

Disease Intelligence, Collaboration and Sharing Platform with Thought Leader Insights, Disease Experts and Global Oncology Network



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Interview conducted by:
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CEOCFO: *Mr. Heybroek, what is the concept behind MDOutlook, LLC®?*

Mr. Heybroek: The concept has been to provide better insight into complex diseases, predominantly cancer and delivering that through a better and more engaged physician response. What we have developed is both a system and a methodology to have a meaningful interaction with physicians in a trusted environment. This allows them to share their vision and their management of patients. We analyze and report on their findings, both to our healthcare sponsors as well as to the physicians that have participated in these studies.

CEOCFO: *Day-to-day, what are you doing at MDOutlook? How does all of this happen?*

Mr. Heybroek: We have developed a platform and a network of more than one hundred thousand cancer physicians that we have identified, researched and validated as being responsible and active in the management of cancer. We can pinpoint, very specifically, those physicians that are meaningful for a particular study, either because of their specialty, their experience, or their clinical setting. Such as, for instance, their practice make-up; are they part of a large community center. We invite these physicians, typically by survey emails, to participate in research. Physicians respond to us in a secure environment to the questions that we have developed with our client partners. We have MDs and PhDs on the staff who review these responses and pull together reports that we then share back with both sponsors and participants.

CEOCFO: *Are physicians typically eager to participate in this type of activity?*

Mr. Heybroek: That is a very good question and it is a yes and no answer. Physicians are eager to participate, because they are eager to learn. As they participate, they learn more about the diseases. They learn about the newest developments. They are eager to participate because they want to share their opinions and share their voice. They are eager to participate because this work advances care and as a physician you are trained to want to do that. But it is a balance: physicians are not too eager to do it because they are very, very busy. They have often been burned by other market research organizations with less meaningful questions or with questions that are either tactical or marketing driven and kind of "beneath them", and it is difficult to find time. Who has the time in a very busy day to spend twenty minutes behind a computer to respond to something? Therefore, it is critical to find that balance and I think we are very good at

striking the right equilibrium between the quality of the questions, the language and making the questions meaningful. We are being fair with the time commitment and compensation, which is not just the financial compensation, but it is also the sharing back of the insights that the physicians find meaningful.

CEOCFO: *Would you tell us about national verses regional ThoughtLeaders?*

Mr. Heybroek: Pharmaceutical executives advise their co-workers and collaborate with ThoughtLeaders and with disease experts, such as prostate cancer, to do conduct clinical trials, develop publications and then perform speaking engagements. The view is often is that you must have the cream of the crop, the top 20 ThoughtLeaders in the country to speak meaningfully about your product and the research that you have been doing as a pharmaceutical company. We have found that that is not necessarily the case. Particularly in cancer, the knowledge base is much broader and deeper at the regional and local level than what people typically believe it to be. Physicians are very knowledgeable driven by the complexity of cancer. They have a regional influence on their peers. Those are the people that they know, that we work with, where patients are being referred to. Therefore, while they may be a “superstar” at a national level, not dissimilar from a movie star that everybody is in awe of because of the research that they have done (and yes they have impact); it is at the local level there are many physicians with a similar impact who are a bit closer to heart. That is because these are the people that you know, that you work with, that you refer your patients to.

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CEOCFO: *When you are creating a report how do you access a newer idea or a newer finding, as well as something that ten years ago might have seemed totally off the wall, but is accepted today? How do you incorporate the newer approaches?*

Mr. Heybroek: I think there are two answers to that question. One, a strategic answer and two, a more tactical answer like “how do we do that.” The strategic answer is that in pharma business services and certainly in the “insight” business, our competitors are focused on a particular piece of the process. Let just say it is the fielding of research; recruiting the physicians or conducting the analysis and reporting part. We are vertically integrated. We do everything - from beginning to end – in-house, making us very knowledgeable about the disease, especially in cancer. We have on staff MDs and PhDs that have treated cancer patients. They are familiar with cancer. That makes our analyst team very knowledgeable about what exactly is going on within the field. They keep up to speed by reading the oncology journals, the newest research and so forth. That is backdrop. Therefore strategically, when we get a client who has a novel approach or wants to know more about what is being done in the marketplace, it is a matter of phrasing that correctly, referencing the right literature, etc. and because we know and we understand this space so well, we deliver. Tactically, in our surveys we may have direct links to the publications that are reviewed in our survey so the physicians can reference. And we work together with experts; national or regional experts in a particular condition to better understand the disease. Take a smaller disease area like cutaneous T-Cell lymphoma. It is a specific lymphoma that presents itself in the skin. We have done a lot of work in that area, and collaborate with two top ThoughtLeaders to ensure that we understand the disease and we ask the right and meaningful questions. As new developments are being discussed by our clients we review these with these experts to help us phrase the right question.

CEOCFO: *What is the business model?*

Mr. Heybroek: The business model is a hybrid model. The business model began as a subscription based delivering a total suite of oncology intelligence products to our clients throughout the year. We have added to that a more consulting business model where we do specific, custom projects for our clients to answer a business need that they have. Typically focused on the clinical aspects of a drug, or who is treating a particular disease and who is impacting that treatment. We have recently started a new line of subscription-based services where our clients access our portal to review and understand the ThoughtLeaders in a focus area, such as ovarian or gastric cancer. Our systems will identify and map these experts and rank them on a continued basis through analyzed live data feeds. Therefore, it is a live ranking that is being adjusted as new professional activities are developed by these ThoughtLeaders.

CEOCFO: *Do you know when a physician has made use of your information? Do you get feedback?*

Mr. Heybroek: That is a very good question. First of all, our reports are meant to reflect on what is happening in the market place. For our clients, the reports often have a strategic perspective and guiding insight. For the physicians who

are participating, the reports offer excellent benchmark on what their peers are doing. By sharing best practices and by providing the reports to the participating physicians, we have seen trends. I will give you a specific example. A few years ago, we did a melanoma study where many of the physicians reported that they were still taking x-rays of their patients. Our experts said, "Why? There is no reason to do an x-ray; a CT scan "yes", but x-ray "no". It may just be a tick in the box on the patient chart or it set in their minds as something that needs to be done. That was a specific comment that went back to the physicians who participated, and when we did the same study a year later the use of x-rays went down from eighty percent to about twenty-five percent in the same population. We know that this analysis was used by some experts and study participants in their presentations at major conferences. Therefore, they talked about it and it had an effect. We have some other examples too: our reports are being used for grant rounds and in the applications for research funds. We recently did an European study in hepatocellular carcinoma (HCC), a type of liver cancer. The company that underwrote that study then wanted to see if a poster publication could be developed from the research since there is not much available in Europe about the standard care of patients with HCC. That poster presentation was accepted for an oral presentation at a major European conference, which is a pretty big deal! We are doing something novel. Therefore, the insights that we are providing are meaningful and actionable, and we are proud of that accomplishment!

CEOCFO: *What is next for MDoutlook, LLC?*

Mr. Heybroek: What is next for MDoutlook is to grow the company. We have been growing at a twenty five percent clip and I want to accelerate that! We want to insure that we are covering cancer globally in equal ways. We have been more focused on Europe than the US and we need to broaden that somewhat. Finally, we want to go into other complex disease areas, such as rheumatoid arthritis or something like pulmonary hypertension, because the opportunity is significant there. However, we are still very much focused on oncology. We are not done in oncology. We have started to scratch the surface of the opportunity there. I think the final thing that I would say is that we have yet to, in our methodology, support the direct physician to physician communication and interaction. We are getting ready to open that up, but that is one where we are self funded. Our capitalization is something that does not necessarily support that, so that is, on our end. The next step as well is to insure that the capitalization of the company is strong enough to drive an exponential growth.

