



ARCHO ADVOCACY, LLC

REACH IS NOT RESPECT

TWO STANDARDS FOR MEASURING HOW WELL PHARMACEUTICAL & BIOTECHNOLOGY COMPANIES SERVE PATIENT ADVOCACY ORGANIZATIONS, & WHAT THE GAP COSTS THE INDUSTRY





This paper measures what the industry keeps getting wrong: how the patient advocacy community actually experiences a pharmaceutical company.

A single ranking hides the truth, so ELAVAY runs two. Standard One measures reach, the breadth of advocacy attention a company earns. Standard Two measures satisfaction, the quality of the relationship as advocacy organizations rate it. The winners are not the same. Johnson and Johnson leads on reach and lands fifth on satisfaction. Eli Lilly leads on satisfaction. Scale buys reach. It does not buy respect.

Across thirty program areas, advocacy organizations want more than industry delivers, every area, by an average of 1.30 points. The deepest gaps sit where the work is hardest and least visible: leadership access, value beyond funding, and the social drivers of health.

A strong advocacy function pays for itself. It sharpens patient insight, speeds trials, protects launched revenue, and builds the trust that decides whether therapies reach patients.

Your logo may reach everyone. The question is whether your relationships earn their regard.

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HOW TO READ THIS PAPER

The summary at the front gives you the headline. The pages that follow give you the proof, and the method behind it.

ELAVAY measures one relationship from two angles. The *Engagement Index* ranks **reach**, the breadth of advocacy attention a company earns. This is the historical evaluation completed by the ELAVAY Advocacy Intelligence report. The *Satisfaction Index* ranks **regard**, the quality of the relationship as advocacy organizations rate it, corrected for sample reliability. A third index, the *Advocacy Standing Index*, combines the two and weights **regard** over **reach** for readers who still want a single number.

Read the two standards as a pair. A company can command attention and still fall short on trust, and the distance between those two positions is the story this paper tells.

What follows, in order: the measurement problem, each standard with its ranking, the divergence between them, the demand-supply gaps across thirty program areas, what industry must do better, and the business case for closing the gap.

A strong patient advocacy function pays for itself. It drives the business, not the brochure, and delivers value across the company:

- *Earlier and truer patient insight, gathered before competitors hear it.*
- *Faster and more representative clinical trials.*
- *Protected revenue after launch, through work on access and social barriers.*
- *A stronger market access and policy position.*
- *Durable corporate reputation, which tracks leadership access year over year.*

Two questions follow this paper, each with its own tool. First, how does the advocacy community experience your company? ELAVAY answers that from the outside in, and the rankings here are its output. Second, how well does your own organization integrate the advocacy function? The Advocacy Influence Diagnostic answers that from the inside out.

Take it at [AID.ELAVAY.COM/SURVEY](https://aid.elavay.com/survey)



THE MEASUREMENT PROBLEM

Most rankings of corporate performance with advocacy organizations collapse into one number, and that number usually rewards size. Big companies fund more programs, attend more meetings, and touch more organizations, so they show up more often in any survey. Volume looks like leadership until you separate two questions that deserve separate answers.

How many advocacy organizations engage with a company? That is reach. How well does a company treat the organizations that engage with it? That is satisfaction. The two move independently, and conflating them flatters the giants and buries the specialists. This paper measures each on its own terms.

STANDARD ONE: THE ELAVAY ENGAGEMENT INDEX

The Engagement Index measures breadth of attention. It answers one question: which companies do advocacy organizations choose to engage with most across the full survey? Each of the seven survey sections ranks ten companies by response rate. The algorithm awards 10 points for first in a section down to 1 for tenth, splits points on ties, then sums each company's points across all seven sections.

ENGAGEMENT INDEX | RAW POINTS ACROSS SEVEN SECTIONS

RANK	COMPANY	POINTS	SECT. OF INCLUSION
1	Johnson and Johnson Innovative Medicine	67	7
2	Novartis	59.5	7
3	Pfizer	57.5	7
4	Eli Lilly	44.5	7
5	Bristol-Myers Squibb	38.5	7
6	Sanofi	36	7

ENGAGEMENT INDEX | RAW POINTS ACROSS SEVEN SECTIONS

RANK	COMPANY	POINTS	SECT. OF INCLUSION
7	Genentech / Roche	26	7
8	Merck	24	7
9	Neurocrine Biosciences	15.5	5
10	AbbVie	9	5
11	Gilead / Kite	4	2
12	AstraZeneca/Alexion	3.5	2

Reading: the three largest, most diversified portfolios own advocacy attention. Reach tracks scale. The index counts attention, not approval. A company can lead on reach and trail on satisfaction, which is exactly what the next standard reveals.

STANDARD TWO: THE ELAVAY SATISFACTION INDEX

The Satisfaction Index measures how favorably advocacy organizations rate the companies they actually work with, corrected for how many voices stand behind each score. A raw average rewards small, enthusiastic samples. The index shrinks each company's section score toward the section average in proportion to how thin its response base is. Statisticians call this credibility weighting, or Bayesian shrinkage. IMDb, BoardGameGeek, and Yelp rank this way because it survives scrutiny.

$$\text{Formula: } ESI(c,s) = (n \times R + C \times m) / (n + C)$$

Where R is the company average in that section, n is the response count behind it, m is the section prior, and C is the credibility constant (each section's median response count). A company's overall index is the simple average across the sections where it appears, and it must carry data in at least three of the four rated sections to be ranked.

SATISFACTION INDEX | ESI ON A 7-POINT SCALE

RANK	COMPANY	ESI	RAW AVG	SECT. OF INCLUSION
1	Eli Lilly	5.28	5.46	4
2	Neurocrine Biosciences	5.23	5.41	4
3	Sanofi	5.20	5.33	4
4	Pfizer	5.18	5.25	4
5	Johnson and Johnson Innovative Medicine	5.14	5.19	4
6	Genentech / Roche	5.12	5.14	4
7	Novartis	5.04	5.00	4
8	Bristol-Myers Squibb	5.01	4.95	4
9	AbbVie	4.86	4.57	4
10	Merck	4.81	4.49	4

Reading: Eli Lilly and Neurocrine lead, five hundredths of a point apart. Shrinkage pulled Neurocrine from a raw 5.41 to 5.23 for its thin samples and it still finishes second, so the finding holds. Johnson and Johnson, the runaway reach leader, lands fifth. Novartis, second on reach, lands seventh.

THE DIVERGENCE: REACH IS NOT RESPECT

- Lay the two standards side by side and the story sharpens. Johnson and Johnson ranks first on reach and fifth on satisfaction. Novartis ranks second on reach and seventh on satisfaction. Neurocrine ranks ninth on reach and second on satisfaction. The same dataset produces different winners because it answers different questions.
- If you run a large company, this should sting. Your logo reaches everyone and your relationships rate average. Attention without regard is a warning, not a trophy. The focused players sit in a better spot than they might think. Few organizations know them, but the ones that do rate them near the top, and that is a foundation worth more than another logo on a crowded slide.
- Getting in the room is the easy part. What a company does once it is there earns the loyalty, and that behavior is the rest of this paper.



STANDARD THREE: THE ELAVAY ADVOCACY STANDING INDEX

Some readers still want one number. The Advocacy Standing Index gives them one, built on a stated editorial position: trust should outweigh reach. It normalizes each standard to a 0 to 100 scale across the companies that carry both an engagement and a satisfaction score, then weights satisfaction at 60 percent and engagement at 40 percent. The weighting is a choice, not a law. Gilead and AstraZeneca carry no satisfaction data and fall outside the index.

ADVOCACY STANDING INDEX | 60% SATISFACTION, 40% ENGAGEMENT (REACH)

RANK	COMPANY	STANDING
1	Eli Lilly	84.5
2	Johnson & Johnson	82.1
3	Pfizer	80.7
4	Sanofi	68.4
5	Novartis	54.2
6	Neurocrine	58.1
7	Genentech	51.3
8	Bristol Myers Squibb	45.9
9	Merck	10.3
10	AbbVie	6.4

Reading: Eli Lilly leads because it ranks well on both standards, the only profile the index rewards fully. Neurocrine ranks second on satisfaction yet sixth on Standing, because thin reach pulls a deep relationship down. Treat these scores as relative position within this measured set, not absolute grades.

WHAT INDUSTRY ADVOCACY TEAMS MUST DO BETTER

Across all thirty program areas, advocacy interest exceeds current industry support. Five priorities follow.

- 1. Close the demand-supply gap.** Every area shows a deficit, mean gap 1.30 points. Start with the widest. Much of the shortfall traces to two years of turmoil inside industry advocacy functions. I have yet to find a single pharma or biotech that has not reorganized or downsized its patient advocacy team, then asked it to hold the same workload with fewer people and thinner budgets.
- 2. Open the door to leadership.** The lowest-scoring attribute is access to company leadership, at 5.07. Advocacy organizations rate your ethics at 6.10 and your commitment to patients at 6.12. They trust your intent and do not feel you let them in. Leadership access has been the leading indicator of next year's corporate reputation scoring for a decade, so expect scores to slip.
- 3. Deliver value beyond the check.** Value beyond funding sits near the bottom at 5.63. Organizations rate industry highest on the visible work (conferences and symposia 5.79, disease education 5.65) and lowest on the operational work (patient registry support 4.21, clinical trial collaboration 4.83). You show up where the room is full. You go quiet where the work is hard.
- 4. Do the hard, unbranded work.** The widest gaps sit where the work is least visible. Address the social determinants and you address the gaps that stop patients from starting and staying on the prescriptions your company worked so hard to bring to market.
- 5. Co-create, do not broadcast.** The signal across sections rewards companies that involve advocacy organizations and marks down those that treat them as a distribution channel. Proximity and responsiveness beat volume.



WIDEST DEMAND-SUPPLY GAPS | top 8 of 30 program areas

PROGRAM AREA	SECTION	SUPPORT	INTEREST / DESIRE	GAP
Systemic Barriers to Equity	SDOH	3.09	5.22	+2.13
Social Support Networks	SDOH	3.59	5.37	+1.78



Intersectionality of Tactics	SDOH	2.96	4.7	+1.74
Government Outreach Guidance	Policy	3.25	4.83	+1.58
Individual Education	SDOH	3.92	5.49	+1.57
Coalition Support	Partnerships	4.2	5.77	+1.57
Patient-Centric Insights and Collaboration	Partnerships	4.05	5.57	+1.52
Payer Engagement Support	Policy	3.31	4.77	+1.46

THE BOTTOM LINE: WHY SATISFACTION PAYS

Treat advocacy satisfaction as a commercial asset, not a courtesy. The demand-supply gap is a map of unmet demand. In a market where products increasingly converge, the company that closes that gap differentiates on the one advantage a competitor cannot copy overnight, the relationship itself.

The timing favors the bold. Every company in this study is cutting, not building, its patient advocacy function. While competitors retreat, the company that leans in claims ground no one defends. Relationships built during a retreat compound for years, because advocacy organizations remember who showed up when the budgets got cut.

Leadership access has run as the leading indicator of next-year corporate reputation for a decade, and the gap in this study points to industry-wide slippage ahead. When the whole field is sliding, the one company that holds its leadership access gets a rare chance to pull away from the pack.

The economics start in the clinic. A modeled analysis from the Clinical Trials Transformation Initiative (Therapeutic Innovation and Regulatory Science, 2018) estimated the expected net present value of engaging patients in trial design. Its most cautious scenario returned about 3.8 million dollars per asset, with other scenarios running into the tens of millions, driven by faster enrollment and a higher probability of technical and regulatory success.

The economics do not stop at approval. About half of patients with chronic conditions skip or stop their medications, and avoidable U.S. spending tied to non-adherence runs as high as 289 billion dollars a year (New England Healthcare Institute, 2009; Annals of Internal Medicine, 2012).

Every prescription that never gets filled is revenue you already earned in the lab and lost at the counter. The cheapest revenue you will ever find is the patient who already holds the prescription and only needs the barriers removed. Advocacy work on social determinants removes those barriers directly, which is why the hard, unbranded work pays twice. It lifts patient outcomes and it protects the sales you already booked.

Put the ELAVAY Satisfaction Index on the management dashboard next to revenue and reputation. Set targets against the widest gaps. Then shift effort from spreading the logo toward earning the relationship, while your competitors stay too busy cutting to notice.

METHODOLOGY AND LIMITS

Data source: ELAVAY benchmarking dataset, Sections 1 through 7. Rating data exists in Sections 1, 2, 3, and 7; Sections 4, 5, and 6.1 carry response rate only and contribute to engagement, not satisfaction. Response base per rated section ranged from roughly 145 to 175 advocacy organization responses.

Engagement Index: all seven sections, ranked by response rate, scored 10 down to 1 and summed.

Satisfaction Index: the four rated sections, credibility constant C set to each section's median response count, section priors are response-weighted means. Section 7 counts were recovered from the grid response-rate row at a base of 146 respondents; every recovered count resolved to a whole number. The source contains no response-level standard deviations, so C is a documented heuristic; the top order holds across C of 5, 10, and 20.

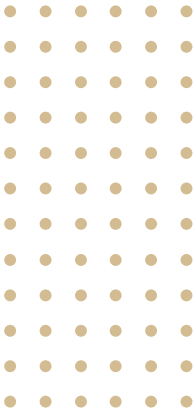
Ratings use a 7-point scale. Gilead / Kite and AstraZeneca / Alexion carry no rating data and stay out of the Satisfaction Index.

Standing Index: normalizes each standard to 0 to 100 within the rated cohort, then combines at 60 percent satisfaction and 40 percent engagement. Every figure is reproducible from the underlying dataset.



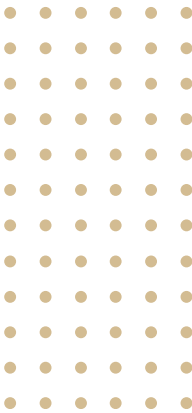
SOURCES:

- ELAVAY benchmarking dataset, Sections 1 through 7. All ranking, gap, and attribute figures computed directly from this source.
- Clinical Trials Transformation Initiative patient engagement value analysis, Levitan and colleagues, Therapeutic Innovation and Regulatory Science, 2018. The 3.8 million dollar figure is the most conservative scenario.
- New England Healthcare Institute, "Thinking Outside the Pillbox," 2009; and Viswanathan and colleagues, Annals of Internal Medicine, 2012. The 289 billion dollar figure is the top of the cited range and covers non-adherence with related drug-therapy problems.



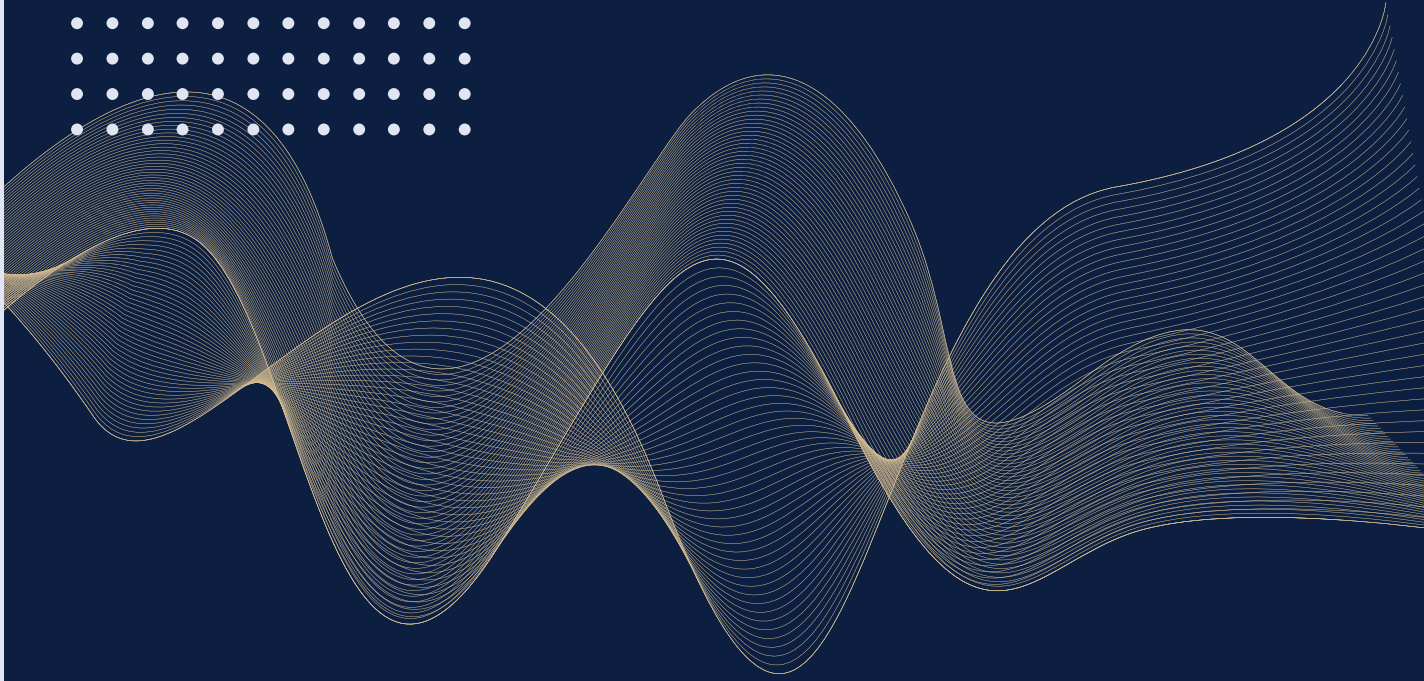
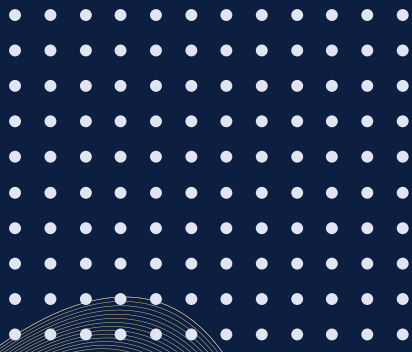
ABOUT ELAVAY:

- **ELAVAY** is the syndicated market research arm of Archo Advocacy. It shows pharmaceutical companies how the patient advocacy community experiences them, and how to do better. That is step one. Step two is the Advocacy Influence Diagnostic, which measures how well your organization integrates its advocacy function and how far its insights travel inside your own walls. Take the diagnostic **at aid.ELAVAY.com/survey.**
- **Archo Advocacy** works toward stronger organizations, smarter innovation, and better health outcomes. A strong patient advocacy function pays for itself. It speeds development, protects launched revenue, and builds the trust that decides whether therapies reach patients.
- Contact Matt Toresco at matt.toresco@archo.io or book time at ***api.leadconnectorhq.com/widget/bookings/11-with-matt-toresco***.



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