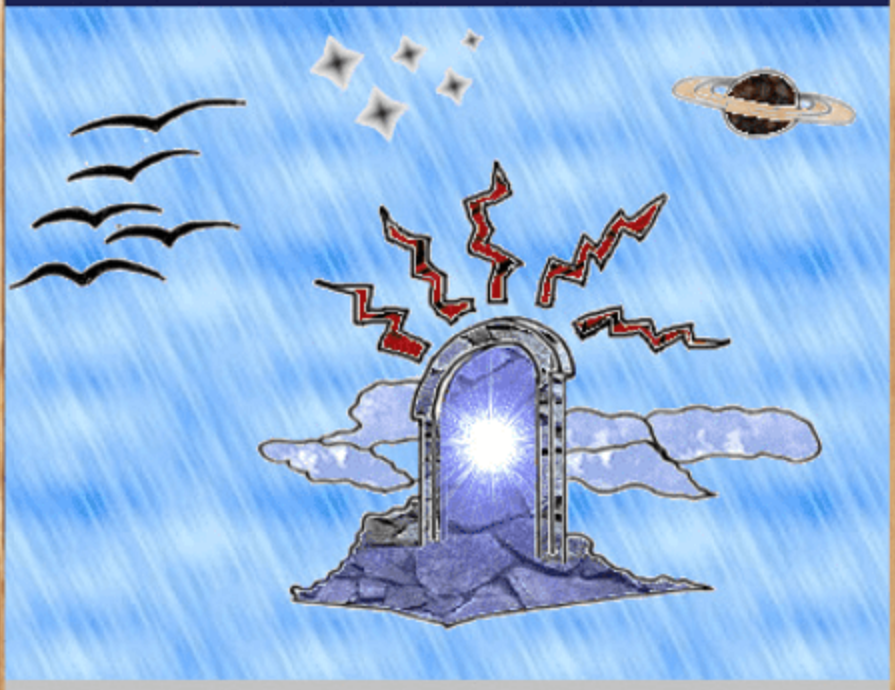
Unconventional Wisdom Series

Data Strategy and Analytical Quest for PAH (Pulmonary Arterial Hypertnesion)



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Bayser Newsletter, No.BN-201610-UWSA01

If you are working in the PAH market, you know you are blessed as it is not cut and dried and requires a good dollop of creativity. It's fraught with challenges and some may even keep you up at night. For starters:

1. There is no diagnosis code for PAH, only for PH. Right off the bat, you cannot be 100% sure about the market size. Or if a reported opportunity is indeed an opportunity. You have to cast a wider net. You'll catch fish but also boots. How to identify and get rid of the boots? Good question.

2. The competitive landscape is fuzzy as there is a lot of data blocking going on. Syndicated data sources - our go-to reflex developed from our primary care days - capture too little of what's going on to be informative. You have to rely on the SPs that distribute the drug. Integration takes outsize effort and energy as the feeds are not organized the same way. The Payer field, for instance, is not very well populated, when it is indeed reported in the data feed.

3. REMS, if you have it, is a good thing as it tells you exactly where you stand. Then the same question pops up: What about the competition? Fortunately, there is a last resort and it works. It is Payer data sources such as CMS, Pharmetrics Plus, Optum, Truven, and Humana. They are immune to data blocking for the simple reason that the one who holds the checkbook needs to see the invoice for which payment is to be made. The issue here is Payer data sources are balkanized and only give us slices of the market. They need to be put together and are not cheap. But we are happy they are there.

4. Then there is the issue of the center-based vs. community status of the physician, which is key to establishing who to target and how. Community physicians, it appears, are playing a larger role than center-based physicians, contrary to what we have come to expect. What this may be belying, if you pause for a second, is the fact that we may not have a good read on the journey of the PAH patients - how they get bounced around. Indeed SPs, which we rely heavily on, only tell us about the dispensing of the drug. Nothing before, nothing after. Just that.

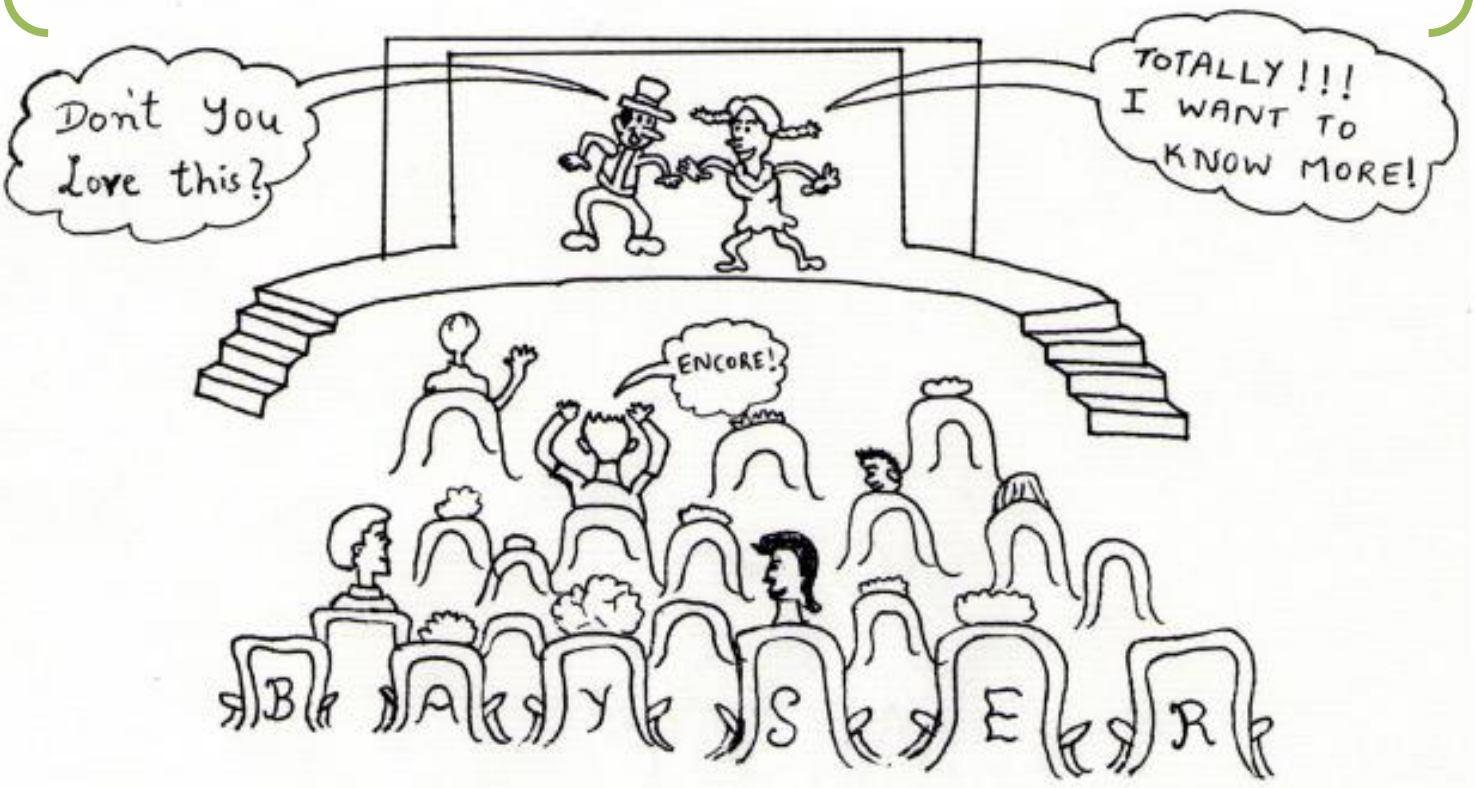
5. From an operational standpoint, it's getting the affiliation of the physicians right. The sources are numerous and include the PAH web site, the homegrown database reps have been tasked to maintain, CMS's Physician Compare and NPPES, and, of course, the slew of commercial hierarchy and affiliation offerings that we know well. The goal cannot be any clearer: a reliable and accurate list of physicians and their affiliations. This is not rocket science but in-depth knowledge of these databases definitely helps get the job done faster.

JP Tsang, PhD & MBA (INSEAD)

Founder & President

Jean-Patrick Tsang is the Founder and President of Bayser, a Chicago-based consulting firm dedicated to pharmaceuticals sales and marketing. JP has worked on 250+ projects to date including ROI optimization, data strategy, and study design to mention just these. JP publishes and gives talks on a regular basis and runs one-day classes on various subjects related to data and analysis.

In a previous life, JP deployed Artificial Intelligence to automate the design of payloads for satellites and was the adviser of two PhD Students. JP holds a Ph.D. in Artificial Intelligence from Grenoble University and an MBA from INSEAD in France. He was also the Recipient of the PMSA Lifetime Achievement Award in 2015. He can be reached at (847) 920-1000 or bayser@bayser.com.



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