Turning Big Data into Deep Insights

Expert insights, observations and practical advice from a half-day conference on December 3, 2013

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Klick Health
Multi-Channel Measurement and Customer Insights in a Brave New Big Data World: Big Data Opportunities and Challenges for Marketers

Elena Alikhachkina, Ph.D., Director, Multi-Channel Analytics, GlaxoSmithKline

The Decoded Company: Utilize Big Data to Unlock the Untapped Potential of Your Business

Leerom Segal, President and Chief Executive Officer, Klick Health

Turning Real-World Data into a Formulary Foothold

Brian Sweet, Executive Director, US Payer and Real World Evidence, AstraZeneca
Marcus Wilson, President, HealthCore

Leveraging New Data Sources to Drive Brand Value in Personal and Non-Personal Channels

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Panel Discussion: Crunch Time: What Are the Greatest Challenges to Using Big Data Effectively in Healthcare... and How Do We Overcome Them?

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SkillSets Live is a series of live, half-day events, comprising presentations and discussions focused on specific disciplines within pharmaceutical/healthcare marketing and communications. Prominent speakers from across the industry share their insights, observations, best practices and advice with a live audience of pharma brand managers/marketers, agency professionals and healthcare media executives. The goal is to provide attendees with a platform to increase their knowledge in key areas of healthcare marketing and communications and to provide a forum for networking and sharing information.

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Join us for our next SkillSets Live event:
Content Marketing for Healthcare
Thursday, March 6, 2014, 9am to 1pm
Convene, 810 Seventh Avenue, New York
Multi-Channel Measurement and Customer Insights in a Brave New Big Data World: Big Data Opportunities and Challenges for Marketers

Elena Alikhachkina, Ph.D., Director, Multi-Channel Analytics, GlaxoSmithKline

In her keynote presentation, Alikhachkina addressed the continuing evolution in the way healthcare and pharma marketers use data. While there are still organizations that collect information for the sake of collecting information—and then sit around wondering why they’re only minimally benefitting from it—Alikhachkina discussed how the savviest companies have used their wealth of data to generate true insights.

“In most cases, people say, ‘Big Data is more data,’ but it’s about the insights one can get from Big Data,” she explained. The question many healthcare entities need to ask themselves, she added, becomes, “Are we making decisions based on data, or are we making a decision and [then using the data] to decide the decision is good?”

Right now, we have observations. Where we’d like to go is insights

Unlike other data wonks, Alikhachkina doesn’t bemoan the current state of healthcare and pharma data. Indeed, the heavy turnout for her session served as evidence that data is a top-of-mind priority within many pockets of the industry. What she’d like (and what she expects) to see is the extended use of sophisticated analytics, ones that can improve decision-making, minimize existing risks and unearth insights that would otherwise remain out of sight.

“Right now, we have observations. We can observe what’s going on across multiple campaigns and brands,” Alikhachkina said. “Where we’d like to go is to insights. ‘I see more visitors [to a web site]’ versus ‘This correlates to mobile traffic, online test completions and marketing program registrations.’” She condensed it into the form of a simple equation: Big Data = Transactions + Interactions + Observations.

Drawing on her experience in data-centric gigs at the Wall Street Journal and Novartis, Alikhachkina identified four key challenges facing every pharma marketer hoping to use data to better understand its customers and engage them more successfully. The first is structuring and housing that data in a way slightly more sophisticated than piling it in a clump in the back of the storage room; a company’s data cache is only as useful as it is organized. The second is accommodating emerging data, the information that continues to accumulate after decisions have been made or programs have been launched. The third is unifying all the data—from various brands, operating units, geographic locations and more.

The fourth—and in Alikhachkina’s estimation, the most critical—is integrating data from vendors, agencies and others outside a pharma or healthcare organization’s immediate purview. Those organizations have a whole lot of data—geographic information, how many times a sales force visited a healthcare provider, etc.—but they generally lack information from non-direct channels.

“We really need response data [from vendors and agencies],” Alikhachkina stressed. “We don’t just need to integrate it today, but in a continuous feed, especially if we want a real-time experience.” Of course, this is easier said than done, especially since agencies and vendors generally aren’t keen to turn over their information to anyone who asks. Nonetheless, organizations that figure out how to acquire and seamlessly merge all this data into a coherent whole are the ones that will generate the most and best insights.

For companies hoping to do more with data, Alikhachkina offered the following starter tips. She suggested that they review the information they already have and establish business and tracking rules for the data they hope to accumulate. She also sug-
Suggested that data handlers in data-novice organizations share results as they come in: “A [data] story may be simple to you, but it’s not to the business people. Sometimes they want to see how it fits in the bigger picture.”

Finding data scientists who understand marketing might be the biggest challenge of all, Alikhachkina added. Such individuals need to be both business-minded and technically savvy, able to state the value of the data concisely and in a way non-believers can comprehend. Oh, yeah—they also have to be senior enough within the organization to be heard.

So once you get your data house in order, you can relax and watch the insights flow in, right? Nope. Big Data demands continuous effort and attention. “It never ends,” Alikhachkina said with a laugh. The audience laughed along with her, if a bit warily.

**The Decoded Company: Utilize Big Data to Unlock the Untapped Potential of Your Business**

Leerom Segal, President and Chief Executive Officer, Klick Health

Segal began his presentation with a story far more personal in nature than one would expect to hear at a gathering of data aficionados. He related the story of his father’s battle with pancreatic cancer, one that began with a horrific, out-of-nowhere diagnosis. “We went to every leading institution. Every expert said, ‘According to the data, there’s nothing that we can do,’” Segal recalled.

Devastated, Segal did the only thing he knows: Take a deeper dive into the data. He went into online communities for pancreatic cancer patients and came out of it with a spreadsheet of 11 names. Seven of those 11 people were on the same clinical trial for a promising pancreatic cancer drug; armed with this new information, Segal and his family got his father into that trial.

Doctors had given his father only a few months to live, but he ultimately fought off the disease for three years before succumbing to it.

**Most every decision can benefit from a look at the data, or at different data**

“That little bit of data gave me three extra years with my best friend,” Segal said. “It’s the most powerful data story I can think of.”

Segal used this personal tale as an example of how even the most credentialed experts can sometimes miss a relevant data point (“[The doctors] weren’t trying to kill my dad. They just didn’t know what was available”). Similarly, to prove how examining and reexamining data is a continuous process, he flashed a pair of vintage ads on the screen: One noted that “More Doctors Smoke Camels Than Any Other Cigarette,” while the other billed heroin as “The Sedative For Coughs.”

His point? “Most decisions are not life and death, but most every decision we make can benefit from a look at the data, or a look at different data,” he said.

This approach is particularly didactic when analyzing internal tactics and processes. To put it bluntly, Segal thinks that most companies are doing it all wrong—and that they’d be well served to train the same amount of attention on their own people as they do on their existing and would-be customers.

“Every single one of us blindly follows business advice, processes and management technology invented around the time Henry Ford was inventing the assembly line,” he said. “The tools have evolved, but they were invented around the time the world was being transformed from an agrarian society to an industrial society.”

At Klick Health, Segal has used workplace data to effect a transformation of sorts, one in which high-up execs and entry-level employees alike are steered away from following business advice blindly.

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**“The doctors weren’t trying to kill my dad. They just didn’t know what data was available”**

—Leerom Segal

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67% of employees spend up to 4 hours per week preparing for status update meetings

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from workplace processes and rituals that are inefficient and widely despised. “The performance review—does anybody enjoy this?” he asked. “The data says 98% of people think they suck. But we all do them; we blindly follow a process designed 100 years ago.”

As a result, Segal and Klick have taken a cue from companies like Amazon, Facebook and Netflix, which he cited as examples of organizations that use data to personalize and customize in relevant ways. The idea: turn those customer algorithms inward.

Segal detailed the thinking that went into Klick’s progressive and slightly unusual approach to employee training (“which, in general, is the same as it was 50 years ago”). Traditionally, when somebody at a company makes a mistake, the company does a postmortem and its results are broadly applied. Segal believes this approach makes no sense: “We think things will be better because one nincompoop learned how not to do things?”

When it comes to training employees, Klick looks at the individual’s level of experience. “If it’s the first time [he is] doing something, that’s a teachable moment. Give the training then. Then every time the person demonstrates competence, relax the process a bit.” Thus Klick doesn’t “punish” its most experienced people” by making them “deal with processes created in response to others’ mistakes.”

Segal’s book with three co-authors, The Decoded Company: Know Your Talent Better Than You Know Your Customers, will be published in February.

"We have to get from siloed data sources to longitudinal records"

Turning Real-World Data into a Formulary Foothold

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Sweet’s part of the session started with a call to arms: “What many in the healthcare world call ‘Big Data,’ Marcus and I call ‘real-world evidence,’” he announced. “It’s about doing the right things to make a difference in patients’ lives.”

Alas, he added, it’s not quite that simple. Citing statistics which illustrated the strain on the current system, Sweet suggested that pharma and healthcare entities don’t need “big” data so much as they need “deep” data.

“We have to get from siloed data sources to longitudinal records”

“..."We have to get from siloed data sources—at the pharmacy, at the doctor’s office, at the lab—to a longitudinal record for the patient across the healthcare spectrum,” Sweet said. “The doctor must see the whole experience, see all the therapies and interventions that have been done.”

The benefits of such an approach would be numerous, he added. Patients will, at least in theory, receive a more informed level of care. Hospitals will similarly improve their quality of care and, again theoretically, attain a degree of cost containment. Payers will use the data to conduct better analysis of new and existing payment models. Pharma and biotech firms will use the data to bolster innovation in the development of reimbursable products.

Wilson echoed Sweet’s conclusions, saying that the analysis of multiple data points “is going to be the defining element of our industry going forward.” A clinical pharmacist by training, Wilson kicked off his part of the presentation by referring back to the infamous USA Today story that painted Avandia as dangerous at best and life-threatening at worst. He noted that when his company took a look at the data that underlined the paper’s reporting, its response was somewhat different.

“We said, ‘We don’t see it in our data.’ We weren’t saying it’s not there, just that we didn’t see it,” Wilson recalled. Fast-forward to early December, when news broke that Avandia’s black box warning had been

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Sulkes used his time on the platform for two purposes: to advocate for the empowerment of patients and to make the case that his company, Medivo, ranks among the generals in that particular battle. The idea for Medivo (short for “medical virtual office”) was prompted by Sulkes’ wife, who couldn’t get access to her thyroid test results despite numerous phone calls. “If you wanted to know results, you had to go [to the office or hospital] in person,” he said. “Medivo tries to get patients results without having to go through hell or high water.”

“It’s not about how much data you have, but how you’re using it

The key to patient empowerment, he said, is giving them easy access to their data. Medivo believes it has taken a big step towards that by partnering with labs, including North America’s two largest chains, to get lab data to doctors and patients. The company’s partnerships give it access to 80% of outpatient lab results.

“We don’t suffer from a lack of data, but from a lack of ability to analyze it”

—Marcus Wilson

“Claims data and Rx data have been used for a long time, but they have limitations,” Destry explained. “There are all sorts of reasons a claims code is used, but sometimes those codes are old. On the Rx side, the data is very accurate—but if you’re a doctor, you don’t know how many patients in a practice were prescribed.”

For brands, working with Medivo offers numerous benefits, Destry claimed. “All the data we’re gathering and researching… can be turned back over to the brand. We can give them de-identified reports and, on a location basis, create a heat map.” That could help brands by, say, giving them a broader base of information from which they can make decisions about assigning their limited sales reps.

“By giving doctors better information on lab results and [giving] patients their data, you get better results,” Destry added. “It’s not how much data you have, but how you’re using it.”
Panel Discussion: Crunch Time: What Are the Greatest Challenges to Using Big Data Effectively in Healthcare... and How Do We Overcome Them?

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The December Skill Sets Live concluded with a panel discussion led by MM&M's Marc Iskowitz, one that honed in on topics covered by the day’s earlier presentations as well as ones brought up by audience members. Highlights included:

- The likelihood that pharma companies will share more of their data, both internally and externally: Alikhachkina noted that GSK, her employer, has started to share its clinical trials data with other healthcare organizations and entities. She doubts, however, that the company will be so generous with its marketing data. That said, GSK is not averse to some degree of collaboration along those lines: “We participate in industry panels, where some marketers collaborate and exchange different data points. This is where we actually can understand the different experience across multiple companies.”

- Whether creating personalized experiences for patients ultimately gives HCPs a better experience—whether, in effect, doing so creates better customers: Levy expressed a degree of skepticism that it does. “Our clients right now, they’re overwhelmed by getting the maximum amount of data, as opposed to identifying the right amount of data to improve business decisions and outcomes to an acceptable level.” She described a state of “big data overload” faced by many organizations up and down the healthcare food chain.

- The degree of data integration among pharma companies: Alikhachkina said that GSK has one primary data warehouse, but that marketing data is stored separately. Sulkes noted that most of the companies he deals with have “one uber-source” of data, but that a potentially useful map (“doctors and patients - who’s seeing who”) doesn’t yet exist. Levy, on the other hand, believes the problem isn’t data integration so much as process. “Departments in pharma aren’t speaking to each other,” she said. Within the pharma organizations with which she works, communication is sporadic. “We sometimes introduce people in the same company to each other. The payers don’t know what the sales teams are doing... We’re seeing a big disconnect in this kind of messaging and the flow of data.”

“[Organizations] don’t know how to make things efficient. Trying to do everything too perfectly gets in the way of that.”

“Clients are overwhelmed by getting the maximum amount of data instead of the right amount”
—Monique Levy
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