation, including lack of inclusion, equity and access, health and digital literacy gaps and inaccurate or incomplete representation of stigmatized or marginalized patient communities.

Keri has spearheaded ground-breaking patient and caregiver programs in multiple therapeutic areas and is fluent in the tools and principles underpinning the science of patient input. Keri joined Biosector 2, a Syneos Health communications agency, in 2013 after approximately ten years within the WPP network. Keri's patient advocacy efforts began leading communications at the New York City Chapter of the National Alliance for Mental Illness. Prior to healthcare, she led marketing at The Union Square Partnership, a multi-stakeholder economic development organization. Keri holds a BA in sociology from Tulane University and a MA from University of Oregon's School of Journalism with an emphasis on the role of communications in social movements.

About Syneos Health

Syneos Health® (Nasdaq: SYNH) is the only fully integrated biopharmaceutical solutions organisation. The company, including a contract research organisation (CRO) and contract commercial organisation (CCO), is purpose-built to accelerate customer performance to address modern market realities. Created through the merger of two industry-leading companies – INC Research and inVentiv Health – it brings together approximately 27,000 clinical and commercial minds to help its biopharmaceutical customers shorten the distance from lab to life.

The Syneos Health Patient Voice Consortium is a hub of expertise, resources and relationships designed to ensure the strategic incorporation of patient perspectives throughout the drug development and commercialization process. The Patient Voice Consortium facilitates a cross-functional approach to understanding the real world needs of patients and pressure-testing, problem-solving and co-creating to maximize impact. Given the well-documented disparity in voice and care among marginalized patient populations, the Patient Voice Consortium seeks to connect with and learn from the widest range of patient communities possible using inclusive methodologies rooted in transparency, shared purpose, and bidirectional communications.

align strategy

Leveraging a strong product launch to build a successful pharma brand

So much effort goes into ensuring the successful launch of a new pharmaceutical product or indication, but it's only once that has been achieved that the real work begins, says Align Strategy's Christine Fletcher.

Introducing a new pharmaceutical brand is akin to asking someone to change their established habits, and first impressions of that treatment once it hits the market, is the crucial factor for determining whether new preferences will be adopted.

Consequently, gaining insight into those first impressions and responding to patient, caregiver, HCP, and key stakeholder feedback during the months following a successful product launch is vital to maintaining brand integrity and driving product uptake.

To achieve this there are all sorts of things that companies can do at the pre-launch stage to work with elements such as the available clinical data, assumptions about the competitive landscape and how payers and prescribers will react to a new brand. But launch really is the key moment, when real-time, real-world feedback starts to come online and the starting pistol is fired for implementing – and adapting – the prepared strategy.

Preparing to be competitive

A major priority should be to focus on customers' satisfaction with their initial experience of the brand, with 'customer' – as so often in pharma – potentially be a payer, prescriber, associated healthcare provider, patient or caregiver.

This is when companies need to capture and listen to real-time feedback and this needs to go beyond simple sales numbers. To really understand how the product is being received, 'softer' touchpoints are needed, such as feedback from clinicians to sales representatives and medical science liaisons (MSLs), insights gathered from online patient forums and feedback from patient advocacy groups (PAGs).

To achieve this, companies need to determine how best to create a mechanism for obtaining real-time feedback. Once that's in place they need to understand how to use that feedback and what the information received means for the company and brand, and then develop a plan for adapting business strategy in light of the new information as it comes in, all in a very short period of time.

A pharmaceutical company's ability to work in a nimble, agile manner to address any hurdles that may arise from these early experiences will be beneficial for the organisation as a whole, but it will force them to consider a number of different elements:

- How are competitors reacting to your product / launch?
- What are your competitors saying about you?
- Which of your competitors messages resonate with your customers?
- Have you been able to anticipate any of this?

Analysing the answers to questions such as these can help you understand pretty quickly how your competitors are talking about your product and how your customers are reacting to the information you provide them.

The next step should be to assemble a cross-functional team to regularly review both any immediate feedback as well as the wider competitive landscape. That will provide you with critical understanding for your brand and practical suggestions for the strategies and tactics you need to put in place to ensure ongoing success.

However, when contemplating strategy changes, pharma marketers should think about being responsive not recreating the wheel. Pursuing evolution, rather than revolution, will allow for better concentration on proactive additions and building on what already works.

An integrated approach to evidence

As post-launch real-world evidence trickles in, it's imperative to understand how to harness that information and organise it so that it continues to effectively support the brand's value story. One way to do this is with an integrated evidence plan.

Companies will, of course, have plenty of robust clinical data to use for the preparation of a launch and then can plan their phase 4 study needs, but there is so much more data that can be collected. On the one hand there's the data that pharma companies generate internally from their clinical development programmes and other initiatives to support market access, and then there's the wealth of data that can potentially be leveraged from the external environment like real-world evidence, investigator-initiated trials, patient registry data and so on. The question then becomes: how will you collect, harness and organise that data and use it to support your brand in a timely manner?

This is where a cross-functional team drawn from clinical, commercial, pricing and market access should come in to build an efficient integrated evidence plan. They can discuss how to meet any challenges to the strategy, gather internal feedback from the field on a continuous basis and ensure that this combined feedback reaches all those tasked with building the strategy moving forward.

With an efficient integrated evidence plan in place, the cross-functional team can then identify the best way to leverage the anticipated data and then brainstorm the appropriate path forward, both initially and then also in the years that follow the launch period.

The key is understanding – how do you take all of this information in and then really break it down? How do you modify and adjust according to the information received?

Tactical planning for real-time feedback

Every company hopes for as smooth a product launch as possible, but reality will always provide some unforeseen blips and hiccups that could lead to a very negative impact on the brand if not addressed quickly enough.

Market access considerations are increasingly paramount, but beyond these companies should consider whether there will be any more general patient access issues with their new brand and how these can be responded to, whether in the form of burdensome – but very necessary – paperwork or pre-approval/pre-authorisation requirements for those products that are applicable.

Additionally, there can be many other tactical issues to address, such as formulating the right offerings to provide to prescribers, offices or practices if they're struggling to handle the administrative burden associated with a product or additional education on manageable side effects.

Targeting long-term prosperity

Receiving feedback, information on how your competitors react to your product, and real-time data is invaluable information. Utilising it to ensure your company makes any necessary changes to your business strategy in a short period of time will maintain a favourable brand rapport and extend the success of your product.

Ultimately, the key is to be flexible and adaptable post-launch to support the product and find a way to address challenges in as near to real-time as is possible. In that way you'll set up your product for continued, long-term prosperity.

About the author

Christine Fletcher is a co-founder and managing director at Align Strategy. She has over 20 years of experience supporting pharmaceutical brand teams with strategic planning and is an industry thought leader on launch excellence. To get in touch with Christine, please contact her at cfletcher@alignstrategy.com.

About Align Strategy

Align Strategy is a strategic consultancy dedicated to working with pharma and biotech companies on brands at all points of the product lifecycle. Align helps brand, portfolio and corporate teams build, pressure-test and bolster their plans, ensuring their strategy is robust and positioned for success.

The post-pandemic evolution of pharma-doctor digital interactions

M3's Tim Russell and Maxim Polyakov, together with Digital Futureway's Heather Hancock, discuss new research on how doctor engagement has been altered by COVID-19.

COVID-19 forced an unprecedented shift towards the virtual delivery of healthcare, suddenly compelling doctors increasingly to use digital means to care for their patients.

As healthcare resources and delivery were prioritised, there was also a massive and ongoing impact on growing waiting lists and time-lags for diagnosis and treatment.

That picture of how patient needs and patient-doctor interactions are changing will shortly be fully painted by the release of a new white paper from M3 on engaging doctors in a post-COVID-19 world.

The publication will also look at the pandemic's impact on communications between the industry and doctors. Here, M3's Tim Russell and Maxim Polyakov, together with pharma consultant Heather Hancock, discuss a key aspect of the new research: the evolving picture of pharma's digital and face-to-face interactions with doctors.

Tim explains: "The research clearly shows that pharma companies need to consider the ways that COVID-19 has changed the patient-doctor dynamic and look at what they can do to facilitate overall better patient care, better quality of life and better patient outcomes now and when the pandemic comes to an end.

"The reality is that the doctor-patient dynamic is going to be different every time. The goal is to create and facilitate a meaningful, informed interaction between a patient and a doctor. Any content you create for healthcare professionals and how you disseminate it needs ultimately to support an informed conversation between patient and doctor."

COVID-19's impact on pharma and its engagement efforts

On the whole, healthcare as a sector has historically been slower to grasp the full range of possibilities from digital communication. As a result, and despite the breadth of online choices available to them, pharma companies typically employed face-to-face channels as their main go to market model.

M3 surveyed more than 1,000 doctors from Germany, France, the UK, Spain and Italy. More than 60% said that, pre-pandemic, they spent over 90% of their time on face-to-face contact with industry sales representatives, key account managers (KAMs) and medical science liaisons (MSLs), compared to the time they devoted to pharma's online communications. A further 20% of doctors surveyed said they spent at least half of their time on face-to-face contact with the industry.

Commenting on the primacy of the face-to-face channel, Heather Hancock, managing director of consultancy Digital Futureway, says: "Even though pharma companies had dramatically reduced their field forces – specifically their primary care sales forces – even before COVID-19, face-to-face was certainly the dominant channel in the old commercial model."

That changed overnight as countries went into restrictive lockdowns and doctors almost entirely halted any face-to-face contact with the pharma industry.

Maxim Polyakov, M3's director of strategic accounts, notes: "COVID-19 definitely changed the way the healthcare systems operated, with a huge push towards digital and remote paradigms – including in doctor-pharma interactions."

What followed, change-wise, was the application of a digital accelerant right across pharma and the entire healthcare spectrum, as often-voiced (though less commonly followed) plans for digital transformation were actually put into action, bringing with them an unprecedented amount of change. The rise of a consistent approach from pharma companies to advocate best practice of telehealth was one of the more noticeable aspects of this.

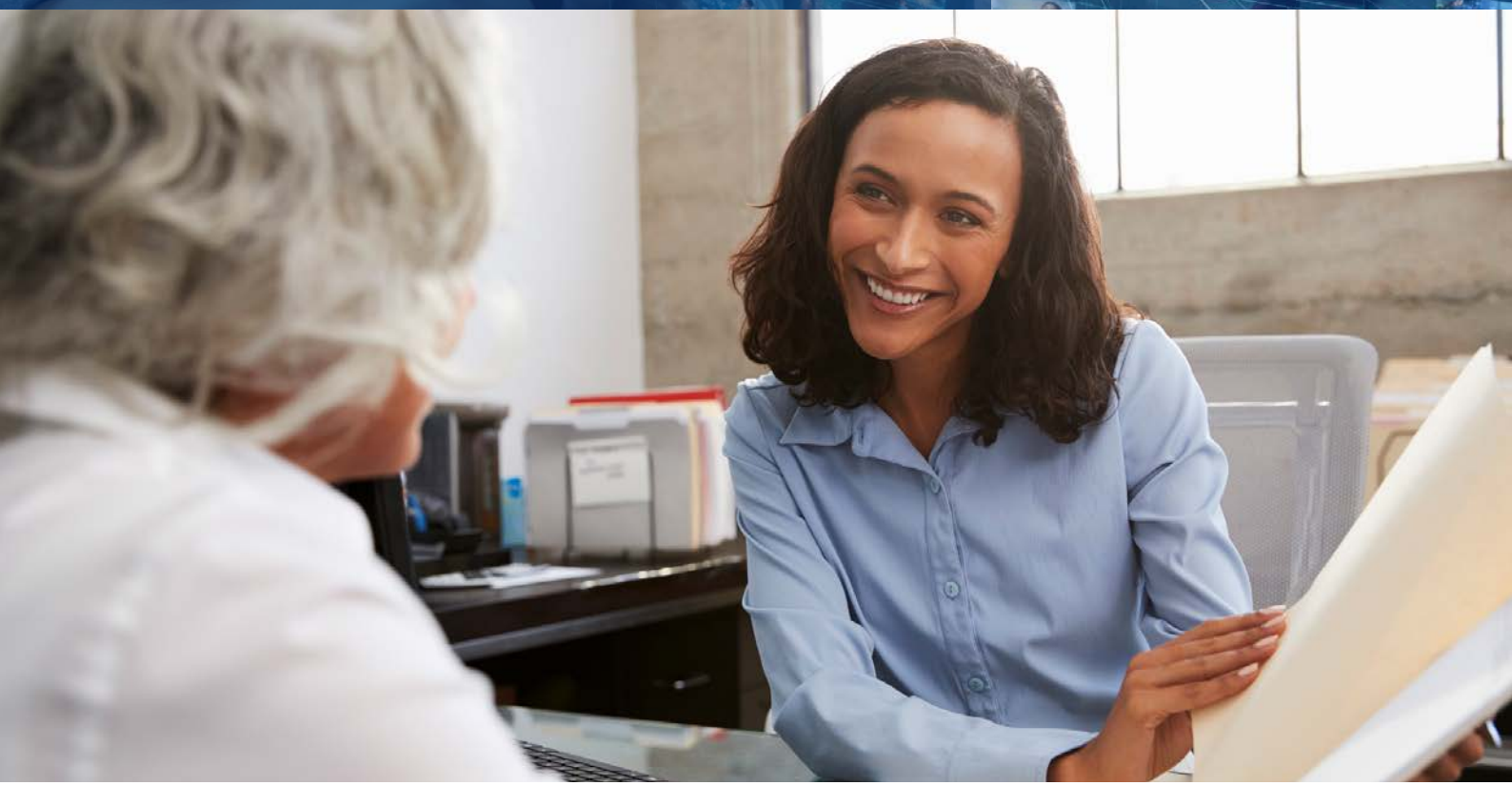
Tim says: "A conjoint and consistent approach regarding telehealth is what is needed – not every company pushing their own agenda, but rather a collaborative approach and advocacy for examples of best practice tools that actually support patient outcomes and make doctor/patient interaction significantly more efficient, regardless of their origin."

Methods for communicating and interacting also underwent a huge change but, based on the experiences of the early acute phases on the pandemic, significant opportunity for further development remains. "COVID-19 forced instant change, and perhaps that's what was needed," says Tim. "The question now is whether that can be maintained and has the value been recognised by those who were previously ambivalent?"

"Not all pharma was adequately digitally savvy," says Heather, "I'd even suggest that some are still trying to put all the requisite pieces together. There is obviously the tech stack, but how it integrates with the business – both people and culture – requires some alignment and engagement with all stakeholders within the business at all levels. I'm working with different companies across different geographies now – they're not as digitally savvy as the technology that they've bought enables them to be. It's as simple as that. Some of them had the capability to be able to switch and pivot over to a digital, virtual interaction. However, not all of them did, and while some have started, others still haven't got anything in place for the new world that they face."

Pandemic shifts

In the initial phase of the COVID-19 pandemic, doctors' engagement needs underwent a stark inversion from a majority of face-to-face contact with the industry to online channels taking its place. While this has been frequently discussed, M3's research reveals just how complete that switch was.

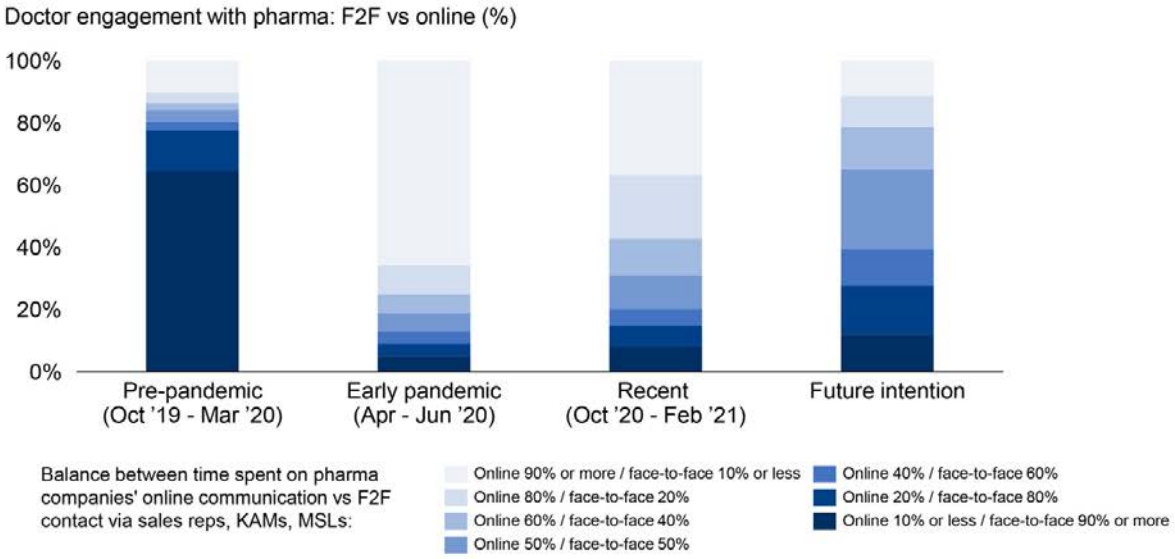


Surveying the same group of European doctors in relation to an 'early pandemic' timeframe of April to June 2020, M3 found that around 70% spent 90% of more of their time interacting with pharma via online communications.

"The numbers present a defining picture for that time," says Maxim. "The historic face-to-face model of engagement was replaced by an overwhelmingly remote model, as physical meetings changed to phone and video calls, emails, etc."

Furthermore, it took more time than was generally expected for things to begin to adjust from that new extreme. Tim explains: "Probably 9 to 12 months ago we were talking to people in the industry who were telling us they were planning to get their field representatives and MSLs back out in the field and return to what you would class as the old, face-to-face commercial model. Clearly, when wave two hit, it was very clear that that's not going to happen."

Move to “remote” has affected clinicians’ interactions with pharma as well; higher digital engagement set to continue beyond COVID-19



medicine | media | metamorphosis

Note: n = 1,034 doctors. **Question**: *Thinking back to October 2019 - March 2020 (“pre-pandemic”), April – June 2020 (“Early-pandemic”) and October 2020 – February 2021 (“Recent”) what would you say was the balance between the amount of time you spent on pharmaceutical companies’ online communication with you and face-to face contact via sales reps, KAMs and MSLs? And where do you think the balance will lie between the amount of time you spend on pharmaceutical companies’ online communication with you and face-to face contact via sales reps, KAMs and MSLs over the next few years, once the Covid-19 pandemic is over?*

What did happen was that the stark, early inversion of engagement preferences slowly began to settle into a more nuanced, varied picture. In fact, when it comes to doctors’ future intentions for how they want to engage with pharma personnel, there’s a fairly even split between all the online and face-to-face combinations.

Maxim says: “The research shows that, going forward, there will be a much larger variation in how doctors engage with pharma – from all face-to-face, to all remote, to everything in between. The onus is on pharma to adapt to their customers’ needs by ensuring that they can deliver the right content, at the right time, via the right channel, to the right customer.”

In addition to resourcing adequately to meet doctors’ changing engagement preferences, another learning is that the initially higher levels of digital interactions seen during the acute phase of the pandemic have set the scene for the future.

Looking to this, Heather says: “As a general population now, we all deal with many different channels simultaneously. We’re on online platforms, websites, Facebook groups, social media and so on. If you’re truly going to be a communicator or marketer, you need to deliver engagement and orchestrate them in a seamless way. Pharma had played with that idea before, but they really need to implement it.”

A changing future

To achieve this future vision of working across multiple channels to meet the preferences of its audiences, pharma companies will have to leave behind pre-COVID-19 ways of working that all too often followed a one-size-fits-all approach.

Maxim says: "The status quo has been challenged, and it looks like there is a reinvigorated motivation for a meaningful and lasting change. If this is the case, this will be a very, very different way for the system to operate, and will require a different operational approach."

Part of this new way of working will include balancing pharma's own proprietary distribution channels with those of partners. Companies will also need to think about all the different types of ways they can interact with doctors, including bolstering engagement through the use of paid and earned media," says Heather.

"Pharma companies need to look at the pull versus the push and ask themselves, 'what can they do in their own proprietary distribution channels and how can they partner with other people where necessary'. In addition to being present where doctors go to seek information, the next thing to look at is how do companies then put the patient at the centre, and really mean it – because everything now is about that," she adds.

Another long-term issue, even before COVID-19, was being able to directly contact doctors in a compliant manner, which in an online setting requires e-permissions to be secured for a trusted environment.

Tim says: "One such way that pharma is able to engage with doctors is through the use of third-party channels, such as M3's global communities of doctors. M3 are ideally positioned to partner with pharma in both content development and as a method of dissemination to over six million doctors.

"When we do get to the end of COVID-19, or at least get back to a sense of normality, what doctors are looking for from interactions will challenge pharma to always give due consideration to all the options available to them in an informed manner. The conversations that we're having are about taking more of a hybrid, omnichannel approach, and then carefully considering all the different customer journeys within that."

Engagement lessons

One of the key lessons from all of these changes it that now, more than ever before, pharma must operate across a number of different channels to ensure that every engagement is on doctors' own terms. As companies work their way through their strategy planning processes, recent experiences have shown the need to plan for all contingencies, which includes having sufficient mechanisms to continue to engage doctors should further lockdowns or similar restrictions occur.

Maxim says: "Going forward, it is likely that hybrid, adaptive, omnichannel approaches will be most successful – and for that the system needs to be able to cater to the full range of doctors' engagement preferences."

In addition, with the rapid increase in the number of communication platforms to allow pharma to interact with doctors, firms have to be good at them all.

"Pharma needs to think about the experience the customer has, and companies need to start thinking about how they craft an experience for their customer that is simple, interesting and consumable," says Heather.

Doctors want a certain level of virtual interaction, though exactly how much will vary by individual. However, it is clear that, for pharma, digital engagement is here to stay.

About the interviewees

Tim Russell is an experienced international marketer. He has spent over 20 years in the pharmaceutical industry. For the last five years he has worked for M3, connecting clients with doctors in its online communities. He is passionate about offering compelling solutions that meet clients' commercial objectives and offer clear and tangible value.

Heather Hancock holds an MBA and studied Biochemistry and Chemistry at University. She is managing director of pharma consulting firm DigitalFutureway, specialising in behavioural change through data analytics and insights. She has a wide background in healthcare and was previously business and commercial operations director of MSD in the UK. Heather has 20 years' experience within the healthcare industry across multiple sectors including private hospital operations and business development, and a variety of European and international markets.

Maxim Polyakov is director, strategic accounts within M3's business intelligence and research division. He is passionate about using data to drive better decisions, and ensuring that the voice and needs of patients and HCPs remain at the centre of healthcare systems.

About M3

M3 is the world's largest network of verified doctors with over six million members across many key markets; our closed and local communities of doctors are trusted by our members as places where they can reach content relevant to their profile and their geography. M3 has over 20 years' experience in building online doctor communities. These communities include Doctors.net.uk in the UK, Vidal in France and m3.com in Japan and offer clients a unique opportunity to communicate with doctors. M3 is committed to its mission to use technology to help people live longer, healthier lives and reduce costs in healthcare.

Refining digital collaboration

Pharmaceutical companies are traditionally more conservative with their approach to and incorporation of new technologies; however, prior to COVID, the industry had begun moving toward intersecting health and technology. Natalie Yeadon, Co-founder and CEO of Impetus Digital, tells us how COVID has accelerated digital health transformation and made effective virtual collaboration more important than ever.

People's interactions with each other have transformed dramatically and have had to do so at an accelerated pace. Greater thought is being put into how to make those interactions as pleasant, efficient and productive as possible for professionals worldwide.

Since the pandemic hit, many companies, including pharma, are contemplating how they can digitally transform in this new space. This is evident by the number of new positions you see being employed – digital transformationists, digital teams and innovation teams.

"The movement towards digital is not only for collaboration, but it's the entire organisation's modus operandi of becoming more digitally inclined," says Yeadon.

The transformation of interaction

When considering the brand lifecycle from drug discovery to the point of incorporating patients, each aspect is now more technological. Impetus Digital is helping smooth out this transformation by offering one single platform that can benefit a multitude of teams.

"[Impetus Digital] has been helping clients through those transitions, from scientific advisory groups or medical affairs groups who are helping with drug discovery to clinical trials, publications and working with investigators," says Yeadon.

Due to COVID, many clinical trials were abruptly halted. It was necessary to change protocols and find other ways of interacting to see how people were progressing. With the help of digital platforms, such as the Impetus InSite Platform®, the process was able to begin again.

Marketing teams and medical teams can now virtually collaborate as they launch a product and bring it to the world. For example, teams can screenshot their website and rebuild it graphically during their online discussions.

"We have the ability to get people familiar with new haptics and ways of using your hands and technology to draw and share ideas, but this can be done virtually. So, we can still create the inspiration and the ideas around shared understanding."

Preparation for insight-gathering during and debriefing after virtual conferences can occur with teams globally through e-huddles, allowing attendees to join worldwide.

"General data discussions can occur where teams can brainstorm the implications of data received – how the data will impact their clinical practice, how new competitive data or recent publications may impact the treatment of the patient and/or what the strategic implications are of the data" says Yeadon.

Many productive tasks can be accomplished within the virtual environment, and interactive breaks with interplay and some elements of fun can provide attendees an energy boost.

"We've seen a lot of science that shows that, by looking at people in this virtual space, it's really depleting to the brain because it's very different than the way we actually capture somebody in their essence when we see them in real life," says Yeadon.

> "Providing interactive elements can stimulate the mind. Gamification, immersive 3D experiences, pre-meeting exhibit halls, social or mixology classes, yoga classes and rock band concerts can be offered during virtual events to combat mental fatigue."

There are two core ways collaborative engagement occurs on these digital platforms. One is through synchronous virtual touchpoints in which real-time discussions can occur. Essentially, everything that previously happened in a real-life meeting can now happen virtually.

A second way of collaborating is asynchronous virtual touchpoints where people can have moderators, share a series of ideas and attachments, utilise speech-to-text, gather small isolated groups (e.g., patients, physicians and payer groups) where any answers provided can be kept confidential, do insight mapping, use annotation tools, and much more.

"This is a way to build trust as well, so you're really getting back to people and you're doing things that promote learning and building through an intuitive process. It's really the two core tools, the synchronous and the asynchronous, being some of the new ways people are collaborating in the life sciences space," says Yeadon.

Embracing new digital technologies

There's a great deal of digital health innovation occurring within the pharmaceutical industry and for companies that haven't started changing or are hesitant to change, it's never too late.

"I think at the end of the day it really comes down to a cultural shift. Everything starts with a mindset; it comes down to belief systems. One of top things that gets in the way of a company progressing is the company itself," Yeadon says.

"Sometimes, we have built such indestructible, what I call, "legacy infrastructure" or "scaffolding," the norms, the compliance background, all these kinds of things. That can be detrimental."

Companies can start the transition by evaluating the risk factors associated with trying something new and different from a technological standpoint.

"Take an opportunity to do a single digital advisory board, try it synchronously then try asynchronous. Do it with a team that might be a little bit more forthcoming or a little bit more digitally savvy. Involve some of your more digitally savvy customers," says Yeadon.

"Constantly measure, monitor and compare the traditional ways of doing things with the new technological developments."

By comparing old versus new and getting feedback, companies can make more personalised experiences.

"Just like precision medicine, we're coming to a place where the way we work is with a multifactorial ability to uber-specialise based on preference. Using machine learning and algorithms, new methodologies can be found to automate marketing and the processes around it," says Yeadon.

"Personalisation improves effectiveness and efficiency and data helps us get there. We're on an accelerated pace of innovation and exciting transformations – essentially a technological revolution."

With technology, more individuals can be involved and more real-world evidence can be captured because there is an ability to engage with people in remote areas, places where there were previously barriers to entry. This openness allows for more diversity and inclusion.

To hear more from Natalie about digital collaboration, you can listen to episode 40 of the pharmaphorum podcast in the player here.

How pharma can benefit

Pharma has a new array of potential partners it can work with thanks to technological advancements, and choosing the right partner who knows the importance of a specialised, customised approach to health care and digital adoption will be the most beneficial to companies, patients and consumers.

"One thing that is very much the derivative in healthcare is we've always talked about patient centricity, but, more so now than ever, everything is going to be delivered around the health care consumer," says Yeadon.

> "Areas that were underserved and underprivileged can now participate in these trials. We'll eventually start talking about this ability to go global, where clinical trials can now become globalised. Populations that were never included in the first place can now start getting representation."

Through this data, pharma can utilise and adapt from the area of discovery through to determining whether a product or service is valuable to their company.

Companies who keep an open mind to new technologies and contemplate how they will digitally transform to empower the consumer will flourish as a brand. Having an effective and efficient way to collaborate will make teams more productive and ultimately help the company successfully reach its end goals.

"It's about fundamentally building that bridge and a relationship directly with customers in a way that we've never done before. It's about being courageous and doing things that have a 'why' behind it."

About the interviewee

Natalie worked in the pharmaceutical industry for over 18 years in a variety of sales, marketing, and early brand commercialization management roles, both in Canada and the US in several different therapeutic areas. She is Co-founder and CEO of Impetus Digital, which acts as the "spark" behind sustained healthcare stakeholder communication, collaboration, education, and insight synthesis. They do this through their InSite Platform® in the form of InSite Touchpoints™ and InSite Events™, and have been leveraging their best-in-class asynchronous and synchronous virtual tools over the past 13 years for pharmaceutical companies across the globe. Natalie is also the host of the Podcast "Healthcare Goes Digital" and author of the book "The Healthcare Heretic."

To hear more from Natalie about digital collaboration, you can listen to episode 40 of the pharmaphorum podcast in the player here.

About Impetus Digital

Impetus Digital helps life science organisations virtualize their in-person meetings and events through their best-in-class InSite Touchpoints™ and InSite Events™ offerings, delivered with white-glove service and 360° coverage and care. Leveraging their large portfolio of cutting-edge online collaboration tools, clients can seamlessly gather insights from, and collaborate with, internal and external stakeholders. To find out more about Impetus Digital, visit www.impetusdigital.com or book a demo at meetwithimpetus.com.

Medscape
PROFESSIONAL NETWORK

It's time to rethink the physician-pharma relationship

The traditional sales channel for the pharmaceutical industry has centered on face-to-face interaction with its core target audience – prescribing physicians. What happens when suddenly that form of interaction is taken away? Michael Brandreth, group vice president at WebMD Global, tells us how the events of the last 18 months make it more important than ever for pharma to reimagine how to reach its base in a new, more holistic way.

Physicians' time has become a valuable commodity due to the pandemic. Brandreth says some, but not all, pharma marketers recognise there's been a shift in how its audience wants to engage with the industry.

"Physicians are incredibly time poor because they have such a challenging work environment. When they do engage with the pharmaceutical industry, they increasingly want to do it on their own terms," says Brandreth.

Indeed, the number of physicians seeking clinical information from independent websites is growing. According to a recent Medscape survey of over 5,500 physicians in the EU found 86% had increased their consumption of medical content online during the pandemic.

The survey findings are a further reminder that utilising the digital channels physicians choose to frequent can help pharma effectively connect with its target customers, as well as offering a way to take a personalised and data-driven approach.

Customer-centricity means relinquishing control

"Our pharma clients have benefited from adjusting their approach and focusing more on what customer centricity really means to their audience," says Brandreth. "This involves a leap of faith, partly relinquishing control and recognising that engagement doesn't have to be purely on pharma's terms."

Research done by McKinsey and Company indicates that after COVID-19, physicians don't expect their in-person relationships with pharma reps to return to pre-pandemic levels, and Accenture found that only 10% 'want' to go back to pre-COVID norms for in-person meetings.

We're at a crossroads, which has been accelerated by COVID. Pharma now has the opportunity to show it's serious about not reducing the increased investment made in digital solutions, and not losing the progress accelerated by the events of the past 18 months.

"If pharma doesn't recognise the way physicians want to engage with them and the shift that's occurring, they won't see as much success in the digital environment," says Brandreth.

Another issue Brandreth raises is the constant chasing of email consents for pharma.

"When Medscape comes in contact with clients who say the objective of a campaign is to gather email consents, the question arises as to why?" Brandreth states.

"Often the answer is because the client would like visits to their pharma website and to own all subsequent data points, but that may not be the best way to facilitate engagement," says Brandreth. "Physicians are much more likely to engage when content is delivered via independent and trusted sources they already have a relationship with."

Nearly half (43%) of physicians indicated in the recent Medscape EU Physician Survey that the volume of emails and outreach from pharma is currently too high, whereas a recent study by Clarivate indicated that third-party websites for HCP audiences has a higher impact and influence on clinical decision-making than pharma owned and operated websites.

"Medscape's research also shows independent websites for HCP's are seen as more credible and trustworthy destinations than pharma-owned properties," says Brandreth.

Pharma needs to bring value to the physician and acknowledge the physician's time is valuable by providing high-quality personalized content on platforms physicians trust.

Approaching physicians differently

Understanding that not all physicians are created equal in terms of how they behave online is vital to successful engagement. HCPs have different preferences, learning styles, attention spans and levels of time pressure and pharma can take advantage of third-party websites and their strategies for engagement to help address these differences.

Pharma can also consider the Amazon analogy as an example – consumers and physicians are more likely to gather the information they need from one place, rather than several.

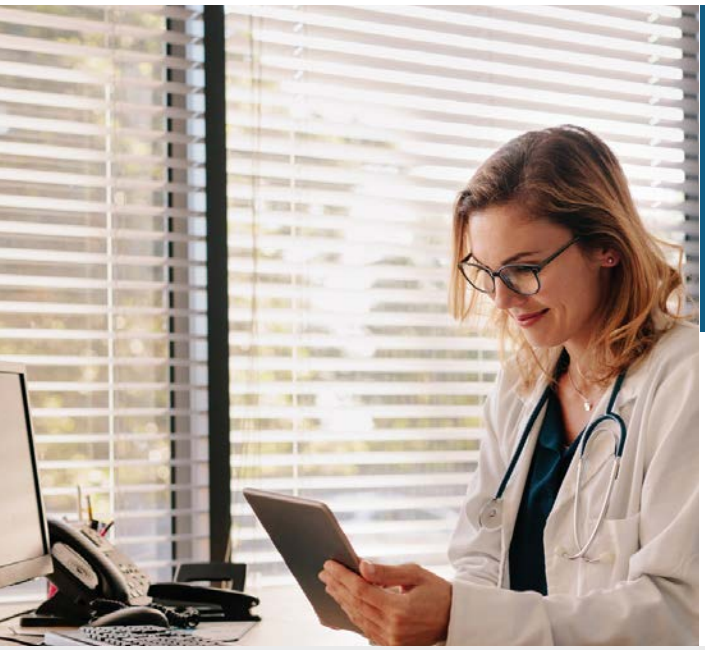
"The majority of physicians don't wake up and think about going to one or more pharma websites. They want to go to one place where they can see what's happening with several companies across the whole healthcare environment," says Brandreth.

Historically, the most common forms of face-to-face interaction between pharma and its target audience was via a sales rep or medical conference, which pharma has understandably tried to replicate in the digital space due to COVID.

However, Medscape has found that an experience that is specifically constructed for online channels can be equal to, or even more effective than, one that involves a rep, especially when that experience is personalised for its audience.

"Medscape has over 25 years of experience running successful campaigns globally and has developed a proprietary Brand Impact Formula to drive maximum behavioural impact," Brandreth states.

"Based upon a set of proven customer journey and UX principles, it helps dictate how different elements, like content and format types, should fit together and how they should be delivered within a thoughtfully constructed strategy across varies channels (the most successful strategies are considered on a long-term basis not just within a short-term annual brand planning cycle)."



Embrace technology to strengthen communication

Knowing what's important to one's target audience is paramount, and information around what physicians are thinking about can be obtained on third-party platforms.

"Medscape has a peer-to-peer social platform called Medscape Consult where members can interact, ask questions and share clinical best practices. Users are discussing what's important to them and it can help pharma get better at understanding basic needs from a grass-roots perspective," Brandreth says.

"The fact that it's not that common for physicians to discuss actual brands may be of surprise to the industry, which has historically operated in brand-led silos."

By leveraging third-party platforms, pharma can drive scale more effectively and rapidly online. This does not mean it will always be better than a good quality face-to-face interaction, but companies can simply drive more calls through digital platforms, and if the industry gets better at harmonising synergies within these channels, it will ultimately see a better return on investment.

"Think about the clinical journey that your target doctor is on, on a daily basis, and integrate your message(s) within that journey. Engage with your customer base where they already reside."

"The principle of optimisation is too often paid lip service," says Brandreth. "It has to underpin everything, and more time should be dedicated to observing and learning from behaviours and journeys. Understanding what works, what doesn't work and what drives behaviour over a sustained period is key."

"Targeting and measurement capabilities are constantly evolving, yet pharma is still behind the consumer world in terms of the appetite to take advantage of newer methods and approaches. This is why Medscape pays close attention in this area and has developed innovative targeting solutions through Machine Learning to enhance pharma's ability to engage the right target doctor, at the right time."

Planning and working with third-party channels on a multi-year basis and strategising how to deliver that message based on behavioural signals can continuously improve a company's reach and message effectiveness.

Take risks to reap rewards

Before the pandemic hit, Brandreth says, access for reps was generally decreasing. "The healthcare environment will be one of the last to open up fully, and, at this time, it's hard to imagine an army of sales reps being allowed en masse back into the hospital setting," Brandreth states.

"As access continues to decline, digital budgets will inevitably need to increase. Companies that understand the online journey of their audience, where third-party websites fit in this journey and the value of supporting doctors along the whole treatment pathway will be at an advantage."

Increasing demand for digital engagement presents an enormous opportunity for pharma, but one that will require an attitudinal and organisational shift. The more pharma invests in a true customer-centric experience and in making things easier for the physician, the more likely it will succeed in its ultimate objective – improving patient outcomes.

About the interviewee

Michael Brandreth is group vice president at WebMD Global and has been helping brands in the FMCG, financial services and healthcare sector deliver behavioural change through digital channels for over 20 years.

About Medscape / WebMD

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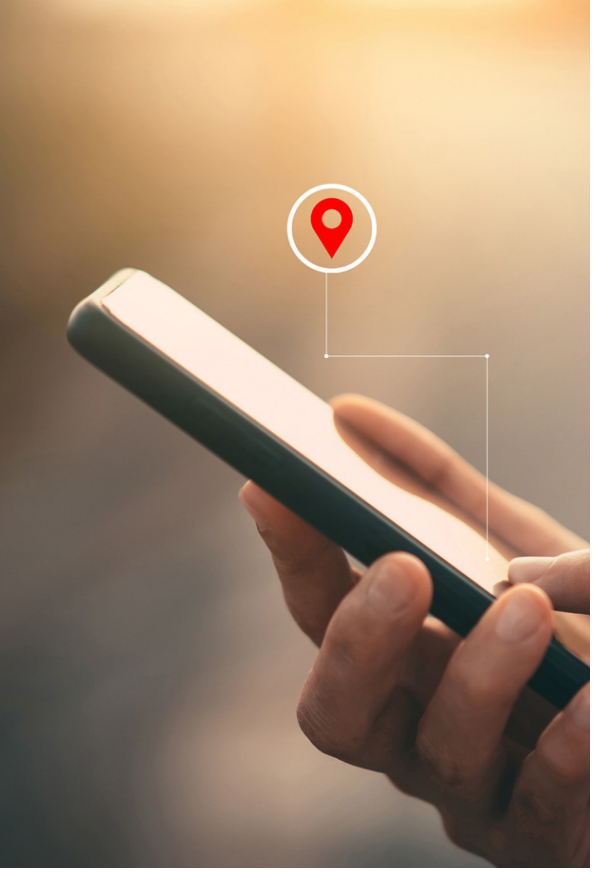


Navigating the patient maze – pharma's evolving challenge

Pharma companies are embracing patient centricity in drug development more than ever before. Over the last decade, leaders in the industry have championed patient engagement, putting it at the heart of commercial strategies. It's a hard task to get right though, as ICON's Chris O'Toole explains, but the rewards can be huge on both sides.

"I don't want to be called a patient, and I'm not on a journey."

That phrase sums up the challenges that pharma companies can sometimes face when trying to bring people wrestling with illness – with all their individual characteristics and foibles – into the conversation about the clinical development of new medicines.

It's a challenge Chris O'Toole has run into many times in his role as vice president of commercial solutions at ICON plc, but one that he thinks the industry is getting better at handling as it strives towards becoming more patient centric.

"Many of the decisions pharma companies would have taken in the past were not wholly based on what the patient thought or wanted but were driven to get past a regulatory endpoint " he says, although now most have realised that you can get progress faster by treating patients as individuals and asking the right questions.

"There was a biotech company we worked with, and the CEO would only have patients come to the office if he was going to be there. He wanted to meet and have discussions about what their life was like with their particular disease. When you've got a commitment from the CEO saying, 'this is the most important piece of insight we can get' – change happens."

That's not to say that the industry is doing all it could do to when it comes to listening to patients throughout the development, regulatory, and post-approval life cycle of a medicinal product. It has however increasingly moved away from the view that the end-user of a medicine is a physician, rather than the person who is actually sick.

The moral and ethical case for incorporating the patient voice is beyond question – why would the person taking a new drug not be involved in that process after all? – but from a pragmatic perspective there are also considerable benefits to the drug developer.

Selecting the best design for a clinical trial programme – the most expensive part of drug development – is a key benefit of fostering two-way communication between developers and patient, along with improving patient recruitment, adherence to medication and retention.

Talking to people with a disease or medical condition can also tease out what matters to a patient, not simply what is scientifically provable. That in turn raises the chances that a drug makes it through development and onto the market and – once available – actually delivers real benefits to those it is intended to help.

Pharma's move towards patient centricity

It's not simply about actively engaging patients to participate in the clinical development process though. The industry has made great strides forward in engaging with patient advocacy groups to really understand the daily challenges faced by patients and aid recruitment, for example.

It is also making greater use of real-world evidence – post-launch registries and epidemiological methods that gather information about how the drug works in real life as opposed to in a tightly controlled clinical trial. At the same time, there has also been a shift towards more use of decentralised trial protocols and the use of digital technologies – telemedicine for remote consultations, wearable sensor devices and e-diaries that collect data in real-time – to reduce the burden on patients posed by having to travel to investigation sites and potentially even enhance the data collected.

Support for patients needs to be an ongoing theme, and digital technologies can play a big part here, providing for two-way communication.

So, with all those clear benefits and tools to hand, what holds back companies as they try to take a patient centric approach? Challenges can occur internally due to organisational, operational, and personal investment goals, according to O'Toole.

Some companies have been able to generate a culture where the patient perspective is incorporated at a very high, operational level and – while others have been slower to do so – most are at the least planning and piloting initiatives.

In some cases, companies haven't been able to coordinate the existing expertise they have in-house, with different projects operating in silos and in some cases unaware of what is going on elsewhere in the same organisation.

He cites one case involving an unnamed executive at a big pharma company who was given the role of person champion and sent out a company-wide email asking people with involvement in patient centricity and engagement to a meeting.

"More than 100 people turned up, and they were all looking at each other saying, 'I didn't know you did it.' The others were saying, 'What? No, we do it. Do you?' Essentially everybody thought that they were the patient engagement people, but no one had actually been in the same room as each other."

A related challenge is learning how to deal with a whole range of different data – primary and secondary, qualitative and quantitative research, and real-world evidence – and bring it all together in one place where it can be deployed to deliver real insights.

Companies are sometimes also overlooking health literacy, in other words how well a patient can understand medical information and failing to implement simple measures like making sure all materials directed at people are in plain language.

"We've got a whole industry talking way above people's heads and the vast majority of people thinking, "I don't want to look silly, so I'm not going to ask," remarks O'Toole.

Meanwhile, a company can have all the altruistic goodwill in the world, matched by good business sense and the impetus to co-create and co-develop a new therapy with the patient in mind, but still find their multi-year patient engagement investment fall short due to organisational factors.

"There's a compensation factor that gets in the way," according to O'Toole. "If a manager has got a certain budget and is asked to invest in a patient-centred initiative that might not show a return until three to five years, the temptation is to put that spend into samples or advertising that delivers a quicker ROI. This decision has an immediate impact on them and fits the 18 month promotion window better."

How companies can maximise their patient engagement activities

O'Toole's Commercial Solutions team advocates an approach predicated on seeking out all available resources to maximise the windows into the patient's life, including both internal and external sources. It also advises developers to capture all relevant data points along the patient journey – both quantitative and qualitative.

Research methodologies are evolving and as interest in gathering patient perspectives has grown, qualitative research – interviews with patients on entry and exit from a trial, for example – is now being encouraged by regulators and health technology assessment (HTA) bodies to enrich quantitative clinical results.

Developers may also be working with multiple external agencies, generating market research, patient insights, and patient-reported outcome data for example, that will do the job well but then hand it over for the sponsor to try to bring it all together and interpret the findings.

ICON's approach – which O'Toole says makes it stand out in the sector – is to bring as many data sources as possible to the table.

Through a variety of tools, the company's commercial consulting unit incorporates the patient experience and journey in their process of gathering information and evidence to craft strategy in a variety of areas, such as scientific, path to market, regulatory, and payer/reimbursement.

ICON's strength in this area is drawn from this multi-faceted access to patients and people living with medical conditions, which provides powerful insights to their customers, he says.

The commercial unit can provide insights on pricing, market access and reimbursement, and health economics outcomes research, at the scale that accompanies being one of the largest contract research organisations in the world.

Moreover, ICON now has an additional source of US patient-level data from electronic health records and insurance claims, through Symphony Health, which came from the acquisition of PRA in July. Coupled with that is its association with the non-profit Mapi Research Trust, a unique asset that includes a library of more than 40,000 clinical outcome assessments and hundreds of patient-reported outcomes questionnaires.

"These provide distinct and varied insights into the patient and can be helpful in planning commercial activities, as well as clinical programmes," according to O'Toole.

"Look at reimbursement of a drug. Every market you're in, you need to get reimbursed – and payers won't cover a drug that may be highly efficacious but because of dosing, for example, will have poor adherence and compliance that could lead to clinical consequences downstream."

The best development plans that bring together nonclinical, clinical, regulatory and commercial expertise – with input from the patient throughout – can improve efficiencies, cut costs, shorten timelines, and increase the chances of success for a new programme.

Bringing all these data points together demands leadership and cross-functional collaboration to ensure buy-in to patient centred strategy – particularly if pharma companies want to achieve this at an operational scale.

“There has to be a lead and that has got to come from the top,” according to O’Toole. “There’s got to be a mandate and a direction, but that accountability has to be pushed outwards so that all the teams are aligned.”

The financial benefits of patient centricity

Finally, another obstacle to going beyond the pilot phase in engaging with patients may be that it is simply hard to quantify a return on the investment, even taking into account the fact that reimbursement and regulatory bodies are increasingly looking for patient centred approaches in their deliberations on new drugs.

Recent data shows however that patient engagement activities – particularly those with the potential to reduce the need for clinical trial protocol amendments and/or improve trial enrolment, adherence, and retention – can add considerable financial value to a development programme.

One study (1) led by the Clinical Trials Transformation Initiative (CTTI) in the US has attempted to put a value on the benefit of engagement by coming up with a way to calculate the net present value (NPV) and expected net present value (ENPV) for a clinical project, taking into account cost, time, revenue, and risk.

Based on a premise of $100,000 spent on an engagement programme, the model calculated a 500-fold return on the investment in ENPV – tens of millions of dollars – that was equivalent to accelerating a pre-phase 2 project by two and a half years, and a pre-phase 3 project by 18 months.

To put that in perspective, that return is higher than would be accrued, say, if a sponsor carried out studies in children to get an extra six months of market exclusivity.

"A frequently mentioned factor delaying adoption relates to uncertainty around the financial value that patient-centricity provides. In the absence of published evidence of financial value or a clearly defined value proposition, sponsors may be reluctant to allocate substantial capital and personnel resources," write the authors of the study.

They add that according to their model "even if the benefits of increased probabilities of technical and regulatory success were far smaller, simply the NPV and ENPV increases from the time savings alone far exceed the investment."

As the dynamics of patient centricity in drug development and clinical trials continue to evolve, pharmaceutical companies have the opportunity to put in place the resources, structures, and business practices to help make patient focus actionable.

Reference:

(1) Assessing the Financial Value of Patient Engagement: A Quantitative Approach from CTTI's Patient Groups and Clinical Trials Project; Therapeutic Innovation & Regulatory Science 2018, Vol. 52(2) 220-229

About the interviewee

Chris O'Toole is vice president of ICON's Commercial Solutions business, which provides pricing, market access, reimbursement, global medical communications, health economics and outcomes research, strategic regulatory, and real-world evidence services. Prior to joining ICON Chris was chief partnership officer at Health Monitor Network where he led relationships with patient advocacy organizations, medical societies, and the pharmaceutical industry. He also served as co-chair of the Point of Care Communications Council (PoC3), whose mission is to advocate for the effective use of the point of care channel to advance health and healthcare outcomes. Chris' experience also includes senior management positions with a number of medical marketing and communications consultancies. Earlier in his career he held sales and marketing positions in the international pharmaceutical industry.

About ICON

ICON is a global provider of consulting, and outsourced development and commercialisation services to pharmaceutical, biotechnology, medical device and government and public health organisations. ICON's focuses on the factors that are critical to clients – reducing time to market, reducing cost and increasing quality – and its global team of experts has extensive experience in a broad range of therapeutic areas. ICON has been recognised as one of the world's leading Contract Research Organisationsthrough a number of high-profile industry awards. With headquarters in Dublin, Ireland, ICON employs approximately 38,000 employees in 151 locations in 46 countries. Further information is available at www.iconplc.com.

TwoLabs PHARMA SERVICES
PART OF ENVISION PHARMA GROUP

Translating EU presence to US market success

Companies looking to replicate a drug's EU market success in the US will face significant hurdles unless they are fully aware of the ever-changing national and state requirements and regulations, says Two Labs' Howard Miller.

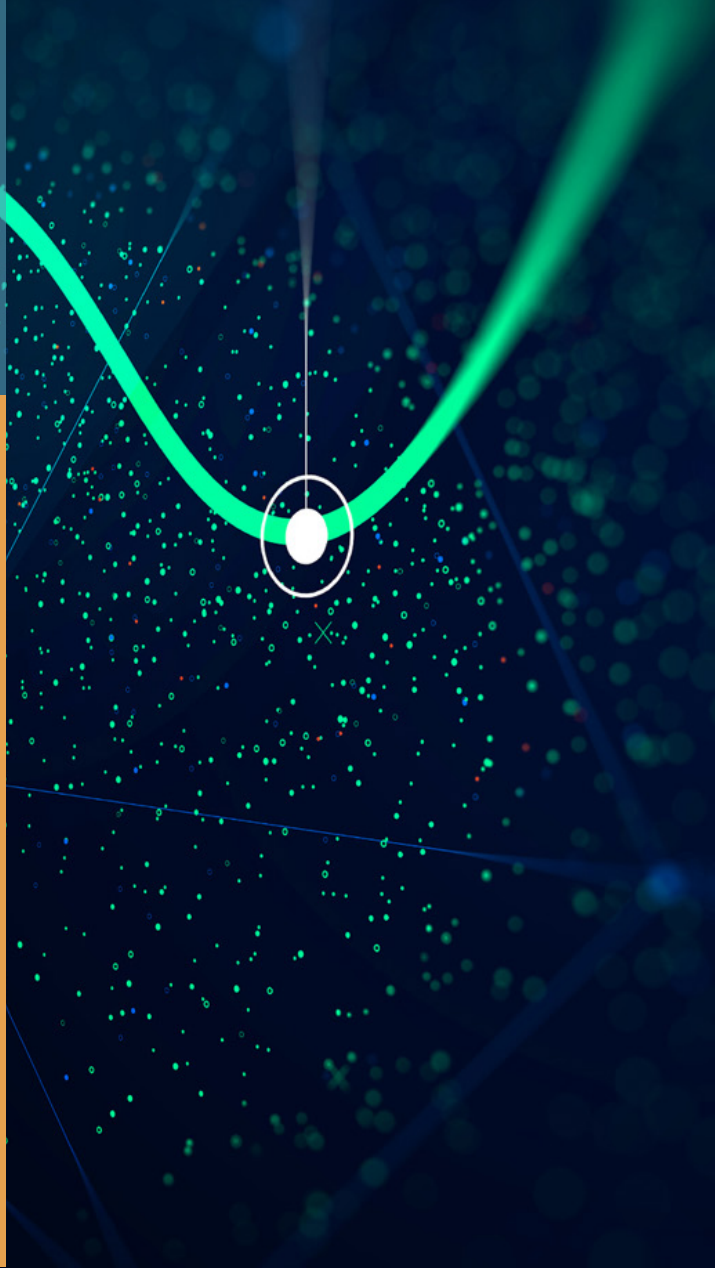
As the world's largest single pharmaceutical market, the US should – at least at first glance – provide a simplified pathway for companies looking for a stateside translation of their successes in Europe's patchwork quilt of countries. Unfortunately, that's anything but the case.

In reality, the US provides plenty of hurdles for the unwary with ample consequences. These are counterparts to the different regulations and requirements found across Europe.

Howard Miller is CEO of the Ohio-based strategic consulting and commercialisation firm, Two Labs, a division of Envision Pharma Group.

"When working with EU based pharma manufacturers that are bringing drugs into the US market, there are specific challenges that need addressed," he notes. "For example, in order to distribute products in the US market you have to obtain a license or waiver from each individual state and all of the states have unique requirements. That process can take more than a year to complete. Further complicating things is that a manufacturer must have identified a third-party logistics partner even before initiating the licensing process. While there may be commonalities in the patients' need for a drug, the route it takes to get to the patient is different from the EU to the US."

Emerging trends in pharma



Amid these regulatory complications, several shifts have occurred within the pharmaceutical space, including the rise of speciality medicine, that require smaller patient populations to be addressed.

"Twenty years ago, the pharmaceutical industry was focused on marketing blockbuster drugs to broad patient populations. Those drugs were distributed through the traditional wholesale/retail channel. Today the market is focused on rare and orphan drugs that are being delivered through a specialty distribution model," says Howard.

"One of the downstream impacts of this shift is that payers have become much more assertive in managing the utilisation of drugs within the orphan market. This requires a completely different strategy in the US versus the EU."

There are also key differentiators to consider when choosing a partner in the US, according to Howard, including that a company's partner should not only have deep subject matter knowledge, but also – and just as importantly, be able to identify the interdependencies between different workstreams.

"Experience in the market is key. Being involved in over three hundred product launches gives us depth in virtually every therapeutic class," says Howard. "That depth of experience manifests itself in a typical launch plan of 1,500 line items, which we strategise, implement and execute against. What we see all too often is pharma manufacturers engaging with a company to restore their launch plan mid-stream because they felt they were consigned to making less than optimal decisions due to lack of experience and planning from their launch partners. The ultimate consequence of that approach is that unnecessary challenges and costs are foisted upon the patient."

Facing and surmounting challenges

Whether a company or patient population is large or small, it's important to understand that compliance aspects of bringing a drug to market in the US are vastly different than in the EU.

"In addition to the licensing issues, manufacturers have to be able to deal with other compliance requirements such Government Price Reporting. This mandates that the manufacturer submit their "best price" to the federal government on a quarterly basis. It is essential that you work with a highly experienced partner because the consequences associated with inaccurate submissions are not only civil but also criminal in nature," Howard explains.

"Other compliance requirements such as Drug Pricing Transparency are administered by the individual State Boards of Pharmacy. In each case, Two Labs has a distinct team of subject matter experts in their respective areas to assure that we constantly provide best in class support to our clients."

Partnering for US launch success

In 2020, UK-based Envision Pharma Group, a global provider of evidence-based communication services and industry-leading technology solutions, acquired Two Labs, creating an opportunity for the US-based organisation to further expand its portfolio of services they provide to biopharmaceutical companies.

"Being able to partner with Envision, which has a world-class competency in medical communications and medical affairs services lines, and a global presence, makes us a premier partner for manufacturers preparing for a US launch," says Howard. "Even when only looking at the US market, it's ideal to contextualise a launch globally. The decisions you're going to make in one part of the world will impact the other markets you are going to serve.

"While we work with large and mid-size pharma organizations, our true sweet spot is with an emerging manufacturer that is bringing their first product to market. In these cases, we serve as an outsourced commercial launch team for our clients for potentially up to five years. Being able to maintain a team throughout a multi-year engagement is especially key to success."

Taking a longer-term approach means that the entire team becomes invested in understanding the product, the client team, the competitive landscape and, most importantly, the needs of prospective patients, who might number in the tens or the millions. The promise of cell and gene therapy, in particular, will then provide an opportunity to develop effective, individual solutions for patients.

"As an industry, we need to continue to evolve in order to meet those needs," says Howard. "While the challenges and requirements to launch a new drug are relatively the same for manufacturers looking to launch first in the US or bring their established EU drug to the US market, there is not a one-size-fits-all solution. The commercialisation strategy should be built for each drug's journey to market access, curated and customised based on the needs and requirements of payer, prescriber, pharmacy, and patient population for that specific drug."

About the interviewee

Howard Miller is chief executive officer of Two Labs and has over 30 years in the pharma industry. He believes in a patient-centric approach to every client relationship and his company has experience of over 250 new product launches, across retail, specialty treatments, orphan drugs, and cell and gene therapies. Prior to joining Two Labs in 2007, Howard served as VP of sales at the US biotech Novavax.

About Two Labs

Two Labs is a leading pharmaceutical services company that provides a portfolio of commercialisation, strategic consulting, and government price reporting services to pharmaceutical manufacturers. Since its inception in 2003, Two Labs has led 200+ new product launches and more than 300 in-market projects from pre-launch to loss of exclusivity. For more information, visit www.twolabs.com.

About Envision Pharma Group

Founded in 2001, Envision Pharma Group is a global, innovative technology and scientific communications company serving pharmaceutical, biotechnology, and medical device companies. Envision is a leading provider of evidence-based communication services and industry-leading technology solutions (iEnvision) that have applicability across many areas of medical affairs and related functional responsibility. Envision Pharma Group provides services and technology solutions to more than 90 companies, including all of the top 20 pharmaceutical companies. To find out more, visit www.envisionpharmagroup.com.

Company Spotlight

A Life in a Day by The Method

Patient centricity has become a key aspiration for the pharma industry over the last several years, but getting entire organisations to think and behave in a patient-centric way can be challenging. The Method is an innovative learning and development company delivering a ground-breaking programme designed to achieve tangible patient-centric results within pharma and healthcare.

The Method's flagship programme, A Life in a Day, provides immersive simulations that place participants into the shoes of a patient, allowing them to directly experience the physical, social and emotional challenges that patients face every day. Its power lies in its ability to measurably increase empathy, and has been proven to inspire lasting patient-centric thinking and activity.

"It's through empathy that we are able to relate, understand and connect with each other," says Mark Doyle, co-founder of The Method and creator of A Life in a Day. "By living the life of a patient in one day, it unlocks a deeper understanding of patients' needs that can be used to build more meaningful patient-centric strategies across all business units."

For more information about The Method and its patient-centric professional development experiences visit

Life in a Day

The Method is a British-based company founded by Doyle and his business partner, John Keates, in 2004. With a background in theatre and film, the two men harnessed their ability to create emotional connections with audiences, giving rise to professional development experiences unlike any other. A Life in a Day has been delivered globally to more than 4,000 people in 55 countries.

Using empathy to inspire lasting patient centricity

The focus on empathy is key to The Method and particularly its A Life in a Day programme. Studies show that in healthcare it improves care and patient outcomes, helps people recover from illness quicker and builds trust between patients and healthcare professionals. For pharma, becoming more empathetic and having a holistic understanding of what patients face on a daily basis will inspire better patient-centric thinking, leading to more meaningful interactions with healthcare professionals and better products for patients.

Those who take part in A Life in a Day regularly report real and lasting change as a direct result of the programme, such as changing marketing and patient materials to become more patient-focused and putting patients' experiences at the heart of new projects and conversations.

The Method delivers its A Life in a Day programme using a combination of live role play, multimedia materials, physical items and artificial intelligence via a smartphone app. Experiences, which cover conditions such as heart failure, renal cell carcinoma and lupus, run for a 24-hour period and integrate into the working day, allowing people to learn in the flow of work. They are designed hand-in-hand with patients and healthcare professionals to create emotive experiences that accurately reflect the reality of living with a chronic health condition and where the choices you make during the simulation determine what happens next, just like in real life.

- For more information about The Method and its patient-centric professional development experiences visit A Life in a Day

About the interviewee

Mark Doyle is co-founder of The Method, a British company offering innovative and immersive learning and development programmes to effect behaviour change, and creator of its award-winning A Life in a Day experience. Using his background as a professional actor and entrepreneur, Mark creates emotional connections with audiences by upending traditional learning methods and developing immersive experiences involving actors, multimedia materials, physical items and even artificial intelligence delivered via a smartphone app.

Driven by a belief that healthcare works best when it centres around patients' needs, Mark designed A Life in a Day to support the pharmaceutical and healthcare industries in developing patient-centric strategies for more impactful engagement. Experiences are designed to evoke an emotional response, inspiring those who take part to become more aware of patients' needs and consider how they can make a lasting, positive change.

Mark is also an energising and sought-after speaker on the subjects of understanding patients' needs and changing behaviour.

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