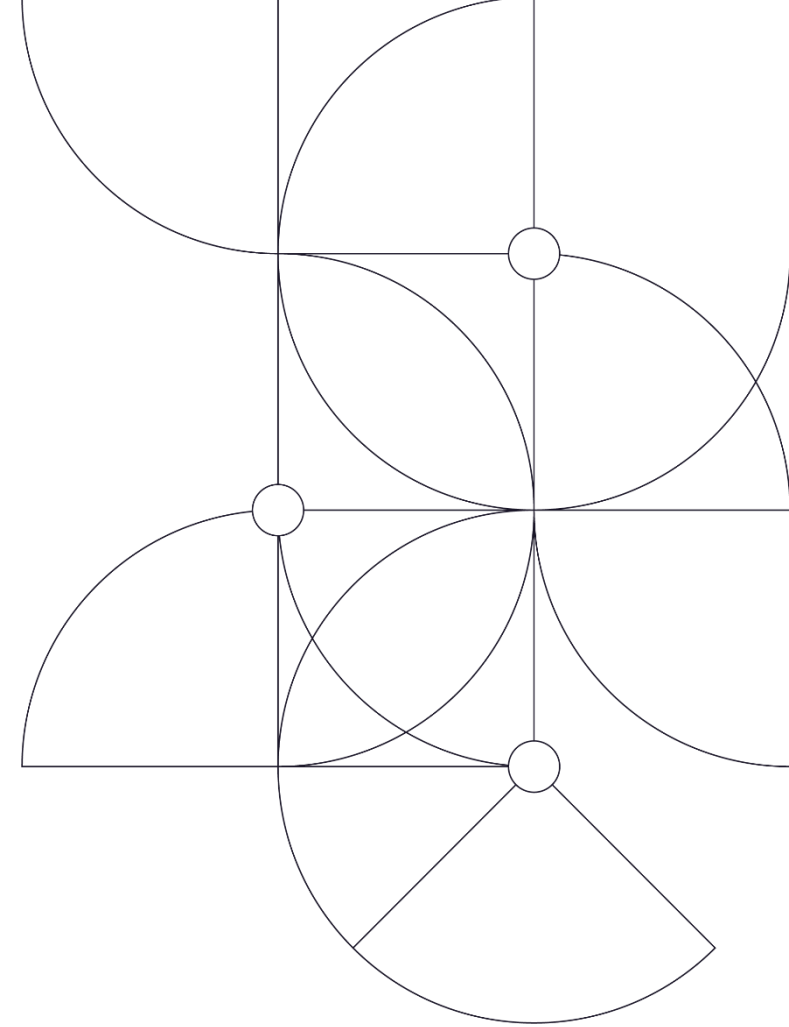




# Identifying the Health Inequities and Drivers of Those Inequities Along the Patient Journey

Prepared for DHC Summit  
May 24, 2023

Impact where it matters.



# All healthcare sectors are driving toward health equity with increasing momentum



## Life sciences

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- Pharma
- Biotech
- Device manufacturers



## Providers

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- Health systems
- Hospitals
- Clinics



## Payers

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- Health insurance
- Payviders
- PBMs



## Others

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- Government
- Supply chain
- Consultancies

## Health equity activities

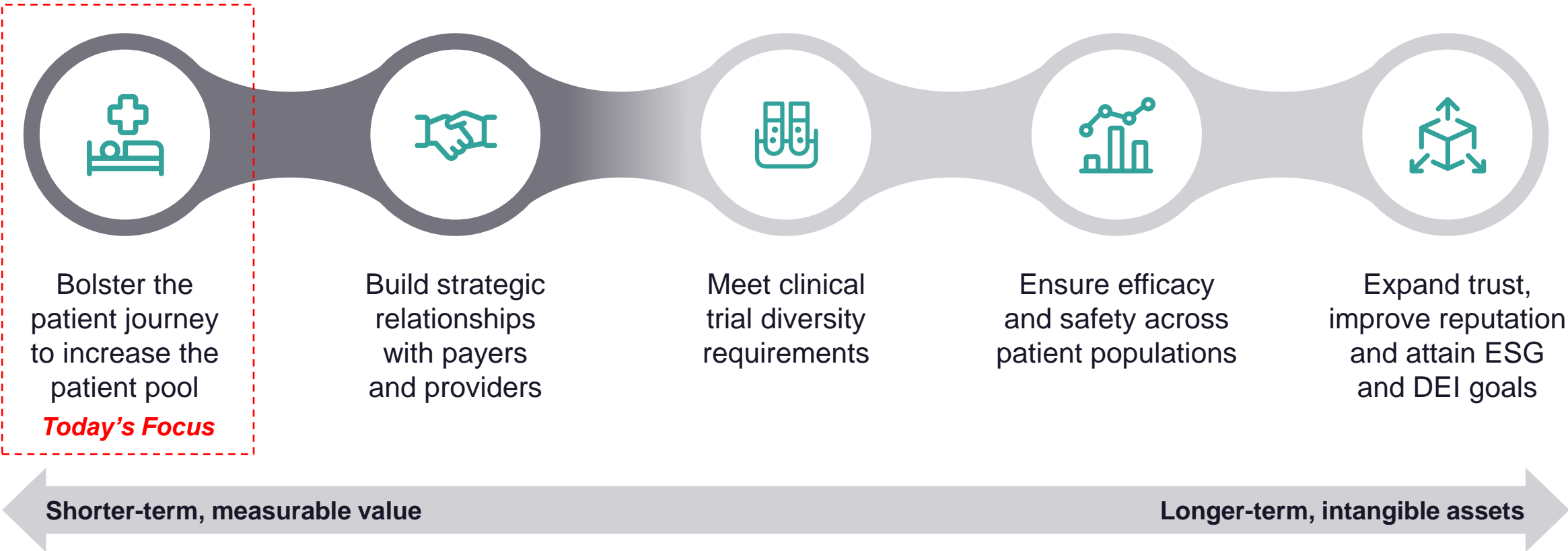
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- |  |  |   |  |
|--|--|---|--|
| <ul style="list-style-type: none"><li>• Trials</li><li>• Grants</li><li>• Partnerships (PAGs, CBOs, providers)</li><li>• Patient support</li></ul> | <ul style="list-style-type: none"><li>• Awareness programs</li><li>• Trial recruitment</li><li>• Community engagement</li><li>• HCP training</li></ul> | <ul style="list-style-type: none"><li>• Awareness programs</li><li>• Access</li><li>• Low-cost screening</li><li>• Community engagement</li></ul> | <ul style="list-style-type: none"><li>• Policy</li><li>• Population health programs</li><li>• Data generation and interoperability</li><li>• Funding</li></ul> |
|--|--|---|--|

# The business case for life science investment in health equity includes repairing the patient journey

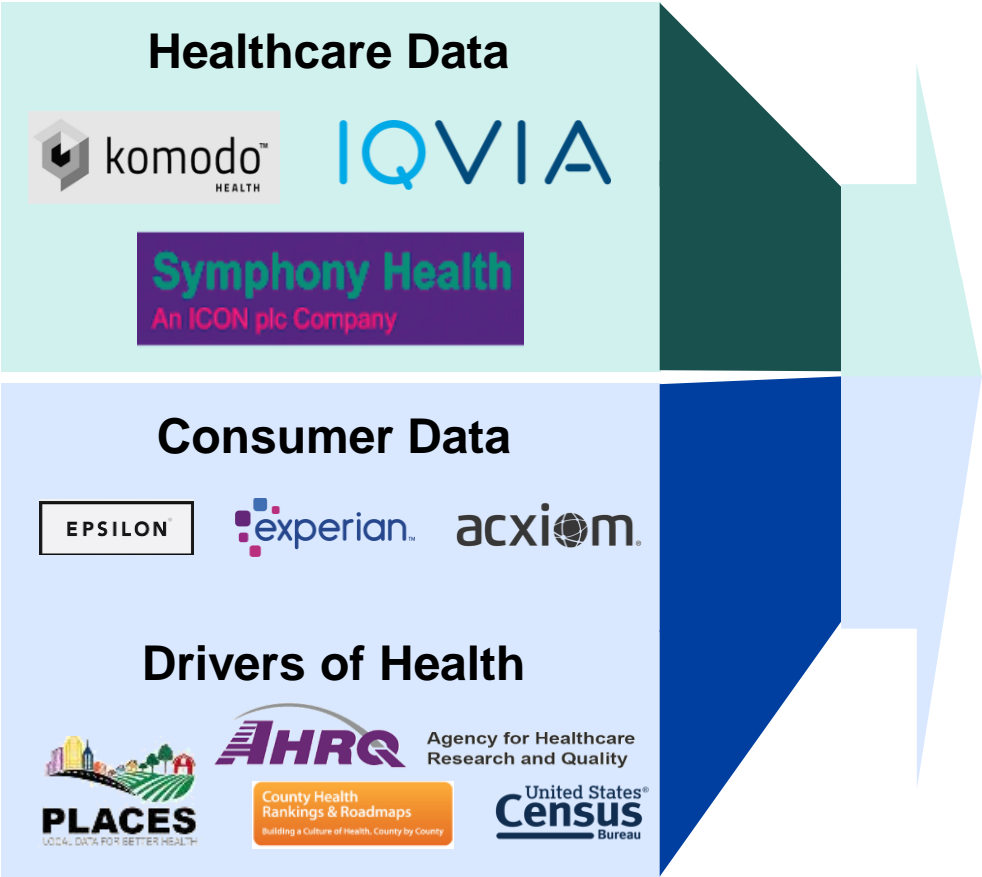
## Commercial focus

## Longer-term commercial value

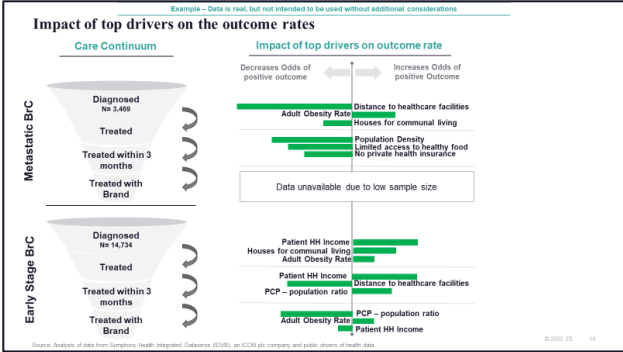


# Methodology – we integrate healthcare claims with drivers of health data to understand disparities driven by SDoH

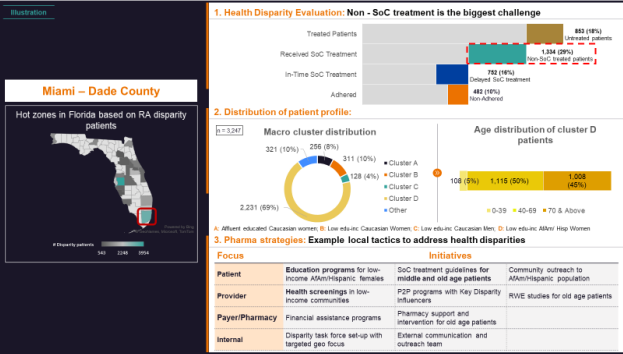
## Analytical Approach



## Drivers and Opportunities

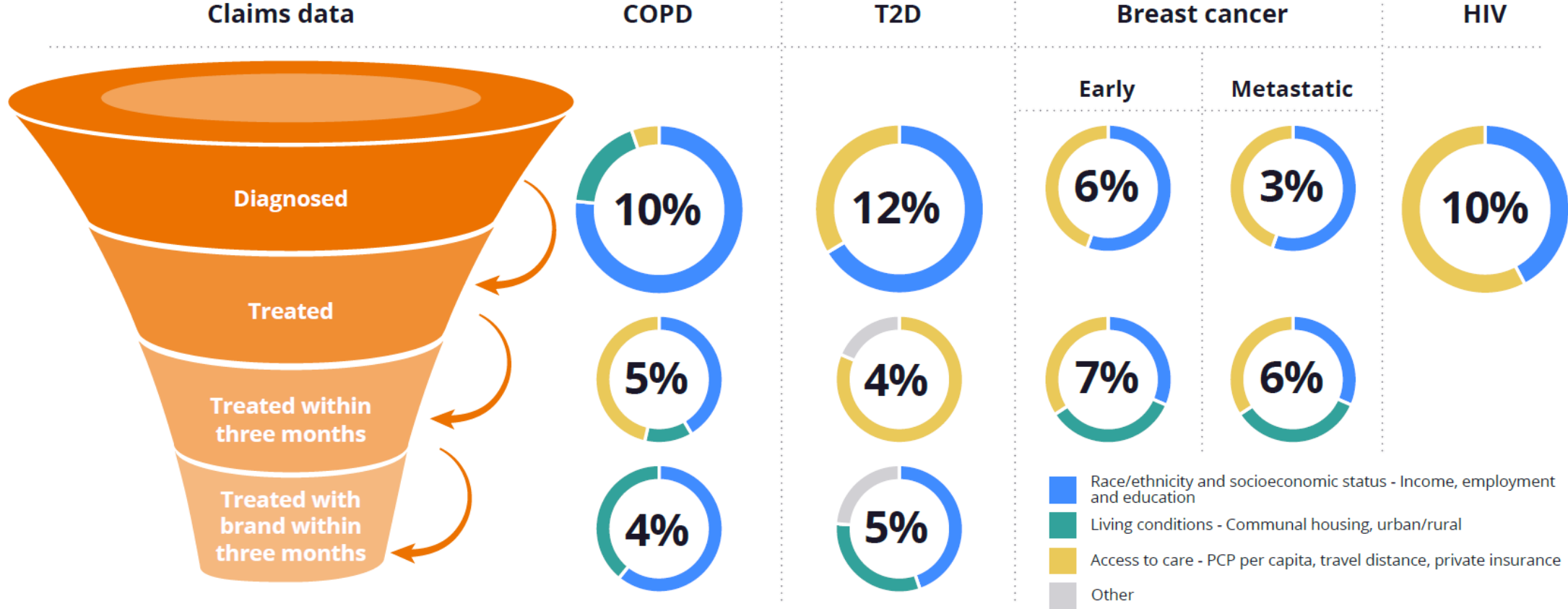


## Geographic Profiles



## And other "lens"...

# Non-clinical barriers represent an opportunity to increase drug treatment rates by ~10% and branded treatment rates by ~5%

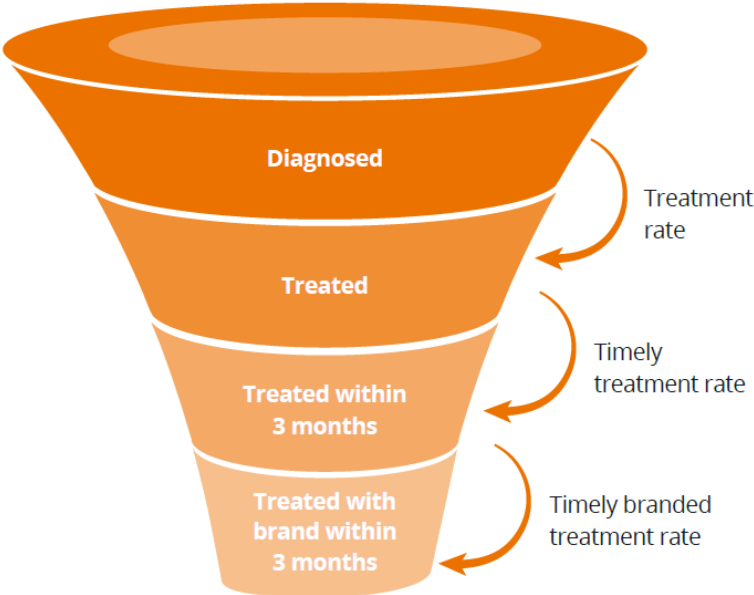


**Compounding these effects can increase the number of patients on branded therapy by 50%+**

# A granular disparity analysis lets us look at the problem from different lens and apply different interventions

## Patient Journey

How large are the disparities in each step of the patient journey?



## Lens of Disparity

### Patient Segments

Who are most affected by the disparities?

**Data required:** e.g., individual-level demographic, SOGI, language

### Geographic Hotspots

Where are the disparity concentrated?

**Data required:** e.g., geography-level, health system-level, HCP-level

### Systemic Barriers

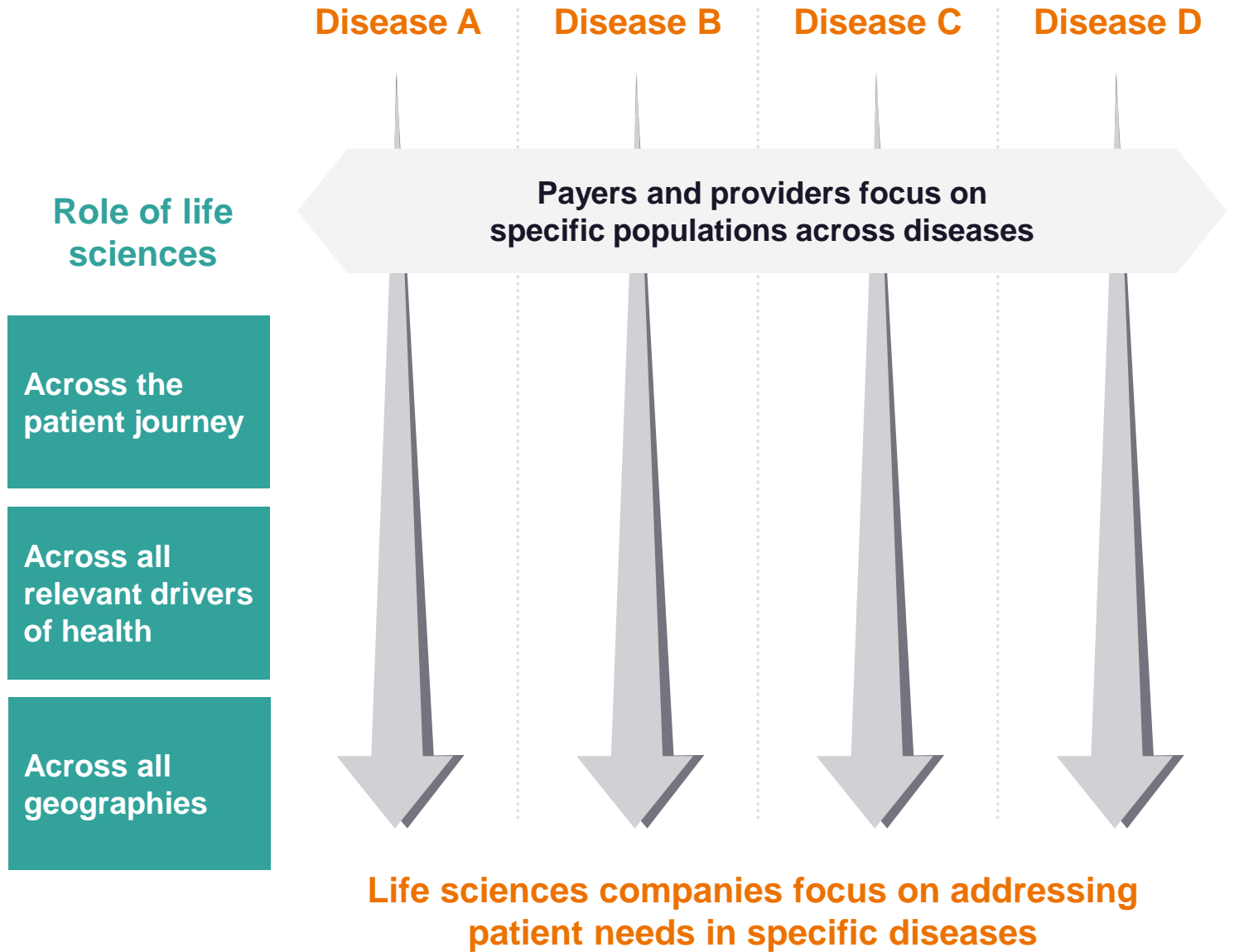
What causes the disparities?

**Data required:** e.g., individual-level, SDoH, consumer, environmental

## Potential Activities

- Identify national partners
- Customize digital channels
- Tailor engagement for culture and language
- Hone field focus and messaging
- Identify local partners (e.g., health systems, CBOs)
- Evaluate alternate channels of care (e.g., in rural areas)
- Identify programs / partners to address barriers (e.g., travel)
- Shape advocacy agenda

**Life sciences companies have unique roles to play in health equity**



# What should life sciences companies do to move the needle on health equity?



## Strategy, role and remit definition



## Opportunity evaluation



## Business process



## Value-added partnerships

### Where do I start?

- Establish clear accountability to lead health equity and drive change

- Understand disparities in your focus disease areas through data, analytics and directly from your patients

- Understand the current state of health equity activities within your organization

- Assess healthcare organizations and customers' willingness and capability to address health equity

### Where do I go from there?

- Create strategic pillars, a dedicated function and a team
- Clarify roles and responsibilities of different functions

- Identify and quantify disparities
- Prioritize and invest in individual health equity programs
- Track and measure impact

- Integrate health equity into launch and quarterly business plans
- Standardize processes for inclusive marketing, patient materials and messaging

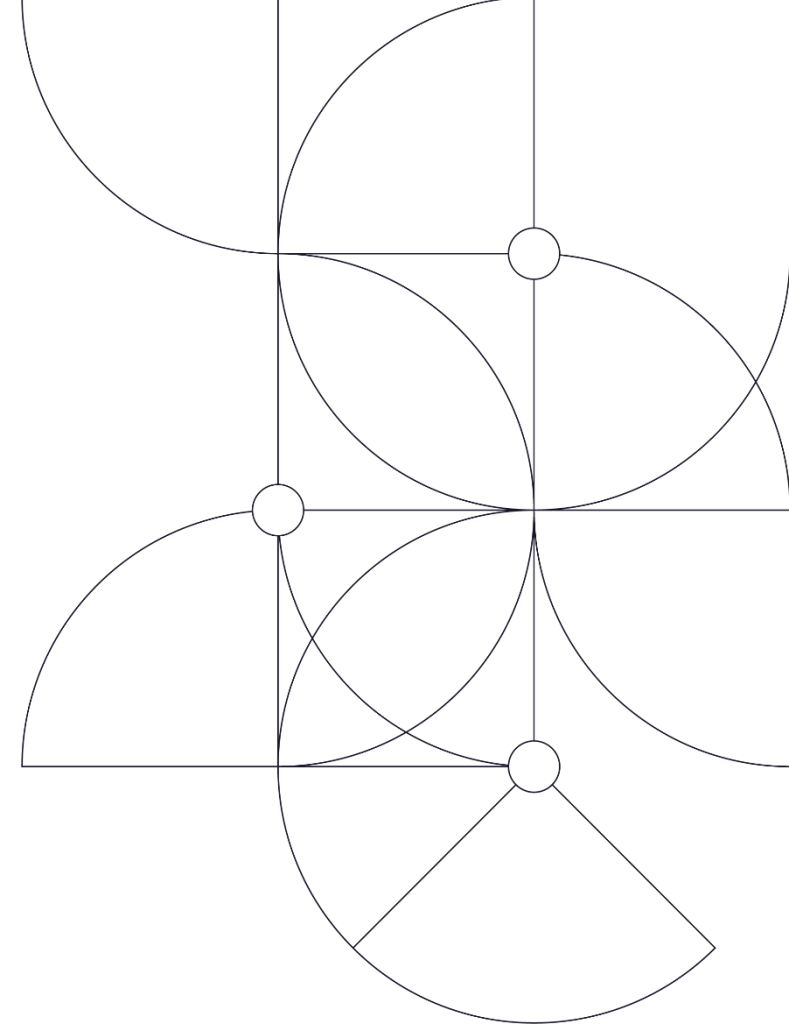
- Develop capability to form compliant partnerships with organizations with mutual risks and benefits





**Thank you!**

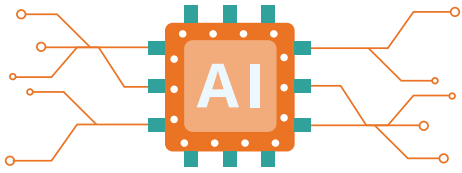
Impact where it matters.



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# Appendix

# ZS SDoH Data is aggregated across multiple public sources and refined by analytical techniques



## ZS' Risk Propensity Framework

14 types of risk scores across 4 social paradigms

Risks to health care access	Behavior risks	Community and social risks	Socio-economic risks
Healthcare access	Behavior & lifestyle	Family instability	Food Insecurity
Coverage	Mental Health	Social integration	Housing
Access to transport		Racial segregation	Financial
Digital Adoption		Exposure to violence	Risk to education & awareness

Illustrative public dataset used as *For risk score definitions, please click [here](#)*

We are continuously scanning and including more information sources

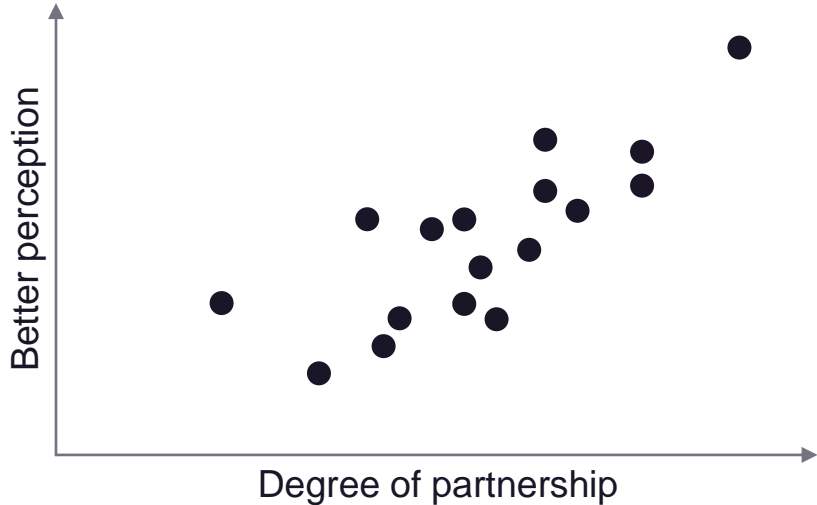
The Health Inequality Project



# Health equity partnerships present a unique opportunity to create partnerships and improve perceptions

## Strategic relationships

Each dot is a life sciences company



**80% of health systems** are doing or planning **health equity initiatives**

More than **3 in 5 health systems** are partnering with **community organizations**

Only **1 in 5** are working with **life sciences**

**More and better partnerships create better perceptions with health systems**

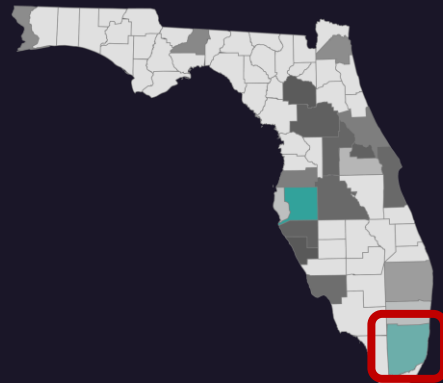
Source: ZS Provider Organization Partnership Survey, 2022



Example – Data is real, but not intended to be used without additional considerations

## Miami – Dade County

Hot zones in Florida based on RA disparity patients

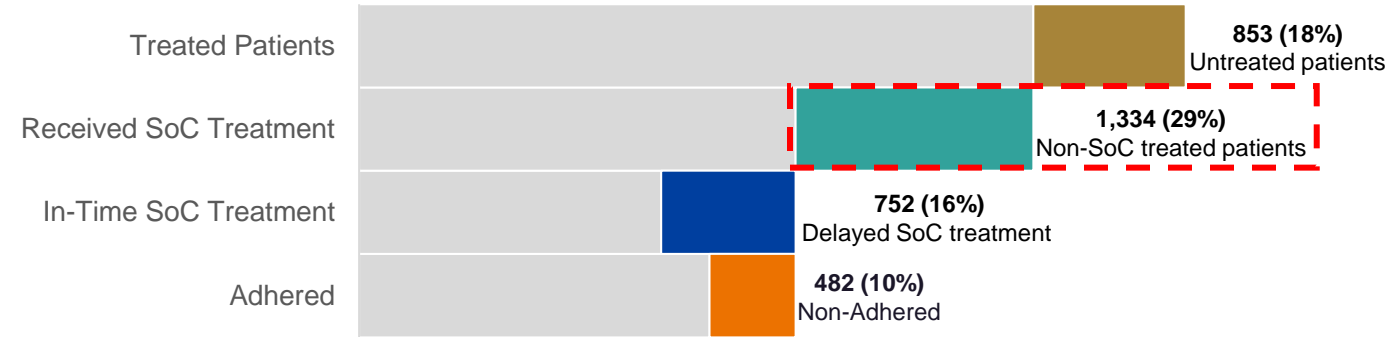


Powered by Bing  
© GeoNames, Microsoft, TomTom

# Disparity patients  
543 2248 3954

Source: Analysis of data from Symphony Health Integrated Dataverse (IDV®), an ICON plc company and public drivers of health data

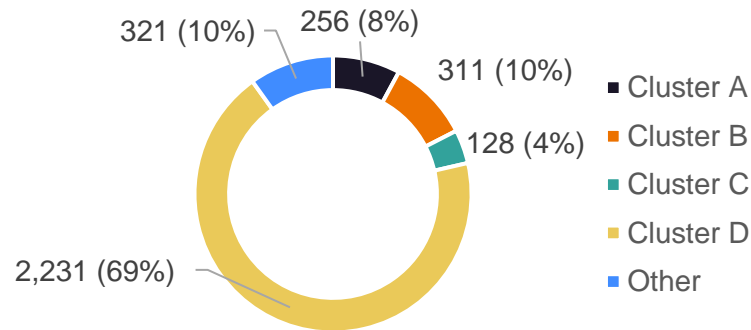
## 1. Health Disparity Evaluation: Non - SoC treatment is the biggest challenge



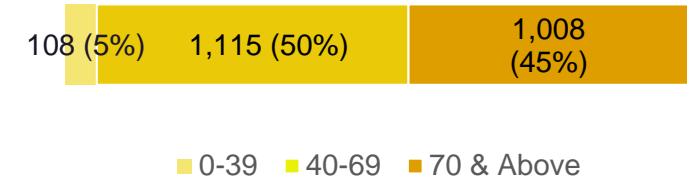
## 2. Distribution of patient profile:

n = 3,247

### Macro cluster distribution



### Age distribution of cluster D patients



A: Affluent educated Caucasian women; B: Low edu-inc Caucasian Women; C: Low edu-inc Caucasian Men; D: Low edu-inc AfAm/ Hisp Women

## 3. Pharma strategies: Example local tactics to address health disparities

### Focus

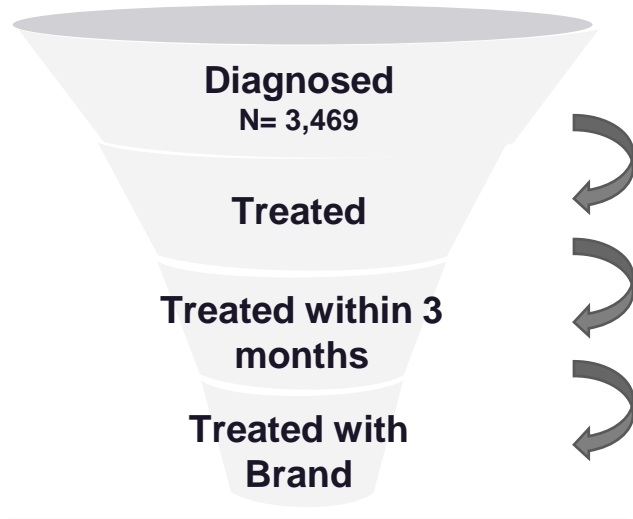
### Initiatives

Focus	Initiatives
<b>Patient</b>	Education programs for low-income AfAm/Hispanic females; SoC treatment guidelines for middle and old age patients; Community outreach to AfAm/Hispanic population
<b>Provider</b>	Health screenings in low-income communities; P2P programs with Key Disparity Influencers; RWE studies for old age patients
<b>Payer/Pharmacy</b>	Financial assistance programs; Pharmacy support and intervention for old age patients
<b>Internal</b>	Disparity task force set-up with targeted geo focus; External communication and outreach team

# Impact of top drivers on the outcome rates

## Care Continuum

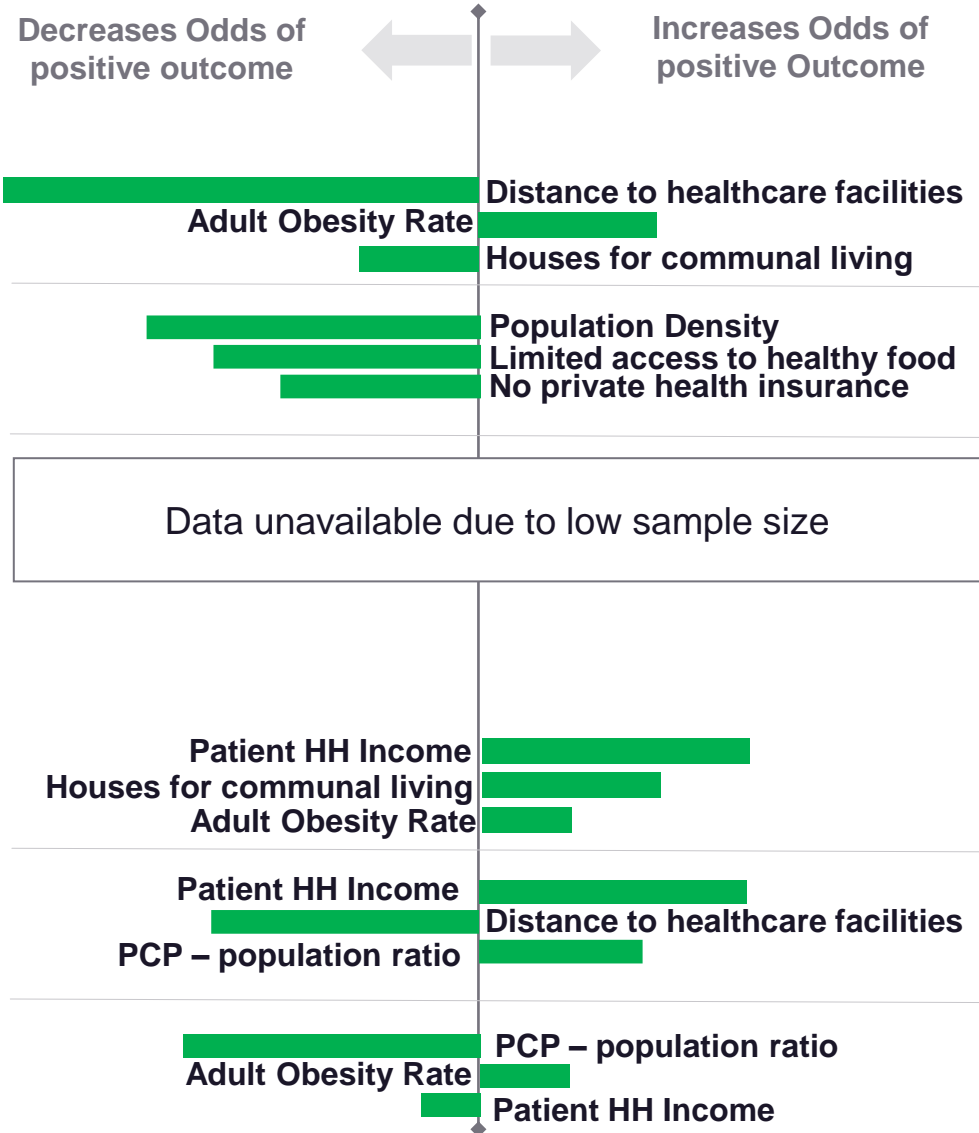
Metastatic BrC



Early Stage BrC

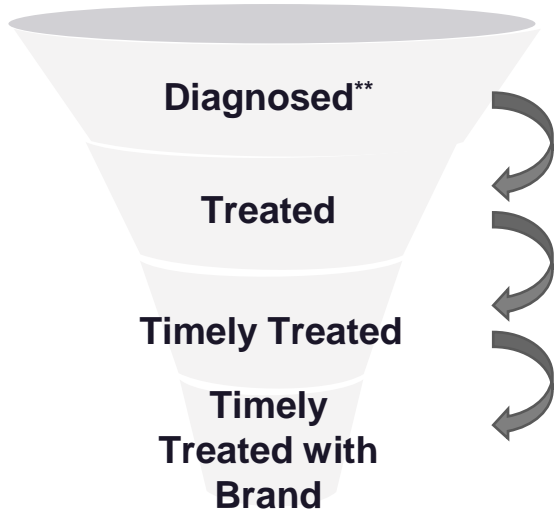


## Impact of top drivers on outcome rate



# Existing care gaps and opportunity present at various levels of the patient funnel

## Metastatic BrC Care Continuum

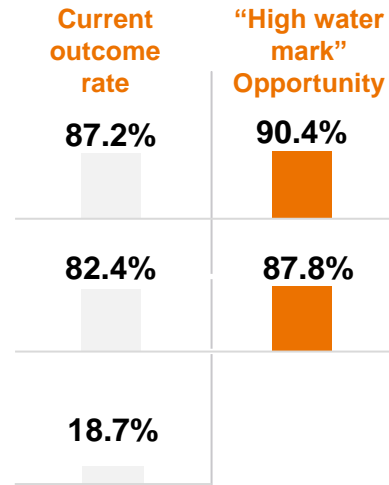


### Top 3 drivers

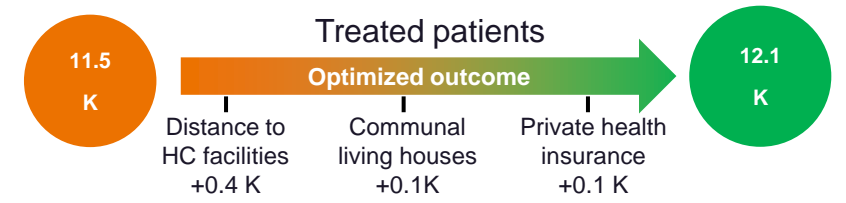
1. Distance to healthcare facilities
  2. Communal living houses
  3. Private health insurance
1. Population Density
  2. Limited access to healthy food
  3. No private health insurance

Data unavailable due to low sample size

## Actionable Opportunity

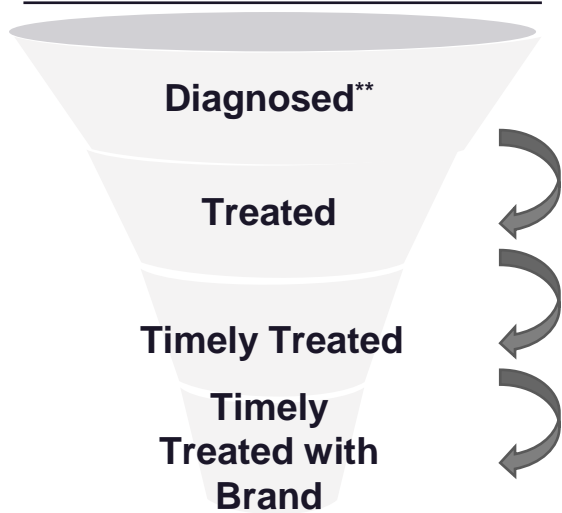


## Current outcome to maximized outcome (for USA population)

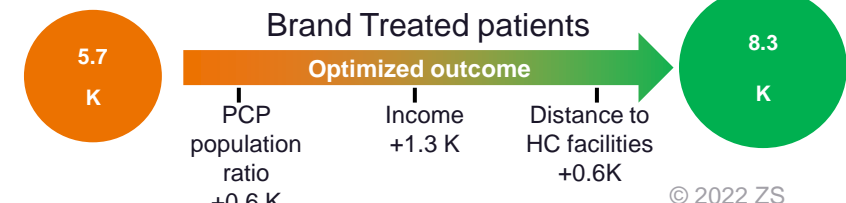
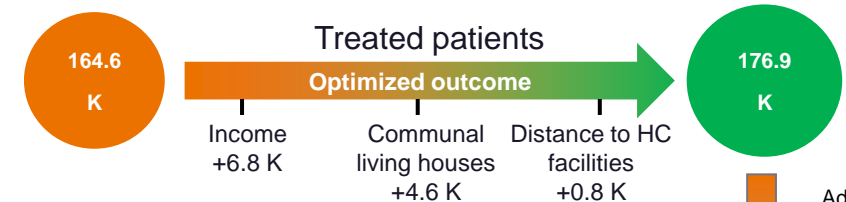
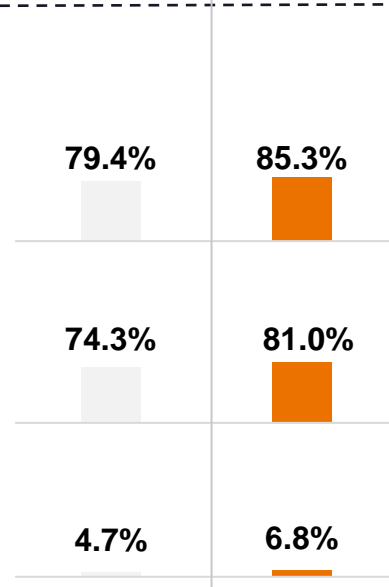


Opportunity assessment infeasible due to low sample size

## ES BrC Care Continuum



1. Income
  2. Communal living houses
  3. Distance to healthcare facilities
1. Income
  2. Distance to healthcare facilities
  3. PCP – population ratio
1. PCP – population ratio
  2. Income
  3. Distance to healthcare facilities



+2 K

Added braded treatment patient due to trickle-down from treatment and timely treated stage