

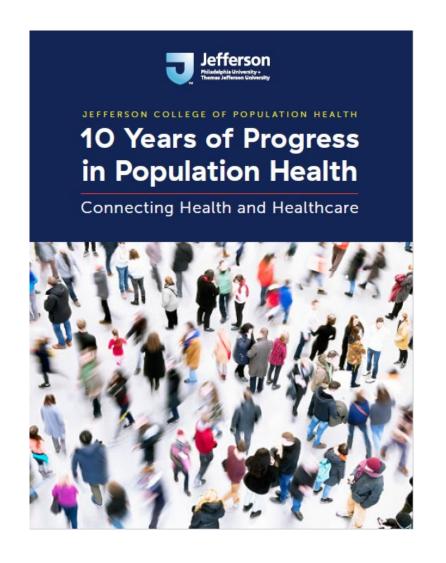
PopTalk Webinar Series

The Role of Medical Affairs in Health Outcomes Data Generation and Communication

May 13, 2021 12:00 pm ET



Jefferson College of Population Health



To prepare leaders with global vision to develop, implement and evaluate health policies and systems that improve the health of populations and thereby enhance the quality of life

The Role of Medical Affairs in Health Outcomes Data Generation and Communication

Featuring:



Ahmad B. Naim, MD

Vice President, US Medical Affairs
Incyte Corp

Moderated by:



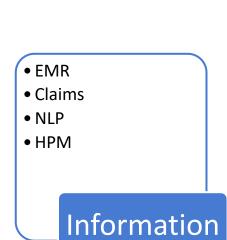
Vittorio Maio, PharmD, MS, MSPH

Program Director, AHEOR

College of Population Health

"WE CAN'T SOLVE PROBLEMS BY USING THE SAME KIND OF THINKING WE USED WHEN WE CREATED THEM."

ALBERT EINSTEIN



Knowledge

- Patient Population
- Tx Patterns
- HCRU & Costs
- Drug Safety

- Appropriate Use
- Clinical Management
- Precision Medicine
- Cost Per Responder

Evidence

Actions

- Behavior Modification
- Tx Selection
- Formulary Placement
- Evidence-Based Benefit Design

The what, why, when, and for whom

What causes Disease? (MOD)

- Pathogenesis
- Role of various signaling cascades
- Genetic
- Autoimmune
- Environmental

What can work to modify/cure the Disease? (Discovery)

- In vitro/ In vivo experiments
- Agonists / Antagonists
- Small molecule vs. live medicines
- Receptor inhibitors
- DNA Repair (Gene therapy)
- MAB, bi-specifics

How does the drug work? (MOA)

- Regulating signaling
- Inhibitors of major regulatory pathways (MEK, cMyc, etc.)
- Mutation-driven (BRAF, VEGF)
- mRNA vaccines
- Combination regimens

How well does the drug work? (Clinical Exp)

- Discovery Clinical Trials
- Pivotal Clinical Trials (Regulatory)
- Longitudinal Design
- Observational / Pragmatic Studies
- Post-Marketing Studies (Phase IV)

HEOR

Medical affairs

<u>Includes:</u> retrospective, prospective, economic modeling, WTP, NNT

Real-World Evidence

Medical Affairs

<u>Includes:</u> Phase IV, post-marketing studies,Observational, "observentional"

EVIDENCE GENERATION

Clinical development, preclinical, translational, Med Affairs

<u>Includes:</u> preclinical, translational, clinical, RWE, HEOR, etc.

EVIDENCE-GENERATION STRATEGIES — THE SPECTRUM

Disease Area Stronghold

- Examine and identify unmet needs
- Understand the current and emerging treatment paradigms
- Where and what are the care delivery settings?
- Describe key characteristics of drug
- Overall clinical profile of new Tx
- Identify new and meaningful outcomes
- Potential additional clinical and translational studies? Treatment layering/n sequencing
- Co-positioning

Compound Life Cycle Evidence Generation



Explore



Accelerate in market growth by reducing uncertainty for national & local payers

Early Development

- Burden of illness
- Quality-of-Life Impacts
- Treatment patterns and pathways
- Key patient sub-groups
- Healthcare Resource Utilization
- System and co-technology barriers
- Payer perspectives incidence/prevalence, severity, direct costs

Late Development

- Key regional variations in care
- Model & establish linkage surrogate vs. final endpoints
- Response / outcomes for comparators
- Health Utilities Index (HUI)
 Mode
- Economic modelling NNT, WTP, etc.
- Adherence and appropriate use, patterns and drivers

Pre Launch

- Contemporary clinical management
- Patient perspectives Tx satisfaction, preferences, caregiver burden
- HCRU gaps and cost offset models
- Indirect costs, copays burden, etc.
- AMCP Dossiers Economic & budget models

Post Launch

- Effectiveness regulatory and non-regulatory endpoints
- PROs
- Actual dosing & tx duration
- Adherence, compliance, persistence
- Outcomes vs. surrogates
- HCRU and costs
- Comparative effectiveness
- Supports
- Market Access Reviews

Drive and inform Disease Area Stronghold strategies including portfolio planning and new business development and support key assets

EVIDENCE GENERATION PERSPECTIVES











Provider

- Epi / disease state
- Patient characteristics
- Clinical outcomes
- PROs
- QoL Impacts
- ADL, behavioral
- Shared-Decision Making (SDM)
- Variations in care
- Health utilities

Patient

- Effectiveness
- Safety
- PROs
- Pt. Preferences & Satisfaction
- QoL Impacts
- ADL, behavioral
- WTP
- copay/co-insurance
- Shared-decisionMaking (SDM)

Payer

- AD BOI
- Comorbidities
- Clinical Outcomes
- HCRU
- ICER
- Health Utilities Index (HUI)
- Rx Adherence
- Quality metrics
- Network Metaanalysis (NMA)
- BIM / CEA/ CUA

Employer

- Productivity
- Absenteeism, presenteeism
- Human capitol management
- HUI
- Shared-decision Making (SDM)
- Variations in care
- Quality metrics

Societal

- Direct and indirect costs
- Shared-decisionMaking (SDM)
- Value over time
- Socio-economic impact

DRUG DEVELOPMENT / PRODUCT LIFE CYCLE

Epi, NNT, WTP
Patient Journey

Unmet Need, Study Design, Protocol/SAP, PRO/QoL development validation, preferences, HCRU

Observational, BOI, CEA, GVD, NMA, SDM

Medical Affairs / HEOR

Drug Discovery, Clinical Development

POC

Phase I

Phase II

Phase III

Phase IV / PMSS

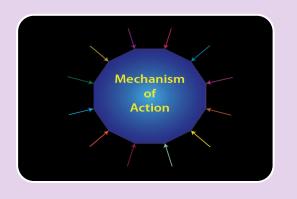
VISION

• To build an integrated cross-functional medical affairs organization that brings value to healthcare providers and decision makers, and patients and caregivers through objective and appropriate scientific evidence

MISSION

- Medical Affairs organization will serve as a key function in forming Business Unit(s) and ensuring its success both in short- and long-term, and;
- through its internal partnerships and external interactions will provide robust subject matter expertise and stakeholder insights

MEDICAL AFFAIRS-HEOR REMIT





SCIENCE COMMUNICATION

ENRICHMENT EDUCATION EMPOWERMENT

FOLLOW THE SCIENCE

Scientific Rationale
MOD-centric
Novel MOAs

DEVELOP THE SCIENCE

Observational / interventional studies
Real-world evidence
IIRs

COMMUNICATE THE SCIENCE

Robust, objective, appropriate scientific exchange

Truthful, Non-misleading

Nuances and contexts of data

Shared Vision, Common Goals, and Sense of Purpose



Shared Accountability for Extraordinary Results

Purposeful Dissemination

Well Coordinated &

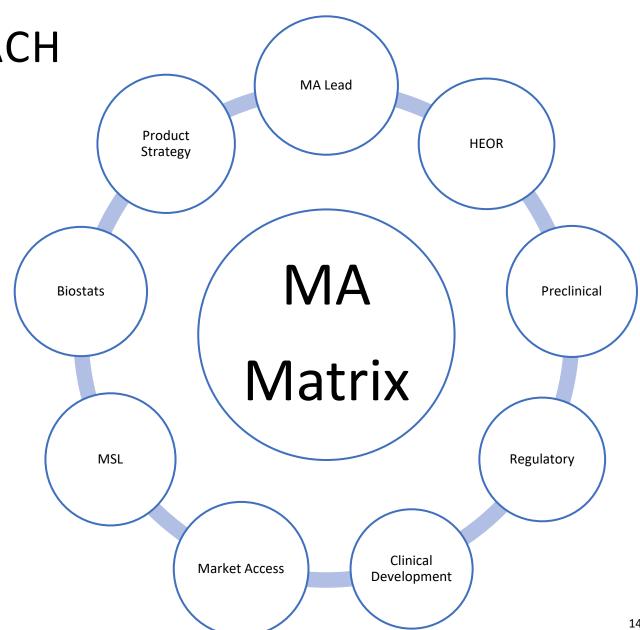
highly collaborative



Effective Communications

THE INTEGRATED APPROACH

- Strategy
- Tactics
- Integrated planning
- Therapeutic Area or Molecule level
- Integrate across projects/studies
- Oversee projects
- Design and enhance workflows
- Cross-functional
- Visibility and awareness



FROM MARKET ACCESS TO MEDICAL AFFAIRS

TRADITIONAL APPROACH

- Support market access tactics
- Value proposition driven models
- And more models...
- Narrow stakeholder perspective (P&T, PBM, etc.)
- Limited Applicability & Potential (self-serving)
- And even more models...
- Unmet Needs [oxymoron]

CONTEMPORARY & BOLD

- ✓ Medical Affairs-HEOR Bridge
- ✓ Highly trained scientists
- ✓ Multi-stakeholder perspective (ECHO model)
- ✓ Invaluable in shaping the environment
- ✓ Well-informed drug discovery programs
- ✓ Clinical experience + RWE = Outcomes-driven solutions
- ✓ Systems development



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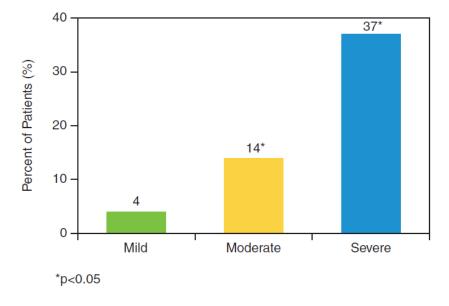
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tion

Impact of Disease on Career Choices, Absenteeism, and Work Loss Among Individuals with Psoriasis in the United States

A. B. Naim, J. H. Lofland, D. Freedman, K. Annunziata Centocor Ortho Biotech Services, LLC., Horsham, Pa., KantarHealth, Princeton, NJ

Figure 2. Psoriasis Has Ever Affected Career Choice by Disease Severity



Conclusions

- PsO is a debilitating disease which impacts multiple aspects of an individual's lifestyle, including career choices and physical functioning
- Among the actively employed, moderate-to- severe PsO has a greater impact on their previous and current career choices as compared with patients with mild PsO
- In addition, patients with severe PsO are associated with greater work loss and activity impairment

Developing a Health & Productivity-driven, Evidenced-based Approach to Benefit Design for Biologic Treatments



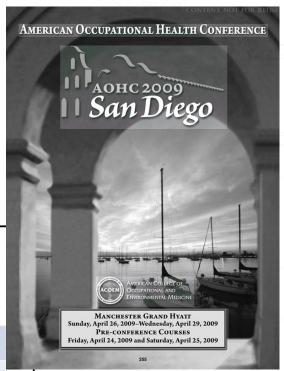
Faculty: Gregg M. Stave, MD, JD, MPH

William B. Bunn, MD, JD, MPH Ahmad B. Naim, MD, MPH

Moderator: Ron Loeppke, MD, MPH, FACOEM, FACPM

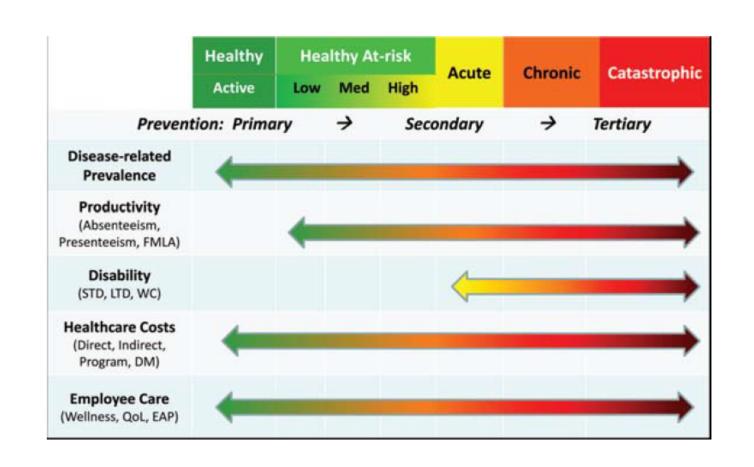
Session Overview

Overview of Evidence-Based Benefit Design	Dr. Stave
How to Align Evidence Based Benefit Design with Employer Bottom Line and A Case Study	Dr. Bunn
Applying Evidence-Based Benefits Design to Management of Biologic Medicines	Dr. Naim
Q &A	

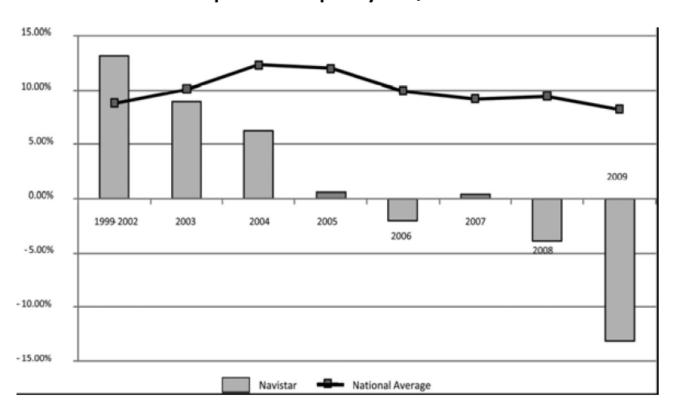


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Stratification Criteria for Monitoring Health and Productivity Components in Covered Populations



Hospital Cost Trend per Employee/Retiree





FAST TRACK ARTICLES

Evidence-Based Benefit Design: Toward a Sustainable Health Care Future for Employers

Bunn, William B. III MD, JD, MPH; Stave, Gregg M. MD, JD, MPH; Allen, Harris PhD; Naim, Ahmad B. MD

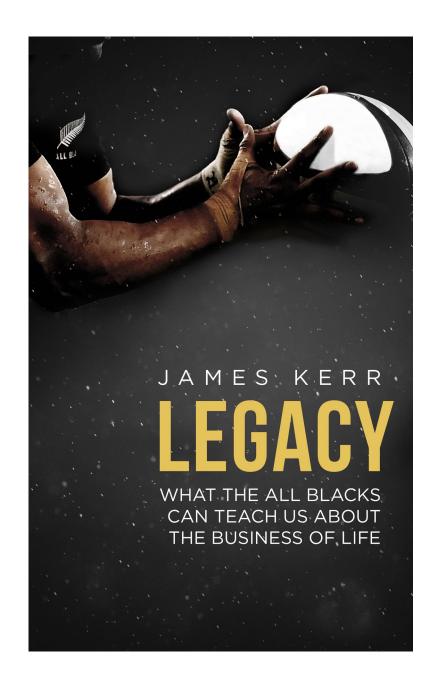
Author Information

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Journal of Occupational and Environmental Medicine: October 2010 - Volume 52 - Issue 10 - p 951-955 doi: 10.1097/JOM.0b013e3181f72acb

Abstract

Health care costs for employers are rising much faster than inflation. The common approach to health benefit design of increasing cost sharing has failed to contain costs. Some employers, however, have been successful at mitigating the cost trend or actually reducing health care costs. These employers have in common a dedication to data analysis, a search for cost drivers, and a willingness to adjust their approach to health benefit design to address these cost drivers. This approach has much in common with the movement in clinical practice toward evidence-based medicine. We propose that employers adopt a similar approach toward health benefits termed evidence-based benefit design, which is based on a health and productivity framework focused on direct and indirect costs. Evidence-based benefit design incorporates the relevant literature and employer-specific data that are integrated and regularly analyzed.

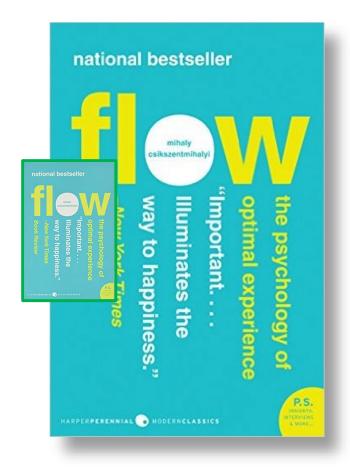


heart of how great leaders are - and we are all leaders - 'reboot' and reframe their future

Champions do extra.
They sweep the sheds.
They follow the spearhead.
They keep a blue head.

My Approach to My Profession, Career, and Life in General

- "optimal experience"
- genuinely satisfying
- state of consciousness
- achieve deep enjoyment, creativity, and a total involvement with life







Thank you for attending

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Applied Health Economics and Outcomes Research (AHEOR)

is an academic discipline that establishes the efficacy of a product, service, or treatment; compares its effectiveness to other interventions; and considers its incremental cost efficiency to determine optimal clinical application and overall economic value.

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Questions:

JCPH.Admissions@jefferson.edu

JCPH Virtual Open House

May 24 5:30-7:30 pm EDT

Register Here



Addressing Social Determinants of Health: Practicalities for Healthcare Systems
May 19, 2021 | 12:00 -1:00 pm ET
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Women in Health Data Science June 2, 2021 | 12:00 -1:00 pm ET Register Now

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