The Business of Healthcare Innovation

The tech sectors are the least understood portion of the healthcare system, but the ones that supply most of the innovation in healthcare services and generate the most revenue. Fully updated for this third edition, *The Business of Healthcare Innovation* is a wide-ranging analysis of business models and trends in the tech sectors of the healthcare industry. It provides a thorough overview of and introduction to the innovative sectors that fuel improvements in healthcare: pharmaceuticals, biotechnology, life science startups, medical devices, and information technology. For each sector, the book examines the trends in scientific innovation, the science behind that innovation, the business and revenue models pursued to commercialize that innovation, the regulatory constraints within which each sector must operate, and the growing issues posed by activist payers and consumers. From a combination of academic and industry perspectives, the authors show why healthcare sectors are such an important source of growth in any nation's economy.

Lawton Robert Burns, Ph.D., is The James Joo-Jin Kim Professor of Health Care Management, Director of the Wharton Center for Health Management & Economics, and the Co-Director of the Vagelos Program in Life Sciences and Management at the Wharton School, University of Pennsylvania. He has conducted research on the tech sectors in healthcare for the past two decades, covering pharmaceuticals, biotechnology, medical devices, medical-surgical supplies, and information technology. He teaches executives and is a regular expert witness in litigation involving these sectors.

> "Understanding the dynamics of the medical device industry has been extremely important to me. Perhaps more than in any other sector, future medical devices, and the promises they hold for real solutions, represent the true intersection of high technology and healthcare. The information in this book provides a great understanding of this complex industry – the challenges of creating, improving, distributing, and competing in this space. The materials included in this book provide an excellent foundation for anyone looking to solve healthcare problems with the incredible technology available today. I highly recommend it."

> > Kevin R. Sayer, President and CEO, Dexcom, Inc.

"Anyone interested in the healthcare field absolutely needs to read this book. The perspective across all aspects of our industry gives the reader a unique understanding of how it all fits together. As I read the book, I felt like I was reliving my over forty years in the industry. A must-read for all of us in a company, building a company, or investing who are committed to making a difference for patients."

Mark Levin, Co-founder and Partner, Third Rock Ventures

"We are in the midst of a revolution that is transforming the pharma and biotech sectors, their strategies, business models, and revenue models. This revolution is breaking down the barriers between these two sectors, relabeling them both as 'life sciences,' and calling for new models of discovery and commercialization. This new edition, written by industry experts, chronicles these changes to provide unique insights and learnings, and identifies the skill sets needed to help lead these sectors through revolutionary times."

John Maraganore, Ph.D., CEO, Alnylam Pharmaceuticals

"This is an important and opportune time to study and understand the medical technology sector of the healthcare market. As our US and global healthcare systems and industries transform and in many areas consolidate, med-tech approaches an important crossroads. At the same time, the definition of med-tech is changing with new entrants from big tech and traditional med-tech companies re-defining and re-inventing their businesses. Strong forces are reshaping the way the vital med-tech industry interacts with patients, clinicians, regulators, payers and hospitals, creating a dynamic med-tech business model.

This book does an excellent job of simplifying this complicated subject into its unique elements, analyzing each in a clear, direct style that illuminates the key issues facing this rapidly changing industry. The discussion of the sources of, impediments to, and changing attitude toward device innovation and regulation is particularly welcome. I recommend this astute analysis to healthcare executives, policymakers, investors, innovators, and anyone else who wants to understand the critical importance and future direction of the medical technology industry and its innovation for patients around the world."

Michael Mussallem, Chairman and CEO, Edwards Life Sciences

Praise for Previous Editions

"Since the first edition of *The Business of Healthcare Innovation*, the workings of the industry have become even more complex, intertwined, and tricky to navigate. The industry's evolution is effectively captured in this successor edition which includes important updates relevant to traditional and newer, 'maverick' innovators who will find the insights and frameworks described to be invaluable."

Peter A. Tollman, Ph.D., Senior Partner and Managing Director, The Boston Consulting Group

"Burns has produced an exceptional successor to *The Business of Healthcare Innovation* with this new edition. The original made an important contribution to those of us who work and invest in the life sciences. The updated and expanded chapters on challenges and possibilities for the pharmaceutical and biotechnology industries, the new insights into the potential of digital health, and the overall theme of convergence of technologies into an innovative model of modern medicine, make it a timely and valuable volume."

G. Steven Burrill, CEO of Burrill & Company

"This book is the authoritative text on the medical device industry. The authors combine extensive research with intimate insights to distill a complex topic to its essential ingredients."

Dan Starks, Chairman & CEO, St. Jude Medical

"After decades of anxiety, concerns with healthcare quality, costs, and safety have become alarm. Several significant efforts by government and the private sector are under way to transform healthcare. These efforts center on diverse performancebased reimbursement mechanisms that bind those who provide care with those who purchase care.

As Burns astutely notes, these efforts appear to view those organizations that provide products and services to the industry as incidental to the transformation of care. This view is a mistake.

Companies that deliver innovative advances in the life sciences, medical devices, and health information technology can be and are significant contributors to our collective efforts to improve care. Vaccines, medical imaging, pacemakers, and electronic health records are examples of these contributions.

The Business of Healthcare Innovation does an exceptional job of describing the nature, challenges, and contributions of the companies that produce these products and services. This understanding is essential – effective care transformation requires the efforts of all stakeholders and that each stakeholder understand the nature of the others and how best to form and manage partnerships. Without this understanding, care transformation will deliver less than we deserve."

John Glaser, Ph.D., CEO, Siemens Health Services

"Innovation is the answer to the cost and quality challenges in healthcare today. Despite its importance, few scholars have offered a comprehensive assessment of innovation in medicine – what it is, how it arises in specific sectors, and what are the barriers to achieving transformation of healthcare. This ambitious work makes a substantial contribution to our understanding of this key concept in healthcare."

Kevin A. Schulman, MD, MBA, Professor of Medicine and Gregory Mario and Jeremy Mario, Professor of Business Administration, Duke University

"Healthcare looms as the central issue for the swarm of baby boomers seeking the goal of wellness in this decade. This primer by Burns and his colleagues nicely summarizes the challenges of developing new technologies that will be relevant and affordable. How will healthcare reform influence the healthcare industry to innovate and invest in new technologies? What will new regulatory approaches do to early-stage investment in new therapies? How will the United States remain a net exporter of medical devices and pharmaceuticals that is the envy of the rest of the world? Can uncommon profitability in the device sector be perpetuated? How are the processes of research and development, collaboration, mergers, and acquisitions different in the pharmaceutical, biotechnology, and medical device industries? The answers can be found in this articulate and well-referenced text."

Stephen Oesterle, MD, Senior Vice-President, Medtronic

"Burns provides an excellent overview of the competitive dynamics of the medical technology sector, which has had increasingly significant effects on health service costs and outcomes. Understanding the dynamics of this sector is important for all future healthcare leaders, and this comprehensive and accessible book provides first-rate coverage of the subject."

Regina Herzlinger, Ph.D., Professor, Harvard Business School

"The healthcare sector of the developed world's economies has become one of the most significant in terms of both cost and human benefits created. The authors have done an excellent job of providing a clear understanding of the basic industry platforms that create both the product innovation and their associated benefits and costs. This book offers valuable insights in to how the diverse segments converge to create a rapidly changing healthcare experience impacting both patients and payors." James Vincent, Chairman and CEO (ret.), Biogen

"All sectors of the healthcare products industry are not the same. *The Business of Healthcare Innovation* provides an interesting primer on the various product categories, while framing key questions regarding the future evolution of this fascinating industry."

Arthur D. Collins, Jr., Chairman and CEO, Medtronic, Inc.

> "This book presents a concise analysis of the factors influencing innovation in the health supplier sector. It is highly recommended for programs in health services management and will also be of interest to healthcare executives seeking to obtain a deeper understanding of the supplier side of the industry."

> Stephen M. Shortell, Ph.D., Blue Cross of California Professor of Health Policy and Management, Dean, School of Public Health, University of California–Berkeley

> "This book is an up-to-date and authoritative description of innovation in the healthcare industry. While there is substantial change in how healthcare services are delivered and reimbursed, the focus here is on innovation in products. This is appropriate as new pharmaceuticals and devices generate the greatest new benefit to patients and value to our economy. In addition to related subject matter, the book provides a comprehensive discussion about the biotechnology industry, in particular those companies devoted to the healthcare sector: their innovations, financing, development, evolution, and how they are regulated on a global basis. The profound impact biopharmaceuticals are having on serious diseases is effectively illustrated by cogent examples of breakthrough medicines and the companies that developed them. This book presents compelling evidence that the pharmaceutical industry, with its productivity gap, has become ever more dependent on the biotechnology industry as its engine of innovation for new products."

L. Patrick Gage, Ph.D., Venture Partner, Flagship Ventures

"This timely and well-written volume provides a much needed analysis of the healthcare sector that delivers technological innovation. I am particularly impressed with both the breadth and depth of coverage that Lawton Burns and his colleagues achieve here, given the expansive topic."

Edward J. Zajac, Ph.D., James F. Bere' Distinguished Professor of Management and Organizations, Kellogg School of Management

Other Cambridge Volumes

Edited by

Lawton Robert Burns

Managing Discovery: Harnessing Creativity to Drive Biomedical Innovation (2018) China's Healthcare System and Reform (2017) India's Healthcare Industry: Innovation in Delivery, Financing, and Manufacturing (2014)

The Business of Healthcare Innovation

Third Edition

Edited by

Lawton Robert Burns

Wharton School, University of Pennsylvania





Shaftesbury Road, Cambridge CB2 8EA, United Kingdom

One Liberty Plaza, 20th Floor, New York, NY 10006, USA

477 Williamstown Road, Port Melbourne, VIC 3207, Australia

314-321, 3rd Floor, Plot 3, Splendor Forum, Jasola District Centre, New Delhi - 110025, India

103 Penang Road, #05-06/07, Visioncrest Commercial, Singapore 238467

Cambridge University Press is part of Cambridge University Press & Assessment, a department of the University of Cambridge.

We share the University's mission to contribute to society through the pursuit of education, learning and research at the highest international levels of excellence.

www.cambridge.org Information on this title: www.cambridge.org/9781108479448

DOI: 10.1017/9781108785549

© Cambridge University Press & Assessment 2020

This publication is in copyright. Subject to statutory exception and to the provisions of relevant collective licensing agreements, no reproduction of any part may take place without the written permission of Cambridge University Press & Assessment.

First published 2005 Second edition 2012 Third edition 2020

A catalogue record for this publication is available from the British Library

Library of Congress Cataloging-in-Publication data

Names: Burns, Lawton Robert, editor. Title: The business of healthcare innovation / Lawton Robert Burns, Wharton School, University of Pennsylvania. Description: Third edition. | Cambridge, United Kingdom ; New York, NY : Cambridge University Press, 2020. | Includes index. Identifiers: LCCN 2019039714 (print) | LCCN 2019039715 (ebook) | ISBN 9781108479448 (hardback) | ISBN 9781108785549 (ebook) Subjects: LCSH:Medical care – Technological innovations. | Medical technology – Economic aspects. | Business forecasting. | Economic forecasting. Classification: LCC R855.3.B87 2020 (print) | LCC R855.3 (ebook) | DDC 610.28–dc23 LC record available at https://lccn.loc.gov/2019039714 LC ebook record available at https://lccn.loc.gov/2019039715 ISBN 978-1-108-47944-8 Hardback

ISBN 978-1-108-74906-0 Paperback

Cambridge University Press & Assessment has no responsibility for the persistence or accuracy of URLs for external or third-party internet websites referred to in this publication and does not guarantee that any content on such websites is, or will remain, accurate or appropriate.

To Alex and Brendan

and to the coming Kingdom

Contents

	List of Figures	page xii
	List of Contributors	xix
	Preface	xxiii
	Acknowledgments	XXV
1	Product Suppliers in the Healthcare Value Chain Lawton Robert Burns	1
2	The Pharmaceutical Sector Richard T. Evans and Scott Hinds	31
3	The Biotechnology Sector: Therapeutics Cary G. Pfeffer	89
4	New Venture Creation in Biotechnology Jason Rhodes and Lawton Robert Burns	303
5	The Medical Device Sector Kurt H. Kruger and Max A. Kruger	321
6	Financing Medtech Innovation Justin Klein	398
7	The Healthcare Information Technology Sector Adam C. Powell and John Glaser	429
	Index	478

Figures

1.1	The US healthcare value chain	page 3
1.2	Value creation in healthcare	4
1.3	Attractive returns	5
1.4	The biopharmaceutical sector invests more in R&D relative	5
	to sales than other manufacturing industries	
1.5	US medical and health R&D expenditure (% of total, 2015)	6
1.6	Biopharmaceutical companies do the vast majority of research	7
	to translate basic science into new medicines	
1.7	Expense components of producer sectors	8
1.8	Biotech has outperformed the S&P 500, as well as the pharma	8
	and medtech sectors, with a significant run-up in value since 2011	
1.9	Pharma, biotech, and devices: some dissimilarities	9
1.10	Pharmaceuticals versus medical devices	9
1.11	Technology and intensity of service as drivers of rising	11
	healthcare costs in the United States	
1.12	Health impact of new technology	12
1.13	Recommended medicines can save lives and dramatically	13
	improve health	
1.14	Gaining drug coverage reduced other medical spending	14
1.15	Composition of hospital expenses	17
1.16	Composition of hospital supply costs	18
1.17	Hospital, physician, and retail pharma spending in the United	19
	States (as a percentage of national health spend; 1980-2015)	
1.18	Prices for brand-name prescription drugs	20
1.19	Causes of rising drug prices	21
1.20	Medical device and biopharmaceutical firms on the 2017	22
	Fortune 500 list	
2.1	Average costs and times per phase of development	36
2.2	Real economic returns to R&D spending (1997–2017, three-year	36
	moving average)	
2.3	Average time to failure versus typical portfolio return	38
	on R&D spending	

xiii

Cambridge University Press & Assessment 978-1-108-47944-8 — The Business of Healthcare Innovation Lawton Robert Burns Frontmatter <u>More Information</u>

List of Figures

2.4	Portfolio returns by % change in assumed probabilities	39
	of success by phase	
2.5	Probability of three NME approvals by clinical development	43
	portfolio size by phase	
	Hypothetical portfolio sizing model	43
	Hypothetical actual commercial value versus internal estimates	44
	Hypothetical actual commercial value versus bidder estimates	45
	Distribution of hypothetical portfolio ROI	46
2.10	Comparison of mean key performance metrics across strategies	47
2.11	Economic returns versus R&D spend by company (2008-2017)	48
2.12	Quality of innovation versus R&D spend by company (1998-2017)	49
2.13a	Annual real R&D spending versus average relative quality	49
	of innovation, three-year moving average: Amgen	
2.13b	Annual real R&D spending versus average relative quality	50
	of innovation, three-year moving average: Biogen	
2.13c	Annual real R&D spending versus average relative quality	50
	of innovation, three-year moving average: Gilead	
2.13d	Annual real R&D spending versus average relative quality	51
	of innovation, three-year moving average: Vertex	
2.14	"nth" compound problem: R&D spend and quality	53
	Development activity by MOA novelty	54
	Total industry: sales-weighted average list – net discount rate (%)	63
	Average non-Medicaid net price per year, four-quarter moving	64
	average: COPD combos	
2.18	Average non-Medicaid dollar discounts per year, four-quarter moving average: COPD combos	65
2.19	Real Rx drug PPI inflation, 1985-present (twelve-month	66
	moving average)	
2.20	US wholesale acquisition cost (WAC or list price) pricing	67
	for large molecule regimens by launch date	
2.21	Total industry real pro forma y/y US brand Rx growth decomposition	67
2.22a	Top three positive and negative contributors (by drug class)	68
	to total US brand market sales-weighted net price change, 4Q17	
2.22b	Top three positive and negative contributors (by company)	69
	to total US brand market sales-weighted net price change, 4Q17	
2.23	Average non-Medicaid dollar discount per year of DMARD	69
	therapy, four-quarter moving average	
2.24	Total Rxs and out-of-pocket (OOP) spend by OOP cost per Rx	71
	1 1 1 1	

xiv

Cambridge University Press & Assessment 978-1-108-47944-8 — The Business of Healthcare Innovation Lawton Robert Burns Frontmatter <u>More Information</u>

List of Figures

2.25 Out-of-pocket costs as a % of total health spending versus 73 GDP per capita, by country 2.26 Dependency ratios, G7 countries (2015–2055) 74 2.27 Impact of rising age dependency ratio on healthcare spending 75 as a percentage of GDP (all other factors equal) 2.28 Real y/y change in average movie ticket price (1915–2017) 80 3.1 Discoveries driving the biotechnology industry 93 3.2 Deals between biopharma companies and nonprofit organizations 95 (2011-2016, the United States and the European Union) 3.3 Historical biotechnology company formation 96 3.4 Biotechnology stock market performance 97 3.5 US biotechnology sector versus Merck and Pfizer 98 3.6 US biotechnology company revenues (2008-2017) 101 3.7 Selected biotechnology-derived drugs 103 3.8 Selected additional MS drugs marketed 105 3.9 Approved gene therapy products 107 3.10 Selected gene therapy products in development 107 3.11 Humira (Adalimumab) time line 109 3.12 Selected private-public research institutes 113 3.13 Therapeutic MAb-based products approved 115 3.14 Selected antibody-like scaffolds in development 118 3.15 Selected recent collaboration deals for novel protein therapeutic 119 scaffolds 3.16 Selected acquisitions of antibody (or related technology) companies 120 3.17 Selected genomics companies 121 3.18 Selected personal genomics companies 122 3.19 Selected immune cell therapy companies 127 3.20 Selected Alnylam deals 132 3.21 Selected biotechnology FIPCOs 138 3.22 Selected acquired biotechnology FIPCOs 139 3.23 Selected biotechnology platform companies 140 3.24 Selected Millennium Pharmaceutical alliances 142 3.25 Selected Millennium Pharmaceutical acquisitions 143 3.26 Venture funding trends for NRDO companies versus R&D companies 146 3.27 NRDO versus R&D company financings (public and private) 146 3.28 Selected NRDO biotechnology companies 147 3.29 Public biotechnology company financial status (2017) 150 3.30 Biotechnology company cash balance 150 3.31 Global IPO versus venture capital funding 151

xv

Cambridge University Press & Assessment 978-1-108-47944-8 — The Business of Healthcare Innovation Lawton Robert Burns Frontmatter <u>More Information</u>

List of Figures

3.32	Fifteen years of biotechnology IPOs, US versus Global (2002–2016)	151
3.33	Annual venture funding of US therapeutic companies	153
3.34	Early stage venture investments in the United States	153
	and the European Union	
3.35	Series A financings of >\$100 million	155
3.36	Annual venture funding of US therapeutic companies	156
3.37	Annual US therapeutic company IPOs (2008-2017)	157
3.38	US therapeutic company follow-on public offerings	158
3.39	Global biotechnology financing trends (2013-2017)	159
3.40	Financing alternatives	159
3.41	Global biotechnology PIPE financings (2013-2017)	161
3.42	Types of global biotechnology financing (2013 versus 2017)	165
3.43	Global biotechnology financing (2013–2017)	165
3.44	Annual Series A venture funding of US therapeutic companies	166
3.45	A comparison: pharmaceutical versus biotechnology companies	169
3.46	What makes alliances work?	170
3.47	Selected early partial acquisitions in biotechnology	172
3.48	Global sales at risk from patent expiration (2008-2018)	173
3.49	Revenue impact of drug patent expirations (2012–2021)	174
3.50	Pharma versus biotech drug pipeline	176
3.51	Originators of new drugs approved by company size and type	176
3.52	Decline of ROI (IRR) in pharma R&D	181
3.53	Potential cycle of pharma industry	181
3.54	Druggable versus undruggable human proteins	182
3.55	US and European biotech strategic alliances (2007-2016)	184
3.56	Celgene deal activity (2000-2015)	185
3.57	Selected Celgene collaborations/alliances (2010–2016)	186
3.58	Top ten pharma dealmakers (2017–2018)	187
3.59	Selected recent deals with large up fronts (2014-2018)	188
3.60	Life science M&A deals (2008–2017)	189
3.61	Biotech M&A deal trends (2008–2016)	190
3.62	Selected biotech acquisitions to acquire products	191
3.63	Selected biotech M&A deals to acquire technology	192
3.64	Recent examples: pharma models to access innovation	195
3.65	US and EU public company revenues	201
3.66	EU versus US biotechnology industry comparison (in US\$ billion)	203
3.67	European clinical pipeline (2016)	203
3.68	European biotech financings (2001–2016)	204
3.69	Innovation capital raised in the European Union (2016)	206

Cambridge University Press & Assessment 978-1-108-47944-8 — The Business of Healthcare Innovation Lawton Robert Burns Frontmatter <u>More Information</u>

v	1	١	L	П
	١	Ľ	I	Ц

List of Figures

3.70	Selected €100 million+ German biotechnology company partnerships/deals (2015–2018)	211
3 71	France biotech and medtech financings (2013–2017)	213
	Biotech financings in Asia-Pacific	213
	Drug approvals in Japan and the United States (2007–2016)	217
	Selected recent Takeda partnerships/deals (2017–2018)	220
	Selected Singapore government initiatives to facilitate	223
5.75	collaboration between industry and academic scientists	225
3 76	Selected public–private partnerships in Singapore life sciences	224
	Areas of strength in China for biotechnology	225
	Innovative compounds entering pipeline in China	223
	Patented drug market forecast in China (2013–2027)	227
	Chinese government policies for the development of the	228
5.00	biotechnology industry	220
3 81	Regulatory reforms in China	229
	Reforms to improve access to drugs in China	232
	Potential pricing and reimbursement reforms	232
	Selected challenges of commercializing drugs in foreign markets	242
	US federal biotechnology regulatory frameworks	243
	CDER application review performance (fiscal year 2016)	244
	Select biotechnology companies focused on stem cell therapies	254
	Branded biologics facing loss of patent exclusivity	256
	Selected biologics with sales >\$1 billion facing biosimilar competition	257
	Recent biosimilar approvals in the United States	258
	FDA orphan drug approvals and designations (1990–2017)	261
	Pharmaceutical innovation gap R&D investment versus	274
	new drug approvals	
4.1	Biotechnology business models	308
	Industrial sectors in the Cambridge cluster	314
4.3	Co-location of life sciences firms in the Cambridge cluster	315
5.1	Medical products sector: devices and supplies (2011, 2014, 2017;	322
	worldwide revenues in US\$ billion)	
5.2	Medical products sector: devices and supplies (worldwide	324
	revenues in US\$ billion)	
5.3	Medical device markets: major categories (2017; worldwide	328
	revenues in US\$ billion)	
5.4	Orthopedics product detail (2017; revenues in US\$ billion)	329
5.5	Cardiovascular product detail (2017; revenues in US\$ billion)	330
5.6	A selection of large medical device companies (2017)	332

Cambridge University Press & Assessment 978-1-108-47944-8 — The Business of Healthcare Innovation Lawton Robert Burns Frontmatter <u>More Information</u>

xvii	List of Figures	
5.7	US medical device companies: overseas revenue mix (2017; revenues in US\$ million)	333
5.8	Selected non-US medical device companies (revenues in US\$ billion)	334
5.9	Sources and consumption of medical products: the United States and OUS (2017; consumption per capita in US\$ billion)	336
5.10	Number of implants and implant rates per capita by geography: data from various years (2013–2017)	338
5.11	Medical devices revenues: growth drivers – modest-, medium-, and high-growth categories (in US\$ billion)	340
5.12	Growth contribution of unidentified growers (revenues in US\$ billion)	348
5.13	Growth rates for the years 2016–2017 by size of company (revenues in US\$ billion)	349
5.14	Forward year projections: positive outlook – top ten largest companies and our cohort of seventy-nine public companies (revenues in US\$ billion)	349
5.15	Tally of various revenue estimates: 2017 and projections (in US\$ billion)	350
	Operating margins for selected medical device companies	360
	Flow diagram: "before"	361
	Flow diagram: "after"	362
	Operating expenses: averages for selected companies (2017; in US\$ billion)	370
	Valuation metrics for selected medical device and pharmaceutical companies: for closing prices at the end of 2017	372
5.21	Medical device companies: concentration ratios (revenues in US\$ billion)	382
5.22	M&A activity in the medical devices industry (actual numbers, value of transaction in US\$ billion)	384
5.23	M&A activity in the medical device industry: number of transactions (value of transactions in US\$ billion)	385
5.24	M&A activity: medical devices industry, most active companies by transaction size (2013–2017, transactions – total value in US\$ billion)	385
5.25	M&A activity: medical devices industry, most active companies by number	386
5.26	Medical device IPOs (in US\$ million)	387
5.27	Medical devices: IPOs, number of IPOs, and capital formation – cumulative (in US\$ billion)	388
6.1	Large-cap medtech index: rolling three-year average NTM PEG ratio (twenty-year evolution)	400

Cambridge University Press & Assessment 978-1-108-47944-8 — The Business of Healthcare Innovation Lawton Robert Burns Frontmatter <u>More Information</u>

/iii	List of Figures	
6.2	Current high-growth medtech innovation markets	401
6.3	Small- and mid-cap valuations are highly correlated with revenue growth	402
6.4	Large-cap valuations are highly correlated with organic revenue growth	402
6.5	Large-cap medtech organic revenue growth versus NTM P/E	40
6.6	Teleflex investor messaging	40
6.7	Material acquisitions of growth-oriented assets can be	40
	a significant catalyst	
6.8	Medtech innovation ecosystem	41
6.9	Medtronic Reveal LINQ	41
6.10	Customary value-creating milestones in medtech innovation	42
6.11	Ten-year evolution of medtech worldwide M&A and IPOs	42
7.1	EHR adoption by US hospitals	43
7.2	State of EHR adoption in the United States	43
	according to the EMRAM scale (2007 and 2017)	
7.3	EHR adoption by US community physicians	43
	US digital health market size (2012–2024)	43
7.5	Size of US health IT submarkets: projected (2015 and 2020; in US\$ million)	43
7.6	Mobile health	44
7.7	Home telehealth	44
7.8	Modest growth in consumer use of digital tools	45
7.9	Interoperability of provider IT across four domains	45
	Global health IT market distribution, by region (2015)	46
	Rank of top health IT firms, by revenue	46
7.12	Dynamic plan for asthma	47

Contributors

Lawton Robert Burns, PhD, MBA, is the James Joo-Jin Kim Professor, Professor of Healthcare Management, and Professor of Management at the Wharton School, University of Pennsylvania. He is also Director of the Wharton Center for Health Management and Economics and Codirector of the Roy and Diana Vagelos Program in Life Sciences and Management. He received his doctorate in sociology and his MBA in health administration from the University of Chicago. Dr. Burns taught previously in the Graduate School of Business at the University of Chicago and the College of Business Administration at the University of Arizona. Dr. Burns teaches courses on healthcare strategy, strategic change, strategic implementation, organization and management, managed care, and integrated delivery networks. He has analyzed many different sectors of the healthcare industry. He completed a book on supply chain management in the healthcare industry, The Health Care Value Chain (Jossey-Bass, 2002), and an analysis of alliances between imaging equipment makers and hospital systems. He is also the lead editor of the major text Healthcare Management: Organization Design and Behavior (Delmar, 2019). He has written two books on the healthcare systems in other countries: India's Healthcare Industry (Cambridge University Press, 2014) and China's Healthcare System and Reform (Cambridge University Press, 2017). More recently, along with two colleagues, he published Managing Discovery: Harnessing Creativity to Drive Biomedical Innovation (Cambridge University Press, 2018).

Richard T. Evans is the Founder and General Manager of SSR Health LLC, a boutique investment research firm. Richard served as a senior analyst, covering the US pharmaceuticals industry at Sanford C. Bernstein & Co., LLC, from 1998 until 2006. He was twice ranked first among his peers for drug stock selection by Bloomberg, and in 2006 he was ranked among the top twenty stock pickers globally, also by Bloomberg. He was named to the Institutional Investor's All-America Research Team for much of his tenure with Bernstein, ranking first for major pharmaceuticals in 2006. Previously, he was a member of senior management at Roche, serving most recently as Vice President, Business Policy and Account Management, for the US subsidiary. In this capacity, he was responsible for Roche's commercial interactions with large organized buyers such as hospitals, hospital purchasing groups, managed-care organizations, and governments. His responsibilities also included those areas of the company that define and support

xx

Cambridge University Press & Assessment 978-1-108-47944-8 — The Business of Healthcare Innovation Lawton Robert Burns Frontmatter More Information

List of Contributors

account interactions, namely account management, customer marketing, pricing, contract administration, pharmacoeconomics, and distribution. During his seven years at Roche, Dr. Evans also served as the head of Business Development and Strategic Planning and as product director for the company's injectable anesthetics. He earned a doctorate in veterinary medicine from North Carolina State University in 1988 and a master's in public and private management from Yale University in 1991.

John Glaser, PhD, is Senior Vice President at Cerner, where he works on developing Cerner's strategic direction and operating plans. He has held various healthcare information technology leadership positions in industry, associations, government, and health systems. He has published and presented on a wide range of healthcare technology topics and issues. John holds a PhD in Healthcare Informatics from the University of Minnesota.

Scott Hinds, MS, is an experienced healthcare industry analyst and economist. Since joining SSR Health, LLC, in 2009, he has developed unique analyses that leverage large data sets to gain a research edge on topics ranging from employment-based health consumption dynamics to biopharmaceutical R&D productivity. He has written extensively about drug pricing and pipeline valuation, and his work has been featured in Forbes, Stat News, Bloomberg, and other major media outlets. Scott received his MS from the University of North Carolina at Chapel Hill, where he taught both graduate and undergraduate microeconomics and mathematics. His research has been published in *Nature Reviews Drug Discovery, The Handbook of Public Finance*, and *Reviews on Recent Clinical Trials*.

Justin Klein, MD, JD, is a cofounder and managing partner at Vensana Capital, a venture capital and growth equity investment firm dedicated to partnering with entrepreneurs who seek to transform healthcare with breakthrough innovations in medical technology. Justin was previously a partner at New Enterprise Associates, one of the largest and most active venture capital firms in the world. Justin also worked at the Duke University Health System, where his experience included roles in strategy, finance, and operations as Duke built one of the nation's first integrated healthcare delivery systems. Justin currently or previously served on the board of directors of Cartiva (acquired), ChromaCode, CV Ingenuity (acquired), Epix Therapeutics (acquired), FIRE1, Intact Vascular, Metavention, Personal Genome Diagnostics, PhaseBio Pharmaceuticals (IPO), Relievant MedSystems, Senseonics (IPO), Topera (acquired), Ulthera (acquired), VertiFlex (acquired), Vesper Medical, and VytronUS. Justin graduated with an AB in economics, a BS in biological anthropology and anatomy, and a minor in chemistry from Duke University. He also concurrently earned his MD from the Duke University School of Medicine and his JD from Harvard Law School.

xxi

Cambridge University Press & Assessment 978-1-108-47944-8 — The Business of Healthcare Innovation Lawton Robert Burns Frontmatter <u>More Information</u>

List of Contributors

Kurt H. Kruger was recently the CFO of Emmaus Life Sciences, a biopharmaceuticals company focused on sickle cell disease. Previously, he led the life sciences banking effort at WR Hambrecht+Co. For nearly two decades he followed the medical device industry as a Wall Street analyst for Bank of America Securities, Montgomery, and Hambrecht & Quist. Before that he spent over five years working in the medical products industry, first as a biomedical engineer developing devices used in open heart surgery for Sarns, now Terumo, and then as a marketing manager for pacemaker/defibrillator maker Guidant/Boston Scientific. Kruger holds an MS in business from the Massachusetts Institute of Technology, an MS in bioengineering from the University of Michigan, and a ScB in biomedical engineering from Brown University. He also did the postbaccalaureate premed program at Columbia University.

Max A. Kruger works in Marketing for the Transcatheter Mitral and Tricuspid Therapies business unit at Edwards Lifesciences, a large cap medical device company. Previously, he worked in equity research for Brean Murray Carret and Co., a research-driven boutique investment bank, covering medical technology. Prior to working on Wall Street, Kruger was a healthcare consultant at IMS Health. He graduated from the University of Pennsylvania with a degree in bioengineering.

Cary G. Pfeffer, MD, MBA, is a partner at Third Rock Ventures and has more than twenty-five years of business development and transaction experience, along with a broad array of biotech product development and executive management experience. He drives the firm's overall interface strategy with pharmaceutical and large biotech companies as he leads Third Rock's partner development efforts, including building and maintaining strong relationships with large biotech and pharmaceutical companies, and supporting portfolio company business development efforts. He has played an instrumental role in a number of innovative alliances and collaborative company-building efforts across Third Rock's portfolio, including an industryleading global strategic collaboration between Agios and Celgene in the field of cancer metabolism. In addition to supporting business development efforts across Third Rock's portfolio, Cary plays a major role in new company-building efforts, is a director of multiple portfolio public and private companies, and has also assumed active executive leadership roles in several portfolio companies, functioning as Chief Executive Officer (CEO) and Chief Business Officer through the first twelve to eighteen months after launch. Before joining Third Rock, Cary founded the Pfeffer Group, a boutique consulting firm that provided business development and strategy advisory services, completing multiple transactions for leading biotechnology and life sciences companies. Prior to that, Cary spent more than a decade at Biogen, where he held a variety of senior and executive level US and global management roles focused on business and market development, product development, and international and domestic commercial operations. Earlier in his career, he spent several

xxii

Cambridge University Press & Assessment 978-1-108-47944-8 — The Business of Healthcare Innovation Lawton Robert Burns Frontmatter More Information

List of Contributors

years in corporate finance in the Health Care Investment Banking Group of Lehman Brothers. Cary earned his MD from the University of Pennsylvania and his MBA from the Wharton School of the University of Pennsylvania. He holds a BA in biochemistry from Columbia University.

Adam C. Powell, PhD, is President of Payer+Provider Syndicate, a management advisory and operational consulting firm focused on the managed care and health-care delivery industries. His research has focused on improving healthcare quality in mHealth (mobile health) and in high-cost areas of medicine. He has taught courses on health informatics, health economics, hospital finance, and epidemiology both in the United States and in India. Adam received his PhD from the Wharton School of the University of Pennsylvania.

Jason Rhodes, MBA, is a partner with Atlas Venture, a leading biotech venture capital firm, where he focuses on creating and building novel therapeutics companies. He is the chairman of Generation Bio, where he was founding CEO; a founder, the chairman, and acting CEO of Disarm Therapeutics; and a founder and the executive chairman of Dyne Therapeutics. He is also on the boards of Replimune (NASDAQ: REPL), Gemini Therapeutics, Accent Therapeutics, and Bicycle Therapeutics. He is a member of the advisory board of the Harvard Institute for RNA Medicine, the Blavatnik Fund at Yale University, and the Berklee College of Music Presidential Advisory Council. Jason received his BA from Yale University and his MBA from the Wharton School of the University of Pennsylvania.

Preface

This is the third edition of *The Business of Healthcare Innovation*. The first edition was prepared to help train the first-year MBA students at the Wharton School majoring in healthcare management on the companies manufacturing pharmaceutical, biotechnology, medical device, and information technology products. Our MBA student cohorts are filled with former and future employees from these companies, and our classrooms are continually filled with their executives, who visit Wharton to teach and recruit students. Increasingly, our course offerings in the Department of HealthCare Management have necessarily encompassed these sectors of the healthcare industry, and our faculty's academic agenda has adopted them as research topics.

In 2002, I published a four-year investigation of the flow of products, information, and money between the manufacturers of healthcare products, the distributors and organized buyers of these products, and the hospital and physician customers that purchased them. That investigation, published as *The Health Care Value Chain* (2002), examined the trading relationships between (a) the providers of healthcare services, such as physicians and hospitals (a traditional focus of scholarly inquiry), and (b) their upstream suppliers (a nontraditional focus for scholars). The book was the first formal analysis of supply chain relationships in the healthcare industry. It included separate chapters on three sets of manufacturers (or "producers") of healthcare products: pharmaceuticals, medical devices, and medical-surgical supplies. In writing it, I realized there was no central source of information about the "producer" side of the healthcare industry. Most textbooks on the industry either ignored producers or focused just on the regulatory side of this portion of the industry (e.g., the Food and Drug Administration).

This volume seeks to fill this gap in our understanding. The book is intended for two different audiences. First, it is designed to teach students (and their faculties) in graduate programs of health administration about a major portion of the healthcare industry that gets neglected. It provides a detailed overview of the pharmaceutical, biotechnology, medical device, and information technology sectors. In addition, because these are for-profit xxiv

Cambridge University Press & Assessment 978-1-108-47944-8 — The Business of Healthcare Innovation Lawton Robert Burns Frontmatter <u>More Information</u>

Preface

sectors, the book also examines the business models and corporate strategies of firms in these sectors. Finally, to take account of the incredible entrepreneurship in life science, this volume includes two new chapters on start-ups in the biotechnology and medical device sectors. As a result, the book may be more at home in health administration programs located in business schools but may still be useful for programs in schools of public health and public administration.

Second, the book is intended for practitioners in each of the sectors covered – not so much to educate them about their own sphere of activity, but rather to educate them about the other sectors that are increasingly interdependent with their own. For example, there is a clear trend for the pharmaceutical and biotechnology sectors to align with each other in drug discovery, development, and commercialization efforts. That explains why these two sectors are now commonly and collectively referred to as "biopharma" or "life sciences." There are also trends for pharmaceutical firms to partner with medical device and information technology firms in order to facilitate drug development and deliver new patient care therapies. Finally, all of these sectors are now confronted by a common set of pressures from downstream customers for "value."

Some of the chapters in this volume are quite long by necessity. The sectors covered in each chapter are research-intensive and technologically complex. They are also dynamic competitively, despite their very different market structures (e.g., some are fragmented markets, others are oligopolistic). The authors of the respective chapters have done an excellent job of distilling all of this complexity (for the first time in one volume) into as few pages as they have, without sacrificing scope or relevant detail. As the editor, I beg the reader's indulgence in confronting the detailed analyses of these fascinating sectors of healthcare. They comprise the only truly global portion of the healthcare industry.

Acknowledgments

I have taught an introductory MBA-level course on the healthcare system since 1984. Originally, my view of the healthcare system was shaped by my PhD and MBA training, which emphasized the *providers* of healthcare services (e.g., physicians and hospitals) and the *payors* for these services (e.g., governments, employers, insurance companies, managed care organizations). It was not until my arrival at the Wharton School in 1994 that I began to be heavily exposed to an entirely new portion of the industry: *the producers* of healthcare products such as pharmaceuticals, biologicals, medical devices, and information technology (IT).

At Wharton, I assumed responsibility for the core introductory course, Healthcare Management (HCMG) 841, "The Health Services System." This particular course, more than any other course I have taught, has challenged me to broaden my view of what the healthcare industry really consists of. A large percentage of the first-year MBA students taking the class come from the producer side of the industry or from investment and consulting firms dealing with the producer side of the industry. They come to Wharton seeking deeper knowledge of these firms, along with the financial and strategic tools to manage them. In response to their interest, HCMG 841 adopts a tripartite course structure that covers "payers, providers, and producers."

I thus owe a great deal of gratitude to the students of this class, who I have had the privilege to teach and learn from over the past two decades. Their desire to know more about the producer side of the healthcare industry has pushed me to learn it myself. I am certainly no expert yet, but after three editions I am getting there. Moreover, I have had the opportunity to write extended analyses of the healthcare systems in two other countries (*India's Healthcare Industry*, 2014; *China's Healthcare System and Reform*, 2017), both published by Cambridge University Press, which include deep coverage of their pharmaceutical, biotechnology, and medical device sectors. The producer sectors in these emerging economies seek to emulate the success of their US counterparts.

During the years I have taught HCMG 841, I have relied on industry experts to teach much of the course content on producers. I have been fortunate to draw on the expertise of several Wharton School graduates xxvi

Cambridge University Press & Assessment 978-1-108-47944-8 — The Business of Healthcare Innovation Lawton Robert Burns Frontmatter More Information

Acknowledgments

who have worked in the pharmaceutical, biotechnology, medical device, and IT sectors and possess a far deeper understanding of them than I. These individuals have graciously agreed to return to Wharton each fall semester to teach the incoming MBA class about their particular sector. Over time, they have honed their presentations, several of which form the basis for the chapters contained herein. I thank Cary Pfeffer (of Third Rock Ventures, formerly with Biogen) and Jason Rhodes (of Atlas Venture) for broadening the students' understanding of the biotechnology sectors. They have contributed Chapters 3 and 4, respectively.

For other producer sectors, I have called on longtime friends and colleagues to teach the course content. Richard Evans has taught my class on the pharmaceutical sector for the past several years. Kurt Kruger, formerly a top medical devices analyst with Hambrecht & Quist, Montgomery, and Banc of America Securities, has been a close friend for nearly three decades and taught in my class many years. John Glaser has taught my class on the information technology sector for decades. Richard, Kurt, and John helped to contribute to Chapters 2, 6, and 7, respectively. Richard Evans is joined by Scott Hinds; John Glaser is joined by Adam Powell, my former doctoral student here at Wharton. Finally, Justin Klein joins our masthead by contributing a new chapter on entrepreneurship among small start-ups in the medical device sector.

Several people have enabled me to produce this volume. I wish to thank three authors who contributed to earlier editions of this book and helped to get this volume off the ground: Jon Northrup (formerly of Eli Lilly), Sean Nicholson (faculty member at Cornell University), and Steve Sammut (adjunct faculty member at Wharton). I also wish to thank my administrative assistant, Tina Horowitz, who has been invaluable in helping me get this book edited and forwarded to Cambridge University Press. Tina is the academic's dream hire. Lastly, I wish to thank my wife Alexandra and our son Brendan for their continuing love and support, and for having helped me to reorient my priorities in life.

Finally, let me reiterate: this book represents a major slice of the Wharton core MBA curriculum on the healthcare industry. It represents a fascinating portion of the industry, which is research intensive, technologically complex, and heavily focused on innovation. My hope is that we have done justice to the enormous complexity here. I trust readers will find the volume as useful to read as we found in assembling it.