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06

The Role of Medical Affairs in Achieving Health Equity

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INTRODUCTION

Better medicines result in better outcomes for patients. Unfortunately, this guiding narrative of the Life Sciences industry is largely incorrect – or if not incorrect, at least incomplete. For example, a widely cited study in the American Journal for Preventive Medicine (AJPM) points out that socioeconomic factors, health behaviors and the physical environment far outweigh clinical care in predicting health outcomes (combined 84% vs. 16%), writing that, "the greatest improvements in population health will require addressing the social and economic determinants of health."

But what is industry's role in addressing these social determinates of health and thus health inequity? One avenue is to bridge the gap between better medicines and better outcomes. It's a bit like the transportation industry's "final mile" problem, in which a city may build a better rail system, but the impact of this development depends on connecting that last mile from a transport hub to a population's home or work.

Medical Affairs can play a critical role in helping industry go the final mile to ensure medicines reach the people who need them, addressing factors such as awareness, access, treatment compliance, the diagnostic journey, and the many, many other factors beyond a medicine's effectiveness that create outcomes. Through our lens into real-world issues that affect equitable use of industry innovations, Medical Affairs has the opportunity to drive the transformation of industry from a drug-centric perspective to a patient-centric perspective This article discusses a few of these opportunities.

INSIGHTS & SYNTHESIS

Studies of problem-solving (such as the classic study by Chi and Glaser) show that experts spend more time understanding the problem conditions, while novices jump quickly to attempted solutions (Einstein famously said that if he had 1 hour to save the world, he would spend 55 minutes thinking about the problem and 5 minutes finding a solution). Through its unique position within the healthcare ecosystem, Medical Affairs can derive the insights needed to help define the elements of inequity that exist in health care. Who better than MSLs, the company's medical extension into local communities, to best understand unique treatment landscapes? Combining scientific knowledge of disease with expertise in public health and grounded in interactions with patients and caregivers, Medical Affairs has a critical role in not only uncovering individual data points of inequity but in converting information from multiple sources into actionable knowledge. These trigger points in the patient journey where inequity exists and may be addressed can be aggregated into research questions, with Medical Affairs acting as the catalyst or active integrator in finding workable solutions to these problems.

EDUCATION & HEALTH LITERACY

Many communities that experience the brunt of the inequity in how healthcare is delivered and accessed have good reason to distrust information from the pharmaceutical industry. Because Medical Affairs is not measured against commercial objectives and is visible within the communities we serve, the function is best positioned to reestablish industry credibility. Among other benefits, trusted education may help to address cultural factors driving inherent inequity and that lead to disparate outcomes. Take cancer and diabetes – in both, early diagnosis and access/adherence to care are strong

predictors of favorable outcomes. However, for example, screening and early diagnosis as well as chronic care/interventions (such as dialysis) may require time off work with consequential impacts on earning power, preventing some from seeking and receiving the care needed. These factors along with disease stigma in underserved communities may make individuals more likely to avoid receiving a diagnosis and/or to prioritize pressing issues of daily life over the inconvenience of care. Additionally, some patient populations may have never received appropriate care, and so may not know what dialogue or care they should be seeking, especially when this may be compounded by lack of insurance and/or language barriers. Medical Affairs, often in partnership with patient associations, can address these factors through trusted education.

DIVERSITY IN DEVELOPMENT

Clinical trials are necessary to evaluate and define the safety and efficacy of a treatment in the population that will use the drug or device after approval. Unfortunately, most clinical studies fall short of including a fully representative population. For example, the American Association for Cancer Research (AACR) and many other organizations report that less than 3 percent of clinical trial participants are African American or Hispanic (compared with 14 and 19 percent of the U.S. population, respectively). In other words, clinical trials are not fully representative of the population in which a treatment will be used. Industry as a whole, often with Medical Affairs partnering with Clinical Development, has the opportunity to increase clinical trial diversity. Early in development, Medical Affairs ensures a clear understanding of which patients are most impacted by an illness and collaborates with Clinical Development colleagues to develop and implement appropriate trial protocols that include the patient voice and optimize participation of all patients to ensure full representation in the study. During clinical trials, Medical Affairs can play a pivotal role in site activation, education and patient support to ensure that all patients who are eligible for a study can participate. Industry as a whole can work to partner with external stakeholders to decentralize clinical trials and bring the study to the patient, appropriate populations, and regions in targeted catchment areas and even with specific physicians. After approval, Medical Affairs can work to eliminate health inequity during lifecycle management by identifying discrepancies in data and generating additional evidence that fills the deficiencies in data and knowledge through novel, focused studies that support use in populations that may have been underrepresented in clinical trials.

INTERNAL EQUITY

Health equity starts in our own companies. An important starting point is to ensure that each company works tirelessly to improve diversity and inclusion within its workforce. In industry, each function uses different metrics to measure its impact. For Clinical Development, impact is often measured by the number of drugs in the pipeline and the progress of the trials that are evaluating them; Commercial is measured against the businesses' bottom line and the number of prescriptions written for any given product; Medical Affairs has the opportunity to place Health Equity into the metrics that measure our success. In fact, assigning a measurable "value" to health equity within Medical Affairs may be essential in securing the personnel and budget to move the needle – not to imply that Medical Affairs can execute this push alone, but that Medical Affairs may be the engine that leads industry as a whole toward true systemic health equity.

CONCLUSION

In the Life Sciences industries, it is tempting to focus on the core business to the exclusion of much else. Even in Medical Affairs, it is easy to become overwhelmed by the magnitude of the health equity problem and imagine that any action by an individual, team or even department is only an insignificant drop in the ocean – or to get stuck in our day-to-day such that health equity is pushed aside. However, addressing health equity is important not only in its measurable results, but as a core element of our purpose and our integrity. Beyond corporate responsibility, Medical Affairs has an obligation given our position to positively impact patient care and outcomes. We cannot, however, accomplish this goal in isolation; rather, it will take a multidisciplinary, multi-functional approach within each company and perhaps more importantly, a concerted, deliberate approach that includes all Life Sciences companies in partnership with external stakeholders to be able to make a sustainable, meaningful difference in improving equity. It starts with us; it starts with one; and progress is made one step at a time.