

Value Communication in Pharma HEOR, RWE & Market Access: 2021 Insight Survey

Executive Summary

Value evidence is essential to communicating with gatekeepers who manage patient access to medical care. These gatekeepers include private payers, health technology assessment (HTA) agencies, health care providers, and policymakers. In fact, patients themselves are seeking clinical and value-based evidence as they become more involved stewards in their care.

Value-based communication includes insights derived from health economics and outcomes research (HEOR), real-world evidence (RWE), comparative effectiveness (CE), budget impact models (BIM), along with medical risks and benefits. These value-based insights are leveraged to inform pharmaceutical and device pricing, optimize reimbursement, and attain market access. As a result, companies are placing increasing importance on their value communication strategies and increasing their investment in the creation and communication of value messages to stakeholders.

While there is a substantial body of literature describing the importance of value-based evidence for health care interventions,¹⁻⁴ there is a paucity of research focused on the communication tools used to demonstrate value, including challenges with development, opportunities for use, strengths, and needs of the end customer. Therefore, HealthEconomics.Com, a division of Scientist.com, conducted a survey of value evidence developers, translators, communicators, and receivers/reviewers to identify their needs. More than 200 professionals from across the globe responded. We compared these findings to those of our 2019 survey of the same population.

This white paper features results from an additional population—value evidence reviewers—a segment of respondents too small to include in the 2019 report. Input from the reviewers adds an illuminating dimension to our understanding of the impact of value communication tools. Comparing responses of value evidence developers/translators, communicators, and reviewers reveals differences in perspectives and potential opportunities to improve value communication.

Value communication challenges include the following:

Access to quality data

Focus on value at all stages of product development

Customizing value messages for different stakeholders

Translating scientific evidence into plain language

“Just as healthcare value is changing, so are the skills needed to understand the unique perspectives of health care professionals (HCPs), payers and patients and tailor value communications to them accordingly. Choosing service providers with experienced HEOR and medical communication professionals can benefit pharmaceutical companies in terms of compliance and efficiency that ultimately may decrease time to publication.”⁵

Key Findings



More than **85%** of respondents agree that **more training opportunities around value communication are needed.**



Nearly half (48%) of value evidence reviewers agree that **value communication tools are not clear and concise.**



44% of value evidence reviewers agree that **value communications tools are not persuasive.**



More than a third (35%) of value evidence reviewers agree that **budget impact data are not communicated effectively.**



30% of value evidence reviewers agree that **HEOR data are not communicated effectively.**



A quarter (25%) of value evidence developers/translators agree that **data are not readily available to develop value communication tools.**



One-fifth (20%) of respondents agree that **HEOR, RWE, CE, and budget impact data are not communicated effectively.**

ALLEVIATING THESE CHALLENGES WILL LEAD TO:

- Improved market access
- Improved stakeholder relationships
- More effectively targeted value communication materials
- More effectively communicated value messages
- Better trained value communication professionals

Methodology

A 34-question survey was designed on www.surveymonkey.com and circulated via email to the HealthEconomics.Com research community of 25,000 HEOR/RWE global stakeholders, as well as relevant LinkedIn groups involved in medical communications and HEOR/RWE. Distribution methods, types of value professionals, survey questions, and analysis are identical to those of the 2019 survey.

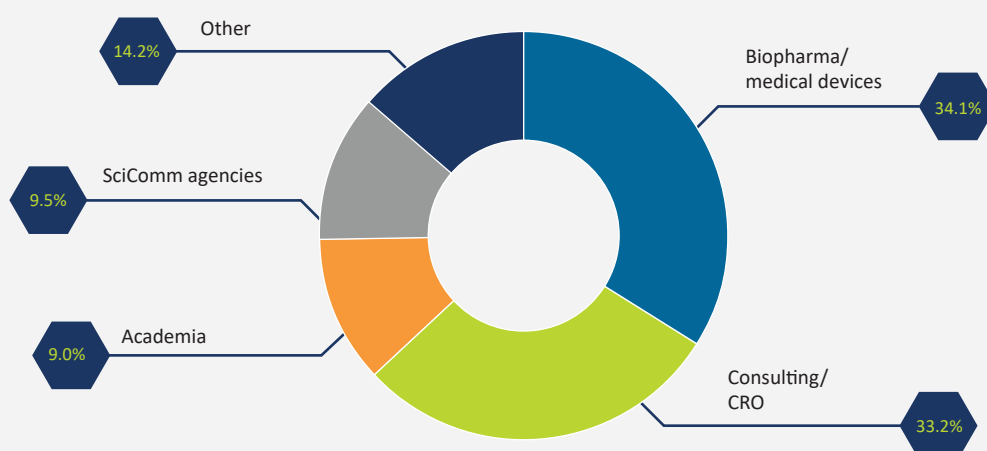
Responses were invited from February 12, 2021, through May 29, 2021, and analyzed using univariate analysis. Differences of at least 10% from the 2019 survey are noted, though no statistical comparisons are made.

A total of 211 individuals responded, up by 23.4% compared with the 2019 survey. Nearly half (48.3%) were developers of value evidence and more than a quarter (28.4%) were translators of value evidence. The balance were individuals who communicate value evidence directly to customers (12.3%) or individuals receiving and reviewing value evidence (10.9%). Responses from developers and translators of value evidence were combined. This report notes where types of value evidence professionals responded differently to some questions.

Respondent Demographics

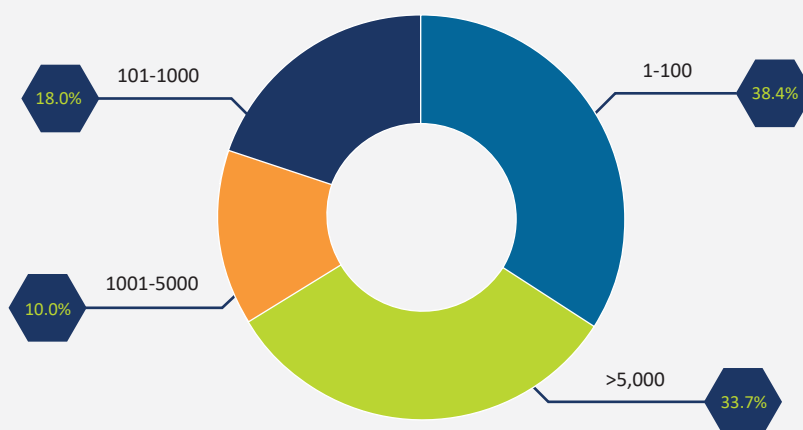
COMPANY TYPE

As in the 2019 report, roughly two-thirds of respondents (67.3%) were from biopharmaceutical (biopharma)/medical device companies or consulting/contract research organization (CRO) firms. The remaining one-third included representatives of scientific communication (SciComm) agencies, academia, and others (eg, providers, payers, health technology/health information management consultants, and association or trade organizations).



Respondents represent key influencers in the industry including biopharma/medical device companies (eg, Abbott, Astellas, Beigene, GSK, Merck, Mallinckrodt, Medtronic), consulting/CRO firms (eg, Cardinal Health, IBM Watson Health, ICON, PRMA Consulting, Xcenda), payers (eg, Anthem, SelectHealth), and scientific communication agencies (eg, Caudex, SciWright Ltd, Global Outcomes Group).

COMPANY SIZE, NUMBER OF EMPLOYEES



Companies ranged in size from 1 to more than 5,000.

COMPANIES WERE FROM REGIONS SPANNING THE GLOBE

Respondents hailed from regions around the world, with a ~10% increase in representation from Europe (24.2%, up from 14.0%) and a corresponding decrease in responses from North America (61.1%, down from 70.2%). Other rates of geographic representation changed little from 2019.



North America
61.1%



Europe
24.2%



Asia
9.0%



Central/South America
2.4%



Africa
1.9%



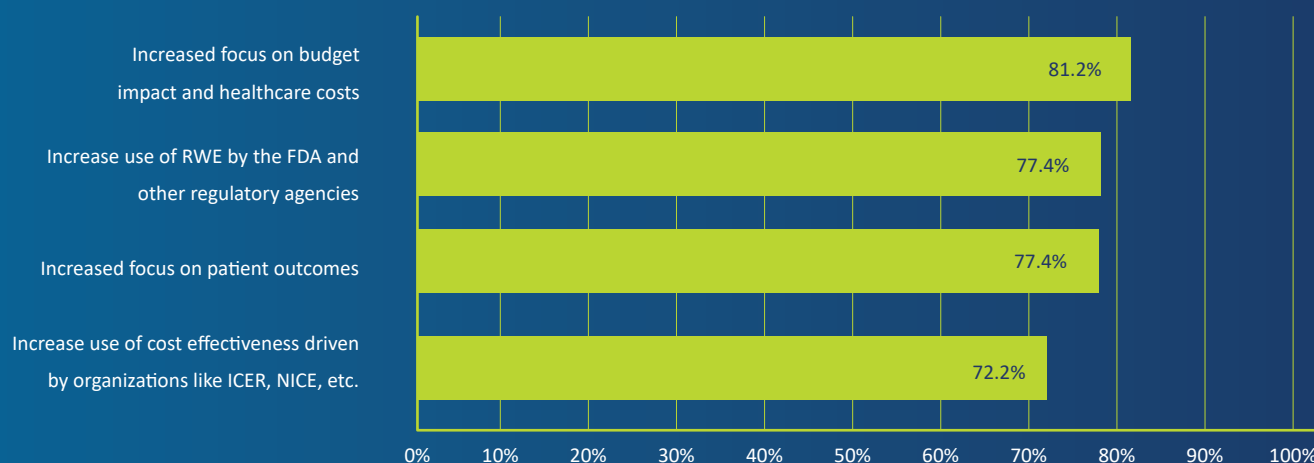
Oceania
1.4%

Primary Job Function

AI Portfolio Marketing Director	Manager, Value Access Strategy
Associate Director, Medical Communications	Marketing Communications Director
Content Advisor	Planning Analyst
Director, Clinical Affairs and Medical Education	Reimbursement Manager
Director, Market Access & Governmental Affairs	Senior HEOR Writer
Director, Global HEOR	Senior Director, HEOR
Director, Market Access & HEOR	Senior Director, HEOR & RWE
Director, Real-World Evidence & Scientific Communications	Value Communications Lead
Director, Research and Education	Value Evidence Project Manager
Director, US Field Medical HTA & Policy	VP Market Access & HEOR
HEOR Research Scientist	VP Reimbursement Strategy & Commercialization
HEOR Publications Lead	

Trends Driving the Increase in Value Communication

Value evidence developers and translators were asked whether the following trends increased the need for value evidence development and communication.* Most trends were consistent with the 2019 survey results. More respondents cited the increased use of RWE by the FDA and other regulatory agencies as a factor in 2021—77.4%, up from 65.8% in 2019.*



ICER, Institute for Clinical and Economic Review; NICE, National Institute for Health and Care Excellence

* Respondents were asked whether trends greatly increased, increased, neither, decreased, or greatly decreased value communication. Shown are greatly increased and increased combined.

*"...HEOR publications... saw a 160% increase in the medical literature from 2005 to 2015."*⁵

*"The Real-World Evidence (RWE) Solutions market is projected to reach USD 3.13 billion by 2027 from USD 1.08 billion in 2020, at a [compound annual growth rate] of 16.5% during the forecast period."*⁶

*"The clinical data is nice, it's necessary, but it's not sufficient to inform the decisions that these folks (payers) have to make. They need the economic and the HEOR data to make their policy decisions."*⁷

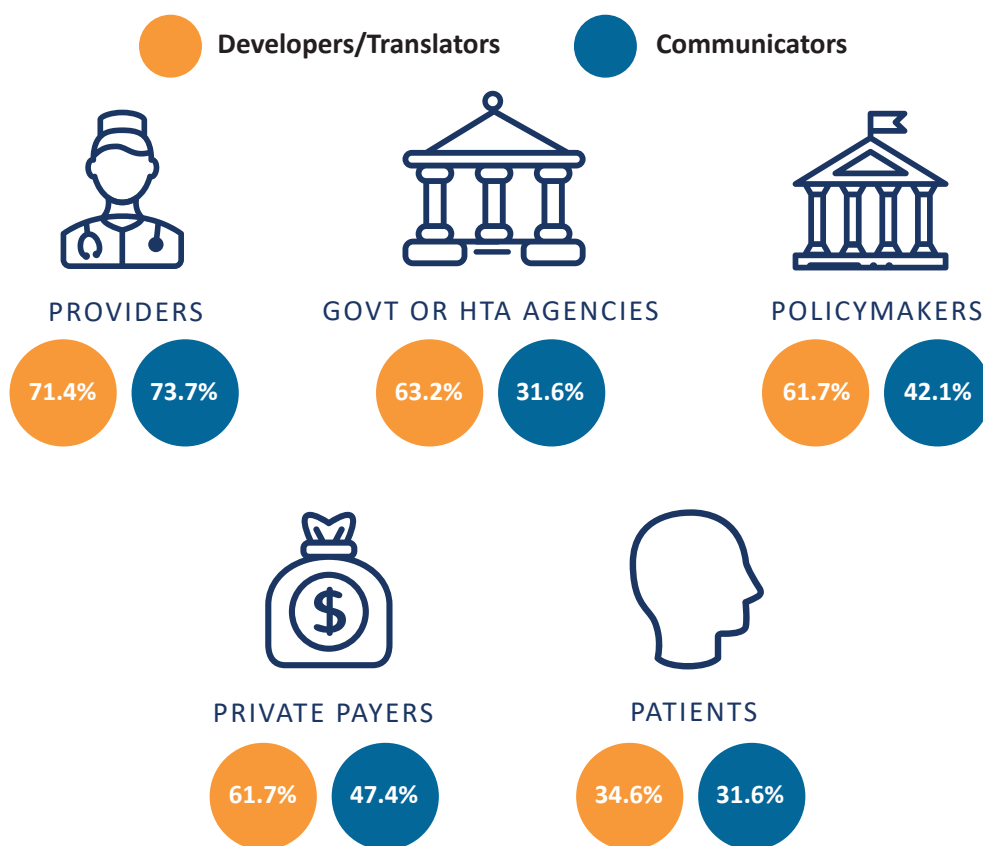
*"It's not going to be acceptable to simply have your clinical study registration data... to have payer acceptance."*⁷

Value Evidence Materials Are Developed for Multiple Audiences

Value evidence developers and translators were asked how often they develop value evidence materials aimed at specific audiences. Despite the importance of payers in market access, providers continue to be the most common audience for developers and translators of value evidence materials, as in 2019. Government/HTA agencies and payers trailed providers by about 10 percentage points.

Mismatch Between Developers/Translators and Communicators?

Providers also are the most common audience for value evidence communicators (i.e., those in customer-facing roles presenting value communications to decision-makers). But communicators report presenting value evidence much less frequently to government or HTA agencies, policymakers, or private payers than developers and translators report developing materials for those groups.



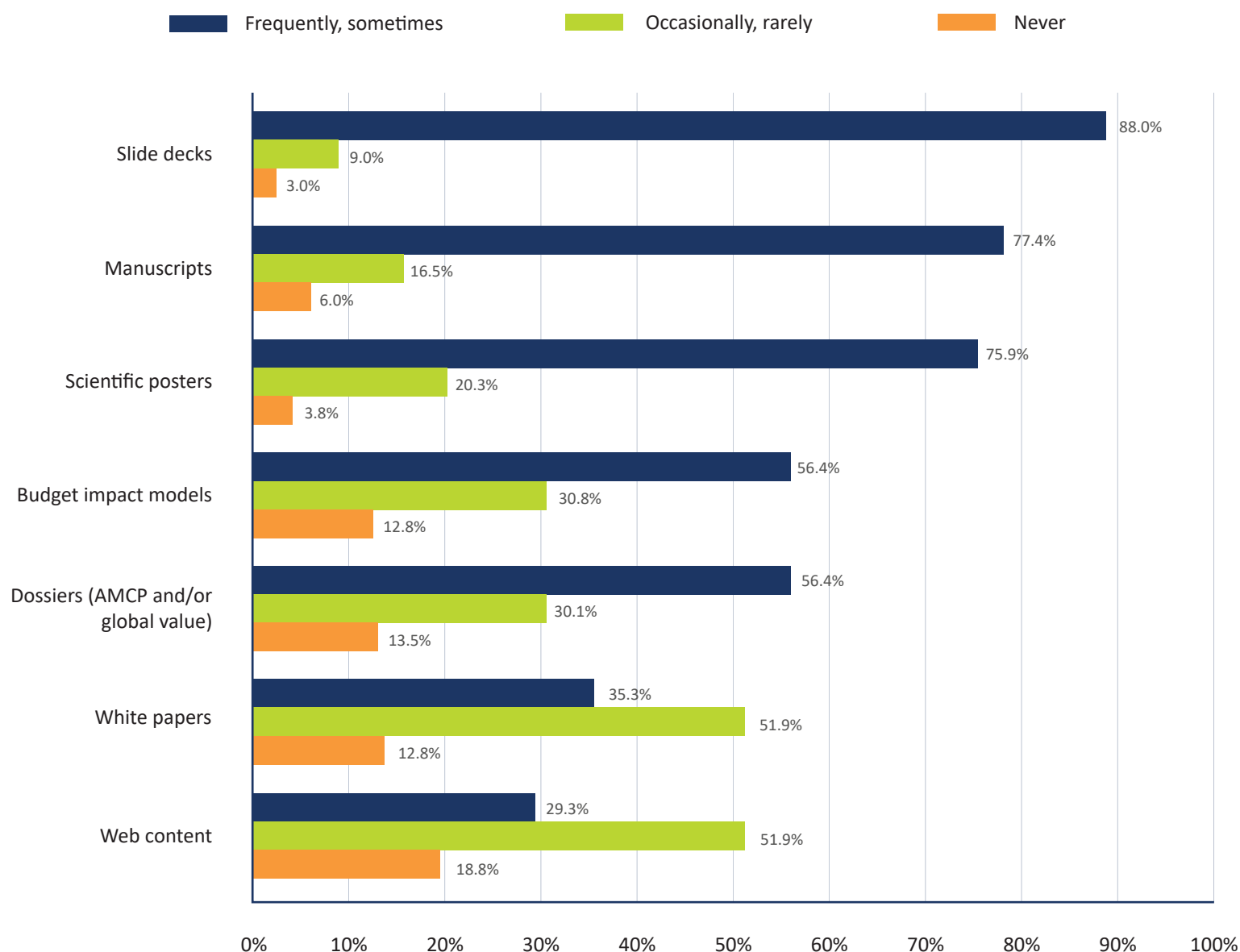
Take-home points

- ✓ Providers continue to be the audience for developers and translators of value evidence materials.
- ✓ Communicators present value evidence to government or HTA agencies, policymakers, and private payers much less often than developers and translators develop materials for those groups.

Diverse Tools Are Used to Communicate Value

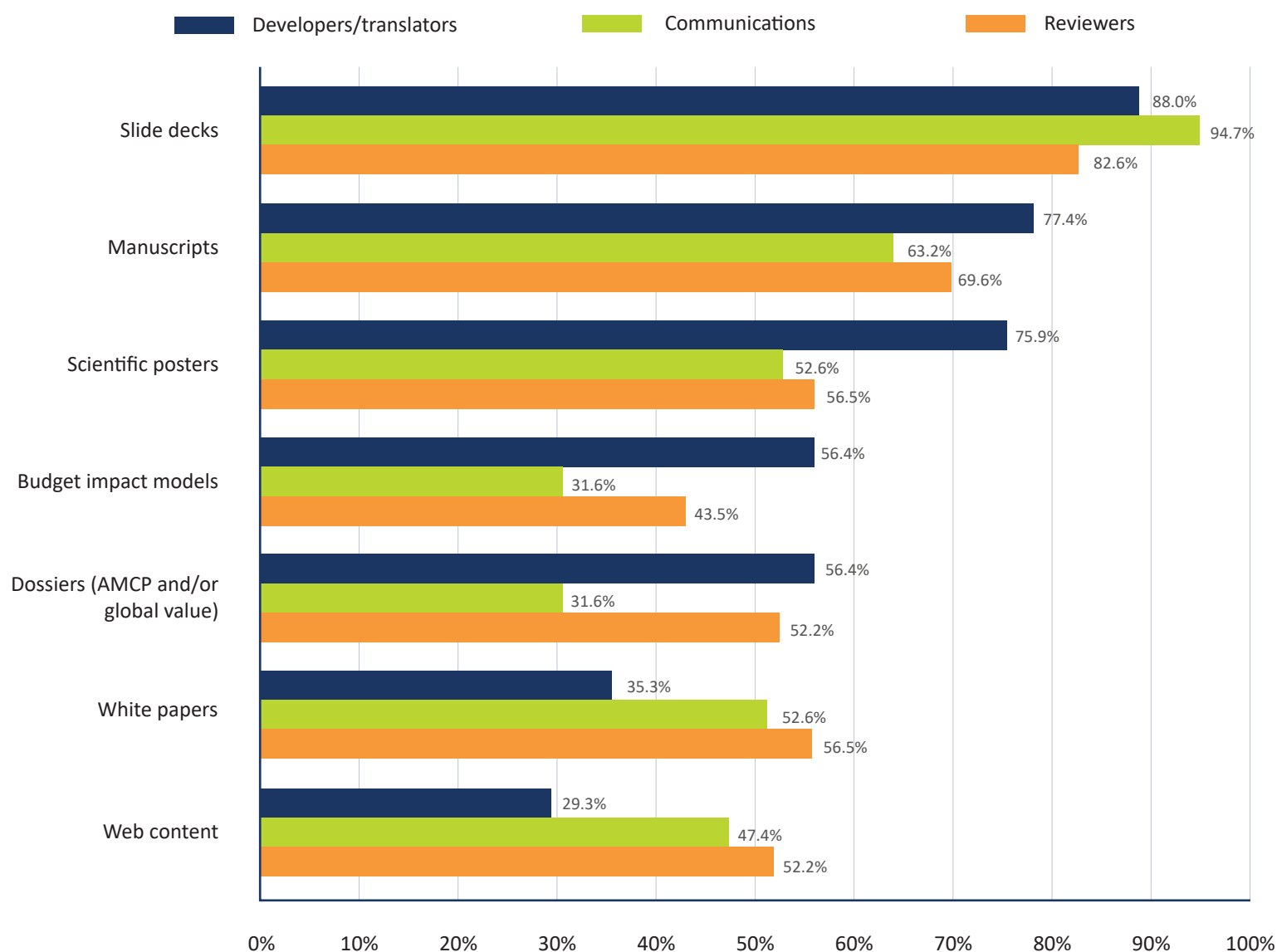
Value evidence developers and translators most frequently use slide decks, manuscripts, scientific posters, budget impact models, and dossiers (both Academy of Managed Care Pharmacy [AMCP] and/or Global Value) to communicate value evidence. These tools are appropriate for scientific and technical audiences. Surprisingly, reported development of web content—a tool appropriate for communicating with patients and for virtual communication during the COVID-19 pandemic—declined from 2019 to 2021 with 29.3% reporting “frequently” or “sometimes” choosing this medium, down from 45.4% in 2019. Development of white papers declined by 19% in 2021 (35.3%) compared with 2019 (54.6%).

Frequency of developing various value communication tools



Mismatch between development and dissemination of value communication tools?

Value evidence communicators report using—and value evidence reviewers report receiving—web content and white papers at higher rates than developers and translators report developing these tools to communicate value evidence. Communicators also report using manuscripts, scientific posters, budget impact models, and dossiers at lower rates than developers and translators report developing these tools.



Take-home points

- ✓ Developers/translators appear to prefer tools geared to audiences with scientific/technical background, but communicators use some of these tools far less often than developers create them.
- ✓ Communicators use web content and white papers at much higher rates than developers create in these media.
- ✓ Perhaps communicators could use more web content and white papers.
- ✓ Some materials may not reach their intended audiences.

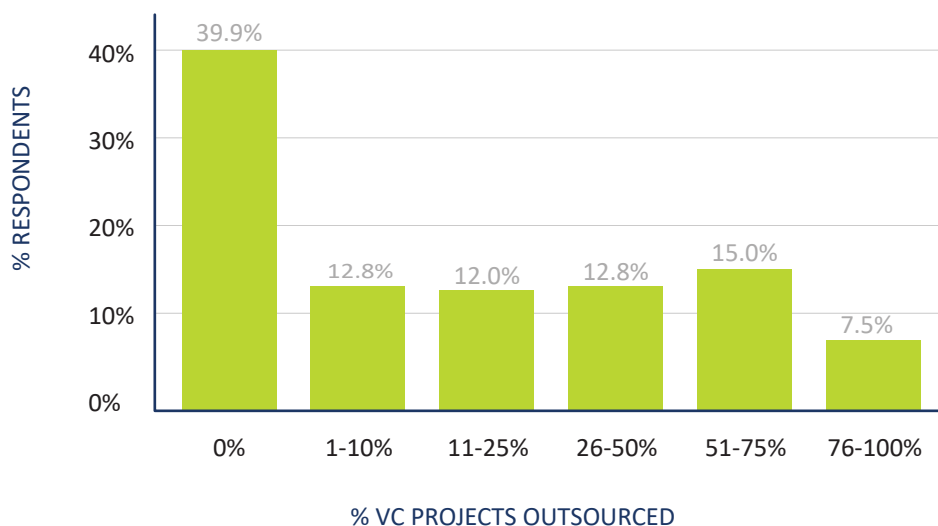
Value Communication Tools and Methods That Evidence Reviewers Find Most Effective

- ◆ **“Case studies”**—*operations manager, health information management company*
- ◆ **“Strong health literacy and writing skills. Ability to convey information in visuals for 4th grade education or below.”** —*Manager of Provider Communications, Managed care/Insurance/Pharmacy Benefit Organization*
- ◆ **“No one silver bullet; a variety is needed.”** —*AI portfolio director, medical device company*
- ◆ **“Simple, visual and innovative ones”** —*HEOR associate director, Pharmaceutical/biotech company*

Many Do Not Outsource Development of Value Evidence or Communication Tools

Roughly 40% of developers/translators do not outsource development of value evidence or communication tools. Another 25% outsource less than half of value evidence development or communication. Relatively low rates of outsourcing may be due to outside companies' lack of expertise in creating value evidence or a high number of in-house creators and communicators of value evidence.

Overall, what percent of value evidence development or communication tool development do you outsource to outside vendors?



An earlier HealthEconomics.Com/Scientist.com survey about HEOR and RWE research sourcing and procurement challenges found that more than half of buyers agreed that it is challenging to find and compare suppliers that meet their needs. Half of suppliers agreed that it is difficult to connect and differentiate their company to potential buyers.⁸

One option to connect with value communications suppliers for outsourcing is the Scientist.com Value, Evidence and Access Marketplace. Scientist.com operates private enterprise marketplaces for most of the world's major pharmaceutical companies, over 80 biotechnology companies, and the US National Institutes of Health (NIH). Value, Evidence and Access is the second fastest growing marketplace category at Scientist.com because of the burgeoning demand for researchers to connect with suppliers of skills required in value evidence development, translation, and communication.

For more information, see

<https://www.healtheconomics.com/industry-news/all-about-the-value-evidence-and-access-marketplace-interview-with-scientist-com-category-experts>

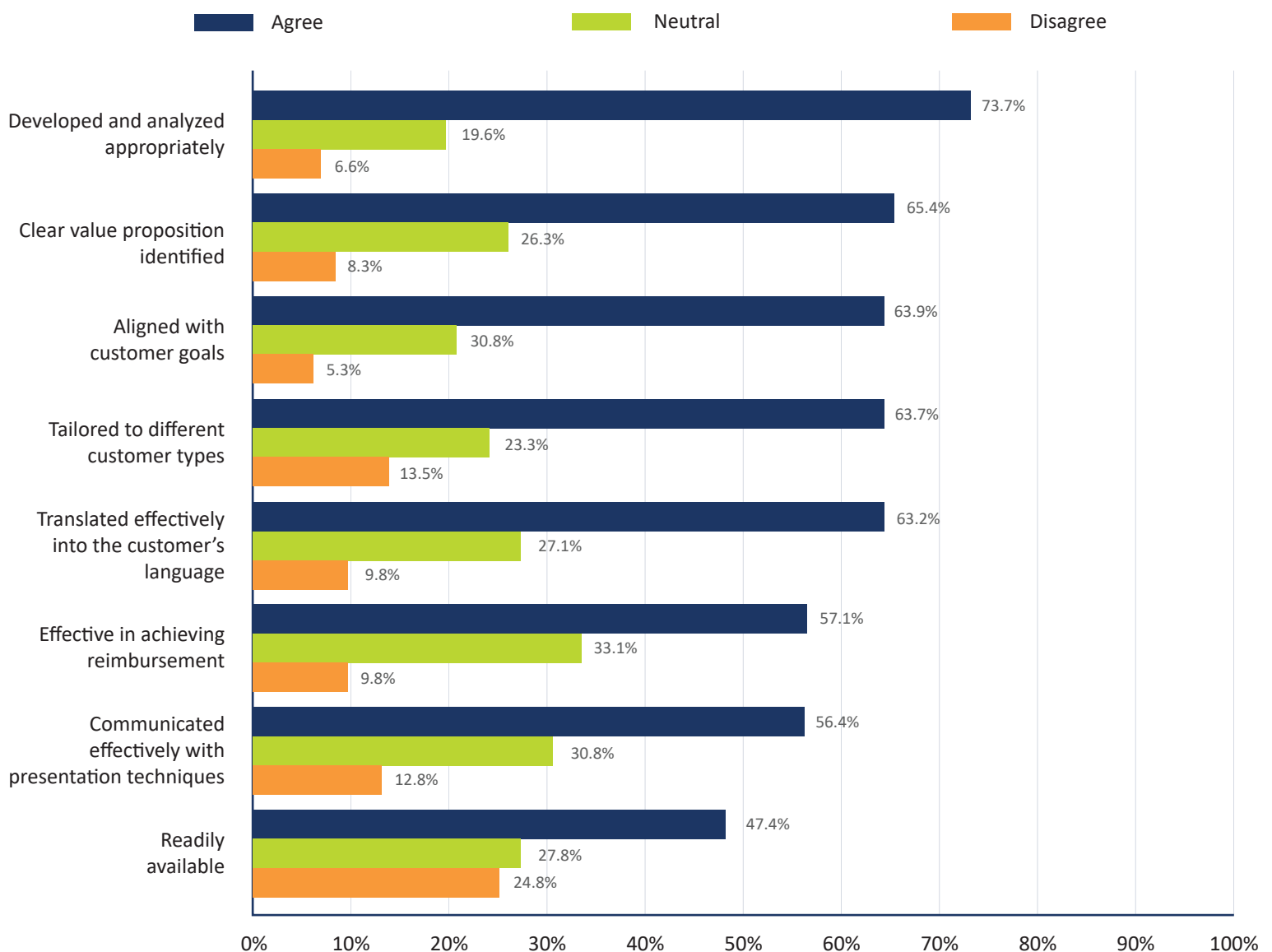
Strengths and Needs in Value Communication: Developers and Translators

Substantial majorities ($\geq 63\%$) of developers and translators agreed that value evidence is developed and analyzed appropriately, that a clear value story is identified from the evidence, and that value messages are translated effectively into customer language, aligned with customer goals, and tailored to different customer types. Smaller majorities agreed that value messages are effective in achieving reimbursement and that presentation techniques are effective in communicating value to customers.

More than two-thirds of developers/translators agreed that medical risks and benefits are communicated effectively to customers. Smaller majorities agreed that value communication tools are persuasive and that HEOR, RWE and CE, and budget impact data are communicated effectively.

Some needs were identified. Fewer than half of developers/translators agree that value evidence data is readily available for the development of customer-facing tools, and about a quarter *disagree* that value evidence data is readily available to develop these tools. About one-fifth of respondents disagreed that HEOR, RWE/CE, and budget impact data are communicated effectively. These gaps also were reported in the 2019 survey. The highest proportion of respondents agreed that clinical data (medical risks and benefits)—rather than economic information—was communicated effectively.

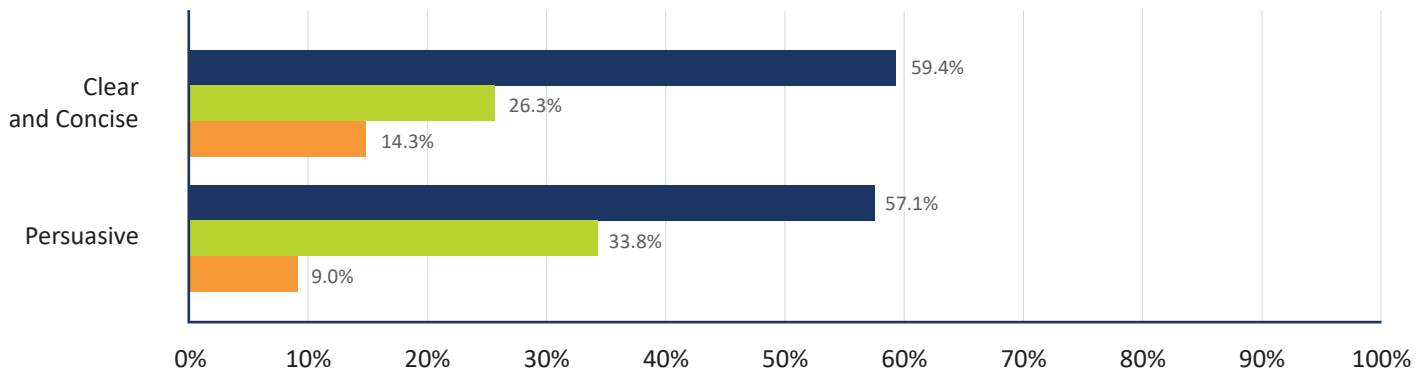
Respondents were asked to rate their level of agreement with the following statements about value evidence and communication*:



* Respondents were asked whether they strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the statements. Strongly agree and agree, as well as strongly disagree and disagree are combined.

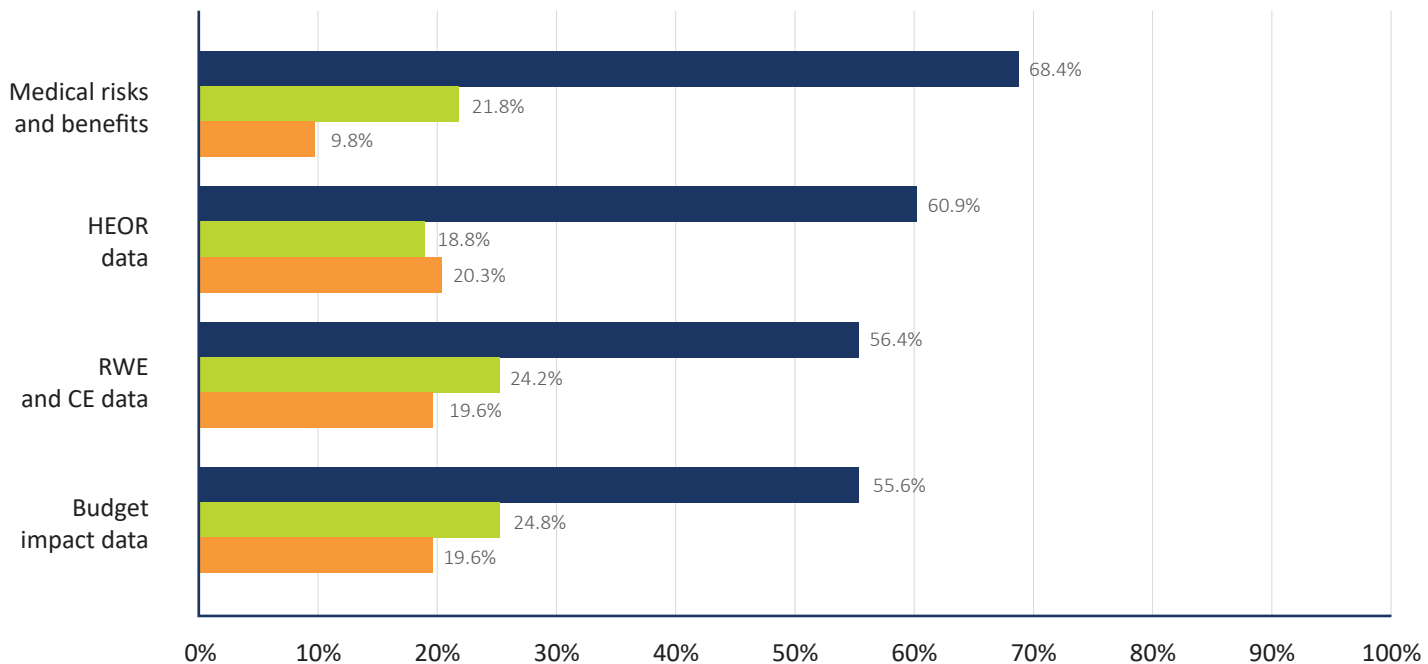
Agree
 Neutral
 Disagree

Value Communication Tools Are:



Respondents were asked whether these data are communicated effectively.*

Effectively communicated:



* Respondents were asked whether they strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the statements. Strongly agree and agree, as well as strongly disagree and disagree are combined.

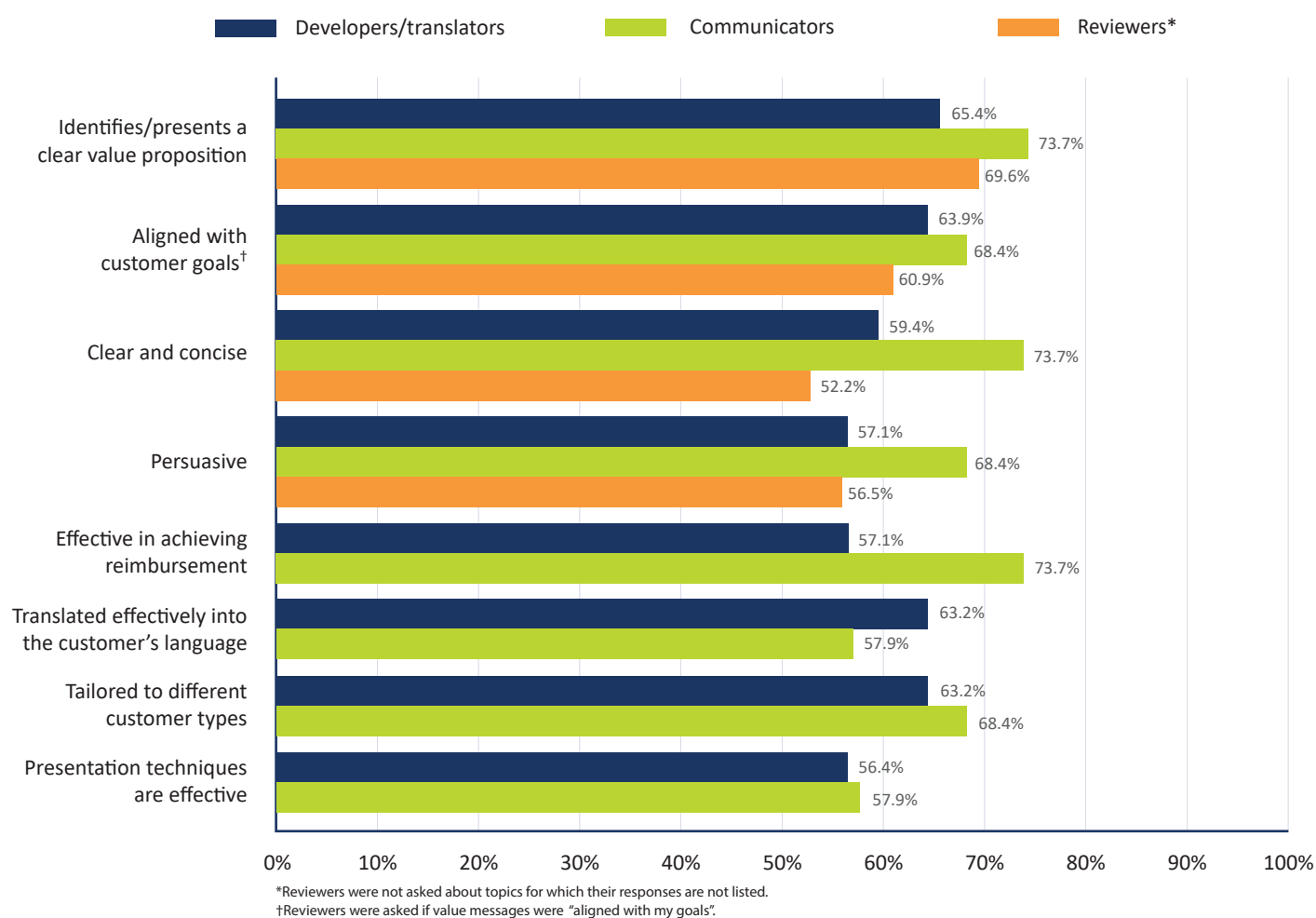
Differences Among Developers/Translators, Communicators, and Reviewers

Most developers/translators, communicators, and reviewers agree that a clear value proposition is identified/presented from value evidence and that value messages are aligned with customer (ie, reviewer) goals. A higher proportion of communicators than developers/translators agree that value evidence is effective in achieving reimbursement.

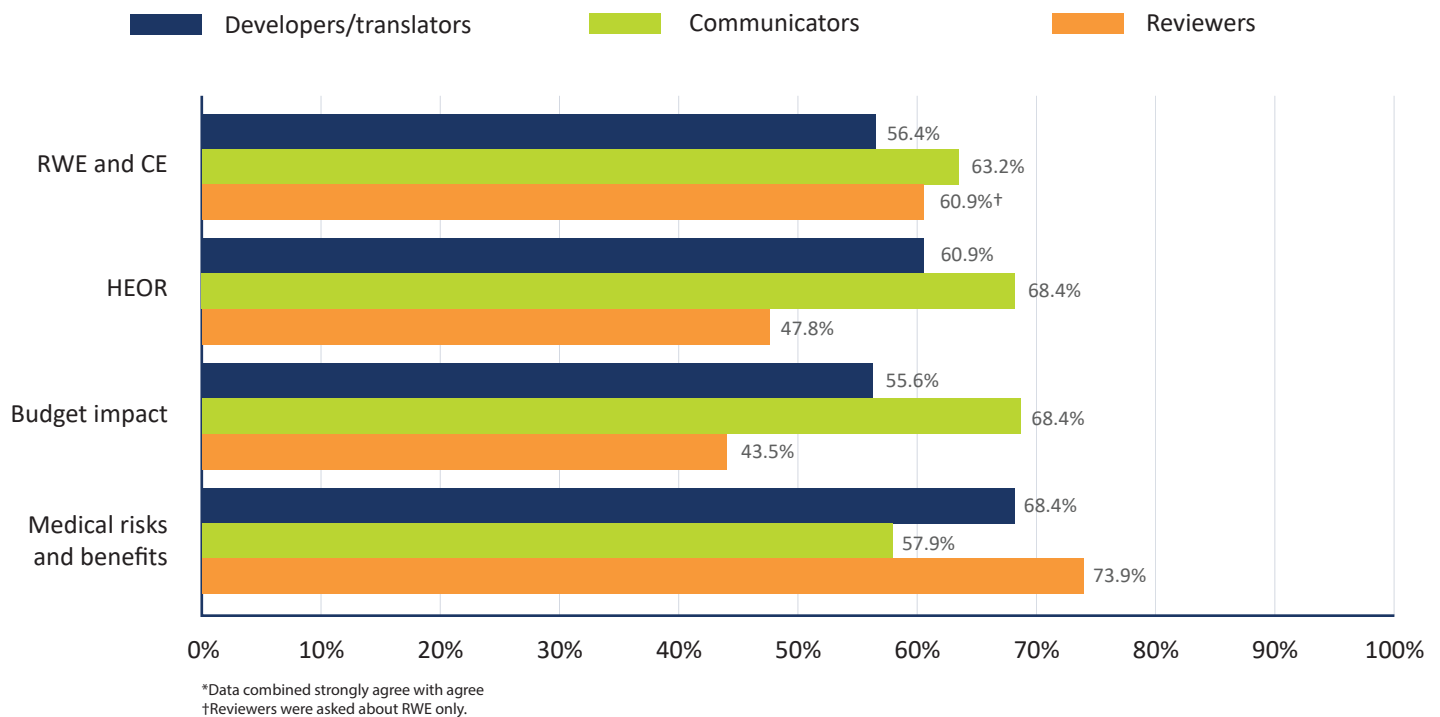
Some findings suggest that value evidence reviewers—presumably the target audience for value evidence messages—perceive gaps in value evidence delivery of which developers/translators and communicators appear to be unaware. Nearly one-half (~48%) of value evidence reviewers were neutral or disagreed with the statement that that value communication tools are clear and concise. About 44% were neutral or disagreed that value communications tools are persuasive. Nearly three-quarters of communicators agreed with both statements—suggesting that these professionals do not see the need for improvements in these areas. Notably lower proportions of reviewers than developers/translators and communicators agreed that HEOR and budget impact data are communicated effectively. More than one-third (34.8%) of reviewers *disagreed* that budget impact data are communicated effectively, and 30% *disagreed* that HEOR data are communicated effectively (data not shown).

Findings also underline gaps between developers/translators and communicators. Nearly three-quarters of value evidence communicators, but only 57% of developers/translators, agreed that value messages are effective in achieving reimbursement. Two-thirds to nearly three-quarters of communicators agreed that value communication tools are clear, concise, and persuasive, compared with less than 60% of developers/translators.

Data below display the proportion of respondent types who agreed or strongly agreed with the following characterizations of value evidence, communication tools, or messages.



Respondents were asked whether they agree that the following data are communicated effectively.*



Take-home points

- ✓ The majority of developers and translators agree that value evidence is developed and analyzed appropriately, communicated clearly, tailored to different customer types, and is effective in achieving reimbursement.
- ✓ Fewer than half of developers and translators agree that value evidence data is readily available to develop customer-facing tools.
- ✓ A higher proportion of communicators than developers/translators agreed that value evidence is effective in achieving reimbursement, and that communication tools are clear, concise, and persuasive.
- ✓ Nearly one-half (~48%) of value evidence reviewers were neutral or disagreed with the statement that that value communication tools are clear and concise. About 44% were neutral or disagreed that value communications tools are persuasive. Nearly three-quarters of communicators agreed with both statements.
- ✓ Lower proportions of reviewers than developers/translators and communicators agreed that HEOR and budget impact data are communicated effectively.

“...how can we as health economics and outcomes research (HEOR) professionals communicate simply and effectively when the messages we convey are often complex and science-heavy...”⁹

“There’s a need for medical communication experts that also have a background in health economics and outcomes research, so that they can fully understand not only the outputs from patient-centered studies and economic models, but also the methodologies used to derive the data.”⁵

Key needs in value evidence communication are:

“Timely and robust data.”

- Practice Leader, Economic Modeling

“Strong focus on value in all stages of product development (conception to post-market).”

- Senior Statistician

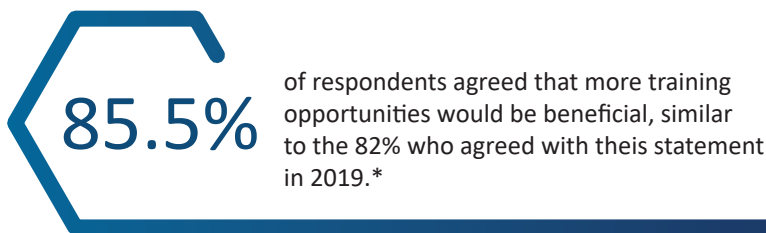
“Clear and concise and customized messaging.”

- VP HEOR

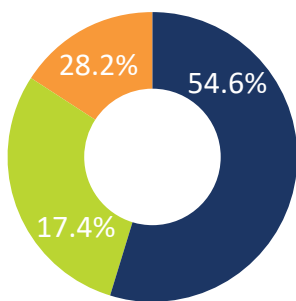
“More writers who are highly competent in HEOR and writing.”

- VP Value Communications

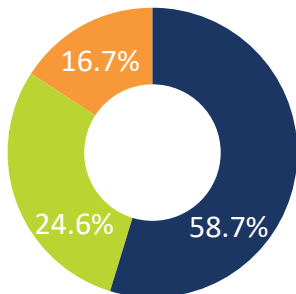
Training in Value Communication: Still Needed



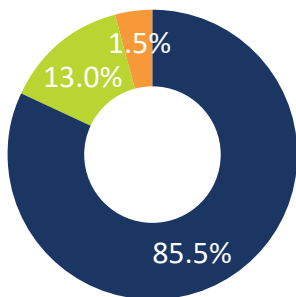
Legend: Agree (Dark Blue), Neutral (Light Green), Disagree (Orange)



There are training opportunities inside my organization



My organization supports me in taking training from outside sources



More training opportunities around value communication would be beneficial

*Respondents were asked whether they strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the statements. Strongly agree and agree, as well as strongly disagree and disagree, are combined.

Key challenges in value evidence communication are:

“Simplification and segmented — giving the right information to the right audiences.”

- Associate Director of Health Economics

“Writers to understand real-world evidence and effectively communicate payer-relevant content.”

- Portfolio director & team lead, SciComm agency

“Not one mode of communication fits all and we have to diversify outreach in order to reach and communicate to all sectors.”

- Executive director, managed care, insurance or pharmacy benefits organization

“Building a better understanding by all readers of HEOR methods, strengths, and limitations.”

- VP HEOR

ISPOR's HEOR Competency Framework™

The International Society for Pharmacoeconomics and Outcomes Research (ISPOR) has developed the HEOR Competency Framework,™ which standardizes competency domains for HEOR professionals. Note that “communication and influence” is one of the 13 topic domains, with “scientific medical writing” as the first competency.

The Drug Information Association (DIA) Medical Writing Community developed the Medical Writing Competency Model in 2008-2009 and updated it in 2016-2017.¹¹ It includes knowledge, skills/abilities, and behaviors (ie, how to demonstrate knowledge and skills) that should be common to all medical writers in the life sciences industry. HEOR, including patient reported outcomes and real-world evidence research, are among the types of knowledge recommended for all medical writers. The model also recommends skills by type of medical writer (eg, regulatory, publications, manager). Skills recommended for publication writers include writing AMCP dossiers and HTAs.¹¹

The Medical Affairs Professional Society (MAPS), the International Society for Medical Publications Professionals (ISMPP) and the American Medical Writers Association (AMWA) all have offered education about HEOR to their members.^{7,12,13}

Take-home points

- ✓ There is a compelling need for training opportunities in skills required to develop, translate and communicate value evidence.
- ✓ Professional organizations acknowledge the importance of developing and communicating value evidence and have developed competency frameworks and training to their members.

Table 1. The ISPOR Health Economics and Outcomes Research Competencies Framework™ 10

1.	Business Management
1.1	Business Acumen
1.2	Pricing, Reimbursement, and Access
1.3	Marketing and Market Research
1.4	Business Operations, Including the Business Planning Process
1.5	Assessment and Management Vendors
2.	Career Development
2.1	Orientation Towards Solutions and Success
2.2	Career Development — Academia
2.3	Career Development — Industry, Government, and Other Settings
3.	Clinical Outcomes
3.1	Drug Development Expertise
3.2	Clinical and Medical Expertise
4.	Communication and Influence
4.1	Scientific Medical Writing
4.2	Presentation Development and Delivery
4.3	Executive Communications
4.4	Teamwork, Team Dynamics, and Relationships
5.	Economic Evaluation
5.1	Burden of Illness Analysis
5.2	Economic Analysis Alongside Clinical Trials
5.3	Health Economic Modeling
6.	Epidemiology and Public Health
6.1	Epidemiology, Including Pharmacoepidemiology Studies
6.2	Pharmacovigilance Analysis
7.	Health Policy and Regulatory
7.1	Health Policy and External Environment Expertise
7.2	Fundamentals of Health Insurance: Design, Coverage, and Pricing
7.3	Regulatory Activity and Review
8.	Health Service Delivery and Processes of Care
8.1	Customer Interactions and Relationships
8.2	Health System Expertise (Regional and Affiliate Level) at the Payer Level
8.3	Program Evaluations
9.	Health Technology Assessment
9.1	Global Understanding of Health System and HTA
9.2	Health Technology Assessment (HTA) Evidence Requirements and Development
9.3	Product Dossier (Global and Local)
9.4	Decision Analysis
10.	Methodology and Statistical Research
10.1	Statistics and Analytics
11.	Organizational and Statistical Research
11.1	Bioethics and Human Subjects Rights and Protections
12.	Patient-Centered Research
12.1	Patient-Reported Outcomes (PRO) Development, Including Psychometrics
12.2	Utility and Quality of Life Studies
12.3	Qualitative Research
13.	Study Approaches
13.1	Clinical Trial Design and Implementation
13.2	Pragmatic Studies
13.3	Prospective and Retrospective Observational Studies (Real-World Evidence)
13.4	Retrospective Claims Database Studies
13.5	Patient Registries, Including Risk Evaluation Monitoring Studies
13.6	Systematic Literature Reviews
13.7	Meta-analysis and Indirect Comparisons

“HEOR has expanded globally, fueling demand for professionals trained in the discipline.” 10

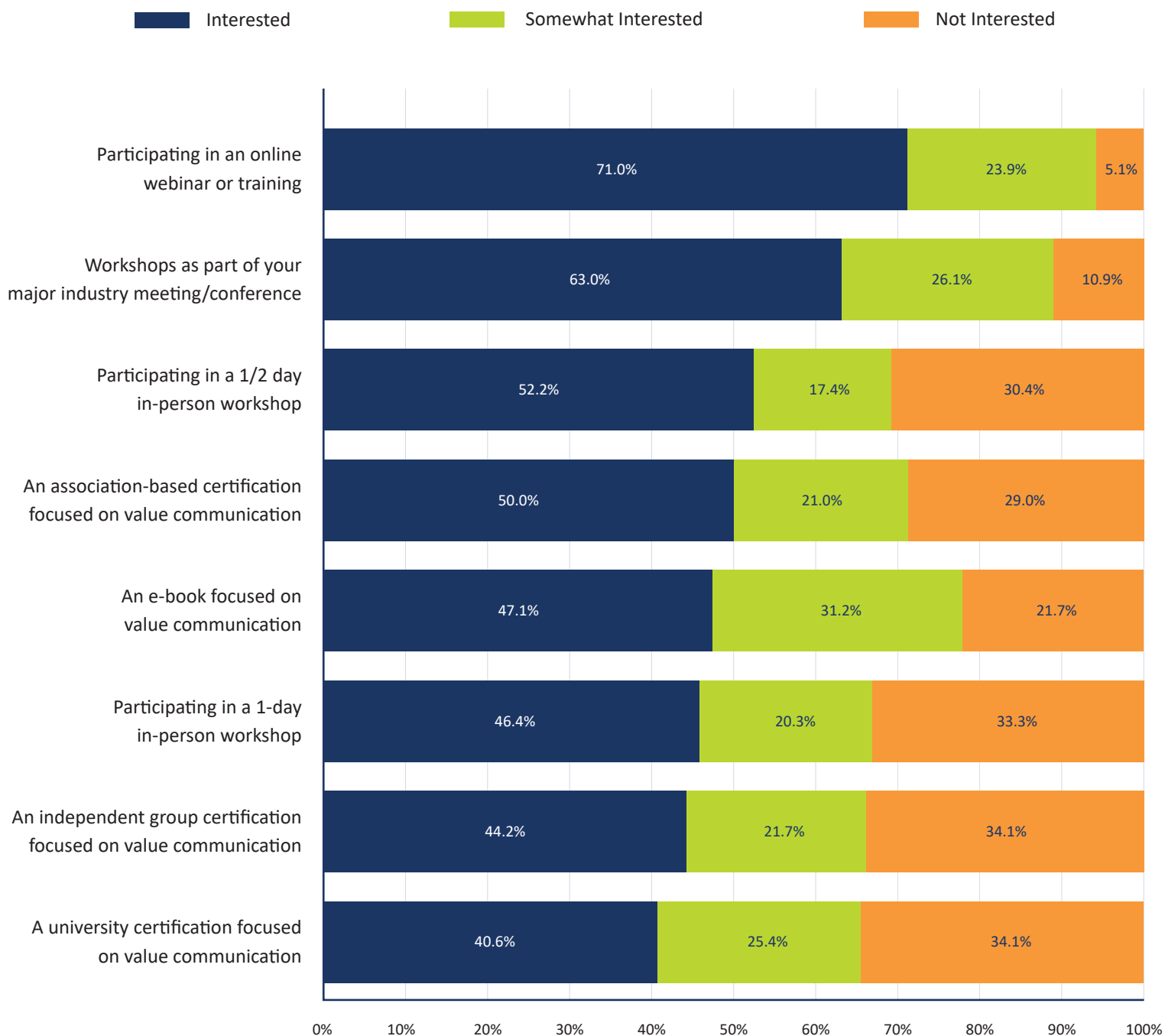
Types of Training Desired: Topics

Respondents expressed high levels of interest in access to training in both technical and communication topics related to value evidence and messaging. Top interests were RWE and CE, HEOR, patient-reported outcomes, aligning value communication with customer goals, and impactful value communications. Compared with 2019, interest in learning about aligning value communication with customer goals and in gap analysis and systematic reviews each increased by about 10%.



Types of Training Desired: Formats

Respondents expressed interest in a number of different formats for learning opportunities. The most popular options included an online webinar, a workshop as part of a conference, a half-day in-person workshop, and an association-based certification focused on value communication. Compared with 2019, interest in a half-day in-person workshop rose by more than 10%, from 41.8% to 52.2%.



* Respondents were asked whether they were very interested, interested, somewhat interested, not so interested, or not interested. Very interested and interested are combined.

Conclusion

Data, analytics, and communication skills are vital to developing and presenting clear and persuasive value stories to payers, providers, patients, policymakers, and HTA agencies in order to deliver innovative therapies to patients. Many challenges and opportunities in value communications remain, especially training for the increasing number of professionals needed to support this growing field.

About HealthEconomics.Com and Scientist.com

This white paper was developed by HealthEconomics.Com, the world's largest digital Connected Community™ for HEOR, RWE, and Market Access stakeholders. Scientist.com, the parent company of HealthEconomics.Com, is the pharmaceutical industry's leading AI-powered marketplace for outsourced R&D. Scientist.com operates private enterprise marketplaces for most of the world's major pharmaceutical companies, over 80 biotechnology companies, and the US National Institutes of Health (NIH). The Value, Evidence and Access Marketplace includes more than 350 suppliers of HEOR, RWE, and Market Access services. For more information about this marketplace and HealthEconomics.Com, please contact Dr. Patti Peeples at patti@healtheconomics.com.



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91% advertiser retention



Preferred news source for HEOR, RWE, MA



Targeted: 79% HEOR, RWE, MA



Audience: BioPharma/ Med Device, CRO/ Consultancy, Payers/ HTA, Academia

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