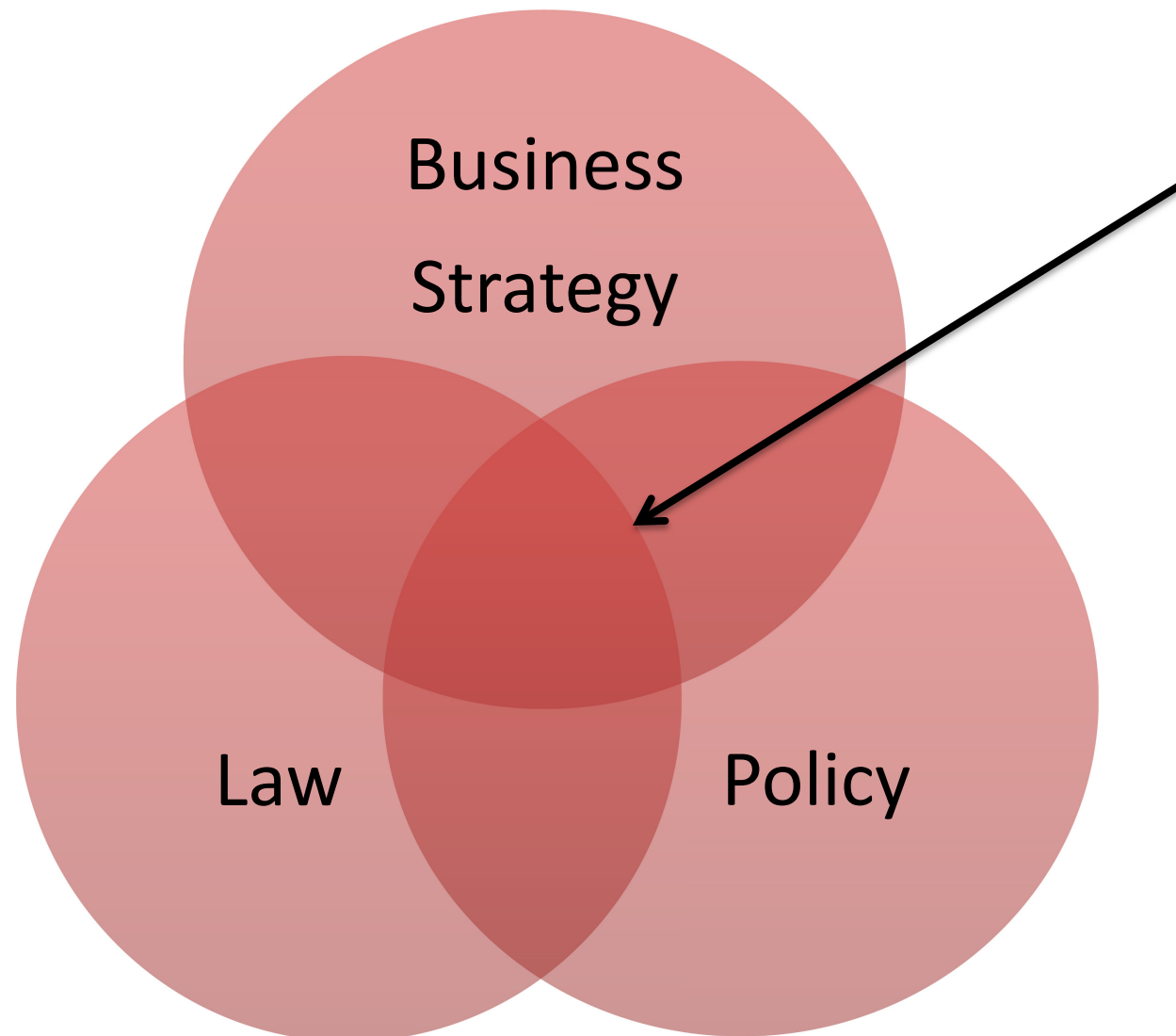




Fostering Innovative Digital Health Strategies Conference

June 23, 2016 | Washington, D.C.

Law, Policy, and Business Strategy



Today's Agenda

- | | |
|----------------------|--|
| • 9:30 – 9:45 a.m. | Welcome |
| • 9:45 – 11:00 a.m. | Session 1: Trends in the Health Care Economy's Internet of Things |
| • 11:00 – 12:15 p.m. | Session 2: Setting up a Platform for Digital Health |
| • 12:15 – 12:30 p.m. | Blockchain and Health Care |
| • 12:30 – 12:45 p.m. | Break |
| • 12:45 – 2:00 p.m. | Session 3: Lunch – Congressional Digital Health Efforts: Important Legal Changes on the Horizon |
| • 2:00 – 3:15 p.m. | Session 4: Using the Products of a Digital Health Platform and Big Data – Privacy and Cybersecurity |
| • 3:15 – 3:30 p.m. | Break |
| • 3:30 – 4:45 p.m. | Session 5: New Payment Models and New Sources of Data for Care Coordination and Quality Improvement |
| • 4:45 – 5:00 p.m. | Closing Remarks |
| • 5:00 p.m. | Networking Reception |

We thank our esteemed panelists

- Accenture
- Aetna Life Insurance Company
- Biogen
- Cerner
- Crowell & Moring
- CVS Health
- Food & Drug Administration
- Federal Trade Commission
- House Committee on Energy & Commerce
- Inovalon, Inc.
- Office of Science and Technology Policy, Executive Office of the President
- Office of U.S. Senator Brian Schatz
- Senate Committee on Health, Education, Labor, and Pensions
- Surescripts



Trends in the Health Care Economy's Internet of Things



Jodi Daniel
Crowell & Moring



Zane Burke
Cerner



Cheri Falvey
Crowell & Moring



Melissa Goldstein
Office of Science
and Technology
Policy Executive
Office of the
President,
The White House



Kaveh Safavi
Accenture



Setting up a Platform for Digital Health



Jodi Daniel
Crowell & Moring



Bakul Patel
Center for
Devices and
Radiological
Health, FDA



Anna Shimanek
CVS Health

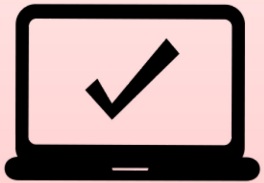


Paul Uhrig
Surescripts

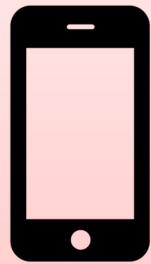


Ronan Wisdom
Accenture Digital

Digital Health



**Electronic
Health
Records**



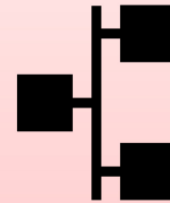
**Mobile
Health**



**Remote
Monitoring**



Telehealth



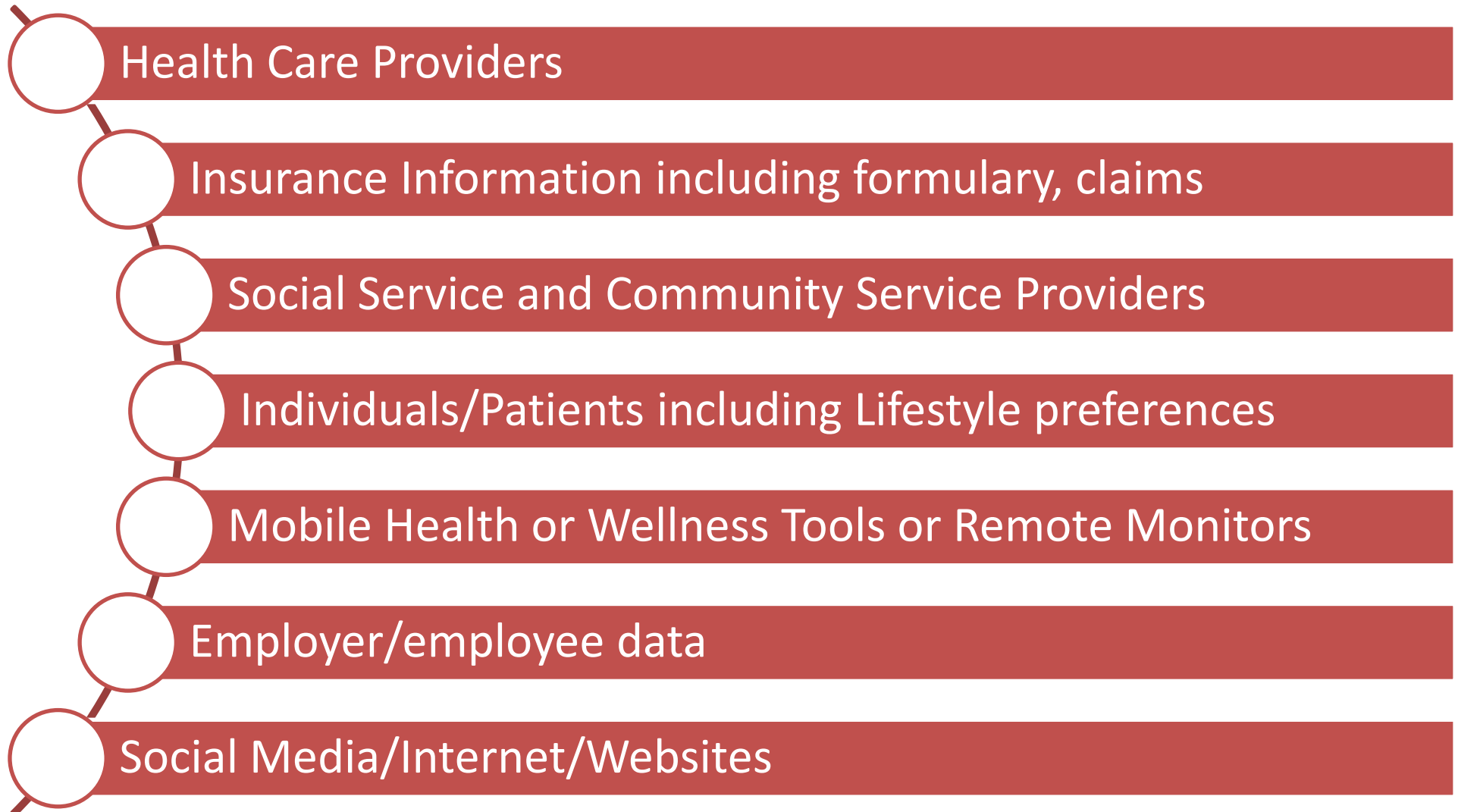
**Big Data
and Data
Analytics**



**Precision
Medicine**

Interoperability

The Data Sources



The Players

- **Traditional health care system**
 - Health care providers
 - Health plans
- **Legacy health technology companies**
 - Electronic health record developers
- **Legacy technology companies entering health care**
 - Telecom companies
 - Data analytics companies
 - Hardware/software companies
- **Legacy technology companies entering direct-to-consumer health market**
 - Device manufacturers
- **New Entrants**
 - Digital health start-ups
 - Telehealth companies
 - Health Information exchange organizations

The Issues

- Privacy
- Cyber security
- Intellectual property
- Product design/liability
- Safety/Intended use
- Malpractice



The Issues (con't)

- False Claims
- Fraud and abuse
- Competition
- Corporate practice of medicine
- Licensure





U.S. Food and Drug Administration
Protecting and Promoting Public Health



Digital Health

Bakul Patel

Associate Center Director for Digital Health
Office of Center Director

Center for Devices and Radiological Health





Technology in healthcare

Moving
healthcare
from the clinic
to the patient

Seeking to
Understand of
the patient's
behavior and
physiology

Focusing on
prevention

**Leveraging computing power and
connectivity**



Smart Regulation

Platform
independent

Promote
innovation

Promote
patient
engagement

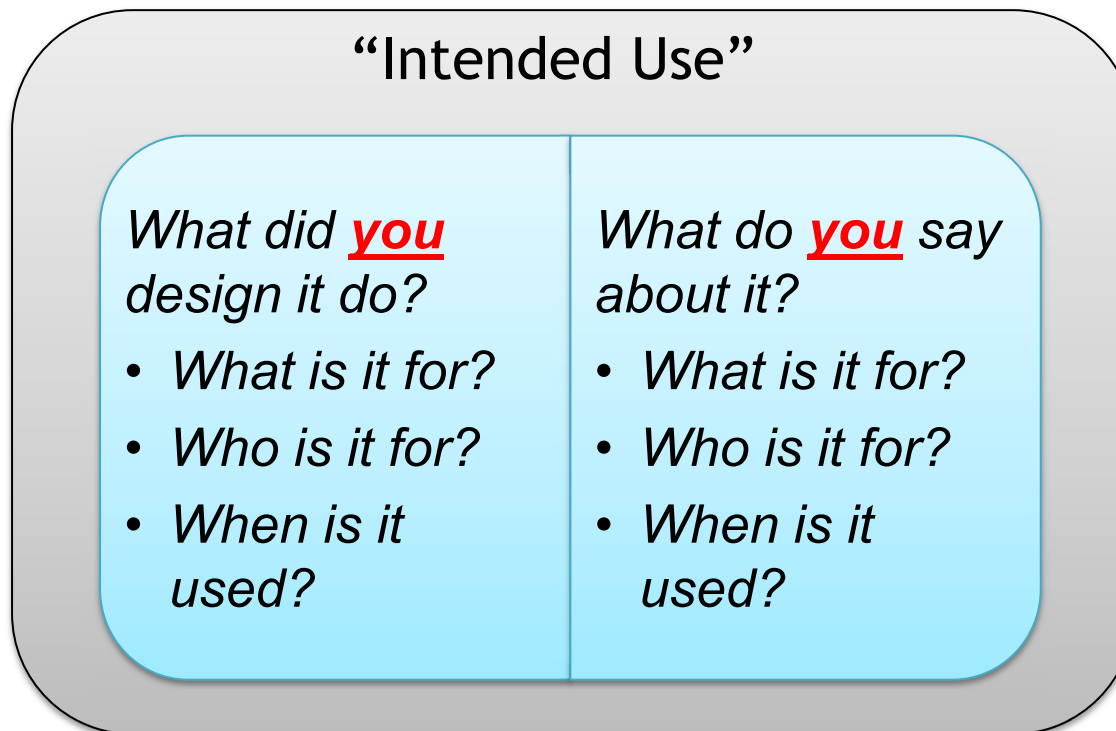
Protect
patient
safety

Functionality
focused

Narrowly
tailored

Risk based

“Intended for use” – A two part question



**Functionality
claim**

=

“Intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals”

Focusing on Higher Risk Functionality

Lower risk
functionality

Don't intend to enforce
regulatory
requirements



Higher risk functionality

Appropriately oversee to assure
patient safety while considering
advances in technology and
product life-cycle

- Engaging stakeholders
- Implementing policies
- Raising staff expertise and knowledge

Approach to Mobile Apps

- Patient self-management apps
- Tools to organize and track their health information (not for treating or adjusting medications)
- Tools to access to health information document and communicate with health care providers
- Tools that are not intended to be used as medical devices

Enforcement Discretion

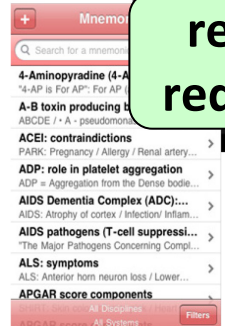
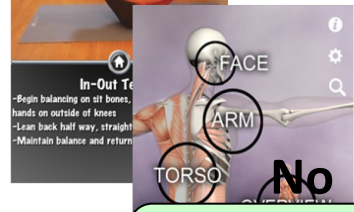
focus of oversight

MMA

Lower risk mobile apps that meet "device" definition but not considered "MMA"

Mobile apps not considered "medical devices"

regulatory requirement



Mobile apps that meet "device" definition that are either intended


- To be used as an accessory to already regulated medical device,
- or
- To transform a mobile platform into a regulated medical device.



FDASIA Health IT Report

Categories of Health IT Functionality

Administrative Functionality*	Health Management Functionality*	Medical Device Functionality*
<ul style="list-style-type: none">• Admissions;• Billing and claims processing;• Practice and inventory management;• Scheduling;• General purpose communications;• Analysis of historical claims data;• Determination of health benefit eligibility;• Reporting communicable diseases;	<ul style="list-style-type: none">• Health information and data management;• Data capture and encounter documentation;• Electronic access to clinical results;• Most clinical decision support;• Medication management;• Electronic communication (e.g. provider-patient, provider-provider, etc.);• Provider order entry;• Knowledge management;	<ul style="list-style-type: none">• Computer aided detection software;• Remote display or notification of real-time alarms from bedside monitors;• Radiation treatment therapy planning software;• Arrhythmia detection.
No Additional Regulatory Oversight	Primary Focus of Proposed Health IT Framework	Primarily FDA Oversight



FDASIA Health IT Report

Strategy and Recommendations for Health Management Health IT Framework

**Promote the
Use of
Quality
Management
Principles**

**Identify,
Develop, and
Adopt
Standards
and Best
Practices**

**Leverage
Conformity
Assessment
Tools**

**Create an
Environment
of Learning
and Continual
Improvement**

Health IT Safety Center



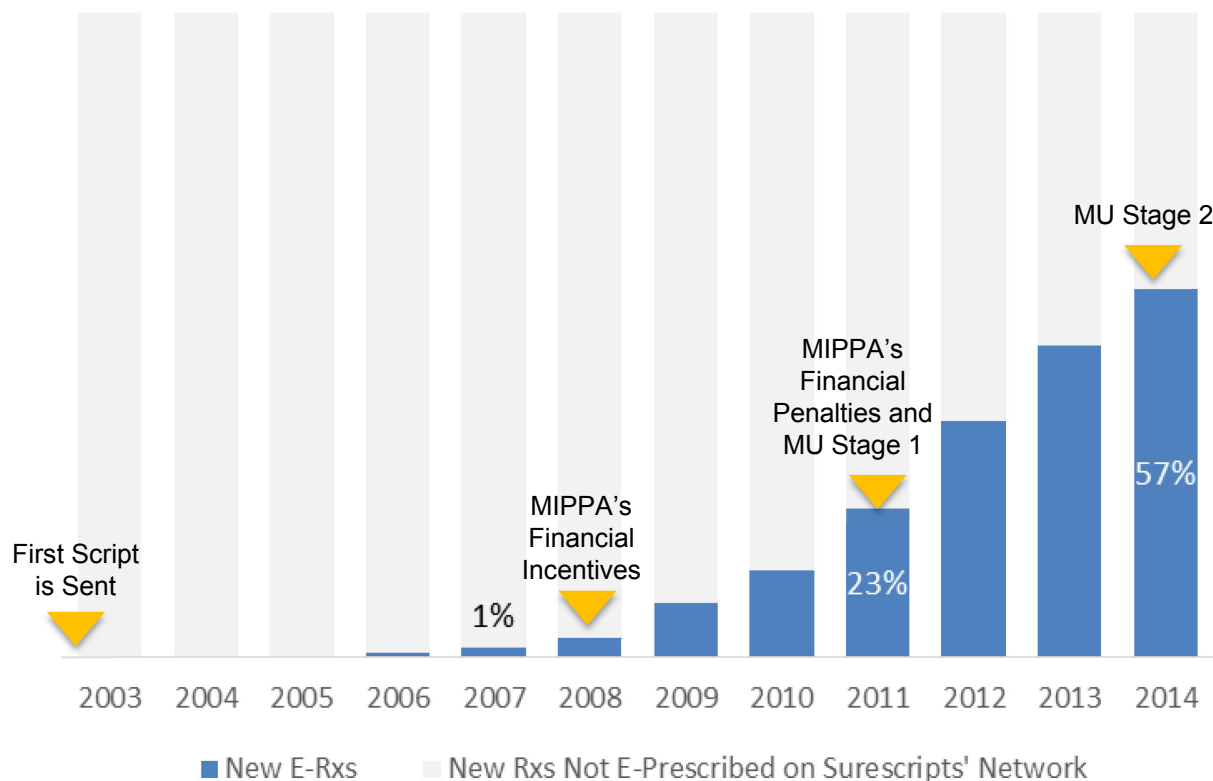
Fostering Innovative Digital Health Strategies

June 23, 2016



Meaningful adoption of e-prescribing took patience, federal incentives, and active engagement from both sides of the network

Percent of Eligible New Prescriptions Routed Electronically Through Surescripts



- **Patience.** Success with e-prescribing took patience.
 - **5 years** for the federal government's incentive program to recognize the proven nature of e-prescribing
 - **6 – 8 years** to reach operational breakeven
- **Incentives.** An internal study published in Health Affairs confirmed federal incentives have had a significant impact at driving the adoption and utilization of e-prescribing, “9 -11% more e-prescriptions per month following the provision of financial incentives”.
- **“Pitchers & Catchers”.** Federal incentives alone do not drive e-prescribing; Surescripts operates a two sided e-prescribing network requiring both sides (pharmacies and physicians) to actively engage.

Source: Surescripts' Network data, NACDS Annual Industry Fact Report and Health Affairs “E-Prescribing Adoption And Use Increased Substantially Following The Start of A Federal Incentive Program”, 2012

Surescripts' Governance Model

At the heart of the governance of a network are the rules of participation – in short:

- Who can connect to, and transact business on, the network;
- What are the prerequisites and conditions for connectivity, including, but certainly not limited to, security;
- How – what are the standards by which – Participants connect to the network;
- What message types can be transmitted; and
- What are the conditions of continued participation?

Surescripts' Governance Model (cont'd.)

The Surescripts governance model has processes and procedures to:

- Establish the rules of participation;
- Disseminate the rules of participation;
- Require compliance with the rules of participation;
- Monitor compliance with the rules of participation; and
- Take enforcement action in the event of a breach of a rule of participation.



Setting up a Platform for Digital Health



Jodi Daniel
Crowell & Moring



Bakul Patel
Center for
Devices and
Radiological
Health, FDA



Paul Uhrig
Surescripts



Ronan Wisdom
Accenture Digital



Anna Shimanek
CVS Health

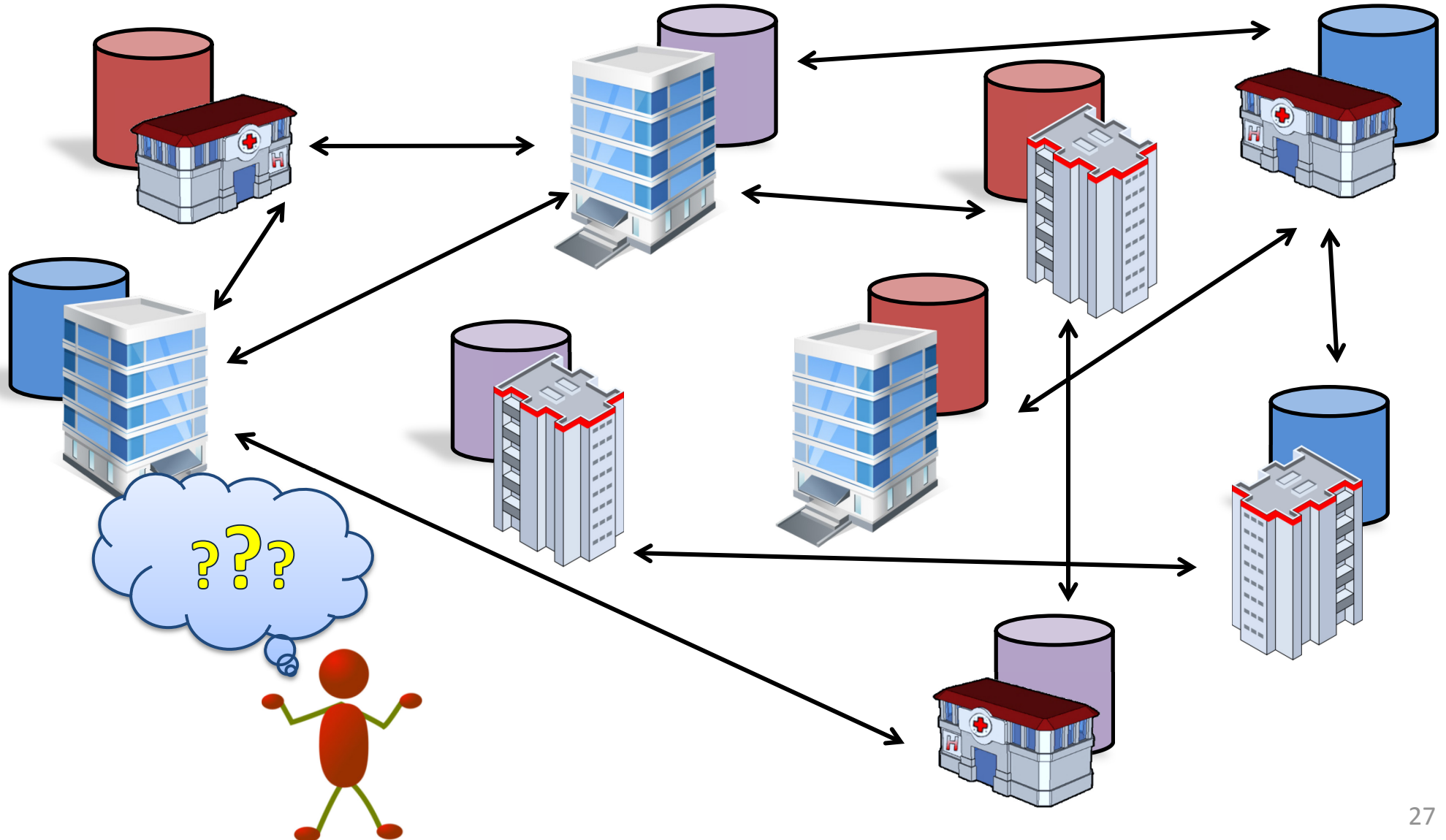


Blockchain and Health Care

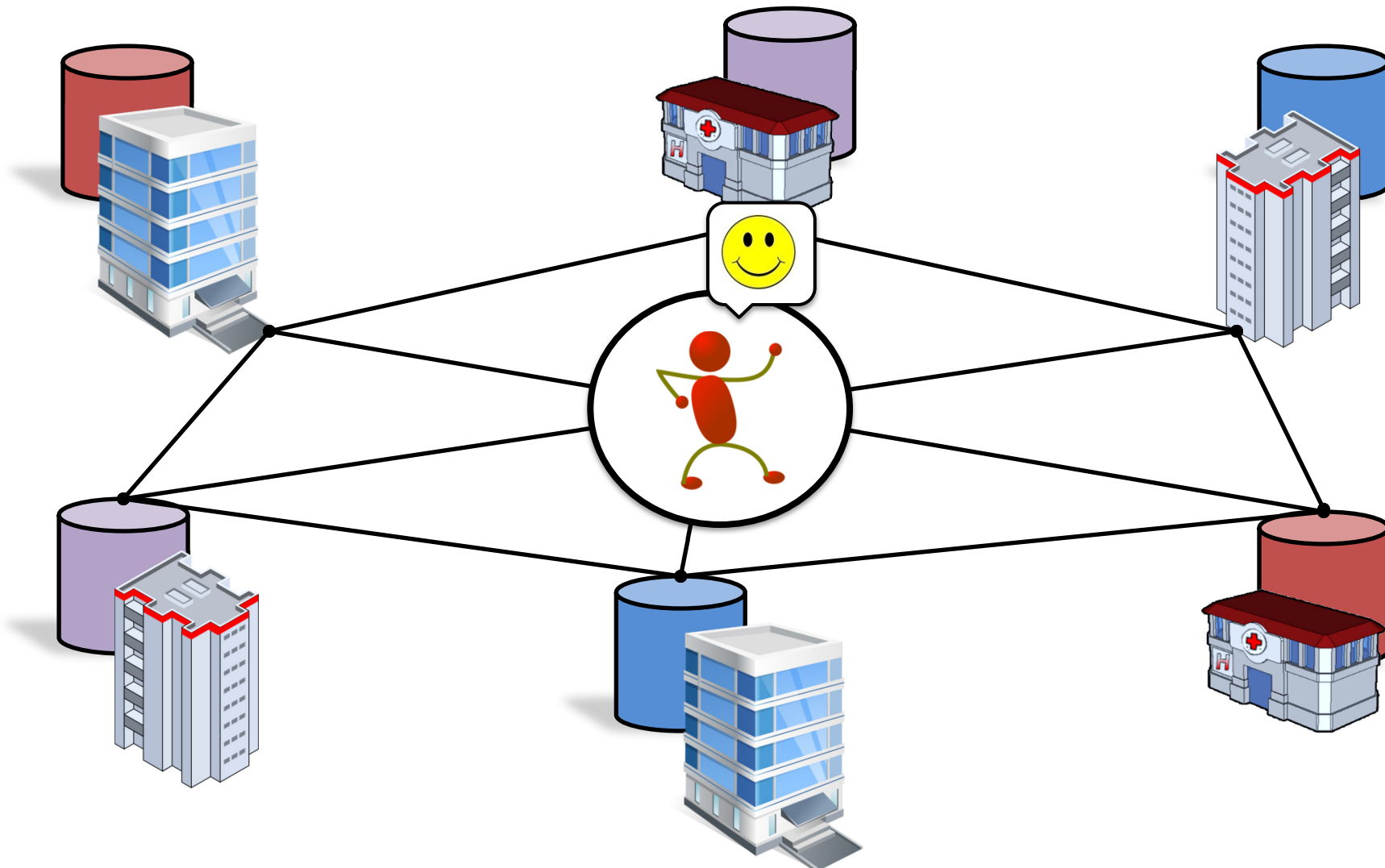


Jodi Daniel
Crowell & Moring

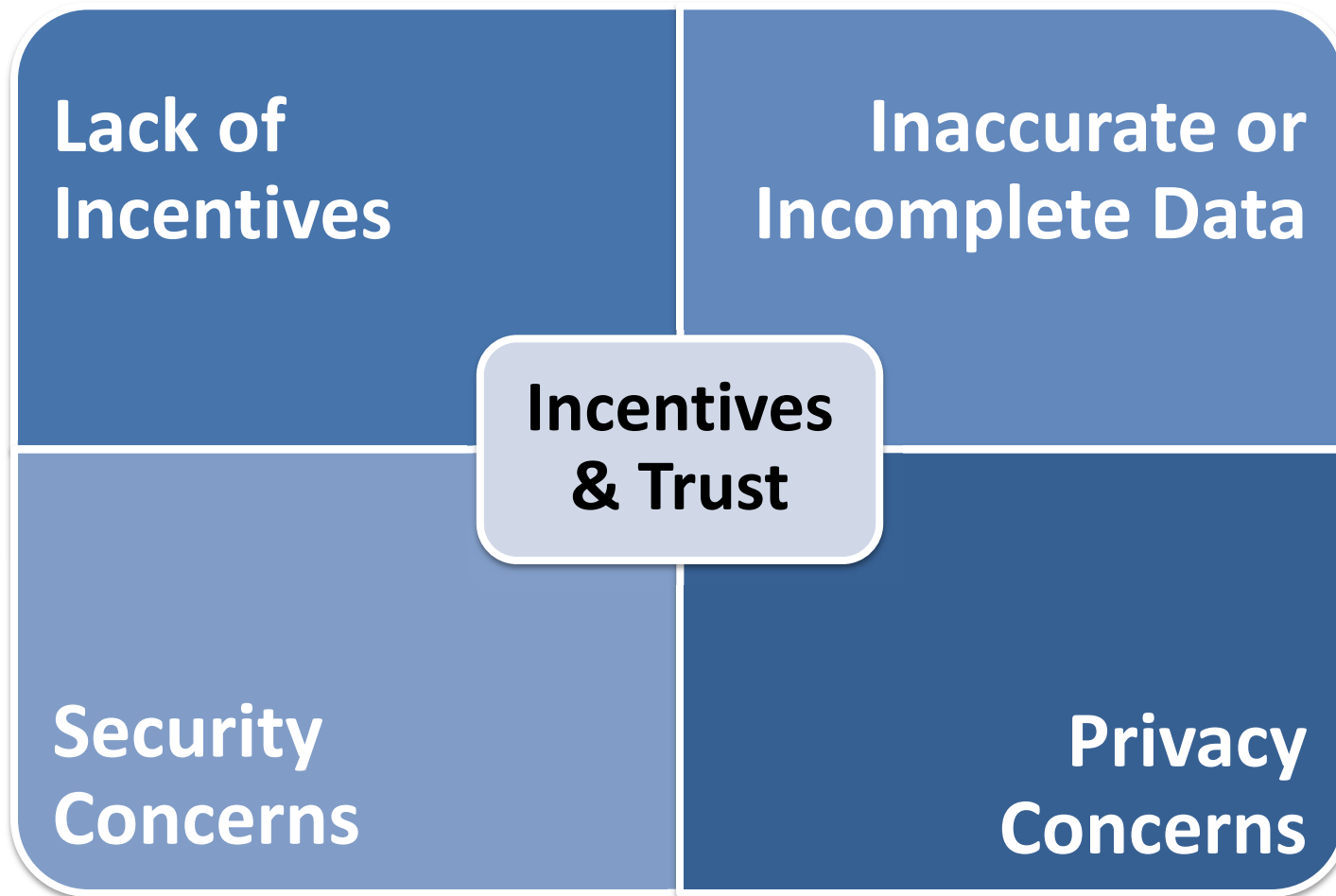
Current Landscape



Interoperability Goal



Interoperability Challenges



What Are Blockchain Technologies?

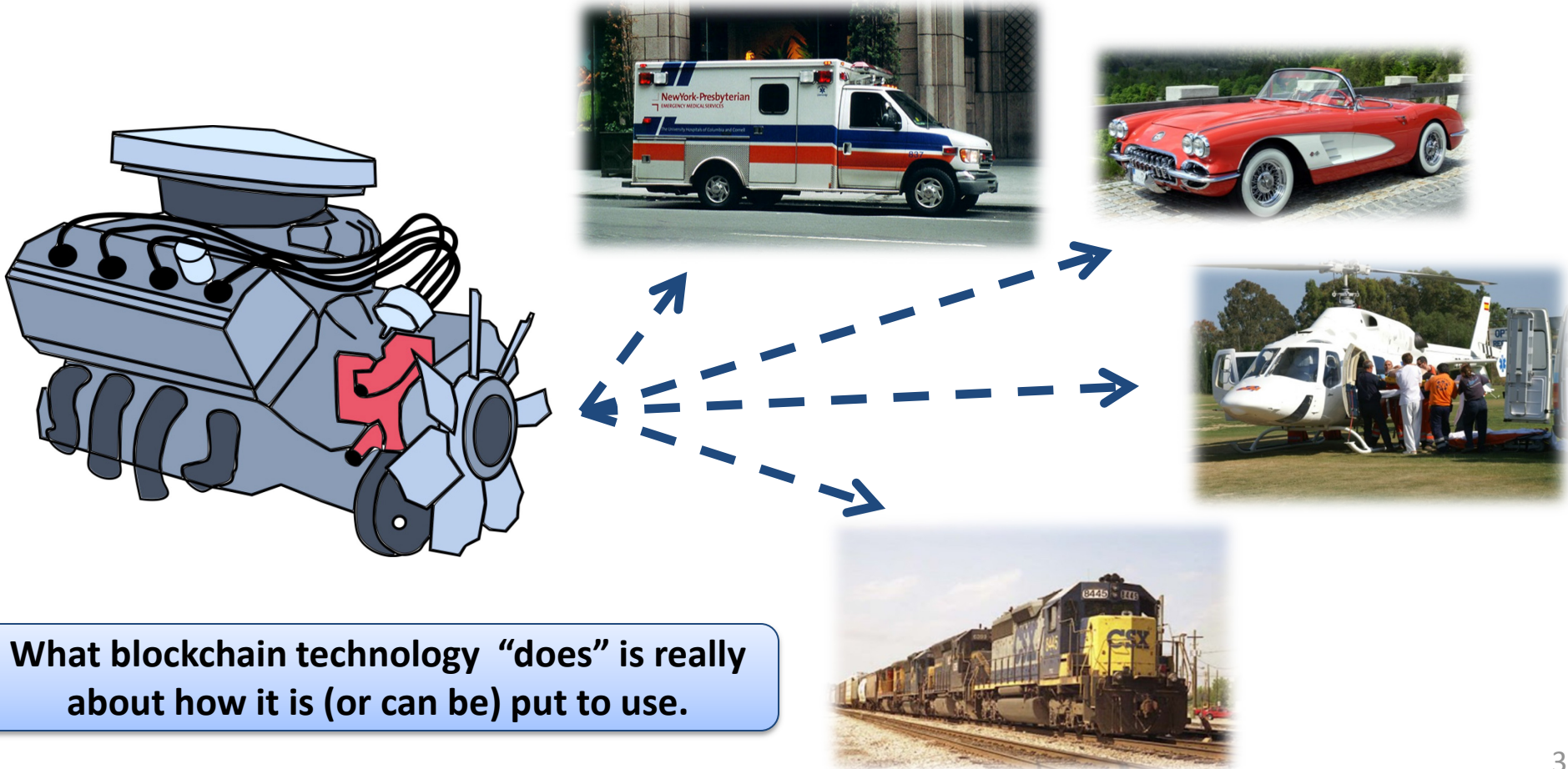
An innovative approach to transmitting pieces of information among parties and keeping track of those transactions.

Key Blockchain Concepts

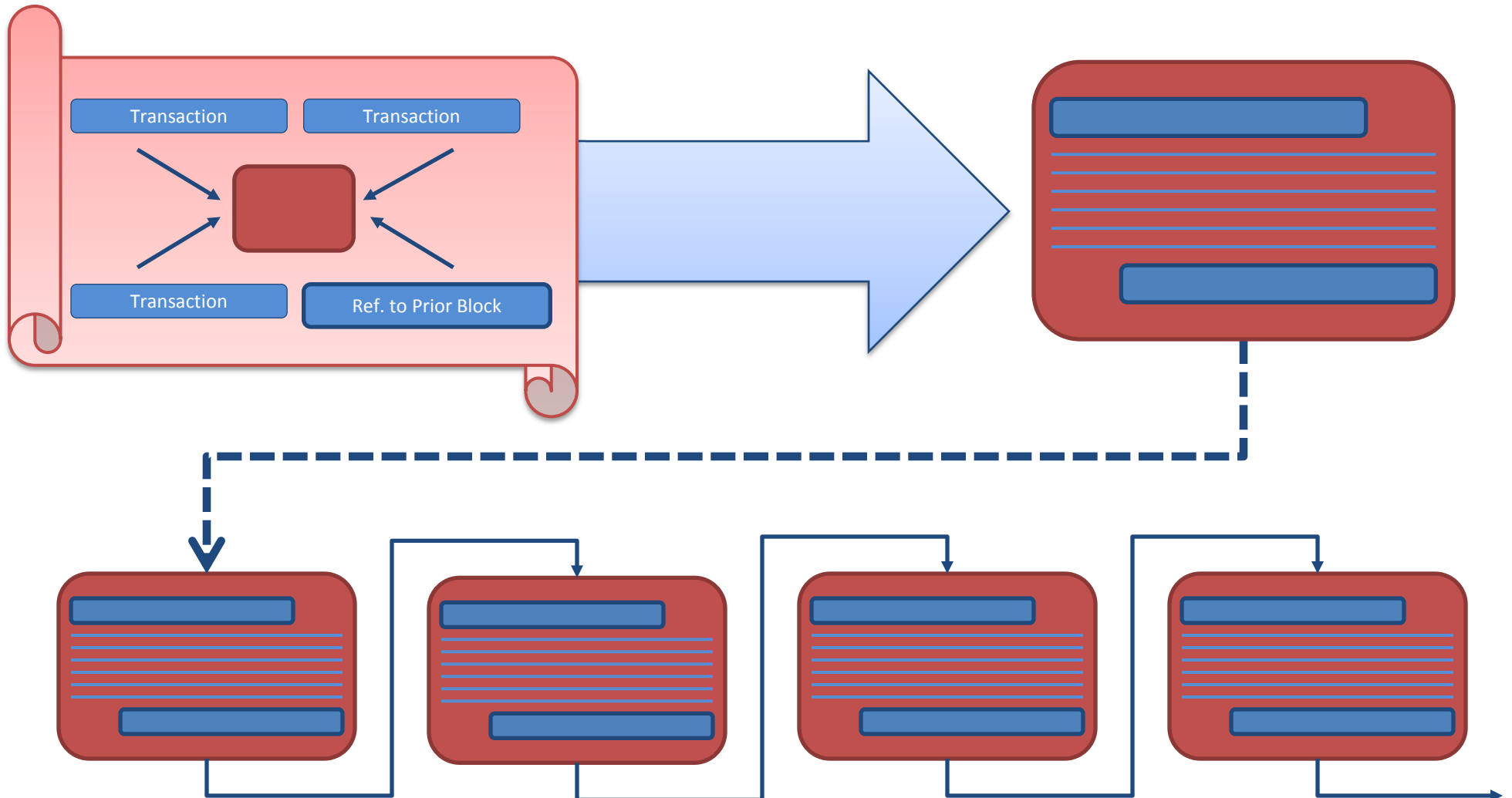
- **Data Security**: Transactional data is encrypted at all times; ensures identity authentication.
- **Distributed Ledger**: Each participant sees the same view of the same data; no single “official” copy.
- **Non-repudiation**: Designed to preserve data quality, creating a complete and immutable record of transactions.
- **Real-Time Transactions**: Transactions complete instantaneously, with prompt verification and updates across the system.

What Does Blockchain Do?

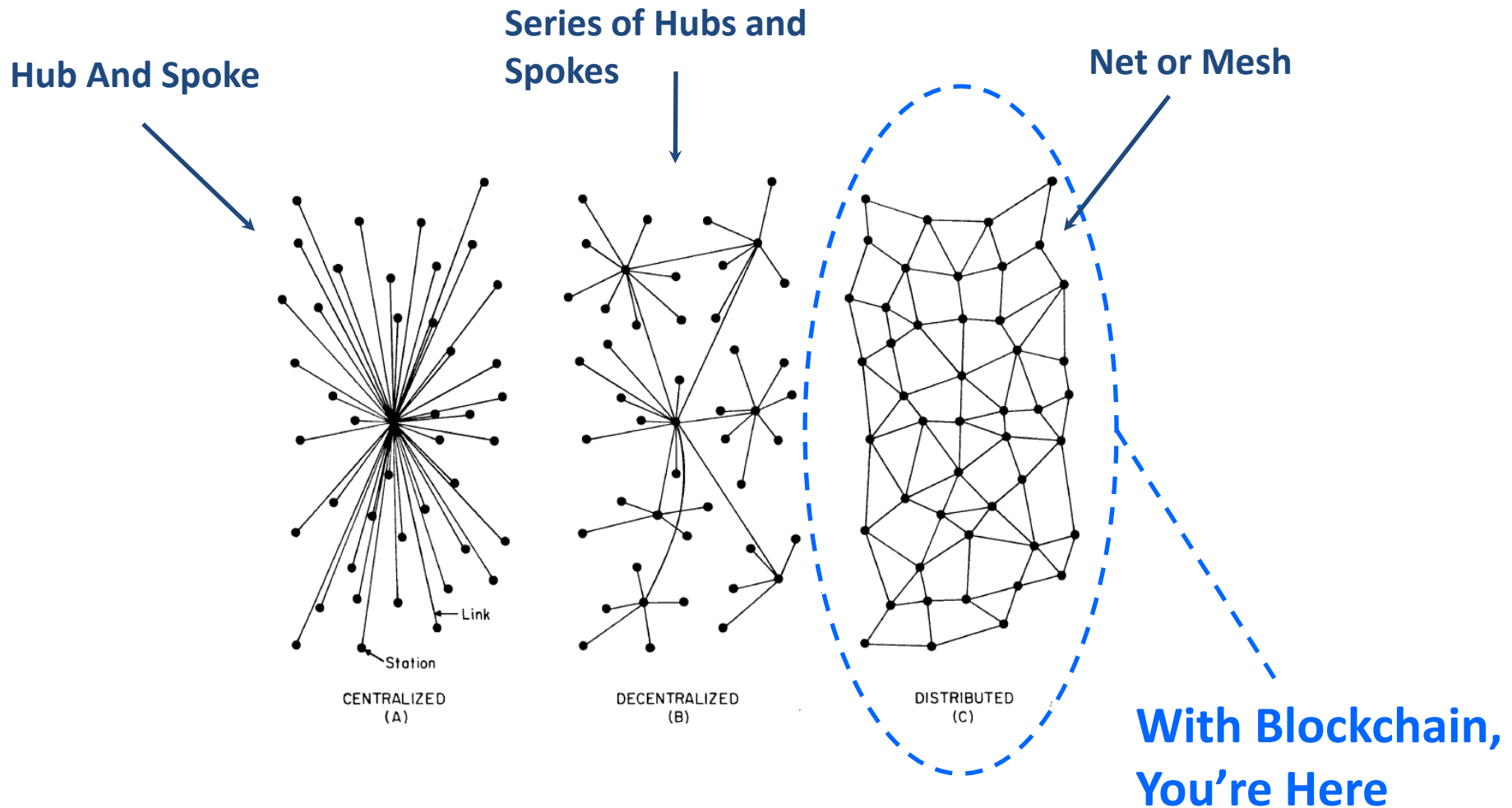
At their core, blockchain technologies are essentially engines for processing exchanges of information.



What Is A Blockchain?

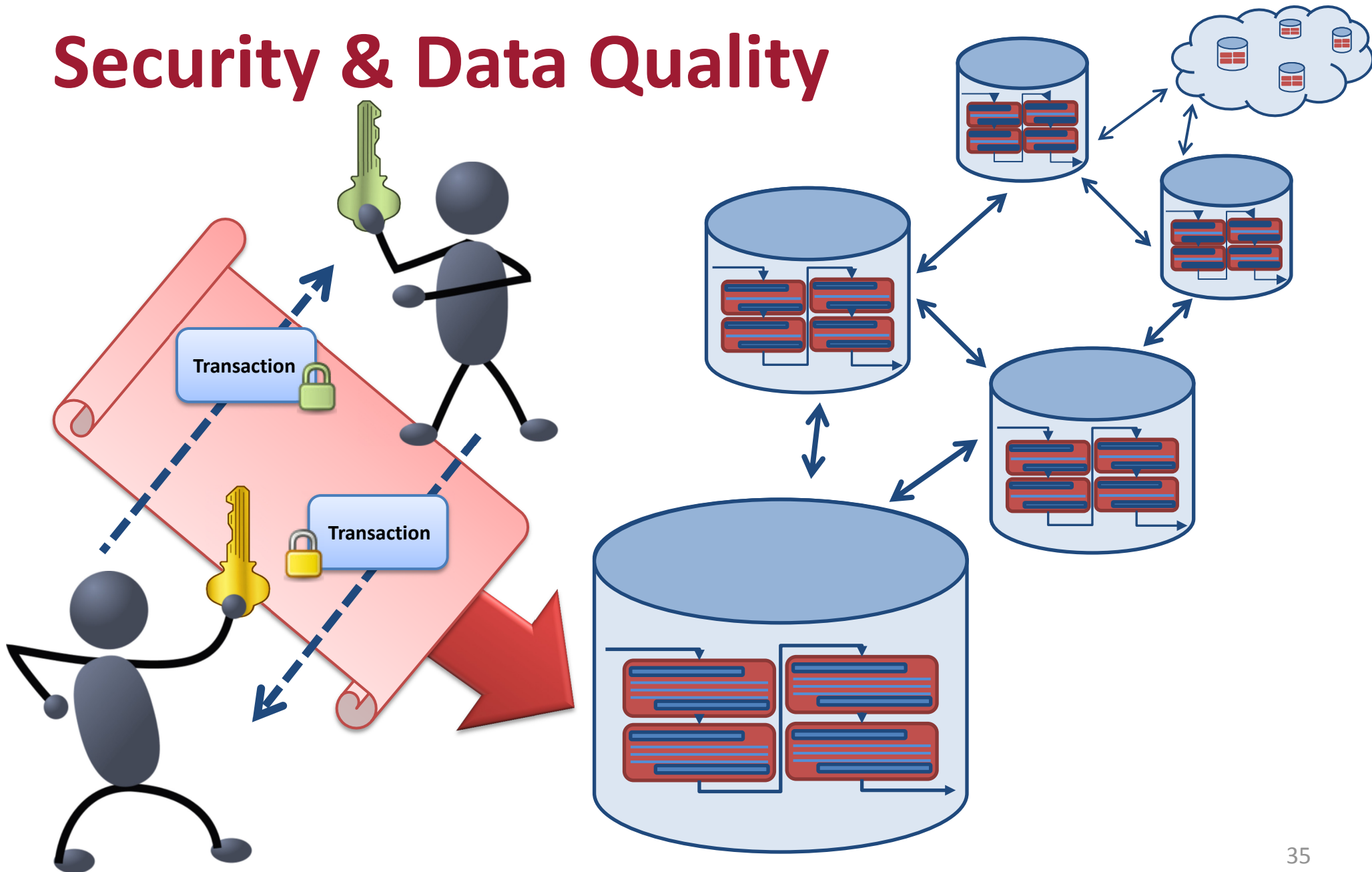


Distributed Ledger



Source: Paul Baran, *On Distributed Communications: Introduction to Distributed Communications Networks* (RAND Corp. 1964).

Security & Data Quality



Blockchain and Healthcare

- Philips Healthcare
- MIT
- Estonian Government

These are only a few examples. The list is growing.

Blockchain Going Forward

Blockchain technologies have interesting potential in health care, but...

Blockchain technologies cannot:

- **Solve policy questions**
- **Sort through cultural challenges or expectations**
- **Define the rules of the road going forward**

Blockchain technologies must work within, and build upon, regulatory frameworks for health care.

And, finally...





Congressional Digital Health Efforts: Important Legal Changes on the Horizon



James Flood
Chair,
Government
Affairs Group,
Crowell & Moring



Aimee Grace
Office of U.S.
Senator Brian
Schatz



Brett Meeks
Senate
Committee on
Health,
Education, Labor
and Pensions
(HELP)



**James (J.P.)
Paluskiewicz**
Subcommittee on
Health, House
Committee on
Energy &
Commerce



Arielle Woronoff
Subcommittee on
Health, House
Committee on
Energy &
Commerce



Using the Products of a Digital Health Platform and Big Data – Privacy and Cybersecurity



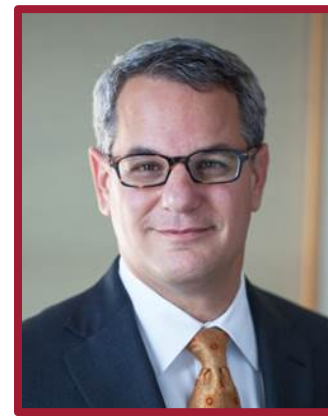
**Fauzia
Zaman-Malik**
Accenture



Hilary Weckstein
Inovalon, Inc.



Cora Han
Federal Trade
Commission



Evan Wolff
Crowell & Moring

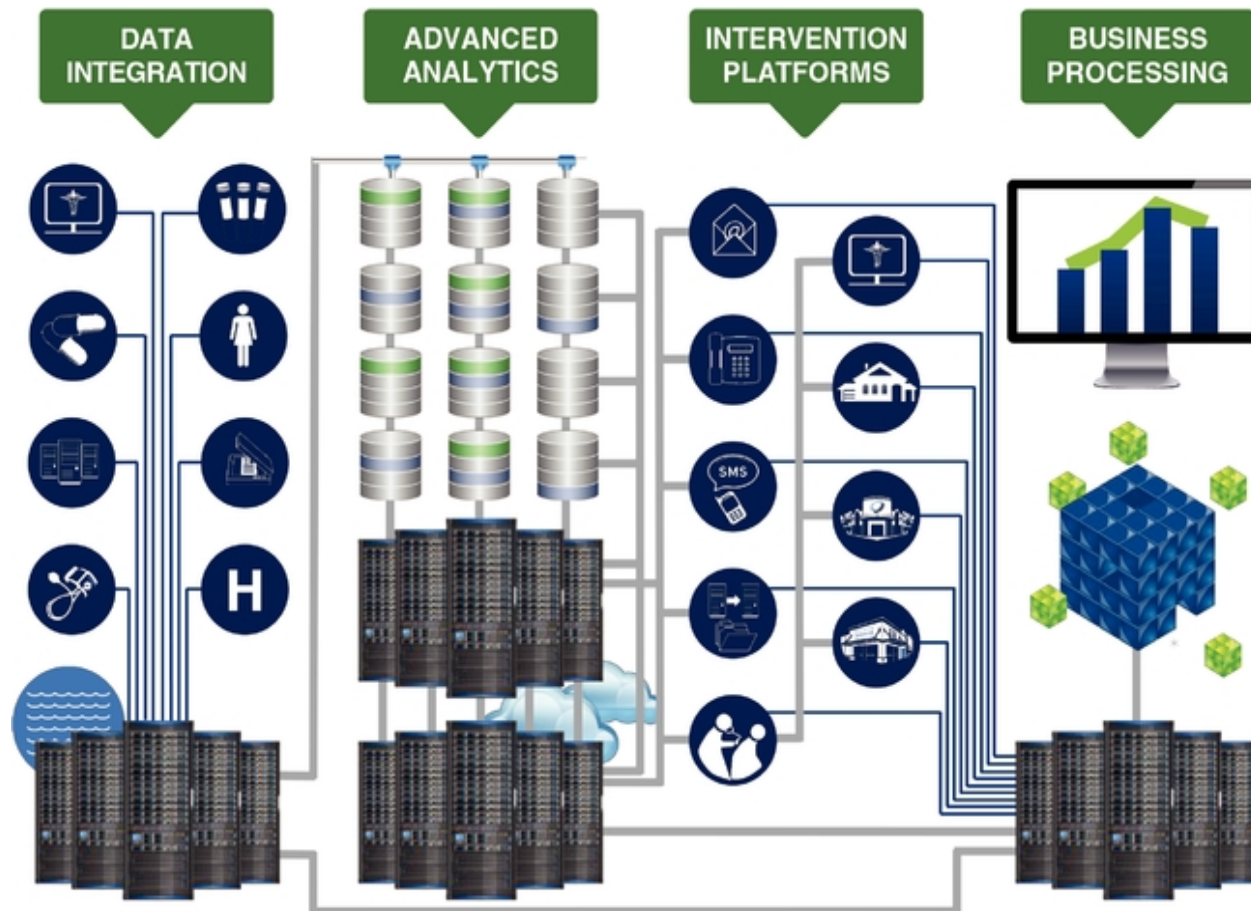


***Using the products of a
digital health platform and
big data – Privacy and
Cybersecurity***

June 23, 2016



Delivering Data-Driven Improvements in Healthcare



Our platform consists of four cloud-based components: (1) The Data Integration component intakes healthcare-related data from a wide array of sources ranging from administrative and clinical data to laboratory and electronic health record data, organizing this data for rapid access and analysis; (2) The Advanced Analytics component leverages big data to execute analyses focused on matters including disease progression, clinical quality, financial performance, and compliance; (3) The Intervention Platform component provides cloud-based software and services, including decision support platforms used in clinical facilities, clinical call centers, and patient messaging platforms that leverage insights derived from our analytics in order to achieve meaningful impact; and (4) The Business Processing component leverages cloud-based reporting technologies to provide transparency into the activity and outputs of our other platform components, and facilitates portability of data for utilization by our clients and their business partners.

HIPAA Crash Course - Commonly used Definitions



HIPAA is a federal law intended both to reduce healthcare costs by requiring the use of electronic data interchange and to protect the security and privacy of protected health information (PHI) in electronic data interchange.

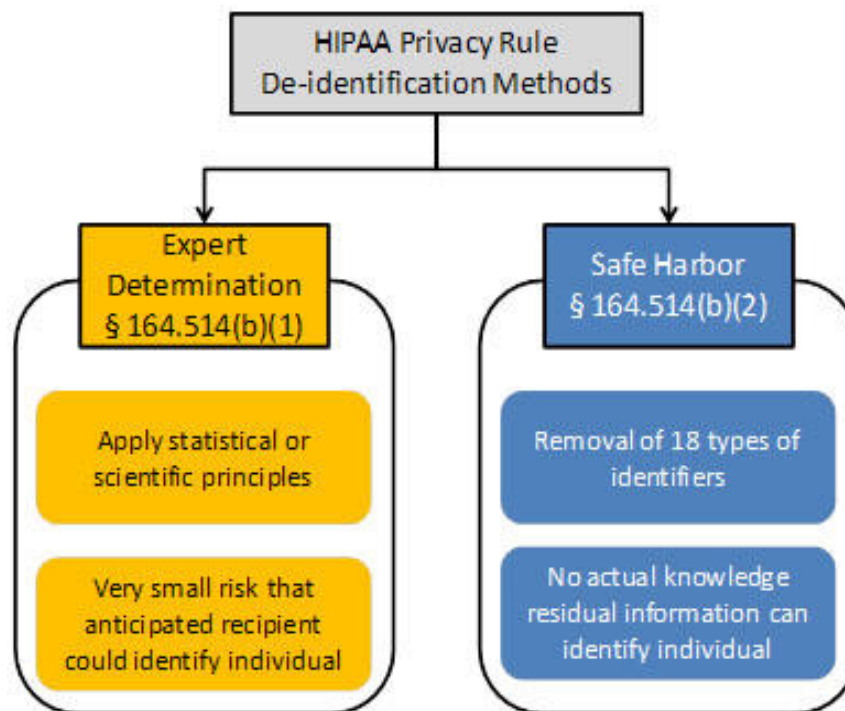
- Protected Health Information (PHI)
- Covered Entity
- Business Associate
- Office for Civil Rights (OCR)

HIPAA Crash Course – Four rules

Privacy Rule	requires appropriate safeguards to protect the privacy of Protected Health Information (PHI) and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization.
Security Rule	identifies standards and implementation specifications to be met in order to ensure the confidentiality, integrity, and availability of all electronic Protected Health Information (ePHI) created, received, maintained, or transmitted in order to protect against threats or hazards to the security or integrity of such ePHI.
Breach Notification Rule	includes an affirmative obligation to notify affected individuals if PHI is compromised. Under this rule, one is required to presume that any impermissible use or disclosure of PHI is a breach unless you can demonstrate that there is a lower probability that the PHI was compromised, based on performance of a risk assessment.
Enforcement Rule	establishes steep penalties for violations of HIPAA that could result in multimillion dollar penalties

De-Identified Information

The Privacy Rule provides the standard for de-identification of PHI. Health information is no longer “individually identifiable” if it does not identify an individual and there is no reasonable basis to believe it can be used to identify an individual. De-identified information is no longer individually identifiable health information – no longer PHI covered by HIPAA’s Privacy Rule.



De-Identification | The Safe Harbor Method



In order to meet the Safe Harbor under §164.514(b), the following identifiers of the individual or of relatives, employers, or household members of the individual, must be removed:

1. Names
2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes*
3. All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
4. Telephone numbers
5. Fax numbers
6. Email addresses
7. Social security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) addresses
16. Biometric identifiers, including finger and voice prints
17. Full-face photographs and any comparable images
18. Any other unique identifying number, characteristic, or code

Big Data Projects - with and without PHI

Identified Data:

Quality Improvement Program within a single Covered Entity – *uses claims data from an insurance company to identify specific gaps by benchmarking against a statistically de-identified database.*

De-Identified Data:

Study of Dual Eligible Beneficiaries Across Multiple Covered Entities – *used statistically de-identified data paired with CMS MMR reports and sociodemographic data*





inovalon[®]
healthcare empowered

HEALTH PRIVACY THE FTC PERSPECTIVE FOSTERING INNOVATIVE DIGITAL HEALTH STRATEGIES EVENT

Cora Han
June 23, 2016
Federal Trade Commission



FTC Background

- Independent law enforcement agency
- Consumer protection and competition mandate
- Privacy is a consumer protection priority
 - Enforcement
 - Policy initiatives
 - Consumer education and business outreach

Area of FTC Focus

- Tremendous growth in consumer generated and controlled health data

WebMD™



patientslikeme®



- Much of this activity is taking place outside of HIPAA

Privacy and Security Challenges

- Security risks
- Risk of use and sharing of data in a way that consumers would not reasonably expect
- Increasing difficulty of defining health data
- Challenges of providing notice and choice

FTC Act Fundamentals

- Section 5 of the FTC Act broadly prohibits “unfair or deceptive acts or practices in or affecting commerce.”
 - **Deception:** a material representation or omission that is likely to mislead consumers acting reasonably under the circumstances
 - **Unfairness:** a practice that causes or is likely to cause substantial injury to consumers that is not outweighed by countervailing benefits to consumers or competition and is not reasonably avoidable by consumers

FTC Act Enforcement

- **Practice Fusion**

- FTC alleged that electronic health records provider misled consumers by failing to disclose adequately that physician reviews would be publicly posted.

- **GMR Transcription Services**

- FTC alleged that medical transcription company outsourced services to third party without adequately checking to make sure they could implement reasonable security measures.

- **Henry Schein Practice Solutions, Inc.**

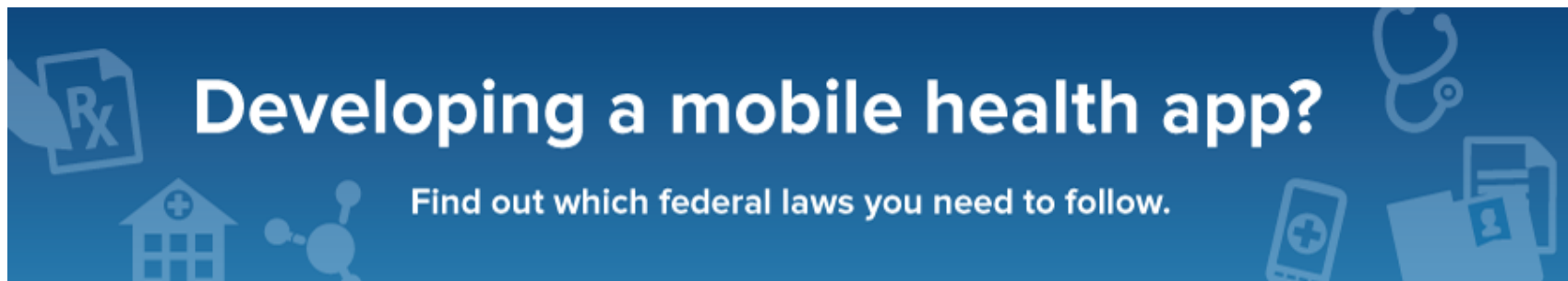
- FTC alleged that provider of office management software for dental practices misrepresented that its software provided industry-standard encryption of sensitive patient information.

Health Breach Notification Rule

- **Three types of covered entities**
 - Vendors of personal health records (PHRs)
 - PHR related entities
 - Third-party service providers
- **Requires covered entities that suffer a breach to:**
 - Notify everyone whose information was breached
 - In some cases, notify the media
 - Notify the FTC

Guidance for Mobile Health App Developers

- [Interactive tool](#) to help health app developers figure out which federal laws might apply to their app
 - Produced in cooperation with ONC, OCR, and FDA



Produced in cooperation with the U.S. Department of Health & Human Services (HHS): the Office of the National Coordinator for Health Information Technology (ONC), the Office for Civil Rights (OCR), and the Food and Drug Administration (FDA)



The Office of the National Coordinator for
Health Information Technology

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE FOR CIVIL RIGHTS



Guidance for Mobile Health App Developers

- FTC Best Practices
 - Minimize data
 - Limit access and permissions
 - Keep authentication in mind
 - Consider the mobile ecosystem
 - Implement security by design
 - Don't reinvent the wheel
 - Innovate how you communicate with users
 - Don't forget about other applicable laws

Big Data Report

- Life cycle
- Benefits and risks
- Potentially applicable laws
- Research considerations



Research Considerations

- Consider whether your data sets are missing information from particular populations and, if they are, take appropriate steps to address this problem.
- Review your data sets and algorithms to ensure that hidden biases are not having an unintended impact on certain populations.
- Remember that just because big data found a correlation, it does not necessarily mean that the correlation is meaningful. As such, you should balance the risks of using those results, especially where your policies could negatively affect certain populations.
- Consider whether fairness and ethical considerations advise against using big data in certain circumstances.

FTC Resources

www.ftc.gov www.business.ftc.gov

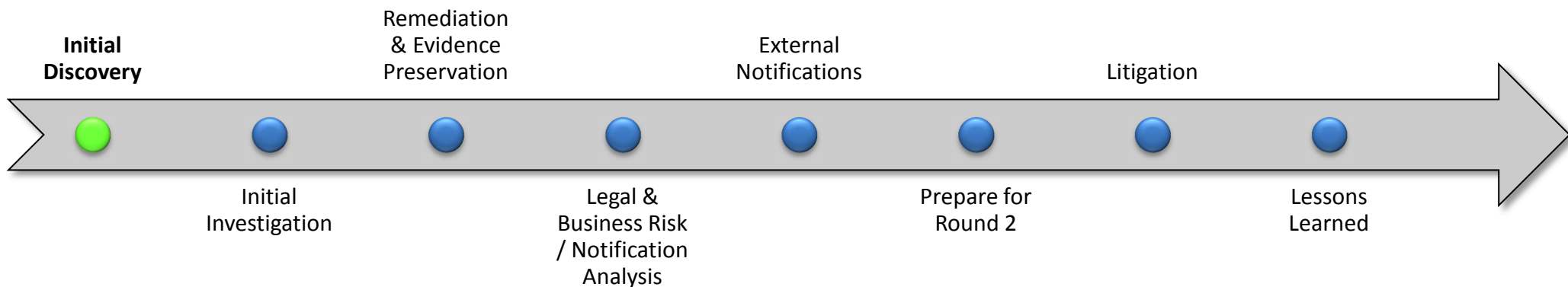
- Mobile Health App Developers
 - Interactive Tool
 - Best Practices
- Start with Security: A Guide for Business
- Big Data: A Tool for Inclusion or Exclusion?

Questions?

Cora T. Han
Federal Trade Commission
chan@ftc.gov

- **Part I: Anatomy of a Cyber and Privacy Incident**
- **Part II: Lifecycle Cyber and Privacy Risk Management**





Initial Investigation

Forensic Investigation

Led By Counsel
Internal Teams
3rd Party Experts
(Retained by Counsel)

Legal Review

Incident Response Plan
Privacy Policy
Security Policy
Document Retention

Management Review

Oversight & Management
Roles & Responsibilities
Communication Structure

Initial
Discovery

Remediation
& Evidence
Preservation

External
Notifications

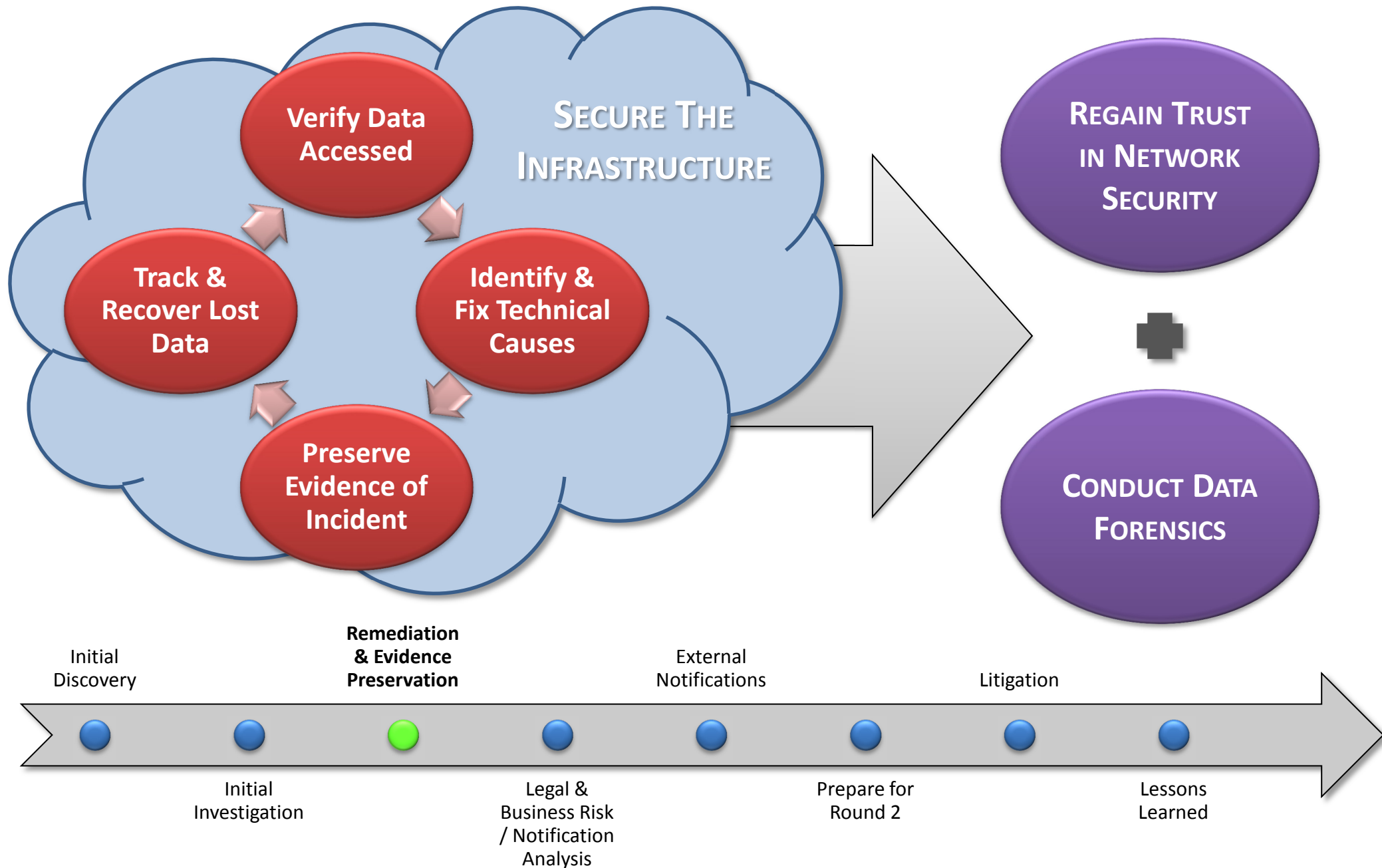
Litigation

Initial
Investigation

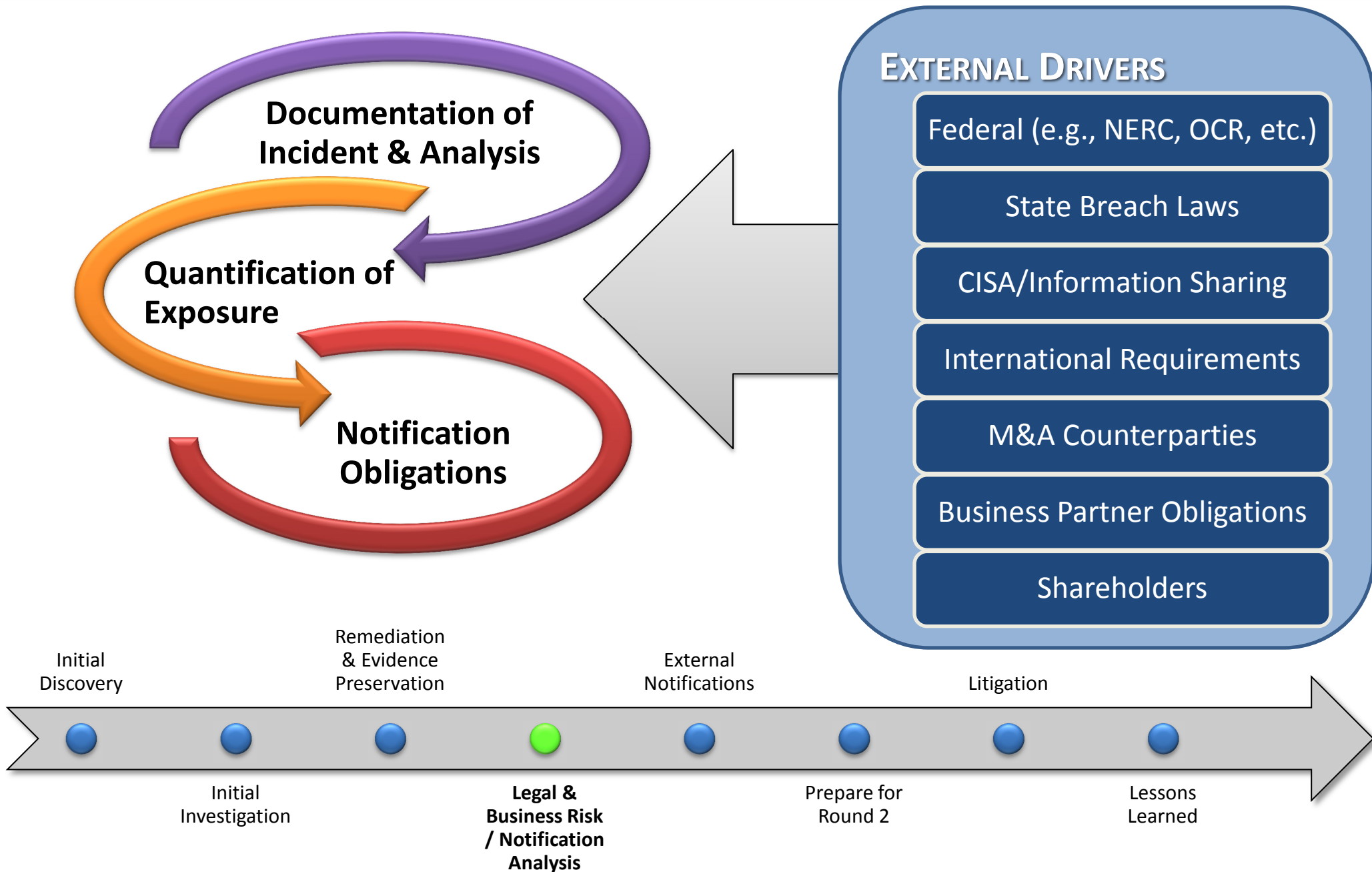
Legal &
Business Risk
/ Notification
Analysis

Prepare for
Round 2

Lessons
Learned



Legal & Business Risk / Notification Analysis



External Notifications

NOTIFICATION CONSIDERATIONS

Federal & State Compliance

Who to Notify?

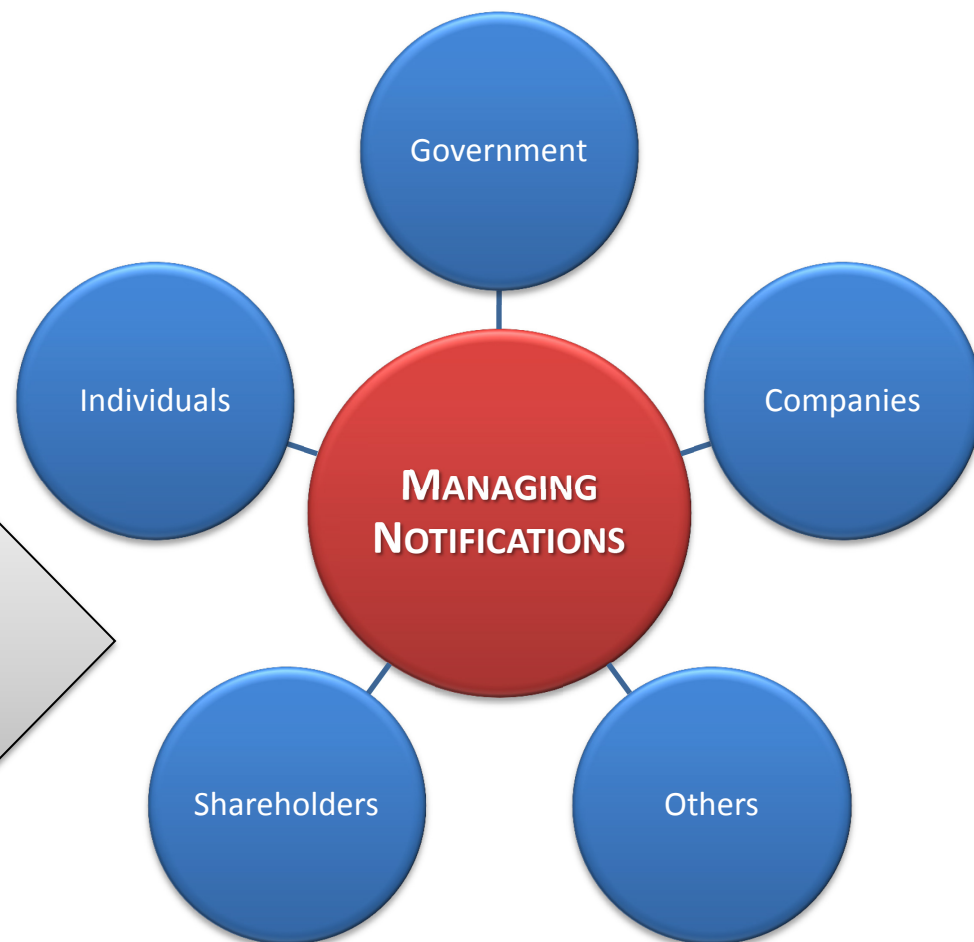
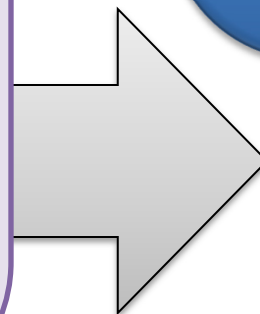
Preparing Materials

Timing (Legal, Regulatory, etc.)

Law Enforcement/Regulator Coordination

Media/Messaging

3rd Party Providers



Initial
Discovery

Remediation
& Evidence
Preservation

External
Notifications

Litigation

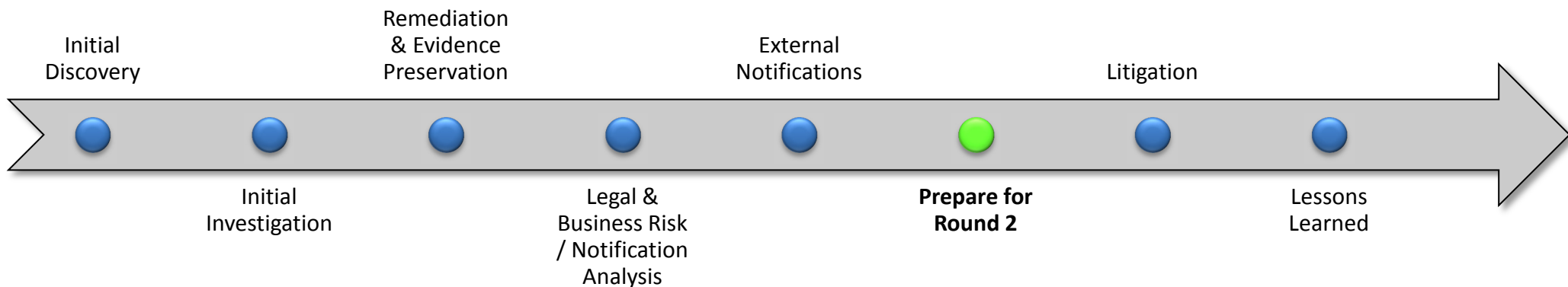
Initial
Investigation

Legal &
Business Risk
/ Notification
Analysis

Prepare for
Round 2

Lessons
Learned

Prepare for Round 2



CAUSES OF ACTION



Initial
Discovery

Remediation
& Evidence
Preservation

External
Notifications

Litigation

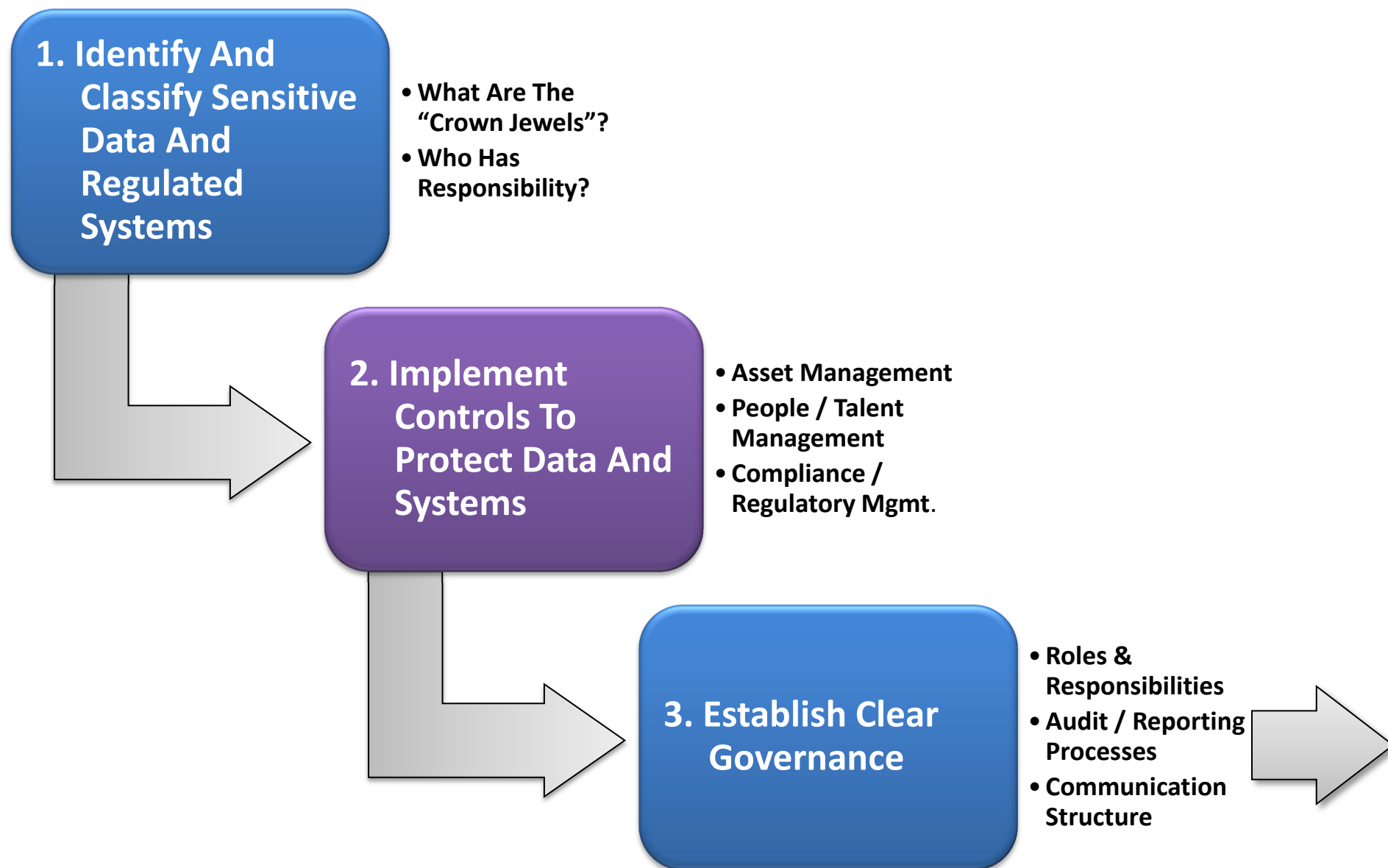
Initial
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Prepare for
Round 2

Lessons
Learned

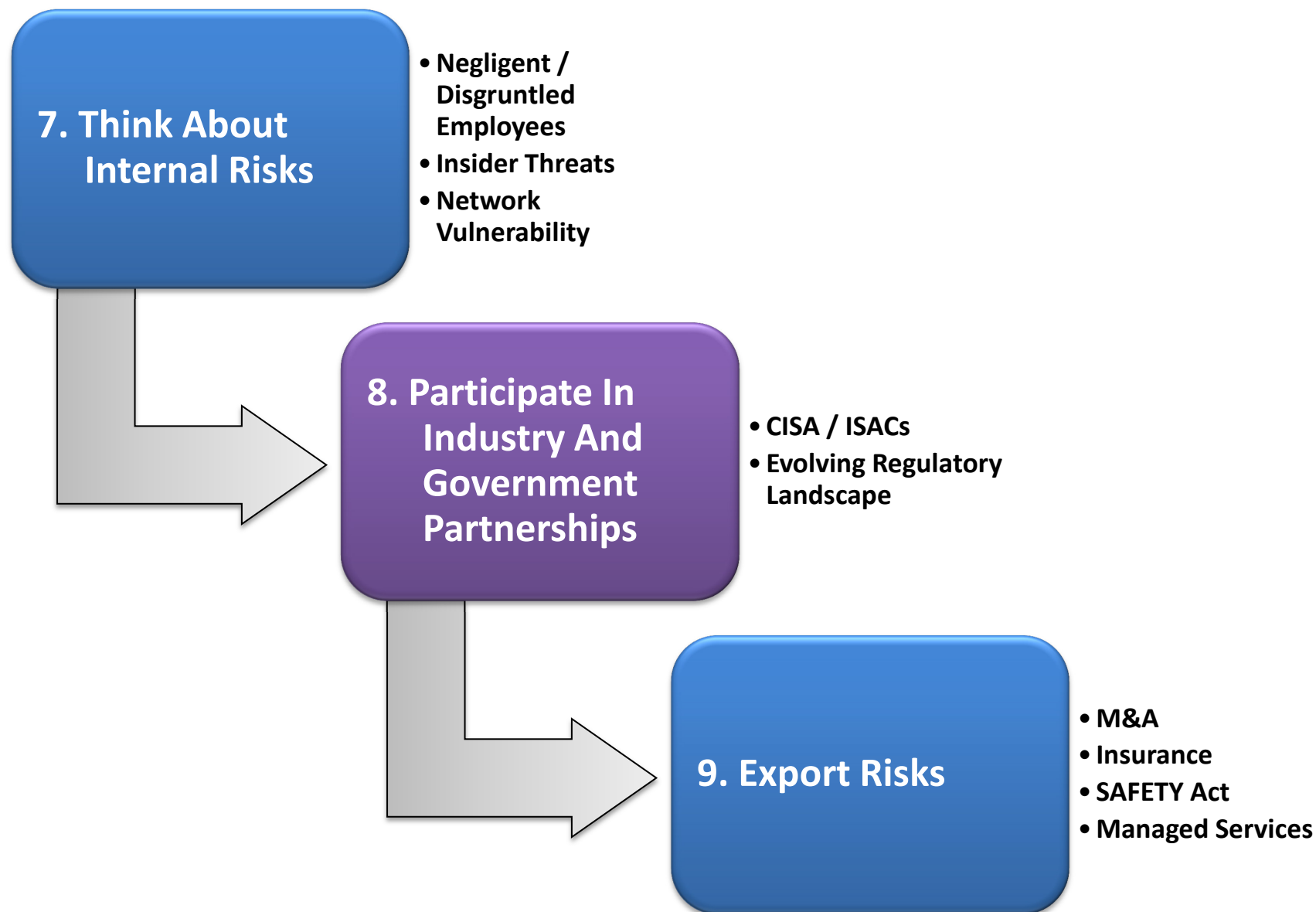
Lifecycle Cyber and Privacy Risk Management



Lifecycle Cyber and Privacy Risk Management



Lifecycle Cyber and Privacy Risk Management





Break – 15 Minutes



New Payment Models and New Sources of Data for Care Coordination and Quality Improvement



John Brennan
Crowell & Moring



Barbara Ryland
Crowell & Moring

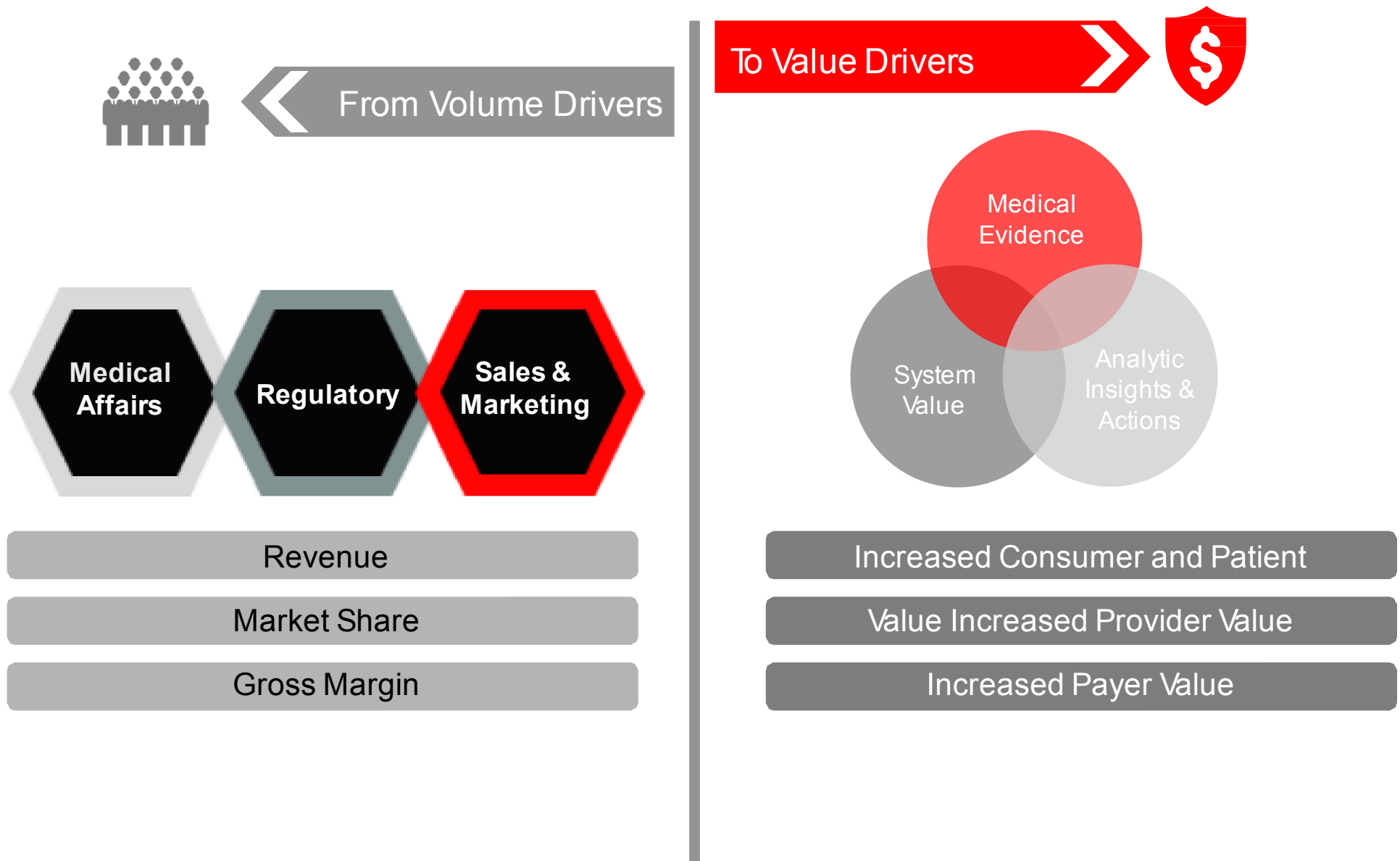


Soph Sophocles
Biogen



**Dr. Elizabeth
Raitz-Cowboy**
Aetna Life
Insurance
Company

For Life Science Companies this is forcing a major change in strategies and operating models



There are few standard measures

Organization	Components of outcomes & value
American College of Cardiology (ACC)	Clinical benefit; cost-effectiveness
American Society of Clinical Oncology (ASCO)	Clinical benefit; toxicity; palliation; cost/month
Sloan Kettering Drug Abacus (http://www.drugabacus.org)	Efficacy; toxicity; novelty; R&D; rarity; population health burden
Institute for Clinical & Economic Review (ICER)	Cost-effectiveness; budget impact
National Comprehensive Cancer Network (NCCN)	Efficacy; safety; evidence quality; evidence consistency; affordability

With outcomes contracting models increasing

THE WALL STREET JOURNAL.

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<http://www.wsj.com/articles/novartis-reaches-entresto-pay-for-performance-deals-with-cigna-aetna-145038859>

BUSINESS

Novartis Reaches Entresto Pay-for-Performance Deals With Cigna, Aetna

Pay-for-performance deals set pricing for drugs based on how well they work for certain patients



The U.S. Food and Drug Administration approved Novartis AG's heart drug Entresto, a tablet taken twice daily, in July. PHOTO: REUTERS

By **TESS STYNES**

Feb. 9, 2016 12:27 p.m.
ET

Cigna Corp. and Aetna Inc. have reached agreements for heart drug Entresto with Swiss drugmaker Novartis AG that tie pricing to patient outcomes.

Such pay-for-performance deals, which set pricing on certain drugs based on how well they work for certain patients, have been spurred by concerns about increasingly high prices for some medicines. A Novartis spokesman confirmed Tuesday that pharmaceuticals division head David R. Epstein was referring to Cigna and Aetna when he said Novartis reached performance-based deals with two health insurers on the drugmaker's fourth-quarter earnings conference call last month.

Health insurer Cigna said in a news release Monday said its pay-for-performance deal with Novartis for Entresto primarily links the financial terms to a reduction in the portion of its customers

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CIGNA-Merck Outcomes Contract Hailed as 'First Step,' but Some Want More Data

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By Steve Davolt, Editor - December 17, 2010 - Volume 11 Issue 24

Since CIGNA Corp. and Merck & Co., Inc. first publicly disclosed results from an outcomes-based contract on oral diabetes drugs earlier this fall, many medical innovation boosters have heralded the program as the Next Big Thing. And although more skeptical observers concede the first nationwide agreement of its kind between a PBM and a drug manufacturer appears to be groundbreaking, they caution that if such initiatives are to chart a course for a widespread movement, more clinical data and greater transparency in reporting are needed.

Under the terms of the partnership, launched in April 2009, Merck lowered the price for its brand drugs Januvia (sitagliptin) and Janumet (sitagliptin/metformin) and offered an initial discount, via rebates, to CIGNA when its members with type 2 diabetes reached benchmarks for medication adherence and lowered blood sugar, regardless of what drug they were taking (*DBN* 5/1/09, p. 1). The pharma company offered a second round of rebates when patients taking the drugs lowered their blood sugar even further.

And the results — at least those CIGNA is willing to make public — are in. In a population of 165,000 members taking the two oral diabetes drugs, blood sugar levels improved by more than 5% on average. Participants also registered a 4.5% increase in blood sugar lab testing during this period. Finally, medical adherence improved across the board, rising to 87% for those taking Januvia and Janumet. Diabetes was one of the leading drivers of drug trend, growing faster over the past three years in its percentage of health care plan spending than any other therapeutic category, according to Medco's 2010 *Drug Trend Report*.

Sometimes cited as a variety of pay-for-performance pact and often linked with comparative effectiveness research (CER), such outcomes-based contracting has been commended for aligning the incentives of health plans, payers, providers and patients alike. And in this particular case, the largely positive results of the CIGNA-Merck collaboration have left many proponents of such arrangements impressed.

"The Merck-CIGNA contract is the game-changer," Cyndy Nayer, executive director of the Center for Healthcare Innovation, tells *DBN*, "because in it Merck moved beyond its own drugs and said, 'We will reimburse no matter how people get better.'"

Dan Haron, president of CIGNA Pharmacy Management, admits that lowering the price for a product as its performance improves may trigger bouts of cognitive dissonance. "The idea of paying less for medications if they are successful is really kind of counterintuitive," he tells *DBN*. "This outcomes-based contract aligns the incentives of the pharmaceutical company and the health services company behind the health of the individual. That's really what we should all be aspiring to do."

CIGNA: Care Tools Drove Adherence

Unsurprisingly, the incentive Merck is geared toward is selling more drugs. CIGNA leveraged the drugmaker's self-interest by deploying some of its other programs, such as Coach Rx, a Web-based notification tool, to drive adherence in the diabetes program. "What's key here is we're creating a compelling environment in which Merck gets the opportunity to demonstrate the effectiveness of their product," says Haron. "If medication adherence is improved, more of their product is utilized."

"This is a template we hope we'll be utilizing for products in the future, particularly in the specialty drug class," Haron says.





Closing Remarks & Networking Reception