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In this episode, Taren Grom, Editor-in-chief of PharmaVOICE magazine meets with Peyton Howell, Executive VP and Chief Commercial & Strategy Officer at Parexel.

Taren: Peyton, welcome to the PharmaVOICE WoW podcast program.

Peyton: Thank you. Thanks for having me.

Taren: It's our pleasure. And congratulations again on being named 2019 PharmaVOICE 100.

Peyton: Thank you so much. It's a great event, and I'm delighted to be included.

Taren: Over your 25-year career, you have been intimately involved at everything patient. It's been remarkable the things you have done. Let's start with your founding of the Lash Group and work our way through to your current role as Executive VP and Chief Commercial & Strategy Officer at Parexel. So let's start with what led you to become an entrepreneur.

Peyton: Well, it is kind of an interesting story. I mean, I think you often become an entrepreneur just simply because you're open to it, and I think that was the case for me. I was actually approached to join a part of a very small set of founders for the Lash Group, which was a boutique consultancy originally focused on hospital consultancy while I was actually working at what was then Arthur Andersen, so in the consulting space, I had met a number of these folks from my time in hospital administration at Ohio State. And it was one of those calls that you get where it makes absolutely zero financial sense to join, especially given I was very young in my career, and my husband was at that time going to grad school himself, but it just felt like the right thing to do.

They were aware of this kind of new area that I was focused on called reimbursement. And at that time, that was just not a word people understood of policy of reimbursement issues. I was really doing that in the early 1990s, sort of before it was cool you could say, both for hospitals and for physicians. And I think when they approached me to join them, it was one of those opportunities to be a partner, be a founder, so I obviously changed my career from that perspective. It just felt right, and I felt open to it.

I'm fortunate to have a number of entrepreneurs in my family – my father, my grandfather, but all in different areas, not in healthcare. And so I think that made me open to that idea, and I'm grateful because it certainly gave me a chance to take that area I was working on and then begin to focus on that first generation of reimbursement support and patient assistance programs through the early 1990s that really were part of the transition of biologics coming to market and being accessible in your community, at your community physician's office, in your community hospital setting, but mostly in the outpatient setting.

It's hard to imagine just, you know, that's really not *that* long ago, right? But that wasn't an option for folks and when you think of the treatments that we have available now, particularly in areas like oncology, it really has changed how we're able to access those life-saving treatments. So I'm definitely grateful for that.

But it was growing fast. Lash Group was a fast-growing business, quickly. I learned the lesson very quickly that while successful and growing, I needed working capital. So it was clear that we were going to need more than my American Express card could take from a growth perspective.

And I was fortunate that we were actually approached very quickly in terms of interest to buy the company. AmerisourceBergen acquired the company. There were others that were interested as well, so I had the delight of being able to kind of choose that destination, if you will. And that was also important because I was joining a group that really didn't have anything like what we were building and were intrigued by the innovation, saw the opportunity, but were also going to let me just continue to incubate and grow. It was at that point a fairly young business of just 200 or so, 250 employees. Now I think that division is upwards of 5,000.

So I think it was really important to be able to be at that right destination, and then they obviously gave me an opportunity over time to be able to acquire other businesses as part of growing into my role at a large publicly held company, and that was certainly a gift in and of itself as well.

Taren: Talk to me about some of the lessons that you learned along the way. You started off with your vision and then you had the great opportunity to join a big publicly held company. How was that transition for you?

Peyton: It was a tough transition. Actually, I learned very quickly, both in a privately held company as well as in a publicly held company, and being part of a much larger company, the importance of performance capital. And I think particularly as women leaders, it's important for us to identify metrics and not be afraid of those metrics.

So even when we were starting those first reimbursement support programs, we were separately tracking their viability, their profitability, and that's critical when you're growing and

obviously incurring a lot of expenses just as part of growth, to be able to do that, and it felt risky at the time. It felt like I was in some ways exposing that process, but it was a great lesson for me that I took with me, because when you can identify your performance, particularly as a woman leader, that's the discussion that you can have to continue to advance your career.

That's the discussion you want to have related to advancing and the next opportunity and frankly your value to any company. But if you're not willing to talk about it from a performance basis, you're not going to be really standing on two feet. And the same exercise as what I've done is we have acquired other businesses. So we looked at really what were those performance expectations we had and how could we then align rewards for any incoming company associated with that.

I think that's honestly been critical, because then you're doing what's going to make the business sustainable. How do you make a business that's built for sustained growth is by making sure you honor what's important for that business success and for the people that you need to continue to develop their career at that entity. I certainly have taken that with me. Every day, I act as a founder and an owner, no matter if I'm really an owner or not. I think that employee mindset of being an owner is actually a really exciting mindset of how you invest every dollar, how you spend every dollar just like if you own the company is a great way to lead overall.

Taren: I think that's a fabulous insight. Thank you so much for sharing it. I haven't ever heard it put that way in terms of performance capital. So what a great punctuation point. Thank you.

Peyton: It is. It's interesting because I think a lot of times when you look at why do so many acquisitions fail. Lash Group survived. Why do all the acquisitions we have at Parexel, why am I focused on their success? Well most fail, that's because you don't pay attention to those things, and I think sometimes you forget the reason you've acquired a business. You usually have acquired a business because you want to incubate innovation and accelerate innovation in a larger business.

I think you lose sight of that sometimes as we bring businesses in, we focus on cost-cutting and integrating to make them the same as the mothership versus how can we learn something from this small incubator of success. And when I think about the types of exciting technology businesses that exist nowadays, it's even more important that you instead learn from those small agile nimble businesses and leverage that into our larger organizations so that we do stay fresh and new.

Taren: I couldn't agree with you more. We hear that all the time from the folks that work in the biotech sector. They get purchased because of, as you said, their agility, their innovation and

then the purchasing company wants to amalgamate them as the same as the owned company. So you lose that kind of edge if you don't allow them to be true to their mission.

Peyton: You lose what you bought.

Taren: Yup. Excellent. So now you are in the C-suite at one of the largest global biopharmaceutical companies in the world. Talk to me about what your current role is and what are your near term and longer term goals for the company.

Peyton: Thank you. Yes, I've been at Parexel as chief commercial and strategy officer for almost a year and a half. It's been incredibly exciting to be on this side, coming from the commercial side of pharmaceuticals into the drug development side. My role includes strategies, that includes M&A, it also includes marketing and communications, our sales and business development team. And then it also includes something that echoes my roots, which is all of our consulting services.

At Parexel, we have a very robust portfolio of consulting services, including regulatory consulting. We're very well-known and established with about a thousand regulatory consultants around the world, but also access consulting, market access, and also some strategic consulting. Particularly, we made a recent acquisition called Health Advances that's part of that portfolio.

So it's a portfolio of consulting services businesses, and the opportunity that I have in my role is to bring that consultative approach to everything that we're bringing to our customers from a sales and business development perspective, and it's been really, really exciting.

In the near term, we've been busy. In this year and a half, we've actually implemented a new corporate strategy that's focused on the patient and we've done a complete brand refresh for Parexel. Obviously advanced the leadership team quite a bit, so there's a lot that we've done, but of course, as you might imagine, there's a lot to do.

Certainly, longer term, my goal is to really have Parexel be the market leader in terms of both growth but focused on innovation in clinical research and drug development, and hopefully, really being identified as the CR role that's really focused on the patient and patient access.

Taren: It's a huge remit, Peyton. I don't know, how do you manage all of that because I just heard you list off all the areas of focus that you're responsible for, plus 20,000 people across the world. How do you manage that on a day-to-day basis?

Peyton: Well, I'm not the CEO. So Parexel is more than 20,000. They don't all report in through me, but obviously like any good leader, it's really all about having a great leadership team, and I

have just really been humbled, frankly, by the breadth and depth of capabilities that exist in this part of pharmaceutical industry. It's really been amazing. At the end of the day, I feel like my job is to make sure we have that leadership team in place and really be able to address the challenges that they face every day. So I would be the problem solver in clearing out those obstacles.

I think the new challenge for me is this is a much more global company. Of those 20,000 employees at Parexel, over 8,000 are in the Asia Pacific region where we have a very long rich history. I think we have been in China over 20 years, in Japan over 25 years, and I was just in both of those areas last week. There's so much energy and capabilities in our organization in some of those regions, so that's been exciting for me, but it has meant that it's a good thing I don't need a lot of sleep because we have to honor every one's clock. So I do find we're working early and late in order to accommodate my colleagues around the world and make sure that we can all stay connected.

Taren: That's a big job to do, especially globally as you said, because it's a 24-hour cycle. So, kudos to you for figuring it out. I'm intrigued by the bridges you can build between commercial and drug development. How are you finding that? Because you can bring so many insights from your commercial background now to the drug development piece of it, and I think there is a clear intersection as we go forward in the future in making those two areas less distinct and more synergistic.

Peyton: You are spot on. That is a great question. Honestly, it's part of what brought me to Parexel. I've always been on that other side and been just, frankly, given the evidence that was part of the regulatory approval of a product and then now you need to go and fix it in terms of trying to figure out how do we actually get this product reimbursed so patients that need it can get access to it.

So I see regulatory approval really is just the first hurdle. What I'm trying to bring to Parexel is that experience and that patient focus that in those early days of protocol development, we're thinking about this broader range of evidence, about what evidence and outcomes are we going to really need to support patient coverage and appropriate reimbursement of that product around the world. Because anything we can do to bring that value message and that evidence forward in the drug approval process, at the end of the day, is it actually going to reduce cost in the system and help the right patients get access to that product more quickly and hopefully in an affordable amount too, which is critical in terms of affordability for patients.

Taren: Absolutely. Speaking of patient-first focus, you launched one of the first patient access and reimbursement programs, as you talked about the R word at Lash. How has that changed to some of the programs you're developing today in terms of patient access and reimbursement?

Peyton: Those first patient assistance and reimbursement support programs really have been a great lesson for me in terms of the importance of really following the patient journey and where the pain points are for patients and also for healthcare providers – so investigators and I used to call them providers. Both of those pieces when you follow that journey, you do find a lot of the answers.

In those early days of reimbursement support programs, we went from really a lot of the pharma companies were giving away free drug. They even called the programs like indigent support programs and things that when we think about today just sound terrible. And instead, started saying how do we actually help that patient get access to the health insurance that they need. How do we help them apply for Medicaid, for example, or some of the expanded access type programs? How do we help them navigate their private insurance and prior authorization process and all of those barriers?

I have been able to apply that same type of lesson to the patient journey that we have as part of clinical trials. One thing that we're doing as part of a patient innovation center that we've launched is really bring in a patient advisory board and map out protocols against what the patient experience is going to be. And a lot of times, there's data that we'd love to have right as part of a clinical trial, but it might mean the patient needs to be onsite at a physician office for 17 hours. So that's not realistic.

We really have to step back and say 'how can we make this something that patients can actually be part of that's workable for patients,' and that's something that we can stay engaged as part of that clinical trial so we don't lose them in the process. And that's the same lesson that I had from dealing those early patient assistance and reimbursement support programs is follow the patient and obviously make sure you're sensitive to the needs of their physicians and healthcare providers as part of that.

Taren: Fabulous. Are you also seeing an uptick in specialty pharma and orphan drugs in terms of this approach?

Peyton: Absolutely. I mean, I think it's important that we look at all of those pieces. I probably get a question a day about someone looking at specialty pharmacy and hub type programs and wondering how can we tap into that as part of drug development, because there's a natural connection there. A lot of the specialty pharmaceuticals are, frankly, working with the patients that we need to be part of clinical trials.

So there's a real opportunity and we're still early in that, but there's a real opportunity with some of the things that we're calling virtual trials, for example, or decentralized trials. I'm not sure I love either of those descriptions because they're not perfect, but what it really means is meeting the patient where they're at as much as possible in order to minimize the burden of

being part of a clinical trial. It also means finding the patient in the community so that patients that normally would never even hear about a clinical trial can actually be a part of those advances and, frankly, have access to what often might be the only care option available to them.

Taren: Awesome. What are some of the other major trends that you're tracking that will impact Parexel in the near term and the longer term?

Peyton: Very good question. There's lots of questions about the virtual trials that I just mentioned. After that, I would say the next hottest topic for us in particular, and an area we're really investing in is the use of real-world evidence for more than market access. For the past 20 years, we have all been using that evidence to support that reimbursement side. But now, we're working to try and really make that part of a regulatory approval, where we've termed the coin synthetic control arm. So basically using real-world evidence instead of a placebo-control arm as a way to be able to streamline clinical trials, but also to bring patient-centric clinical trials to market.

And when you think about a lot of the rare orphan diseases in oncology, it's sometimes not even ethical, frankly, to have a placebo arm for some of those areas or feasible in areas where there might be a limited patient number. So by using real-world evidence or applying real-world data to become real-world evidence, we're really creating some exciting new discussions with regulators around the world to leverage that into a new type of clinical trial. One that really will bring efficiencies and hopefully speed to market of lifesaving treatments.

Taren: It sounds exciting. Let's talk about that a little bit more. So we're talking about patient outcomes and how this gets integrated into the package for regulatory approval as well as for formulary adoption. What are some of the biggest barriers for this kind of data being applied in those circumstances?

Peyton: Yeah, it is a lot of barriers. I mean, this is an area for us that we're investing in and we really think it's important for us to be kind of in the center of that, so being really neutral, if you will, in terms of where the data comes from and open to using and partnering with any of the data sources that are out there. We're focused on also creating ways to link that data. So one of the challenges has been how do you take different datasets and connect them.

And so we're really working to try to create ways to use tokenization and other new technologies to connect both primary datasets and secondary datasets together. Usually it takes that hybrid approach, meaning both datasets from the secondary market as well as primary data, even as basic as some very basic collection of patient data and patient reported outcomes and data, and being able to combine those together. That's been a challenge in the past. Before, people would just think about secondary datasets. We're trying to bring really our

approach in terms of using all of our knowledge across all of these different studies and combine that with some aspects of primary data to be able to best answer the question that a sponsor is trying to get to. And that's a novel approach. It's certainly challenging. Lots of different companies are out there. It means we need to be open to partnering with lots of different companies. Not acquiring technologies as much as really being open to that type of partnership across the environment that you normally would think of in a Silicon Valley type activity is what we're really trying to bring to clinical research.

Taren: It's exciting. Do you feel that because there are so many technologies out there, that it causes difficulties for the folks who have to administer the clinical trials? Because they have to learn one technology from one company and then a technology from another company. Is there a way to standardize the different technologies that are out there to make it easier for clinical research?

Peyton: Yes, there's a lot of work to do in that area. We've been trying to be part of the solution as part of that. Obviously, we're well-known for actually being an early developer in a lot of those technologies and of course there is a movement, there's the Transclerate movement, and certainly our customers are part of that. So we've been trying to be supportive as part of that lesson.

It's exciting, but it is at that tipping point where you can kind of feel that we're not quite at the destination yet, but we're seeing the benefits and we're certainly needing to be open to leveraging any technology that a sponsor wants us to bring. Which means we not only have to use technology we've developed, but we also are partnering with all of the best in class technology that we can find out there as well, which makes our job a little bit harder, but that's the right answer if it makes it easier for our customers and ultimately for investigators.

Taren: Fantastic. It sounds like there are lot of exciting things happening on the Parexel front and you are right there leading the way, so congratulations.

Peyton: Well, thank you. It's an exciting time.

Taren: To switch tacks just a bit, I want to go back to some of the conversation we had at the start of our podcast, which is around performance data and women in leadership roles. As a woman sitting in a C-suite position at a major company serving the healthcare industry, you know that you don't have a lot of company up there. So you're a role model to many women. Can you share with us some of the skills you developed that helped you navigate to the C-suite?

Peyton: Yeah. We do need more women. It's still a gap. It's still lonely in the women's restroom many days, isn't it?

Taren: Yes.

Peyton: The first thing is that it's certainly what I mentioned, which is kind of the performance-based or results focused. I think this is a real area of opportunity for women and I think it's something we just can't shy away from. It's just focusing on our results as being the platform for how we have discussions with our bosses. I do think managerial courage is something that I do think women can uniquely bring to the table. It's an area, over the years, I've gotten feedback on as being a strength, which is wonderful. It obviously can be a double-edged sword for women, so I think we have to be honest about it, which means being vulnerable with that type of feedback and vulnerable with the teams that we work with.

As I've kind of grown in my career, I do think the skills that you need include much more of that emotional intelligence, meaning just knowing who you are, being comfortable with that, and being frankly comfortable that you're going to make mistakes and be imperfect. And that's the opposite of how a lot of little girls are, frankly, raised in terms of being successful. There's much more of that perfection in all aspects, and doing and looking, etc. And so we have to break that a little bit because leadership isn't perfect. Innovation is messy. And you're going to make mistakes.

So none of those fit kind of how often we as women might be raised, and we just have to break through that and can do that with the support of leaders that's part of our teams. I certainly feel like I get more out of being a mentor – I get more from my mentees than I actually give them because I think that they really help push what would you have wished you had known earlier in your career, which is always a tough question.

Taren: Right, exactly. Let's talk about mentorship and in some cases sponsorship, which are two different things. Mentorship is that gentle guide sometimes, and sponsorship is really putting your skin in the game for somebody. So does Parexel have a women's ERG that you're working with to help promote its women leaders?

Peyton: Yes. We actually have incredible diversity and inclusion programs at Parexel. I wasn't aware of them before joining. We're fortunate to have a chief diversity officer and to be able to developed over the years a number of programs for men and women and really addressing all types of diversity, but our women's leadership initiative in particular has fantastic results. And it does actually create that formal mentoring type opportunity as well, which is fantastic.

I think on sponsorship, that is critical, and I think we all have to work harder on sponsorship. And I think as women, we need to actually seek out sponsors and they're likely to be men. And I know for myself personally, without the sponsorship of male executives that I've worked for over the years, it would have been very hard to have the opportunities that I've had today. I think as women it's okay for us to raise our hands and ask for that support.

I actually shared recently at a women's conference that I had noticed that many of the young men in my organization were reaching out and just, frankly, putting time on my calendar for one-on-one mentoring, and the women were asking for permission before they even bothered to do that.

Taren: Interesting.

Peyton: It was interesting because I realized, 'Oh my goodness, I'm actually mentoring more men than women at this point. How did that happen?' It was really just because they were a little bolder and they were looking for permission to do that. And as I started to share, 'Don't ask for permission. You got to say what you need. Seek it out. Ask for support. Seek out leaders that you think could actually – whether as a mentor or as a sponsor that you believe you can get to know.'

And someone can't be your sponsor if they haven't had the chance to really see you in action and know the results that you can deliver. But we do, I think, as women need to seek that out and I also think we have to really thank the men that are, frankly, particularly in this day and age willing to really spend time one on one with women early in their career.

When I hear some men they publicly say they won't meet any more with young women executives, I openly am saying there is no way I would be in the role I am today if the men I had worked for had said that to me and not been willing to meet with me in business dinners, bring me on client travels. There's absolutely no way to be successful with those types of opportunities early in your career. I certainly salute the men that right now are taking leadership roles to make sure that we don't let politics and, frankly, bizarre fears interfere with men and women getting those types of opportunities early in their careers.

Taren: I couldn't agree with you more, 100,000 percent said perfectly. I love the boldness that you need to evoke. If you're going to be a woman leader, you just need to show up sometimes. It's not even about asking. Show up, ask for what you want and go for it.

Peyton: That's right.

Taren: Perfect. So how would you describe your leadership style if you were forced to put it in a short sentence?

Peyton: I guess I would hope I'm described as someone who is authentic, that is direct and honest, and accessible. I think for me the best compliment I get is when someone in our company says, 'Wow, you're just so normal and just so real.' Because that, to me, is the sign of

a great leader, that they can bring any kind of challenge to you and feel like you'll be open to hearing their concerns and hopefully acting upon them as well as appropriate.

Taren: You know, Peyton, you have a lot of strengths and a lot of capabilities and a lot of really great insights. But you could have applied those to any other industry. Why did you choose healthcare? What's your passion driven by?

Peyton: It's funny I've only always been interested in healthcare. Way back when just starting as a candystriper in high school, I've only been interested in healthcare. For me, the passion and opportunity to be able to see as the difference that we can make in patients' lives. When I think about diseases like HIV, AIDS, and cystic fibrosis, I have seen basically diseases everyone was dying from become treatable. I've seen life expectancies dramatically change. I've seen health outcomes in patients with multiple sclerosis dramatically improve. That is just such an honor and a blessing and for me, it really makes it very easy to connect the why – the why you do what you do. So I feel like we're very lucky, all of us, to be part of this healthcare industry and certainly within pharmaceuticals in particular where we've been able to make such an incredible difference on patients' lives.

Taren: Wonderfully stated. Speaking of successes and we've had so many of them in the healthcare field, but how do you define success for yourself?

Peyton: For me, success is definitely about growth. I'm a growth mindset leader. So when I see us growing, that means we're delighting our customers, which is first and foremost most important, that is how customers select who they're going to be with, but it also means we're creating opportunities for our employees. So for me, growth is what really defines success and that's why the long-term, my focus is going to be always to be a market-leading growing company, and that's my goal here at Parexel.

Taren: Fantastic. Finally, tell me about an accomplishment or a wow moment that shaped your career.

Peyton: Those are hard. One that really comes to mind for me was actually at Lash Group, there was a fork in the road moment where we had a customer with a brand new launch of a product with dramatic success far more than what any of us had expected, and certainly far more than we were staffed to accommodate, and because we were running reimbursement, it really meant that if we didn't respond to that overwhelming amount of incoming patient volume that patients were going to be delayed in access to treatment and in this case, patients' lives could be impacted actually. So it was fairly urgent.

I didn't honestly know exactly what to do. So you kind of go with your gut at that point. I rallied the entire group together. I remember it was a stand-up meeting. We didn't have a room big

enough to fit all of us. I was just completely vulnerable and honest that we were at a fork in the road for the company and this says that we were either going to address this together and go on to be great, or we would fail and patients would be impacted. I connected the why.

So people knew how we got here, which was obviously a positive problem, but a problem nonetheless and what I needed; that I really needed us to rally in ways beyond what we all thought we can even be capable of doing and it would last for not days, but weeks, potentially months. And everyone really rallied. We knew why.

That power of why is so palpable, particularly when it's a patient. It was an incredible lesson for me of just being vulnerable and honest and also then getting to see that there really is no limit to what a team, even a relatively small team, of people can do when they're working together towards a common goal and they know why and the difference that they can make.

Taren: Thank you so much for sharing all of your stories, all of your insights, giving us a view to the future, not only in terms of clinical trials, but what Parexel is looking to do. This was a fabulous conversation. Thank you so much for joining us.

Peyton: Thank you.

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