Disruption. We feel it across our industry.


The entire Commercial model is being reshaped and rewired by new expectations and new possibilities.

But what are the biggest drivers of change and what's the right way to respond to them?

How does your brand keep pace?

At Syneos Health, we use the trends changing the landscape to challenge and accelerate our thinking.

Trends show shifting market expectations. They reveal data and clues about changing habits and preferences. Trends uncover brands that are making unique connections and getting to white spaces first.

Understanding the shifting market increases our clients’ chances to lead it.

It means we don’t change one thing, one time – we actively keep changing a lot of things at the right times.
Front line insight:

As part of Syneos Health, we are engaged in every point of influence in health and healthcare. This lets us know your market, your influencers and your patients in ways that no other partner could.

The authors of this report included over 75 Commercial leaders, who together touch the frontlines of development, patient engagements and next-generation care:

**At the Point of Care**
- Over 12,000 nurses and sales experts educating healthcare professionals, patients and caregivers
- In-house HCPs, including doctors, nurses, pharmacists, psychologists

**In Real Life**
- Data on the actual pharmacy behaviors of nearly 200 million people
- Ethnographers and behavior psychologists immersed in longitudinal studies of life and health

**In EHRs (and Wallets)**
- Researchers steeped in shifting payer attitudes
- Communicators connected to organized customers and workflow decision dynamics
In Government Offices
• Experts in regulation and pricing
• Public relations teams focused on new value frameworks and influencers

At Pharma Leaders
• Commercial strategy experts innovating at every stage of the life cycle
• Competitive views into promotional marketplace activity across hundreds of therapeutic areas

In the Next Generation of Care
• Integrated Top 3 CRO serving over 500,000 clinical trial participants
• Bold new navigators developing or Commercializing at least 82% of all novel new drugs approved by the FDA in a recent five-year period
2018: The Year of Commercial Transformation

15 SHIFTS Driving the Future of Healthcare Commercialization

Paying for Value:
Payers, delivery networks, advocacy groups and third parties are all asking: is it worth it?

Integrated Customer Engagement:
More customers, more value equations

No More Sales Reps?:
Or a new front line?

Podium Pounding and a New Era for Advocacy:
What moves people, moves markets

Medical Muscle:
The #1 strategic investment: medical transformation

Infrastructure Reset:
From bloated inside to buff and looking outside

Rapidly Evolving Rare:
Big solutions for tiny populations

Exceptional Consumer Control:
To Patient Intimacy:
A new expectation for experience

Driving the Future of Healthcare Commercialization

AI as Investigator:
The 'bots on the frontlines of discovery

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The endpoint is changing: from does it work to do people want it?

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Few focus areas; more left behinds

From Patient-Centricity to Patient Intimacy:
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New Commercialization Expectations:
The pressure to maximize is on!

Revising the Journey:
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Predictive Planning:
Hunches are being replaced with seamless simulations

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COMMERCIAL TRENDS

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Disclaimer: Mention of a company or product in this article does not imply association with Syneos Health.
Medical Muscle

The #1 strategic relationship investment in 2018 will be innovation in how medical teams engage and support both external and internal stakeholders.

Pharmaceutical organizations around the world are asking how to maximize strategic investments in their medical teams. They’re experimenting with new tools, new talent and new metrics to fundamentally change the long-standing role of Medical.
Internal Impact

Syneos Health hosts annual Leadership Summits that bring together 75 participating organizations to produce actionable insights on the future of medical affairs. This year, the summit delivered a look forward on some of the metrics that will matter most to the success of Medical. The top four areas for internal stakeholder impact were:

- Communication of medical insights outside of the medical organization (ie. to commercial, Market Access, etc.): 88%
- Contributions to strategic brand planning, life cycle management and related initiatives: 76%
- Contributions to launch planning: 53%
- Evidence generation: 43%

The lowest impact activity was one of the previously most-core: medical / legal / regulatory view at 6%
The Center of Growth

A recent Syneos Health Consulting study of industry experts in the U.S., Europe and Japan found that Medical Affairs is the second most important function on the Commercial team, just behind market access and contracting. Fifty-eight percent of organizations expect investment in unbranded communications and MSLs to increase in 2018, while investment in other traditional go-to areas, like advertising, congress and sales, are projected to decline. Look for Medical organizations to use those increased dollars to create new kinds of partnerships, build more lasting relationships and fuel a stronger feedback loop from Commercial to Clinical.

_Syneos Health Consulting, 2018, Launch of the Future report_

Delivering on Patient-Centric Promise

The customer base for medical affairs is much broader than the provider focus it had in the past. Payers and regulators are looking for proof of the medical, clinical and economic value of medicines, and increasingly patients and their advocacy organizations are expecting new kinds of scientific content and Real World Evidence. Many organizations believe medical affairs is particularly well positioned to fuel more patient-centric information and evidence development. Medical teams sit on review committees, work across a huge range of functions, and are often the strongest connectors with advocacy groups. A recent study found that medical affairs teams are already involved in 65 percent of patient-centric initiatives. In 2018, look for that number – and impact – to keep growing.

_Patient Centricity 2.0 Report, 2017_

New Guidance, New Learning

As exciting as the new possibilities for Medical are, industry leaders are moving ahead carefully and investing in defining both the right rules of engagement and the needed new skill sets for medical excellence. Karen Lowney, Executive Director, Global Ethics & Compliance at Astellas Pharma, recently explained, “It’s more important than ever that we have clear guiding principles around how these functions interact and collaborate to ensure it is effective and compliant, while, at the same time, maintaining their independence.” Her team is focusing on empowering collaboration on upfront strategy and protecting independence in execution. GlaxoSmithKline is powering its new approach to medical affairs, which puts Medical at the forefront of HCP interactions, with new expectations for medical capabilities, including scientific and product expertise, value and access, governance, and communications skills. GSK wants medical experts to be able to translate information to value – which means being an engaging communicator as well as a credentialed expert.

_eyeforpharma, 2017, 2016_
Payers, delivery networks, advocacy groups and third parties are all asking: Is it worth it? The answer increasingly depends on just what you’re tracking.

The shift from efficiency to effectiveness is changing the healthcare decision-making environment. In 2018, deal making starts with data and understanding just what unique cumulative benefit a new drug can have on individual lives and population outcomes. Pharmaceutical leaders are on the forefront of finding new ways to link innovation to impact.
A Leading Clue:

**COST & ACCESS**

KEPT ADOPTION OF OUTCOMES-BASED CONTRACTING VERY LOW

Outcomes-Based Era

Payers have long talked about the potential of outcomes-based contracting to reduce risk on expensive drugs that may not be as effective outside of clinical trials. But cost and access to Real World response and outcomes measures kept adoption very low. In the last two years, that trend line has started to swing upward. Harvard Pilgrim is compensating Novartis’ heart failure drug Entresto at a lower level if targeted reductions in hospitalizations are not achieved and Eli Lilly’s Trulicity for type 2 diabetes must outperform competing drugs to receive maximum contract revenue. Humana also contracted with Eli Lilly. In the deal, reimbursement for Effient, an antiplatelet drug, is linked to potential reductions in hospitalization rates. Novartis made even bigger news in 2017 for outcomes-based contracting on its $475,000 CAR-T drug, Kymriah. Novartis will be collaborating with the Centers for Medicaid Services “...to make an outcomes-based approach available to allow for payment only when pediatric and young adult ALL patients respond to Kymriah by the end of the first month.”

*PM360, 2017, Novartis, 2017*
**The End of PBMs?**

When *The Wall Street Journal* announced that CVS offered to buy Aetna for more than $200 per share (or more than $66 billion), it pointed to a critical new trend: the end of the road for stand-alone pharmacy benefit managers and potentially an entirely new way that drugs are valued and paid for. For years, pharmacy benefits were largely separate from the medical coverage plan. Bringing the two services together will make it much easier for insurers to verify the medical impact of drugs being used by their members and ultimately better define which drugs are worth what cost. The CVS-Aetna deal could be an important proving ground for the possibilities, bringing together the third-biggest health insurer with the largest U.S. drugstore chain, which also operates a pharmacy-benefit management company.

*The Wall Street Journal, 2017*

**Attack on Incremental**

The Institute for Clinical and Economic Review (ICER) has been evaluating the cost effectiveness of drugs in a similar way to the U.K.’s NICE since 2014. It’s generated controversy by frequently saying that drug prices were too high for what it considered incremental benefits over other choices in the category. In 2018, ICER is set to have an even greater voice with new partnerships and new funding. The group will use a $13.9 million grant from the Laura and John Arnold Foundation (LJAF) to broaden the scope of its investigations from analyzing only certain therapeutic classes to reviewing the clinical value and cost of all newly approved drugs in the U.S. A new partnership with the Department of Veterans Affairs (VA) will also have ICER “...support VA coverage and price negotiations with pharmaceutical companies to promote access to high-value drugs.” Many pharmaceutical innovators are responding to the new ICER moves with proactive ICER review strategies.

*BioPharma, 2017; Health Affairs, 2017*

**Patient Voice on Impact**

In a recent study by Syneos Health, executives at managed care organizations told us they are finding more occasions to have frank discussions with patient advocates, pharmaceutical executives, physicians and policymakers at state and federal levels. For example, The International Society for Pharmacoeconomics and Outcomes Research (ISPOR) organizes events that bring all of these stakeholders together, and cross-industry attendance is also increasing at meetings of the Institute for ICER. “In face-to-face meetings at these events, we’re learning about the consequences of an illness from each individual perspective,” one payer told us. It’s hard to think of a time when such moments of convergence have mattered more.

*Syneos Health, An Insurance Industry Perspective, 2017*
For those that seek it, the possibilities for optimizing their health and healthcare are greater than they’ve ever been before. A new class of health elites has leapt forward to embrace the future of care.

Today, the options for quantifying your health, connecting with physicians, comparing treatment choices and predicting what's next are nearly endless. But only if you know how to navigate them. Motivated health consumers are cutting new paths and adopting new approaches to show us all the way.
Exceptions and Illiteracy

As these patients leap ahead, others are being left behind, creating critical new gaps for the industry to focus on and fill. Recent research from the University of Texas found that around half of adult Americans demonstrate low health literacy, struggling to both find and use health information. These issues are compounded in this digital age, as tech-challenged patients are doubly impacted when apps, portals or technology tools are part of their care. Even for those with strong health and technology literacy, attitudes and beliefs can stand in the way. Syneos Health behavior insights specialist, Kathleen Starr, PhD, is leading a multi-year ethnographic study on life and health. She explained, “In our culture, everyone is an exception. We believe our healthcare possibilities or prognosis are different than the data. We will be the exception to the rule. Even in our treatment, we believe our disease or plan should not be the standard. We’re different.”

Journal of Medical Internet Research, 2017; Syneos Health, 2017
From Tracking to Predicting

If you want to track any aspect of your health or fitness today, chances are there is a device you can clip on or wrap around your wrist to do it. The fitness tracking market alone shipped 62 million units in 2017; that's a $7.3 billion industry that's only expected to keep growing. But in 2018, the health elites want more than tracking – they expect predicting. Veritas Genetics and Inova recently launched a service called MyMap that combines genome sequencing with pharmacogenomics testing. With just one at-home test, users can screen their genome for 1,200 clinically relevant conditions, assess carrier status for over 100 inherited conditions, and understand their likely response to 145 prescription medications. For $149/month, consumers in San Francisco and Los Angeles can do even more at Forward, a membership-based healthcare start up founded by former Googler Adrian Aoun. There, body scans, blood testing and genetic testing all happens on-site. Results are fed into Forward's AI and the Forward mobile app that support patients in the exam room and in the real world.

VentureBeat, 2017; Veritas Genetics, 2017; Health IT News, 2017

More Control – If You Look for It

Plan design and behavioral incentives were supposed to usher in a golden age of consumerism in healthcare, where every person would be empowered to ask questions about cost, comparison and value of care. Today, the information is there but the ability to access it, personalize and compare it is harder to find. Unless you know where to look. For some informed consumers, that’s on a website. For more, it’s in a portal. Five states (California, Florida, Maryland, Oregon and New Jersey) have comprehensive sites that allow consumers to compare the prices and charges for common procedures. The NYS Health Foundation is taking New York’s infrastructure even further with a website to price compare, a maternity metrics scorecard to help soon-to-be parents select a hospital, and an out-of-pocket cost calculator for high-cost conditions. Although not everyone is using those proactive tools just yet, a growing number are connecting with their doctors electronically. In a recent study, 74 percent of patients said they’ve joined a patient portal offered by a healthcare provider (up from 45 percent in 2016).

NYS Health Foundation, 2017; Health Affairs, 2017; CDW, 2017

Fully Funded

Crowdfunding is the latest source of consumer choice and empowerment. Since GoFundMe, a fundraising platform for charitable causes or personal goals was founded, almost half the funds raised have gone to health-related campaigns, just one of 19 categories available. Health cost crowdsourcing will be a strong growth area in 2018. YouCaring recently acquired GiveForward, a platform that is 70 percent medical fundraising. Indiegogo started out funding filmmakers but recently launched Generosity to include medical fundraising. GoFundMe CEO Rob Solomon calls the site a digital safety net. Indiegogo's senior director of social innovation, Breanna DiGiammarino, told Bloomberg, “Often, funds people are raising are for a huge range of costs that go along with care, like travel to the place where you will get care, because insurance doesn’t really cover that. In the future, more fundraisers will likely seek to cover premiums and deductibles rather than the cost of care itself.”

QZ, 2017; Bloomberg, 2017
The primary endpoint is changing: from Does it work? to Do people want it? Clinical organizations are working with Commercial partners to understand what matters most to patients and payers.

Pharmaceutical innovators are increasingly breaking down the silos that have long divided Clinical and Commercial teams. They’re leveraging Commercial and market insights to improve clinical trial design and focusing on endpoints that aren’t just statistically significant, they’re personally significant, too.
New Questions

Doctors are asking tough new questions about the measures of success in clinical trials. It is no longer enough to show a positive endpoint. Instead, they want to understand increasingly sophisticated interpretations that take in a wider range of evidence, from secondary endpoints to safety, to the size and quality of the trials. Some specialties are adding additional cost-value expectations and baselines of life-extending benefits as well. Oncology, specifically, is rejecting surrogate endpoints and looking for data that looks more like real life. Increasingly, the measures that earn approval are not the same as the ones that earn adoption.

*BMC Medicine, 2017*
**Payer Voices**

Pharmaceutical innovators are increasingly integrating the global payer community’s perspectives and questions into clinical development activities in order to ultimately Commercialize treatments that are optimized for market access and adoption. That means fueling collaboration between teams that have historically operated very separately: R&D and market access. And integrating stakeholder interviews and engagements earlier. Industry leaders are optimistic about the new possibilities. William Fleming, PharmD, president of Humana Pharmacy Solutions, told CenterWatch, “Part of the challenge that we payers and the community that does the pharmacy and therapeutic (P&T) reviews have is translating those regulatory endpoints to Real World endpoints. If a new blood pressure drug comes out, for example, and reduces blood pressure by 10 millimeters of mercury – which is an important clinical endpoint – how does that translate into consumer endpoints? Does that mean you are going to have fewer hospitalizations and emergency room visits, better quality of life and fewer side effects?”

*CenterWatch, 2016*

**Medical is Fueling the Feedback Loop**

Shire is one of many pharma leaders focusing on the critical role that Medical can play in breaking down institutional silos and connecting clinical, scientific and Commercial teams. Their MSLs are working with a broader group of physicians and bringing critical patient-experience insights back into the organization. Those MSLs are also going beyond translating science to being a powerful voice in critical issues like health outcomes and Real World effectiveness. For example, Shire’s MSLs are very involved in investigator-initiated studies, some of which have produced clinically relevant results that have ultimately led to company-sponsored trials and approvals.

*MM&M, 2017*

**Patient Design**

Pharmaceutical leaders have long invested in working with patients and advocacy groups to create better study design. In 2015, Novartis made a bold declaration for what patients should expect from the company in areas ranging from clinical trials to access to medicines. Since then, they’ve built teams, processes and tools to make sure the patient voice is part of every new clinical investment. Viiv works with patients to define endpoints and expectations – right down to the informed consent interface. The company had patients review the ICF for a two-drug regimen injectable treatment. They uncovered some simple improvements to make the form more useful and more comfortable:

- Patients wanted more graphics and pictures to help them navigate the content
- The animal study information was difficult to understand; too much information and just felt scary
- They wanted more information around needs and lifestyle impact implications
- Patients preferred detailed instructions rather than narratives – *what do I have to do when?*
- Finally, a more balanced approach was needed to change language that felt stigmatizing. For instance, changing “HIV infected patients” to “people living with HIV.”

*Patient USA, 2017*
From being vigilant about safety to feeling bullish about new clinical possibilities, pharmaceutical leaders are increasingly putting the 'bots on the frontlines of discovery.

Artificial intelligence (AI) is already rapidly rewiring the way major academic and research institutions assess, diagnose and treat complex diseases. In 2018, it will also become a go-to resource for examining troves of data and insight to find new risks and new possibilities radically faster than human eyes ever could.
A Leading Clue:

AstraZeneca is betting on AI for early discovery, evaluating novel ways of treating Parkinson’s disease and other neurological disorders. It’s just one of a growing number of big pharmaceutical companies, including GlaxoSmithKline, Sanofi and Merck that are exploring the potential of AI through alliances with start ups. Essentially the programs seek to find novel biological targets for medicines by comparing tissue samples collected from diseased and healthy individuals. In the past AI applications have been focused on chemistry – if a drug might bind to a protein, for example. But these new investigations probe biological systems to project how a drug might affect a cell or tissue.

Reuters, 2017
Human / Machine Collaboration

Pundits have described 2018 as a “prove it” year for artificial intelligence. The hype is real, they say, but what about the value? We predict 2018 will be much more about right sizing and teaming up. AI won’t be a silver bullet for innovation but it is ready to be a powerful partner to the best minds in our industry. Today, there are no AI-inspired, FDA-approved drugs on the market and we don’t anticipate there will be in 2019 or 2020 either. Even the best data analysis can’t substitute for chemical synthesis, laboratory experiments, production stages, etc. But it can supplement it. In 2018, look for pharma leaders to make practical, actionable plans to leverage AI to optimize and speed R&D efforts, early drug discovery, and identification of toxicity risks. Also look for it to be used as a powerful tool to apply knowledge-derived genomics and other biology disciplines to the earliest ideas in the pipeline.

Forbes, 2017

Looking for Signals

The manually-intensive approach to adverse event processing the industry has relied upon is being tested by the volume of signals coming from the web and pressure on costs and resourcing. Experts estimate that up to 17 percent of adverse events are being missed today as companies struggle to filter through the vast amount of information. Celgene recently partnered with IBM Watson to automate the analysis of safety signals. John Freeman, MSc, JD, Corporate Vice President of Global Drug Safety and Risk Management for Celgene, explained, “With this collaboration, we intend to create a paradigm shift in identifying patient safety data that we hope can be applied across the entire product life cycle – from early development through to approved medicines. The new offering we are co-developing will bring the cognitive computing power of Watson and its growing view of clinical, research and social health data to bear on this critical healthcare challenge.”

PharmaExec, 2017; IBM, 2017

AI in Recruitment

Biological insights derived from AI could also help recruit patients most likely to benefit from a novel new drug. Project Survival, for example, is a $17-million, seven-year study that lets machines review samples and genes from hundreds or thousands of patients to uncover molecular fingerprints and biomarkers that will later be used to help measure a drug’s impact and identity the patients the drug will be most useful to. AI can help patients identify the right trials for them, too. Mendel.ai just raised $2 million in seed funding to create something of a Match.com for cancer trials. Patients can upload their records to the platform or give their doctor permission to do so. Then, a natural language processing algorithm combs through clinicaltrials.gov data to compare to an individual’s medical record and responds with a list of personalized matches.

What’s the right mix of personal and non-personal engagement? How can resources be most effectively allocated across channels? In 2018, pharmaceutical leaders aren’t answering these critical questions with history or hunches.

Instead, they’re looking to predictive analytics to show the revenue impact of every possible permutation of Commercial resourcing and messaging before the first dollar is spent. These predictive models leverage existing data to build full market simulations that leaders can use to test and learn in no-risk digital environments.
What If to Why Not

Predictive analytics let Commercial leaders understand and anticipate customer responses and reactions to brand investments. In one recent example, a leader in the heartburn space was ready to transition a prescription drug to an over-the-counter option. Many in the organization wanted to lean on the go-to influencer strategy that had served the drug for years, using doctor or pharmacist recommendations to drive patient asks. But others wanted to innovate. They believed that the strategies that had helped them succeed in the prescription space would hold them back in the consumer-driven OTC world. To move from instinct to evidence, they created a predictive simulation and tested a wide range of approaches from influencer to multi-channel to in-store. The model instantly showed that the go-to approach would leave them well short of their revenue goal. Multi-channel would get them close. But the new-to-the-organization approach of trade support and in-store engagement was the one set to help them dramatically exceed expectations. Those simulations gave the organization the confidence to invest in innovation and new skills. Ultimately, they dramatically exceeded sales goals, becoming the highest grossing prescription to OTC transition in history.

Syneos Health Communications, 2017
Answering: Where To?

A recent survey of pharmaceutical executives found that 84 percent believe that innovation is imperative to reaching their business goals but zero percent strongly agree they know which touchpoints, channels or customer experiences to focus change on. It’s not for lack of data. Most healthcare marketers are deluged with research. There are the prescribing reports, ongoing digital analytics, libraries of syndicated surveys, segmentation analyses, qualitative market research, and so much more – each with its own methodology and context. As compelling as each piece of data is on its own, they don't easily come together to form a single view of the marketplace. And, they certainly don't qualify and quantify new opportunities. As the researcher E. O. Wilson said, “We are drowning in data and starving for wisdom.” Predictive analytics knit those diverse inputs together into a single, validated market view that understands human behavior and competitive actions in order to point brands to exactly where to invest.

Syneos Health Communications, 2017

Promotional Sensitivity

In 2018, a fast-growing use case for predictive analytics will be using the models to predict which physicians will respond to promotion – and, what type of promotion. This will enable teams to better predict the next most likely adopter and segment natural early adopters from those that will need specific types of promotion and support to change behavior. Sales and marketing teams will be empowered with prompts that leverage existing data and market analysis to show them exactly the right moment to re-engage a prescriber.

PM360, 2017

Talent Gap

As pharma leaders work to build enterprise-level predictive and simulation teams, many are finding themselves facing a talent gap. One report found that the demand for that type of deep analytical talent could be 50–60 percent higher than the supply by 2018.

PwC, 2017
New players, new partners and new pressures are changing what pharma leadership is expecting from Commercial teams.

In large pharma, high profile failures in the pipeline are leading to increased pressure to maximize every launch. New entrants in the category and the country are looking for clear guidance on how to find a foothold. And across the industry, all are watching the emergence of best practices for new kinds of approvals.
A Leading Clue:

Upping the Win Rate

The FDA kicked off 2017 with a report about 22 cases where Phase II and Phase III studies were divergent. Headline after headline underscored the reality in the first half of the year with promising compounds in hemophilia, Alzheimer’s disease, ADHD, acute heart failure and mRCC failing to meet expectations in Phase III. Those failures have put pressure on Commercial teams to more accurately predict and deliver on revenue potential for each new launch. In 2018, look for a new focus on leveraging landscape assessments and gap analyses to match new compounds to patient and payer needs. Expect that Commercial voice to be resonant in Phase III trials and Real World Evidence collection as organizations increasingly seek to build data sets that are responsive to both what matters in the clinician’s office and the payer’s conference room.

FDA, 2017; Science of Translational Medicine, 2017; Genetic Engineering and Biotechnology News, 2017
Commercializing Companions

The shift toward personalized medicine is driving significant growth in the number of drugs that launch with companion diagnostics. Those tests and assays help identify the right patient for the right drug at the right moment. Often those diagnostics are created by partner organizations and lead to new questions about capabilities, timing and scale that complicate both Commercialization and production. Physicians are expecting to see continued growth in companion diagnostics, particularly an evolution of single biomarker tests to multi-biomarker diagnostics. A recent survey by Syneos Health found that 90 percent of oncologists believe multi-biomarker diagnostics will be the standard of care in the next 3-5 years and 64 percent believe they will be testing about two-thirds of their patients with next-generation sequencing.

Syneos Health, In Vivo, 2017

Partnering for U.S. Entry

Pharmaceutical innovators from Japan, China and South Korea are increasingly targeting the U.S. market and navigating its rigorous regulatory approval processes. Some, like Medytox and Daewoong Pharmaceuticals are partnering with the experienced U.S. teams at Allergan and Alphaeon. Others are going it entirely alone – looking to build their geographic relevance with only very specialized partners. For example, South Korean (SK) Chemicals Co. has independently filed for FDA approval to sell its patch dementia treatment SID710 and Boryung Pharmaceutical Co. is now marketing an OTC antacid called Gelfos in the U.S.

CPhI Korea, 2016; iPnomics, 2017

Smaller Power Players

Biotechnology recruiters and analysts say that leaders at big pharma giants are leaving for start ups at a much faster pace than in years past. Rapid consolidation and shakeups in R&D departments are fueling the trend. The influx of top industry talent along with entrepreneurial investors and ideators is increasing the percent of innovative new compounds created in small, start up environments. In fact, a study by HBM Partners, a healthcare investing firm, found that the majority of drugs approved in recent years originated at smaller outfits. Traditionally, the vast majority of those were eventually licensed to big pharma, but in 2018 we predict a shift as more creators expect to remain owners of their assets.

Fortune, 2016
Pharmaceutical companies are being driven to sharpen their therapeutic focus. They’re increasingly leaving behind unrealized opportunity in de-prioritized classes and categories.

The push for cost containment and greater efficiency in drug development has left pharma workforces spread thin, unable to stretch their Commercial resources across multiple disease areas. In response, many have narrowed their therapeutic focus, stranding some assets and categories without in-house teams or active efforts to optimize their value.
The Great Realignment

Over the last decade biopharmaceutical companies (both large and small) have narrowed their focus and consolidated around targeted therapeutic areas via acquisitions, divestitures and asset swaps. In addition to cost containment, the deeper investments help future-proof organizations in critical areas of technological advancement like precision medicine and immuno-oncology. The early results show significant advantage in specialization:

*Syneos Health, 2017*

Forecasted revenue growth for “focused” vs. “diversified” companies, 2014-2020 (top 15 companies by revenue).

<table>
<thead>
<tr>
<th>Forecasted Revenue</th>
<th>Increase from 2014-2020</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focused (TA ≤ 4) Companies</td>
<td>61%</td>
<td>5</td>
</tr>
<tr>
<td>Diversified (TA &gt; 4) Companies</td>
<td>27%</td>
<td>10</td>
</tr>
</tbody>
</table>

Source: BCIQ, Company corporate websites
Non-Core Assets Stranded

Major realignments can create opportunities to sell parts of the business. Think: Allergan's sale of its $40 billion generics distribution business to Teva as part of its evolution to becoming a more focused “Growth Pharma” leader. Or, the rapid series of sell-offs of so many animal health divisions, from leaders like Sanofi, Novartis and Merck. Those realignments can also strand assets that are no longer core to the portfolio either by leaving Phase III studies incomplete or freezing all active marketing and promotion of Commercialized drugs. J&J, for example, discontinued the Phase III development program for fulranumab in osteoarthritis pain based on what it called “strategic portfolio prioritization.” As we enter 2018, look for pharma leaders to develop strategies that leverage partnerships and risk share agreements to maximize revenue for these lost assets without shifting the focus of their internal teams.

FierceBiotech, 2017

Continued Flight from Primary Care

Most of the therapeutic focus we’re seeing from leaders is in specialty areas, like oncology, central nervous system (CNS) disorders and rare diseases. These are categories that are high science, high cost and benefit from high levels of wrap-around patient and practice support. And, they’re quickly drawing attention and investment away from the primary care space. In fact, the overall industry pipeline has been called a “banana famine” for primary care, meaning a threat of significant devastation that no one is paying attention to. Without obvious follow-on compounds in development, the flight from primary care is set to not only strand more maturing assets but also significantly reduce the education and support pharma invests in those practices.

Syneos Health, 2017

A New Era of Spinoffs

One way assets are getting unstuck is getting spun off. In mid-2017, J&J raised $28.4 million in venture capital to launch Provention Bio, focused only on debilitating autoimmune and inflammatory diseases. In late 2017, Pfizer identified four investigational drugs that did not align with its strategic focus but did have significant promise for underserved populations. It spun out a new company, Springworks Therapeutics, just to advance those therapies.

Forbes, 2017
Healthcare leaders are rethinking how they engage patients and providers with new approaches to media and support that are much more personal and infinitely more human.

It turns out a lot of people are sick. Sick of advertisements. They’re cord cutting, fast forwarding, skipping and otherwise every-way avoiding. In 2018, brands will drive toward reinvention of the mass model with specific investments that help them reach patients and providers more directly and affordably and make communications more personal over time.
A Leading Clue:

Pharma is Behind, But Not Far

The rule of thumb that pharma is years behind its consumer marketing peers may be masking some of the real change leaders in the industry are making. A recent survey by Adobe found pharma marketers embracing changing tools and attitudes at a rate just behind the overall market.

Adobe, 2017

Proportion of company respondents saying these will be ‘very important’ for their digital marketing over the next few years:

- Optimizing the customer journey across multiple touchpoints: 74% (70%)
- Training teams in new techniques, channels and disciplines: 60% (58%)
- Understanding how mobile users research/buy products: 40% (50%)
- Using offline data to optimize the online experience: 39% (39%)
GSK Leading the Way

In addition to its prescription pharmaceutical business, GSK owns consumer brands like Aquafresh, Nicotinell and Horlicks. It built a step-change approach that used those brands as a proving ground and now is infusing that expertise in its pharma business across what it calls seven critical pillars of more direct and personal engagement: search, mobile, content, social, e-commerce, innovation and analytics. The team’s digital and ecommerce director, Louise Kristensen, told Marketing Week, “Our digital transformation runs across a really broad spectrum – whether that’s establishing consumers’ needs, looking at how we can have the best content, be in the best possible space or embrace mobile-first...We want to drive our digital agenda from the awareness stage right through to conversion.”

Marketing Week, 2017

Multi-Screen Activation

In 2017, Adweek declared the return of mass media in an article titled “Reach Is the New Black: Advertising’s Mass Reawakening.” The Advertising Research Foundation (ARF) mounted a comprehensive study on ROI and media impact, ultimately concluding that abandoning legacy media causes sales to drop. And Procter & Gamble CMO Marc Pritchard pinned the stagnation of his brands on targeting too narrowly on Facebook. In 2018, brands are finding new media balance, leveraging broad channels to build reach and personal, targeted media to earn action. One place healthcare is betting big in 2018: addressable cross-screen promotion. Specifically, synching mass broadcast advertising with über-targeted and personalized mobile content that leads users along a journey of self discovery and learning.

Adweek, 2017

Play it, Pandora

Healthcare leaders have leveraged some interesting technologies to create personal experiences for niche audiences. An industry favorite: streaming music apps. In 2016, Teva teamed up with Spotify to create a gait-improving music app for people living with Parkinson’s disease. In 2017, brands flocked to Pandora to use its 2,000 different audience segments to engage people with just-for-me content and experiences. Pandora worked with Crossix to segment users by more than 100 specific health conditions including allergies, headaches, diabetes or arthritis, as well as prescription drug categories. Twenty pharma clients, including AbbVie, Allergan, Eli Lilly, GlaxoSmithKline, Pfizer and Teva have used the service. One, BioPharmX, reported a 300 percent increase in website visits in targeted cities.

FiercePharma, 2017
No More Sales Reps?

_Not a year goes by without one pundit or another forewarning the demise of the sales force. But the future of the front line is rich with possibilities that include new expertise, new tools and integrated impact._

In 2018, the best teams will look very different than the field force of the past. Advanced analytics will make it possible for teams to focus general sales reps on broad territories of promotionally-sensitive practices, while special teams of über-experts in patient care, access and science will become go-to problem solvers who engage stakeholders across mediums. All fueled by metrics that combine short-term sales and long-term loyalty.
The All-Channel Rep

While the overall size of the sales force is almost half of what it was in the 1990s, recent reports show that the decline has steadied and that teams are even growing slightly. In fact, the ranks have been stable or slightly higher for the last three years. The way those reps are engaging with physicians is changing, too. Last year was the first year that digital touches to doctors exceeded the number of human interactions with doctors. Those touches are coming from the marketing suite, but also from the front line, particularly with younger doctors who prefer to connect on devices and on the fly. The number one choice of channels: email.

PharmaLive, 2017
Age of New Relevance

Field force leaders are reinventing their sales teams to have more relevance and utility in fast-changing markets. Their major areas of focus: understanding new customer accountabilities, engaging new kinds of customers and delivering valuable services. Today’s reps are expected to understand the objectives and incentives that are driving the practices and payers they engage with. That means speaking to both overall outcomes and individual impact – patient pain points and practice protocols. Some teams are segmenting their sales forces by the specific goals practices are incented on. Of course, practices aren't the only stakeholders these reps are calling on. Top talent today can speak to doctors, patients, payers and institutional administrators with equal fluency and relevancy. With each audience, they’re speaking both science and service. A recent Accenture study found that 58 percent of patients use pharmaceutical services when they are aware of them. And more than 85 percent of patients expect their healthcare providers to inform them of these services. Reps are increasingly stepping in to help time-constrained doctors easily and confidently offer simple solutions for patient access, adherence and behavior change.

Accenture, 2017

The New Recruit

Rep recruiters are reporting that the changing expectations pharma leaders have for new talent include tech fluency, marketing savvy and entrepreneurship. The team at Hays recently said that the most in-demand reps are a hybrid of the best of sales and marketing, easily navigating digital channels (specifically email, WhatsApp and Facebook), triggering alerts and messages to fuel relationships when a face-to-face meeting isn't possible, and optimizing call plans with each practice's channels of choice. The overall objective: hiring more reps that can use every channel to streamline operations and take interactions with stakeholders to the next level.

Hays, 2017

New Coaches

It's not just the front line that's changing. The coach of choice is changing, too. Pharmaceutical leaders are increasingly engaging with partners who can combine sales management excellence with unique data sets to deepen market knowledge and empower front line teams with evidence. Chris Casey, Global Head of Key Accounts and Services at Syneos Health, explained “We're still seeing clients outsource sales teams, of course. But, increasingly, we're seeing them outsource sales management. They're under tremendous SG&A pressure. Adding new sales management not only creates new financial models that have lower upfront but also lets us wrap in unique data sets that give the front line team unprecedented transparency into the prescribing behaviors, patient populations and influencers of each practice.”

Syneos Health, 2017
Revising the Journey

The average patient journey diagram once looked something like a baseball diamond. Four or five predictable steps representing a real life that is anything but.

In 2018, that understanding of patient experience is being radically updated to reflect new points of interaction with healthcare and a deeper understanding of behavioral science. The new patient journey is full of bridges and branches that fuel solutions that answer real life patient challenges and needs because they’re built for unique patient segments and experiences.
New Understanding: Social-Centricity

Patient-centricity is an individualistic approach. But, in real life, individual behavior is strongly influenced by context. The behavioral insights team at Syneos Health Communications recently conducted a two-year ethnographic study to understand the dynamics of healthcare decision making in real life. They wanted to learn: How do we help people act on the health decisions they’ve made for themselves? How do we empower them to be more resilient to try and try again? They ultimately created a framework called social-centricity that maps all of the influences – self, family, system, society – that impact behavior, which in turn helps identify forces that directly conflict with the behavior we want to promote. The perspective can propel the industry beyond simply delivering information to creating new social contexts that motivate patients and, ultimately, lead to lasting behavior change. The principles also fuel deeper patient journeys that understand the context in which decisions are made (what’s happening with the family, healthcare system, culture and competitor influences), segment different behavioral archetypes, focus on “at-risk moments” and barriers, and identify scientifically proven behavioral change techniques that overcome barriers and capitalize on opportunities.

Syneos Health, 2017
New Experience: AI Triage

The first line of interaction consumers have with the healthcare system may increasingly be a machine. The NHS and Babylon Health currently have the largest deployment of patient-facing artificial intelligence in the world, supporting 1.2 million people during their triage pilot in North London throughout 2017. They also received an additional 60 million in funding to improve AI's capabilities as well as showcased demos of where this technology might go for respiratory patient support, including full voice recognition, triage and wrap around care at the 2017 Cannes Lions Health festival. Babylon’s interface first starts with a chatbot that takes typical voice queries and prompts users with specific questions and visual tools to help them get closer to a medical diagnosis. That deep learning engine can give an immediate consultation and quickly set an appoint with a relevant doctor. Once that appointment happens, Babylon can follow up with videos, home prescription delivery, and dosing reminders.

TechCrunch, 2017

New Provider: Pharmacist

Healthcare is betting big that a stronger partnership between pharmacists and physicians can change behavior and deliver bottom line impact. From integration at the point of care to interconnected metrics, new collaborations between this duo are creating systems that focus on uncovering preventative possibilities and supporting ongoing adherence. The shortage of primary care physicians and surplus of pharmacists in most markets is one of the key trends driving change. An editorial in the Specialty Pharmacy Times said even more pointedly, “Pharmacists are already in the race for provider status. Not to mention, pharmacists are currently doing point-of-care testing, vaccination shots and collaborative practice agreements with physicians.” Countries like The Netherlands are proactively preparing for that shift. In their medical schools, pharmacy and M.D. students overlap for one year of medical training to learn each other’s crafts and perspectives.

Specialty Pharmacy Times, 2017

New Touch Point: Home Delivery

Why go to the pharmacy when the pharmacy could come to you? Innovators big and small are creating new ways to use this gold standard of convenience to improve first fills and long-term adherence. When patients never step into a pharmacy, it changes a long-assumed moment in the journey. Apps, like NowRx, make it easy for users to upload a prescription, have a video visit with a pharmacist and schedule delivery to any location of their choosing. But other innovators are taking even more friction out of the system. Capsule allows doctors to order directly for their patients. Once the prescription is logged, Capsule deploys a delivery person to pick it up and deliver it anywhere in New York City within two hours at no extra cost to the patient. They accept all major insurance and copays don't change.

MobiHealthNews, 2017
The U.S. market for rare disease products is rapidly becoming more competitive. Pharmaceutical innovators are responding to both patient demand and changing market realities with novel compounds in tiny categories.

In 2018, more focus will be put on the unique aspects of Commercialization in rare disease markets – both from industry leaders and legislators and regulators as growth, value and cost come under increasing scrutiny.
The New Math

In a time of increasing financial pressures, pharmaceutical and biotech developers are looking for more consistent wins and safer bets. Many are finding that certainty in rare disease products. The math is straightforward: shorter or accelerated clinical development timelines + lower development and Commercialization costs + fewer life cycle challenges + increased deal activity = a clear new path. But not all rare diseases have equal Commercialization opportunity. As more clients have been asking how to accurately size and prioritize development opportunities, Syneos Health created a framework to fuel initial questions and planning:

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Syneos Health, 2017
Data and Identification

A Shire Rare Disease Impact Report showed that patients suffering from orphan diseases typically visit up to eight physicians and receive two to three misdiagnoses before an accurate one is reached. Rare disease treatment leaders are finding new ways to step in and advocate for patients from the moments before diagnosis to long into their care. Increasingly, case management and nurse support are an integral part of Commercialization in rare diseases. But some innovators are using data to go even further. Alnylam Pharmaceuticals works in ultra rare diseases, like Hereditary ATTR Amyloidosis. Their marketing and sales operations teams work in part as disease detectives, using data to understand patient pathways. Their Integrated Customer-Patient Data Driven Approach tracks 250 million patient lives worth of claims data updated daily, plus lab results data that show which practices have tested for rare diseases. AI integrates that data to identify possible diagnoses or disease accelerations. That intelligence can direct field force and non-personal activity as well as refine resourcing to ensure they're there when patients need them most.

PM360, 2017; eyeforpharma, 2017

Rethinking Recruitment

The number of rare disease trials in the field is creating new best practices in how to engage advocates and recruit participants. Historically, companies have opened dozens of sites that might each only recruit a small number of patients. Now, they’re focusing on a smaller number of sites that patients can be effectively transported to. Marie Emms, Head, Global Clinical Trial Engagement at Syneos Health, told PharmaVoice, “When conducting feasibility for site selection, it’s important that those sites have patients already identified in the disease population and that the sites have an understanding of where those patients are based. Understanding where their patients are located will help sites determine whether transportation is needed and what other considerations are necessary.” Companies are also routinely working with advocacy groups to understand the impact trial participation may have on patients and their families and get feedback on the tools, language and approach being designed.

PharmaVoice, 2017

Bumpy Road Ahead?

There’s much more public focus on rare and orphan disease treatments than in days past. Research by Syneos Health shows that negative media coverage on the price of rare medicines has increased nearly fivefold since 2012. Critical news coverage and congressional inquiries have recently prompted manufacturers to pause on the launch of a new drug or reconsider their pricing strategy entirely. And intensified scrutiny is coming from virtually all rare disease stakeholders, including key opinion leading physicians, patient advocates and providers. In 2018, look for a new focus on Commercialization preparation with specific emphasis on engaging stakeholders early and setting expectations for cost and value appropriately.

Syneos Health, 2017
In 2018, the biggest threat to success is investing too much time talking to just doctors. The buyer profile in healthcare has changed dramatically. As we continue to shift from volume to value, the biggest influencers of care will be farther from the exam room.

Today, integrated delivery networks (IDNs) own more than 60 percent of physician group practices. They define treatment protocols. Doctors no longer do. It’s all part of a greater shift centered on how value is being defined, delivered and measured in healthcare organizations today.
Age of the Organized Customers

Cost pressures have made private practice less tenable financially and providers are joining larger group practices, physician networks and hospitals in huge numbers. As they move so does their prescribing authority, from the exam room to the D-suite and C-suite levels. In a recent report called “Adapt or Fail: Succeeding in the Age of the Organized Customer,” the Consulting team at Syneos Health explained, “Organizational change is, in many ways, only the surface reflection of a much more fundamental shift ... Payment models that traditionally were based on volume are rapidly giving way to performance based models in which payment is inextricably linked to patient outcome and other quality of care metrics. The same goes for reimbursement, which is increasingly tied not only to clinical benefit but to other value indicators as well, health outcomes and cost-benefit among them. In this value-focused environment, the relationships that pharmaceutical companies have with these increasingly important organized customers, along with these customers’ own expectations for those relationships, are shifting rapidly.”

Syneos Health, 2017
Organized Customers, Organized Engagement

Pharmaceutical companies have been moving to adapt, responding with their own efforts to restructure and redeploy resources to better engage with key decision makers and other stakeholders. But few would say those changes have been easy and results so far continue to be mixed. The most basic challenge is the number of roles calling on the same customer. In 2018, our industry will tackle the deeply ingrained habit of engaging customers brand by brand. We’ll see new approaches and new structures that seek to create a more holistic view of all relevant stakeholders along with their organizational needs and expectations. Look for the uncoordinated push to look much more like a clear playbook.

Syneos Health, 2017

In Network = No Access

Big physician employers are closing their doors to pharmaceutical sales reps. Overall, the percentage of “no access” physicians is 36.5%, but for physicians employed by hospitals and health systems, the no-access rate tops 50%. The closed door policy is pushing reps to talk to new influencers, particularly those who are interested in value-based arguments and regional impact. Experts are saying that our marketing and sales teams should be increasingly focused on those local, outcomes based conversations. In 2018, we’ll see a migration from relying on big data about organized customers to making decisions based on specific insights from the field. We’ll learn on a name-by-name basis and engage those customers in personal ways. That shift from any prescriber to a very few decision makers will drive investment in personalization and evidence generation.

Medscape, 2016

From Physician to Purchasing Executive

The fast growth of organized customers means that few influencers control much greater decision making power. The largest GPO and IDN labor forces include 1,000 hospitals and as many as 10,000 physicians. The choices made by their executive teams funnel down to each member of that frontline healthcare force. The impact quickly becomes both matrixed and powerful. Theresa Greco from LexisNexis recently wrote in the Pharma Letter, "Consider this: In the USA, there are 1,500 IDNs with over 67,000 parent/child relationships; 250 group purchasing organizations (GPOs) with more than 94,000 purchasing relationships and 800 accountable care organizations (ACOs) with more than 4,000 relationships to health care and IDNs." Today’s sales reps are increasingly moving away from talking to physicians and moving toward engaging purchasing executives and pharmacy and therapeutics committee leads.

The Pharma Letter, 2017
The ever-expanding pharmaceutical infrastructure used to be a signal of advantage that would let teams quickly enter new markets and offer innovative new ways to support patients and providers. But today the bloat is a rate-limiting force.

When cost pressures hit in 2016 and 2017, large pharma organizations were challenged to react quickly. They ultimately turned to significant cost cutting and layoffs to close gaps. As we enter 2018, pharma leaders are looking to strategic partnerships to maintain innovation and uncover new approaches to market that will ultimately drive more nimble growth.
First Response: Cut Back

In November, Teva announced a 20-25 percent reduction of its workforce in Israel, where it employs 6,860 people, and several thousand additional cuts in the U.S. Those who will be leaving include its Chief Scientific Officer and President of Research and Development. The month before, Merck posted a plan to eliminate three of its U.S. sales teams, almost 1800 reps across the country, who were calling on primary care doctors, endocrinologists and hospitals. The month before that, Eli Lilly announced it will cut 3,500 positions to focus on developing new medicines and improving cost structure. To continue to drive innovation with smaller teams and more constrained resources, industry will look more to partners in 2018 to both drive new thinking and fill in critical gaps.

*Fortune, 2017; USA Today, 2017; Marketwatch, 2017*
**The Slow Down is Here**

In 2015 market growth in the U.S. was 12 percent. That's expected to slow to as much as half by 2021 (between 6 and 9 percent). The U.S. will remain the largest in marketing, contributing 53 percent of all growth within the next five years. China will continue in the second spot, contributing 12 percent.

_ProClinical, 2017_

**Firm Fundamentals: What’s Next?**

The fundamentals of the industry are strong. There is a significant market need in a growing and aging population. New technologies have the potential to radically change how we create new devices and therapies. The barriers to engaging people and their healthcare influencers are lower than they’ve ever been before. But the headwinds are equally strong. So, where to start? Experts are saying that in 2018, the first focus will be in breaking down silos and working with partners who can supercharge the flow of insights and data across large organizations. Large organizations want to act more nimbly and mid-size organizations want to take great advantage of their ability to collaborate and connect.

_McKinsey & Company, 2017_

**Fastest Growers: Strategic Partners**

Catalyst Corporate Finance ranks the 50 fastest-growing privately owned pharmaceutical businesses in the U.K. In its latest report, the company found that long-term prospects for the pharmaceutical industry are bright and demand for its products will continue to grow exponentially. To help large pharma effectively capitalize, that market is seeing a wide range of new, targeted solutions providers not only launch but quickly rank on the Fast 50 list. Some support organizations are up as much as 75 percent over two years as they find ways to support big pharma by limiting risk, fueling innovation and ultra specializing.

_Pharma Times, 2017_
Podium Pounding and a New Era for Advocacy

Early 2017 was a time of bad actors and bad press for pharma. Industry leaders stepped up with more transparency and powerful storytelling.

In 2018, top companies are working to future-proof their brands by collaborating with patient and advocacy groups from the very beginning of development and operationalizing specific ways to keep the patient voice front and center in everything they do.
A Leading Clue:

Powerful Partnerships

Companies like ViiV are building strong relationships with advocacy groups by involving them in nearly every aspect of clinical and commercialization. The company is entirely focused on HIV / AIDS. The early investments and aggressive development in that disease state was driven by activists. That legacy has ensured a strong patient voice through today. ViiV used a community panel to understand how the experience of living with the now-chronic disease is changing. They found the co-morbidities that weren’t addressed, a need for treatment guidelines for older patients, and new risk / benefit equation for certain medication by age, gender, etc. That direction let them take steps to better support this patients. ViiV also includes patients in clinical trial development. They inform the patient profile and even offer detailed assessments and improvements to the Informed Consent Design.

Patient USA, ViiV, 2017
**Blame Game**

Now and in the future, prescription drug spending accounts for just 10 percent of healthcare spending. But, you wouldn't know it from the headlines. Trust in pharmaceutical brands and belief in their cost-value propositions appears to be at an all-time low. Pundits and politicians are making the industry the ultimate bad guy in what is truly a very complex healthcare system. Ed Harnaga, Vice President, Corporate Affairs at Pfizer, shared some research that his team did, on the stage of Cannes Lions Health, into the reality of how people see pharmaceutical companies’ price and value. They found:

- People see very little differentiation from company to company
- People feel that medicine is a right and that pharma is standing in the way of their ability to live healthier lives
- 75% think pharmaceutical companies put making profit ahead of helping people
- Most believe academia - not pharma - is where cures are really created

IMS, 2016, Cannes Lions Health, 2017

**A Trust Divide**

At Patient USA, Martin Collyer, Chief Operations Officer at Bioclinica, asked, “How do you become patient-centric when people are describing the pharmaceutical industry as evil? How do we develop trust? How can they trust that the information we’re given them is in their best interest? How can they put their health in our hands?” Some of the leaders in the room had specific ideas and a lot of experience. Cathryn Clary, Global Head of Patient Affairs and Policy at Novartis, is charged with nothing short of bringing the patient voice into every aspect of drug development. She’s worked with her senior management to diagnose the obstacles to change, map specific solutions and even change detailed policies and governance to make patient-centricity a required way of work. Clary told Patient USA that there are three things she asks clinical teams to think about:

1. What do we know from the patients’ perspective about our development plan or trial?
2. How are we incorporating patient knowledge in experience into our development plan or trial?
3. What’s the value to patients for our project?

Patient USA, Bioclinica; Novartis, 2017

**Social Response**

Increasingly, the place activism happens is online. When complaints strike a chord there, it can resonate broadly. The Risk & Reputation Management team at Syneos Health conducted a survey of 1,023 social media users, asking the question: How is negative and activist commentary online received and processed by people using social media? More than half said they use social media to research companies, products and services before making a purchase. Approximately 64 percent said they notice criticisms of companies or brands online at least once a month and 37 percent said their decisions were swayed by negative input on social channels. In the most dramatic instances, activist campaigns not only impact sales, they can trigger government investigations, affect regulation and force companies to adopt measures that raise operating costs.

Syneos Health, 2017
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Syneos Health is the only fully integrated biopharmaceutical solutions organization. Our company, including a Contract Research Organization (CRO) and Contract Commercial Organization (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 – we bring together more than 21,000 clinical and commercial minds with the ability to support customers in more than 110 countries. Together we share insights, use the latest technologies and apply advanced business practices to speed our customers’ delivery of important therapies to patients. To learn more about how we are shortening the distance from lab to life™ visit syneoshealth.com.
Trends help us create experiences that beat channel benchmarks, that raise expectations, and ultimately help us meet the metric that matters most: engaging more people in critical conversations about the changing possibilities of healthcare.

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