



# DRIVING DIGITAL IN BIOPHARMA WITH TOM LEHMANN

## AUDIO TRANSCRIPT

Guest: Michel Rider, GSK

INTRO STINGER 00:04

You're listening to Driving Digital in Biopharma, a podcast from Accenture. Your host is Tom Lehmann.

PULL QUOTE (Michel Rider) 00:17

We had planned for a five-year change. But the context at GSK, at the time was shifting very rapidly. We were bringing together the pharma and the vaccines divisions under one company, we were about to spin off our consumer division. So there's a lot of shareholder pressure, and the global pandemic was just emerging. So our chief executive team asked us to compress the program to two years, they asked us to cut 20% off the cost and they asked to commit hard savings in the development budget, meaning they'll invest only if we show a real return.

Tom Lehmann 00:54

In this episode, we continue our podcast series through a conversation with Michel Rider, who is the Vice President of Digital, Analytics, and Performance for global clinical operations at GSK.

My conversation with Michel provides an opportunity to reflect on the successes of a multi-year journey to modernize digital, data, and analytics capabilities across Development...and notably one that had a very specific focus on delivering tangible benefits quickly. She also shares the challenges of overcoming the

disruption from the pandemic, the need to accelerate the transformation program, and the benefit of agile experimentation.

Thanks for listening and I hope you enjoy this episode.

Hi there, Michel, welcome to Driving Digital in Biopharma.

Tom Lehmann 01:30

Michel, welcome to Driving Digital in Biopharma. It's great to have you here today.

Michel Rider 01:32

Hey, Tom, thanks. Nice to be here.

Tom Lehmann 01:36

So for the benefit of our listeners, can you quickly introduce yourself?

Michel Rider 01:41

Sure, I'm Michelle Rider. I am joining you from GSK. In the digital analytics and performance area, which is part of Global Clinical Operations. Give you a little bit of my story, I do have a very dirty work history much dirtier than my current office based existence. I started out in veterinary medicine, small and large animal a little bit of work with wildlife. I was also spending time in molecular entomology labs, way back, what I discovered quickly, I'm not a great discovery researcher, but I'm really good at making processes more efficient.



Michel Rider 02:14

So, I took a sabbatical from grad school, and that brought me to the pharma industry. First step Merck & Company. And I suppose the experience there just got me excited about a different way to contribute. So I never really looked back, I discovered an interest in technology as an enabler of vaccine and drug development. And that brought me to you, Tom, working with you at Accenture over a long stretch. And now I've been at GSK for about four years. And I'm happy to say all the experiences kind of came together in a nice way and to great effect, so couldn't be happier now, like my contribution.

Tom Lehmann 02:45

Excellent well, thank you for that run through. And I think as we go through the discussion today, we'll probably touch on a number of those different parts of your background and how you've brought that into this digital journey that GSK has gone through. So we'll work to make those connections as we go. So let's start the conversation then with maybe a little bit of a look backwards here. GSK on the development side of R&D has been on a digital data analytics journey for the past few years. Where did that journey begin?

Michel Rider 03:15

Really, at the beginning, remarkably, Chris Corsico, who is the head of our newly formed Development function, brand new for GSK, he and I joined just a couple of weeks apart. And at the time, I was leading a technology function. I was accountable for all the clinical trial and portfolio management applications. And so we both come in. And we both have this really basic question: what is the technical foundation? And where do we have risk? So from our earliest conversations, it became clear we had a history of underinvestment that had amassed major technical debt across the organization. What we saw was basically, lots of cottage industries, manually moving data around. We couldn't support the demands of the new portfolio. We

had recently reentered Oncology, we had new specialty indications. So all this tooling, and all of the process had been built for a respiratory small molecule environment, and that just wasn't going to cut it.

Michel Rider 04:12

At the same time, Chris was looking at his business team and saying, "Our cycle times are just behind where we want it to be." The top performing companies, were out there, going much faster in the development lifecycle. We had a rather heavy quality management system in place, which he saw as keeping our teams from doing their best work. So effectively, we've been CAPA'ed into extremely rigid processes. And that added a lot of weight to the delivery, really limited the team's creativity. So together, we kind of scratched at it and said, "We believe there's an opportunity under all of this, as bad as it is there something we can do."

Michel Rider 04:50

And so I started with just crafting a vision, and I had a few basic principles in mind. First, we were going to focus on processes anticipating iteration and evolution, we said there are no straight lines, there's just continual learning and hopefully smart risk taking. So that kind of formed up the business ethos for the program. From a technical standpoint, we said, we need to get this environment down to the absolute basics, we need to kill off any extras, and especially look at apps that were well beyond their useful life. We had many, many of those. We also said we were going to try to buy more software, we had a lot of bespoke applications. So we buy as much as possible and adopt vanilla, meaning no customizations, if we can avoid it. But really essential, those are kind of the bread and butter to get you started.

Michel Rider 05:40

But a key design decision we made was we would architect and integrate for the future. We were only going to buy transactional systems that talk to each other. And a lot of vendors felt



that as a major pressure, to be honest, because that's their IP, it's difficult to do. And we ran a really hard line on the use of a data mesh or Data Fabric integration concept. That was very new at the time a few years ago. That was essential. We saw we needed to decouple the data from the transaction to achieve an overall democratized data environment—that was the unlocker for all of it.

Michel Rider 06:12

So where we started after kind of putting our thoughts together and starting to socialize those concepts, we got a lot of good support. We launched some ideas. So we did a few agile experiments. We tried a few new things, got some great feedback about the experience. The people, and the teams just liked it they liked being able to work quickly, they liked collaborating, they could touch the progress, they started to see other opportunities. So it kind of got the ball rolling. It was a conversation and willingness from a very senior leader to listen to that idea and take action on it. And in the end, we had to act very quickly. So we put together a value case, for the chief executives leadership team. Basically, the premise was to invest in modernizing, the environment, process and technical. And in exchange, we promised to take more than a year off the development lifecycle, and tens of millions in cost avoidance. So at the time, it was a ton of number crunching kinds of stakeholder engagement. I was road showing constantly trying to get our act together for this.

Michel Rider 07:13

But here's where it got a little bit stressful Tom. We had planned for a five year change. But the context at GSK, at the time was shifting very rapidly. We were bringing together the pharma and the vaccines divisions under one company, we were about to spin off our consumer division. So there's a lot of shareholder pressure, and the global pandemic was just emerging. So our chief executive team asked us to compress the program to two years, they asked us to cut 20% off the cost and they asked to commit hard savings in the development budget, meaning they'll invest only if we show a real return.

Michel Rider 07:51

So in the end, I push back on the cost reduction, I asked for more money instead. But we did compress the plan. We did commit to those hard savings. And gratefully we'd landed most of it in those two years. A few big programs, you know, I called the Clinical Trial Management System, the heart transplant, and the statistical control environment, the brain transplant, those two programs took a little bit longer. So we ended up delivering in three. But still, a load of work got done with the extra benefit of engaging the team throughout the pandemic.

Michel Rider 08:21

It was nice to have a little bit of hope we were thinking about the new environment. And we had a reason to work together on something hard and kind of fun. So a lot of history there. And there's still some work this year to decommission the rest of the legacy environment. But unbelievably 45 out of the 47 projects delivered on time on budget. And we delivered that value case we promise. So pretty exciting story really the story of a lifetime for me.

Tom Lehmann 08:47

I do appreciate that. And certainly again, looking back that there's many different chapters to that story and so many different elements to it. And as you just covered a number of the different areas there again and truly a team effort when it comes down to it, and maybe I'll use it as a bit of a jump off point, because I think this is a conversation we've been having across the episodes here around what has seemed to be over time, a business versus tech, but now really starting to blur the boundaries between those two.

You mentioned, you started out on the technology side, but you're now in more of a call it a business function. Talk a little bit about how those two parts of the organization came together to deliver what you just talked about.

Michel Rider 09:29

Yeah, you're right. I started on the tech side. But I've never been a purist in either sense, you



know, I know enough technology to be dangerous and to lead projects, but that really don't let me get in and code. So I brought a more of a business mindset to the technology team, which helped us form up our opinions about what could be done and where we ought to push quickly. But really, it's a beautiful human story about interdependency, and a belief that technology and business are always better together. And that doesn't necessarily mean consensus decision-making. It means listening to expertise, and then applying it effectively.

Michel Rider 10:06

So where I started in tech, how the development leadership listened to me, they gave me the opportunity to share ideas. And then as I shifted into the business side to lead the program, I made sure to keep listening to my technology colleagues, make sure that we were always at the table together. It wasn't the business telling somebody what to do or vice versa. We're just one team. And we have deepest respect for our colleagues, just some people to contribute to human health in a tech-oriented way and others contribute in a more medical or clinical way. We need both and so from the beginning we built that into our ways of working and kept going with it really.

Tom Lehmann 10:45

And I imagine that combined way of working when that challenge goes, goes in front of you of saying, okay, if we think this is a five year program, which given the given the scope, you mentioned 47 projects, certainly you could expect that that would take a significant amount of time on an average and standard pace to then say actually, we need to done in a significantly faster pace. Just help me through sort of that thought process to say, how do you compress that type of transformation from five down to two and how do you make that happen?

Michel Rider 11:15

It's all about the interdependencies and lining things up to feed each other. You know, there's an order of operations to technology

change. And so some of the things we had to do first, were getting the right transactional systems in place. These are the core systems that let people do their job. You know, you need a place to track and manage your plans, you need a place to store documents and data. We focused on those things first, and while we did it, we built the data foundation, fit for purpose alongside the data that was going to be coming in. So we didn't try to cast a huge net to cover everything. We focused on the basics and what needed to be there in order to move into the new environment.

Michel Rider 11:57

What we kept going under that though, was a strong experimentation culture, to also pick off some of the problem statements in more discreet areas, things like patient insight engagement, digital enablers, decentralized enablers that allowed us to keep business continuity. So while we're working on those basics, we could also try things on a small scale, and then dovetailed the effort together. All in it required a lot of program management, a lot of visibility and tracking of milestones, and conversation about what was going to be ready when, and making sure that all of the product teams that were working together had enough visibility and control of their space, but also awareness of what's up and downstream of them. So they could be smart in their choices.

Michel Rider 12:44

And loads of conversation, the program structure required, things like integrated program increment planning, you know, where product teams can get a lot done themselves and we pushed as much autonomy as we could into the programs. We did those periodic checks out quarterly to say, what's coming, and what are the challenges that we foresee. So it's kind of zooming in and out of the problem, and then making those milestones very visible and transparent across the entire organization. Because again, the belief was we're better together, if we know we can be more powerful in those decisions.

Tom Lehmann 13:20

So did the milestones that you mentioned there then—before you mentioned some hard benefits here—did that become essentially the North Star for the program?

Michel Rider 13:30

The North Star was about a simple well integrated data-empowered work environment, that we kept pure as the North Star. We want to get to a better environment. The milestones and the value tracking was just a way to tell the story as we went, also to keep the focus where we needed it, because in a big company, you can get distracted pretty easily. So we needed the time to see it through and not have efforts pulled in a different direction, or have extra things added, since our plate was really full already. So yeah, what's not as much about the vision, the vision was a smarter way of working for our patients, in service of patients; milestones used effectively with stakeholders, who we needed to help avoid barriers or creating other challenges for us as we delivered.

Tom Lehmann 14:21

So we've talked a lot on previous episodes here about the mindset shift that is important and you just mentioned a little bit about that just changing the ways of working for patients. So help me understand then a little bit of how do you bring the business along on this journey? Because it does require a mindset shift to really get benefit from all of the technology and enablement that you were talking about with all these projects. What did you do to bring the business organization along in that journey?

Michel Rider 14:46

It's so basic, but I just talked to a lot of people. You know, I had just a handful of slides at the very beginning that painted a really simple picture, wouldn't it be better if it was like this? Like, really, really simple. The use of things. And I think because people had been living with such a tough environment for so long, some people, you know, maybe they were a little bit dismissive or oh, you know, I've seen tech projects fail

before. So there was a fair degree of skepticism out there.

Michel Rider 15:17

But most people looked at it as pretty exciting. I got a very positive reception, especially from the clinical organization, who I think for a lot of the heavy lifting, with moving data around just getting their job done was tough. And so it took a few more leaders to just offer that open door to you know, "Tell me more, what do you mean, we can do something different here, I thought that was going to be really hard." And I just continually talked about the options and the paths to start small and grow.

Michel Rider 15:52

Agile was absolutely an enabler here. And it required us to kind of suspend disbelief a little bit just to give something a try. And when we did over and over again, we saw it worked, it was working. And so we followed success. Not everything worked perfectly. But we either progressed quickly to a scaling step, or we pivoted in some places where if we saw something wasn't quite working, all of that, that's the agile mindset. And it was bringing that thinking to the business team who naturally do it. These are scientists, of course, they'll follow the truth. But they weren't always seeing it. So I guess it started there.

Tom Lehmann 16:31

So can you bring to life an example or two—you mentioned experimentation and agile and starting small—just maybe an example just for listeners around what you did just bring that to life?

Michel Rider 16:43

Yeah, yeah. The agile mindset, I think, started with the concept and agreeing on a shared vision for where we wanted to get. But practically, you've got to pin that down to a really specific level. There's a process that needs to get done, that needs to be broad reaching enough to serve the entire portfolio, but simple enough, that it doesn't feel heavy.



And so a lot of our experiments started with the definition of what the minimal viable product would be for any process area, really paring it down. And kind of cutting out any of the extras that might need to be there. And then very quickly, getting into an experiment where we could see a new way of thinking and doing today's work applied, actually doing real live pilots in studies. There's where we needed a ton of support from QA, I'm so happy we had that kind of support to be able to do those experiments, document the exceptions, make sure our quality management was where it needed to be.

Michel Rider 17:48

But it was because we actively piloted on live programs. A really concrete example is in the early days of the pandemic, we needed to continue visits with patients. We had never done virtual visits inside of GSK before that, but we sure had to get it done quickly. So we got some vendors lined up, we had conversations with study leaders to see if they could be pilots, and within a couple of days, we were operational and trying it and learning from those experiences. And not long after that, it's now normal business, for us to look at all of our studies, all of the schedule of activities and say which of these visits can be virtual? Is there a way to benefit the patient here because we keep them close to home or at their home? Or some of their commitment in the clinical study. These kinds of things just at the time, seemed unachievable, and now it's sort of normal for us.

Tom Lehmann 18:46

So maybe stay with that so beyond the pandemic where maybe we were forced to open up to different options that perhaps we hadn't considered before. Now we're largely past that point, return to normalcy feels like we are there. But adoption of new technologies still remains a challenge right? Adoption at scale.

And so what have you done or how did you approach going from these experiments and smaller scale maybe initial adoption through an

MVP into broader adoption across the portfolio or across a subset of portfolio but certainly more scaled than where you began?

Michel Rider 19:21

Yeah, because we had a big ROI, and lots of promises made, we knew adoption tracking was going to be essential in the program and demonstrating delivery of our value case, but honestly, was really hard to do. It's, it's tough when you're doing something like this. For us, it was happening simultaneously with many, other business changes: org change, cycle time change, process change all over the place. Sometimes it was really hard to unpick what we could attribute to the technology change versus other activity in the environment. So the tracking was tough.

Michel Rider 19:59

What we focused on just to give it a little bit of tangibility was, we looked at the fastest path we could follow to get an adequate replacement for a legacy tool. And then we looked at what scaling steps might help to bring the usage up over time. So everything started with pilots. Oftentimes, those were conference room type pilots on dummy data, quickly then, I mean in weeks, not months, stepping into live pilots on clinical trials or other development activity that was in supportive programs, but in a controlled way, you know, safe experiments, where we weren't going to introduce a load of risk. And then kind of navigating the stepping stones for each of those programs. So sometimes we went really broad and said, Let's get this one process covered across all therapy areas and try to have the basic served. Or we went really deep and said "No, let's work on one big program and get it really perfected in one therapy area or disease area and then we will learn from that and then apply it to others."

Michel Rider 21:09

So it was trying not to do too many dimensions at once in those stepping stones, but constantly engaging our user community as we went, being hungry for feedback and very responsive



to that feedback, being very communicative about our roadmaps and what to expect and when. And we did a lot of cheerleading. So while the adoption plan itself was anchored in reach and coverage of those process needs, we also needed to cheerlead the teams to highlight the progress they were making. Because sometimes it felt small and relatively thankless. So we tried to remove that and think about, celebrate the wins. And that helped us through a lot of the tough moments.

Michel Rider 21:51

Maybe what helped us too, I know, you don't want the pandemic answer, but the whole world was in tumult. So we sort of accepted that, we were in a new norm of constant change. So when we saw signs of fatigue, we were somehow able to buck up and just get through that because honestly, the opportunity just felt too good. And I think everybody liked the feelings we were having. So we just kept going and supporting each other through it. The metrics told the story, but a lot of it was about the team just staying the course.

Tom Lehmann 22:25

Yeah, no, it's helpful. And again, like I said, it was a unique time. And I think people were, were committed to an outcome perhaps maybe in a different way. One because they had to. Two, because it was just a different point in in people's lives and how they worked in and what how they thought about the impact they had on healthcare and it was very tangible, obviously, that the role that our industry had on the global healthcare needs. And so it sort of creates a very different sentiment probably amongst employees.

Michel Rider 22:47

Sure did. Kept us busy.

Tom Lehmann 22:51

Indeed. So then as you look at the benefits, maybe rewind the clock, if you can, a couple of years, where there's some hard benefits that were expected. As you're thinking about the realization of that, the value case that you had

mentioned, moving at the pace that you'd hoped for? Moving faster, moving slower? Are there some challenges to continue to get the benefit over time?

Michel Rider 23:13

Well, now we're kind of facing the music, because we're actually taking away budget, or saying now you've got your new shiny tool set, we're going to reduce your budget. And so far the reaction from the business team has been surprisingly positive. We thought we would hear a lot of noise over this and we're just not because the adoption plans have been delivered and those business leaders knew there was a deal on the table, they had to meet the terms of that deal, we're seeing it.

Michel Rider 23:46

But where there are questions mostly is more pragmatically, just what's going to fail if we take away that budget? You know, so we look at it and say, "Yes, the systems there, the process is more simple. But where are we going to struggle if we reduce our budget? Is there some part of a service that's going to go away? Is there a depth of coverage that we're maybe going to have to live with for a while as these products progress?" It's like I said, we're very much a minimal viable product setting with fast scaling, but some of these products are still growing. So that's the conversation. So we've actually delivered the savings. We're also very visibly measuring cycle time. And that's become just part of the conversation with our study and our program teams that we are here to go fast, we're here to be effective, and it's more built-in than it was at the beginning of the of the program.

Tom Lehmann 24:41

Which is certainly part of that mindset shift, right. I think that's part of what has really slowed down the broader industry adoption is not being able to see that very specific benefit or outcome that you're searching for. So it almost became digital for digital's sake, as opposed to digital as a means to get to an outcome. It's the outcome,



which is much more important. As you said, even just ways of working and simplifying ways of working and just improving the experience is a huge part of it. And then once you have that, you can say okay, now I want more, and I'm willing to actually be on board with the next set of experiments, the next set of capabilities and projects that are that are on the horizon. It just changes the dialogue.

Michel Rider 25:21

Yeah, yeah, I, this is probably reflective of my history, Tom. But I always rub at the new lingo. Because it's all just reframing the exact same thing that we've been talking about a long time. So when I hear digital, I'm sure there are some digital purists out there who would say it's new and different than everything that came before. And in certain regards, it is because technology has moved a long way. But aren't we just addressing new ways of delivering business value, always? That's always the case. We're delivering a pipeline. We're not technology companies, we're pharma companies. So anytime you keep your focus there, the technology we offer and the way we use it is in a means to an end. It's an enabler of an outcome.

Michel Rider 26:06

And I find that you can bridge a lot more in the conversation when you speak in those terms. This is where business analysts or people with kind of a digital flair in their title should be equally conversant in the business language of what we're trying to do and why, in order to then say, "Here's how we can make it better using digital enablers." And when you do that, you're just going to work better, people are going to get it and they don't chuck it because it's just too new sounding or scary sounding. Just put it in their language, it helps.

Tom Lehmann 26:38

So with that in mind then what's on the horizon? So you've built this foundation, some of that was as you said at the beginning part of the conversation you're addressing a significant amount of technical debt that was there. You

have made significant strides towards that, plus in a lot of ways really changed how the organization looks at this. What's next for the journey?

Michel Rider 27:00

There's so much that we were struggling with just delivering the basics, that it's almost the sky's the limit. Any of the new trends in our industry, we can now talk about, we can now imagine doing work in different ways. So some of the focus for us is really living the idea that development is patient focused, that patients are actually at the center of what we do. It's not for commercial gain, it's for service of patients. And so that means we have to change our way of looking at the way we design our programs, the way we design our studies, the way we engage patients closer and more comfortably in their homes to lower barriers. We think that will lead to a more diverse service of the patient populations, a more representative support of those populations.

Michel Rider 27:55

We're also thinking deeply about the gatekeepers to those patients, our clinical sites. And it is a long standing industry issue that clinical sites, their primary purpose is to serve patients and provide health care. That they do clinical trials for pharmaceutical sponsors, is kind of an extra in those places, but it is secondary, we think, to the service of the patients. And so anything we can do to improve their experience, and make it more possible for many more different types of health care practitioners to engage in clinical trials, that is a big prize for everybody. That is an unlock or for reaching patients that we don't traditionally get to today. So overall, I think there's a much better version of those basics that we can deliver.

Michel Rider 28:49

On top of that, I'd say there are new conversations emerging for accessibility and trial diversity, as well as the sustainability of our trials. Certainly we all exist in this world of fossil fuels and all the challenges we're seeing with





our climate, we can contribute and improve the sustainability of our clinical trials and the way a pharmaceutical company operates. We weren't able to talk about that very much before because we were just trying to survive. Now we can take choices and make it much more visible, where we have those choices and make them earlier in the cycle and hold ourselves to a higher standard.

Michel Rider 29:29

I'd say a last challenge, kind of superseding all of that is just for the whole industry, what I'd love to see us move into is more equal access to medicines and vaccines. You know, it was the way that vaccines are rolled out. And it's waves of countries and some countries get the short end of the stick. That to me doesn't make any sense. I don't see how we tier humans into different waves based on their affordability or the ability to access. You know, there are geopolitical concerns. But for the most part, I'd love to see our industry go into equal access of serving patients everywhere at the same time. And if we kind of read ourselves in that the service of the basics needs to evolve along with it. It means that we don't focus on primary registration countries first; it means we consider the world the enrollment population from which we can gain insight about our products. So I'd love to see that built in more to the clinical trial process.

Tom Lehmann 30:34

If you can, connect from me that view, which is how do you make it happen? Like what are some of those key enablers that actually lower those barriers, create more access, address these, frankly, these long-term and persistent challenges that we have within healthcare broadly, but certainly within clinical research.

What are some of the more tangible things that you can do or an organization like GSK can do to really start to reduce that barrier?

Michel Rider 31:01

I would say a lot of it is to do with knowing what

we know, meaning having a very good, easily accessible history of what we've done in a particular disease area and a particular country and a particular population, so we can learn from our own history. That we have very good external engagement with all of our stakeholders, and access to data sources that help us be even smarter, especially if we don't have direct experience to reference. And that you make the choices, much more deliberate and obvious what the choice actually is.

Michel Rider 31:39

In the past choices have been about the fastest path to recouping the investment of an R&D organization. We can pivot that and say the choice is not about recouping the investment, or delivering a medicine that works. It's those things of course, we have to measure against probability of technical regulatory success, probability of success, these kinds of things are normal. But what if we also made it clear how those choices impact the environment? You know that that there is a choice there; how we reach the breadth of the population that's potential for a product versus going with something more narrow and having that and more above board and organizationally sanctioned conversation.

Michel Rider 32:28

So again, it's listening to experts, and influencing how you make decisions as a team. So you get to the right plan right at the beginning, it's what you all commit to from the beginning, and then you track against that. It's not dissimilar to this whole technology program that we just delivered, which was, you know, rooted in a big idea, had some metrics to tell us we were making the right kind of progress. And, you know, we get to reflect on the journey. I think, pharmaceutical and vaccine products are very similar in that way. But somehow we get all muddled by the science and the many, many decisions and fiefdoms that can vary dramatically change the shape of the program and what it delivers. Almost without our noticing it. That said, you know, there's tons of

governance, but still decisions get made that are not totally transparent. So I would attack that, Tom.

Tom Lehmann 33:22

I think your last part there around data-enabled seems to be present in most of our conversation here today, but also the decisions across the, across the value chain, right. Ultimately, at the end of the day, this industry in the R&D space generates, processes, considers and makes decisions based on data. And as that data becomes more complex, more varied, the question is how do you actually find that signal in all of that data? But ultimately, as you've done with the foundational work that you've done here, it is enabling that process to make better decisions to make those faster. And as you said, it makes them deliberate choices around where do you go and what choices are you making along the way.

Michel Rider 34:04

Yeah, absolutely, if I didn't have some crystal ball about this program, that told me what timeline and what it took to deliver all of it on time and on budget. They were guesses—everything we did, they were guesses informed by what we knew from prior experiences. And, you know, guesses are fine. As long as we know, it's a guess, as long as we have some record of the reference point that helped inform that guess. And a recognition that when something changes, it's worth actually talking about it again, taking on new information, not necessarily to revisit decisions, but to reflect on new information and adapt, pivot, where needed.

Michel Rider 34:47

Some of what we do some of our basic human behavior is, we set a trajectory, and we just go at all cost in that direction. And that's not really serving us very well. You know, if we recognize we're all just guessing, these are all hypotheses, there are often many parallel hypotheses that could be equally valuable. If you can make that a little bit more obvious to the community at large, and give them a little more psychological safety

to pivot where needed and maybe a bit more empowerment too to take those decisions and stream, as long as they're listening to their experts, I think we'll see a lot more happen similar to this kind of program.

Tom Lehmann 35:33

Well, and you do hope that in time, right, what you've been working on augments a significant amount of just good experience and instincts that are there. And if the data and the quality and the confidence in that data in order to augment the decision just gets better, inherently we will be making better decisions right? More informed decisions that are going to hopefully again continue to lead to acceleration of timelines, getting new products to patients, maybe again, making those decisions around where do you go from clinical research standpoint as far as the geographic locations and have confidence that you can go into geographies that you haven't at a pace that perhaps you would never imagined that you could because the data leads you to a place where you have that confidence to go there. And again, I guess it's the hope that that's where we will end up.

Michel Rider 36:15

Yeah, yeah, exactly right. You know it, it comes from truth. At the heart of it. It's just truth about what we see and what we don't; what we know and what we don't. And being willing to react. So one of the things just to come back to the program a little bit, is we were very transparent when risks were arising and when issues were manifesting. We never shied away from the truth about the problems in the program, you know, that we only shifted dates when we had to, but we talked about risk when it was meaningful to do so.

And thankfully, avoided some big challenges. We had some big ones. Anyway, you know, not nothing goes perfectly to plan. But this kind of sentiment of progress over perfection and we're going to be transparent and let everybody know what we're doing. And more the merrier to opine



over better ways to do it. It is like I said, it took a lot of stakeholder engagement, and a lot of listening. But I think we were better because of it. And our drug and vaccine programs will be too.

Tom Lehmann 37:21

Well, I love that point progress over perfection. And I think that that's a nice way to look at probably where you've been. But I'd also surmise where you're headed. Because again, that that next wave and the next, the next step in your journey of same thing, again, continue to make progress, but don't seek perfection, otherwise, you won't move forward. And so it's probably a good way to consider what's next for you.

Michel Rider 37:42

Absolutely right.

Tom Lehmann 37:44

So let me close here, maybe just final question of just looking a little bit ahead to say—I want to go back to one point you made around just the ability to shave real time off of the cycle time and development.

Do you see this as a journey that's just getting started as far as taking time off? Because this is something we've been chasing this industry forever, it feels, and part of it as the modalities have changed, and science, to move through development, has gotten harder. But if you look at what's ahead, do you see this again, or the industry is just getting started, it's hard to take cycle time off, or it's gonna get progressively harder because the easy things have been identified each next step is just going to be that much harder?

Michel Rider 38:29

I don't think we have a choice that making it faster, really, the demand is there. And we have just seen ourselves able to deliver new vaccines and medicines in strikingly fast cycle times. And I know the regulatory environment was geared to help us as an industry get through some of that.

But all of us have to reflect on what just happened and say, "Why can't we do that every time or when we choose to at least?"

Michel Rider 38:59

So yes, the demands are harder. Absolutely. But there's still an awful lot we do that maybe isn't adding a lot of value. And anytime we ask that question, almost any forum, people can come up with a handful of examples. If we keep attacking those kinds of problems and removing waste and rework, getting things right on the first time, building quality in, building automation in where we can of course, of course will get better.

Michel Rider 39:29

We've, at GSK delivered close to two years cycle time reduction. That's not by accident. You know. Yes, we had a lot of fat in the system when it came to our processes, but we have the same demands as everybody else and now we're in the middle of the pack and aiming at the top of the pack. We think we can get there by continually improving and making that the way we operate.

Tom Lehmann 39:54

That's great, and certainly the progress you've made and the momentum you've established, every reason to believe you'll continue to make that progress, which is exciting. And again, I think, as you said, I think part of this is you've shown show that you can do it, I think there's a mindset shift that clearly has happened. And I'm looking forward to hearing more about the journey and the next wave of impact that you will have. So I do appreciate you joining today. Great discussion.

Michel Rider 40:15

Thanks.

Tom Lehmann 40:16

And I'd really appreciate not only the view of where you've been but also the looking into the future and what's possible for the industry not just GSK what's possible the industry so thank



you again for sharing.

Michel Rider 40:29

Absolutely, thanks for inviting me, this was a lot of fun.

Tom Lehmann 40:30

Absolutely.

Tom Lehmann 40:36

A huge thank you to Michel for joining me in this discussion. As I reflect on it, we began the discussion with a need to address an accumulation of technical debt and with that the corresponding need to build a technical foundation to decrease cycle times in Development.

While the initial timeline for this transformation was five years, there was a need to compress it down to two years. Despite a number of challenges the required timeline compression was achieved.

With 95% of projects delivered on time and on budget, the expected benefits were delivered and that placed the organization in a position to now consider “what’s next?” – things like redefining how programs & studies are designed and how patients are engaged throughout the clinical trial.

Some forward-looking industry opportunities from Michel for us to consider include:

- accessibility & trial diversity,
- equal access to medicines & vaccines to patients everywhere at the same time, and
- sustainability of clinical trials.

Once again, I thank Michel for sharing the journey at GSK.

Connect with me on LinkedIn and share your thoughts and takeaways from this episode. As always, remember to like and subscribe to Driving Digital in Biopharma on your favorite podcast platforms so you don't miss an episode.

And until next time, this is Tom Lehmann with Driving Digital in Biopharma

END OF EPISODE

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