Issue 9 - September 2018

Connect

ANNUAL NEWSLETTER OF THE MRII

The MRII is committed to the promotion of professionalism and best practice for all Healthcare Industry Representatives

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MRII Professional Development & Networking for Healthcare Industry Representatives

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Introducing the New MRII Logo & Branding!

How the design process evolved....

The goal of the project was to redesign the MRII logo and devise a new tagline. We wanted to keep it as simple as possible but to also try to highlight at a glance the core values and benefits of the MRII - education and networking.

We also felt that the MRII needed a new more contemporary logo to reflect the progress and advancement of the organisation.

The design process was based around an initial brief followed by a series of conversations to tease out the main reasoning behind getting the logo updated.

Colour was an important element to get right and several colour combination swatches were developed and presented. The nice orange/red - dark grey combination was eventually selected. We wanted to change the colour palette and move away from the blues and greens of Pharma and medical brands and create something more contemporary that spoke more to innovation and education.

The letter M is presented with two colours and topped with two circles which cleverly indicate two people meeting and shaking hands as networking is one of the main functions of the MRII. To signify this, we introduced a hand shaking motif.

After a few iterations we decided to incorporate the motif into the lettering of the logo. To help achieve this we introduced a contemporary font to the design - Ubuntu. The Capital M in this font works well to facilitate the handshake as its form features a subtle curve.

The overall 'people meeting' concept hit the mark from the start, but it was felt the logo needed a final extra element to give it some unique character. The 'folds' and subtle shadowing was added to give the logo depth and a subtle 3D feel. The logo is presented using these subtle 'folds' and shadows which give it a nice bit of subtle depth and tactility.
The folds, shading and straight lines are carried through when developing other complementary print and digital assets and elements.

Finally, the new tag line was developed and is always presented with the logo forming an integral part of it. It explains the MRII.

We feel that once introduced, the redesign will help to re-enforce awareness and engagement with the MRII for many years to come.

Thank you to all the team at Combined Media for their work on this project.

What's inside...

CONNECT is an annual publication produced in-house by the MRII. For advertising please contact:

info@mrii.ie

or 058 43955

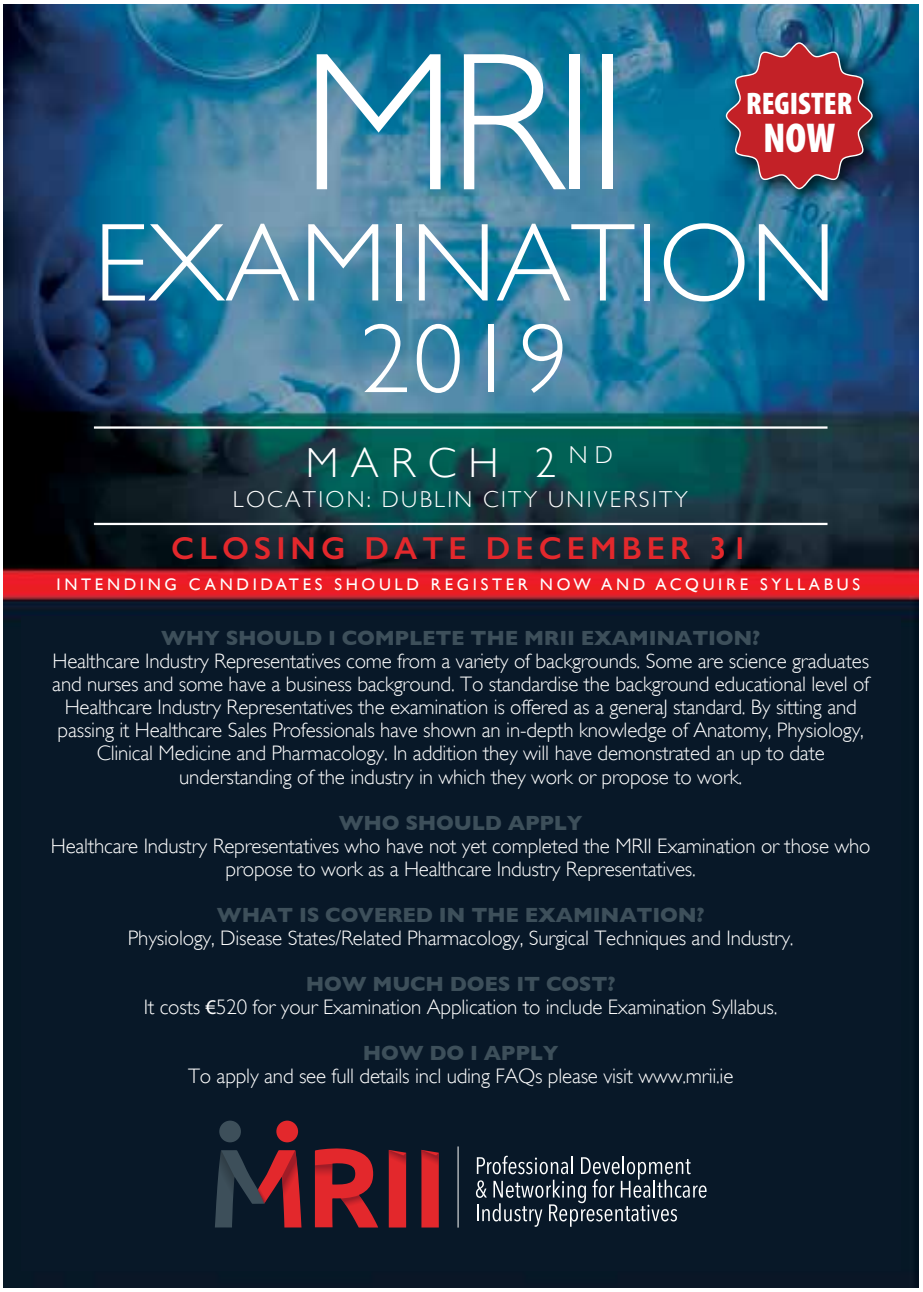
ŠKODA Ireland Sponsor MRII and announce offer for MRII members

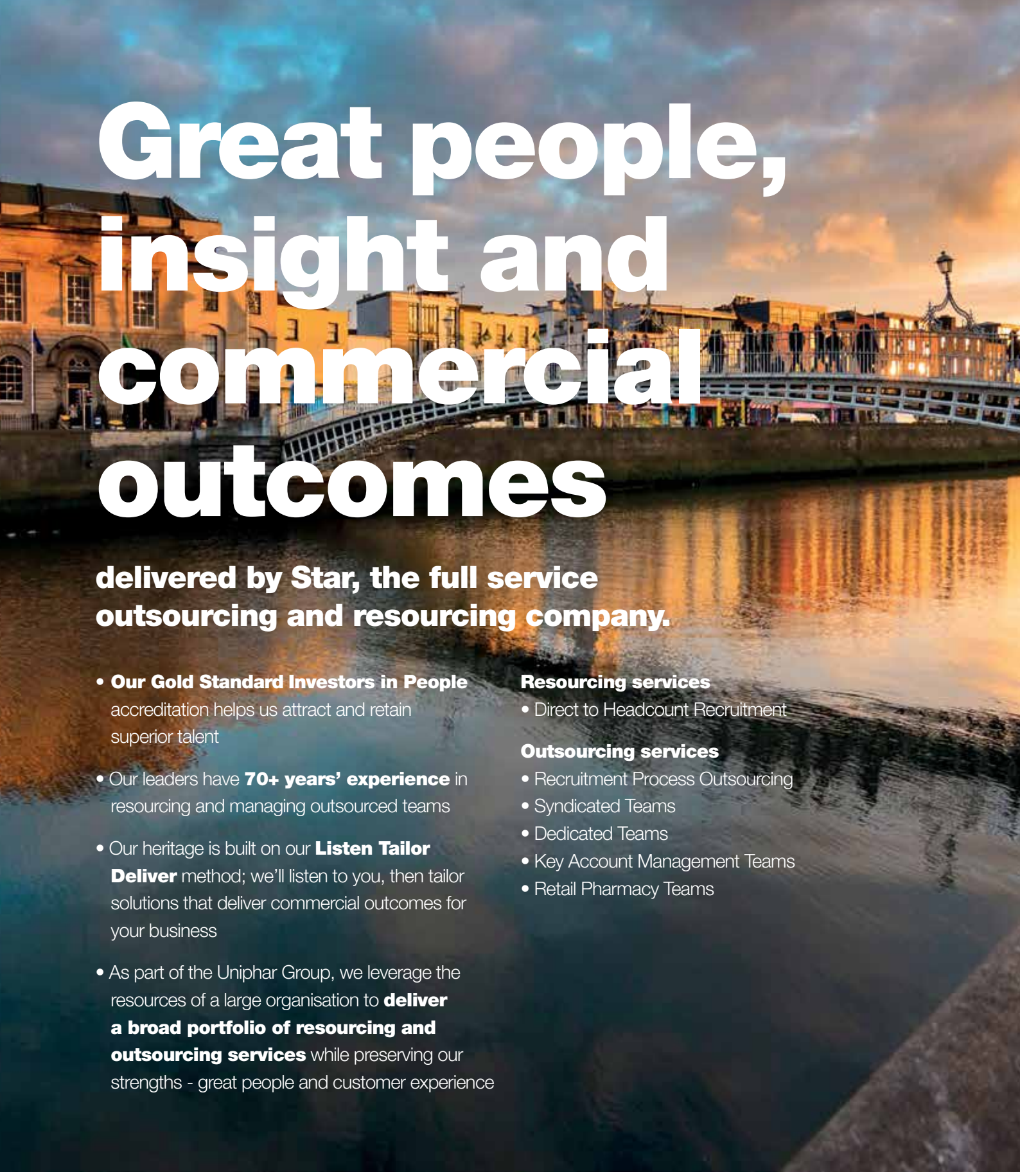
ŠKODA Ireland are delighted to announce that they are the Major Sponsor of the MRII for 2018/2019.

At ŠKODA, they have worked together with the MRII to offer its members more value. ŠKODA will contribute €1000 towards a finance deposit on any new ŠKODA purchased. This offer is exclusive to MRII members and is applicable to any new ŠKODA purchased on a ŠKODA Finance plan.

ŠKODA had an exhibition stand at the MRII National Conference on the 12th of April last with a ŠKODA KAROQ and Superb on display.

Please get in touch with your local ŠKODA dealer to find out more information about this great offer.





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Mental health is part of us all

We've all been heartbroken, we've all had moments of glory'

Barbara Brennan

Barbara Brennan is an artist, a daughter, a sister, an aunt, a friend, a suicide survivor, and an expert by experience in Recovery and Wellness. She is also a public speaker and facilitator who has worked with the National Stigma Reduction Campaign since 2009 starting conversations nationwide. In that time she has presented to all kinds of groups and organisations, spoken on rational radio and television and written for newspapers to stir conversations - because we all have Mental Health.

Her passion comes from her lived life experience and her desire to bring the message of hope and share the knowledge that people who have struggled with their Mental Health can and DO recover. Barbara believes strongly in personal responsibility and empowering people to achieve their potential.

The theme for the MRII's MEDTalk in February was 'A Focus on Mental Health'. Pictured are Barbara Brennan with Professor Jim Lucey, Medical Director, St Patrick's Mental Health Services who also spoke at this event.

At the MRII MEDTalk event in February Barbara told her story and shared some tips that helped Barbara on her road to recovery:

Being finally diagnosed with Bipolar Disorder after fifteen years made things clearer certainly, but it didn't make things any easier. I didn't even know what it was until I found out I had it. Then I LEARNED how to be Bipolar. I started saying I AM Bipolar, instead of I HAVE. When we get a physical illness, we don't say I AM Flu or hi, I AM Cancer, nice to meet you. No, we say I HAVE or I SUFFER FROM. We get help. We get sympathy. We get support. Why should my mental illness be any different? If I wore a bandage on my head when I feel mentally unwell would that help others to understand?

Living most of my life in fear of my illness allowed it to control me completely. Like a bully at school, my illness tormented me, beat me senseless and left me struggling to breathe on a daily basis. My illness became a horrific cloud, building in my chest and shutting out the light inside me.

> "Big change happens in the tiniest moments".

I forgot how to function. I forgot who I was, and how capable I am. For a very long time I couldn't understand normal things or deal with anything more than dressing myself and eating. I was medicated so heavily sometimes that even that became a problem. The fog of medication eventually became so heavy that it clouded my vision and my mind beyond reach.

After being out of work and education for so long I had talked myself into believing I wasn't good enough anymore. Having mental illness meant I was like damaged goods. I found it difficult to go back to college or even go for job interviews – because now that I had lived with mental illness I was different. Special. Broken.

I couldn't take any more pain, or watch my family suffer any longer. I saw my then two-year-old niece and knew that I loved her too much to bring my mental illness into the rest of her life.

I decided that killing myself was the best thing I could do for my family, and for me too. I wanted to wipe out my life.

I was put on a life support machine after being found by my brother and sister.

After a week of being kept alive by those machines, I started to wake up. Boy am I glad they didn't have a power cut that week.

I had to learn how to walk again after being unconscious for so long. I was horrifically underweight. I could hardly breathe from pneumonia, and my throat was in tatters from the tubes that had kept me alive, so I had no voice.

Desperate to be alive, I FINALLY started my journey into recovery.

Today, I am healthy. I am well. I am very much alive.

I have my own house, and I have a craft business making sock monkeys and also facilitate workshops on Mental Health and Stigma Reduction around the country and love every minute of it. I am 9 years off medication and I have managed to keep wellness and vitality in my life.

People can, and DO recover from mental illness. It's not talked about enough for people to realise the possibility of health and wellness after a serious bout of depression, anxiety, elation, eating disorder, or indeed any of the other labels from the long list under mental illness.

The truth is, the more this issue is talked about, the easier it will be to talk about it. The more it is reported on, the more it will be talked about. The more it is talked about, the easier it will be for people to seek help and advice. The more help and advice that is sought the greater the support services will become to meet the demand and so on until mental illness is no longer a frightening, disabling, stigmatised thing. It is normal. It happens to everyone at some point in their lives. The figure is one in four. I think it's higher, we are just too afraid to tell the whole truth yet.

It took a number of different things to change my life and turn it around after such a traumatic experience and years of severe illness and quite a bit of time - but it has served me so well that I have never been back in that awful place where panic gripped me so much that I could not see a way out of it.

Starting to talk with my family about it helped – they assured me that while some of the thoughts I was having were not realistic it was normal to feel bad when worried or under so much stress. They also encouraged me to get some outside help.

Tips That Might Help

- CBT (Cognitive Behavioural Therapy) which has helped long term.
- Counselling which gave me the courage to voice my deepest fears, and more importantly to start leaving them behind and build new coping skills.
- Checking in regularly with friends and family, being honest about how I really am.
- Journaling, habit tracking and keeping a daily diary of mood/ activities (bullet points only though, not huge paragraphs!)
- Being mindful of what I allow in – news, television, radio, people. Noticing what I am tuned into helps to become more aware of how I can change it.
- Using my language to change how I feel – we use so many words a day and quite often don't consider them or their impact. Choose as many positive words as you can (whether you feel like it or not) and see the difference it (quickly) makes.
- Fake it until you make it – show up and do the mundane stuff, whether you want to or not.

Lifestyle changes

- Seeing certain friends more, or less (we all have 'friends' who act more like a drain than a radiator – so I focus on my friends who radiate and tend to lift me up instead of spending time with anyone who zaps my energy).
- Looking at what I eat, not like a diet, but just becoming aware of how I feel when I eat certain things, whether I skip meals or eat too much, and how that makes me feel.
- Moving my body – not even specific exercise, but I always feel better after a walk in the fresh air, or yoga.
- Quiet time – I never valued this enough, but giving myself time to read, or paint, faff about doing nothing in particular or whatever I need in that moment, is such a big thing and can really help reset how I am feeling.
- The biggest realisation I've had is that big change happens in the tiniest moments. Start. Just do one tiny thing, and then another, then another. You know what makes you feel good. Trust yourself, and go do it!

Key patient safety milestone as open disclosure provisions soon to be enacted within the Irish Health System

Kevin Dunne, Partner and Head of Healthcare Regulatory team

The Civil Liability (Amendment) Act 2017 (the "Act") was signed into law at the end of 2017 and should shortly be operational. This important piece of legislation puts on a statutory footing the making of voluntary "Open Disclosures" by health service providers such as the HSE to patients.

The new legislation sets out the provisions for health service providers to make voluntary "Open Disclosure" of "patient safety incidents".

Open disclosure has been defined as "an open, consistent approach to communicating with service users (patients) when things go wrong in healthcare. This includes expressing regret for what has happened, keeping the patient informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse event"

A patient safety incident is defined as an incident which occurs during the course of the provision of a health service which:-

- has caused an unintended or unanticipated injury, or harm, to the patient,
- did not result in actual injury or harm to the patient but was one which the health service provider has reasonable grounds to believe placed the patient at risk of unintended or unanticipated injury or harm, or:
- unanticipated or unintended injury or harm to the patient was prevented, either by "timely intervention or by chance", but the incident was one which the health services provider has reasonable grounds for believing could have resulted in injury or harm, if not prevented.

The Act outlines in detail the procedure for making open disclosures. This includes that the open disclosure should be made at a face-to-face meeting between the health service provider and the patient, that the meeting should take place as soon as practicable and that the patient should be provided with a signed statement containing the information in relation to the incident and an apology, if appropriate.

Crucially, for the health service provider, the Act states that the information provided in making an open disclosure, or an apology, if given:-

- does not constitute an express or implied admission of fault or liability in relation to the incident or any clinical negligence action arising from the incident,
- will not be admissible as evidence of fault or liability in Court in relation to the incident or clinical negligence action arising from the incident,
- will not invalidate the indemnity or insurance cover of the health service provider, and:-
- shall not constitute an express or implied admission of fault, professional misconduct, poor professional performance or unfitness to practice in relation to any complaint made by the patient to a regulatory body subsequently.

In the aftermath of the Vicky Phelan case and in an attempt to address public concerns the Minister for Health has now presented the cabinet with a number of proposals which would make mandatory the reporting of Serious Reportable Events ("SRE") in the health service.

It is important to differentiate between open disclosure of a patient safety incident which is defined in the Act mentioned above and the obligation to report an SRE. SRE's have been described "as a defined list of serious incidents many of which may result in death or serious harm". The mandatory reporting measures now being considered by cabinet are to be introduced through the Health Information and Patient Safety Bill this year.

Evidence suggests that open disclosure has a significant impact on reducing legal claims and improving the often adversarial nature of the litigation process. While hospitals in Ireland are already promoting open disclosure it is anticipated that on commencement of the Act voluntary open disclosure of patient safety incidents will become more common place and in due course further legislation appears imminent with regard to mandatory open disclosure of Serious Reportable Events.

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The Authentic Leader in you

Colette Bannon, Principal Career Coach, The Workcoach

Reaching a point in your career where you are out of steam, feel stuck or demotivated can signify the need for a new approach. When you decide to mix things up or opt for something different, new behaviours are needed and a move away from what is familiar. This takes guts, honesty and a leadership mind-set.

In a fiercely competitive world, leadership qualities are no longer solely an expectation of "the boss", but rather a pre-requisite of all involved in getting work done. The traditional notion of a leader as a charismatic individual who holds all the knowledge and resides at the top of the organisational chart has been replaced by the authentic leader within.

The Leader in you

This new leadership paradigm can be accessed internally. It relies on authenticity and honesty and irrespective of what position you hold, it invites you to shape and influence your own future. Authentic leaders believe in themselves and the people around them, enabling creativity and productivity to flourish. You too can get out of your own way and set about changing your trajectory.

Taking the lead in your career yields greater results than leaving it up to others. With ambition comes responsibility and accountability and it is at this point we can find ourselves overwhelmed or resistant. Our over dependence on "the experts" can cause us to undermine our own abilities, opinions and needs and over emphasise those of others. To create better outcomes for ourselves, choosing an authentic leadership mind set at work is wise. This means

- developing self-awareness and dissolving limiting beliefs,
- knowing and accepting ourselves as we are (warts and all) with compassion,
- learning to articulate what we do know and admitting when we don't,
- realising we don't know it all and we don't need to,
- moving from waiting for instruction to instructing ourselves
- avoiding defensiveness when challenged, taking on board others perspectives,
- appreciating everyone's skills and strengths including our own,
- being open to the people around us, seeking first to hear them before ourselves,
- gaining control over distracting mental habits such as labelling, jumping to conclusions and discounting,
- fostering collaboration.

Adopting a leadership mind-set will propel you forward and being authentic will ensure you build a strong network and sustain good relationship and on the way. To get started, set your intention, ground yourself in what you are trying to achieve and trust your instincts to lead you in the right direction. As you reflect on your progress, continuously re-focus yourself on the task. This will bring forth the natural leader within you, moving you away from the self-doubts and distractions that once consumed your thinking and lifting you to new heights. This sense of empowerment will boost you further and even though you may feel resistance and meet set backs on the way, the inherent resources that lie within once accessed, will power you up and carry you through to the next phase.

If you find yourself getting caught up in old habits of blaming and complaining, then you know you have lost connection with your leader within. This is not a licence to be hard on yourself or compare yourself to others. This is about getting your focus back on the task in hand, applying your strengths and doing your best. This cultivates resilience and develops an unstoppable mind-set that is kind but curious, cautious but adventuresome, and when unleashed makes life easier, solid and a lot more fulfilling.

So make the decision today to lead your own life and achieve the results from your career that deep down you know are possible.

For help with this or for further information, contact Colette Bannon, Executive and Workplace Coach on 086 8369922 or colette@workcoach.ie.

the workcoach

Will Blockchain Revolutionise Healthcare?

Gerard Slevin, MSc, B.A, H.Dip.Ed. Health Economist.

The blockchain revolution has made its way into healthcare and it has the potential to powerfully disrupt many aspects of the industry and make the patient the centre of the healthcare ecosystem. The overall vision for blockchain to disrupt healthcare in the future is to address and solve many current problems and barriers that the industry is currently experiencing – cost effectiveness, earlier access to innovative medicinal treatments, data management, security, privacy, validation, uncertainty, integrity and lack of a common architecture for medical healthcare records.

The intention is to create a common database of health information that payers, providers, pharma and patients can access no matter what electronic medical system they use. At the same time the aim is to provide higher security, privacy, less administration time and even better sharing of data to facilitate higher levels of research. In fact, healthcare data becomes more easily managed, while saving money for payers, patients and even the providers.

Apart from this superior level of technical advantage, stakeholders can choose from a varied range of application choices and select options that would conform to their specific requirements. This is done by allowing the relevant stakeholders the same shared data source on a timely basis.

What is the blockchain?

The blockchain is a powerful technology built on a distributed architecture that logs immutable transactional records on linked blocks and stores them on an encrypted digital ledger. It uses cryptographic techniques to allow each stakeholder in a network to engage and interact (e.g. store, exchange and view chronologically arranged data), without pre-existing trust between the parties. Unlike a traditional database, there is no one central administrator, instead transaction records are stored and distributed across all network participants has unprecedented security benefits because records are spread across a network of replicated databases that are always in sync.

The technology works on the "append only" open ledger where the nodes within the network are authenticated and all the transactions that happen within this network will be added to the ledger and seen by all participants at the same time.

Safety and security of the transactional data are ensured because all the stakeholders in the network keep a complete copy of the blockchain. As a result, it is not possible for a single member to make changes or alter the data.

Health Technology Assessments (HTA)

As the Health Technology Assessment (HTA) process becomes more complex, Real World Evidence (RWE) is becoming mandatory in the formulation of data packages for reimbursement, as well as in the assessment of medical intervention efficacy. The blockchain can address this issue as all stakeholders have access to live, real-world evidence data. This will aid innovative companies with only phase II data as it will eliminate the uncertainty around evidence and budget impact for the payor. It should make their reimbursement submissions more compelling and ultimately give patients access to better health outcomes.

Healthcare systems are advancing from 'fee-for-service' reimbursement models to 'fee for performance' systems that are linked to patient outcomes. By 2020, it is estimated that 75% of commercial payments for high cost therapies will be executed according to value-based agreements (Deloitte 2015). Value-based healthcare provision will be a fairer system. It will incentivise pharmaceutical companies to develop innovative drugs and be rewarded accordingly, whilst not inhibiting access to these medicines for the patients that need them most. Value-based pricing agreements are one of a range of options within a suite of innovative pricing solutions. Ultimately, these solutions are developed with the aim of providing access to the right medicine, at the right time for patients and at the right cost for the healthcare system and manufacturers. The blockchain will provide a transparent mechanism for these innovative pricing solutions to be implemented. It will create better evidence and 'value for money' for both the patient and the payor.

Medical Care Management

In the current format a patient's health record is a jigsaw with its pieces fragmented and dispersed across multiple public and private providers and organisations. Various pieces are held at primary care level while others are sitting at second level of the health system. This does not only apply to basic patient data but to medical imaging. Patients will often carry discs from one provider to the next to ensure they get a faster medical experience. The blockchain could assemble all the pieces with a one stop shop facility. This would provide all stakeholders with access to a common database for the patient's individual health record in real-time. As a result, providers can be sure that they have the complete up-to-date picture of a patient's medical history. It would also make the system more efficient as it would save providers time, streamline costs and could address issues such as medical errors, duplication and confusion surrounding patient identity.

In recent months many collaborations have been formed across the globe between blockchain companies and big pharma, clinical trial organisations, genomic and precision medicine companies and Ministries of Health. This is because all stakeholders see the benefit and opportunities this new technology brings. The future is bright, and it is imperative that we embrace change not only for the sake of the patient but also to achieve better health outcomes.

MRII Annual National Conference 2018

Writes **Danielle Barron**

As the educational and networking body for healthcare industry professionals, the MRII Annual Conference is known for an agenda that is often eclectic and always thought-provoking – and this year's event did not disappoint. The venue for the meeting was Killashee House Hotel, and delegates in the packed room were treated to talks on a range of topical issues, spanning health-care to selfcare.

A lively panel discussion kicked off proceedings, as MC and RTE broadcaster Cormac Ó hEadhra stoked debate on the thorny issue of "Innovative medicines and technology are a valuable investment in health – why is the Irish system lagging behind?" Dr Roisin Adams, chief pharmacist at the Acute Hospitals Drugs Management Programme, explained that the HSE must make difficult decisions when it comes to funding medicines, but cautioned against comparing Ireland to other European countries as this is not comparing like with like – for example, in Germany, private health insurance covers the cost of most medicines. She stated, however, that from a "speed perspective", some of these decisions do fall behind other jurisdictions. "We are being asked to make decisions on drugs with far less evidence than before," she cautioned, adding that submission of the best price from pharmaceutical companies at the earliest stage could also assist in speeding up the decision-making process.

CEO of the Irish Healthcare and Pharmaceutical Association, Oliver O'Connor criticised what he saw as the Government's failure to ensure access to new medicines for Irish patients, explaining that a recent report by the Association had found that Ireland was 12th of 12 Western European countries in terms of availability and in many cases Irish patients were accessing medicines 16 months after patients elsewhere in Europe. He told the audience that he believed this lag had developed in the 10 years since the financial crisis; health spending was "squeezed" and has not increased since then.

Looking at the situation from the pharmacoeconomic perspective was research fellow in Public Health and Primary Care, Dr James O'Mahony. "Cost-ineffective medicines should never be funded but we often do just that here in Ireland," he said. He suggested if pharmaceutical companies are seeking faster access to their medicines, they should endeavour to show better value.

Patient advocate Dr Derick Mitchell from the Irish Platform for Patient Organisations, Science and Industry (IPPOSI) noted that not everyone will always agree on what is best from a patient perspective, but he emphasised that transparency is a key issue; patients struggle to understand how the decision-making process works. He added that while he supports the assessment process – funding a drug that provides only very small incremental improvements and is not truly innovative should not occur if this reduces access to other key services.

> "Delegates in the packed room were treated to talks on a range of topical issues, spanning healthcare to self-care."

The explosion in technology means this is also something that requires ongoing investment, yet this is also not happening within the Irish health service; Dr O'Mahony said it is "well-accepted that there is a backlog of investment" when it comes to some of the capital equipment within Irish hospitals. Fran Hegarty, Chief Healthcare Technology Officer with the Children's Hospital Group, outlined some of the cutting-edge technology that will be in use at the new National Children's Hospital, with unprecedented integration of technology and equipment. "This is a project that is very much a good news story, and we are investing heavily into the infrastructure."

Next up was Ms Julie O'Donnell, CEO of One15, who discussed "redefining the sales call" and how integrating digital can improve the customer experience and ultimately business outcomes. She delivered some home truths, telling delegates that they "need to think hard about the landscape in which we are operating".

Tech behemoths such as Amazon and Google are entering the healthcare space and this will completely transform the customer experience, she explained. "There are so many different experiences that they can create for customers driven by their data and the partnerships that they have. These are companies that are moving faster than your companies are able to move and they are raising the bar."

Doctors are extraordinarily tech-savvy; neurologists are top of the list of healthcare for using Instagram, and an Irish haematologist is in the top 20 most influential Twitter users in haematology globally. O'Donnell said recent data showed that doctors are clicking on ads on medical websites more than other European doctors, and healthcare professionals who are engaged across multichannel are 30% more likely to prescribe. "The online and offline worlds are colliding – people no longer go online, they are online the whole time thanks to smartphones. That means every time you speak to a customer, digital is involved."

The pharmaceutical industry must look to the automotive and banking industry and how they have adapted to this new reality, O'Donnell continued; she cited Audi City where customers customise their car to their own needs, or the Apple Genius Bar, which gives customers a chance to use different products and explain what they need. "These give customers a seamless experience – it's about really doing customer relationship management so that they get the best experience every time."

O'Donnell concluded by explaining to attendees that the new reality is "ruthless targeting and a focus on the customer experience". The data shows that pharmaceutical companies focusing on this are excelling, she said. "It's not about digital or face-to-face, it's the right mix for the customer and how digital can enhance the face-to-face experience."

An educational but moving presentation came from Mr Rolande Anderson, a counselling consultant and author. Entitled "Alcohol – the family fall-out", he outlined stories from his years of experience in dealing with alcohol dependence. "This fallout can be short or long-term, but almost always has devastating consequences. It is usually hidden but it is profoundly damaging to all concerned," he told attendees.

Anderson outlined how the definition of drinking has changed, having shifted from being labelled an alcoholic or not, the "alcohol continuum" is now how it is viewed. This can range from low-risk drinking, to hazardous, to harmful, to dependent; even low-risk drinkers can have a one-off catastrophic incident because of alcohol that can affect their families in devastating ways.

The language around alcohol dependence was highlighted by Anderson; he said phrases such as "functioning alcoholic" or "addictive personality" are inaccurate and not helpful.

For any person with alcohol dependence issues, their spouse or partner will be impacted severely, said Anderson; they can suffer emotional, physical, and/or mental health problems. These can be compounded by practical issues such as debt and separation or divorce. Children will also suffer hugely; as well as inconsistency and neglect, there can be incidents, accidents, and outright cruelty. "All children are damaged by drug or alcohol abuse in the home – the impact is almost always overwhelmingly negative."

He criticised the lack of support for partners and family once those suffering from alcohol dependence are in treatment, but noted that group/family therapy, self-help, and cognitive behavioural therapy (CBT) can help significantly, although progress may be slow. "Family members are often in fear – even terror – and they need encouragement, patience, and confidence, not punishment."

The event concluded with a star turn from John Lonergan, ex-Governor of Mountjoy Prison and best-selling author, who delivered an uplifting presentation on "Nourishing Happiness and Contentment". He urged the attendees to look on the bright side always – that to be happy, one must want to be happy. Material things provide only a fleeting sense of happiness – the new car or even winning the lottery is not a recipe for true contentment.

Proper diet and exercise, as well as limiting screen time, will also immeasurably help and improve mood and wellbeing, said Lonergan. He concluded by stating that the three raw ingredients of happiness are: something to work for, to dream for and someone to love. He also urged people to let go of former unhappiness: "Don't spoil today by dwelling on yesterday."

2019 Event Date, April 11th, Johnstown Estate

Conference Panel Discussion Speakers: Mr Fran Hegarty, Chief Healthcare Technology Officer, Children's Hospital Group; Dr Roisín Adams, Chief Pharmacist, Acute Hospitals Drugs Management Programme; Mr Oliver O'Connor, CEO, The Irish Pharmaceutical Healthcare Association; Dr James O'Mahony, Research Fellow, Public Health & Primary Care, Trinity College Dublin; Dr Derick Mitchell, CEO, Irish Platform for Patient Organisations, Science and Industry

Mark Dowling; Servier, Conor Sadlier; Fresenius Kabi, Paul Casey; Servier

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Cormac Ó hEadhra, Event Moderator with Ms Julie O'Donnell, CEO, One15, Conference, Conference Speaker

Mr John Lonergan, former Governor of Mountjoy Prison and Mr Rolande Anderson, Counselling Consultant, both were speakers

In conversation with Dr Gerard M Crotty

Dr Gerard M Crotty, Consultant Haematologist

Dr Gerard M Crotty, Consultant Haematologist, Midland Regional Hospital, Tullamore. Dr Gerard Crotty is a consultant haematologist at Midland Regional Hospital (MRH), Tullamore, as well as MRH Portlaoise and MRH Mullingar, a position he has held since 2000. Previously he was a consultant haematologist in Scarborough and Leeds, Yorkshire, UK. His undergraduate medical training and internship was in Galway, followed by basic and higher specialist training in Dublin, and further posts in Glasgow and London. He has been very active in The Irish Hospital Consultants Association, serving as Council member 2008-2012, Vice-President 2012-2014 and President 2014-2016. He is actively involved with the Royal College of Physicians, and is a trainer for both basic specialist and higher specialist trainees, and served as Vice Dean of the Faculty of Pathology. In the day job in the Midlands, as well as clinical care and laboratory haematology, he is actively involved with postgraduate medical education and in clinical research, specifically clinical trials in haematological cancer.

Dr Crotty, why did you study medicine?

That is so long ago, I have forgotten some of the reasons! It was to be a specialist physician, definitely not a surgeon of any sort, and probably not a GP. The application of science to human welfare and a to be a respected expert were among the motivations.

As a haematologist what aspects of your role do you like, and perhaps dislike?

I like the variation: lab and clinical work, consultation medicine, management issues and a wide enough view of the health service as we provide services directly to all consultants and GPs. A dislike: not many (especially in management) understand the multifaceted role, and so resources (especially help) often fall short of requirements.

What minister for health do you admire the most and why?

Choosing from among medical doctors who were Minister, Noel Browne, though of course long before my time, strikes me as someone who did what was right for medical care of patients and especially public health, despite opposition e.g. from the Church. He may have been a bit politically naive, though, but maybe many of the others are too politically cute and thus we have not got enough done!

If you were to describe the irish health system to an outsider what would you say about it?

Overly complex, with too many hospital sites due to political interference. As a result, not joined up, and over politicised.

Do you experience any difficulties in gaining access to new medicines for treating patients?

Yes, increasingly so, especially with new cancer medicines in my field as these will always be expensive. We are now falling behind other comparable countries. The on off nature of early access programs and the delay before reimbursement are making for a difficult environment at present.

How has this impacted your delivery of care to patients and do you have any suggestions on how quicker access may be gained?

Choice of therapy is determined to too great an extent by what is available this month as opposed to what is in long term best interest of patient. Recent initiative of working with several other small European countries may be of great benefit if we can get reimbursement in Ireland at the same time as the others.

You have held the role of president of the ihca – what key change did you make during that time that you are most proud of?

I was honoured to serve as president of IHCA, though it was, and is, a difficult time for consultants, with increasing difficulties in recruiting new colleagues. Hundreds of consultant posts are vacant, or filled by locums, many not eligible for permanent consultant posts. There is huge deficit in capacity, reflected in record waiting lists and the scandal of our sickest patients waiting on trolleys in Emergency Departments. The change I am most proud of was raising the profile of the Association in the media, as well as making our voice heard in Oireachtas committees, submissions to government etc. I think there is much broader agreement now of the need to tackle the recruitment crisis, and the capacity deficit, even though much still needs to be done to even begin to get on top of these issues.

If you could be the minister for health what would be your top priorities for the irish health system?

Not a job I would seek! The priorities would be: Capacity, recruitment and simplification. We do need fewer sites doing much of the acute work. However, this can never happen safely or get public (or political) support if services are taken away without the enhanced service being made available in a larger centre. There needs to be substantial investment in staff and facilities on a sustained basis, with realistic plans to meet future demand.

What health system in the world do you feel has cracked it in terms of delivering quality healthcare for patients?

France and Netherlands are often mentioned, though I have no experience of either. These and other Western European countries such as Germany have substantially more hospital beds and specialist doctors than we do. The UK is a bit of an outlier (though not by as far as Ireland) in this regard, and markers of capacity falling behind demand (e.g. patients on trolleys) are increasing rapidly in the UK (though still well behind Ireland), so we should not take the UK as a model.

You have interacted with many specialists from the pharmaceutical industry – tell us what value they have brought to you and how can they continue to improve to support the work you do for patients?

In my specialty (haematology), almost all therapeutic advances have come from new licensed medicines or new ways of combining existing drugs (as surgical procedures play little or no role in treating haematological diseases). In some diseases, these advances have been transformative for our patients, in other more incremental. The various specialists I have come across, from those who support our clinical trial work, to those who provide medical information, to the promotional role of the representative, work within a highly regulated industry, providing innovative ethical treatments.

Educational support and facilities to interact with leading clinicians in other countries, are most valued as these would be unlikely to happen with the direct support of the health service.

If you had not chosen medicine as a career what would you be doing?

I might have studied mathematics or physics (the only true science – everything else is stamp collecting – Ernest Rutherford) – Perhaps I would have made a fortune in financial trading and have by now retired to a beachside villa somewhere warm.

Who would you like to be stranded on a desert island with and why?

If it could be anyone living or dead, perhaps it could be a famous man, born on 25th December, who changed the way we think about the world... I refer of course to Isaac Newton! Back in those days, one man could be at the top of the game across all fields of science, or as it was called at the time, natural philosophy. In our specialised age, this is of course not possible, though I continue to find that insights from a variety of fields of knowledge can be brought to bear on our work in caring for patients.

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Richard Burke presented at the recent MRII Launch Lunch and runs Resilience Matters Ltd, which won the Best Consultancy Partnership award at the IITD Awards in 2015. Richard has over 20 year experience as an engineer and MBA qualified manager and is a trained analytical hypno-psychotherapist.

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MRII Professional Development & Networking for Healthcare Industry Representatives

Despite being a global player in the production of innovative medicines, access remains a problem for many patients in Ireland

Oliver O'Connor, CEO, IPHA

The statistics are impressive by any measure when one looks at the footprint of the biopharmaceutical industry in Ireland:

- Employment in the sector has grown from 5,200 in 1988 to over 30,000 in 2018
- 75 companies include 10 of the top 10 biopharmaceutical companies in the world
- Ireland is the largest net exporter of biopharmaceuticals in Europe and the seventh largest actual exporter in the world
- The biopharmachemical sector maintained its position as the largest exporter of goods from Ireland in 2017 with record total exports of €67.8 billion, up 2% on the previous year
- 5 of the world's top 12 medicines are manufactured in Ireland
- Over €7 billion in capital investment has been made in new facilities over the last decade, representing close to the biggest wave of investment in new biotech facilities anywhere in the world

Despite this, access to new medicines, many of which are manufactured in Ireland, is among the worst in Western Europe. Under a Supply Agreement with the Government, prices are agreed as an average of 14 EU countries. However, Ireland is last in Western Europe for the adoption of new medicines. When the European Federation of Pharmaceutical Industries and Associations (EFPIA) ranks countries for new drug adoption, Ireland comes around 18th out of 26 European countries. The Agreement also sets out very considerable savings that will total €785 million by 2020. The latest round of these savings was delivered in July and was worth €15 million, as the price of 757 products reduced.

Ireland is certainly lagging behind its European peers when it comes to access. Portugal, Spain, Slovenia, Belgium, France, Finland, Italy, Switzerland, Norway, Sweden, Germany, Netherlands, Austria, Denmark, UK are all ahead of Ireland in terms of access to newly authorised medicines. In many of these countries, new medicines are made available to patients within 6-12 months of authorisation.

With prices now limited to the average of 14 European countries, patients in Ireland should not have to wait longer than patients in comparable European countries for new medicines. IPHA members are delivering the promised savings under the Agreement. But only a shift in Government policy can place Ireland at the forefront of European peers in terms of early access to innovative medicines

Several other EU countries provide that new medicines funding grows by around 2% to 3% per year so there is a commitment to bringing the latest treatments to their citizens. It is something that would really help the situation in Ireland. There is clearly more dialogue between the IPHA, healthcare professionals and the Irish Government needed. The aim would be to secure a commitment to speed up access to new medicines backed by reasonable, sustained growth in funding.

The key is for funding to grow by a known percentage each year. At the moment the extra money currently provided in 2018, €14 million, is not sufficient to reverse years of under investment in new treatments. The Government has promised dialogue to improve the approvals system and the industry looks forward to engaging constructively as quickly as possible

ipha
IRISH PHARMACEUTICAL HEALTHCARE ASSOCIATION

Mr Oliver O'Connor, CEO, IPHA, presents Veronica Burke, Community Sales Representative, Nutricia Medical, with the IPHA Medal for the highest scoring candidate in the 2018 MRII Examination).

MRII visits Uniphar for facility tour

Amanda Quinn, pharmacy Business Development Manager at Perrigo

When I heard about the opportunity to visit the Uniphar Group in Dublin, I thought about how this could benefit me in my role as a pharmacy business development manager. A key deliverable in my job is managing orders for my pharmacy customers and liaising between them and the respective wholesalers to ensure all expectations are met. Gaining an insight into Uniphar's business processes would be of huge benefit to me.

Our industry continues to evolve and the way companies do business is in flux. Knowing how our wholesalers operate is becoming more important. The old-age regime of a company representative being simply the "sales representatives" has changed. We now manage accounts - managing a lot more than just the sales process.

When I arrived at Uniphar HQ, there was an opportunity to network with colleagues from the industry. The tour was facilitated by two members of the Uniphar engineering team, who answered our questions as we moved through the facility. The tour was extremely interesting and exciting as we got to see how the amazing SAP system works and how Uniphar manage to distribute up to 2,000 totes per day – what was great was seeing some of my company products on the "picking" line, clearly it wasn't set up!

After the tour there was a presentation from Liam Regan, business unit director at Star Medical Ireland, and James Quinn, Uniphar's commercial director. This provided a further insight into other areas of the Uniphar Group and all that they have going on in the background. It was evident that the most important people in their business are patients - a commitment to ensuring they receive the right medication, at the right time. This reflects the ethos of Perrigo.

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In attendance at the recent tour of the Uniphar Facility were: Muireann Ryan, Star Medical; Thomas Clarke, Pfizer Healthcare Ireland; Bernie Traynor, MRII; Pam Large, Boehringer Ingelheim; Andrea Gaffney, MRII; Anthony Carroll, MRII President; Anne Marie O'Neill, Perrigo; Paul Hatton, Perrigo; Amanda Quinn, Perrigo; Wayne Hutchinson MRII; Damijan Sorli, Astellas Pharma; Liam Regan, Star Medical; Linda McMahon, Star Medical; James Quinn, Uniphar; Michael Murphy, Pfizer Healthcare Ireland

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The Pharmaceutical Representative in the new digital age

Colm Lynam, Combined Media, August 2018

First the bad news - Access to doctors is getting harder

Much has been written about the demise of the sales rep and the ever-greater restrictions being put on them gaining access to doctors. This isn't the reps fault but rather a structural change in doctor behaviour in large part because of the ability of doctors to get access to information once provided by the sales rep.

A recent study from ZS Associates, estimated that at least half the doctors in the US now implement some level of restrictions on sales rep's visits, up from just 23% back in 2008 and Europe and Ireland are seeing the same type of restrictions coming in to place.

e-detailing content is often not relevant

New research from DRG/Manhattan Research suggests that pharma sales tactics haven't evolved with the information needs of today's doctors. Their study finds that the content reps are showing is often 'old news' and something that doctors have already seen through their own research. Doctors are now able to find clinical information online, as they need it, and reps that focus too much time on basic product and promotional material risk boring them with information they already knew.

Doctors source of information is changing away from reps

Worse still is that doctors are increasingly switching away from sales reps as a main source of information they receive and which they value. Back in 2015, the consultancy group Bain looked at where doctors were going to get information from and noted the start of a swing away from sales reps: *Figure 1*

Reps are becoming less relevant to doctor's decisions

Then there's even the question of the pharma rep's relevance and influence in today's value-based health system. Prescribers' decisions are increasingly constrained by rules and other decision-based tools tied to value, evidence and real-life outcomes. In a recent study in the US, doctors said only about half of the scripts they write are based on their clinical preference, while the other half are based on decisions made elsewhere – usually by payers or their employers. Similar findings would be found in the NHS and increasingly the same here in Ireland. So, what do doctors really want and where does the pharmaceutical sales rep fit in to the new landscape – the good news ...

And yet, for lots of reasons, the industry shows little appetite for changing the current model. It seems that no matter how many decisions are being taken away from them, prescribers continue to value support, and relationships will always matter. The same DRG study for example that suggested that doctors were increasingly bored with current detailing, also stated that at least 60% still wanted to see sales reps in the future.

The key seems to be around the type of conversations that sales reps are having with doctors and how they are delivering it.

What information do doctors want?

Key to everything is the information that helps doctors as part of their critical prescribing criteria. Bain's 2016 Healthcare Survey shows that patient outcomes and real-world evidence are the important decision-making criteria – *Figure 2*

Products today are now more complex and new drug areas more personalised which means doctors need more accurate information on new treatments. Reps also need to be more business aware and provide holistic information as well as non-promotional information including the latest/best apps, company sponsored patient webinars and conferences. They can also provide much greater insight into how their product makes commercial sense and they should provide as much real-world evidence as possible. Business impact models for example work very well.

How best to engage with doctors?

So, how best to engage with the doctors? To simply show a doctor a video or detail they could see themselves online is simply wasting valuable meeting time as it is this face to face time with the doctor that is the most valuable element that the sales reps brings. No other channel has such direct contact and access to the doctor, in a sense the Sales Reps key USP. The challenge is to use this time as part of the overall

Tablets can improve detail experience

The DRG study revealed a surprising dip in tablet use by reps last year, with 67% of doctors who saw reps reporting they participated in tablet rep details in 2017 – down from 74% back in 2013. Although the study was in the US, anecdotal evidence here suggests a similar picture.

However, the study data does show that tablets can improve the rep detail experience and drive post-meeting

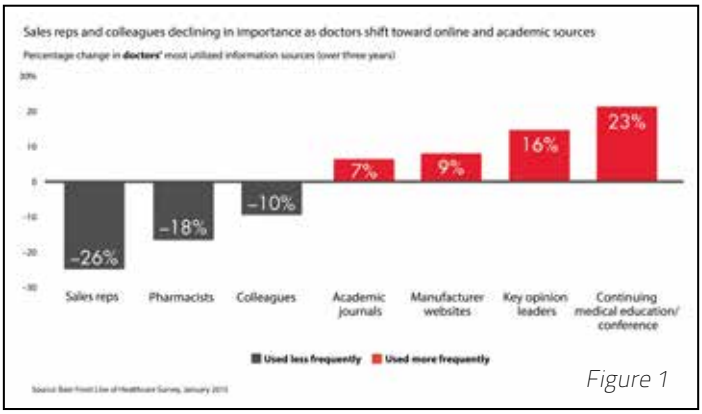

Figure 1

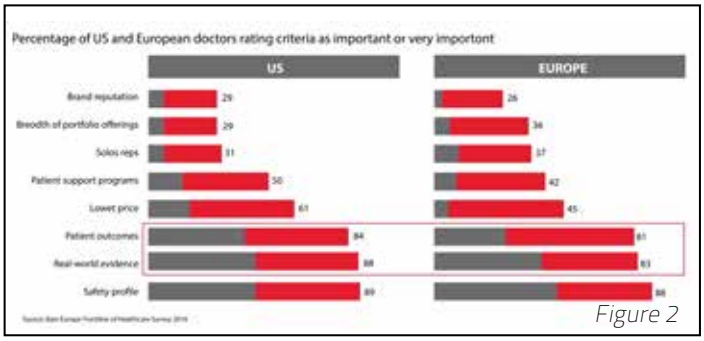

Figure 2

digital engagement -- especially when used to show influential content such as patient education and support resources. Interactive e-detailing also proves more popular with doctors who are more likely to engage if they can physically use the tablet instead of being passive viewers.

Remote communication is underutilised

The study also suggests digital communication with reps via email or remote details can bridge the gap between infrequent in-person meetings. Despite industry enthusiasm for rep-triggered email software (e.g. Veeva), only 12% of doctors in the US said they had emailed with their rep in the past six months while more than a third (36%) said they wanted to, indicating a significant gap. Similarly, the report suggests that just 9% of doctors are currently using remote detailing programs, while 35% are interested in doing so.

Research has shown that whereas doctors tend not to like tele-sales, they are more than happy to be "detailed" online if there is a visual component to the presentation and there is a real person at the other end of the interaction.

From sales rep to solution provider?

As products and markets and the healthcare landscape gets more complex, the good news for pharma sales reps is that they will be needed more than ever. Their role will change as they will be expected to handle a much larger and more diverse customer base – becoming key industry partners to patients, prescribers, and payers – and to seamlessly switch between functional hats and operate across various engagement channels. From product information experts, sales reps are morphing into multi-dimensional customer solution providers.

So, what capabilities will sales reps need for this new role?

Knowledge of customers and the market landscape: Future sales reps must be able to present a strong value proposition and tailor it to different stakeholders. To do so, they must have the ability to understand the local, regional, national, and international health markets, as well as the key economic drivers. In the case here in Ireland, an understanding of the HSE reimbursement policies, company rebate mechanisms and even private health insurers' cover guidelines are becoming as important as product efficacy for doctor conversations.

Multichannel engagement: To engage effectively with doctors, sales reps must acquire good IT and digital skills. At a practical level, reps must be comfortable dealing with a doctor across a variety of channels like email, remote detailing, webinars and social media apps.

Partner to Doctor: Instead of the traditional company marketing role, sales reps need to position themselves as partners with doctors who are committed to driving better health outcomes for patients. The future sales rep is focused not only on meeting the commercial requirements of the company, but also the value requirements of patients and to work alongside the doctor.

The future for the Pharma Sales rep is bright

The next generation of pharma sales reps won't simply follow a traditional sales volume model but will instead become the central component in the new multi-channel relationship that pharma has with doctors.

What comes out from the research is that providing more holistic information, delivered in more suitable and preferable ways to doctors appears to be key. If reps can get this right it looks like they will be very much part of the new digital landscape and will increasingly play a central role in the new industry multichannel approach.

Colm Lynam is CEO of Combined Media, a digital agency specialising in Healthcare. www.combinedmedia.ie

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