



WHITE PAPER

Solving a Pervasive Challenge: Breaking Down Silos in Life Sciences

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Trinity Intelligence

Experts at Trinity Life Sciences interact with the inner workings of pharma from many perspectives as they engage with teams across life sciences organizations.

A common observation is that teams are working in silos: often unaware of what other teams are doing, sometimes pulling in different directions and frequently experiencing frustrations.

Internally, siloed working can create delays, unnecessary budget burn and re-work. Externally, it can result in negative coverage decisions or market underperformance, which ultimately impacts the patient. In some cases, there is nominal inclusion, but the opportunities for true synergy are rarely captured.

Through experience over nearly 30 years, Trinity's experts have found that malaise or tension between teams can be solved by developing core strategies and functional plans that involve the right people, address the intersectionality required for success and take a long-term view.



It's hard to avoid silos in large and growing pharma. Companies working at scale need to be organized into teams with clear goals and responsibilities and particular skill sets. Tensions arise because different teams are serving different customers, operating with different rules and judged by different Key Performance Indicators (KPIs). But while the challenges are real, the prize for working holistically is huge: enhanced patient care and improved company performance.



Monte Smith | Managing Director, Strategic Advisory at Trinity

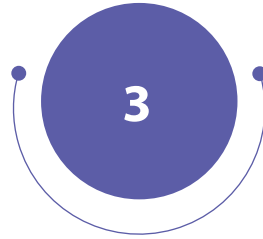
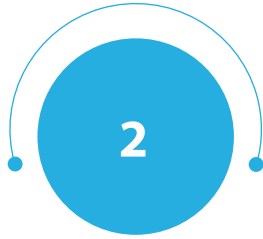
Trinity's experts have identified four core buckets of siloed working, the frequent pitfalls associated with each and potential solutions.

Value proposition development

Patient support programs



Strategic planning



Evidence generation planning



1 Strategic planning

Strategic planning in life sciences is complex yet vital. It must account for dynamic changes in the competitive landscape, the access and reimbursement environment, perspectives of patients and healthcare providers, as well as the company’s product portfolio. When the ambition and direction for a brand are clear and aligned, the full organization can pull in the same direction to create and capture value while overcoming market risks. When core strategies are built in silos instead of holistically, functional plans do not build on each other, creating delays, conflict and confusion—and ultimately undermining the impact of a strategy.

Frequent pitfalls

- » **Miscommunication or lack of communication** between functions, regions and leadership can create misaligned strategies with mixed messaging
- » **Complex organizational structures** and unclear accountability can limit thought partnership
- » **Restrictive processes** (mandatory templates and timelines) can limit creative thinking and opportunities for differentiation, creating the risk of developing a strategy that isn’t aligned to the latest market trends
- » **Firewalls between promotional and non-promotional functions** based on internal assumptions and compliance concerns can have significant unintended consequences that stifle innovation and hinder effective customer experience delivery
- » **Siloed stakeholder strategies** from teams deployed to support specific stakeholders (e.g., market access team, patient marketing, HCP marketing, medical affairs) can lead to underappreciated interconnections between stakeholders and accounting of the influence of one stakeholder’s actions on another
- » **Omission of payer considerations** can lead to brand ambitions that are inconsistent with the payer environment when strategic planning happens without payer landscape analysis inputs

Potential solutions

- » Update strategic planning governance and accountabilities to facilitate cross-functional collaboration between teams and ensure all teams can work toward a shared goal. Setting the expectation of self-management gives cross-functional teams the directive to self-diagnose issues and suggest improvements
- » Prior to the process, explore the likelihood and impact of compliance concerns
 - Before determining that a firewall is the most appropriate solution, consider different ways to maximize collaboration while minimizing true compliance risk
- » Throughout the process, encourage teams to think beyond the clinical value of a product and find new ways to differentiate from competitors

- » Craft a cross-functional value proposition that accounts for all stakeholders (patients, payers and HCPs) to ensure that strategic imperatives are applicable
 - Resist siloed, “bolt-on” imperatives
- » Review current and future desired market conditions with a cross-functional stakeholder lens, ensuring a comprehensive market understanding beyond commercial teams
- » Develop a cross-functional approach to anticipate and react to competitive intelligence and changes in market dynamics
- » Increasing agility in strategy development and tactical execution can be driven by proactively identifying links back to core strategic elements and triggers for reevaluating priorities and decisions outside of the next strategic planning cycle

→ [See next section](#)

Key Insights

A rigorous strategic plan requires the strength that comes from diverse perspectives. The best teams identify and overcome organizational, process and leadership risks to high-impact, cross-functional teamwork. Many life sciences organizations choose external partners like Trinity to support cross-functional teams, establish ways of working, ensure focus on primary objectives, resist functional battles and avoid pitfalls from a lack of stakeholder inclusion and integration.



Setting and aligning to our strategic direction often involves passionate debate between people with a diverse set of opinions, motivations and mandates. Having an outside partner throughout our brand planning process helps to open up conversations that we sometimes shy away from internally. In our experience, the right partner can help us to push beyond obvious solutions and surface-level cooperation by structuring different types of creative activities to unlock dialogue—they guide, facilitate and challenge us with credible objectivity.



Former global business unit leader

2 Value proposition development

To realize a return on the collective investment made by countless scientists, clinicians and others, life sciences organizations must effectively communicate the value of their technologies. Prescribers need to understand who should receive a drug or intervention, and why it is more appropriate (for certain patients) than other options. Payers need to understand why they should pay for a drug, and how it will impact their budgets. Getting the message right is crucial for the industry to be able to continue to invest, and for patient outcomes to continue to improve.



Developing payer value strategy is a key process that requires dynamic cross-functional collaboration. Ideally, market access and HEOR teams spar off each other—the access team is asking for evidence that will drive payer decision-making, and the HEOR team is responsive and pragmatic. The evidence boundaries force creativity from the access team, and the needs of the access team elicits creativity from the HEOR team. Trinity’s Value Center of Excellence is built on this principle—you need the scientific rigor of the HEOR team **and** the drive of the payer-facing team to create value propositions that have teeth.



Mary Fletcher-Louis, Managing Director and Head of Trinity’s Value Center of Excellence

Frequent pitfalls

- » Without careful coordination, value propositions developed by various functions can be misaligned, causing delay, confusion in the marketplace and tensions between teams
- » For example, the brand team, driven by an imperative to maximize the eligible patient population, prescriptions and revenue may develop a brand value proposition referencing a broad population. Their value proposition is most likely to be influenced by primary research with physicians
- » The global market access team is concerned about optimizing price in light of payer willingness to pay. Their payer value proposition will be shaped by early research with payers and is more likely to position the brand around a clearly defined population – to minimize budget impact (or maximize budget predictability) and achieve cost-effectiveness

Potential solutions

- » An integrated cross-functional team is most likely to generate a value proposition that the Commercial team can defend **and** that meets the needs of Market Access, HEOR, Medical and others. The following practical steps will help:
 - Taking time at the beginning of the brand planning process for each member of the team to understand the role, remit and operating pressures of the other functions
 - Meeting weekly so that challenging conversations around the value proposition can happen directly between functions vs. within functional silos
 - Providing opportunities to comment on cross-functional work 'agnostically', i.e. going beyond the narrowest interpretation of responsibilities. This is likely to involve Medical Affairs and Market Access providing input on (and challenging) Commercial assumptions...and vice versa

Key Insights

It's all about connectivity and communication. The best value proposition is the result of teamwork and especially challenge. The challenge must happen across the silos vs. within them.



When I'm in the throes of brand planning, an external agency can really orchestrate good communication, setting proper expectations, providing support for some of the decisions that are being made. They can bring empirical knowledge, data...and help the brand lead to be pragmatic and realistic, but also to really push the boundaries. Some brand leads in industry have worked in one therapeutic area on a couple of brands, they don't necessarily have that rich breadth of experience across the industry that enables them to see pitfalls. A strategic partner can give me that insight but also back it up with cases and data. If I need to go to the leadership to adjust the vision for the brand, a consultant can help me to do that well. Presenting the reality to leadership is not an easy conversation, and a data-driven external voice helps with that.



Ex-franchise head, Top 10 Pharma

3 Evidence generation planning

The process of integrated evidence generation planning ensures that the needs of all stakeholders (regulators, patients, physicians, health technology assessment [HTA] agencies, local payers) are built into evidence-generating activities. Clinical and real-world study design, statistical analyses, economic models and systematic literature reviews must deliver the data that will drive good decisions by the whole range of stakeholders.



Cross-functional teams that collaborate closely across Medical, V&A/HEOR, RWE and Commercial march towards the same shared objectives of patient outcomes and access. We find these teams to be better positioned to drive efficient resource allocation and focus on the right stuff (evidence generation, strategy and tactics). They have quantifiably better pull-through when it comes to achieving both Commercial and Medical objectives.



Nandini Hadker, Partner and Head of Evidence Strategy at Trinity

In Europe, where Joint Clinical Assessment (JCA) will be introduced for cancer therapies and advanced therapy medicinal products (ATMPs) in 2025, integrated evidence generation planning will become increasingly important. The short (and overlapping) time frames between the JCA and European Medicines Agency (EMA) processes—and the risk of a high number of PICOs (population, intervention, comparator, outcome) being determined by the JCA assessor—will mean that rigorous cross-functional evidence generation planning is vital.

The boundaries of this JCA-specific evidence generation planning for Europe will remain unclear until later in 2024, when the PICO exercises being conducted by the Methodological and Procedural Guidance (MPG) Subgroup are complete and guidance is published. While the rules of the game for PICO scoping are yet to be determined, the goal of cross-functional teams will be to minimize fire drills around new statistical analyses and maximize the likelihood that all the key data and analyses are in place. Reflecting the JCA's increased emphasis on patient consultation, the voice of the industry's patient-facing experts will be needed to ensure that endpoints are validated and that the patient voice does not bring any surprises.

Frequent pitfalls

- » Clinical, regulatory affairs, market access, medical affairs and commercial teams still often develop distinct evidence generation plans (EGPs) in parallel
- » Consolidation of these plans may take place after the opportunity has passed for cross-functional conversations to influence overarching strategy—and after key decisions have been made (e.g. the choice of comparator for a pivotal trial that does not reflect HTA needs)
- » Often clinical trial planning is driven by the primary goal to achieve marketing authorization, with the evidence needs of payers being treated as secondary

Potential solutions

- » By involving the right teams early, a single, **integrated** EGP can be created that covers the needs of regulatory, medical affairs, market access and commercial teams, before functional planning takes place
- » If a shared vision, and the evidence gaps to support that vision are identified early on, diverse teams can be involved in filling the gaps
 - Patient support teams developing digital apps that generate data may hold the solution to real-world evidence needs
- » Post-hoc analyses carry little weight for national payers, so it's crucial to prespecify the most valuable subgroup analyses
- » In rapidly changing disease areas (like many oncology tumor types) it's important for HEOR and market access teams to keep a close eye on progress of competitor molecules AND to be able to recommend subgroup analyses right up until finalization of the statistical analysis plan. That way subgroup analyses can align with the subpopulation that are most likely to be targeted for reimbursement

Key Insights

The benefits of integrated evidence generation planning are huge. Cross functional creativity can pave the way to generating data that is necessary to achieve reimbursement, or that reveals unexpected efficacy in a new indication. As JCA becomes a reality, it is more important than ever to ensure that evidence generation planning draws on the combined wisdom of all the key functions.

4 Patient Support Programs

Perhaps no other element of a commercial model so directly supports the brand promise that pharmaceutical companies make than their patient support programs (PSPs). The programs involve interaction with payers, HCPs and patients to provide critical education, assistance and reassurance as patients progress through often challenging journeys. By building these relationships, PSPs shape brand experiences and deliver real-world insights. These insights must be leveraged within and across integrated teams to support RWE initiatives, patient journey mapping, experience design and new brand offerings and messaging.

Frequent pitfalls

- » Decisions about PSP budgets and resourcing may be made based on expense-oriented, price-of-entry perspectives rather than from the lens of PSP as a strategic brand-driver
- » Patient educational content developed by or for the PSP may not fully reflect the brand strategy
- » Brand-developed resources may not reflect the needs or interactions of field teams and/or PSP organizations
- » Real-world insights from patient and HCP interactions may not be leveraged due to siloed working
- » Lack of awareness across functions of the patient journey and when/where patients must opt in for communication may limit the ability to more fully and effectively engage with patients
- » Lack of collaboration to support the broader organizational vision for both brand promise and stakeholder (patient/provider) experience may result in disparate data sets and unrealized opportunities to create meaningful insights



If the brand team isn't well connected to the patient services team, they may be pouring resources into educational materials that don't meet patient needs—it's tragic because resources are being wasted, while the actual information needs of patients are not being met. When these teams are well connected, resources can be well targeted to patient needs and drive access to therapy or great adherence.



Mary Lynn Kelley, Vice President of Patient Support Services at TGaS Advisors, a division of Trinity

Potential solutions

PSPs have a growing ability to benefit brands by delivering on patient centricity promises. Shifting cross-functional relationships from operational to strategic and establishing great communication can increase the impact of real-world data and insights from patient interactions. The following practical steps can help:

- » Educate each other: The patient support team should be well aware of the brand’s ambition, situation and strategies. The brand team should be aware of patient dynamics and broad contributions available via the PSP organization. Stories and anecdotes from the PSP should be brought to the commercial, clinical and access organizations
- » Understand where patients interact with the company and identify new ways to support the patient journey and brand objectives
- » Bring together PSPs, brands and insights teams to understand the sources of qualitative and quantitative insights that can be captured and how to integrate them into a brand’s strategy
- » PSPs are highly operational. Regularly review the metrics and explore the meaning behind them in cross-functional settings
- » Drive towards—and measure—outcome and impact metrics of the PSP on the brand, not just the operational metrics of efficiency and quality of service

Key Insights

PSPs can be highly visible and impactful sources of patient, HCP and payer insights and are a major driver of brand equity. Cross-functional engagement can maximize the benefits of these critical brand offerings for patients and the business. If cross-functional collaboration is well executed, organizations can be effective in driving desired outcomes, while gathering rich insights and data to further refine and adapt their PSP offering.

Leadership Principles to Practice:

3 Actions to Move Towards Solving Those 4 Core Challenges

Siloed working is a major, costly source of frustration. The obstacles and missed opportunities silos cause are numerous and stand in the way of translating scientific innovation to commercial success and successful outcomes for patients. Leaders should focus on three practices to help their teams contribute more together.

1

Look for opportunities to visibly reinforce the fact that synergy is the goal.

Token (or late-in-the-day) inclusion of different functions in a process is not enough. The goal is for colleagues to problem-solve and innovate across team boundaries. Leaders need to actively look for examples of this happening and celebrate them loudly.

2

Understand the difference between healthy challenge and passive obstruction.

Challenging a process, plan or strategy owned by another team can bring a fresh perspective that makes it better. For the fresh perspective to achieve its effect, the challenge needs to happen across silos, not just within them. While encouraging healthy conflict, leaders must be willing to challenge behavior that explicitly or implicitly reinforces silos. Team members may show misalignment to a goal actively (excessively disagreeing) or passively (not showing up for meetings, withholding their ideas). The worst that we accept defines the culture of the group.

3

Ensure that the sense of common purpose is powerful enough to fuel creative solutions when diverse teams come together.

Cross-functional teams have expectations and needs that can be wildly different as they align with different external stakeholders. They also have an awareness of different possibilities and bring access to different datasets, methods and technologies. The role of the leader is to communicate a clear purpose, generating a common understanding and commitment to a common goal. In that context, when people who think differently come together to solve problems, magic can happen.

Authors



Mary Fletcher-Louis | Managing Director, & Head of Trinity’s Value COE

Mary brings over 25 years of healthcare and consulting experience to Trinity. Fostering a culture of innovation in all her endeavours, Mary is currently pioneering the integration of health equity into life science value strategy. As a senior thought leader in the industry, Mary has held leadership roles in various domains including global market access, HEOR, market forecasting and primary market research. For several years, Mary led DRG’s Value Communication Center of Excellence.

Her academic achievements include a master’s in public health from Nottingham University and a BA from Oxford University.



Monte Smith | Managing Director, Strategic Advisory

Monte is a Managing Director in Trinity’s Brand and Marketing Excellence Practice. Prior to joining Trinity, Monte was a C-level global life sciences executive with 20 years of diverse commercial and general management experience across pharmaceutical, biotech and medtech sectors. Most recently, he was the Senior Vice President of Strategy and Market Development at Terumo Blood and Cell Technologies.

Monte has a BA in Psychology from Emory University and an MBA in Marketing from UNC-Chapel Hill.



Mary Lynn Kelley | Vice President, Patient Support Services

Mary Lynn has over 15 years of experience in healthcare and pharmacy with over eleven years with Patient Services, with experience designing, implementing and administering patient support services programs. Mary Lynn leads the Patient Support Services Solution within the Market Access practice providing benchmarking support and advisory services for Patient Services Teams.

Mary Lynn holds her BS in Chemistry with a concentration in Business and MBA from the University of Louisville. Mary Lynn is also a nationally certified pharmacy technician and has seven years of experience within the retail pharmacy space.



Eleonora d’Amore | Engagement Manager, Brand & Marketing Excellence

Eleonora brings over a decade of experience to her role as Engagement Manager with Trinity’s Brand and Marketing Excellence practice. She has worked across various therapeutic areas including Oncology, Immunology, Neurology, Dermatology and Hematology across the pharmaceutical and biotech sectors. Eleonora brings unique expertise in cross-functional stakeholder engagement, relationship building and implementation management. She is passionate about helping brand leads elevate the patient and caregiver experiences as part of the brand strategy.

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About Trinity

With almost 30 years of expertise, a best-in-the-business team and unrivaled access to data and analytics, Trinity Life Sciences is a modern partner to companies in the life sciences industry. Trinity combines strategy, insights and analytics to help life science executives with clinical and commercial decision-making. We serve over 300 pharmaceutical, biotech and medical device clients, helping them develop the right drugs and devices for today's market and optimize them once in market. We have a diverse staff of over 1200 people and 11 global offices across the U.S., Europe and Asia. Ultimately, we know that every decision our clients make impacts a life, and when we help our clients achieve their goals, the world benefits. To learn more about how Trinity is elevating the industry and driving evidence to action, visit trinitylifesciences.com.

For more information, please contact us at info@trinitylifesciences.com.