

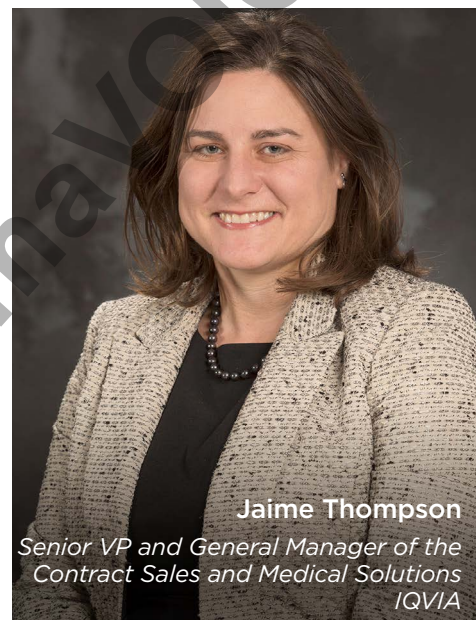
A LEARNING MODEL: A Commercial Deployment Strategy for the Future

A Conversation with Jaime Thompson

Throughout her 20-year-plus career, Jaime Thompson has become an expert in driving client launches and brand success through commercial and medical channels. Her deep analytical expertise provides customers with innovative ways to execute on their brand strategies — from the first launch of an oral oncolytic, to the design and build out of outcomes-based patient services. Jaime combines her two decades of experience in commercial services and real-world evidence (RWE) to help customers address broader challenges in a complex healthcare system and identifies ways to address gaps in the patient journey.

Most recently, Jaime has been advising clients on how to integrate analytics and technology into innovative commercial model designs and deployment strategies to drive brand effectiveness. As senior VP and General Manager of Contract Sales and Medical Solutions within IQVIA, as well as leading the IQVIA MedTech team in the United States, Jaime brings a unique understanding of how the industry has evolved its strategies when it comes to bringing a brand to market that successfully meets patients' needs. Whether a company is looking at the strategy through a salesforce, marketing, or RWE lens, for her, it's all about creating the right foundation to put the right drug in the right patient's hands at the right time, and making sure the patient has all of the support he or she needs in order to achieve optimal outcomes.

Jaime's journey is strongly rooted in understanding how to gather the right data and real-world insights and make them useful to drive commercial effectiveness. The common thread throughout all of the different roles she has held is in helping clients achieve their critical success factors, understanding the patient journey and driving outcomes. In doing so, she is helping clients think about new ways to solve problems and challenges as companies are looking for ways to manage through, and beyond, the COVID-19 pandemic.



Jaime Thompson
Senior VP and General Manager of the
Contract Sales and Medical Solutions
IQVIA

PharmaVOICE: COVID-19 has obviously changed how sales representatives interface with physicians. What does this mean for deployment models going forward?

Thompson: Face-to-face access with physicians has been a problem for years now. It's not that physicians don't want to see representatives face-to-face or see value in these interactions, but they've had less time to do so, or there are restrictions around what they're allowed to do in their offices. The big 'arms race' of increasing salesforce sizes of 10 years ago is certainly over and COVID-19 has made it much harder for people to meet face-to-face.

Then there is pressure on overall margins from many CFOs and CEOs as they are looking to drive salesforce effectiveness and productivity. A positive trend that I have seen is in the massive advancement of technology and analytics. These innovations can help incorporate analytics to create a dynamic deployment model that flexes with a changing market, while maintaining excellence in delivery.

We are no longer dependent on the traditional models that rely on counting how many doctors are in a specific geographic footprint, which would determine a sales territory based on drive time and number of call points. Now, using data and predictive analytics, we have a much better sense of provider targets, which will shift based on effectiveness of face-to-face or non-personal channels. We can now be creative in terms of alternative models to engage providers, all of which allow us to examine the results as we go and then make necessary tweaks.

PharmaVOICE: What are the most important factors to consider when developing a dynamic deployment strategy?

Thompson: Technology and analytics are going to be key in terms of changing deployment models, and I tend to think of them as intertwined. The metrics allow us to look at how responsive different stakeholders are to different channels. This then helps us understand their preferences to ensure we are engaging them in the most effective manner.

Design should be based on the current environment versus models from the past decade. Solutions shouldn't be limited to field sales deployment — consider the treatment journey and identify decision points where we can enable the stakeholders to make the best possible decisions to impact the patient's overall health. For example, the needs of a relatively commoditized product used within the in-patient setting will vary greatly from a first-in-class specialty drug for a complex and chronic condition.

As we continue to collect data over time, we will be able to build benchmarks and analogs. This means we can implement a learning model that will allow us to tweak our clients' strategies along the way. Sometimes this means pivoting from a traditional sales representative/HCP coverage model to a direct to caregiver support program, a holistic reimbursement and access program, or an integrated model with inside concierge-type representatives to enable subject matter experts. This approach allows us to optimize resources in a much more efficient and productive way, but to get it right, we need to make sure that all of the right infrastructure

is in place and the appropriate technologies are accessible to the stakeholders who are going to be on the other end of that communication.

Alternatively, we can realign traditional sales representatives from the field and employ them in virtual assignments. Or we can more closely fine tune the use of digital channels and coordinate the right message at the right time in the right sequence through the right channel. This means that we won't just rely on face-to-face representatives, but on a holistic dynamic commercial model that includes various non-personal channels combined with personal promotion.

We recently did a global survey to understand the elements physicians were missing during this time of COVID-19 and how their needs have changed. One of the things they called out was the need for patient-facing digital content. Physicians want content that patients can access on their own and in their own time.

The industry has been engaged in non-personal and personal promotion for a long time. We need to think about healthcare experiences the same way we think about consumer experiences with Amazon or Facebook. As consumers, we want support from people through chat bots. We want to find our own FAQs. We want to be able to hit a button and have a digital interaction over Zoom or schedule a callback. Physicians and patients are consumers, and they expect the same support from pharma as they would from Amazon. Until now, we didn't necessarily have those same mechanisms fully enabled for the physician-patient interaction. All of this is based on the right technology and the right analytics.

PharmaVOICE: Does this interaction need to expand beyond the physician and patient?

Thompson: You hit on one of my favorite topics. I spend a fair amount of time talking to clients about the alternative stakeholders who can influence decisions that drive brand performance. The patient is one, but the caregiver is right alongside as another key decision maker.

It's in the patient or a caregiver environment that my RWE experience is rooted, and this area is where things get very, very exciting. This is where we have the ability to really think about health outcome metrics and how we can help population health on a broader basis.

I also think about the payer. I think about the hospital environments where there might be a pathologist or a pricing committee in

the equation. In some cases, the influencer is actually the GPO or IDN. There are so many different points where a brand's effectiveness can be influenced; the equation is multifactorial and complex. It's dependent upon the type of product, the market environment, the disease, the access environment, the clinical attributes, physician knowledge of the disease, and so much more. All these factors impact the patient and caregiver as the primary stakeholders. The support that we can provide as part of the pharmaceutical industry is just as impressive, important, and meaningful from an overall population health standpoint.

When I evaluate the programs we run, I always look to see if they are an effective way of evaluating whether the right patient is on the right drug, and if the patient is getting the support he or she needs. If so, then the desired outcomes as a whole are reflected. This is a huge area in need of examination. For example, we're in the middle of launching our in-home phlebotomy services to aid with lab results through our nurse network. This has been extremely important based on the disruption to healthcare because of COVID-19. It's critically important that we look at how we, as an industry, can help patients achieve the best outcomes.

The other benefit is that in many of these scenarios, we can decrease the overall cost of healthcare. I believe companies are looking at how they can be more innovative and more patient-driven in this type of environment, which is a wonderful thing to say.

Being patient-centric is certainly at the core of what companies want to do. There are ways in which they can have a meaningful impact through patient services. For me, it all ties back to the idea around analytical enablement and driving health outcomes.

Overall, the industry needs to become more comfortable with patient support programs, which hit the spot where everyone's objectives are aligned — pharma's goals are aligned with what the medical system wants, which is aligned with what payers want, which is what's best for patients and caregivers.

PharmaVOICE: What does the future state of deployment look like?

Thompson: We are spending a lot of time thinking about where a brand is going to need to play, meaning who are the stakeholders who are going to have influence. Is it the healthcare professional? Is it the patient? Is it the doctor, the KOL? Is it the thought leader, or is it the office staff who's trying to

figure out how the patient is going to be able to afford the drug?

The future will be more about creating tailored deployment models that are dynamic and evidence-driven; no longer will we be only focused on rapid deployment at launch, or to fill short-term gaps in expertise, or end of lifecycle. Our clients should be piloting different types of solutions — solutions that allow agility and flexibility within each program to scale up or pull back based on volume, geography, and market dynamics. Convenient, seamless, and advanced technology-enabled patient services that increase education, motivation, and improve outcomes will become the standard. We will see integrated inside sales and field sales and tighter connections between access programs and field access solutions. Within all of these design types, we need to use our knowledge of what the stakeholders really want, how they respond to certain information, and how they need it to achieve their desired healthcare outcomes.

Unfortunately, there is definitely not a one-size-fits all solution; we need to understand the factors that make a brand and the environment unique, then we can determine what the right solutions and tactics are. What does market access look like? What is the payer environment? Is there a medical complexity or a side effect profile? Where in the patient journey does the provider intervene? Those environmental and product factors dictate the tactics and solutions that should be levered. Is a field force solution needed? If so, where does it fall in the continuum from virtual to face-to-face? Is it a field access team? Is it the scientific team? Is it a patient-support program or a direct-to-consumer tool or advertisement?

We deploy these solutions in a dynamic way and continuously optimize using data and analytics. As an industry, we need to learn how to use technology tools effectively and incorporate analytics to build a learning model. This will allow us to implement an agile model, one that enables constant learning and adjustments. We need a system with enough flexibility that we can respond to changing market dynamics and implement meaningful action confidently based on a timely and 360-view of customer insights.

At the end of the day, it's about orchestrated stakeholder engagement. In the future, every organization will be thinking holistically about the stakeholders who are influencing brand performance and then orchestrating an engagement strategy. Those interactions and engagements that are built over time will become complimentary as opposed to each individual initiative standing on its own. ■