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Robin Turner, general manager of Roche Czech Republic, shares how he transformed the affiliate from a â??localâ?• company to a highly engaged member of the Roche group whilst breaking down the obstacles to introducing innovative therapies and making personalized medicine a reality in the Czech Republic. Turner sees the increased involvement of patients in the decision-making process as the most positive development in the last three years and shares the initiatives Roche is putting in place to empower and support patients.

During your more than 30-year career at Roche, you grew Australian pharmaceutical operations five-fold, accumulated seven years of senior-level experience at Global Headquarters and successfully led the Danish and Portuguese affiliates. What made you decide to take the reins of the Czech operations in 2016?

The Czech affiliate was facing a series of challenges, and since I like challenges, I accepted the mission. Moreover, the Czech Republic is an interesting country and market, and a part of Europe with which I was unfamiliar.

The affiliate had just undergone a set of major organizational changes led by my predecessor. In the past, it had been operating as a purely local organization detached from the head office and staffed entirely with Czech people. This situation was not unique to the Czech Republic but typical of

affiliates in Central Eastern Europe. Moreover, when I arrived here, many positions were vacant due to a high employee turnover. More importantly, the organization lacked a clear strategic direction at that time.

My mission was to rebuild and transform the organization from a â??localâ?• company to a highly engaged member of the global Roche group. Together with all the employees, we consciously crafted and implemented a Roche 2025 vision based on three main pillars: to become a truly patient-centric organization, focused on making personalized medicine a reality in the Czech Republic, to build an efficient and agile organization, and to become one of the best employers, if not the best, for pharma talent in the Czech Republic.

What have been the outcomes so far?

The outcomes are all positive. Not only is the business performing above our expectations, but the feedback we receive from our customers has improved dramatically in the last two years. We are now truly seen as a trusted partner by many of the key stakeholders.

In terms of human resources, we also achieved a dramatic turnaround. Employee turnover stabilized midway through 2018, and last year we hardly lost anybody. Some employees went to assignments oversees within the Roche group. Moreover, employee engagement has skyrocketed since the low point in 2017. There is no doubt that we have made great strides in that respect which is extremely gratifying.

People need to find meaning in their work. Our increased focus on patients and patient outcomes definitely played a big role in boosting employee engagement. Moreover, we placed greater emphasis on listening to their opinions and ideas on how to improve the company and our interactions with customers. Now, people want to join or continue working for Roche as we have an outstanding product portfolio today and looking ahead.

How would you describe the quality and access to cancer care in the Czech Republic compared to countries you have worked in before such as Portugal or Denmark?

The fact that the Czech Republic has built centres of excellence in oncology is very positive. The more patients can receive treatment in specialized centres, the better their chances are. In Denmark, health authorities have invested in a handful of highly specialized hospitals, which I am convinced is the right approach. Specialists in these hospitals see patients with rarer conditions more frequently and, as a result, gain experience in treating them. However, in the Czech Republic, there are too many small regional hospitals in my opinion. This dense network was set up in the days of the Austrian empire so that people would not be more than half an hour away by horse from a hospital. Nevertheless, closing a hospital in any country is very difficult as people think having a hospital near them necessarily leads to better care, which is not always the truth. Regional hospitals with low patient turnover will not have the required expertise to care for patients with difficult-to-treat conditions.

While investments in centres of excellence have improved cancer care in the country, I would like to see broader access to cancer drugs, particularly cancer immunotherapies. There is a major gap compared to most of Europe. There are very few immunotherapies approved as the assessment system is not set up to deal with multiple indications and multiple levels of cost-effectiveness. Together with other companies involved in immuno-oncology, such as Merck, BMS and

AstraZeneca, we are trying to raise the alarm and address this bottleneck which keeps cancer patients from accessing innovative therapies that would greatly benefit their health.

I think we have been quite successful in moving the needle, but we can do a lot better. In small niche indications, gathering enough clinical trial data to demonstrate long-term survival and cost-effectiveness is impossible. The whole model is especially not suited to the advent of personalized medicine based on genomic profiling. Of course, this is not only an issue in the Czech Republic but across many European countries as well. Other countries are more willing to welcome cancer immunotherapies and other innovative therapies rather than waiting to see the traditional types of data typical for large patient cohorts. If the Czech Republic wants to close the gap on Western Europe, the country will have to change its approach to modern treatments.

How far behind are you on the introduction of the global pipeline because of these issues?

In the Czech Republic, it takes 600 to 700 days to get a molecule approved, compared to less than a year in other European markets. In this context, we are doing substantially better than the industry average because our products are much more innovative, and we are willing to enter risk-sharing agreements and other innovative ways to bring molecules to the market faster. We are not prepared to slash list prices which would mess up the price corridor across Europe.

While the State Institute for Drug Control (SUKL) is trying harder to accelerate the decision-making process, negotiations with health insurers are delaying market access. Even though SUKL has approved the cost-effectiveness of a drug at a given price, companies end up losing many months in protracted negotiations with the health insurers. In the meantime, some patients are literally dying. This is a major issue which I do not know how to solve as the government does not seem to want to change the role of health insurers.

In the Czech Republic, the Ministry of Health is drafting an amendment to the Act on Public Health Insurance to provide a standardized market access pathway for orphan drugs, which does not yet exist. What opportunities does this provide for Rocheâ??s portfolio?

I am concerned that this will not be passed before the next election. However, if it comes through, I think it will be beneficial to increase access to orphan drugs for which it is almost impossible to demonstrate cost-effectiveness. I am less enthusiastic about other proposed changes to market access regulations for innovative pharmaceuticals in general. In my opinion, they are trying to fix the symptoms rather than treat the cause. Another proposed amendment to the Act on Pharmaceuticals aims to increase the availability of medicines to Czech patients by restricting parallel exports, which I think is positive. However, in my humble opinion, the authorities need to overhaul the whole system by looking at the big picture, which I doubt is going to happen during the term of this government.

How are you magnifying the voice of patients to advocate for broader market access to cancer immunotherapies?

When I came here, patient groups were not used to conduct any form of advocacy. In our case, we had just lost market access for pertuzumab because of a change in the interpretation of a regulation. Suddenly, we were required to show cost-effectiveness, which was not needed before and this would take time. So we started talking with patient groups about the issue, explaining the reason and

the process, but they did not realize what they had just lost and were more interested in fundraising. Everybody looked at everybody else and nothing happened. Oncologists would say patients have to fight for it, while patient groups would say it is the role of doctors or political representatives as they did not know how to handle these issues. Since then, patient groups have dramatically improved their ability to advocate. Moreover, the support they have from the Minister of Health as part of the Patient Council is impressive. The biggest positive change I have seen since coming to the Czech Republic is the acknowledgement that patients should have a say in where the money goes. I am highly encouraged by that. I think they have come a long way in terms of getting themselves heard and being part of the whole process of healthcare approvals. And to do this in a way that is fully independent and not solely reliant on Industry support. All the patient groups advising the Minister have agreed that the most important thing for them is access to innovation.

At the Association of Innovative Pharmaceutical Industry (AIFP), I was leading a patient working group. Every summer, we organized training schools where representatives of patient groups received lessons in health economics and drugs assessment. As a result, they are now able to engage in meaningful conversations with regulators and payers as they speak the same language. What is impressive is that these people, who often live with diseases, are investing their own time, often their holidays or weekends, to learn about these topics. I am proud to see this dedication because it will be great for healthcare in the country in the long run.

How are you leveraging digital tools to support healthcare professionals and patients?

Czech physicians are quite conservative when it comes to adopting digital solutions, but we are working with several digital tools to support patients. We have a very active intranet site where we post educational content for patients which gathers a lot of hits. For instance, we published a successful series of comics called Medikomiks on the lives of people living with different diseases such as lymphoma and haemophilia. They help adults to explain illnesses to their children.

We also organize the MEDx Talks, a series of interviews with patients, doctors, artists, athletes or ordinary people with extraordinary life experiences. For example, we had someone who donated his kidney meet the recipient in the studio and each shared what it means for them, which was extraordinary.

We also organized the first DIGI @ MED Award for innovative healthcare solutions in 2019, which was extremely successful as it stimulated great ideas to improve the lives of patients and caretakers. I am happy with the results, and we will continue to organize this event while also stimulating these kinds of grassroots ideas in other ways.

As the new year starts, where would you like to take the affiliate in 2020?

The complexity of our portfolio is going to increase dramatically in the next few years, going from three or four products making up 60 percent of the turnover to twelve products representing the same share of turnover. As a result, we need to become more agile and flexible as a company. In order to manage this change, we cannot simply do things as we used to. While it is easy to launch one product or one indication at a time, we are often dealing with two or three at the same time in different therapeutic areas. It is important we get it right and achieve as broad an access as possible and as fast as possible, not only for the company but especially for the patients. We proved we can do it, as the launch of Ocrevus was one of the best in the Roche group in terms of speed of uptake, and one of the best first years with reimbursement in the Czech Republic ever.

We also need a major push in terms of personalized healthcare and genomic profiling. In this endeavour, we have just established a cross-functional task force between the diagnostics and pharma divisions. We need to change the mindset about personalized healthcare moving it from something experimental to the standard of care. Why? Because the treatment options it offers are often truly amazing!

What is your final message?

Underinvestment in healthcare is holding the country back. Today, the Czech Republic is at a crossroads. It could go West or it could go East. It should aspire to go West. Within healthcare, investments in innovative pharmaceuticals have a positive benefit on the economy as shown by the *Innovation for Life Study* published by the AIFP. The challenge is to have all the stakeholders recognize the fact that pharmaceuticals are not a one-off expense but an investment, which creates value and saves lives. As the Czech economy is going strong, the country should invest more in innovative pharmaceuticals instead of only striving to achieve the lowest price in Europe and to accumulate financial reserves for a â??rainy dayâ?•. However, the Czechs are generally pessimistic as a nation and do not seem to believe the success can continue; people generally see the glass as half empty. I think the Czechs should believe in their proven ability to succeed and invest in a truly healthy future.

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