

Target Health New York, N.Y.

An interview with Jules Mitchel, president

Year founded: 1993

Employees: 20

Active projects: 30

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Why don't more CROs drive EDC adoption?

Most of the CROs are waiting for the client to drive it, as opposed to saying, 'Here's our system, let's go do it.' With large CROs, there will be a slower adoption. They'll be subject to major loss of revenue because double key data entry will be gone and they have to bridge it somehow and they haven't figured it out yet. For us, EDC is a tool. For some of our competitors, it's a total business. The reality is that because it's a tool, the prices will come down like anything else. For us, prices coming down doesn't matter because we have no investors and no debt. We have a lot of flexibility in pricing structure. Our clients also partner a little bit with the development. Instead of having an investor who wants a big return, the client wants the product. We have an eCRO model, which is good because you really want to tie in all you're drug development. We integrate completely with SAS, so a statistician pulls all the data right in. It all happens very seamlessly here. After the last patient is monitored, the database is locked. The statisticians suck in the data, run the analysis, and that afternoon the client has the analysis. We've had one NDA approved that used our system with an FDA audit of the sites, and it was perfect.

How did Target Health decide to go 100% eClinical?

The CEO of the company said to me in 1997, 'We need to do something in the e-world.' Back in the late 1980s, I was trying to champion remote data entry and couldn't get that through, so I had seen this concept 15 years ago. It was not a new concept, but the web made it realistic. Once we saw that this was coming, I said, 'In order to stay in business, we have to do it.' We hired a terrific IT person, who's been with us about three-and-a-half years, in order to grow a software development group and to build our own system. We built the system internally, with all full-time people. Then one of our clients, whom I was eager to work with on an EDC project called me up and said, 'Okay, go do it.' We did our first application that way.

What challenges do you face?

There aren't a lot of people who understand how to distinguish what you need to get a drug to market and what you need to market a drug. The FDA has told us that a lot of companies collect too much data. About 50% of the data that's collected in clinical trials are never analyzed or used. That's why with the system we've built, Target e*CRF,

we've been able to cut down a lot of the unnecessary questions and data collection because the system has a lot of built-in logic.

What are your plans for growth?

We have built a new document management system for clinical trials, which will be released soon, web-based and user-friendly. The long-term view is to integrate the data. The idea is to enter the data once and have it end up in the study report. Seamless and into the NDA. That's the less-than-five-year plan. In the near term, we will finish our new software, which we hope will be industry standard.

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