Interview: Whitney Green – President & General Manager, Roche Diagnostics, Canada



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Whitney Green candidly describes what first surprised him as an American coming to Canada to head up operations as president and general manager of Roche Diagnostics Canada. He highlights the benefits the innovative portfolio of Roche Diagnostics can bring to Canada, its potential in driving forward personalized healthcare and the laboratory contribution bringing value to the healthcare system's sustainability in the long term.

Whitney, you have been with Roche Diagnostics for ten years now, joining the Canadian affiliate eight months ago. Coming to Canada from the USA, what have been your first impressions of the differences and similarities between both countries?

My first impression of Canada was that of a proud country with very welcoming people. As in the US, the system is decentralized, and both countries are experiencing pressure to improve healthcare outcomes while lowering costs at the same time. The stakeholders are committed to improving things within their sphere of influence and have adapted to the new prerogatives in market access in both markets. At the beginning of my career, the logic would very much be that of a newly introduced product immediately being tested for its innovative qualities by the customers. Today, when a company introduces a new product, there really has to be a compelling reason to do so, in terms of improved outcome or cost-savings for instance.

Upon my arrival to Canada, I was surprised by the complexity of the system. While being prepared for the federal dimension, coming from the US, the view south of the boarder often is that as a country with a national healthcare system, Canada would only be one market with a straightforward system, which it really is not. Each province has its own system, and even within the provinces, stakeholders are numerous and there is not one sole decision maker.

Diagnostics as a field is increasingly attracting more awareness. However, there is a global discrepancy between healthcare expenditures on diagnostics and the role they play in treatments. How do you raise awareness on the importance of diagnostics in Canada?

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In Canada, just as in the majority of similar healthcare markets, two to three percent of healthcare spending is allocated to diagnostics, while diagnostics impact the majority of decisions for treatment. While we observe a will of investing more in diagnostics from the authorities, there are incentives to cut healthcare spending at the same time.

I believe it all boils down to industry players needing to communicate more and better with all involved stakeholders. Compared to radiology, there is limited interaction between the patient and the biologist in diagnostics as laboratories are usually a remote service area in hospitals. It is thus more difficult for the payer to visualize the value for the patient.

However, a dollar invested in diagnostics systematically finds a positive echo elsewhere in the healthcare system. In order to make this more visible to the stakeholders, Roche Diagnostics has been pursuing an engagement initiative in collaboration with MEDEC and other diagnostics players, which is now starting to bear fruit.

One of the major trends in the healthcare landscape today is personalized healthcare (PHC) and the Canadian government has just decided on a CAD 255 million (USD 205 million) investment in genomics. How does Roche, as a pioneer in this field, define its responsibility towards Canadian patients?

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Roche and Roche Diagnostics in particular have indeed been pioneers in PHC for a long time. For ten years PHC has been a corner stone of our strategy, and has evolved into becoming not a destination per se but rather a journey. Treatment by treatment, we have a companion diagnostic for almost every compound in our pipeline.

The launch of our PHC 2.0 initiative illustrates our will and drive to maintain our leading position in PHC, aligning the personalized dimension with the necessity to incorporate digitalization as well as the treatment and interpretation of big data.

Our responsibility in Canada is to ensure the innovation Roche Diagnostics is launching at a global level reaches the Canadian patients, is implemented and executed in Canada and in collaboration with the authorities, the payers, the physicians and the patients. Amongst the PHC solutions launched in Canada is Zelboraf, a drug which finds application with patients with metastatic melanoma and presenting BRAF V600 mutations. In 2018, we plan to roll out our NAVIFY Tumor Board technology in Canada, given its proven alignment with Health Canada policies.

Moreover, we are not limiting our commitment to our own portfolio at Roche Pharmaceuticals, but are actively seeking to work with other pharmaceutical companies, developing companion diagnostics for solutions within their respective portfolios. Roche Diagnostics also recently acquired Viewics, a leader in business analytics for laboratories which will be a complement to the optimization of our diagnostic testing and data operations, increasing efficiency in laboratories. We further signed a partnership with GE Healthcare, which will equally be rolled out in Canada.

How do you tap into Canada’s incredible potential in R&D?

In the pharmaceutical division of Roche, there are R&D activities being conducted in Canada. In the Diagnostics field, Canada does not represent a major hub for our company in R&D. However, Canada is amongst the countries that are regularly being considered for clinical trials and chosen precisely for its very conducive environment. Canada has no shortage of research talent and for example, the Toronto/Montreal corridor presents the highest concentration of research and academic centers you can find. Moreover, there is a truly diverse and yet stable patient population in Canada.

As an example, we have been recently working together with provincial authorities on a self-sampling study in HPV (human papillomavirus) amongst remote territories and culturally sensitive populations. We support the studies around this disease that is in fact a largely preventable and treatable cancer, if it is diagnosed early on. All in all, 15 to 20 local studies are conducted for Roche Diagnostics in Canada every year.

How is Roche Diagnostics positioned in Canada and what is the importance of the Canadian affiliate to Roche’s global operations?

Roche Diagnostics is the number one diagnostics player in the world, and equally number one in terms of market share in Canada for in-vitro diagnostics. We have approximately 350 employees in Canada and are amongst the top ten markets for Roche Diagnostics.

What is particular about Canada is the close collaboration we foster between the pharmaceutical and diagnostics divisions. Our relationship with one another is very good and often seen as an example for other affiliates globally.

How does the fragmentation of Canada's healthcare system affect the way you work?

In terms of complexity, I have had similar experiences working in the US previously. The complexity of the system is what makes it challenging but also exciting. Understanding the customers, market and unmet needs is what ultimately allows us to deliver value to all those stakeholders.

Roche Diagnostics has a great team in place with great products, and is hence well equipped to address the challenges the fragmentation poses in Canada. Our efforts have always been dedicated to engaging the dialogue with all stakeholders and driving systemic decisions as far as possible.

Where do you identify the bottlenecks that are preventing easy and effective access of innovation to the Canadian market?

Time to market has repeatedly been a challenge for us and flagged as such. Nonetheless, thanks to our highly efficient regulatory team, this is not a major issue anymore and we are able to concentrate our efforts on meeting the market access challenges as well as those within the procurement world. Often, the only criterion taken into consideration by authorities and payers will be the price of our solution versus that of a competitor. Where the effective cost to the healthcare system is not assessed, the tremendous medical value our highly differentiated technologies bring is being ignored, to the detriment of the patient in the end.

A good example is our cobas® Liat influenza test, allowing for over 97 percent accurate testing in 20 minutes, while competitor products may not achieve this level of accuracy, which often times leads to repeat clinic visits for patients. Roche Diagnostic's cobas® Liat Influenza A/B nucleic acid test is more expensive than the less precise competitor products. But when you consider the cost of late diagnostics to the healthcare system, not to mention the costs produced by unnecessary paperwork in following up with patients whose diagnosis has to be verified over two or three days, the investment into a more effective test is to be preferred in the interest of sustainability.

The reimbursement is equally challenging for us. We have been struggling for a long time to see our cobas® HPV test reimbursed for primary screening in Canada. It has been a long road until we obtained reimbursement for a test that has been clinically proven to be more accurate for cervical cancer than any other test. So far, we have obtained reimbursement in Ontario and are still waiting for remaining provinces to follow suit.

Considering the size of the Canadian market, most big diagnostics players are present here. What is your strategy for pushing Roche Diagnostics here to compete effectively with giants like BioMérieux and BD?

We push our competitive edge by leveraging on our key differentiation factors, which are threefold. First come our people; their expertise is unique and having worked for Roche Diagnostics for ten years, I can say we have the best people in the world working for us!

Secondly, we are truly committed to innovation. Globally, Roche spends approximately 20 percent of its sales on R&D per year.

Last but not least come our products. Their quality and efficiencies are unparalleled, but we do not rest on our laurels and are dedicated to keep on introducing new innovative solutions to all of our markets.

What will be the strategic priorities you will be pursuing over the coming years?

I have set myself the goal to continue to drive employee engagement and empowerment while also focusing on the continued introduction of new products to the Canadian market along our four major lines: tissue and molecular diagnostics, point-of-care and core laboratory. Digitalization and data management will also require our attention and we will concentrate this in particular through PHC 2.0. In parallel, we do not lose sight of our will to support the move towards a value-based healthcare system. Roche Diagnostics will remain true to its continued investment in the healthcare community.

Finally, it is my personal priority to learn on a daily basis, and to continue to improve as a leader. I try to convey Roche’s values of integrity, passion and courage in my daily leadership: I strive for a culture of trust and encourage making difficult decisions, passion is what drives everything you do. My ultimate goal is to constantly work on improving my leadership skills by adapting based upon feedback and learnings to help Roche sustain our leadership position and bring value to customers and patients.

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