Andrea Sambatti – General Manager, Boehringer Ingelheim Sweden



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Andrea Sambatti is the general manager of Boehringer Ingelheim (BI) Sweden and is a member of the board of directors for LIF. Sambatti discusses how Sweden is a testbed for innovation and often one of the first places where pharma companies launch their products. She also discusses how Sweden is at the forefront of digitalization within healthcare and her experiences of working for BI in Brazil and Germany.

Based on your international experience, what would you highlight as the main specificities of the Swedish pharmaceutical market?

Sweden has a sophisticated healthcare system and is a frontrunner in digitalization. As such, Sweden is used as a testing ground for pilot products and is one of the first countries where we launch products. A major differentiating factor Sweden has to offer is its quality registries that contain a plethora of useful data. For instance, the National Diabetes Register has information on more than 90 percent of all diabetics in the country, which provides an amazing opportunity to improve the quality of care for patients. Additionally, this information helps us to design better protocols for clinical trials and provide good data for research. The quality and amount of data contained in the registers is unmatched compared to most other countries.

You joined the company in Brazil in 2009 as head of the oncology field and in 2011 moved to Germany where you were responsible for the global launch of the drug Ofev® (nintedanib). To what extent have you leveraged these past experiences in taking over the Swedish affiliate of BI?

The working environment in Brazil is vastly different from Germany and Sweden. Brazil is a fast-growing emerging nation and it changes rapidly. You learn to be agile and adapt to changes quickly. Sweden is a far more stable and established country. However, it is also an innovative country where new technologies and digitalization are reshaping the healthcare environment. The speed of change is not comparable to what it was a decade ago. For us to continue adding value for patients, healthcare professionals and society, we need to be leading this change and not simply be adapting to it. I have brought this ability to adapt to changes from Brazil which helps me in supporting my team. Furthermore, working in the German headquarters has broadened my view as I have been exposed to various markets such as Japan, the US, EU countries and Emerging Markets. Even though what works in Japan might not necessarily work in Sweden, I can draw pieces from each experience and adapt them to the local context.

Moreover, moving to Germany and working in the corporate headquarters was helpful in establishing a network and understanding of the company's strategy. Subsequently, when I moved to Sweden, I had the network and strategic understanding to use the quality registries and to connect with the appropriate parties, which has helped to put Sweden on the map internally in BI and highlight the importance of what we have to offer. This is especially important in the light of the very complex health care system set up in Sweden.

Finally, being a part of the global team in Germany gave me the opportunity to meet global external experts in my area which ultimately made it easier for me to connect with local external experts in Sweden.

In Sweden, Boehringer Ingelheim's sales are growing at a fast pace. What is the secret of this outstanding performance?

Boehringer Ingelheim continues to have a strong growth on a global scale and last year human pharmaceuticals grew by 5 percent worldwide. In addition, BI grew in Europe by 6 percent and in Sweden by 21 percent respectively. There are multiple areas that facilitated this growth.

Firstly, we have changed the way in which we collaborate by placing the focus on patients and healthcare professionals, while also determining how we can continue to add value. In the past, adding value would have to be done by educating and offering information on our products; and we have some excellent products that can help our patients in multiple areas. However, nowadays, simply providing the information is not a key component like it used to be. With the advent of search engines like Google for example, most of the information is on display and readily available.

Furthermore, healthcare professionals are continuously updating their knowledge online and therefore the traditional work of medical sales reps of simply bringing the information is not enough. This is especially the case in Sweden where access to physicians is very restrictive. In the majority of cases, sales reps need to book a timeslot six months in advance in order to see a physician. This is a noticeable disparity between Sweden and many other countries such as Brazil or the United States where a sales rep can just sit in the waiting room and meet with the doctor when he or she is free.

By contrast, in Sweden, doctors are overloaded with work and as a result, the rep would usually need to book a meeting which can take several months. In order to counteract this, last year we started to collaborate with the higher management of hospitals and primary care centres here in Sweden to understand and address their needs. We have named the partnerships ‘preferred partners’, and BI aims to become the preferred partner for our stakeholders. In order for a project to be viable, first and foremost, it needs to add value for the patient, to hospitals or primary care centres and their staff, and finally, it needs to add value for BI. We call this the three wins.

Furthermore, we have changed our working model from having reps only providing information, to finding projects that we can collaborate on. For example, speaking with hospital management and primary care centres we can identify where they have excellent care. For instance, they may have excellent care in Chronic Obstructive Pulmonary Disease (COPD) and diabetes which are areas that BI is strong in. From this point, we discuss what the hospital’s goals are, which could include areas such as providing a better service for patients or creating educational programs.

By linking data between the National Diabetes Register and the National Board of Health and Welfare, Boehringer Ingelheim was able to show that more than one in four patients with type 2 diabetes also have an established cardiovascular disease. How can the group leverage this unique insight?

We have not only changed our model for the reps but for the entire organization on how we can add value, and this project is a perfect example. The project was a cross-functional collaboration between different departments in BI and led by the medical department. In collaboration with the National Diabetes Register, we were able to transform real-world data into real-world evidence. Through this project, we managed to extract the percentage of Swedish patients with type 2 diabetes who have established cardiovascular disease, which can help us make international comparisons. Furthermore, because Sweden is so digitally advanced, centres can easily gather the necessary information of their patients. For example, a doctor can access the diabetes registry and ask to see all the information on their patients that have cardiovascular disease and type 2 diabetes.

In July 2017, BI set up BI X to test new technologies quickly and efficiently and to develop innovative digital products and introduce them into healthcare. What role can Sweden play in implementing this technology that comes out of BI X?

Yes, BI X is a digital lab inside BI that provides a great environment for digital product innovation and helps to revolutionize BI business. We can definitely support in the pilot phase but also in the creation of new ideas. When I met with the BI X team, I highlighted apps like MinDoktor and Kry. In Sweden, patients can have a discussion with a doctor through these apps and it is incredibly convenient. Furthermore, these apps cut down on the need to physically go into a hospital where you may be at risk of contracting an infection from other patients. You can simply wait for the next available doctor and have a video call with him or her. BI could collaborate with and support these technologies. For example, BI is developing advanced diagnostics tools. Companies that have the technology to provide online consultations with medical professionals do not yet have the ability to listen to a patient’s lung. If they had the kind of technology we are developing, it would be fantastic for them and for patients to have a quicker diagnose. These are the types of projects that we are looking to create in the future.

You have been in Sweden for three years managing Boehringer Ingelheim and have seen some amazing success. How would you like BI’s footprint to evolve in the future?

I would like BI to continue focusing on what matters for patients. This is what gives us the energy and the passion to wake up every single day and fight for what we believe. If we keep the focus on improving the lives of patients, I am positive we will continue to be successful. What I have seen in

Sweden is an outstanding cross-functional collaboration both inside BI and with patient organizations, with the government, authorities and with the Swedish Association of the Pharmaceutical Industry (LIF). I see that this system works extremely well which benefits the company and, in the end, it benefits the patient. Our primary goal is to ensure the patient gets the right diagnosis and the right treatment as early as possible. The collaboration between BI, the government, LIF, hospitals, primary care centres and patient organizations is the key to facilitate this.

An example of this collaboration was the launch of our reversal agent. In preparation for the launch, we collaborated with several different areas of government in order to ensure our product was on the shelf of all acute hospitals on launch day. In other countries, this might have proved very challenging, but in Sweden, we were able to build strong collaboration and partnerships for the benefit of patients. Another important area is clinical operations. In Sweden, we have a clinical operations department employing almost 15 percent of our staff which helps bring early and late-stage clinical trials to Sweden and enables physicians and patients to get access to our treatments early on. I would like our clinical footprint to continue developing in collaboration with the excellent academic and healthcare ecosystem.

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