

FRONTIERS HEALTH 2023:

24 KEY TAKEAWAYS IN HEALTH INNOVATION

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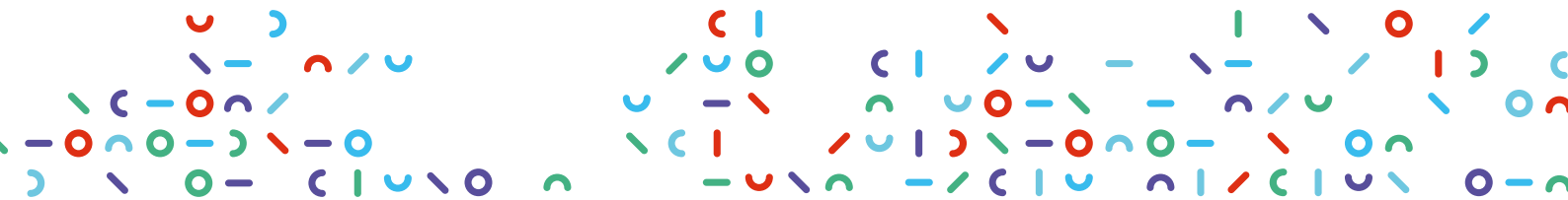
On 8th November, Healthware Group and EVERSANA brought together some of the biggest names in health innovation in the heart of Rome for Frontiers Health, a global health innovation event with a strong focus on breakthrough technologies, digitally augmented therapies, healthcare transformation, investments and ecosystem development.

The conference was an opportunity for experts, investors, patients, and other stakeholders from across the industry to come together and explore ongoing challenges, strategic trends, and scalable solutions likely to impact healthcare.

Here are 24 key takeaways from the 2023 Frontiers Health event.



- 1. Rethinking the role of patients in research | 2. Elevating the patient experience through precision medicine | 3. All patients deserve an all-access pass to healthcare | 4. Precision medicine + AI = personalised healthcare | 5. Let patients and HCPs lead innovation | 6. Consumerisation of digital health | 7. The rise and fall of AI in drug development | 8. Breaking the echo chambers | 9. Harnessing the power of storytelling | 10. Self-care is healthcare | 11. A grand new world tour of healthcare | 12. Great(er) expectations | 13. Look beyond hype cycles | 14. Don't be afraid to fail, loudly | 15. Creating tangible value | 16. What does success mean to you? | 17. Right time, right place, right people | 18. Systemic problems require systemic solutions | 19. Fragmented regulations are holding back DTx's potential | 20. The European situation | 21. The APAC perspective | 22. Addressing policy and terminology gaps in the US | 23. An ounce of prevention is worth a pound of cure | 24. The time has come to put the pieces together



#1

RETHINKING THE ROLE OF PATIENTS IN RESEARCH



Silvia Cerolini,
Eyes on the Future CEO

Too many times, patients are just considered patients by the industry, detailed a presentation from Eyes on the Future CEO Silvia Cerolini, but these individuals have the potential to become unique partners – and veritable experts – in accelerating clinical research for rare diseases.

She highlighted three key lessons that companies need to learn:

- A. Treat patients as team members
- B. New business models are needed to solve for rare diseases
- C. Innovation is needed as an enabler.

To get there, she said, the industry must rebuild the idea of the patient role and address the disconnect between patients, caregivers, and research. Digital health can help bridge those gaps.

“We’re really just scratching the surface of what a true partnership with patients can do,” Cerolini said. “And I want to challenge you all today to think differently about the role that patients can play across the entire life science and health value chain.”

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#2

ELEVATING THE PATIENT EXPERIENCE THROUGH PRECISION MEDICINE



Hakim Yadi,
Closed Loop Medicine,
CEO and Co-Founder

While it may seem like an obvious statement, improving the healthcare journey for patients is a fundamental task. Closed Loop Medicine's CEO and co-founder, Hakim Yadi provided a clear demonstration of how digital tools can help to address patient challenges head-on during his presentation on how a data-driven approach to dose optimisation can improve the effectiveness of treatments.

Historically we have prescribed medications for their average effects in a population, rather than how they perform for each individual in daily life, he explained, which means that there is a huge opportunity to fine tune and understand the balance between efficacy and side effects for individual therapeutics and individual patients.

"Treatments should be data driven," says Yadi. "We live in a world where we can collect high fidelity information from biomarkers, wearables, and patient reported outcome measures that matter to patients, rather than ones that we define ourselves. So why can't we bring these two ideas together?"

Investing in this area can improve adherence and engagement, but it takes effort. Ultimately, though, solutions that don't bring with them a strong patient experience are doomed to fail in execution, no matter how well they might work on paper.

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#3

ALL PATIENTS DESERVE AN ALL-ACCESS PASS TO HEALTHCARE



Ty Greene,
Health Equity Lead
at the World
Economic Forum

We're living in a moment of major breakthroughs, but those breakthroughs coincide with profound access disparities. Health equity is not just a South African problem, a US problem, or a UK problem. It's a global problem, and we must think globally to look for innovations from different markets. It's all about empowering people by making life easier for healthcare employees, improving the supply side, and lowering the demand for healthcare by helping patients and families take ownership of their own health. And in addition to being a global problem, health equity is an everyone problem.

Stakeholders need to look internally to see what they can do to help bring equitable healthcare to everyone. The World Economic Fund's "Zero Gap Pledge" is a good place for companies to start to signal their commitment to this work.

"We're focused on assuring that any stakeholder is really taking the challenge of health equity to heart and really focusing on health equity," said Ty Greene, health equity lead at the World Economic Forum. "This pledge is really our attempt at assuring there's momentum. The goal here is to make sure health equity is embedded as a priority [not just as lip service or philanthropy]."

"I do think that if we can leverage the pledge to get not just more participants but more fully committed participants, I think that's going to be key," added Bruce Thomas, founder and managing director of the Arcady Group. "The organisations are only going to be able to bring all their capabilities to bear if it is a whole-hearted, not a casual commitment."

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#4

PRECISION MEDICINE + AI = PERSONALISED HEALTHCARE



Pierantonio Russo,
Chief Medical Officer,
EVERSANA

The way that we evaluate risk has come a long way since the days of Babylon, as EVERSANA Chief Medical Officer, Dr Pierantonio Russo illustrated during his keynote address on the topic of AI Enhanced Care Pathways.

“Today, the large volume of data, powerful computers and mathematical models converge to support the production of predictions through various forms of AI,” he said. “Indeed, most of the applications in medicine use machine learning in various forms to support personalised medicine. The right treatment, for the right patient, at the right time, by the right doctor.”

Achieving the ambitious goal of delivering precision medicine through traditional care delivery systems has been difficult, he explained, but there is increasing evidence that ML techniques and AI assisted pathways will get us to the point of value care.

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#5

LET PATIENTS AND HCPS LEAD INNOVATION



Piers Kotting,
CEO at RareCan

“No patient population is too small to scale for,” said Piers Kotting, CEO at RareCan in a panel discussion on innovating from the patient and HCP perspective.

Touching on the challenges of scaling patient and HCP-led innovations, Kotting stressed the importance of addressing genuine problems that matter to both patients and healthcare professionals, adding that these innovations, though potentially slower in development, have a higher likelihood of scaling up.

“We have this sense that we should grab everything that looks good, and that success looks like world domination,” he explained. “But, I think that sets us up for failure.”

“If a small group of HCPs can provide something that is very impactful for a very small group of patients, then it is scalable. It doesn’t have to have a big utility,” he said.

The discussion further explored the scalability of innovations, with panellists noting that unrealistic success expectations, influenced by investor needs, can hinder scaling. Instead, speakers advocated for metrics aligned with clinical outcomes and problem-solving as more accurate indicators of scalability.

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#6

CONSUMERISATION OF DIGITAL HEALTH



Pierpaolo Iagulli,
Chief Operating Officer
and Co-Founder,
Newel Health

Pierpaolo Iagulli, the Chief Operating Officer and Co-founder of Newel Health, shed light on the formidable challenge of user engagement in digital health. Iagulli highlighted the paradox where wellness apps lacking scientific backing attract millions of users, while clinically validated start-ups, despite significant funding, grapple with capturing user engagement. He emphasised a crucial insight: clinical validation and motivated users do not guarantee sustained and meaningful engagement.

“Even clinical validation and motivated users aren’t a guarantee that an app will actually be interesting to users enough to create sustained, meaningful engagement,” he said. “We need to design for scale, but still provide a unique experience to each user.”

So too does the way we measure success in digital health need to evolve. As Healthcare Engage Managing Director James May pointed out, most everyone agrees that healthcare should be more customer centric, yet success often centres around KPIs, which are company centric. Instead, he said, the focus should be customer experience indicators, including efficacy, accuracy and trust.

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#7

THE RISE AND FALL OF AI IN DRUG DEVELOPMENT



Alex Zhavoronkov,
Founder and CEO,
Insilico Medicine

AI has long been a key talking point in healthcare, but in 2023, generative AI is the new kid on the block. With GenAI, clinicians can streamline arduous tasks and improve patient care with data-driven insights into dose optimisation and treatment selections.

“AI is changing in a very big way,” explained Alex Zhavoronkov, Insilico Medicine. “But, while there is much hype surrounding GenAI and AI in consumer applications in AI-powered drug discovery, we are currently living through a winter of doom and gloom.”

This decline in AI drug discovery is partly due to the fact that no AI-discovered and AI-designed drug has complete phase II for a broad disease since ImageNet 2014, said Zhavoronkov, and the companies that focused solely on the software side of AI, failed. Many big pharmaceutical companies still do not believe in the power of AI software for the creation of new therapeutics.

With GenAI, however, drug developers can identify patterns in data in a matter of moments to accelerate the application of precision healthcare. But GenAI’s success in drug development and patient care won’t come from technology alone. We need a combination of quality data, effective change management within organisations, educated and upskilled workforces, and powerful tech to realise the tool’s true potential in healthcare.

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#8

BREAKING THE ECHO CHAMBERS

“Breaking out of the echo chamber also requires a willingness to challenge said narratives.”

*Digital Medicine & DTx
Global Policy Summit*

Achieving the ambitious goals set out in healthcare will require collaboration between stakeholders. The challenge is that industry, regulators, and insurers have commonly been siloed in healthcare innovation conversations, and patients are often left out altogether.

Representatives from all these areas should have a place at the table and should have a voice and presence at industry conferences to avoid existing in an “echo chamber.” Breaking out of the echo chamber also requires a willingness to challenge said narratives. We shouldn’t be afraid to ask big questions about what we mean by scale, what kind of evidence standards we should hold new technology to, or how payment structures will work in the healthcare system of the future.

This idea cropped up in a variety of forms across the event. At the Digital Medicine & DTx Global Policy Summit, for instance, there was a strong focus on bringing together regulators, innovators, and end users as well as bringing together stakeholders from different regions to learn from one another. In the session “How Can Pharma Get a Digital Advantage?”, speakers talked about the importance of eliminating siloes within an organisation to broaden perspectives and improve cooperation. And across the conference, but notably in Silvia Cerolini’s opening keynote, speakers stressed the importance of incorporating the patient perspective across the healthcare spectrum.

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#9

HARNESSING THE POWER OF STORYTELLING



Charles Alessi,
Chief Clinical Officer
at Editohealth

In saturated markets, how you convey your message is often as important as the message itself. Building a narrative around your company can elevate its position in the minds of customers, helping to change minds and drive engagement.

“Start-ups are reluctant to embrace storytelling,” said Dr Charles Alessi, chief clinical officer at editohealth during the FH+ panel discussion. “The most powerful claim in advertising is truth well told. But, if you’re too hype you don’t help, if you’re too bold you’re unbelievable. It’s tough to find that balance between braggadocious and humble with an accurate middle ground.”

As such, he explained, it’s important to tailor your message for your audience, be it investors, potential customers, journalists, or your end user – especially if that’s the patient.

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#10

SELF-CARE IS HEALTHCARE



Lucas Scherdel,
Global Vice President
of External Innovation
and Partnering for Bayer
Consumer Health

Patients have enormous potential to become active agents in managing their own health care, using evidence-based interventions and tools to monitor and manage their health. Lucas Scherdel, global vice president of external innovation and partnering for Bayer Consumer Health, illustrated this growing appetite for healthcare information among consumers by highlighting that Google receives approximately 200 billion health-related searches each year.

“Self-care is not just about bubble baths and looking after yourself, it is one of the biggest socio-economic opportunities that we have in this century and one of the greatest opportunities to impact patients in their care continuum and change the way that we approach healthcare innovation in the 21st century,” he said.

Recognising the significant socio-economic opportunity in self-care, integrating digital health and digital therapeutics offers a pathway to accessibility and cost-effectiveness in healthcare. Moreover, a shift towards a holistic approach, utilising wearables, AI, and building trust through strategic partnerships, aims to navigate cultural barriers and encourage proactive health management.

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#11

A GRAND NEW WORLD TOUR OF HEALTHCARE



Jessica DaMassa,
Founder & Host,
WTF Health

Gone are the days when healthcare only takes place within the confines of traditional medical locations, said WTF Health's Jessica DaMassa during her talk on The Hot New Spaces of Health in the US: Big Retail, Virtual Pharmacies, & The American Stomach.

"These new spaces of healthcare in the US are really coming from the confluence of three trends [consumerisation, digitisation, and economisation] that started before the pandemic and really found a tailwind during the pandemic. Now, especially in the US, we are enabled technology and consumer choice, and that environment is creating new spaces of health."

With big names in the consumer pharmacy world, such as Walgreens and CVS, stepping into the primary care market and Amazon's agile subscription model and virtual pharmacies transforming patient experiences, she explained that there is a clear shift in how and where healthcare is delivered. Importantly, said DaMassa, consumers now expect healthcare to be easily accessible wherever they are in the country. Both in and out of the home.

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#12

GREAT(ER) EXPECTATIONS



Aziz Mellal,
COVID-19 International
Test to Treat Lead
at Pfizer

A new generation of patients with greater expectations for healthcare is emerging alongside the rise of new healthcare spaces. Today's consumers demand healthcare that reflects and integrates into their lifestyles. From digital apps, wearables, and easier access to information, this shift is driving a more holistic and seamless approach to healthcare delivery.

This mindset shift is a prime opportunity for companies to address fragmentation in healthcare delivery, as COVID-19 international test to treat lead at Pfizer, Aziz Mellal highlighted during a fireside chat with WTF Health's Jessica DaMassa.

Using the learnings gained from the pandemic, he explains that Pfizer is working to "connect the dots" using a consumer-friendly platform that merges the different aspects of a patient's journey.

"We have aspiration of bringing all of the pieces of the puzzle together," he said. "So, you can get tested, get a consultation, and fill your prescription in a one-stop-shop platform."

Applying this framework internationally requires companies to understand and adapt to the cultural norms and expectations seen in different countries.

"To have a scalable impact, it needs to be highly relevant – beyond relevant – to people in that area. That's the reality," he said.

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#13

LOOK BEYOND HYPE CYCLES



Fredrik Debong,
Co-Founder and CEO,
hi.health

Following a surge of digital health investment in 2021, start-ups have struggled to navigate the highs and lows of the post-pandemic healthcare landscape. It's easy to get caught up in the excitement of innovation, but if digital health concepts are not scalable or sustainable, they will not survive in the long run, explained hi.health co-founder and CEO Fredrik Debong during a special FH+ panel.

“Blood, sweat, and tears isn't a currency in itself, if your solution doesn't add value to the market then it will likely fail,” he said.

Instead, Debong stressed that stakeholders should adopt a forward-looking perspective, exploring where digital health will be in two to three years. The focus, he said, should be on identifying future healthcare needs and providing guidance for corporates, investors, and start-up founders.

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#14

DON'T BE AFRAID TO FAIL, LOUDLY



Matthew Holt,
Founder/Author,
The Health Care Blog

Healthcare companies tend to amplify stories of success and need to be more active when discussing less fruitful ventures. However, failure can often provide more insight than success. As The Health Care Blog founder, Matthew Holt, noted during a special FH+ panel, even the biggest companies will have a story about failures, and sharing these narratives publicly with our peers helps to highlight universal challenges and accelerate development in healthcare.

“The inclusion, camaraderie, openness is good here. For the future, let’s start thinking back and concentrating on how to manage change,” he said. “It looks and feels like failure, but in essence it’s a change of ownership of assets that have been developed – how do you manage that?”

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#15

CREATING TANGIBLE VALUE



Roberto Ascione,
Healthware Group
CEO, Frontiers
Health Chairman

As we've seen with recent failures in the space, strong efficacy data and high-visibility partnerships are not enough without a viable business plan and a path to profitability. In order for investors to become interested in investing larger amounts in digital health, there is a strong need for more examples of true value creation.

Based on his experience of "success" and "less successful", Healthware CEO Roberto Ascione explained that there is no one surefire way to ensure the outcome of your endeavour.

"That playbook of 'single focus, growth at all costs, raising as much money as you can', is clearly not working across the board," he says. "It takes a tailored approach, and managers that have vision and commit themselves to extracting value every step of the way can build a successful and sustainable company."

What is needed, according to Ascione, is a non-linear approach. Sometimes that means using tools creatively at different points in the value creation cycle, or making sure there's an alignment of understanding between different partners and stakeholders as you adapt your approach.

"Adaptability is a key trait, being able to pivot based on keen observations of changing market forces is what will separate those that will go the distance and those that won't make it."

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#16

WHAT DOES SUCCESS MEAN TO YOU?



Ozgun Demir,
Head of Digital
Marketing, Genentech

A critical prelude to development in healthcare lies in a company's ability to identify and articulate its vision of success.

"It is important to define what success means for your company, or you will never be able to improve," said Genentech's Ozgun Demir during the panel discussion, How Can Pharma Get a Digital Advantage? "You need to identify success metrics, and constantly measure with the right level of expertise and external partnership."

This proactive approach not only facilitates the identification of suitable partners but also nurtures a company culture that unifies the organisation, propelling it towards the desired outcome.

At another session (Innovating from the Patient and HCP Perspective), Nayan Kalnad, CEO of Avegen, lamented the way that, in digital health, expectations for success can be unrealistic because they're based on the needs of investors. If the metrics were more related to clinical outcomes and whether the technology is solving a problem for patients, he said, it would be more obvious that these solutions can scale.

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#17

RIGHT TIME, RIGHT PLACE, RIGHT PEOPLE



Steven Kusmanto,
Global Digital &
Marketing Excellence
Director, Menarini

Organisational alignment and mindset shifts are two of the most prominent barriers to achieving success in the digital space. The consensus highlights the shift from traditional leadership to a collaborative approach, emphasising the collective responsibility to drive changes and embrace technology in the ever-evolving healthcare landscape.

Steven Kusmanto from Menarini aligns with the need for mindset shifts, advocating for a shift to “community-ship” over traditional leadership. Amidst the buzz of personalised and precision medicine, he stressed the shared responsibility to drive change and adopt technology and that difficult decisions may be necessary for progress.

“You need to get the basics right, and sometimes the biggest challenge is complacency,” he explained. “There will be some people who are happy to come along on the journey, but some people will be complacent.”

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#18

SYSTEMIC PROBLEMS REQUIRE SYSTEMIC SOLUTIONS

“I have never been more optimistic. I used to believe you could work within the system. I now believe what’s really happening is a new system being built around it.”

*Unity Stoakes,
President and Cofounder,
StartUp Health*

Individual innovators can make incremental improvements to the healthcare system, but when problems are caused by large-scale misaligned incentives, only systemic change can solve them. That means that if innovators are really committed to improving healthcare, they may have to widen their scope from technology innovation to lobbying, policymaking, and business model innovation. Sometimes innovation must be disruptive to be effective.

In the final takeaway mega-session on Day 2, this was a theme articulated by many panelists, but especially by One Drop CEO Jeff Dachis.

“All of the incentives are completely misaligned,” he said. “So do we make the big bold moves to make an end run around that system that is not going to change, or do we commit ourselves to incrementalism and just keep chipping away?”

It’s a question that all healthcare innovators have to answer for themselves. But many of Dachis’s fellow panelists were optimistic that incrementalism could create real change overtime.

As PHS Capital investor Steve Seuntjens put it, “in some ways it feels like we’re discussing all the same problems we were 10 years ago. But now you can find proposed solutions and positive proof points for so many of those problems, whereas 10 years ago you couldn’t.”

“I have never been more optimistic,” StartUp Health President and Cofounder, Unity Stoakes added. “I used to believe you could work within the system. I now believe what’s really happening is a new system being built around it.”

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#19

FRAGMENTED REGULATIONS ARE HOLDING BACK DTx'S POTENTIAL



Alberta Spreafico,
Managing Director,
Digital Health
& Innovation
Healthware Group

At the Digital Medicine & DTx Global Policy Summit on Day 3, Alberta Spreafico, managing director, digital health & innovation at Healthware Group, discussed how digital technology has tremendous potential. A whole world of opportunity through digital medical devices can be opened up, Spreafico said, and can be used across the board in healthcare, from primary to tertiary care. The entire care pathway, in other words, can be served by digital technology. Indeed, there is growing scientific evidence and recommendation for use of digital technology for these purposes, including clinical guidelines.

But without globally aligned regulatory structures, best practices, and especially reimbursement policies, these digital success stories will continue to exist in siloes and benefit a limited number of patients.

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#20

THE EUROPEAN SITUATION

At the Summit, representatives from Germany, France, England, Belgium, Italy, and the United States came together to discuss their respective countries' progress in digital health policy and what lessons they could learn from one another.

Germany leads with its DiGA fast-track process, emphasising a learning system with an evolving preliminary pathway. France's PECAN system prioritises rapid access to patients, relying on transitional reimbursement access schemes. Italy, in the process of complete rearrangement, sees a keen interest in digital health, particularly telemedicine.

In England, the NHS is addressing the Wild West of digital health technologies, aiming for parity with medicines in evidence requirements. As deputy director of digital investment strategy for NHS England, Lily Tang, noted the price point in the UK might not be as competitive as Germany and the like, but there is an opportunity to leverage scale across the entire footprint of the NHS.

Speaking on the concept of harmonisation in Europe, Tang highlighted reimbursement, commissioning, and funding – but that what is missing is greater health economic assessment that keeps pace with the evolution of the digital health technology market.

Associate dean, SDA Bocconi School of Management; external advisory board chair European Taskforce for Harmonised Evaluation of DMD, Rosanna Tarricone, added that achieving full harmonization at the EU level will be contingent upon the willingness of jurisdictions and other stakeholders. This process must adhere to the boundaries set by the Medical Device Regulation (MDR) and the Health Technology Assessment Regulation (HTAR).



Rosanna Tarricone,
Associate Dean, SDA
Bocconi School of
Management; External
Advisory Board Chair
European Taskforce for
Harmonised Evaluation
of DMDs

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#21

THE APAC PERSPECTIVE



Roberta Sarno,
Advisor, APACMed

In the APAC region, there is a lack of a specific fit-for-purpose framework to assess value, and coverage is fragmented across countries and solutions. Evidence generation requirements also need to be clarified. In fact, in most APAC countries, reimbursement is very new, and patient voices need to be better incorporated into the policy development framework. Such countries as Japan, Australia, and Singapore lack this framework, so technologies are funded through a mix of private, public, and out-of-pocket mechanisms.

Korea is an interesting new fast-track pathway for technologies and AI. Also, Malaysia and the wider Asian setting. There are huge opportunities for digital health in the Asia Pacific, doctors and patients included, but also for governments trying to build healthcare societies, said Roberta Sarno – Advisor, APACMed, and founder of and global health advisor for D-Health Consulting. Nonetheless, the challenge – as ever – is reimbursement. In order to really drive adoption, then, the question is, who will pay?

Looking for simultaneous decisions through improvements of processes and value-based assessment for innovative technologies is a new pathway for these to enter the clinical field. This will take 120 days, and after approval, side effects have to be reported and evidence accumulated for a period of three years. In 2023, integrated assessment for AI and DTx began. In comparison with DiGA, Korea's framework allows three years of use, after which there is a reassessment of safety and effectiveness. Patient consent will be mandatory.

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#22

ADDRESSING POLICY AND TERMINOLOGY GAPS IN THE US



Marty Culjat,
Global Head of Digital
Medicine & Regulatory
Innovation, EVERSANA

Although the US has been innovating in digital health for more than a decade, confusion around terminology remains a key issue, as many want to know if their software product is a medical device, but the terminology doesn't necessarily align, which impacts guidance and supporting materials for submission, explained Aubrey Shick, digital health advisor for the Digital Health Center of Excellence at the FDA, during a comprehensive overview of digital health in the US.

A great first step, therefore, is the Digital Health Policy Navigator, which helps with understanding of a device. There's also a digital health FAQs page, to know the unknowns; then, there's the Q-Submission and pre-Submissions, she said.

The discussion, which took place during the Digital Medicine & DTx Global Policy Summit, also featured Marty Culjat, Global Head of Digital Medicine & Regulatory Innovation, EVERSANA, who stated that the number one challenge is trying to understand the kind of clinical evidence needed to go to the FDA. It is the same for DTx, he said, the same for digital diagnostics – it's not more, but what kind.

It is hard to have one guidance document to provide all the answers, and then there remain many questions over prognostics and diagnostics, what kind of pathway to choose. DTx are relatively simple from a tech standpoint, but Culjat's take on all this is the defining of evidence requirements, and the importance of real-world data for supporting submissions. There are some suggestions for expanding label from real-world evidence, but not for approval.

There's been a lot of interest from pharma for the companion app framework, he continued, essentially creating an option for including software on the drug label, instead of it being considered a combination product.

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AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE

“We are now able to say whether you have the protein associated with Parkinson’s within you before you have any symptoms.”

*Sohini Chowdhury,
Michael J. Fox Foundation*

When innovators try to envision the future of health, they generally imagine a world where more healthcare resources are spent on screening and prevention, ultimately reducing costs and improving quality of life. That was a major part of Ben Weigand’s presentation recapping the World Without Disease Summit earlier this year.

But in the session “Cardio-Metabolic Diseases: Deploying Precision and Prevention at Scale”, moderated by editoHealth Chief Clinical Officer Charles Alessi, they looked at real moves being made toward this future of prevention right now. For example: the Finnish government.

“So, this is an example of a nation who is taking this extremely seriously, to the degree, I might add, that their aspiration is to spend 50% of their health budget in the future on prevention,” Alessi told pharmaforum in a session preview interview. “Now, what is that going to mean in terms of how their healthcare looks like at the moment? Because this really is revolutionary.”

In Wednesday’s “Beyond Parkinson’s” session, prevention and screening were also discussed. Sohini Chowdhury of the Michael J. Fox Foundation talked about how new game-changing technology

“We have a new CSF measure which is able to detect for the first time whether the pathological hallmark of the disease is present in living individuals ... who have not yet manifested the disease. We are now able to say whether you have the protein associated with Parkinson’s within you before you have any symptoms,” she said. In the future, a simple blood test might be able to screen for diseases like Parkinson’s and Alzheimers.

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THE TIME HAS COME TO PUT THE PIECES TOGETHER

“At some point there will be a tipping point where tech-enabled healthcare is so much better than the status quo that consumers will flock to it.”

*Matthew Holt,
Founder/Author,
The Health Care Blog*

In the final session on Day 2 a huge panel of thought leaders came together to reflect on the last 10 years in healthcare and speculate on the years to come. Although there was some disagreement about the amount of optimism that's warranted, the panel mostly agreed that the changes of the last 10 years were setting up an exciting paradigm shift in the years to come.

“The last 10 years was really about the promise of digital health,” OneDrop CEO Jeff Dachis said. “In the next 10 years we're going to get into the delivery on that promise.”

The Health Care Blog's Matthew Holt suggested that at the rate technology is changing, especially things like AI, it's inevitable that change is coming to healthcare. At some point there will be a tipping point where tech-enabled healthcare is so much better than the status quo that consumers will flock to it.

Change will happen, Healthware CEO Roberto Ascione said, but not in a “single leapfrog moment”.

“So I don't think this will fail. But the question is, how long will this take?” Ascione said. “I think it's a time issue. I think the tricky part of the time ahead is how do we cultivate a sense of urgency that will motivate those who cause roadblocks to remove them or get removed.”

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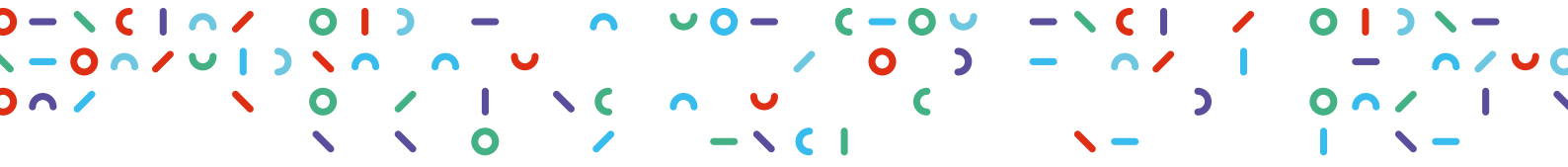


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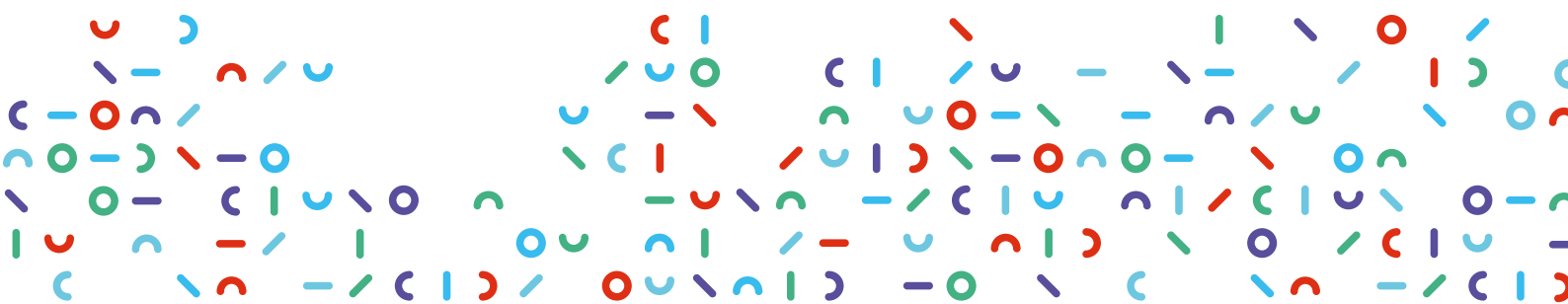
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If you'd like to dive deeper into any of these topics or watch the full sessions on replay, get your playback pass [here](#).

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Jonah Comstock
Editor in Chief, pharmaphorum

Eloise McLennan
Deep Dive Editor, pharmaphorum

Nicole Raleigh
Web Editor, pharmaphorum

Olivia Rybolt
Senior Content Strategist, Healthware International

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