

# K23689\_21005\_2084780\_TheHealthPulsePodcast

## S1E1

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GREG HORN: Hello, and welcome to episode one of The Health Pulse, a podcast exploring how analytics in the health and life sciences industry is accelerating, and its repercussions for all our lives. My name is Greg Horn, and I will be the host for this series, and will be joined each episode by an expert guest to discuss a topical subject in the health space. We also want your feedback. And you can do that through our email, [thehealthpulsepodcast@sas.com](mailto:thehealthpulsepodcast@sas.com). We will be bringing your questions and comments to our guests as we receive them, too, and likely, we're going to put together an extra episode where we really sum up that conversation. So just a reminder, that's [thehealthpulsepodcast@sas.com](mailto:thehealthpulsepodcast@sas.com).

So without further ado, please join me in welcoming this week's guest, Dr. Mark Lambrecht, the director of SAS Global Health and Life sciences Practice. He joins me now to discuss various topics around what the podcast is going to cover and how he sees analytics playing out in the AI space. So Mark, over to you for a quick introduction.

MARK LAMBRECHT: Well, hello, Greg, and thanks for having me on this show. So I'm the director of the Global Health and Life Sciences Practice at SAS. I'm heading up the team that helps us to bring our technology and our solutions to health care payers and providers and pharmaceutical companies globally, all around the world. And so I have the privilege of talking to a lot of the industry stakeholders, talking to analysts, being at events and presenting. Yeah. Thank you for giving me the opportunity to talk about that.

GREG HORN: Brilliant. Thank you very much, Mark. And because I think we want to a little bit more about you as an individual, as well, and hear a bit more about what you're interested in, can you tell me a little bit about what you like to do when you're not at SAS, and that keeps you motivated in these current times?

MARK LAMBRECHT: Absolutely. Well, there's definitely a couple of things. And I think, by the way, this is an important question because, in this COVID-19 time, it is important to think about other things. And for me, I really find relaxation in doing sports. I like badminton, for example, very much, mainly with my children. I also like to listen to classical music. I'm a big music fan. Classical music really inspires me, in a way, also to think about how we can apply creativity and how can we bring in emotions into what we do. Thirdly, I have a keen interest in everything related to World War II and to history. So if you have a good book tip for me, Greg, I'm your man.

GREG HORN: Fantastic. And I think Belgium was one of those countries that was really heavily impacted. It seems that there's a real connection between the impact and the experience of Belgium in World War II and what's happened with coronavirus today. I think there's quite a similarity in the fact that Belgium has been hard hit in both of those circumstances.

MARK LAMBRECHT: There's certainly a lot of similarities. And it is always good to look at history to understand what we're facing today, I think, to get into that perspective. It also helps to make it a bit relative. And I think the hardships that people went through in World War II around the world are nothing

compared to what we have today, even though a lot of people are suffering. And of course, if you have lost loved ones, you might think differently, but from a global population point of view, it is relative. And we have faced these types of crises before. And that's maybe the silver lining on the clouds that we have hanging over our heads today.

GREG HORN: Brilliant. Yes, absolutely. And I think a sense of proportion is always important. I want to get right up to the zeitgeist of today. And I think where we want to start with our questions this morning is to think about vaccination. Now, your background very much is in the life sciences industry. Can you talk to me a little bit about how the vaccinations for COVID-19 have been very different to how we might have seen vaccinations developed in the past?

MARK LAMBRECHT: Well, I think, first of all, there is no single type of vaccination out there. Every infectious disease is entirely different, affects a different part of the population, for example, and requires a different vaccination scheme. Every vaccine that has been developed, if you take flu apart for a minute, that is a yearly vaccine that we have kind of industrialized quite a bit on how to develop that, and we know what strains to look for, but every other vaccine out there has followed, very much like medicines, its own development program, and took many years to get there and has different types of effectiveness in the population.

There are still lessons to be learned, but I think what we're facing, what we're seeing today, as a scientist, which I like to see myself still thinking that way, is a fascinating experiment, no? We have a whole world population that needs to be vaccinated against a pandemic. We've had pandemics in the past, but we didn't have a vaccine after 12 months or less than 12 months before. So what is happening now is a fantastic experiment on the science front, but also on the social front. And I think there's a lot to be learned for the future, as well.

GREG HORN: So thinking about the analytical side of this, SAS is used a lot in clinical trials in general, but tell me how the public can engage in this and be more informed and learn a bit more about how analytics plays a role in clinical trials, because I think we have-- we're certainly trying to appeal to a couple of folks here. We're thinking about people who are in the industry, but we're also trying to make sure that we democratize our analytics, as well. So can you talk about the two areas that might be impacted by this?

MARK LAMBRECHT: Yeah. The first one I think is that, as analytics providers, I always like to be modest when we talk about it. It's really happening in the labs, and it's really happening where the doctors are testing out the vaccines in the hospitals. At the same time, those vaccines would not get where they are if there wasn't a way to take that information, analyze it rigorously, in a science-driven way, and look at safety problems that vaccines might or might not have.

So I think what you're seeing today is what you're seeing in many industries, a true digitalization or digitization. I think health care is probably the last sector to be subject to that overwhelming effect of the digital world that we live in, but it really needs to be ambient. It really needs to be complementary to those experiments and to the clinical trials that are being run. And the democratization is really there, where it's accessible for clinicians, for people that might not be an expert in the exact analytics that is happening there to do the calculations, but in a way that they can understand the results and translate them into effective programs, into where the vaccine has to be brought in terms of population, et cetera. I think that's one thing.

The second thing, since you were asking for two of the most important ones, is the way that clinical research and clinical trials are changing. Think about it. If you're a patient, the last place that you want to be these days is the hospital. I don't want to come often to hospitals these days until I've had my vaccine for COVID-19. And the same is true if you're a patient, of course, suffering from cancer or from some disease. You don't want to bring these vulnerable people to those places where they're highly at risk. And so that's something that has harmed somehow clinical trials, as well. Many clinical trials for new therapies, other therapies than COVID-19 vaccines have been slowed down. And so the impact that we will be seeing is a delay in new innovative therapies getting to the markets, getting to patients. Much needed therapies, by the way.

So what pharma companies are doing is they're looking at that, and they're looking at the whole technology revolution that we all see with the iPhones and the wearables and the sensors. And they're looking at, how can we make use of that technology world to leave patients at home, be better in measuring their blood pressures or looking at their heart rhythms, and using that information in a clinical way, validate that, and bring that into clinical research, and really redesign clinical research around the patient? I think those are the two major things that I'm seeing.

GREG HORN: So Mark, I think what you're describing, as well, is something that we've seen across the health care continuum, which is that the coronavirus has really accelerated many of the trends that we were already seeing in the health and the pharmaceutical space. Thinking about home care and virtual care and the like, how might we start looking at data to help address some of the issues around things like prescribing inaccuracy or drug interactions, if patients are spending more time at home and not necessarily having a face-to-face interaction with their doctor?

MARK LAMBRECHT: Yeah, I think it is a fascinating world right now if you look at those capabilities that we will soon have. I think the first thing is we need to really distinguish the world of what I probably call, wrongly, the wellness world from clinical-grade wearables and true apps and measurements and sensors and wearables that really help us to measure what's happening with the patient in a clinical sense so that it has impact on their outcomes and what the effect is for that patient suffering from a disease or suffering from a problem. And you'll certainly see that increasing quite a bit.

We've seen the explosion this year in terms of virtual health. We've seen financial systems adapting to it and opening up reimbursement for those type of therapies. And I think that's going to change enormously. We might find ourselves soon in a reverse mode, where we're going back to more physical contact after people have been vaccinated. It'll probably end up somewhere in a hybrid system, but there's no way back completely. And I think that, by itself, might impact really the way that health care is being provisioned and provided because even providers can now-- physicians can, for example, serve different provider networks, or can be in different hospitals. They can just offer their services in different ways. And so you might be seeing truly a sort of Uberization of health care going on. Not today, and probably not something that I want to consider completely today, but I think it will get there. And if hospitals are not following, or if health care providers are not following, there might be a massive change because of new players coming into the field. And they might not be doing it by themselves. As we have seen, even big tech and big data companies have sometimes failed at completely revolutionizing health care. But there will be new ways of providing health care and virtual health and telemedicine. And that will be part of that revolution, I'm convinced.

GREG HORN: Brilliant. That's great. And just for the last question, I'm just thinking about that comment there around looking forward into the future, and how we're going to end up with maybe more of a hybrid. If you had to think about one prediction right now that you think is going to really impact the 2021 pharmaceutical and health care landscape, what do you think that big-ticket item is going to be, and how do you think it might play out through this following year?

MARK LAMBRECHT: That's a really tough choice. That feels like choosing between my children in the field out there. But if I think of one thing-- and I can see it just here at home with the student that is sitting here at home being deprived from social contact-- I think it's mental health. And I know, Greg, you have also a passion of looking into that, but mental health and helping patients is probably a good use case to test out many of the new capabilities that technology brings.

And probably also because it resonates well with the public, in terms of the effect it has, the fact that people immediately have trust in technology to apply it in that particular field. Everybody understands that there is a massive need out there, and it's a field where, if you think about it, a lot of the health care centers on mental health have not followed on that technology revolution. They are not yet cutting-edge in terms of using those type of technologies or apps and things like that.

So I'm really hopeful, and I really think that might be changing in 2021. And sorry, I have to squeeze in another one, even you didn't ask for it. But it's I'm really trained as a genetic engineer. And what is happening around there with CAR T and gene therapies, people-- probably the broader public opinion doesn't know it yet or doesn't see it yet, and they're very expensive therapies, but that's really going from therapy to cure.

And that means you can really cure a lot of diseases out there. And even though those things are expensive, there will be massive payouts-- or payback, I should say-- if you can really cure patients. If you see today that we can cure people that are blind, technically blind by 80% and we can bring it back to 10%, we can give them back their vision, it's almost a biblical cure that we're providing. So that's not one I wanted to add in.

GREG HORN: Thank you, Mark, for those insights. I'd really like to hear more from our audience about your point on health care creating biblical outcomes such as restoration of sight. How might we see this translate to real health outcomes in the rest of the world? I'm sure our listeners will have lots of feedback. And as a reminder, they can do that through our email, [thehealthpulsepodcast@sas.com](mailto:thehealthpulsepodcast@sas.com). We'll be bringing those questions and comments to our next episode, and also in our summary episode towards the end of the season.

So thank you for joining me today on the very first episode of The Health Pulse. I've been your host, Greg Horn. Please like and subscribe to receive future episodes, and I look forward to sharing the next episode with you very soon. Thank you.

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