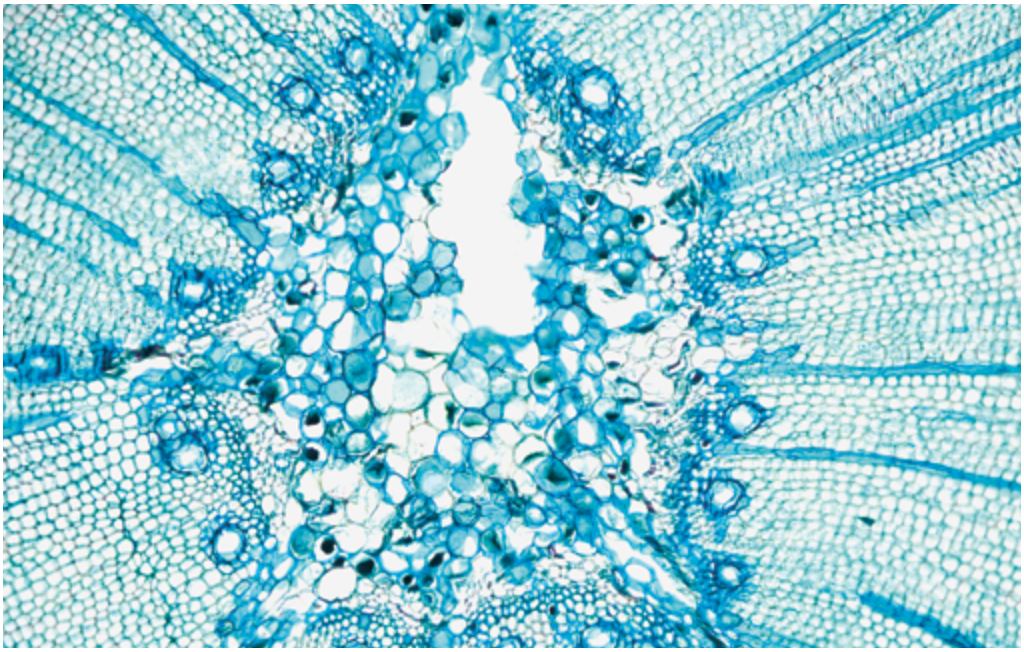
Metaplan®

connect 01

Dialogues on Life Science Management and Markets

Contents



Microscopic image of a pine mature wood cross section. For more information on imagery see → page12.

Metaplan is connect[n]

I am pleased to introduce Metaplan's global Life Science newsletter **connect**. We brainstormed long and hard to settle on what seems at first glance a basic, boring title. However, at Metaplan we are connecting the dots, not only literally, but also figuratively; so 'connect' fits us extremely well. Connecting wide-ranging ideas and opinions to create collective insights and shared understanding is our bread and butter. 'Insights from the Inside' describes internal advisory boards as an important step for insight creation.

When it comes to connecting groups within organizations, none seems to be more difficult to connect than the functional groups involved in Product Review Committees or Compliance Boards. 'Conditional Interaction' and 'Can Compliance be Governed?' showcase the organizational difficulties of gaining shared understanding around compliance.

Much of Metaplan's work centers around connecting our clients' customers with key stakeholders via advisory-board-type settings. You can find out in 'Charting Unknown Territory' how the Delphi-Method can help create shared understanding across key opinion leaders on topics where little clarity exists.

We even connect our clients' customers by creating local networks as described in the article 'Local Cooperation in Gastrointestinal Oncology'.

Finally, we connect with you through this newsletter by sharing key topics and issues we are working on. ⊠

FRANZ-JOSEF TILLMANN
is Partner at Metaplan,
Head of Metaplan Princeton.

Progress and Challenges for Hematology Centers and Pharmaceutical Manufacturers

In recent years, a number of promising therapeutic approaches have been developed for multiple myeloma (MM). What challenges do they pose for medical specialists and research companies? Oncologist *Prof. Dr. Heinz Ludwig* (HL), head of the Wilhelminian Cancer Research Institute, Vienna, in conversation with *Dr. Thomas Schnelle* (TS), Partner at Metaplan.

TS: Over the past 15 years, proteasome inhibitors and IMiDs have brought about significant progress in the therapy of MM. What do you expect from the CD38 antibody daratumumab?

HL: With previous therapies we have already been able to extend the median survival of younger patients to between 7 and 10 years. 20 to 30% of patients under 50 are still alive 20 years after transplantation. In the future, this percentage should increase significantly. Daratumumab promises dramatic progress. Like lymphoma, multiple myeloma can now be treated with combined chemo-immunotherapy. That will get things going. For poor-risk patients, the result has unfortunately not changed significantly so far. OS remains unchanged at 2 to 3 years. Sadly, this will not improve fundamentally through the use of CD38 antibodies.

TS: CAR T-cell therapies also seem to be revolutionizing the treatment of multiple myeloma. As it looks so far, many patients might only need a single course of therapy.

HL: The initial results really are excellent—we have observed response rates of 60% to 100% in heavily pretreated patients. There are admittedly several limitations to this therapy. One is the need to limit the administration of CAR T-cells to a few centers. This will considerably reduce the acceptance of hematologists. They have to send their patients to centers and don't know whether they will return because it's still unclear which follow-up treatment will be necessary, let alone who can do it.

TS: This means that only providers who manage to develop interesting cooperation models for both sides will be successful. Without such cooperation models, they face a fate similar to Zevalin in NHL: the labeled antibody against CD20 is more effective than the 'naked' antibody but is hardly used because hematologists don't prescribe it, lacking effective cooperation between hematologists and nuclear medicine physicians.

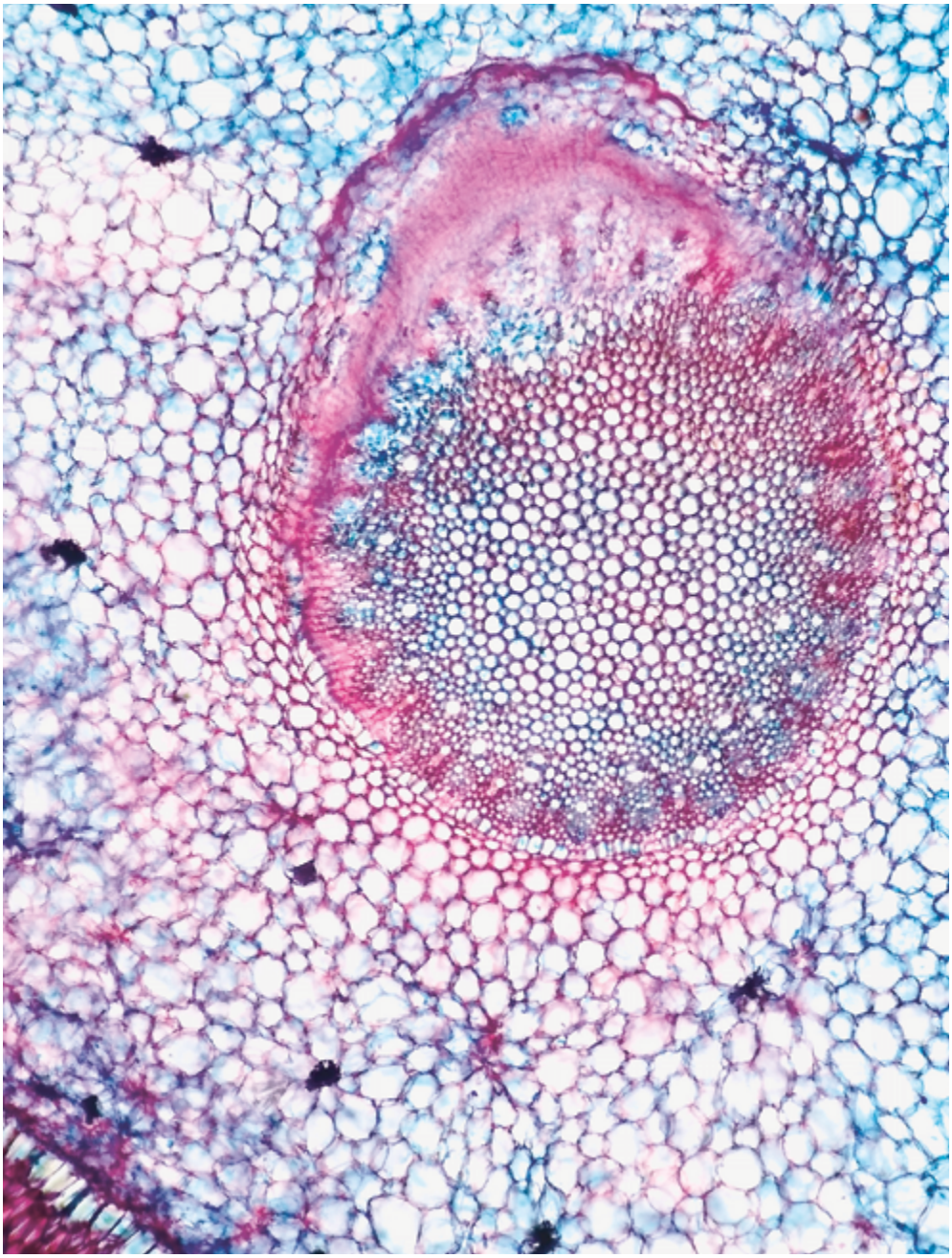
HL: Exactly. This means other therapies without such limitations and with sufficiently equivalent results will have an advantage over CAR T-cell therapies. In addition, CAR T-cell therapies can only be used on a relatively small number of patients for the time being—and the few specialized centers are not able to treat so many patients. Another limitation is the narrow selection criteria of the studies. Furthermore, the cell production process before therapy will take up to 4, later perhaps 3 weeks. Patients must be able to hold out for that long. It therefore won't be possible to give this therapy to patients who are in need for immediate therapy. Also, clinical questions still remain unanswered: How long will remissions actually last? How many relapses will there be? Whether additional treatments after CAR T-cell therapy are necessary and helpful can only be clarified with follow-up observation and further studies.

TS: What else needs to be considered?

HL: Toxicity is currently at a significant level. We'll have to learn how to handle that. Trying to insert a suicide gene is an interesting idea. In this way, in a cytokine storm the T-cells could be inactivated and later continue the treatment The cost of $ 450,000 per patient today will also be off-putting. However, a EU program is currently underway with the aim of allowing research centers to produce their own CAR T-cells locally. This would reduce costs to an estimated $ 60–70,000.

TS: What alternatives are still under development?

HL: For one, there are bispecific antibodies such as BCMA antibody drug conjugates. The toxin is coupled directly to the antibody, as is currently the case with trastuzumab emtansine in Her2-positive mBC. In principle, such a therapy can be done by any hematologist. It's likely that the therapy will have to be repeated in intervals, which requires closer cooperation between the patient and the hematologist in charge. A second way involves bispecific antibodies that bind to both BCMA



and CD3. With one binding domain they dock to BCMA on B and plasma cells and to CD3 on T-cells on the other side. T-cells are placed in the immediate vicinity of plasma cells and kill them. The advantage of these inhibitors is that they don't require very high receptor density on myeloma cells.

TS: However, the Bcl2 inhibitor venetoclax is the most advanced in its clinical development.

HL: Yes. It shows response rates of about 60% in patients with t(11;14) translocation and high BCL2/MCL expression. Venetoclax is also being tested in combination with bortezomib in patients without t(11;14) translocation. Initial tests have also shown considerable efficacy.

TS: Could tumor lysis at the start of therapy hinder acceptance, as with CLL?

HL: I don't think so. There have been reports about isolated cases of tumor lysis in MM patients. However, I think a real tumor lysis syndrome in myeloma is unlikely to occur. I suspect that other complications—such as severe sepsis—have led to renal dysfunction in these patients.

TS: Will checkpoint inhibitors still manage to get a place in the MM therapy algorithm?

HL: I have doubts about that. Some of the studies that were put on hold by the FDA can now be continued. But the manufacturers themselves are very cautious. It is questionable whether this treatment approach is actually suitable for MM. For this therapy, the patient needs a healthy immune system, and that is severely suppressed with MM. Selinexor, a so-called Selective Inhibitor of Nuclear Export (SINE), looks more promising. In combination with dexamethasone, this molecule is about to be approved by the FDA. A phase III study that looks at combining it with bortezomib is ongoing. Selinexor is likely to become a high flyer: It is taken orally. Side effects such as fatigue and loss of appetite can be kept under control and also automatically improve when the patient responds. Nonetheless, we're still waiting for more study results.

TS: What about MEK and BET inhibitors?

HL: MEK inhibitors like trametinib and cobimetinib are of particular interest for patients with RAS mutations. But I'm a little skeptical: MEK is an important switching point in the cascade of intracellular signaling pathways. However, it works more like a node in a network: if you switch off only one node, others can compensate for it. BET inhibitors are of interest for various tumors. They impede the transcription of cMYC. And this is an important driver of malignancy, a central protein that stimulates progression in MM. It already works in test tubes. Now we're waiting for the clinical development.

TS: Can't wait to see what happens. Clearly developments in MM will demand changes from everyone involved: manufacturers as well as clinicians. If they succeed, there'll be much cause for optimism. ⊠

PROF. DR. HEINZ LUDWIG
is Head of the Wilhelminian Cancer Research Institute and former Director of the I. Medical Department, Center for Oncology, Hematology and Palliative Medicine at the Wilhelminenspital, Vienna.

DR. THOMAS SCHNELLE
is Partner at Metaplan and an expert in research and development planning and product launch.

Charting Unknown Territory

What can pharmaceutical companies do when the road ahead is not clearly defined? When even internal experts such as medical, market access and market research are at a loss for what to do? Quite simply, you systematically question those who really should know.

In every organization there are situations when it is almost impossible to predict the outcomes of a course of action. Where to even begin when you are fumbling around in the dark? Every decision-maker who navigates organizations in complex environments has to deal with these questions. The more strategic the decision, the greater the potential fallout at a later stage if anyone slips up. As Mark Twain said, "It's not what you don't know that kills you, it's what you know for sure that ain't true."

Delphi is a tried-and-true method that predicts complex developments and extracts action directives. The method takes its name from the revered religious site in ancient Greece. In the late 1940s, the RAND Corporation, based in the US, developed a renowned method that can be used to tackle issues like developments in agricultural pricing or drawing up medical guidelines through consensus. Governments around the world also now use Delphi surveys for interdisciplinary technology-impact assessments — e.g. the German government is currently reviewing its e-mobility strategy with the help of Delphi surveys.

Delphi is done in consecutive steps

Delphi surveys can reliably identify inevitable blind spots and fill knowledge gaps. The methodology is straightforward and makes complete sense: you identify a panel of recognized experts from inside or outside the organization whose points of view are relevant to the issue in question. One-on-one interviews are carried out to explore their thoughts on the matter, which will then be summarized and any gaps filled with research. The same experts will go through further interview rounds where interim results are reviewed, lines of consensus and dissent identified and doubts cleared up. Little by little, this method provides an accurate picture of the until then unknown territory.

An Example of Delphi and Metaplan Going Hand in Hand

In spring 2017, together with an interdisciplinary team of experts, Metaplan researched current standards for best supportive care for patients with hepatocellular carcinoma. Up to that point, no comprehensive guidelines had existed in Germany for this area.

Over the course of three survey rounds involving nine interviews each, data on treatment approaches was collected, cross-referenced and used to develop an informed consensus on how to treat symptoms and manage care. The consensus was published, presented at conferences, and later became part of a pharmaceutical company dossier.

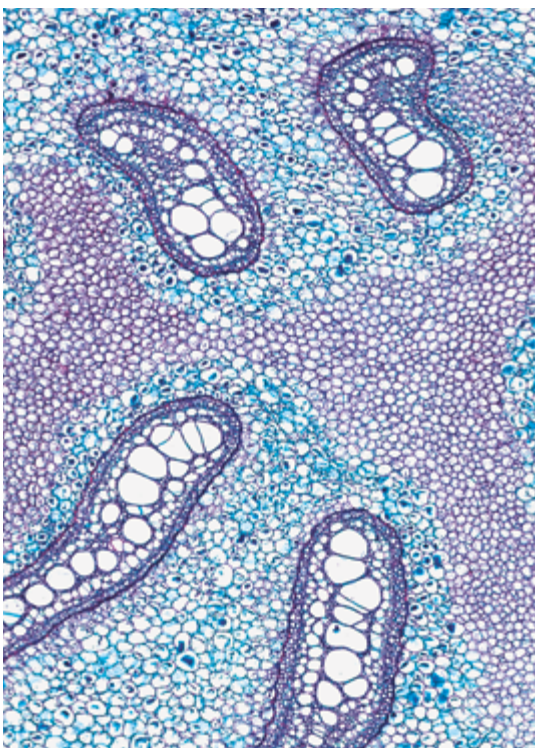
The Delphi method offers the following key benefits:

- A broad range of perspectives from professionals with the relevant expertise are looked at and important stakeholders are brought on board.
- Feedback rounds ensure findings are checked and comments are more clearly defined.
- Operational blindness is inevitable when interviewers are too close to a topic. Delphi surveys are carried out by impartial third parties to avoid this bias.
- Consensus, or at the very minimum, an informed dissent is achieved by the end of the process.
- Delphi studies are an established format, so outcomes are widely accepted (especially by public authorities) as opposed to individual opinions or commissioned studies.

Of course, just like the Oracle of Delphi, no method can guarantee results with 100% certainty. But with Delphi you develop a solid basis of knowledge, which is a good place to start. ⊠

ISABELL HAGER
is Senior Consultant at Metaplan and likes connecting the dots to combine input from multiple individual experts to form a cohesive, bigger picture.

INES VOGEL
is Senior Consultant at Metaplan and conducts Delphi surveys in order to reach expert consensus on therapeutic areas where guidelines previously did not exist.



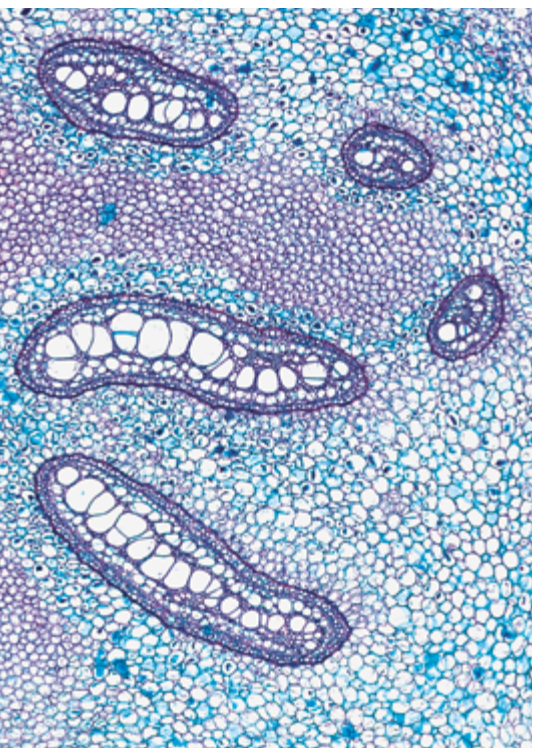
Local Cooperation in Gastrointestinal Oncology

French expert physicians from different institutions want to set up an 'informal' local network, focused on patients with colorectal cancer.

Colorectal cancer (CRC) is today one of the cancers with the highest incidence. In France, it is currently the second cancer in terms of mortality (source: INCA 2017). However, the rate of mortality has decreased over the past years as a result of earlier diagnosis and advances in the management of the disease.

Due to newly available drugs and techniques, complexity of treatment has increased significantly. In particular, the management of patients with metastatic CRC requires a highly multidisciplinary decision-making process to define and implement the best treatment strategy right from diagnosis. Therapeutic strategies today give more room to complex hepatic surgery, intra-arterial hepatic chemotherapy, radio-frequency or chemotherapy intensification, amongst other interventions.

In this context, the treating gastroenterologist or medical oncologist needs to constantly work with other specialists, and almost acts like a coordinator beyond his/her specific direct input, i.e. delivering systemic drugs to patients.



Optimizing CRC patients' diagnostic and treatment pathways at the local level

In the French public healthcare system every patient should have access to the same quality of treatment, regardless of the hospital in which he/she receives treatment. Expert centers at regional level offer an integrated solution: all the various specialties and technical infrastructure are available at one site; but these centers cannot handle all CRC patients.

At the local level, expertise and technical infrastructure exist and could become an alternative option, but they are located in different centers, and are not always well integrated. However, there is a good rationale for keeping patients in a diagnostic and treatment pathway at the local level: better access to care, less transportation, better quality of life and better use of local resources.

What are the challenges for medical experts trying to set up such a local network of medical experts focused on CRC patients? There can be many hurdles: lack of time and resources, hidden competition between centers, lack of trust between physicians or of already established work routines.

Relevant topics can be identified and discussed between centers at the local level, which provide a first basis for cooperation

What are some first answers and topics for local cooperation?

- Set up a special tumor board dedicated to complex CRC cases and institutionalize the link to expert centers for advice on these patients.
- Increase the expert physicians' knowledge of the existing human and technical resources, within and outside their centers; everyone can share some connections with very good practitioners in the territory (e.g., radiologists, surgeons, etc.).
- Improve access to currently open clinical trials: which patient profiles are concerned, and where to refer them for inclusion.
- Increase visibility and attractiveness of local centers for office-based physicians —primary care physicians or office-based gastroenterologists—who are the ones referring patients to CRC specialists.
- Improve physicians' knowledge of their own CRC patient population, by setting up some epidemiology research projects on a local scale. This will help set specific future priorities in the management of CRC in the area.
- Participate more strongly and visibly in initiatives, aiming at improving the local population's awareness of screening programs for CRC.

These discussions additionally create trust amongst the HCPs involved, thus accelerating future cooperation between centers. ⊠

CHRISTINE KRYS
is Senior Consultant at Metaplan and specializes in conducting collaborative processes and projects on Life Science topics.

CLAIRE TERRINGTON
is Senior Consultant at Metaplan and specializes in conducting collaborative processes and projects on Life Science topics, particularly in oncology.

Compliance May Never be Your Best Friend—But Consider Making it an Ally!

Compliance is often seen as a constraint—nevertheless the pharma industry relies on its codes of conduct—whether self-imposed or directed by law. We explore this conflict zone from an organizational angle: how to get compliance on board to approach clients and how to deal with the complexities of several layers of compliance on the affiliate level?

Conditional Interaction

Compliance is often perceived as impeding interaction. Better go the extra mile of involving compliance early on.

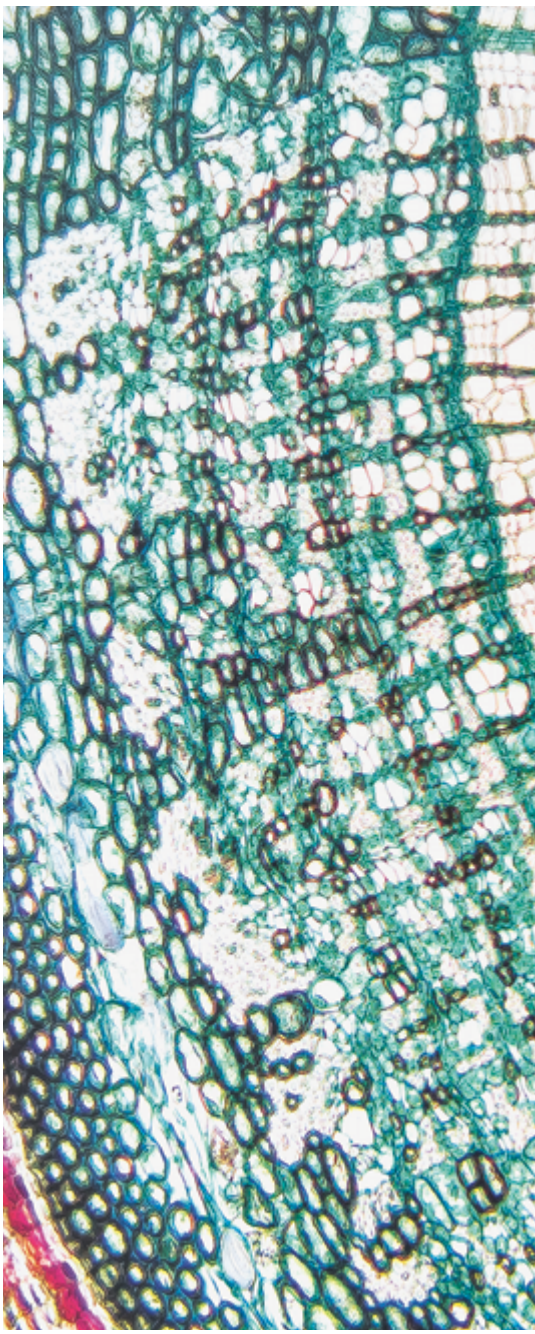
Dealing with risks and side effects in a responsible way is everyday practice in the pharmaceutical industry. That said, the risk of violating compliance regulations pervades the industry to a much greater extent than most others. New projects involve a broad spectrum of guidelines and the common reaction in companies is that of a deer in the headlights: in an attempt to not put a foot wrong, not taking a step seems like a good idea.

When it comes to new fields of interaction, the practices needed to keep things flexible are often lacking. The question needs to be addressed: how can we explore these new fields without setting ourselves on a collision course with compliance regulations?

Setting the parameters for action

A Metaplan case study: The marketing department of a pharmaceutical company wanted to better understand therapeutic considerations in medical indications during interactions with doctors. The project was set up as a goal-oriented program with the aim of better aligning marketing department goals with what happens when a prescriber is in a decision-making situation. The issue with these kinds of discussions was twofold: first, it is possible doctors would bring in examples from their own practical experience with the medication in question. Second, they may discuss what happens if the approved dosage is exceeded. For doctors, both activities form part of their day-to-day work. For marketing departments, however, they are strictly out of bounds in terms of conforming to compliance guidelines. This led compliance officers to insist on putting a comprehensive conditional program in place that meticulously monitored every single interaction with doctors. Marketing continued to operate as it always had in these situations: new guidelines would cause a stop of action without attempt to negotiate room for maneuver.

This kind of defensive attitude was no longer satisfactory. Marketing set itself the task of figuring out with compliance officers how complying with regulations could go hand in hand with interactions that were viable from a marketing perspective. Marketing then took the unconventional step of suspending the 'detailed monitoring' undertaken by compliance management. At the same time, compliance management was brought in to help find a way to balance the constraints of the conditional program with achieving the



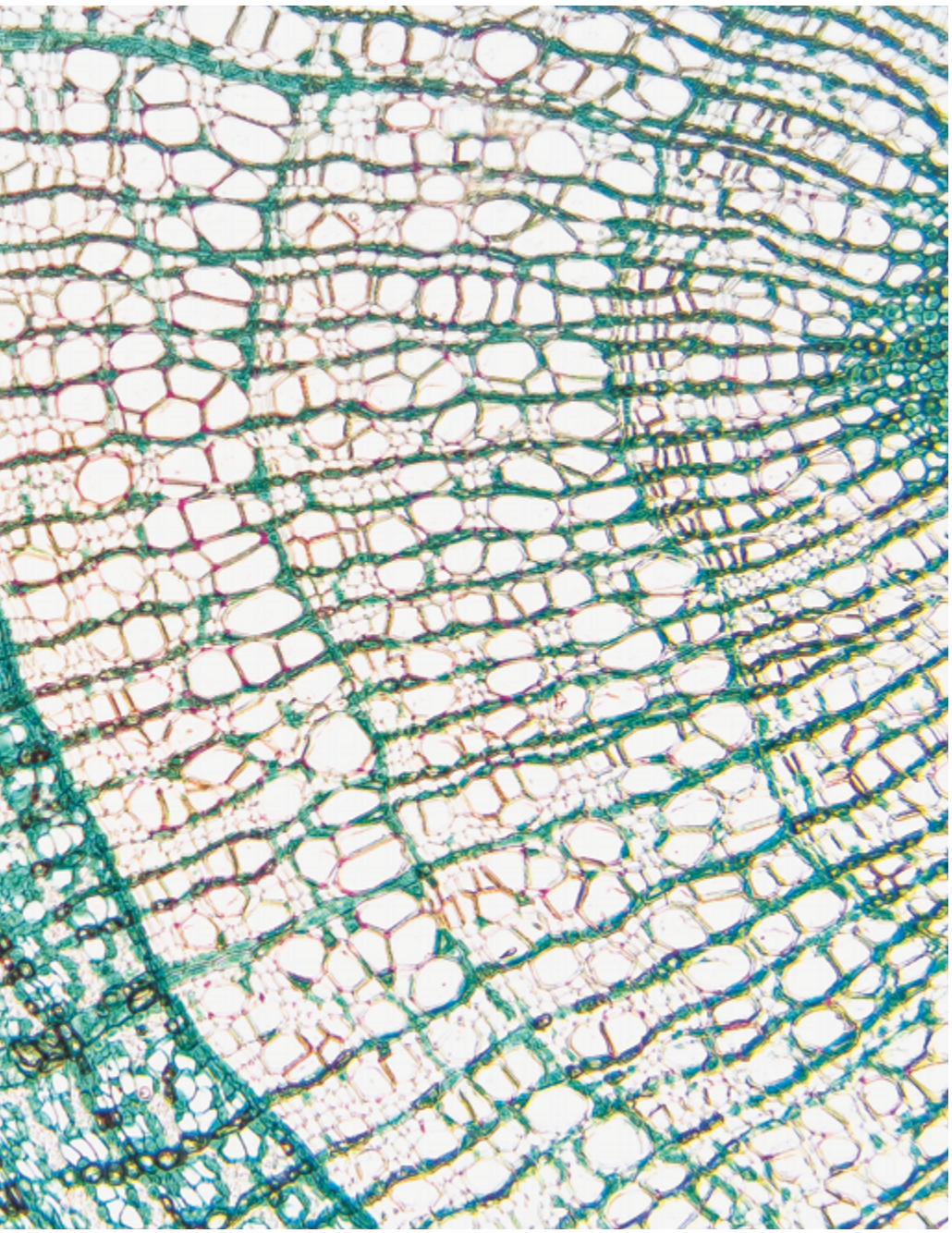
objectives of the goal-oriented program. Only when compliance managers understood the interactions that took place, were they able to convert regulations into manageable decision premises.

Exploring possibilities together

The challenge for marketing was to be able to demonstrate unbiased ways interactions could comply with regulations without coming across as being a potential rule breaker. This was achieved through openly involving compliance management in the process and together conducting a meta-discourse on the issue of how marketing should operate. As a result, compliance officers could fully understand the rationale behind how marketing operated. In the end, they were able to make an informed decision on which compliance regulations were appropriate and which ones needed to be amended. For example, the conditional program for external bodies proved more flexible. Therefore, external agencies should carry out preliminary discussions with doctors. Moreover, conditional program regulations are also less restrictive for workshops, so experts from the company's medical department were brought in for them.

This led to the development of a conversation that was relevant to doctors, where practical rationales were explored. It furthermore meant participants acted in a way that conformed to regulations throughout the compliance process. Also, by applying strict regulations on a trial basis, the organization learned which level of compliance actually made sense. As a result, new possible courses of action with greater flexibility for all could be explored. ⊠

DR. SEBASTIAN BARNUTZ
is Partner at Metaplan and a keen advisor in strategic planning and the intra-organizational powerplay.



Can Compliance be Governed?

Some challenges in the governance of compliance at the affiliate level of a global pharmaceutical group—Michel Borcier and Claire Terrington share their experience.

Metaplan received a call from the Legal and Compliance Director of the French affiliate of a large pharmaceutical company:

"We have to organize compliance in our affiliate better, we need to create a clearer governance of this crucial matter in our company. The Legal and Compliance Department should really have better control and overview on how this topic is handled in the affiliate. Could you help us set up an internal workshop session with a few key stakeholders on this subject matter?"

During the preparation and the facilitation of the workshop session, we discovered some of the challenges that make compliance management and governance such a tricky topic for pharmaceutical companies. →

Challenge 1:
To create one integrated compliance policy

First, it appears that the notion of 'compliance' is quite broad: 'The state or fact of according with or meeting rules or standards.' Compliance relates to many aspects and activities within a pharmaceutical company, which makes it difficult to structure and operationalize.

It is striking how different documented sources of regulations have to be implemented, at the affiliate level. Documentation management is in itself an issue, as well as figuring out how to interpret and handle each piece. In our client's case there were: 16 policies, 3 codes of conduct, 20 directives, 20 guidelines, 5 position papers, 6 e-learning programs, and 14 other documents! Some documents come from Global HQ, European HQ or external French bodies, others are generated by the affiliate itself.

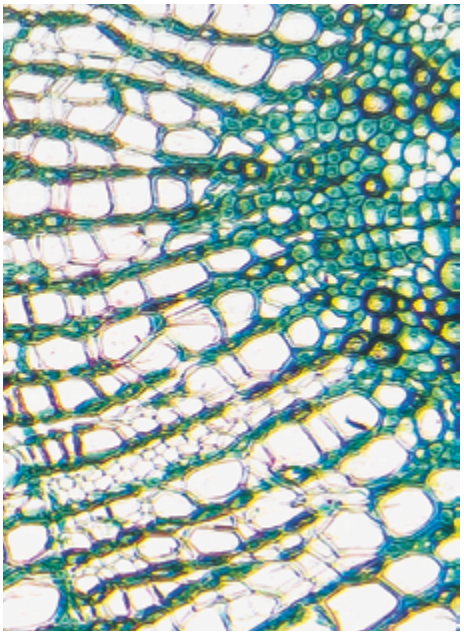
One key question could summarize this first challenge: How to bring together the many pieces of compliance in one integrated compliance policy?

Challenge 2:
Coordination and alignment on handling new rules and regulations

A second challenge was to find several topic or process 'owners' having to deal with compliance in different functions and levels of positions within the organization. Indeed, compliance has to do with best practices in pharmacovigilance, production, distribution, clinical operations, publications, promotional and commercial activities. It also relates to donations and grants, relationships with health authorities, business conduct (anti-corruption, competition laws...), internal work behavior, responsible buying, data management, etc.

These broad-ranging regulations and policies undergo constant change: new rules appear, others disappear. And, of course, these changes can be indicated to one of the several topic owners within the organization. As a result, there is a risk that one of the internal actors takes initiative in an unorganized way.

Then, the key questions to summarize this second challenge are: How to make sure



that each piece is treated and handled appropriately and in a coordinated way? How to ensure continuous coordination and alignment within the organization?

Challenge 3:
'Total conformity' vs. 'conformity with some room to maneuver'

Not only does the compliance topic demand an efficient alignment of several process/topic owners within the pharmaceutical affiliate, but this topic also potentially concerns all members of the organization, who have to take into account the compliance policy, at their respective level, in their respective contexts.

However, as in any organization, there is always going to be a certain degree of discrepancy between 'formal work' and 'informal real-life execution'. In other words, considering the primarily commercial nature of a pharma affiliate in a country: what will be the 'acceptable difference' between what the sales force officially communicates to physicians and their 'off-the-record' interactions with healthcare professionals? Is the goal of compliance management to ensure that rules are implemented in the organization without any 'tolerance'?

We could describe this third challenge as a dilemma between 'total conformity' on the one hand, with the risk of putting the teams to a standstill, and 'conformity with some room to maneuver', on the other hand, allowing the teams to provide their added value and adapt to local circumstances.

Challenge 4:
To set priorities for compliance issues

Clearly, not all compliance topics need to be handled the same way in every country and every pharmaceutical company. The way to approach one topic will depend on several factors, such as the level of maturity of the organization on that topic or the regulations already imposed by national laws. Some topics require training of staff, others will require new procedures, and others still will not generate any changes to already existing processes.

So challenge 4 is about figuring out where the company is more at risk and setting priorities for action: How to determine which compliance areas are at risk? What precise action plans are to be put in place, when at risk? And how to monitor progress?

Challenge 5:
A true and synthetized picture of compliance management

Ultimately, the General Manager (GM) of the affiliate is the one who takes on the responsibility of the company's compliance. One last challenge is therefore: on such a sensitive but fragmented topic, how to give a true and synthesized picture on compliance management to the GM? How to measure the affiliate's overall level of compliance?

To create a strong and comprehensive approach to compliance management and governance within an affiliate, one has to take all these challenges into account. One has to find some compromises, achieve the right level in the interpretation of rules, and identify the relevant priorities for action. These were the principles of our intervention to provide fruitful support to our client. ⊠

MICHEL BORCIER
is Partner at Metaplan and Head of the Metaplan office in France.

CLAIRE TERRINGTON
is Senior Consultant at Metaplan and specializes in conducting collaborative processes and projects on Life Science topics.

Virtually Engaging

Technology has changed how teams interact, collaborate and meet, unfortunately not always for the better. A brief look into the virtual-meeting realm shows that there are ways to connect that ensure engagement and a shared understanding.

How can a global leadership team engage and align their disparate regions in strategy co-creation? The answer seems simple—bring everyone together for a live/in-person workshop. However, what if the global team is in the US and the regional team members are in several countries in Europe and Asia-Pacific; what if budgets, calendars and timelines are too tight for a live workshop and all the necessary travel before a major deadline. Why not go virtual!?

Virtual meeting options

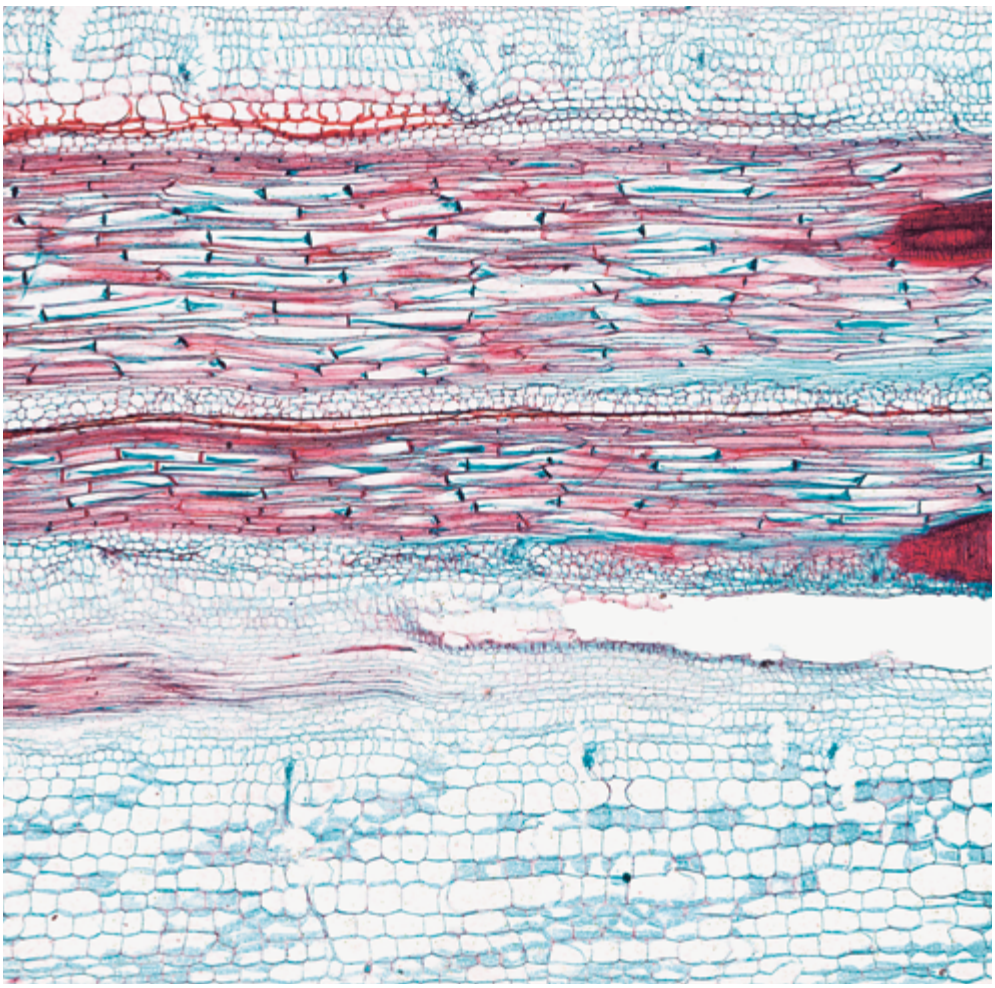
Going the virtual-workshop route does not have to mean sacrificing the engagement, productivity and participation of a live workshop:

One option is to use telepresence or similar video-conferencing tools to allow participants to see and hear each other as if they were in the same room, giving it the feel of a live meeting.

Metaplan's virtual meeting format is another option. This process incorporates our proprietary method of mapping and visualizing dialogue, prioritizing issues and opportunities as well as determining solutions and voting on concrete action steps. As in a live workshop the focus is on getting cross-regional and/or cross-functional input, alignment and buy-in in an interactive and engaging way. While virtual workshops enable leaders to more closely involve all relevant stakeholders regardless of location, applying the Metaplan methodology in these meetings increases shared understanding and shared commitment among the organizational stakeholders maximizing the value of the session.

Telepresence—a High-End Version of Video Conferencing

Telepresence systems are highly integrated systems linking two or more physically separated rooms so that they resemble a single conference room regardless of location. Interactive life-size video and near life-like audio between locations make the meeting participants feel as if they were in the same room. Additionally, sharing and capturing of content between locations is a key feature.



Choosing the optimal engagement

If possible, combine Metaplan's technology and virtual meeting approach along with telepresence. This allows participants to see each other as well as participate and engage in the real-time visualized dialogue.

Beyond the setting, factors like a clear objective, the right participants and the appropriate exercise flow are obviously key.

It goes without saying that a face-to-face meeting is the gold standard and is preferred, but for those instances when that is not possible, Metaplan's virtual engagement in a telepresence setting is the best alternative. ⊠

DR. STEPHANIE MICHEL
is Senior Consultant at Metaplan Princeton and specializes in qualitative and quantitative analytics.

Insights From the Inside

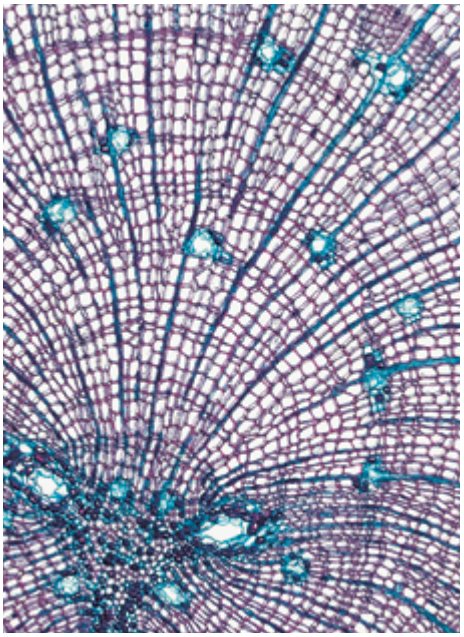
Field input sessions with customer-facing groups connect home-office and field-based colleagues to align customer insights to strategy.

How many companies and brands claim to be customer-centric? This focus on customers remains a holy grail, largely due to the difficulties of bringing robust customer insights to the home office. There is no lack of touchpoints with customers, from physicians to managed care stakeholders. In fact, today there are more interactions than ever, but they are largely uncoordinated. A physician may hear from a sales rep, MSL and managed care account person from the same organization, yet the company contacts are not even aware of, much less aligned with, each other to optimize the interactions. As the role of access increases, touchpoints are proliferating, making customer centricity even more challenging and insights more difficult to grasp.

This is where getting input from customer-facing groups in the form of field input sessions comes in. Think of these meetings as internal advisory boards. Bringing together the people within an organization who interact with customers produces collective insight for teams, creating the foundation for collective action. Sales reps, MSLs and managed care account colleagues possess a deep understanding of their customers based on the frequency and depth of their interaction. The challenge is to capture these dispersed points of knowledge into a common understanding for field- and headquarter-based colleagues, including marketing, to form a basis for collective action.

Engaging these touchpoints in a dialogue focused on customer insights delivers many benefits:

- Drive a more holistic view of customers by integrating commercial, scientific and access perspectives
- Beyond customer insights, gather competitive insights from colleagues, who often face competitive counterparts directly, even collegially, as well as glean competitive insights from customers, who are exposed to all market players
- Optimize and streamline materials and messaging by understanding what field-based teams are utilizing and why, and what resonates with physicians and why —these two topics are distinct, because a strong marketing piece may resonate with doctors, but if it is not useful for the field because of format, length, or other reasons, it will not be seen by customers
- Generate ideas for new messages and materials from the colleagues interacting closest with customers, whose ideas are rarely heard at headquarters
- Create goodwill among field-based teams, who often feel disconnected from and underappreciated by their headquarter-based colleagues, and strengthen HQ-field relationships
- Align on a coordinated approach to bolster the effectiveness of strategies as well as tactics



A field input session makes sense almost any time, especially at key milestones:

Between brand plan and tactical plan teams can meet to translate brand strategy to tactics, ensuring that the tactical plan is on strategy and targets elements that will resonate both with field colleagues and customers.

To bolster launches or re-positioning campaigns consider field input early to ensure customer insights are integrated into key messages and materials, and to get upfront buy-in from field teams.

In anticipation of competitive launches gather field troops for a competitive simulation to evaluate scenarios and bring frontline ideas and insights into launch plans.

Mature brands facing declining sales or patent expiry need fresh thinking to inject ideas and stimulate the business in new and innovative ways.

Knowing how much customer interaction and insight take place in the field, it seems easy to make the case for a field input session. Yet field-based people are the last ones organizations want to pull away from customers for a day or two, and budgets are tight.

However, leaders that make the investment will reap the rewards of creating a collective, cross-functional understanding of customers, arming both headquarter- and field-based colleagues with a united approach to moving the business forward. Connecting customer touchpoints to strategy is a good start to a customer-centric approach. ⊠

ALANNA KAPLAN MUÑOZ is Principal at Metaplan Princeton and specializes in strategic and tactical planning processes.

Insights and Strategy in Life Sciences

Metaplan numbers among the pioneers of research-based organizational consulting. We have been providing project-specific and strategic consulting services for 45 years in the whole spectrum of industries. A very important one is the Life Science industry.

Our unique portfolio of expertise in the Life Sciences:

Our profound knowledge of the medical sector and its language as well as a keen eye for the logics behind actions and processes within organizations team up with the Metaplan specific interactive facilitation method to ensure result-oriented interactions with medical professions as well as internal stakeholders.

Medical innovations have one thing in common: They all involve a process of change, a departure from standard practice. Be that a product, a workflow, or an application. Innovations may challenge medical and financial norms, affecting diagnostics, reimbursement, or interdisciplinary cooperation.

Our portfolio of expertise allows you to successfully manage this process of change. We work with you to develop strategies that realize the full medical and economic potential of your product, in every phase of its lifecycle.

We are committed to delivering support in three areas:

Organizational Development and Cross-Functional Alignment

- Launch, Brand and Business Planning
- Strategy Development
- Corporate Restructuring
- Influencing Organizational Cultures
- Shared Vision Exercises

Market Development and Market Understanding

- Advisory Boards
- Strategic Gaming
- Multiplayer Cooperation and Network Building
- Best-Practice Sharing with HCPs
- Developing Expert Consensus, e.g. for Publications

Competence Development

- Moderation Training
- Ad Board Sparring
- Lateral Leading
- Leadership Development
- Analyzing, Navigating and Re-shaping Organizations

How the Metaplan Moderation Method delivers support for your success

Metaplan developed its own interactive moderation method to support the discursive consulting approach:

- It serves as a tool for analyzing and designing discourse.
- It helps in discussing, evaluating and comparing complex issues.
- It is applied in analogue and digital discourse sequences.

For our clients we foster the sophisticated dialogue required for meaningful interaction with HCPs, advocacy groups, and other relevant external or internal stakeholders.

- We identify the differences of opinion that often reveal key insights.
- We systematically dig deep into the factors that mould professional opinions and actions.
- We proactively encourage key stakeholders to exchange information that may lead them to re-evaluate their stance.

↗ www.metaplan.com

Metaplan Academy

Trainings, Sparrings and Workhops with Metaplan

Develop your leadership competences with us!

TOPICS & DATES

Ad Board Sparring Workshop
July 12, 2018, Paris

Metaplan Qualification Program
Module 1: Designing Organizations
September 12–15, 2018, Hamburg

Management Seminar
Agility and Agile Leadership
September 21, 2018, New York, NY

Ad Board Sparring Workshop
October 19, 2018, Hamburg

Management Seminar Digitalization
October 26, 2018, Los Angeles, CA

Metaplan Qualification Program
Module 2: Influencing Organizational Culture
November 15–17, 2018, Hamburg

Management Seminar
Lateral Leadership
November 15–16, 2018, Paris

Creating, Shaping and Driving Organizational Culture
November 16, 2018, Princeton, NJ

Management Seminar Lateral Leadership
November 27–28, 2018, Frankfurt

Ad Board Sparring Workshop
December 13, 2018, Paris

CONTACT & BOOKINGS

Charlotte Rosendahl
charlotterosendahl@metaplan.com

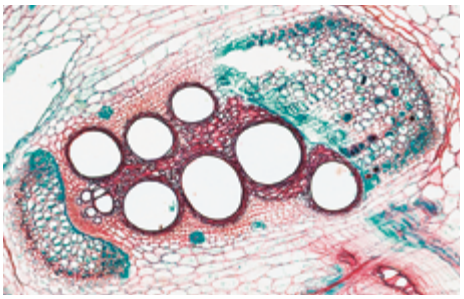
All offerings are also available as in-house competence-development formats. For questions and conditions please do not hesitate to call directly:
+49 (4106) 617-182

Imagery

A Keen Eye for Structures

Zoom in and find out—that in short may describe the idea behind the microscopic images seen in the photographs that accompany the interviews and articles in this first edition of **connect**. Cross sections of pumpkin or pine stems and roots allow to see beyond surface level and acknowledge the diversity cell structures have developed to fulfill their specific functionality according to the division of labor in each plant.

These microscopic shots are a good allegory for our Metaplan consulting approach deeply rooted in organizational science. Analyzing formal and informal structures within organizations and their interaction with the organizational environment is at the core of our work. Not being deluded by the well-kept display side of an organization or its sections but zooming in to understand the concrete interactions and conflicts in place is key to find levers of growth and change and in the process develop acceptance for them. Plants may thank evolution for the delicate design that allows the different cell layers to interact and combine various purposes like water supply, growth or stability. To design and steer companies and institutions we would encourage a more active strategy to analyze and form your organization.



So enjoy the beauty of such insightful pictures, be encouraged to take the deep dive, and then get to work!

Metaplan® Over 45 years of experience: Metaplan is a pioneer in strategy and organizational consulting. We specialize in creating collective insights and aligned strategies in the life science sector and pharmaceutical industry.

Metaplan Hamburg
Goethestraße 16
25451 Quickborn
Germany

T +49 (4106) 617-0
E quickborn@metaplan.com

Metaplan Princeton
101 Wall Street
Princeton, NJ 08540
USA

T +1 (609) 688 9171
E princeton@metaplan.com

Metaplan Singapore
80 Ansons Road
Singapore 079907
Singapore

T +65 (81) 61 70 11
E singapore@metaplan.com

Metaplan Versailles
85, Avenue de Saint-Cloud
78000 Versailles Cedex
France

T +33 (1) 39 20 80 20
E versailles@metaplan.com

Metaplan Shanghai
401 Block E, 381 Pan Yu Road
Shanghai 200030
China

T +86 (21) 61 55 12 12
E shanghai@metaplan.com

Metaplan Zurich
Löwenstrasse 2
8001 Zurich
Switzerland

T +41 (44) 2 69 95 09
E zurich@metaplan.com

Publishing Details

Publisher: Metaplan® – Thomas Schnelle Gesellschaft für Planung und Organisation mbH, Goethestraße 16, D-25451 Quickborn

Editors: Ines Vogel, Dr. Stephanie Michel, Claire Terrington
Images (scientific): D. Kucharski K. Kucharska (p.1), Choksawatdikorn (p.3), Mike Rosecope (p.4/5, 9, 10, 12), Digital Photo (p.6/7, 8): all Shutterstock.com
Images (portraits and workshop): Klaus Nather (p.1, 3 bottom, 4, 5, 7, 8, 9, 10, 11, 12)
Layout: EINSDREIUNDSIEBZIG
Printer: Die Printur GmbH, Boschstraße 2, D-24568 Kaltenkirchen

For questions, comments or concerns:
feedback@metaplan.com