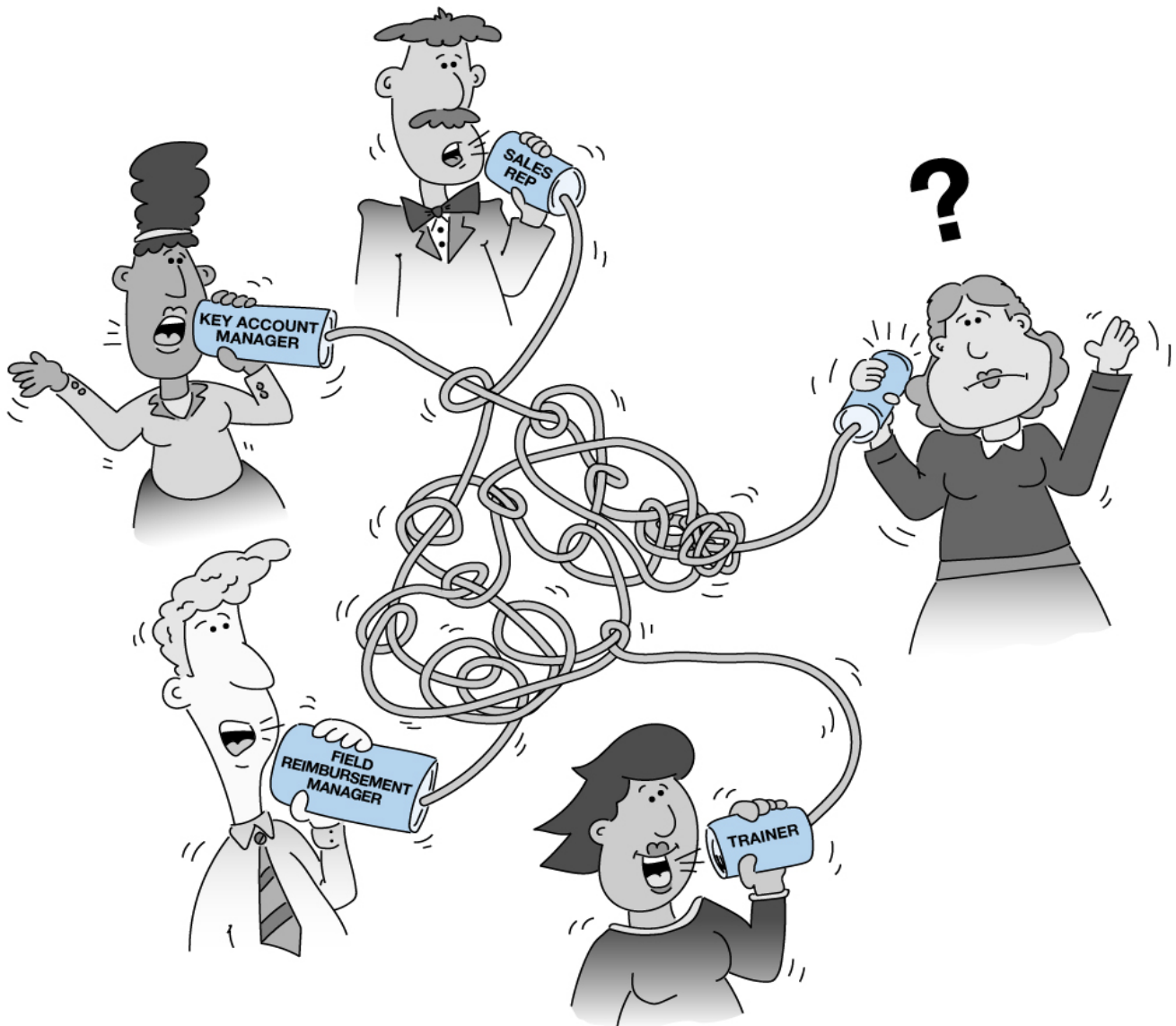


# C-Suite Insights: Are Oncology Pharma Teams Meeting Expectations?

A Customer-Driven Discussion About How Elevating Acumen In The Business of Oncology Can Strengthen Customer Impact

By Mingyi Wu, Patricia Kreuger, and Jennifer Tursic



Moderated by Jennifer Tursic

## Abstract

- According to customers, the biggest gaps arise from a lack of knowledge surrounding business and market access topics as well as a lack of account team coordination.
- Customers recommend training on the Business of Oncology as well as training on effective account management across roles to bridge these gaps and ensure successful engagements.

## Introduction

Understanding the evolving Business of Oncology landscape largely determines whether pharmaceutical sales teams gain access to customers and ultimately whether they achieve their business objectives. This inaugural C-Suite Insights article seeks to understand this landscape in the post-COVID era, with a focus on how to address KOL-identified gaps.

The moderator, Jennifer Tursic is a consultant with over 24 years of commercial experience within the pharmaceutical industry, with her most recent role as Head of Oncology Training and Development for AstraZeneca.

She spoke with Scott Soefje, the Director of Pharmacy Cancer Care Services at the Mayo Clinic in Rochester, MN, and Kathy Oubre, the Chief Executive Officer at the Pontchartrain Cancer Center in Covington, LA and the past President of the Coalition of Hematology Oncology Practices. They provided diverse perspectives on how they see the pharmaceutical industry performing in the post-pandemic environment and what they believe is critical for the success of teams who call on cancer centers, like their own.

## Jennifer: How would you qualify your relationships with pharmaceutical manufacturers?

**Scott:** Generally, my interactions are positive, but it is company specific. There are a few manufacturers that, when they email me to set up a meeting, I put it off as long as I can because our goals are misaligned, and I just don't want to talk to them. They don't put in the work to understand me and Mayo Clinic. They make broad assumptions about my center, which creates work for me to educate them. And ultimately, there are still 30%-40% of reps that never seem to put it all together.

I like pharma partners who try to find out who I am, what my role is, and what I want. Those partners focus on things that are important to both of us, which makes me want to work with them.

**Kathy:** Most of my interactions with pharma are positive, however, I agree with Scott and I think the reason why pharma can't always tailor conversations to each customer is because, for pharma to strengthen practice relationships, it's important for everyone across the various business lines to have a working knowledge of the Business of Oncology and the market pressures we face - whether that's a new CMMI payment model, such as the Enhancing Oncology Model (EOM) or payer formulary management, which may change quarterly. Also, some larger pharma manufacturers have multiple people coming in to talk to me. This may present challenges – it is harder to get access to a specific division to answer a specific problem.

**Jennifer: It sounds like the two biggest gaps from pharma are a lack of knowledge regarding the Business of Oncology and market access, as well as a lack of coordination across an account team?**

**Kathy:** Exactly. On the acumen front, many pharma partners need a better understanding

of the market pressures at cancer centers, such as the impact of vertical integration, or value-based care initiatives such as the new Enhanced Oncology Model.

Regarding cross-functional communication, some pharma partners are split into different teams, such as sales, key account managers, FRMs... on top of that, teams might be split by disease state. As a customer, nothing's more frustrating than hearing "I'm not really sure who can answer that question," and waiting a month for someone to get back to me. This could be due to the pharma partner not knowing who they should connect me with or a break in the communication chain.

Also, too many people are coming and going from my cancer center, especially with the high turnover on the pharma side – that's not tenable for me, I can't meet with all of those people. The best value are people who can be a one-stop shop for me. They can talk clinical, talk business, and they understand the market. Some smaller biotech companies do this well.

What pharma can do is ask themselves: what can be elevated through having a more comprehensive knowledge of the Business of Oncology and increased coordination among their teams to create better relationships?

**Jennifer: Ok, I hear how critical that deeper level of acumen and improved cross-functional communication is. Is there a role, today, that is most meaningful to you and your practice?**

**Kathy:** The key account managers provide better benefit to me than reps, especially those with a working knowledge of what is going on right now. They can answer my questions and I don't have to wait weeks for a response.

**Scott:** I agree. I'm finding that key account managers are starting to bring the reps along because that's the only way the reps can get

involved. If I was pharma, I would strongly consider getting rid of reps in most cases.

**Jennifer: Do you have an example of a particularly effective account manager?**

**Scott:** Well, this is going to sound weird, but the effective account manager is the one who has the institution's best interest at heart, who is looking at what is best for that particular site. It also comes back to knowing their customer. An example of a great account manager comes from a large pharmaceutical company. He realized early on that Mayo was interested in biosimilars. He took the time to understand our stance. He understood the market pressures, the payer demands. He would often know which payer was picking which products and the implications of those choices. He also connected me with the pharma companies' payer representatives to help us work with payers that were not allowing us to choose their preferred product. Basically, he did a great job understanding Mayo and the biosimilar market, which built trust. Later, when we sent out our requests for proposals, his company hit all of our targets and we contracted with them for our preferred biosimilars.

**Jennifer: So, what can pharma do to close these gaps in acumen and cross-team collaboration?**

**Scott:** I think a part of it is training on the Business of Oncology – it would be worthwhile for pharma to invest in training on effective account management. That training should first, provide information on what different practice models exist and how to navigate each. An academic, 340B IDN is going to be different from a physician-owned hospital which is different from a community cancer center. Second, that training should touch on the growing payer influence and how that affects customers. Finally, the training should explain the market trends that are top of mind for us –like value-based care, vertical integration, types of bagging, biosimilar policies. Pharma needs to understand that effective

account management means truly understanding the account, connecting the dots between all these market pressures, and bringing it back to what's important for the account.

**Kathy:** For collaboration, if pharma is going to continue the sales rep role, then sales reps need to act like the quarterback. It's frustrating when I have a question, and I can only ask the rep, who doesn't have an answer and can only say, "I will follow up." In some cases, they come in a quarter later, and tell me, "I found out who can answer your question. Can we set up a call?" That was weeks ago. That answer has no value to me. This tells me that sales reps have no buy-in. They are not chasing down their pharma partners and strategizing on how to manage each account. The way it is now, it's very disjointed and leads to delays for us. Is there a way for an account team to huddle to coordinate about what the customer needs and then play their compliant role with the customer with a well thought out plan?

**Jennifer:** To summarize, it sounds like training on account management and greater ownership over an account can close the gaps we've identified. Are there areas where you would like to see more from pharma?

**Kathy:** Oh definitely, we love non-branded education. We always want to do it. However, we don't always hear about it. Pharma needs to find a way to empower the people that are coming into my organization to let me know that materials, such as unbranded education, exist.

We've had so much turnover in the front office staff that we're signing them up to do education modules months from now because they need to understand what's coming up but there's nothing being offered in the interim. A great example would be the non-branded compassion fatigue training a manufacturer put together for my nursing staff. It was extremely impactful, especially now when we are stretched thin, and we're working harder than we were four years ago. It was needed. Also, we would love to see

more unbranded business of oncology training for our staff. Scott and I know this stuff, but we can't take for granted that our staff is at the same level we are, and it's always better for them to hear it from someone else.

**Scott:** We appreciate when pharma engages with us to collect or provide real-world data. I've had some really good experiences with a couple of manufacturers on this front and it caused us to look at our practice as compared to guidelines. It made us focus inward and see whether another drug might be a better fit for our patients.

**Jennifer:** Thank you both for sharing your perspective on your evolving relationships with pharma.

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