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Designing Smarter Insight Frameworks in Medical Affairs

Dr. Birnholz:

Coming to you from the Medical Affairs Professional Society's Annual Meeting in Denver, Colorado, this is ReachMD *MAPSChats*, and I'm Dr. Matt Birnholz. I'm joined today by Tony Page, who's the Senior Vice President of Insight Analytics at Within3, a platform dedicated to launch insights.

Tony, welcome to you.

Tony Page:

It's a pleasure to be here, Matt. I hope I can give you some insight into the world of insights.

Dr. Birnholz:

I'm all ears, and I do have a few questions on that front since I'm among the many out there who fearfully don't know what they don't know. But I'd love to learn a little bit about your background, and I understand you came from a unique place that's very intuitive in retrospect. You had some intelligence background and really dove into analytics with some unique training. Can you just tell us a little bit about that?

Tony Page:

Yeah, sure. It's a little bit of an unusual background to find myself in—the world of medical affairs—having started out as a government intelligence officer. I was an Army officer and rose up to be a strategic intelligence officer, so I was doing national geopolitical analysis, technology forecasting, and counterterrorism. I had about 15 years at the US government's expense, learning how to basically answer questions for all kinds of decision makers, including briefing the President a couple of times. I was given, by the way, one minute to explain this critical national security issue. He wants “yes” or “no” and “why,” and you have one minute. So that was interesting.

That process that I learned about—getting to those answers as a strategic intelligence officer—is directly applicable to the pharma world, where you're working in a completely different knowledge set. The reason I came into pharma is it takes so much effort to develop these drugs. It takes so long, and there's so much invested. So there's a lot of money at risk for the company, and it's very difficult to get to the end of that 10-year timeline and have your product perfectly ready for the market so every HCP and patient says, “This is exactly what I've been waiting for.” A lot of insights are required to make sure that the drug companies bake the right product for the market.

Dr. Birnholz:

Yeah, I came across a stat a few years ago—and I imagine it hasn't necessarily gotten better across the board—that 85 to maybe even as much as 90 percent of drug launches fail to hit their internal goals in the short or long term. And if I'm even close to that rate, that signals a massive gap. And enter a group like yours that's diving into this idea of launch insights and launch excellence. Is that right?

Tony Page:

That's why we honed in on launch as the area where there's the most value to be created—really honing that product to get it perfectly tuned for the market needs. And there's all kinds of numbers out there, but upwards of 60 percent of launches certainly fail to meet everyone's expectations. You're right, that's a huge waste.

Dr. Birnholz:

So just from a 30,000-foot view, as you think about Launch Insights, how much of the success criteria is contingent upon things done years to months in advance? And how much is in the immediate post, in terms of aggressive marketing or other things like that? I'm just

interested in the very broad optics on where the failures most often occur.

Tony Page:

I'm always pushing people to think earlier. If you're trying to figure out the need, the target product profile—as the drug companies call it, the characteristics of the drug we want to build based on our understanding of the market—and the value that we want to create for patients, you're trying to figure out what the market needs and what you can do to serve that. And if you don't incorporate good market insights at that point, and you go into your phase three protocol where you're basically scoping what your product is going to be able to do, at that point, you've locked in what endpoints are going to come out of that trial. And if they're not clinically relevant, you're not aiming at exactly the right patient population, or you haven't anticipated some question people are going to ask you, there's nothing you can do about it at that point. You're not going to easily go back and change that phase three protocol because you missed something.

Dr. Birnholz:

Well, have you seen that play out time and time again—this idea of a sunk cost where those parameters were not set up in a way that was ideal?

Tony Page:

Absolutely. There's a whole set of case studies here at the booth of key insights that were missed, and a lot of them were very early on. A lot of them were patient insights, where they had the wrong expectation of how enthusiastic patients were going to be about a product, and then when it actually hit the market, they were completely wrong. Like, patients don't care that much about injection burden—they care about x, y, and z. And a lot of times it's assumptions, and sometimes people make bad assumptions that they just never check. Or sometimes, they think it's a fact and it's not. Facts can change

Dr. Birnholz:

And you were telling me a little bit before we jumped on the mic here that the process of catching insights and acquiring them—of even thinking through how to get the right insights—is something that's often missed, and that this is something that is not a universally understood precept. And I'd love to get your take on that gap there among people who are trying to dig towards insights and trying to provide value that leads to better launches, or even more directly into outcomes for patient care, et cetera. Where are people stumbling on this idea of methodology for acquiring insights?

Tony Page:

Yeah, insights in a company is generally not like marketing. Everybody knows that marketing has a budget, there's a whole staff, and there's processes around it. Insights people are still trying to figure that out, and at MAPS, that's one of the key things we're doing—developing standards, guidance documents, best practices for insights for how to do this because companies are still trying to figure it out.

Insights tend to be siloed a lot of times. So you have field medicals gathering a lot of data, and they may or may not be asking the questions that the CEO really cares about, or it's sitting in a silo and not properly analyzed in the context of claims data, or what they're hearing from their advisory boards, or what patients are saying on social listening. You have to put all of that data together and then look at it as a whole to get the whole context of what's going on. All those different modalities, as I call them, of insights are going to give you a different perspective on the market and lead you to a different path of action.

Companies are still trying to figure out how to do that. How do we orchestrate all these channels of information that are coming into our company and distill that into something that will actually help us adapt our strategy? Because as they say in the military, “No plan survives contact with the enemy.” You can come up with the best plan in the world, and something is going to be incorrect when you get to the market, and you'll have to adapt. So it's also that real-time aspect of insights; it's not just about getting it right in the beginning. You can't know everything at the beginning. You're always going to be learning new things, and you always have to be adapting and changing through phase three, launch, and post-launch—constantly adapting to what the market is telling you.

Dr. Birnholz:

Do you think that might be one of the major misgivings—the agility factor? Because it's one thing to be able to acquire a methodology that allows one to see where the gaps are, where the disconnects are in the types of inputs, or the elements of MSLs who might be working towards certain insights that are not necessarily connected with some of the broader agendas. It's one thing to become aware of it. Then there's that other side of the agility to actually make changes to adapt. Do you feel like that's an area that's often a stumbling block among the pharma groups and agencies out there? Is there a recalcitrance around adjusting where they've always done it one way?

Tony Page:

Of course. The most difficult thing humans struggle with is unlearning things. You think you know how to do something, and AI is a good

example of people are grappling with, “How do I completely redo this process to take advantage of artificial intelligence, which clearly, I’m going to have to learn and incorporate?”

But companies, especially in launch, say, “There’s certain ways we do things. We’ve always done it this way. These are the strategies that we use, and this is how we execute them.” And so there gets to be inertia that inhibits change, and that’s a problem every organization struggles with.

Agility comes up a lot. Companies are struggling to get away from a static strategy where they come up with a plan and they just execute it, and get more to a dynamic strategy where they’re really like picking up on market signals and adapting in real time.

Dr. Birnholz:

And there’s this propensity to leverage AI, and I see it across the board now, to gain better insights to help delegate some of the things that might make that insight acquisition a much longer process, and to take information and find patterns and signals in the noise. But I also see this equal propensity to leverage these tools in a way that complexifies things to the point where reports are now trying to take everything under the sun in it. And you started us off by saying among the very most important things in insights from an intelligence standpoint, be it military or elsewhere, is to simplify and get it down to the executive summary and know that people need something actionable and concrete. Are we leaning away from that because of AI?

Tony Page:

I talked about this in the Insights Masterclass yesterday; there’s different phases you go through. The first is basically planning your insights process and your insights work, and then there’s the analysis and the reporting. So with AI, everybody has suddenly figured out, “Oh, we can analyze all this data much faster. We can generate all these charts. I can push a button and generate a hundred-slide PowerPoint deck in two minutes.” And so the volume of noise has gone up.

What’s missing is the planning on the front end. I told a little anecdote where I was briefly doing a competitive analysis consulting. I was called into a big managed care organization by the head of insights, and he handed me this huge spiral-bound dossier—very high production value. And I still remember the big yellow sticky on the front—and I’m not lying here—it had a big yellow sticky, and in black marker, it said, “So what?” And he said, “Tony, what am I doing wrong here?” And I said, “Do you know what your CEO cares about? Do you know what keeps him awake? Do you know what problems he’s dealing with? Do you know what the strategy is that he’s trying to execute?” “No.”

So then we spent two weeks going around interviewing executive team members, figuring out what the strategy was, and coming up with a plan to not deliver massive amounts of analysis that aren’t relevant to anyone, but to distill it down to, “Okay, the head of marketing wants to know this, and the CEO wants to know this.” I’m making it much more concise and actionable.

And back to AI, it’s created a problem because the easiest implementation is, “Let’s do more analysis. Let’s do more reporting.” But the real high-value application of AI is to plug it in the beginning and say, “This is our strategy. What questions should we be asking? And how do we break that down into how to ask that question to the field force? How do we monitor social listening to provide us the right information? What do we look for in claims data?”

So you come up with the big questions, and there’s still a lot of work to do to figure out how to gather the data you need, pull it back together, and then report specifically to each of the decision makers because they all care about different things. You can’t produce one intelligence report. It’s got to be customized right for each recipient. It’s way more complicated than just saying, “We have a list of key insight topics,” and we give them to the field, and they go out and ask HCPs what they think. It requires a lot more work than just the simplistic process that often exists.

Dr. Birnholz:

So looking ahead, individual approaches to AI produce individual results, enterprise-level applications, and early-on auditing of strategic approaches seem like, from your vantage point of what you’ve been telling me, among the highest value propositions. But what else represents a really high value proposition for where things are going to become a true insights expert?

Tony Page:

It is going to take a long time for organizations to really figure it out on their own. And another hindrance is there’s an inclination in a lot of companies to think, “We need to build our own thing.” And drug companies are not tech companies. They have big IT departments, and there’s nothing theoretically wrong with wanting to build your own AI solution. But the reality is it’s going to take them three or four years, and it may not work at the end of that. It may or may not be obsolete at the end of that. It’s going to take a lot of investment to maintain that capability.

And what often happens is, they build it, and it doesn’t work, and they’ve wasted four years. In that time, typically, they won’t bring in an

available off the shelf solution that they could use immediately because they're building their own. And then they've built a giant cost center, so then the other thing that happens is there's a merger and acquisition or some turnover—the whole thing. We've seen it happen. We invest millions of dollars, and it goes nowhere.

So there's that struggle between, do we build or do we buy our own solution? Or how do we build the ecosystem that we need to get all the things done? And that's really how they need to think about it in parallel with just figuring out how insights should work in the first place. So it's just hugely complex. And we're trying to move the ball forward at MAPS by giving people constructs to think about—best practices for insights, how to apply technology to the different parts of the process, and how to orchestrate it as an ecosystem to handle the problem. But I'd say it's really early maturity days, and so I wouldn't make any predictions about how things are going to turn out anytime soon. It's all a work in progress.

Dr. Birnholz:

Well, Tony, it's been a real pleasure being able to talk to you about all these subjects. Very much looking forward to connecting with you and just seeing how the landscape has changed, because it seems like it's changing very quickly. Thanks again for your time.

Tony Page:

Thank you. Pleasure to be here.

Dr. Birnholz:

This has been an episode of ReachMD *MAPSChats*, and I'm Dr. Matt Birnholz, for access to this and other episodes in the series, visit ReachMD.com where you can Be Part of the Knowledge. Thanks so much for listening.