

SURVEY REPORT

# Real-world data use among small to midsize biopharma, medical device companies

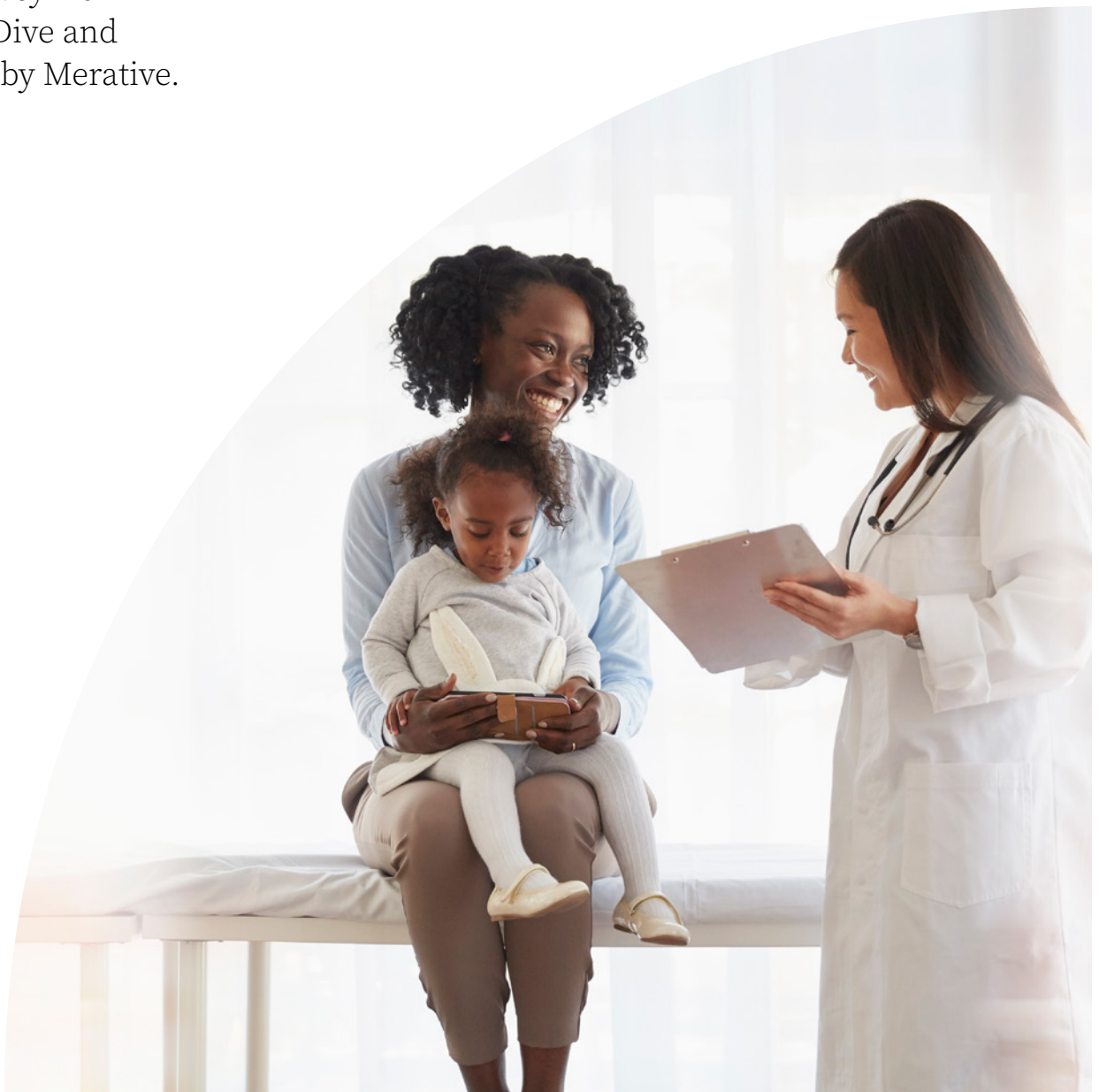


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As the evidence from real-world data (RWD) continues to meaningfully affect clinical trials and commercial pathways, organizations are more willing and interested in engaging a variety of new datasets. But the trends surrounding that data uptake are rapidly changing, according to a new survey from BioPharma Dive and MarketScan by Merative.

The survey, which polled 150 executives from small and midsize biopharma and medical device companies, asked respondents about their perspectives surrounding RWD. The responses revealed a lot about current and expected RWD trends, as well as outstanding opportunities for the future. And some findings — such as the types of data expected to be most and least coveted — might come as a surprise.

Here is what is on the minds of today's clinical trial and commercial leaders, and what those insights mean for you.



Organizations want data that is complete, accurate, integrated and longitudinal — but not necessarily data that is available in real-time or internationally representative.

In general, organizations would rather their data be reliably correct and comprehensive versus fast. In a question asking survey respondents which factors would be most valuable when selecting RWD, they chose the attributes marking data quality and integrity, not speed.

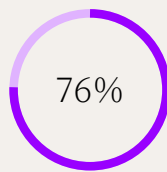
The majority — 76% — of the survey respondents said they placed the most value on data completeness, followed by the length of longitudinal patient information (61%) and U.S. national representation (56%). Features such as immediate data access and international representation appeared at the bottom of the list, at 30% and 12%, respectively.

When leveraging health data, most organizations rely on open or closed claims data. Open claims data includes data from various sources across patient health care experiences without any requirement for continuous enrollment or contact with any one source. For that reason, there is no guarantee that all of a patient's health care encounters are

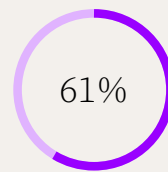
being captured. For example, if a patient sees a health care provider that does not contribute data, that interaction will not be captured and there will be a gap in that patient's data.

Closed claims data, on the other hand, includes data from all claims submitted for health care encounters during a defined period in which a patient is enrolled in a health plan. This means that the data are complete for that patient during that time.

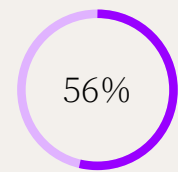
## What manufacturers want most from RWD



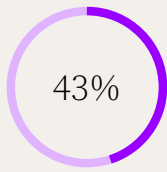
Data completeness



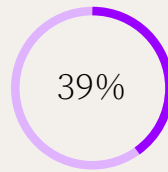
Length of longitudinal patient information



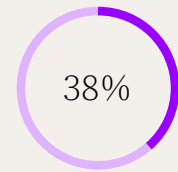
Nationally representative of the United States



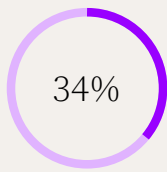
Availability of new data points after collection



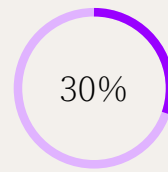
Access to mortality information



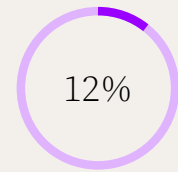
Accurate reporting of health care payments



Access to SDOH variables



Immediate data access via cloud



Nationally representative of another country

“Validation of the data through cross-referencing with other reliable sources or using statistical methods to check for anomalies is [a] crucial factor for us.”

—Survey respondent

82%

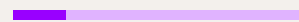


“I am willing to wait a few months to make sure data is 100% accurate.”

“Apart from the previously mentioned factors, the most valuable factor to us is to conduct robust analysis using selected real-world data that is accurate, up to date and of high quality.”

—Survey respondent

18%



“I want data as soon as it is collected, even if that means it might not be as accurate.”

One survey question put an even finer point on this data priority, asking respondents if they would be willing to wait a few months to make sure data was highly accurate. More than 8 in 10 said they would, many of them expressing the need for data quality as non-negotiable.

These survey results point to the manufacturers' recognition that quality requires rigor, which can take time. The best databases — such as [MarketScan®](#) by [Merative™](#) — employ a meticulous process of ingesting and curating data along with comprehensive quality control. The time and effort spent refining the data is worthwhile because the resulting dataset is complete and accurate.

The quality and continuity of data also contributes to data longitudinality. Many real-world evidence (RWE) studies prioritize longer follow-up periods to detect changes in outcomes over time. While many RWD sources provide interesting health data, it is often necessary to place these within the context of a patient's health over time to gain the insights manufacturers need.

Additionally, as the RWD and data sources become more dispersed and far-reaching, organizations also expect data integration. The ability to not only internally link sources, such as claims, electronic health records (EHRs) and lab data, but also securely and accurately connect records to external data is considered extremely valuable.

“When choosing RWD, our focus is on having access to information with accurate linking and matching of individual patient records across numerous datasets, which is critical in pharmaceutical research and analysis and a valuable factor, too,” one respondent said.

Another added: “An additional significant factor considered when choosing RWD is the information should have the capability to seamlessly integrate and be relevant to our studies for post-market surveillance and measuring efficacy.”

Manufacturers currently use a variety of RWD sources throughout early and late-stage trials and commercialization. In the next three years, some data sources are expected to grow in priority for biopharma and medical device executives.

Currently, the top RWD sources include lab data, EHRs, disease registries, pharmaceutical drug data, and genetics/genomics data – an unsurprising list given available data in the RWD market and the interest in precision medicines.

But when we asked respondents what types of data they expect to use the most in the next three years, some new trends emerged. Notably, the respondents highlighted the growing need for provider identification data, mortality data, and closed claims data.

These changes seem to reflect stakeholders' interest in the totality of data, while acknowledging the complexity of compiling and standardizing the diverse data types. Closed claims databases ensure that the totality of patients' health care experiences during a period are captured, whereas there may be gaps in patient data from open-claims sources. Integrating provider identification data allows manufacturers to better understand the source of patient treatment which is extremely valuable in the commercialization process for new treatments.

Mortality is an important and unique variable that is often missing from health data for reasons of both patient privacy and the complexity of event observation. RWD that includes – or can readily and accurately link to – national mortality datasets is extremely valuable for the completeness of the patient experience it can provide.

The survey also found a growing need for oncology data, biometric data, and social determinants of health data. These suggest a continued focus on precision medicine and a growing awareness around health equity considerations as part of the overall drug and medical device development process.

While nearly 85% of executives reported that their companies used RWD for late-phase programs and beyond (Phase 3, Phase 4 and commercialization), many were still engaging real-world insights for early-stage work.\* The interest in applying that data to Phase 1 and Phase 2 studies speaks to the increasing acceptance and expectations of RWD in regulatory submissions. As the demand rises for companies to prove the safety and efficacy of their products beyond the highly controlled clinical trial environment, there is likely to be a concomitant rise in the demand for RWD at all stages.

## Projected RWD priorities in the next 3 years\*\*

| RWD sources                                      | Greatest increase in need |
|--|---------------------------|
| Provider data/NPI data                           | 120%                      |
| Mortality data                                   | 80%                       |
| Closed claims data                               | 46%                       |
| Oncology data                                    | 40%                       |
| Biometric data                                   | 31%                       |
| Social determinants of health/health equity data | 16%                       |

## Use of RWD by product development phase

|                          |       |
|--------------------------|-------|
| Phase 1                  | 76.7% |
| Phase 2                  | 84.7% |
| Phase 3                  | 92.7% |
| Phase 4                  | 90.0% |
| Launch/commercialization | 77.3% |

\*Respondents who indicated only using RWD for Phase 3, Phase 4, or commercialization

\*\*The findings of this research are based on an online survey conducted by BioPharma Dive in October 2023

Manufacturers are looking for providers of data to also be partners in understanding, conducting research and deriving results.

Most biopharma and medical device executives want more than a transaction-based relationship with their data providers. While data is the primary product of interest, the survey found that many expect at least some level of analytical services as well.

Just 15% of respondents said they bought the RWD and then ran all studies internally, overshadowed by the remaining 85% who leaned on external partners for some or all of their RWE generation work.

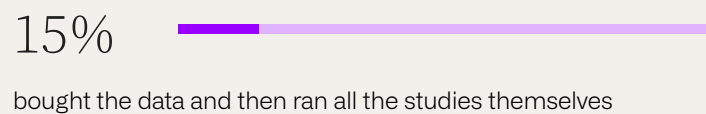
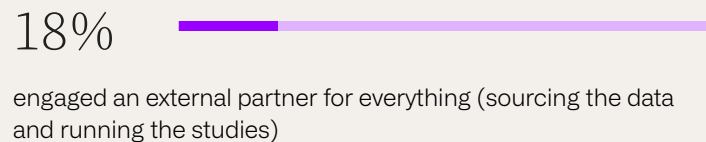
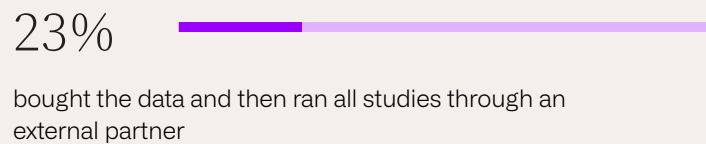
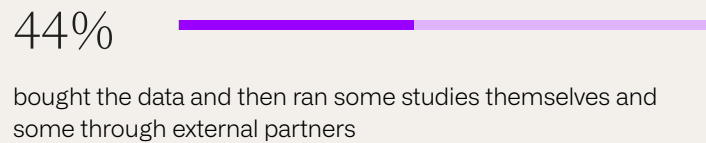
Especially for companies with limited time, resources or RWD experience, it often makes sense to entrust their analyses to vendors that specialize in RWD studies.

That is not to say that organizations have no interest in the underlying data, because most still do: 63% of respondents said that the RWE

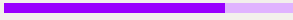
deliverables they required most often were findings plus data, as opposed to 37% who said all they wanted were the final findings.

This points to the need for manufacturers to find the right partners that offer that level of service along with the data itself. Vendors such as MarketScan deliver RWE studies with an option to purchase the underlying data at the completion of a study.

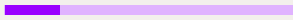
## How RWE generation happens




## When choosing a RWD vendor, which of the following best describes your selection process?

76% 

We find multiple RWD vendors that each specialize in a different data type

19% 

We find a single RWD vendor that can sell us multiple data types

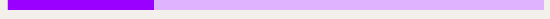
5% 

Not applicable

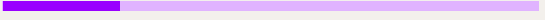
## Do you feel pressure to consolidate RWD vendors?

41% 

Yes, right now

27% 

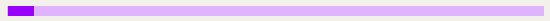
Not now, but probably will in 1-2 years

22% 

Not now, but probably will in 3-5 years

5% 

No, and I probably never will

5% 

We do not use vendors for RWD

The RWD vendor ecosystem is expansive and disparate, but it is also subject to future consolidation.

Right now, most organizations engage multiple RWD vendors for different and, at times, overlapping needs. But that is predicted to change: Although more than 3 in 4 executives said their companies used multiple vendors that specialized

in different data types, 90% of them said they would probably feel pressure to consolidate RWD contracting within the next five years.

The need for efficiency (in both time and money) is likely behind the desire for consolidation. It can be inefficient for an organization to gather data from different sources and piece them together themselves. For customers who are looking for opportunities to streamline, consolidation of data vendors offers a sensible solution.

If the “partner sprawl” predictably contracts, biopharma and medical device organizations will need to reassess priorities for their new vendor choices. Organizations should consider not only the type, breadth and depth of the data offered by a vendor, but also the expertise and experience of the team behind the data.

## More choice and selectivity for RWD

As manufacturers take interest in RWD's possibilities across the R&D lifecycle, the market surrounding RWD has expanded rapidly. Even as organizations are becoming increasingly excited about real-world insights and applications, they are also becoming more selective about the data they need and use.

Data quality and longitudinality are the hottest demands for the years ahead, and these in turn drive the interest in inputs such as closed claims and mortality data. With these trends affecting where and how organizations access RWD — combined with the need to be more efficient — the industry will likely see a shake-up of vendor partnerships in the coming years.

As that unfolds, multi-faceted vendors that offer data, expertise and analytical services could become the highly desirable partners. If you are looking for such a partnership, [MarketScan](#) brings precision and confidence to every facet of RWE generation.

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# See MarketScan in action

[Explore real-world examples](#)





## About Merative

Merative is a data, analytics and technology partner for the health industry, including providers, health plans, employers, life sciences companies and governments. With trusted technology and human expertise, Merative works with clients to drive real progress. Merative helps clients orient information and insights around the people they serve to improve decision-making and performance. Merative, formerly IBM Watson Health, became a new standalone company as part of Francisco Partners in 2022. Learn more at [www.merative.com](http://www.merative.com)

## About the Research

The findings of this research are based on an online survey conducted by BioPharma Dive's studioID in October 2023. A total of 150 executives participated in the research. All participants were in the United States and worked for companies that used real-world data in any capacity. All participants worked for pharmaceutical, biotech or medical device companies.

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