

Interview with new ISPOR Chief Science Officer: Richard Willke, PhD

Value & Outcomes Spotlight had the opportunity to sit down with Richard Willke, PhD, ISPOR's newly appointed Chief Science Officer. Dr. Willke is the first person to fill this role for our Society, and we were eager to hear about his goals and objectives for the coming months.



David Thompson: You've recently been named Chief Science Officer for ISPOR. When did you assume this position? Can you describe the process that led you here?



Richard Willke: My first official day working as CSO at ISPOR was April 18. As for the process that led me here, you could probably say it started many years ago – joining ISPOR in its early years, being on Task Forces, getting elected to the Board of Directors in 2007, and participating in many of the scientific activities that ISPOR offers. Although I was employed at Pfizer for almost 25 years, ISPOR became a second professional home for me, so when the CSO role was posted, it seemed like a natural fit. Apparently ISPOR leadership thought so as well.

Thompson: You've definitely been a ubiquitous presence at ISPOR and throughout the HEOR community over the years, but for those who aren't aware, perhaps you could elaborate a bit on your professional background. I'm always curious to know how people ended up in this field, particularly those whose journey started from someplace very different. Does that apply at all to you?

Willke: Well, my kids would probably agree with calling me very different! However, I see ISPOR as a melting pot of many disciplines; it's actually the combination of all our different training and skills that defines us, so, I'll have to let you and our readers judge for yourselves exactly what applies. In college at Ohio State, I had a mixed major that was heavy in math, statistics, and economics. Then I trained in a traditional economics graduate program at Johns Hopkins, concentrating eventually in labor economics and econometrics. A hot area for "labor-metricians" of the day was better estimating various types of labor market "treatment effects," such as manpower training programs (my dissertation topic), using non-randomized data and correcting for selection biases – sound familiar? During my first real job – teaching economics, back at Ohio State – I met and married a pharmacist who was in graduate school there at the time; she began my initiation into the pharmaceutical world.

Next, I worked at the American Medical Association in Chicago, at first researching and modeling labor supply of physicians, but gradually expanding into other areas of health care economics and getting to know a number of health economists who are good friends (and some ISPOR leaders) to this day. Six years and three babies later, we decided to move to the family-friendly town of Kalamazoo, where Upjohn was expanding its nascent pharmacoeconomics capabilities, an area that was clearly on the rise then as Australia and Ontario were implementing the first PE guidelines. It was during the Kalamazoo years that I first joined the new ISPOR organization as well as PhRMA's then-active Health Outcomes Committee, which got me more involved in the broader issues in our field. Two mergers and an acquisition brought us east to New Jersey and ultimately to Pfizer. So I'd say it was a combination of initial proclivities, personal factors, and market forces that got me here; probably not too different than a lot of people!

Thompson: I know you're just getting going, but have you sketched out a vision for what you'd like to accomplish in the next 12 to 24 months? Do you see yourself as having a scientific agenda on behalf of our Society or will you be playing a complementary role to the scientific efforts already underway, such as the Good Research Practice Task Forces?

Willke: ISPOR, with thousands of enthusiastic members and a tremendous staff, has an outstanding record of advancing and promulgating our science that is well-recognized within our field. The challenge, however, is to incorporate good HEOR science into everyday health care decision making. As CSO, I certainly hope to complement the ongoing efforts of our members i.e., the Task Forces, the Special Interest Groups, and other initiatives, partly by encouraging broader involvement as well as collaboration across our groups, partly by guiding our focus towards the most impactful areas, and partly by extending their reach beyond our own field.

By doing so, I also hope to help amplify our voice and the use of good HEOR principles in other parts of the health care world. Some key areas include proper use and interpretation of real-world evidence, more systematic recognition of the patient perspective in research and value assessments, and effective communication between scientists and stakeholders. I suppose you could call that the beginnings of a broader scientific agenda, but I'll be seeking advice from our Board and others over the next few months in developing it further. Shaping a clear and cohesive scientific strategy is absolutely crucial to ISPOR's mission of promoting health economics and outcomes research excellence to improve decision making for health globally.

Thompson: Sounds like a good start. I especially like how you'd like to "help amplify our voice." Sometimes it seems that ISPOR suffers from a recognition problem in the broader health care community. What can we do to establish ourselves globally as the "go-to" organization for value questions in health? As CSO, what specifically will you do to amplify our voice?

Willke: Although it may seem slow and not yet where we want to be, I think ISPOR has made great progress in recognition since it was founded. For instance, our Good Practices Reports are heavily cited, and *Value in Health* has an impact factor that is the envy of many journals. However, in order to amplify our voice further (which is also a goal of Nancy Berg ISPOR's CEO, as well as of our Board of Directors, and was reflected not only in my hiring but also that of Betsy Lane, our new Chief Marketing and Communications Officer) we need to do several things, all of which are based in communication and collaboration, which just happens to be one of our Strategic Pillars!

First and foremost, we need to make our scientific work strong as possible. To strengthen it, I think we need to deepen our ties with some of our core disciplines, such as economics or epidemiology, some approaches would be to hold more joint sessions at conferences (both ours and theirs), make sure our members are exposed to the latest methods, get non-ISPOR academic experts more involved in our Good Practices Reports, and bring them in to consult on some of our initiatives. We should work to build collaborative networks that will extend knowledge and advance science-based research and practices. Such efforts will improve both our own work and its broader credibility. My role here is to encourage – lead when appropriate – our outreach to such folks, to help coordinate our involvement with them, and to make sure our members get the most out of it.

Second, we must ensure that our work is relevant to current and future health care issues. Relevance comes by listening carefully to the views of both our members and our stakeholders and working to focus the efforts of our staff and volunteers accordingly. For the most part, I think we already do a good job at that, although to some extent we could be better at anticipating issues and getting ahead of them from a scientific point of view. I think it's part of my job to help guide ISPOR's strategy in that respect, as well as to be an internal anchor point for "early" efforts. However, I don't have my own special crystal ball; my approach will be to proactively engage with and listen to key members and stakeholders about their own views of the future landscape, and try to synthesize those learnings into research-related strategies that can help shape that future.

Third, to be an effective voice we must communicate and partner well. We can "amplify" all we want, but unless others are listening and understanding, it's all for naught. We must do all we can to engage stakeholders through summits, roundtables, meetings, social media, and other channels. Others at ISPOR, both staff and members, are often going to be the better lead communicators and partners than I would be, but I view my role as CSO there as being an internal scientific liaison and consultant for our staff, as well as a peer-level staff contact for our members and scientific partners. I would say the analogy there is to enhance the "conductivity" of our organizational circuits, hopefully leading to more efficient and effective communication in general.

Thompson: Those approaches will certainly be helpful, are there other professional associations or health organizations that come to mind as being really effective in this regard? Any practices on their part we should emulate? One thing I'm wondering about is how ISPOR can become a go-to place for relevant "facts & figures" in the value of health care debate—do you ever see ISPOR having its own research agenda it pursues as a means of positioning itself in that way?

Willke: Shooting high, I'd cite the American Association for the Advancement of Science (AAAS) as a well-rounded, highly respected, quite visible organization. Of course, it's hard to compare ourselves to AAAS in many ways, but there are things we could learn from them in terms of the breadth of their outreach, their appeal to those interested in science at every level. As an economist, of course, I'm quite familiar with American Economics Association; they run their annual meetings together with other some economics organizations, and the research offerings at those meetings are plentiful, diverse, and at the frontier of what's being done; those meetings are also a great time to network and see old friends. In the health care world, I'd look to organizations like the American Medical Association, the American College of Cardiology, and the American Society of Clinical Oncology for the respect and influence they have, not only in their own domains but also more broadly. Your suggestion about ISPOR becoming a "go-to" place for relevant facts & figures in the value of health care debate has some real merit as a way to provide useful information to the public at large, in a way that relates to our mission. However, as you suggest, it may need to involve some dedicated research efforts, an idea that's interesting and exciting but a little beyond our current scope and resources. It's good fodder for all of us at ISPOR to chew on a bit as we look toward the future.

Thompson: Well, thank you very much, Dick, for taking the time to discuss your new role. I know I speak for all of our membership when I wish you best of luck in the years ahead. We've got a lot riding on your success!

Willke: It was my pleasure, Dave, and I appreciate your support. But can we just say there's probably a significant association between my success and ISPOR's, and hold off on a causality assessment for now? There are many others here who are instrumental to that success as well ... ■