

Upgrade Your Commercialization Strategy with the Right Data

A step-by-step guide to data analysis in preparation for a new therapeutic launch

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Biopharma companies today face a more competitive environment than ever. Not only is growth in most treatment areas expected to slow, but the number of launches also is expected to rise, ramping up competition. At the same time, emerging therapies are becoming more complex, requiring greater evidence packages and more advanced commercial models.

As such, biopharma brands are looking to accurate data for a competitive edge. “In the past few years, pharmaceutical companies have ramped up investments in data,” said Austin Hubbert, founder of ClearView’s Advanced Analytics Center of Excellence. “Traditionally, the biggest barrier to leveraging real-world data (RWD) for commercialization has been

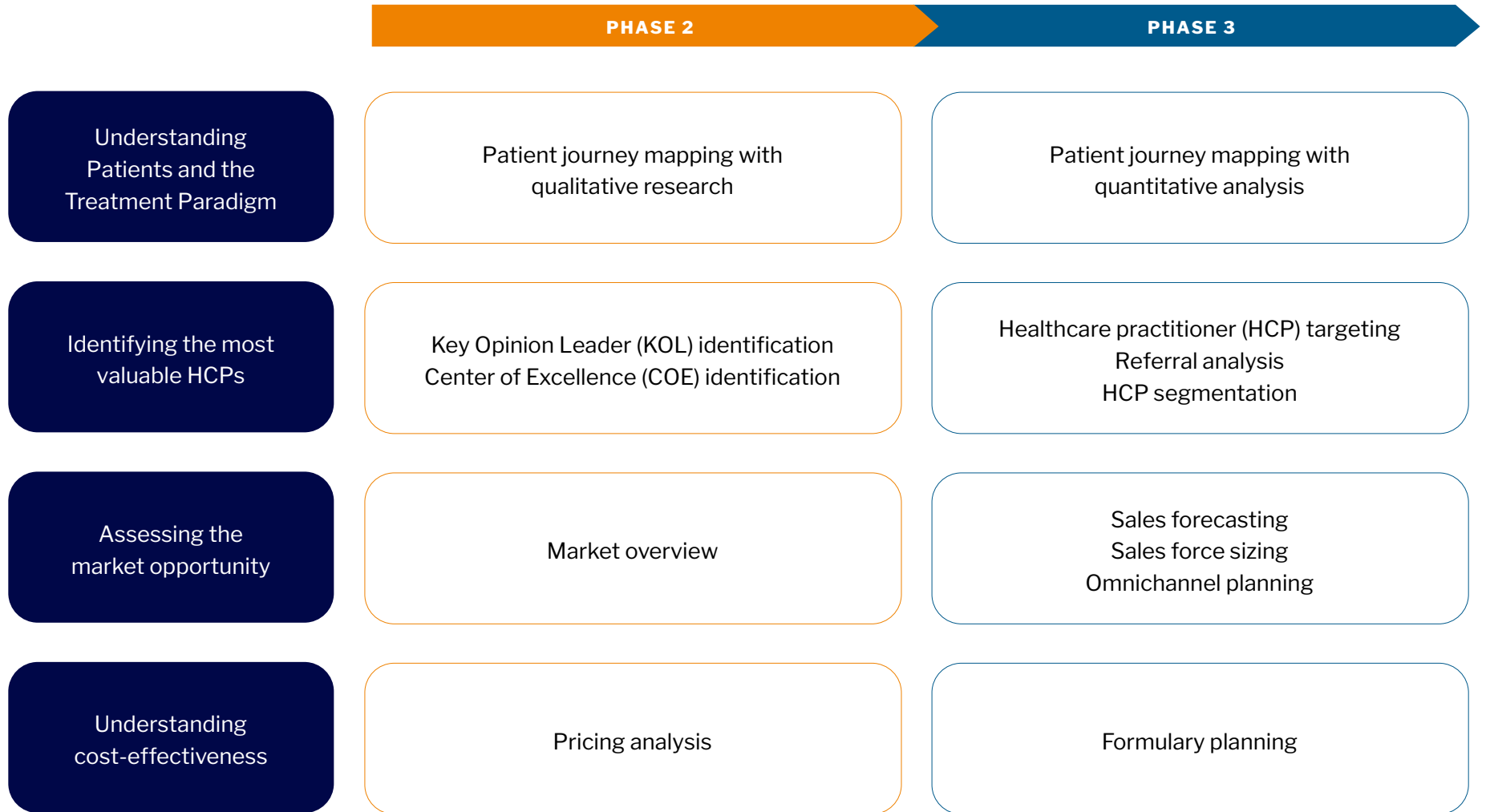
incomplete data sources — but as more comprehensive datasets become increasingly available, they’re becoming integrated into all aspects of brand launch planning.”

However, not any data will do — and brands looking to invest strategically must identify the right data sources to get better insights. And, because no data source is complete, a strong understanding of what is the most appropriate data for each type of analysis allows you to select the right data at the right time.

In this guide, we’ll delve into how biopharma teams can leverage data to inform their commercialization strategies, and what to look for in datasets to ensure they will help you extract the most solid insights.



At a glance: Data analysis leading to drug launch



Understanding Patients and the Treatment Paradigm

Key activities:

- Patient journey mapping



Devising a commercialization strategy starts with a strong understanding of the patient's journey — and brand teams can leverage data to gain detailed insights into their target patients.

In the earliest stages of drug commercialization, typically at the onset of Phase 2, pharma brand teams will establish a foundational understanding of the patient's journey, typically utilizing primary research methodologies, and forego early investments in patient-level data sources, explained Hubbert.

However, they need to understand the patient journey more deeply as they move through the development process by examining claims data. Not only do these data allow brand teams to track patients' every interaction with the healthcare system, they also provide an opportunity to develop patient profiles by incorporating patients' medical tests, prescriptions, specialist visits, and diagnoses and misdiagnoses to identify patterns.



“The ‘mean patient’ doesn’t exist, but the modal patient does. You might look at data across 1,000 patients and see 100 patients who fit a similar pattern and appear to fit a template. Then you look deeper into those templated patients and it can tell you all about the patient journey that led up to the diagnosis you’re interested in.”

Tom Morrison Director of Real-World Data and Advanced Analytics at McKesson Compile



Examining these templates can help brand teams identify the critical points in time when patients are most likely to ask their doctor for help — and when outreach efforts are likely to succeed. They can also zoom out to identify how much of the general population fits the templated patient journey and identify the type of patients that are most likely to be candidates for the drug, Morrison explained.

He also recommended delving into demographic data to identify prospective patients and guide your outreach efforts. “If a disease is disproportionately prevalent in a specific population, you can use census data to identify where those people live and invest more heavily in marketing to that area later on,” Morrison said.

Types of data needed:

- Medical claims
 - Open claims
 - Closed claims
 - Medicare closed claims
- Pharmacy claims
- EHR
- Social determinants of health (SDOH)



What does the optimal claims data look like?

Look longitudinally

In addition to overall capture, look for datasets that allow you to track a patients’ care journey over time, Hubbert recommended. “As you assess data sources, ask the data provider about consistent capture within a given time frame,” he suggested.

Inclusive of open and closed claims data

Both open and closed claims data have potential weaknesses: open claims data doesn’t capture the patient’s full longitudinal journey, while closed claims data offers longitudinal insights but only within certain payers’ patient population. Combining both datasets allows brand teams to get the best of both worlds: longitudinal insights from closed claims data and a broad patient population from open claims data.

Identifying the most valuable HCPs and health systems

Key activities:

- KOL identification
- COE identification
- HCP targeting
- Referral analysis
- HCP segmentation



Alongside patient journey mapping, preparing for a successful launch requires identifying and targeting the right HCPs. Doing this well allows brand teams to identify which HCPs are most likely to prescribe new therapeutics which would raise awareness via word of mouth, so teams can focus their marketing efforts.

The earliest phase of HCP targeting – KOL identification – typically begins in early Phase 2. At this stage, KOL identification is focused on the top researchers in the field: those actively publishing and sharing their research. “You’ll typically start your analysis using non-proprietary data, like scraping PubMed to identify the researchers actively publishing the most, and people who have been on the podium at conferences time and time again,” explained Hubbert.

As you move through drug commercialization, however, it’s essential to delve deeper to identify top prescribers and map out networks of influence to pinpoint the most valuable HCPs for your specific launch. Prescription data reveals which HCPs write the most prescriptions and treat the largest populations of patients, providing a starting point for further exploration.

From there, brand teams should conduct referral analyses to reveal networks of influence among HCPs. The ideal target HCP should be both high-prescribing and influential – and referral analytics can help discern between higher- and lower-value targets, even if both HCPs see a similar number of patients.



● **“Physicians don’t exist in isolation, and once you see a certain number of patients referred between two HCPs, that indicates an influential dynamic. It usually means whoever’s receiving the patients has influence over the physician sending the patients. Because the cheapest way to raise awareness of a new therapeutic is by word of mouth, it’s important to choose HCPs with a large network for the most cost-effective targeting.”**

Tom Morrison Director of Real-World Data and Advanced Analytics at McKesson Compile

Additionally, you may find that high-prescribing HCPs who receive few referrals — because, for example, they practice in a remote area — may be good targets to cut from your list because of their limited influence, Morrison explained.

Referral analysis also offers insights into which health systems treat the most patients in your disease area — and, as a result, strongly influences doctors’ prescribing habits. “With the right targeting data, you can reach someone making prescribing decisions for thousands of doctors within that hospital system,” he said.

Similarly, brand teams, particularly those with a drug for a rare disease, may want to identify specialized COEs where targeting efforts can be concentrated on co-located influential and high-volume physicians. While some COEs may be identified by medical and patient advocacy organizations, data analysis can point us to organizations that behave like COEs in volume and influence.



Types of Data Needed:

- Provider affiliations/hierarchy
- Publications & clinical trials
- Referrals, committees, and social networks
- HCP & HCO attributes
- Medical claims
- Pharmacy claims



What does the optimal provider reference data look like for HCP identification?

Information on strength of affiliations

The right dataset should offer the insights needed to map out a provider's sphere of influence — and you should be able to tell their primary affiliation at a glance. A simple list of affiliations often isn't enough to develop an HCP targeting list, Hubbert explained, because it may include academic institutions or hospitals with only a weak relationship with that provider. Instead, look for data sources that rank affiliations by strength, so you can quickly ascertain the provider's primary affiliation.

Detailed HCO hierarchy

The ideal dataset should include both standardized and ragged hierarchies to allow you to roll up information as needed. Standardized hierarchies will provide easy integration with existing systems and standardization across departments, while ragged hierarchies allow you to get precise with pinpointing HCO volume.

Frequent refreshes

Because HCPs move around a lot, it's critical that data sources refresh their data frequently and reflect prescribers' current affiliations.

Breadth and depth of information

The right data provides not just names and titles but detailed information about HCPs' roles, their publication history, participation in clinical trials and committees, payments received from drug manufacturers, and more.

Interconnectivity Insights

Beyond individual profiles, the data should reveal the nature and strength of connections among HCPs, including shared research interests, co-authorship of scientific papers, collaboration on clinical trials, and social networks.



Assessing the market opportunity

Key activities:

- Market overview
- Sales forecasting
- Sales force planning
- Omnichannel planning



Alongside HCP targeting and patient journey mapping, preparing for commercialization involves increasingly complex sales forecasting that begins in Phase 2 and ramps up throughout Phase 3. “Accurate sales forecasting is crucial for strategic planning, resource allocation, and ultimately ensuring that patients have access to necessary treatments,” explained Yasser Ali, vice president, commercial operations and business analytics at BeiGene.

In the early stages, brand teams should focus on high-level forecasts that assess the market opportunity. The first sales forecasts brand teams build are typically top-down forecasts that begin with measuring the prevalence of the disease and the total number of patients that will be treated with your therapeutic, multiplied by price. Creating such forecasts relies on high-level prescription data to understand competitors’ market share, as well as pricing data to serve as a benchmark for pricing your own therapeutic.

Moving into Phase 3, though, commercial teams should focus on building bottom-up demand forecasts to predict market penetration. “Instead of taking a top-down approach, brand teams should look at prescribing data at the level of each individual physician,” Hubbert explained. “You’ll typically do this in tandem with HCP targeting, and you’ll seek to understand their current prescribing habits to predict how many prescriptions you’ll get from individual physicians.” In addition, understanding the affiliations between HCPs, institutions, and payers can provide insights into formulary positions and access issues, which are critical for sales forecasting, according to Ali.





Ultimately, when it comes time to plan an effective go-to-market strategy, omnichannel marketing (OCM) is a sophisticated approach that involves the integration of data from multiple marketing channels (e.g., digital, face-to-face, social media) and pharmaceutical sales information to provide a seamless and personalized advertising experience for each stakeholder including HCPs, patients, and payers.

The OCM strategy relies on careful planning, data source integration expertise, and a firm understanding of the market and its many components. The data required to run an OCM program are a unique combination of internal activity data (e.g., brand messaging, CRM activity), blended with data products that record sales in response to internal activity (i.e., medical and pharmacy claims, provider reference data), as well as an assortment of third-party digital data that shows all other activities across the internet in relation to the target product (e.g., online interactions with websites and banner ads). If done correctly, OCM yields deep insights into customer behavior, including their preferred channels of engagement, their available touchpoints, and many other useful pieces of information, and facilitates a dynamic campaign that lays a foundation for successful market entry and sustained growth.

Types of data needed:

- Medical and pharmacy claims
- Provider reference data
- Client activity data and third-party digital data (for OCM)



What does the optimal data look like for sales forecasting and planning?

Comprehensive claims

The right claims data should cover a wide range of payers, including private insurance, Medicare, and Medicaid, to ensure a broad understanding of the market, Ali advised. It should include both medical claims – which provide information on diagnosis, treatment patterns, and healthcare provider interactions – and pharmacy claims, which detail prescription information.

Timely

Importantly, data should be up to date – particularly in fast-moving treatment areas such as oncology, where treatment paradigms can shift rapidly with the introduction of new therapies.

Demographically segmented

Understanding patient demographics with SDOH information such as race, wealth, and languages spoken can help in segmenting the market and tailoring sales strategies accordingly, Ali said.

Granular

Look for claims data that can be disaggregated to the level of individual patient journeys, treatments, and outcomes, Ali said. This level of detail is essential for understanding treatment pathways, patient adherence, and switching behaviors.



Understanding cost-effectiveness

Key activities:

- Pricing analysis
- Formulary planning



Developing a sound pricing strategy and mastering the payer reimbursement process relies on a deep understanding of the implications of different reimbursement models. Done well, brand teams can leverage this understanding to strategize and ensure the maximum possible reimbursement rate from each payer.

To determine the drug pricing strategy, brand teams should look at competitor sales and pricing, payer policies — including the “tier” and preference status of similar drugs in a formulary — target patient demographics, and patient health outcomes. In addition, a good pricing and reimbursement strategy also requires an understanding of patient out-of-pocket costs to understand the patient burden and competitor discounting.




From there, brand teams need to identify the right decision-makers for formulary planning. This requires insight into where those decisions are made, including which Integrated Delivery Networks (IDNs) or health systems have a high level of control over their HCPs in terms of formulary compliance. These insights allow brand teams to focus their targeting efforts on the right spots, both at the senior decision-maker level for IDNs with a high level of control, and at the prescriber level for IDNs with a lower level of control.

Types of data needed:

- Medical and pharmacy claims (open claims necessary, additional closed claims data is preferred)
- Provider reference data
- Lab and/or EHR data





What does the optimal data look like for reimbursement analytics?

Provider reference datasets with intermediary hierarchy levels

Capturing all levels of the HCO hierarchy is critical for level of control analyses which require pinpointing the ultimate decision-makers. Look for provider reference datasets with complete or “ragged hierarchies” that capture all connections between HCOs.

Claims data that includes remittance information

Look for open claims datasets that include remittance data to view patient out-of-pocket costs as well as the level of effort required for patients to get drug coverage.





Refine your commercialization strategy with the right data

As launches become increasingly complex, and pharma brand teams face financial pressure to minimize the risk with each launch, they must take a holistic approach to data analysis to lay the groundwork for success, and leverage the right datasets to find the insights they need along the way.

- **“The right data at the right time is a linchpin in the drug commercialization process, underpinning every decision and action from bench to bedside. It enables a more streamlined, efficient, and effective path to bringing new therapies to market, ultimately enhancing patient outcomes, and achieving commercial success.”**

Yasser Ali Vice President, Commercial Operations and Business Analytics at BeiGene

How McKesson Compile Can Help

McKesson Compile helps life sciences companies develop and distribute lifesaving innovations by providing healthcare intelligence with high-capture, high-fidelity data across providers and patients.

McKesson Compile captures and organizes data on 5.9M+ healthcare professionals, 2.9M+ facilities and 300M+ patient lives. Its provider dataset contains advanced affiliations with unique, precise scoring, frequently updated affiliations and flexible hierarchies. By transforming messy and disparate datasets into clean, analytics-ready tables with unparalleled accuracy and recency, McKesson Compile enables commercial teams to move faster, while making our customers' lives easier with in-house life sciences expertise, premium customer service and a flexible business model. Customers include leading pharmaceutical manufacturers, biotechnology firms, and other healthcare innovators.

For more information on how to optimize your commercialization strategy with the right data, visit compile.com.

