

EDITOR'S DESK

BY MARC ISKOWITZ

Pill+: Now I'm a believer

If you look at

this as simply

a tool to drive

your brand,

pring is here, and the MM&M Transforming Healthcare event is on Thursday, April 30.

Nothing like the eve of our first spring conference to confront an existential question, but that's exactly what happened at February's ePharma Summit, where said question was posed: Are beyond-thebrand initiatives even worthwhile? And if so, should they be beyond- (independent revenue stream) or around-the-pill plays? And finally, how will providers view them, if they're not FDA-approved?

Allow those queries to hang in the air as I explain that our conference not only puts beyond-the-pill expertise front and center but also serves as a connector of drug and device makers with health-tech start-ups who want to partner on these initiatives.

The first question came from Greg Barrett, VP of marketing for Daiichi Sankyo. And (thankfully for this editor and budding conference organizer), his answer was positive.

Barrett's company, along with Partners Healthcare, the Boston-based delivery

network, is developing a mobile around-thepill offering for its anticoagulant, edoxaban, that's designed to improve care of atrial fibrillation in general and also to increase AFib patient education.

Barrett said he faced skeptical colleagues' questions like, Will such programs move our organization forward? To convince folks on the management team of its worth, he said, "DSI talked to its ACO and MCO customers."

They said they believe such tools can be helpful and patient education is a positive thing but want to see it as an unbranded initiative.

More specifically, one MCO relayed, "'You guys come in here with retrospec-

tive analyses, with models and projections. What I want to see is a prospectively defined initiative with real patients showing it has an impact on cost with my [population]."

So DSI and Partners are giving them what they want, which is smart, given payers' growing role in healthcare decision making.

Medicare and Medicaid, which account for roughly 65% of all medical expenditures, have set ambitious targets around value-based reimbursement, Barrett noted. United Health, the largest private payer in the US, said it's seen a 20% increase in the concentration of value-based reimbursement, or \$43 billion, and projects it will grow to \$65 billion by 2018.

"If anybody in pharma thinks that we ... are not rapidly accelerating to a system that is very focused on value-based reim-

bursement, they will ... be left behind," he said. "And that was the driving factor that caused us to look out beyond our walls, for organizations ... to engage in initiatives that will **vou've missed** help put us in a place of competitive advantage."

the point Programs like DSI and Partners' AFib wraparound should not be viewed as tools to drive brands, Barrett cautioned, but as an integrated approach with the brand to improve healthcare.

> As for the second question, whether DSI is open to moving the AFib effort beyond, rather than around, its anticoagulant, Barrett said they are, "if it can demonstrate significant economic value and can be monetized."

> Finally, as to whether the tool needs to be regulated in order for providers to take notice, Joe Kvedar, MD, who heads the Center for Connected Health at Partners and was Barrett's co-presenter, said, "As of today, we don't see that this will ultimately be a medical device because we think that we can change behavior without that constriction."

Agenda ----



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