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Date: 02/11/2004 10:51:50 PM
From: CN=Gregory T Brophy/OU=AM/O=LLY
Subject: Preparation for After Action Review
Attachments: After Action Review Process.ppt

Bert, here are some of my initial thoughts on the questions posed by David Kinard. Michele, attached are the key questions for the Review meeting on Friday from 10-12 - thanks for filling in for me on this. Robin, I would also like you to feed your thoughts into Michele on these questions.

To a great extent, how these questions are addressed depends on if the group looks at the broad question of ADA influence - from when we first got involved with this (my recommendation), vs. how we ran the drill once we knew the outcome was negative (i.e. we should have had greater influence early on before it was a done deal). So if people take the broader approach, here are some of my preliminary thoughts (for slide 4/5):

Supposed to happen: ADA was to come out with a recommendation similar to FDA's conclusion - comparable risk across atypicals

What happened: Differential risk, limited evaluation of the data, deck stacked against us even before the meeting began, railroaded process

Why did it happen: We underestimated the players, didn't really understand role & approach competition would take, under appreciated ADA backlash to other Lilly actions with it, inadequately influenced key players on decision, thought science and data would win - under appreciated the influence of weight gain on the action (perhaps too busy defending against it), FDA presentation was not as strong as it could have been to influence group (particularly the response to the weight gain question), our "full court press" action in the last few days was good, but came at a point too late to fundamentally influence the outcome

What lessons have we learned and replicate/change: We need to "get out of the blocks" much sooner by having Lilly people or friends with strong, long term relationships engaged much earlier in the process and executing a well designed influence plan. This also needs to come with the expectation that this is part of their "day job", and not something added on to an already impossible schedule. Early on determine who the key decision makers are and get to them with our data, but also LISTEN very carefully to them as to their concerns and fundamentally address them with sound science, and with recognition that there are some holes in our arguments. We need to have a person who understands the data from other atypicals better than they understand Zyprexa to play the role of antagonist to keep us vigilant to our own weaknesses and to the strength of our competition's data. We need to further demonstrate the overall benefits of Zyprexa - fundamentally change the game beyond this single dimension, particularly for endocrine specialists, but also listen to those influential psychiatrists that don't agree that Zyprexa is worth paying for.

This should be a very good exercise, useful not only to the APA influence plan, but also to apply to the broader long term Neuroscience influence agenda. Sorry that I will miss it - I'll be very interested in participating in the plan moving forward.

Thanks,
Greg

----- Forwarded by Gregory T Brophy/AM/LLY on 02/11/2004 09:50 PM -----

David S Kinard

02/11/2004 05:21 PM

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cc:

Subject: Preparation for After Action Review

As you saw in the message from Bert, I am scheduled to help facilitate the After Action Review (AAR) on Friday regarding Zyprexa and the ADA. In preparation, I am attaching 8 slides that give a simple explanation of AARs as background.



After Action Review Process.ppt

The best thing you can do in preparation for the session is to:

Note to yourself (either mentally or literally) some of your answers to the AAR questions (see slide 4) .

Review the "Behaviors that kill learning" (slide 7). Past experience has shown that the quality of the exercise is highly dependent on the absence of these behaviors in the exercise.

Beyond this, no further preparation is needed. I'll look forward to the discussion Friday.

Dave

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Answers That Matter.

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