

Spotlight on the Canadian Specialty Pharmaceutical Market

# Change Makers

**in Canadian  
Specialty Healthcare**

Next generation leaders are boldly transforming  
specialty medicine and patient care in Canada

# The Talent and Leadership in Our Midst

From all walks of life, these stakeholders are transforming specialty medicine in Canada.

**Specialty medicine in Canada is nothing if not complex.** Drug development, approval, listing, distribution... complexity exists at every level and, with the torrent of specialty medications in the pipeline, is poised to increase still further. At the same time, the space abounds with promise and opportunity – and above all, hope for patients whose life and well-being depends on treatments for their challenging diseases.

Several factors are coming together to ensure patients can access these life-changing therapies. Precision medicine, for one. In its February 2024 [strategic bulletin](#), INESSS flagged precision medicine as an area of innovation to prioritize in the coming years, along with virtual healthcare and digitization. Then there's real-world evidence (RWE), listed in ISPOR's 2024-2025 [Top 10 HEOR Trends Report](#) as the top trend to watch for. RWE fills evidence gaps for highly promising medications, enabling these treatments to reach patients earlier, when they can have the greatest impact. Meanwhile, health technology assessors (HTAs), the pan-Canadian Pharmaceutical Alliance (pCPA), payers, and specialty drug developers are working on innovative market access pathways and agreements to ensure timely listing of these medications.

Then there's artificial intelligence (AI) – the bronze medalist on ISPOR's current watch list. Not only is AI opening up new vistas in diagnosis and treatment, but the efficiencies enabled by AI free up human resources that can be allocated to patient care. On the ethics side, society's increasing awareness of – and intolerance for – healthcare disparities is exerting a much-needed pull on healthcare decisions, leading to more equitable access to life-changing drugs.

To stay viable and vibrant in this ever-evolving world, the specialty pharmaceutical space requires forward-thinking leaders. What qualities do these leaders need to have? What gaps do they need to fill? What principles should guide them? 20Sense asked some seasoned Canadian leaders to weigh in on these questions.

**For Martine Elias, Executive Director of Myeloma Canada,** next-gen specialty healthcare leaders need to adopt a change management mindset from the get-go. "The complexity of health care delivery will continue to grow and put pressure on leaders to anticipate change and think outside the box," she says. At the same time, "they will need to listen to all stakeholders, especially the recipients of care." In brief: expect the unexpected and put patients first.

**Julia Brown, Vice President, Oncology Sales and Marketing at Johnson & Johnson Innovative Medicine,** notes that the concept of access has expanded beyond reimbursement. "The whole patient journey must be considered at every step," she says. As such, "the leaders of tomorrow will need to understand how the patient journey intersects with system-level capacities so they can effectively address the gaps." Also critical: "learning agility, collaboration, and ability to think more broadly about how the healthcare system and patient experience are evolving."

**2023-24 ISPOR President Brian O'Rourke,** for his part, suggests that specialty healthcare draw inspiration from other industries. "In banking and retail, for example, data scientists are helping to steer the ship," he says. "They have chief AI information officers with a bird's-eye view. That's the type of specialist we need to develop in healthcare." According to O'Rourke, tomorrow's leaders should also embrace the uncertainty inherent in the specialty drug world – what he calls the grey zone. "Great leaders, for me, are those with the courage to make decisions in that grey area, when they don't have all the variables."

In this report we're featuring stakeholders who, through their passion and pragmatism, are changing the face of specialty healthcare in Canada. They come from data science, patient support services, industry, and healthcare plans. Some are doctors and patients. Fully aware of the mountain of work ahead, they're busy climbing it. We invite you to draw inspiration from their achievements and dreams.

**TOP 5 TRENDS IN HEALTH  
ECONOMICS AND OUTCOMES  
RESEARCH: ISPOR 2024-25**



**1 Real-World Evidence**



**2 Drug Pricing**



**3 Artificial Intelligence**



**4 Fostering Innovation**



**5 Health Equity**

Adapted from [ISPOR 2024-2025 Top 10 HEOR Trends Report](#).

# The 2024 Change Makers in Canadian Specialty Healthcare



**Dr. Joanna Gotfrit**  
A Vision For Access



**Matt Warkentin**  
Deep Learning,  
Cancer, And  
Better Healthcare  
Decisions



**Madi Vanstone**  
Access For One,  
Access For All



**Dr. Shannon  
Jackson**  
Health Outcomes  
That Matter  
To Patients



**David Greiss**  
Using Evidence To  
Improve Access



**Aletta Brandle**  
Personalizing  
The Healthcare  
Experience



**Alan Birch**  
The Oncology  
Warrior



**Sheldon Baines**  
Getting Innovative  
With Pharmacy  
Software



**Eva Villalba**  
Canada's Value-  
Based Healthcare  
Champion



**Michelle Willem**  
Using Technology  
To Enhance Patient  
Support Programs

# A Vision for Access



Dr. Joanna Gotfrit works tirelessly to improve patients' access to innovative cancer therapies

Canada's complex drug approval and funding process sometimes leads patients to experience long delays before their oncologists can prescribe the drugs that could change their lives. For Dr. Joanna Gotfrit, a medical oncologist at the Ottawa Hospital Cancer Centre, the status quo leaves a lot to be desired. "As our population continues to age, I worry about increasing wait lists for care, especially for life-altering diseases such as cancer."

It's no coincidence that Dr. Gotfrit, who serves as an Ontario Medical Association representative for her region and specialty, focuses her research on drug funding and regulation. In one analysis, she and her colleagues examined the delays in access to 21 innovative drugs for advanced lung, breast, and colorectal cancers. Their conclusion: largely driven by the lag time from proof of efficacy to first public reimbursement, these delays cost patients a total of 39,000 life years. Not just that, but the delays varied from region to region. "We would hope that all eligible patients in Canada would have access at the time of first public funding, but in reality provinces fund drugs at different time points, and some may not fund them at all."

Access is not just about timing, but about choice: having the best possible treatment available to each patient. Dr. Gotfrit saw this play out in her own clinical practice when one of her young patients faced a diagnosis of colorectal cancer, decades before most people receive such news. Molecular tumour testing identified the patient as a candidate for a cancer immunotherapy that had shown impressive results in clinical trials. Dr. Gotfrit

describes the development of such treatments as a "huge step forward. Instead of chemotherapy, which 'shoots to kill' any type of rapidly dividing cells and leads to highly bothersome side effects, immunotherapy can more directly target certain tumours."

The treatment made all the difference for the patient: his tumour went away. "It's hard to describe how good it feels when you make a clinical decision and get these kinds of results," says Dr. Gotfrit, adding that she couldn't have done it without the support of her colleagues at the Ottawa Hospital, who "wouldn't settle for the old standards and were willing to think outside the box."

Dr. Gotfrit hopes such outcomes will spur Canada's single-payer system, which she holds in high regard, to "continue to evolve and offer better and more equitable access for our patients with cancer." After all, "fairness is embedded in the Canadian psyche."

We would hope that access is consistent across Canada, but in reality provinces fund drugs at different time points.



# Deep Learning, Cancer, and Better Healthcare Decisions

Matt Warkentin is committed to using AI as a force for good

**Matt Warkentin** knows all about academia, having obtained a PhD in epidemiology from the Dalla Lana School of Public Health at the University of Toronto. But his interest lies in applications, rather than abstractions. Currently a cancer epidemiologist and postdoctoral associate in the Oncology Outcomes (O2) program in the Department of Oncology at the University of Calgary, Matt wants his research to make a difference for living, breathing patients.

His current research focuses on lung cancer – specifically, integrating biomarkers into lung cancer screening to get a better handle on risk and using deep learning technologies to help triage and manage pulmonary nodules detected in the screening process. “I believe screening is the next frontier in reducing lung cancer morbidity and mortality for Canadians,” he says, adding that “artificial intelligence [AI] has the potential to detect lung cancer at an earlier stage, which has obvious downstream benefits for patients.” By the same token, AI can help mitigate human resource bottlenecks, such as the projected shortage of radiologists in Canada.

Also exciting to Matt is how real-world data can answer important questions about cancer and thereby improve patient outcomes. “Real-world data is about using data from previous patients – which therapy was used, and when, to produce the best outcomes – to ensure current patients are getting the right treatment at the right time,” he explains.

## THE BIG QUESTIONS

Why cancer? “With the population getting older, cancer is affecting more and more Canadians,” says Matt, who has been working in cancer research for 10 years. And why AI? Matt’s interest took root during his doctoral training, when he used radiomics – a rapidly evolving field of research concerned with the extraction of data from medical images – to help detect lung malignancies. “Medical imaging and radiology have the potential to benefit immensely from the introduction of AI decision-support tools,” he notes. “Embracing these tools helps us find cancers as early as possible and minimize its impact on Canadians.”

Matt takes special pride in his work to identify high-risk individuals who don’t meet standard eligibility criteria for lung cancer screening, such as non-smokers and light smokers, and in developing tools to manage pulmonary findings detected by screening programs. While working on his doctorate, he led a large multi-centre study that used images from international lung cancer screening programs to develop a radiomics-based model for assessing the risk of malignancy in screen-detected lung nodules. The work culminated in a 2024 publication in the internationally respected *Thorax* journal.

While applauding the fact that several provinces in Canada are piloting lung cancer screening, Matt recognizes the challenge in implementing and optimizing such programs. The success of his radiomics-based model in predicting lung cancer leads him to “hope it will be used to identify lung cancers as early as possible all, while minimizing excessive diagnostic work-ups.”

As for those who worry about AI “taking over,” Matt insists that the human aspect of medicine is not going away. He sees AI as a tool serving humans, rather than the converse. “If computational tools can help improve the shared decision-making between patients and physicians while optimizing patient outcomes and saving healthcare resources, it would be a shame not to use them.”

*Screening* is the next frontier in reducing lung cancer morbidity and mortality, and AI has the potential to detect lung cancer at an earlier stage.

# Access for One, Access for All



## After winning her own access battles, Madi Vanstone continues to fight for other Canadians with rare diseases

For more than half of her young life, **Madi Vanstone, 22**, has been fighting for access to life-changing treatments for cystic fibrosis (CF). Diagnosed with the condition at 8 months old, Madi had the opportunity to enrol in a clinical trial for a novel CF treatment called Kalydeco a decade later. Just one problem: after the trial ended, Madi could no longer receive the costly drug without paying for it. She and her mother spent two years lobbying the Ontario government before they agreed to cover it. In the meantime, Madi's family, supported by fundraising efforts in her community, had to cover a good portion of the drug's \$300,000 annual cost.

Then along came Trikafta, a life-changing treatment that helps about 90 percent of people with cystic fibrosis. "My mom and I immediately hopped on that battle," Madi recalls. Once again, it took years before the government agreed to reimburse the medication for most people with CF.

I'm happy to take up the fight for access so people with rare disease can all live our lives.

Having devoted many hours to raising awareness of rare diseases in Canada, Madi cheered when the federal government announced a national rare disease strategy in 2023. What's still missing, she says, is a plan for using the funds. As she sees it, "people in government should be creating roadmaps to get the funds to patients and designing coverage plans for patients."

Throughout her years of advocacy, Madi has forged strong ties with the Canadian Organization for Rare Diseases (CORD), so it came as no surprise when the group invited her to present the awards on 2024 Rare Disease Summit Day. "I had planned to stay home that evening and dote on my new puppy, but I would do anything for CORD so I was happy to step in," she says. "It was great to see people getting recognized." Madi herself appeared on a list of a dozen "changemakers" in a 2023 campaign called *I Am Number 12*, launched by a group of rare disease organizations and Takeda Canada.

Madi takes every opportunity to thank pharmaceutical manufacturers who develop products for people like herself, and encourages them to "keep thinking of patients as part of your team." Recalling how cystic fibrosis affected "my school, my social life, everything," she aspires to a career in patient advocacy. "While we shouldn't have to fight for access, I'm happy to take up the fight so people with rare diseases can all live their lives."



# Health Outcomes that Matter to Patients



In her clinical and research work,  
**Dr. Shannon Jackson** never loses sight of this objective

**Dr. Shannon Jackson** wears enough hats to fill a closet. A hematologist specializing in inherited and acquired bleeding disorders, Shannon practices at St. Paul's hospital in Vancouver. When not in the clinic, she oscillates between her duties as Medical Director of the Provincial Adult Bleeding Disorders Program, co-founder of West Coast Hematology, and clinical

professor at the University of British Columbia. Having completed a Master's degree in Health Care Transformation at the University of Texas's Value Institute for Health and Care, Shannon also holds the title of Physician Lead for Value Based Health Care (VBHC) at Providence Health Care.

## PATIENT-CENTRIC OUTCOMES

As someone who straddles the healthcare improvement, clinical, research and administrative worlds, Shannon is keenly aware of the cracks in Canada's current access landscape. Treatments for her patients come from different silos, "which can complicate access," she says, noting that oncology tends to get more attention than non-malignant blood disorders. "Every time I'm in the clinic, I fill out forms to enable my patients to access drugs." She may or may not succeed: "In order to access some treatments, patients need to have failed several other treatments or to have tried surgery, which makes access very challenging." In brief, "the system operates in a void of shared health outcomes that matter to guide access decisions."

Not content with the status quo, Shannon has taken steps to change it. Notably, she seeks to broaden the scope of data collection to include patient-reported outcome measures (PROMs). To this end, she has been working to bring PROMS into the patient care cycle at Providence. "We have a whole Value team that is working to integrate PROMs into care, right at the time the patient is receiving treatment."

But which PROMs? Shannon and her team have been working with doctors, nurses, physiotherapists, and above all, patients, to establish the most meaningful PROMs to collect and analyze. Through this exercise, they learned that "earlier PROM data we collected was, unfortunately, never being used in clinics to help guide treatment."

The new emphasis on PROMS requires patients to take extra time to fill out questionnaires and answer questions before their clinic visit. "We need to honour their gift of time by doing our part, which is to use their data to improve their health outcomes – specifically the ones that matter most to them," Shannon insists. She sees the work as key to understanding the outcomes that meet patients' actual needs, rather than the needs they are assumed to have. A part of this work involves measuring outcomes for communities facing the biggest health inequities, such as Indigenous populations, and using the findings to guide care that aims to reduce the equity gap.

The PROM work dovetails perfectly with Shannon's passion for VBHC, as exemplified by a recent partnership between the Providence Value team and orthopedic surgeons. To reduce wait times for non-operative shoulder pain consultations, a rapid access shoulder clinic enabled the timely assessment of chronic shoulder pain by an experienced physiotherapist, with support from two orthopedic surgeons. With the establishment of the clinic, the median time from referral to consultation dropped from two years to less than 3 months.

The initiative included gathering information on which health goals and outcomes meant the most to patients. Participating patients made it clear they placed the highest value on maintaining independence, continuing to work, and living without significant discomfort. The clinical team selected PROMs to reflect these patient perspectives, and incorporated meaningful measurements into pre- and post-clinic care. Conversely, patients were most troubled by long waits, uncertainty, lack of information, and minimal collaboration among health providers. In response to this feedback, the team created support materials to inform patients that "they would be seen by an experienced physiotherapist who works with a surgeon to ensure quality care, and that their health goals and outcomes would be measured," Shannon explains. When deemed necessary, the team would expedite a consult with a surgeon.

Transformations like the ones Shannon envisions often sputter at the implementation level, but Shannon and her collaborators at St. Paul's have this covered. "We're developing tools to enable cross-talk between silos and ensure consistency, and we're intersecting with our quality improvement teams to make sure everything is operating as it should," she says, while conceding that "it will take years for all this to be fully implemented." With Shannon on the case, we can be confident it will happen.

*We need to honour patients' gift of time by doing our part, which is to use their data to improve health outcomes that matter to them.*

# Using Evidence To Improve Access

David Greiss

As Director of Pharmaceutical Partnerships and Operations at GreenShield, Canada's only national non-profit health and benefits provider, **David Greiss** is committed to GreenShield's mission of enabling better health for all. In this role, he oversees a team working with the pharmaceutical industry to ensure the sustainability of private drug plans. In a world of soaring drug innovation and matching costs, that's a tall order to fill. But one that David is well-prepared to take on.

Formerly a Team Lead at the pan-Canadian Pharmaceutical Alliance (pCPA), David has been working in drug reimbursement for over seven years — and is in it for the long haul. “Drug reimbursement and market access sit at the intersection of my main areas of interest, namely health policy and economics,” he says, adding that he particularly enjoys the nuances of making listing decisions.

The nuances become especially complex around specialty medicines. To assist in the decision-making process, David and his colleagues developed an internal framework for using real-world evidence (RWE) in drug reimbursement. Specifically, “when high-quality clinical trials are missing, we use RWE to round out our listing decisions around innovative therapies, using different tools to help weight the evidence.”

Using such tools, GreenShield has worked with several pharmaceutical companies to create RWE initiatives and outcomes-based agreements (OBAs). This experience “gives us insight into the outcomes most valued by patients so we can tailor our programs

accordingly,” says David. For example, “for therapies with only Phase 2 data, we can expand the eligibility criteria to more patients through innovative agreements that spread the risk between ourselves and our manufacturer partners.”

Having demonstrated the viability of collecting medical information from forms and using the data to make decisions, David sees the next step as “making all these processes more efficient, more automated, and easier to analyze.” With these outcomes in mind, GreenShield plans to create a digital prior authorization system, “which will help us understand the outcomes of new drugs that we reimburse to our plan members.” By having access to better insights, GreenShield will be able to create better health solutions designed around the needs of plan members.

Undaunted by the complexity of the tasks, David says he looks for “areas where there is common ground among all the stakeholders involved. I focus on collaboration and bring an entrepreneurial spirit to my work.”

*Working on RWE and OBAs  
is gives us insights into  
the outcomes most valued  
by patients.*



# Personalizing the Healthcare Experience

Aletta Brandle is pushing the pharmaceutical industry in Canada to improve the connection between digital channels and deliver more personalized experiences to patients and physicians

**"When I sign into my Netflix profile, the display of recommendations reflects my previous interactions and interests," says Aletta Brandle of Boehringer Ingelheim Canada. "It's a one-on-one interaction tailored to my needs." In**

Aletta's view, physicians and patients should experience a similar level of personalization: "There's no reason why the pharmaceutical industry can't engage with them in this way. With the right technology, regulatory expertise and infrastructure, we can deliver timely, personalized healthcare messages with the objective of improving patient outcomes." Currently the Team Lead, Omnichannel Excellence, Aletta is working with her team to connect the company's channels and build more personalized cross-channel experiences. In certain

diseases areas, "it can be difficult to locate the right audience, and effective use of digital channels is key to augmenting the abilities of the customer-facing team."

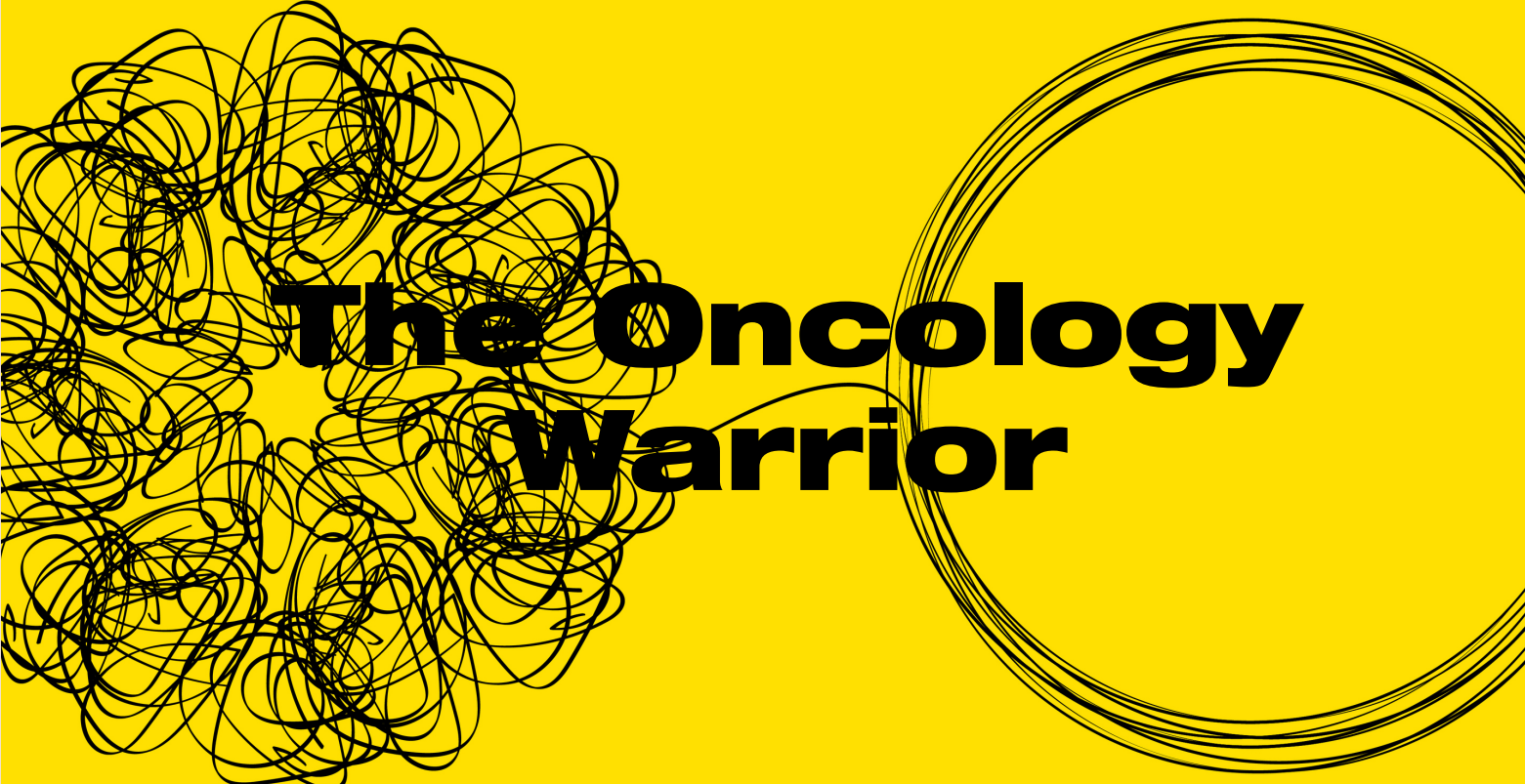
After working in consumer goods for several years, Aletta first stepped into the pharmaceutical world in 2019 in a European role that had her working entirely in German. "Learning about the patient journey through symptoms, diagnosis, access, and treatment was fascinating to me," she recalls. "I wanted to do more."

As Aletta explains, her consumer goods background has prepared her well for her current mandate: "I brought in the lens of using digital channels, such as websites, social media, and podcasts, to deliver a connected online and offline experience

and needs-based content." Aletta's excitement about omnichannel marketing comes through on LinkedIn, where she posts what she calls "random thoughts" on such topics as frequency planning in media (how many times a message needs to be repeated to "stick") and pharmaceutical Tik Tok.

Describing her to-do list as "never ending," Aletta plans to explore AI's potential to save time and extract insights from data. Some questions she hopes to answer: Could generative AI help us speed up and simplify the PAAB review process? Could we use AI to analyze our customer data and determine which channels and messages have the greatest impact? "Come back to me in a year or two and I can share what I've learned when it comes to driving efficiency with AI."

*With the right technology, regulatory expertise and infrastructure, we can deliver timely, personalized healthcare messages with the objective of improving patient outcomes.*



# The Oncology Warrior

Access to oncology treatments drives patient champion Alan Birch

**Alan Birch likes to keep things simple. Currently the Associate Director, Provider Solutions, Oncology, at Sentrex, Birch worked for years as a drug access facilitator for Toronto hospitals. "My job was to help patients access cancer medications as quickly and easily as possible," he recalls. "I was the person who worked to remove roadblocks and simplify the processes."**

This philosophy served Alan well when he became a director at the Oncology Drug Access Navigators of Ontario (ODANO), where he taught less experienced colleagues to navigate the drug access landscape. The website [odano.ca](http://odano.ca), which he created, gives drug access navigators the knowledge and tools to help oncology patients access the medications they need. Alan also operates [drugaccess.ca](http://drugaccess.ca), a database of PSP enrollment forms as well as offering six free training modules for drug access navigators. "Drug access navigators speed up the time to access treatment for patients, which is critical in oncology," he says.

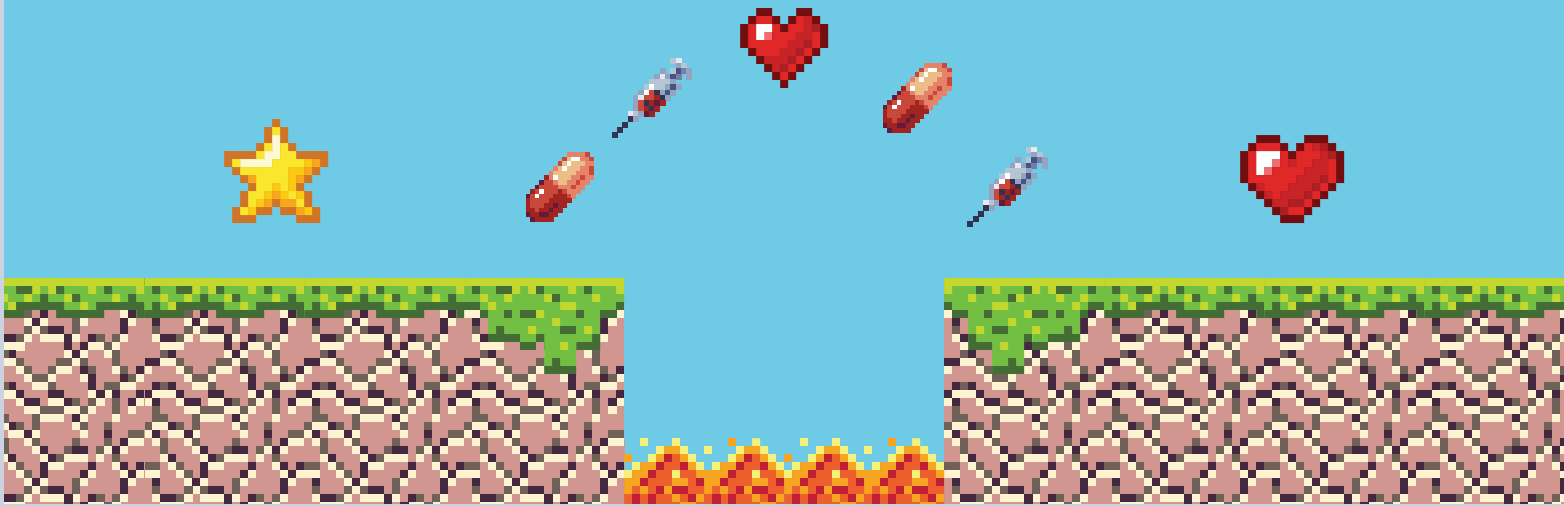
"I'd love to see them used for mental health conditions and rare diseases."

At Sentrex, Alan continues to work on streamlining the fragmented specialty treatment landscape – for example, the patient support programs (PSPs) often associated with specialty drugs. Here again, his keep-it-simple approach came to the rescue: he created an oncology support program that combines 21 oral and injected drugs from multiple manufacturers into a one-stop program. More are added every year. "With so many different PSPs in circulation, and especially for patients needing more than one at a time, consolidation is a necessity," he notes. "Integrating PSPs also allows patients to access combination therapies as a single unit."

Alan doesn't intend to stop there: "We need to keep consolidating the oncology space. There are dozens of treatments out there in silos. It's in everyone's interest to make access simpler and faster."

We need to keep consolidating the oncology space. It's in everyone's interest to make access *simpler and faster*.

# Getting Innovative With Pharmacy Software



## Sheldon Baines is using his passion for technology to improve specialty care

From video game developer at Nintendo to specialty pharmacy expert at BioScript... well, why not? Both fields require creativity and a keen interest in innovation, which **Sheldon Baines** has in spades. "I loved programming, but longed to do something that had a more direct impact on patients' lives," he says of his career change. A pharmacy degree soon followed.

A native Newfoundlander, Sheldon was living in Alberta when the opportunity to come back home and open the second BioScript Pharmacy in 2010 presented itself. He jumped on the chance to "manage the Newfoundland Pharmacy and help simplify access to specialty care in order to give patients the best opportunity to benefit from life-changing specialty medications." After a brief stint of commuting back and forth, likely making him the "only Newfie living in Alberta and commuting to Newfoundland to work," he has now settled back in Newfoundland.

Sheldon's role later evolved into Product Owner – namely, liaison between the technical and business domains at BioScript – which enabled him to combine clinical care with software development. Indeed, he and his team members designed and developed BioScript's new in-house Pharmacy Patient Management software. "The platform brings together infrastructure, logistical, and clinical optimizations to prioritize patient care moments," he says. With the system up and running, he is turning his focus to rollout and country-wide adoption, while "keeping an eye on evolving technologies that we can use to improve the patient experience even more."

Though his heart is rooted in clinical care, Sheldon sees himself "continuing to leverage technology to enhance the quality of that care" and is pursuing an executive MBA with a specialty in Artificial Intelligence to round out his business and technological skills. The secret to his success so far? "A willingness to break through boundaries, and finding an environment like BioScript's that allows me to explore possibilities and tackle new challenges."

# Canada's Value-Based Healthcare Champion

Eva Villalba won't rest easy until value infuses every aspect of health care

**On the face of it, "patient-centred care" may seem like a truism: who else should medical treatment centre, if not the patient? But dig a little deeper and more complex questions emerge. What's the most effective way to measure and define what really matters to patients? And how can we get a clearer picture of the pros and cons of a given treatment within the real-world constraints of our healthcare system?**

Value-based healthcare (VBHC) addresses these questions by seeking to improve patient outcomes throughout the care path, while considering the most efficient and cost-effective ways to do so. Driving the VBHC movement across Canada is **Eva Villalba**, Executive Director of the Coalition Priorité Cancer au Québec (Québec Cancer Coalition).

Eva's passion for value in healthcare shone early, when she worked as director of strategic partnerships, development and philanthropy at the Palliative Home Care Society, a role that "gave me a lot of government relations experience and showed me that politics can be used for good." In 2021, she became the first Canadian to receive a Master's degree in VBHC, from the Value Institute for Health & Care of the University of Texas at Austin.

In her current position at the Coalition, Eva advocates for cancer patients and for integrating patient-reported outcome

measures (PROMs) and value considerations into clinical trials and everyday healthcare. "Historically, VBHC was applied to interventions like stents and knee replacements," she notes. "There's a great opportunity to use it in cancer because it's more complex and can be scaled up to whole systems applications. It takes up such a large proportion of health and financial resources and at some point affects almost half of Canadians." Thanks to Eva's vision, the Coalition is laying the groundwork for a VBHC framework to improving health outcomes for people with cancer, starting with lung and colorectal.

Known as a "dot connector" to her colleagues – "I love to bring people together to network" – Villalba also serves as the Canadian ambassador for VBHC Center Europe and as co-Chair of the Resilient Healthcare Coalition, inaugurated in 2021 to strengthen the healthcare system so it can better absorb future shocks. Being flawlessly bilingual hasn't hurt.

## COMPETING FOR VALUE

To mobilize healthcare sector leaders who share her value-oriented mindset, Eva brought together leaders and innovators from Canada, the Netherlands, the US, and Brazil to Montreal for the first-ever VBHC Summit of the Americas in April 2024. Along with educational sessions, group discussions, and networking

opportunities, the Summit included the first edition of the VBHC Dragons' Grant of the Americas competition, created to support ideas and programs that measure PROMs and costs across the care pathway and improve value. Participants pitched their concepts to a jury of VBHC experts, with the top initiatives moving forward to the International Prize Competition presented by VBHC Center Europe later in the spring.

So what's next for VBHC and for Eva? "We would like to see reimbursement for drugs tied to the value of a treatment – such as with outcomes-based agreements – and not just the cost," she says, adding that "systematic measurement of PROMs will help us establish a drug's value from the patient's perspective." With successful precedents in the UK, Australia and Europe, such value-driven agreements "will ensure the sustainability of our healthcare system."

It's a high bar to meet, but Villalba has confidence that Canada can get there. "There are different levels of government starting to see the light," she says. "We just need it to become more contagious." And if anyone can spread the message, it's Villalba. "I want to see Canada be a leader, and not a lagger, in the race for patient access to innovative treatments, technologies, and interventions," she says. "Value-based healthcare will keep us on the right path."

There's a *great opportunity* to use VBHC in cancer, because it's more complex and can be scaled up to whole systems applications.

# Using Technology To Enhance Patient Support Programs



## A passion for efficiency drives Michelle Willem to optimize processes

**Michelle Willem** thought she would become a pharma sales rep, but fate had other plans for her. Or maybe it wasn't fate: as soon as she began working as a patient support provider (PSP) administrator, she realized that "my passion lies in streamlining processes."

In her current role as Director, Specialty Operations at SRx Health Solutions, Michelle's responsibilities include leading digital strategy, overseeing the Specialty

Operations team, and managing product launches and operational changes.

Never satisfied with the status quo, she constantly looks for "opportunities to optimize PSP processes, which includes automating certain components, while ensuring the best possible patient and prescriber experience."

To this end, Michelle recently led the design and development of the PSP Sync platform, which allows different service

providers to communicate about patients on a secure portal. "The system facilitates continuous care for patients, while also preserving their privacy," she says. "It also supports the flow of information to manufacturers, who rely heavily on PSP data."

When pressed to explain her success, Willem cites her "inquisitive nature" as a key factor. "Sometimes, asking a simple question unlocks a huge potential to optimize a process."



# THE 20SENSE REPORT

Spotlight on the Canadian Specialty Pharmaceutical Market

## On the reading list

[Dr. Ambreen Sayani: An advocate for equitable care](#)

[Les systèmes de santé face au futur: quelles priorités guident l'innovation?](#)

['We're inside the patient, looking directly at the tumour': Gaming experience aids surgery](#)

[Outside-the-box thinking saves young man with colorectal cancer](#)

[How would we know whether joint replacements are successful if we do not ask patients?](#)

[Providence gaining international recognition in value-based health care](#)

*The 20Sense Report* is a quarterly publication that strives to elevate the conversation surrounding the Canadian specialty pharmaceutical industry through the sharing of innovative ideas, best practices, challenges, and opportunities.

**Thank you to our sponsors for supporting independent journalism that offers insight and transparency within Canada's specialty pharmaceutical industry.**

Funding is provided by organizations who share in *The 20Sense Report's* mandate to support education via independent journalism.

**Bayshore**  
Specialty Rx

**IQVIA**

**ONCOLOGY  
OUTCOMES**  
Health of Good | Back With the Good

**Inka Health**

**SR**  
HEALTH  
SOLUTIONS

**AUXITA**

**BioScriptSolutions**

**McKESSON**  
Canada

**SENTREX**  
HEALTH SOLUTIONS

The 20Sense Report does not publish advertising or sponsored content. Past issues can be found at [20sense.ca/the-20sense-report](http://20sense.ca/the-20sense-report).

20Sense is a research and consulting firm that works with Canada's specialty pharmaceutical stakeholders to optimize data, insights and programs that deliver better outcomes for patients and value for payers.

Inquiries may be directed to [info@20Sense.ca](mailto:info@20Sense.ca) or [www.20Sense.ca](http://www.20Sense.ca)

**LinkedIn**