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In this episode, Taren Grom, Editor-in-Chief of PharmaVOICE Magazine meets with April Lewis, Executive VP, Hū, a W2O company.

Taren: April, welcome to the WoW podcast program.

April: Thanks for having me today Taren.

Taren: I'm delighted to get a chance to speak with you. What you all are doing is really exciting and I can't wait to delve into it. You were recently named to your current position as executive VP, but what inspired W2O to launch this new company and what exactly is a patient activation organization?

April: A patient activation organization – and we're calling ourselves as the first of its kind, patient activation or activation isn't really a new concept. It's been done in marketing. It's been done in politics, but activation with regards to clinical trial participation is new. And the way that we're approaching patient activation is through the use of behavioral economics, and we're using behavioral economics to understand what motivates patients towards the active state of choice and commitment in a clinical trial or clinical trial participation.

And what's really cool is we have taken some approaches that are building models that quantify and measure behavior. By behavior I mean the motivation, the perception relative to disease and disease management, and we're using that quantification as a means to build strategies and tactics around how to activate a patient in their time of choice and commitment.

W2O is just the perfect anchor to launch the organization. As you know, it's a tech-enabled healthcare organization and W2O has really given us the foundational capabilities of social and network analytics, of deep patient insights. We have capabilities around medical education and healthcare communications and the behavioral science component. All of that combined it's enabled us to pivot the legacy strength in patient activation on the commercial side and now take that and apply it in innovative ways on the clinical side.

Taren: Excellent. What's the origin though of the company named Hū?

April: Love this question. For those folks who have never named a company before, this was I think as hard as naming a child and we went through this process, it was just incredible and interestingly enough, we went through two iterations of naming. And Hū rose to the top on our first round and we – for a couple of reasons I won't disclose with that. Let's take it off. We're

going to take it off. And we came to the second round and our creative team said, “I know you said take it off, but we had to bring it back.” And everybody sighed in relief. Oh, thank God you brought it back, because we were all drawn to it and the meaning behind Hū – in 2006 Dow Chemicals ran a campaign to add Hū to the periodic table of elements representing the human element and given that we are at the core focused on bringing people and patient-based behavioral and decision science in the clinical trial innovation, it just it spoke loud and clear to us.

The other component of Hū is that Hū represents the god of the spoken word in Egyptian mythology and for us, amplifying the patient voice is also at the heart of what we do. So the name Hū really just stood out as a favorite.

Taren: That’s brilliant. What a great connection and great intersection of two really important factors that are going to move the industry forward. Well, congratulations and kudos to the brand team for bringing it back and to bringing it back up to the forefront and kudos to all of you who recognized the importance of it, so that’s great. The world of clinical research is obviously in a critical situation right now as we look at the COVID-19 pandemic and how it’s impacting everything across the board from COVID trials through to every other type of trial. As reported by CenterWatch, clinical trial recruitment willingness to participate in clinical trials has plummeted from 85% to 49%. So I want to talk about what the impact of this shift is and then conversely clinical trials have never been more popular in the mainstream because people are now starting to understand what clinical trials are. So how can we talk about the shift and then how can we talk about ways to capitalize on the uptick in understanding by the general public?

April: Yeah. It’s a fantastic question and as somebody who’s dedicated my career to clinical trials, it’s really disturbing this massive drop in willingness and in my opinion it’s the sensationalization of all of this chaos around the pandemic that’s the driving force in that drop. I think we are in a space where there’s a significant amount of misinformation and that misinformation while there may be awareness it’s filled with misinformation that’s led people into a state of what I called paralysis and fear and quite frankly I don’t think we’ve done a very good job as an industry combating that.

And the downstream impact of this drop in willingness on our ability to innovate a phase and to deliver new care options to patients in need, I think this trajectory is going to become devastating. We had a symposium a few weeks back with a number of topics X from R&D and we were talking about the disruption and it’s obviously very well acknowledged, but that said there was also a recognition that we need to combat this shift in willingness together that nobody, no single organization whether it’s really a trial level or if it’s at the enterprise level is going to be able to change the narrative on their own and I think this gives us a huge opportunity for the collective “us” (*putting in quotes us*) to band together and to unite on the message and the actions to change perception in the general public.

Taren: I’m seeing maybe it – hopefully, we’re seeing the same thing is that there is a greater level of comfort in even competitors collaborating around somebody’s common themes

because they as you said, no one entity can do it alone. Are you also seeing a greater willingness to collaborate?

April: I am. I am seeing a great... and some of the ideas for pan industry collaboration that came out of this symposium that I was referencing were incredible. I won't share any of them just yet because we have them in our back pocket and we're thinking about ways we can support and some of them are really, really cool. But yeah, absolutely, I think everybody is starting to recognize that this is bigger than any one of us and that if we don't ride the ship we're going to be in a lot of trouble.

So while the awareness levels are up, I think the information that sits underneath the awareness is off and I think we need to do a much better job of communicating to the public around the value and the benefits and it's a massive opportunity for us.

Taren: Agreed. When we talk about misinformation and in the general public, when we talk about clinical trials we also know that there is a huge situation in communities of color. How do you think the industry can address increasing diversity and inclusion and participation in clinical trials which some have said is a moral imperative for the industry right now?

April: It is a moral imperative. But I think where we get lost is taking a very narrow lens and becoming a bit self-serving. There are issues that have led to the lack of willingness to participate that go well beyond clinical trials. COVID-19 has brought participation specifically and lack thereof to light and it's also brought to light that this is a systemic issue and it really requires a systemic response. And the reasons are highly complex and they're multifaceted and they include but aren't limited to things like skepticism and lack of trust and trusted relationships.

Our industry in my opinion needs to balance the focus on the short-term enrollment needs and the operations and we need to start shifting and balancing towards longer term investments in partnership with the communities. We need to imbed ourselves in civic organizations. We need to think about and quick action against information sharing and becoming a resource and support arm and up our presence in communities of color. But if we're going to be successful it can't be self-serving and to me right now it feels like the buzz around D&I is focused on how do we get more people to participate and the gain there at times feels like it's focused on hitting a target and hitting a number and that's what I'm referencing in terms of being self-serving. We have to think of this on a larger level. We have to anchor it on active listening and meaningful action in order to transform care access to these communities.

Taren: So you want to find a couple of ways to pave the way forward. What would you suggest is like the initial first step? How do we start to bridge this gap in a substantive way?

April: There's a couple of things and they may be a little bit more tactical, but I think extremely meaningful linguistics and lexicon plays a huge role. Taking a one size fits all approach especially when there are barriers of trust and mistrust to work around language plays a significant role. It's not just information that's the type of information that gets shared in a way it gets shared

and there's a huge opportunity there to shift the narrative and to do it in a way that's meaningful for specific populations that we're looking to change the dialog with.

Taren: Why do you think this hasn't been done effectively in the past?

April: I don't think that we focused on that. I think like I said we take a very operational approach to things and we tend to take a one size fits all and we haven't really put down a good job of personalizing the way that we engage with communities. The second piece that I think is a bit more tactical that needs to be addressed is a gratitude program. We don't say thank you. I was having a conversation with a colleague and we were talking about in certain communities if you get lucky enough to overcome the trust issue and you raise participation, at the end of the trial then what? You drop the patient. No thank you. No gratitude program. No continued investment in them as a thank you for their participation and it starts the cycle of mistrust all over again. You got what you needed from me, thanks for using me and I guess now we're done. I'm not saying that's a situation across the board, but there's a perception there that is really dangerous and I think we have some simple things that can be done like I said to invest in communities, invest in communities of color and become a resource, a longer term resource back to my statement of systemic problems require systemic solutions.

Taren: Sure. Don't we also think that program or that gratitude could be extended across the board not just the communities of color, but to all patients who are willing to participate in clinical trials?

April: Absolutely, across the board. It's not a targeted need. It's a universal need and I think we've made some strides and things like patient data return and the fact that we now are making efforts to showcase to patients not only their own data, but the progress of the trial or the trials after they're completed, but it goes beyond sharing their data back with them. It's recognizing them for the contributions they're making to science.

Taren: Yes, I agree with you and I think sharing that data back gets tricky though because if it's no data that's been blinded or how do you give that back especially if the trial program coordinators don't know who is in what trial. So don't you think there's some logistical issues there as well?

April: Of course. Yeah, of course there's logistical issues. I think in an ideal world if I could be a visionary for a moment, we talk about this all the time on the team, there's a – I don't know if you've heard of where's George or find George, we joke about this all the time because essentially take a dollar bill and you can look at the barcode on the dollar bill and you can type it into the website and they will tell you everywhere your dollar bill has gone. Same thing for patients, if you're donating biospecimen, if you're donating your medical records, if you're part of a trial, there's something to be said for understanding longitudinally and from a future state how your contributions have impacted. Even if it's not successful there's a learning in that and I think we have to figure out what that looks like and figure out the way to make that a reality because I truly believe that when people understand and have some ownership in what's at stake, the motivations become that much higher.

Taren: I love that future state and I love that vision. I think you're really on to something there, so let's hope that the industry can start to make strides because unless we can increase the number of patients who are willing to participate in clinical trials we can't advance medicines.

April: Exactly.

Taren: So that's awesome. Early on, you alluded to the fact that you've been in clinical trials for a long time. You have just about 20 years I think about of experience in the field of innovating clinical trial operations, so I'd love to hear what are some of those lessons you learned along the way, some of those experiences that you've had that you were going to use to help Hū get to that next level?

April: There's a few things. There's three things actually that come to mind that bubble to the top. Timing is everything I think is the first. So I have been in situations where even the best of innovations don't work because the timing is off and there needs to be a level of market readiness and market willingness in order to be successful and that really applies across the board. It's not just in bringing a product to market or bringing a new service to market or launching an organization. It really ties in to everything we've talked about today around your trial could be ready, but are your patients ready for you? So market readiness is a huge factor and like I said timing is everything.

The second piece here that I think is a lesson learned I carry with me is around data and evidence and the fact that data and evidence are really only part of the story and I think we've often failed because we look at data as an answer or the answer when really it should be looked at as directional guidance. And data and evidence and I know there's been a lot of push over the past 10 years, big data and real world data and real world evidence and that's great, but I think that it becomes most valuable when we balance it with experience and with instinct.

And the third takeaway is that patients aren't waiting for us and if we stop and we consider a trial as a product, we have to stop and think is that product attractive and we often focus on that attractiveness when we think about our study sites and can we get a study site to choose our study over somebody else's, but we neglect this with patients. And I think we've done a bad job of thinking about attractiveness from the patient perspective and that's a key opportunity that I see moving forward.

Taren: Those are three excellent points and I want to just hone in a little bit on that last one about trial attractiveness. As we look to the future, we're seeing quite the uptick in decentralized clinical trials, high rig clinical trials, virtual clinical trials making it easier for patients to participate. How do you see that playing out in the near term?

April: I think it's a near term and a long term initiative that's going to play out. Like I said, patients are getting smart. Patients are getting demanding. Democratization of healthcare is here and if we don't stay up to date with it, we can't take an outdated model especially with today's past paced life and expect people to play into it. So I'm excited to see us moving in that

direction. I know that COVID has been an accelerator. My fear is that hopefully soon when the pandemic starts to ease down that we don't go back to our old ways. So I'm on the fence as to whether or not this is actually going to carry through or whether it's situational. My hope is for the sake of the patient that we are doing the things that we need to now to actively listen to them and set ourselves up for success in the models we developed, the operating models we developed and the delivery models we developed for patients in our trials in the future.

Taren: It's funny you say that because I hear a lot of folks talking about that. They're on the fence to see whether it is situational or if it has it's going to be something for the longer term. Optimistically, we hope the two plays it out of the tube and we're not going to revert back. There's no guarantees to this.

April: Absolutely. We'll see.

Taren: Yeah, we'll see. So I think that as long as folks like you were out there evangelizing for this new vision and this new future, we're on the right track. So that's great. I think that you brought up a lot of great points around the clinical trials, the future of clinical trials and what is needed for patients to engage in a more active way. So thank you for all of that. I want to switch tracks if you don't mind for a minute though. I'd like to talk to you about your leadership style. You're obviously in a new position, so tell me about yourself as a leader and how you're going about building your team.

April: This question is a great one. It requires a bit of reflection. I like to lead by example. I lead with openness and honesty and equality. I really could care less about title and hierarchy. They really don't matter to me. What matters to me is people bringing their best thinking, people challenging one another and empowering one another to work from their strengths. I think in my experience the worst thing is having somebody with a brilliant mind who feels squashed and is afraid to share ideas. I foster a culture of open communication. I absolutely hate and discourage politics and I have filled my team with people who truly align to the mission and are passionate about our vision.

In building this team, I absolutely will not bring somebody in who sees this as a job. This isn't a job. They need to ooze passion for what we're trying to achieve and in that passion I believe that ownership equals motivation. So in bringing the right folks to the team, if you have all the parts there's no need for micromanagement. I'm a strength-based leader. I love to encourage the team to own and work to their strengths and I think I know I'm very fortunate that at Hū we built a team that's not just brilliant, they're brilliant, but really appreciates one another's contributions and lifts each other up and is genuinely aligned to what we're trying to do here.

Taren: That's awesome. As a leader and somebody who is operating in a new company, the pandemic couldn't have come at a worst time. Not that it was a good time for a pandemic, but everybody is virtual, so how are you managing that extra complexity?

April: Yeah. It's annoying. Quite frankly, it's annoying. I am fortunate that the team that I built has had relationships and strong relationships whether working or through partnership with

each other in the past, so we've gotten a headstart in terms of relationship building. We are trying to have fun and connect on a non-work level. We do games and happy hours and actually right before this call, the team was doing yoga because why not. But I think it's challenging. We would be I'm sure much more productive if we had the ability to get into a room and do workshops together and instead we're having to break things up into smaller, more digestible parts and what really worries me is – I mean I've got type A team members who are go-getters and I fear that in this environment they're not giving themselves the breaks they need to refresh because it's just it's so easy to sit in front of your computer for hours on end. I do it. I'm sure you do it.

Taren: Yes. So the lines between work-life balance are just they're no longer. It's just a blur, right?

April: Yeah. And the days blur into one another, but I think we're actually managing. With all that said, I think we're managing really well and a lot of that is tied back to this team being aligned to the culture and to the mission.

Taren: Excellent. You obviously are very inspirational leader. Who do you look to for inspiration?

April: There is only one possible answer I have to this question and given that we are on the Woman of the Week podcast, I have to give it a shout out to the woman who early shaped my career. Her name is Linda Hand. Linda was the CEO of a company called DecisionView back in the late 2000s. Ultimately, we were bought out by IMS Health and then we merged into IQVIA. And I can remember the first time I met her. I interviewed with her and she scared me half to the death. She was so smart and so driven and I'm going back 15 years, so a little more naïve in my career and she's just she's a force. But after that first engagement where she scared me, she was the most inspirational person in my career to date and she's continued to inspire me almost 15 years now and I tend to follow the – I call the WWLD, what would Linda do creed and she really proved time and time again, for me as I watched her lead an organization that became highly successful, I watched her prove that integrity and honesty and persistence are the keys to success and I wish you could see the smile on my face right now, but she really taught me things that stay with me. She taught me to define my own success, that my success is mine to define and nobody else can do that. She taught me that success only happens – it's only really an experience when it's shared and it can't be owned by a single person. She has pushed me to only do the things that I'm passionate about and I think most importantly, she has reminded me over and over and over again that family first always.

Taren: Those are fabulous lessons. Thank you for sharing those with us. I'm inspired by her. I don't know her, but I can see how you would be inspired by that. It's rare still today to have a woman who is somebody as a role model because we just don't have that many women sitting in those C-suite positions to help guide that next generation. So hopefully, we're taking those lessons and you are implementing them so that you can show others the path that can be taken. And because this is our WoW podcast program, finally I'd like for you to tell me about an

accomplishment or a career moment that really shaped your career. What was your wow moment?

April: In thinking about Hū, Hū has really been the orchestration of years of hard work and ideation and relationship building and this nonstop burning desire to find ways to help change the industry for the better and I think that the greatest moment that shapes my career happens everyday and it's when I look around the table at the team that's by my side. It's when I talk to my three daughters who watch me and cheer me on and join me in the world of what's possible. I'm humbled by the commitment and the care and the solidarity and the continued empowerment I feel from them all. So I think it's a daily moment that I'm fortunate enough to have.

Taren: That's excellent. Thank you for sharing that. You talk about Hū almost as if it's an entrepreneurial type of venture yet it does belong under the W2O family. Is that an accurate description? It feels like you are really on the bleeding edge here.

April: We are and it is entrepreneurial and the team that I built is a roll your sleeves up, innovate, be a rebel and make change team. While W2O is very well established and has some deep roots, this is a brand new venture with thankfully all of that foundation underneath us to help support us and accelerate us, but quite frankly we're entering uncharted territory here and it is 1000% entrepreneurial.

Taren: That's great. Well, I want to wish you continued great success. I can't wait to see how you reshape this whole area and look forward to speaking with you again. Thank you so much for being part of our WoW podcast program.

April: Thank you so much for having me Taren.

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