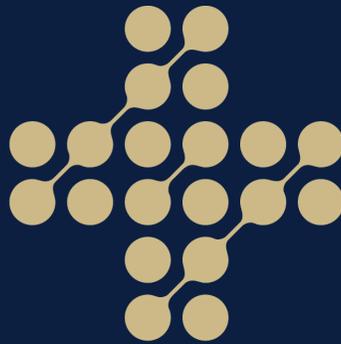
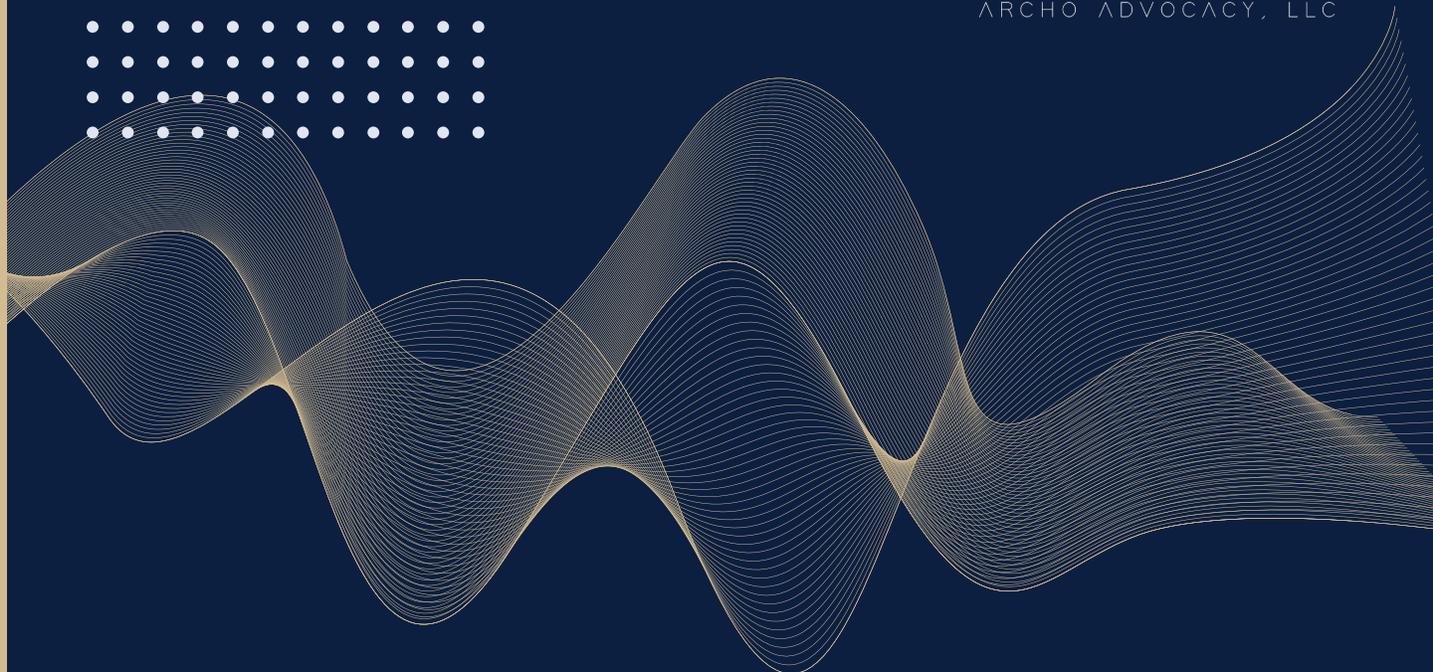


ARCHO ADVOCACY, LLC



BIOADVOCATE

BRIDGING THE GAP: MAXIMIZING PATIENT ENGAGEMENT

A Data Driven Evaluation of the Patient Advocacy Function

FROM THE AUTHOR

The complexity of the US Healthcare system has outpaced the knowledge of many of its own industry experts and healthcare professionals, leaving many patients in the dark.

The PATIENT ADVOCACY function of a healthcare organization is the beacon of hope and the flashlight in the dark in more ways than leadership may understand.



In the evolving landscape of healthcare, patient advocacy has long been recognized as a critical yet inconsistently prioritized function. While advocacy teams work tirelessly to amplify the patient voice and improve healthcare outcomes, their efforts often lack standardized benchmarks to measure impact, optimize resources, and secure strategic investment.

This is where the BIOADVOCATE Benchmark Report comes in. Developed with a data-driven approach, this report offers the first comprehensive assessment of how advocacy functions are structured, resourced, and integrated within the pharmaceutical and biotech industries. Our findings highlight clear correlations between advocacy investment and improved patient engagement, clinical trial retention, and regulatory success—proving that advocacy is not just a support function but a strategic driver of healthcare transformation.

Inside this report, you will find insights into the size, budget, and leadership structures of advocacy teams across leading organizations. We explore how these teams are aligned—whether by therapeutic area, corporate affairs, or decentralized models—and analyze trends in industry investment. Additionally, we shed light on the growing role of advocacy in early drug development, where 83% of teams are now influencing clinical trial design and patient engagement strategies.

One key takeaway from this research is that, despite the increasing recognition of patient advocacy's value, many organizations remain underinvested, with nearly half of surveyed teams operating with just five or fewer members. This underscores a pressing need for companies to reassess their commitment to patient engagement—not as an ancillary effort, but as a core pillar of their strategy.

This report is designed to provide meaningful, actionable insights that can help advocacy teams, healthcare executives, and industry leaders strengthen their engagement strategies, optimize resources, and ultimately, improve patient outcomes.

We hope you find the findings in this report both informative and transformative. Thank you for joining us in this critical discussion about the future of patient advocacy.

Sincerely,
Matt Toresco
Founder & CEO
Archo Advocacy, LLC

EXECUTIVE SUMMARY

While the patient advocacy function in pharmaceutical & biotechnology companies has been increasingly critical to ensuring optimal health outcomes, the role has been inconsistently prioritized within the healthcare industry for years. It lacks standardized benchmarks to demonstrate its full strategic value. The BIOADVOCATE Benchmark Report is a groundbreaking initiative that fills this long-standing gap. It provides the first comprehensive, data-driven assessment of how advocacy functions are structured, resourced, and integrated across the industry. By establishing clear correlations between advocacy investment and patient outcomes, this report delivers much-needed insights that can redefine how pharmaceutical and biotech companies approach patient engagement.

The **ELAVAY: BIOADVOCATE BENCHMARK Report** underscores a direct correlation between the scope of a patient advocacy function and the number of disease states it covers. Companies that engage with a broader range of conditions allocate more resources to advocacy, both in headcount and budget. Despite the importance of advocacy, team structures vary widely, with no dominant organizational model emerging. The most common alignment is by therapeutic area, particularly in rare diseases, oncology, cardiology, and women's health. These areas have the highest advocacy team allocations, indicating significant investment in patient engagement. Notably, 83% of advocacy functions are now involved earlier in drug development, supporting clinical trial design and patient engagement. Despite these trends, many advocacy teams remain lean, with nearly half of surveyed companies maintaining teams of five or fewer members, suggesting underinvestment relative to revenue potential.

A deeper look at the data reveals a pattern of strategic prioritization. Advocacy teams in leading organizations are more likely to be integrated into corporate affairs or medical functions, highlighting the role of advocacy in bridging the gap between corporate objectives and patient needs. Additionally, companies that prioritize advocacy earlier in drug development tend to see higher patient retention rates in clinical trials and improved regulatory navigation. This underscores the evolving role of advocacy in shaping healthcare outcomes beyond traditional patient support programs.

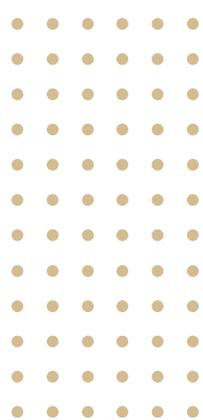
HEADCOUNT OF PATIENT ADVOCACY & ENGAGEMENT TEAMS AND DISCRETIONARY BUDGET

Team size is strongly linked to disease state coverage, with organizations covering 1-3 conditions maintaining an average of 5 advocacy professionals, while those covering 8+ conditions average 50. Despite 75% of surveyed organizations having revenues exceeding \$1 billion, 50% operate with advocacy teams of just 1-5 members. Budget allocation follows a similar trend, with discretionary advocacy spending averaging \$1.5 million for companies

HEADCOUNT OF PATIENT ADVOCACY & ENGAGEMENT TEAMS AND DISCRETIONARY BUDGET

covering 1-3 conditions and increasing to \$12.5 million for those covering 8 or more. However, no company allocated more than 1.5% of its total revenue to advocacy, signaling a significant gap in investment needed to maximize patient impact.

The disparity in budget allocation raises concerns about sustainability and effectiveness. While smaller teams often demonstrate agility, they may lack the resources to execute large-scale initiatives effectively. Larger teams, on the other hand, benefit from diversified skill sets and increased reach but face internal challenges such as resource distribution and alignment with corporate priorities. The data suggests that the optimal advocacy function balances headcount and budget allocation in a way that aligns with broader organizational goals while maintaining a strong patient-centric approach.



LEADERSHIP & MANAGEMENT

Leadership structures within patient advocacy functions are diverse, with 42% of teams reporting to therapeutic area leaders, 33% operating under a single global function, and 25% existing as decentralized units. The most prevalent reporting line is to Corporate Affairs and Communications (33%), emphasizing advocacy's role in public and corporate messaging. Companies employing a multi-pronged strategic alignment—covering global patient organizations, disease state-specific efforts, and product-specific engagement—tend to exhibit greater integration of advocacy within their broader operations. Despite these variations, organizations with comprehensive advocacy strategies see stronger internal alignment and more effective resource utilization.

The report highlights a growing demand for cross-functional leadership within advocacy teams. As the role of advocacy expands beyond traditional support functions, organizations are increasingly looking to advocacy leaders with experience in policy, public relations, and medical affairs. This shift reflects a broader industry trend toward patient-centric engagement, where advocacy is not just a reactive function but a proactive force in shaping healthcare policy, clinical trial design, and patient access strategies.

TEAM INSIGHTS

Most advocacy professionals come from commercial (83%) or external advocacy (50%) backgrounds, with policy/government affairs expertise (50%) also prominent. Experience levels vary widely, but teams tend to include a mix of early-career (1-5 years) and seasoned

TEAM INSIGHTS

professionals (11+ years). Reporting structures indicate that 59% of advocacy leaders report directly to a vice president, with limited challenges arising from hierarchical positioning. The most heavily staffed therapeutic areas include oncology, rare diseases, and cardiology, reflecting strategic prioritization within these sectors.

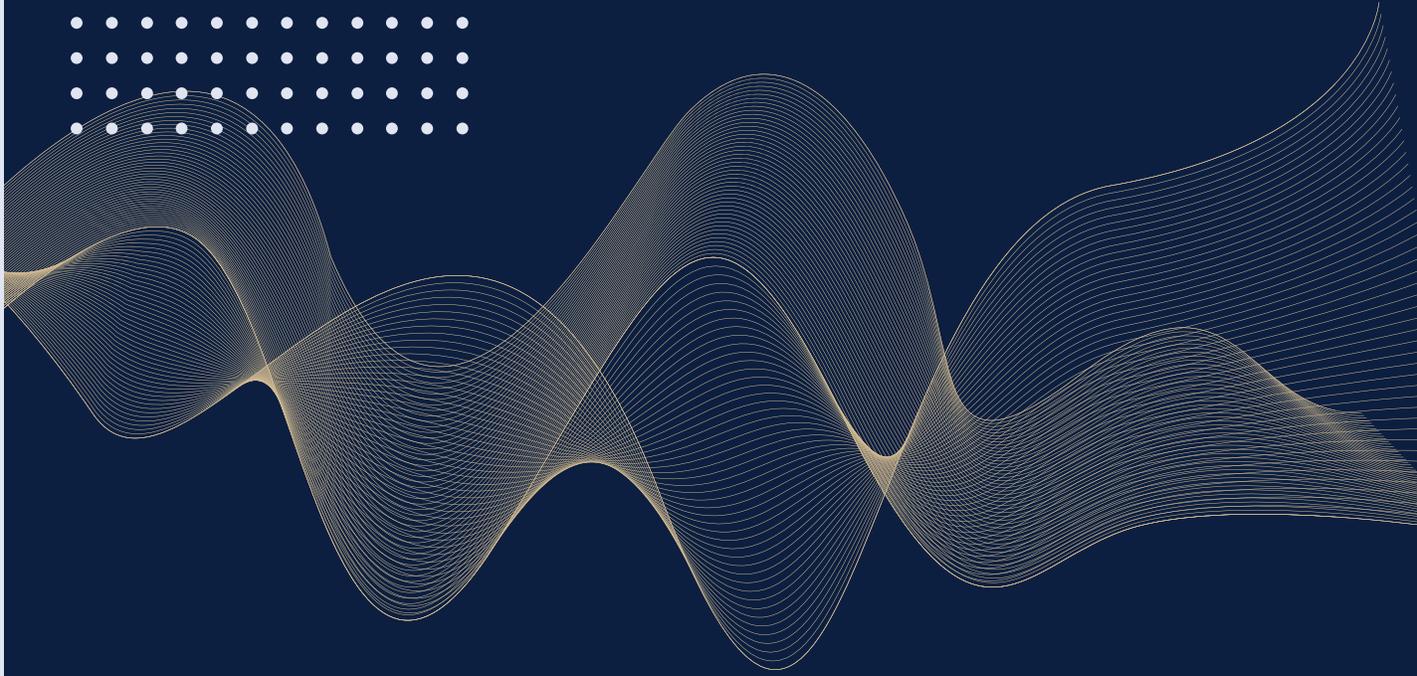
The industry's approach to talent acquisition in advocacy is evolving. Organizations are increasingly seeking professionals with hybrid skill sets—combining scientific knowledge with advocacy expertise. This trend underscores the growing complexity of advocacy roles, which now require a deep understanding of regulatory environments, patient psychology, and corporate strategy. Companies investing in ongoing training and development for advocacy teams tend to see higher engagement rates and more effective patient outreach.

CONCLUSIONS

The findings in this report emphasize the growing importance of patient advocacy in pharmaceutical and biotech industries. While companies recognize the need for engagement and integration within drug development, budget and headcount allocations often fall short of what is necessary to maximize impact. Expanding investment in advocacy functions can improve patient outcomes, strengthen regulatory navigation, and enhance overall strategic alignment. As patient-centric approaches become increasingly vital, organizations must re-evaluate their resource allocation to ensure they are not only meeting but exceeding industry benchmarks for advocacy effectiveness.

A forward-looking approach to advocacy involves a commitment to continuous improvement. Organizations that prioritize advocacy as a core function—rather than an auxiliary support service—will be better positioned to navigate the complexities of modern healthcare. By fostering stronger leadership, refining budget strategies, and integrating advocacy into broader corporate goals, companies can drive meaningful change for patients while maintaining a competitive edge in the industry.





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