



FRONTIERS HEALTH **IC** 10TH YEAR EDITION

FRONTIERS HEALTH 2025:

25 KEY

**TAKEAWAYS
IN HEALTH
INNOVATION**

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At Frontiers Health 2025, healthcare stakeholders from around the world came together to look back at 10 years of celebrating health innovation. But while the event was buzzing with energy and ideas, it wasn't characterised by starry-eyed optimism. Instead, innovators faced head-on the crucible of failures and missed opportunities of the past decade – while drawing pragmatic lessons for the future.

Here are 25 of those lessons, just some of the key takeaways from the many presentations and conversations in Berlin last month.



1. IT'S NOT JUST ABOUT COMING UP WITH NEW IDEAS – IT'S ABOUT EXECUTING THEM | 2. TRANSFORMATION WILL ONLY COME IN AN ECOSYSTEM OF PARTNERS | 3. AUTOMATION, EFFICIENCY, AND ARTIFICIAL INTELLIGENCE WILL HELP ADDRESS THE VERY REAL PROBLEMS WITH HEALTH SYSTEMS CURRENTLY – WITH A HUMAN CAVEAT | 4. EXTREMELY DIFFICULT TIMES CAN BE EXTREMELY HELPFUL AS WELL – EXTREMES HELP TO INNOVATE AND UNLOCK | 5. IF REAL IMPACT IS THE GOAL, A SUCCESSFUL EXIT IS THE BEGINNING, NOT THE END, OF A STARTUP'S JOURNEY | 6. SCIENCE IS OUTPACING BUSINESS MODELS AND FUNDINGS. IF THE SYSTEM DOESN'T WORK, THEN THE SYSTEM HAS TO CHANGE | 7. THE FUTURE OF HEALTH WILL BE BUILT AROUND EARLY DETECTION AND HEALTH OPTIMISATION | 8. SLOWLY BUT SURELY, THE INDUSTRY IS AWAKENING TO THE POTENTIAL OF WOMEN'S HEALTH | 9. MEASURING IMPACTS VIA HEALTH OUTCOMES HAS NEVER BEEN MORE IMPORTANT | 10. WE CAN LEARN WHOLE SYSTEM LESSONS FROM THE MOST ENGAGED PATIENTS | 11. PATIENTS ARE CLAIMING A MORE PROMINENT ROLE IN DRUG CREATION AND DEVELOPMENT – BUT THERE'S A LONG WAY TO GO | 12. LONGEVITY RESEARCH IS NOT A VANITY PROJECT – IT'S A NEW WAY OF THINKING ABOUT WHOLE PERSON HEALTH | 13. THOSE WHO DON'T EMBRACE DIRECT-TO-PATIENT WILL BE LEFT BEHIND | 14. THE NEXT BIG OMICS IS "HUMANOMICS" | 15. AGENTIC AI WILL UNLOCK THE POTENTIAL OF GENERATIVE AI IN HEALTHCARE | 16. THE EMERGING UBIQUITY OF AI WILL MAKE US VALUE HUMAN CONNECTION MORE | 17. ENSURING PATIENT ACCESS TO NEW DRUGS, NEW DIAGNOSTIC TESTS – IT'S NOT SOMETHING AN INDIVIDUAL STAKEHOLDER CAN SOLVE ALONE. THERE NEEDS TO BE ALIGNMENT AMONGST ALL | 18. ACCOUNTABLE, AFFORDABLE, ACCESSIBLE CARE - THAT IS THE ROLE FOR DIGITAL GOING FORWARDS | 19. AI AND WEARABLES ARE PUTTING POWER OVER HEALTH IN THE HANDS OF THE CONSUMER | 20. HEALTHCARE INNOVATION CAN'T HAPPEN WITHOUT SYSTEMS AND INFRASTRUCTURES TO UNDERPIN IT | 21. EUROPEAN INNOVATORS ARE INCREASINGLY LOOKING TO BRING THEIR IDEAS TO THE STATES, THOUGH IT'S NOT ALWAYS AN EASY JOURNEY | 22. HIGHER SPENDING DOES NOT EQUATE TO HIGHER LIFE EXPECTANCY. THERE IS MUCH ROOM FOR OPTIMISATION – AND NOT JUST IN THE US | 23. NEW REGULATORY PATHWAYS AND BUSINESS MODELS ARE LEADING INTO A COMEBACK FOR DIGITAL HEALTH/DIGITAL THERAPEUTICS | 24. THE PDURS SCHEME IS THE FIRST, GREAT STEP TO THINK ABOUT HOW TO COMBINE DIGITAL AND DRUGS | 25. REVOLUTIONARY CHANGE IS HARD, BUT WORTHWHILE



A MESSAGE FROM THE CHAIRMAN OF **FRONTIERS HEALTH**



As we celebrate the remarkable milestone of the **10th anniversary of Frontiers Health**, we are reminded of just how far this global community of innovators has come. What began as a simple vision more than a decade ago, a belief that digital innovation, data, and emerging technologies could transform healthcare the way they had reshaped other industries, has evolved into a global movement, a vibrant ecosystem, and, as one Steering Committee member recently said, “almost a feeling.”

In those early days, digital health still lived on the periphery of the healthcare landscape. AI existed, but only in experimentation. Innovation was happening, but it was fragmented. We saw a gap, there was no global place outside the United States where the pioneers, creators, entrepreneurs, clinicians, investors, and forward-looking leaders shaping the future of health could gather, exchange ideas, and build what didn't yet exist.

So, we built Frontiers Health.

From those first steps, Frontiers Health steadily expanded into a global platform.

Over the past ten years, it has brought together startups, scaleups, life sciences companies, payers, hospitals, policymakers, and investors to explore what's next. Many of the innovations that define healthcare today including digital therapeutics, AI-driven care, precision technologies, tech-bio breakthroughs, and global commercialisation models were first showcased, debated, and nurtured right here on our stages.

This year's themes capture that pioneering spirit: scaling meaningful innovation, elevating equity and global access, embracing the next frontier of AI and automation, and strengthening the partnerships that transform ideas into impact. As we reflect on our journey, we should be proud: proud of the breakthroughs presented here, proud of the connections forged, and proud of the collective effort that shaped a decade of progress.

But as I shared in my opening remarks, our work is far from finished.

The next era is about scale.

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Only through scaling breakthrough solutions across nations, across systems, and across communities can we deliver the full promise of innovation and improve outcomes for all.

As our new CEO, **Mark Thierer**, noted in his remarks:

"Direct-to-patient access models combined with direct-to-payer technology reimagine the pharmaceutical access ecosystem by tackling patient experience, cost, transparency, and care coordination."

His words echo one of the core truths shaping our industry: the future of healthcare will depend on bold, integrated models of innovation that meaningfully improve access, affordability, and equity. This conference, along with the community at large, plays an essential role in advancing that mission.

As Chairman of Frontiers Health, it is my honour to witness the energy, creativity, and relentless pursuit of better healthcare that defines our global ecosystem. The progress we celebrate today is the result of the dedication of our speakers, founders, clinicians, technologists, policymakers, corporate partners, and every participant who has contributed time, expertise, and passion over the past ten years.

Together, let us continue to push the boundaries of what is possible building on a decade of breakthroughs, expanding global impact, and ensuring that every innovation ultimately improves lives.

Thank you for celebrating this 10th anniversary edition with us.

Thank you for being part of this extraordinary journey.

And thank you for helping shape the next decade of Frontiers Health.

Warm regards,

Roberto Ascione

Chairman, Frontiers Health 2025

President, Health Innovation, EVERSANA





#01



It's not just about coming up with new ideas – it's about executing them

As with any conference, many words, many brilliant ideas can be spoken about, shared, and enthused over. But the important next step is one of action. And this is something Frontiers Health has made clear each and every year.

Certainly, this was EVERSANA CEO Mark Thierer's conviction, himself an innovator through and through. "Innovators make all the difference in this industry," said Thierer in conversation with Frontiers Health Chairman Roberto Ascione. "Nonetheless, it's not just about coming up with new ideas – it's about executing them. And that takes monster-hard work."

One area of hard-work innovation is precision testing for the purposes of precision medicine – new technology in action, as exemplified by Thermo Fisher Scientific and the

myeloMATCH trial, which looked at shortening the time to match the right treatment to the right patient with AML or MDS leukaemias at the right time. They achieved a turn-around time of 72 hours.

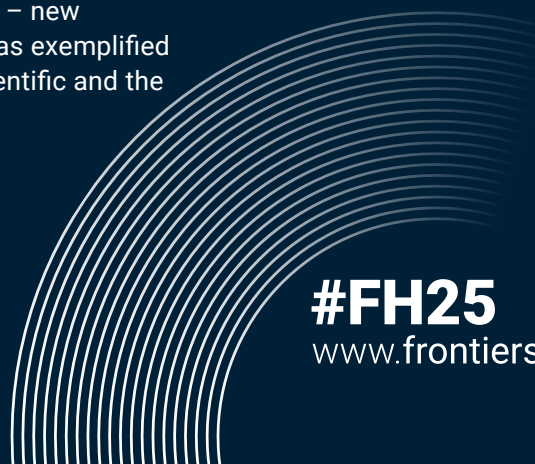
"The tech has to be linked with communication, with different stakeholders," explained Philip Jerman, MA Director, Clinical Sequencing, EMA, Thermo Fisher Scientific in conversation with Dr Pierantonio Russo, Corporate CMO at EVERSANA. "All have to sit down together. Ensuring patient access to new drugs, new diagnostic tests – it's not something an individual stakeholder can solve alone."

Urgency requires action. When the system acts together, that way progress follows.

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#02

Transformation will only come in an ecosystem of partners

Reflecting on a decade's journey with Frontiers Health, the conference's Chairman Roberto Ascione explained that, today, policy makers, hospital systems, and even payors have since joined FH to make this a thriving health innovation system in itself. "It quite simply is at the frontier of the new and the next – whether in the midst of AI or TechBio, or other transformation trends," said Ascione.

Pioneers, visionaries, creators, explorers – Frontiers Health welcomes all health innovators, bringing them together to imagine

a better future for everyone: where cutting edge tech delivers life-saving therapies, where treatments reach those who need them most, and where equity and accessibility are no longer buzzwords, but steadfast imperatives.

After all, as Merck's Head of Digital Enterprise Solutions, Alessandro De Luca, put it: "Transformation will only come in an ecosystem of partners."



#03

Automation, efficiency, and artificial intelligence will help address the very real problems with health systems currently – with a human caveat

The 10th anniversary of Frontiers Health aimed to shine a light on the business partnerships, the innovations, and – of course – the fundamental science behind it all when it comes to the role of AI and digital in the future of health. Overall, AI must enhance and not replace the human touch, summarised Jessica DaMassa, co-host of the conference, and Health Innovation Reporter Host & Executive Producer of “WTF Health - What’s the Future, Health?”.

Automation, efficiency, and artificial intelligence will help address the

very real problems with health systems currently – but the human element mustn’t be lost along the way.

This was reinforced by Marina and Eugene Borukhovich of YourCoach. Health, who advocate for a ‘hybrid health’ notion: “sociable, measurable, and deeply human,” shifting “back into communities, solving local challenges.”

Also passionate about keeping humans fully in the healthcare frame was Emre Ozcan, SVP, Global Head of Digital Health and Devices, at Merck Group. “The time is right for creating better patient outcomes without breaking the bank,” he said. There is more to care than “looking at a screen more than the eyes, human to human, HCP to patient.”



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#04

Extremely difficult times can be extremely helpful as well – extremes help to innovate and unlock



The notion of people living and working at the edge of human abilities and functioning is not new. For centuries, the journeys of explorers thrilled and nurtured the human spirit, after all. But, for Jack Kreindler – founder of WellFounded Health – extremes urge us to innovate and unlock the previously unknown in terms of health. The COVID-19 pandemic, for example, was transformational in this way. And this has been accelerated by a renewed interest – and investment – in longevity, as ageing populations increase worldwide.

Most of us at age 50 walk around blindly, with no idea what is going on inside us. But we should really have a grasp of what is costing and killing us.

To this end, from the medical internet to telemedicine and remote patient monitoring, to patient-HCP platforms, as well as digitally-enabled payer and quantified self, digital therapeutics, wearables and consumer electronics – digital is in our mode of operating now, certainly. It has been normalised, as YourHealth's Eugene Borukhovich commented on the 10 x 10 closing panel of the conference. And Digitalhealth. network's Marc Sluijs noted on the same panel that Pokemon Sleep

was a good example of “proving you can make people pay out of pocket and improve their health.” A seismic behaviour change is taking place across cultures and geographies.

For StartUp Health's Unity Stoakes, it is a new and emergent and exciting genre of innovation, stacking not just AI, but with “form factor, materials, design, business models, delivery methods – all “designed into the fabric of life.”



#05

If real impact is the goal, a successful exit is the beginning, not the end, of a startup's journey

Too often, an industry measures the success of an idea or a category based on the number of "successful exits" – meaning companies sold for a lot of money. But, as we've seen, just because an exit was high value for investors doesn't mean it was successful in the way that matters for healthcare – improving outcomes for patients.

"I think a lot of people think an exit succeeds on the day you announce it," said Rob Milnes, SVP of Women's Health and Longevity at Ultrahuman. "Actually, an exit only succeeds once you've proven that you could grow that userbase a hundredfold." Or whatever the goal for the product is.

To get that success, companies have to be aligned with their would-be acquirer from the start.

"It's really important to have a shared vision for what the future could be," said longtime digital health investor Marc Sluijs. "Just because a company is interested in acquiring you doesn't mean they have a good idea of what they're going to do once they've bought you."

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#06

Science is outpacing business models and fundings. If the system doesn't work, then the system has to change

When Silvia Cerolini, Eyes on the Future founder and CEO, shared the personal experience of her daughter, Vicky, slowly going blind from a rare inherited eye disease due to the gene RDH12, she did so only to highlight the future for her daughter and others like her if business and funding models are not brought up-to-date with innovation.

Cerolini's organisation has raised millions over the years. After all, patients are not just patients: they are true partners. Indeed, it is through global community and collaboration that brings change into effect. Eyes on the Future developed a gene therapy treatment that can help Vicky and other children with the same disease –

but they haven't gotten the clinical trials. The treatment vials have been stuck in the freezer for years due to a lack of commercial investment.

This is not about the science; the science is strong. This is about the funding and current system that fails to work if patient populations are too small. Rare diseases, though, affect more people than HIV and cancer combined. And most affect children. But the science, the innovation to meet unmet needs is trapped in models not fit for purpose any longer. If the system doesn't work, then the system has to change.

This was alluded to also by Dr Pierantonio Russo when discussing AI, data, and precision in terms of shaping future diagnosis and care models. With about 25 million rare disease patients in the US alone, and some 35 million throughout Europe – addressing the unmet needs of this patient population is essential. There must be a shift to funding a new framework, one that also supports early identification of inherited rare diseases.



#07

The future of health will be built around early detection and health optimisation

When it comes to whole-body preventative health for the next generation, Andrew Lacy and Prenuvo might be working to overhaul the traditional annual physical, but with very real reason. In the UK, for instance, the average cancer patient goes for a screening around one dozen times before being told they have cancer. Needless to say, the cost to the system – let alone the patient – is huge.

The stats don't get any more positive either. One in nine of us will be diagnosed with dementia. And, if we take no action and carry on the current trajectory at the current speed, we are going to see government

healthcare spend equal the entire budget. We will, in short, break the system.

In recent times, there has been a shift to changing current 'sick care systems' into proper 'health care systems', and that preventative notion was reiterated time and again this year at Frontiers Health. Such prevention requires early detection for timely diagnosis; that, together with education and behaviour change in populations at the core level, before any symptoms are presenting, will lead to health optimisation. As Lacy commented: "The biggest barrier to great health is fear. Fear is conditioned by our sick care system. Overcome this conditioning. Make better stories the norm."

In the 10 x 10 closing panel, with enhanced primary prevention and proactive care in place within the next five years – facilitated by behaviour change and health literacy, risk assessment and population management, as well as public health and surveillance as a reality – Ida Tin, Senior Advisor on Women's Health at SPRIND, urged that now is "an opportune time to not just rebuild the world in data as it was, but do it better."



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#08

Slowly but surely, the industry is awakening to the potential of women's health



Despite women making up half the population and more than half of healthcare consumers, due to being disproportionately represented among caregivers, women's health is both severely under-studied and severely under-invested in.

The tide is turning on that, experts at Frontiers Health said, though it's not turning quickly.

"I think there is this awareness growing where people are starting to realise that it's really smart for societies to make women thrive. It's good for economies, it's good for health, and it's probably good for health on a planetary scale as well," said Ida Tin, Senior Advisor on Women's Health at SPRIND, who coined the term "femtech" a decade ago.

"And part of this is men realising that women's health is relevant to them too, and that they have a role to play," she went on. "So, I think getting to this mind shift and understanding women's health is really a foundational societal infrastructure. It will happen within five years. I think that's going to drive a whole different level of

investment into women's health, which is really needed because, oh my gosh, no money goes there. It's ridiculous."

Rob Milnes spoke about how his company Vio Health, which was recently acquired by UltraHuman, was valuable because of its focus on the women's health space.

"There's a paucity of good, hard data on women's health, particularly cycles, because we don't measure them longitudinally properly," he said. "We essentially pivoted from being a reproductive health company to being a women's health company, with the understanding that women want to manage their health over time."



#09

Measuring impacts via health outcomes has never been more important

At the end of the day, everyone in healthcare has the same goal: to improve health outcomes for patients. But, too often, success and failure are measured in other ways.

"The expectation from us is not just to create medicines, but to improve health outcomes," said Chrys Herrera, Merck Group's Head of Health Equity and Health Access Realisation. "And the way to improve outcomes is to have a health equity lens."

An equity lens means looking at health outcomes for the whole population, not just a subset. But evidence is also more important than ever for scaling digital health interventions, and for securing reimbursement.

"What we know is without evidence there will never be scale," Emre Ozcan, Merck's Global Head of Digital Health and Devices, said on a different panel. "And it will be very difficult to get to evidence without, first, initial thinking about where that scale might lead to. So, now it's a question of finding those sweet spots, especially with regulators, so we can create that virtuous cycle between scale and evidence."

And when it comes to payors, there's another wrinkle: you need not just strong evidence, but also clear, easily understood evidence.

"If you're not able to make that crystal clear argument for the payer, they have such little attention that, if it's not simple, then it's not worth my time," said Dan Lyons, Head of International, Rare Tumours, and Head of Global Access at SpringWorks Therapeutics. "If it's not simple to the person paying the bill, if they don't understand it and they are not mandated to cover it, it's very challenging for them to say yes, because there are so many other people making an unclear argument where they cannot see the value."

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#10

We can learn whole system lessons from the most engaged patients

Closed loop systems in diabetes are perhaps one of the biggest success stories of digital health. Over the past two decades, digital health companies, medtech companies, and engaged patients have overseen developments in technology that led to an interconnected sensor and insulin pump system that has been a game changer for millions.

"Continuous glucose monitoring, or CGM, is our strongest real-world proof that real-time biological feedback changes behaviour and outcomes," One Health Biosensing CEO Jeff Dachis said. "It collapses the learning loop. People see their glucose and respond instantly to

food or movement or stress or sleep, and the body stops being a mystery. In type 1 diabetes, the CGM has been paired with automated insulin delivery, and we've closed the loop and dramatically changed outcomes for people with type 1 diabetes. I believe CGM is the kernel and the foundational proof that continuous sensing can transform health."

At his new venture, Dachis is taking this thesis beyond type 1 diabetes in the metabolic health space. But others are applying the same concepts to other conditions.

"We're working on something very similar, but for Parkinson's," said Daniel Diezi, SVP of Advanced

Technologies at Gerresheimer. "We have a Parkinson's pump in the market that delivers 24/7 the medicine. And now we're taking the next step, building up a huge ecosystem with partners to get this information from sensors and steer the pump to deliver exactly the right medicine that the patients need."





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#11

Patients are claiming a more prominent role in drug creation and development – but there's a long way to go

As mentioned, the conference kicked off with an inspiring, but sobering talk from Silvia Cerolini, who founded Eyes on the Future to help get a drug to market to help her daughter, who suffers from a rare condition leading to slow loss of vision. Cerolini's campaign has gotten the drug developed – but now it's stuck in a freezer because there isn't sufficient financial incentive to commercialise it.

But they're not giving up. Their patient-led coalition is partnering with another company and exploring innovative ways to lower the cost of trials to bring the drug to market.

"This is a shared governance that we're putting in place," she said. "We patients, together with scientists, are deciding how to move forward with this programme. And what does it mean? It means that we bring focus. We bring urgency of doing things as quickly as we can, because I have my daughter next to me who is reminding me that every day is a day where she is slowly losing her sight."

Later in the conference, Ruby Sangha spoke about how her experience working in patient engagement in pharma didn't at all prepare her for the experience of seeing those structures from the other side when she was diagnosed with sarcoma.

"What I've come to realise is the experience I thought I was capturing when I worked in pharma wasn't the experience at all, which makes me think we could be doing much better to capture those patients' experience," she said. "And also the advisory boards we have now don't allow the patients to lead or to change things."

Her experience on a patient advisory board was a case in point.

"It was a room that was designed to listen to me, but I didn't feel I was listened to," she said.



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#12

Longevity research is not a vanity project – it's a new way of thinking about whole person health



Right now, the longevity or anti-ageing space has an unfortunate association – very wealthy people, usually in tech, throwing huge amounts of money at experimental efforts to live forever.

“Quite a lot of us have an inability in science and medicine to relate to the people we need to connect to most,” said WellFounded CEO Jack Kreindler. “And when we start talking about longevity, they’re angry with us and they’re rejecting science and medicine more because we’re trying to say, ‘We’re rich and we’re going to live longer’.”

In reality, though, longevity research is just another way to think about healthcare, thinking not just about the length of our life, but our quality of life.

“I think you should ask, ‘When can you close the gap between health span and life span?’” said Andrea Gartenbach, co-founder of Aera Health. “We have more than 12 years with people suffering from life-quality-declining illnesses, and we as doctors would say it’s 20 or 30 years because people don’t even realise that their health doesn’t need to be in decline. I think that’s a better question – how can we close the gap, not how can we live longer?”

It’s incumbent on innovators to consider health equity, even when pushing the boundaries of care.



#13

Those who don't embrace direct-to-patient will be left behind

In the United States, direct-to-patient models are no longer the exception but an established channel, through both direct-to-patient and DTP² models that combine direct patient engagement with direct-to-payer access, reducing friction and accelerating time to therapy.

In Europe, while the context remains different – shaped by strong public healthcare systems and strict Direct-to-Patient regulations – rapid evolution is underway. The rise of telehealth and digital-first players is creating momentum for models that urgently reduce friction points along care journeys and are already beginning to scale.

“Direct-to-Disease – EVERSANA’s model for Europe – is not about replicating US DTP models, but about creating an EU-compliant, data-driven, and digitally enabled way to enhance the entire care journey, from early diagnosis to access, treatment delivery, and continuous care,” said Alberta Spreafico, SVP Health Innovation at EVERSANA.

The conversation in Berlin reinforced how innovation, data, and partnerships are converging to enable scalable, outcome-oriented Direct-to-Disease models in Europe.

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#14

The next big omics is “humanomics”

People are more than their biology, and many theoretically successful interventions fail in practice because they don't take human attitudes into account.

“So, in the era of omics, where we are obsessed about genomics, proteomics, metabolomics, humanomics play a role,” said Andrea Forgione, Global Head of Access Policy, Patient Advocacy, and Engagement at Menarini Group. “Humanomics help patients to make decisions. Patients make decisions based on fears, beliefs, behaviours. As soon as we discover these and we integrate them into the way we design the care, I believe we can take a step forward.”

Wearable devices and sensors can help to foster that whole-person understanding.

“Look at a cardiac patient. What influences how they feel and their condition – it isn't their heart, it's actually their sleep. It's driven by their circadian rhythms,” said Femida Gwadry-Sridhar, CEO of Pulse Infoframe. “We're using these types of data to say, ‘Look, if you give a drug at a particular time of day, what we're seeing is outcomes are better.’ That's a biomarker, because our data isn't necessarily from a sleep lab, it's from wearable devices.”

But while systems can be built to consider ‘humanomics’, ultimately, it's the other humans in the system who have to be sensitive to the fears, beliefs, and behaviours of patients.

“In real life, trust is not built by systems. It's built by people and it's built over time,” said Patricia Ripoll, founder of the VISIBLE Foundation. “Many of the patients we work with have lost this trust, not because of technology and not because of a promise that didn't arrive, but because of a promise that didn't meet their lived reality.”



#15

Agentic AI will unlock the potential of generative AI in healthcare

Generative AI and large language models have led to vast and rapid changes in many industries. But in healthcare, where the stakes are so high, the technology's tendency towards hallucination and inaccuracy has given the industry pause.

But agentic AI is changing all that, as we find that robust systems of networked models are much more reliable.

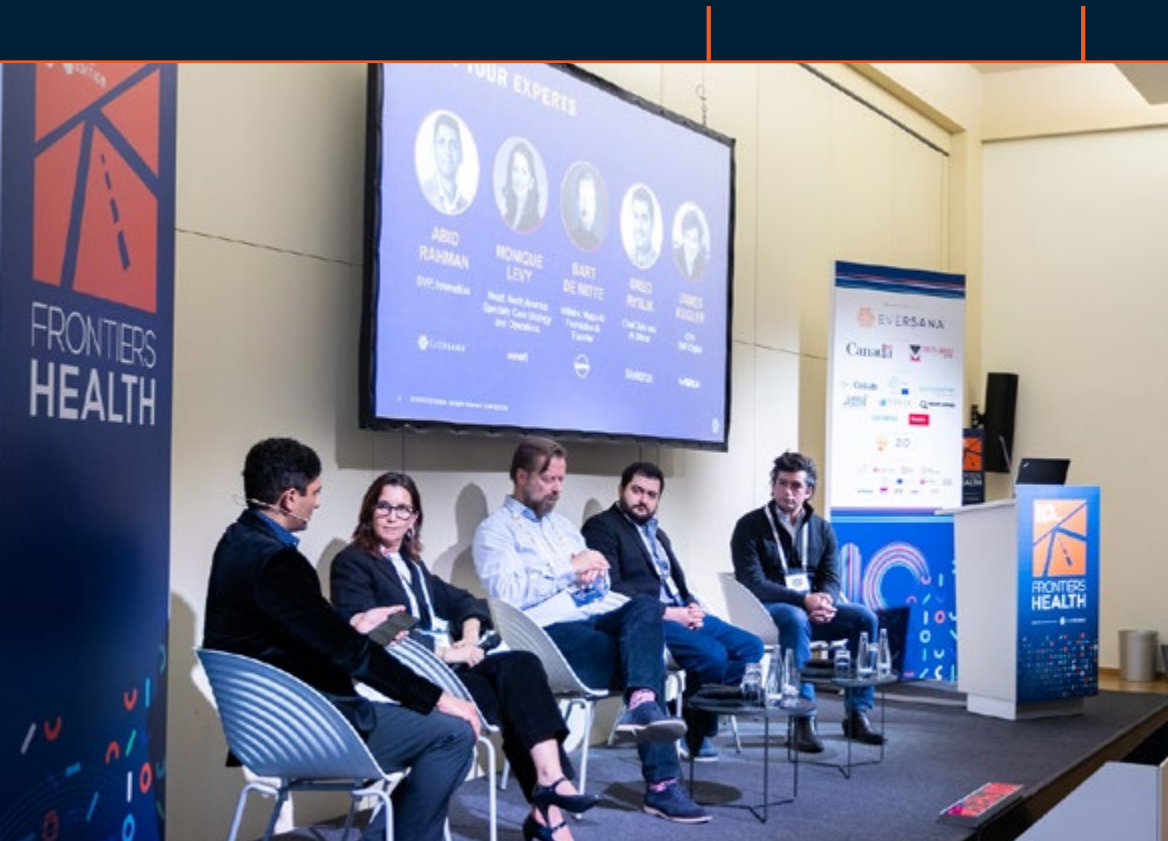
"You will need to see in the clinical domain smaller models that are highly specialised, that are quality managed and orchestrated," said

Isaree founder Bart De Witte. "For example, there was a paper where researchers orchestrated 58 agents, all trained in their own speciality. One was a neurologist, the other was an oncologist, etc. And altogether, they did a consensus.

The results are better than any general purpose AI model."

That's just the beginning, as Stellarus Chief Data and AI Officer Greg Ryslik pointed out.

"There's going to be a confluence of factors," he said. "One is the models will continue to get better. They will literally all improve from here on. Two, I think the ways of working will change in terms of how we intend to interact with these models." And, finally, the next generation "will just grow up knowing how it fails and how it doesn't and not really worry about it."



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#16

The emerging ubiquity of AI will make us value human connection more



AI is an incredible technology that can do a lot of things. But it can't do everything. And the more saturated with AI the world becomes, the more we will all learn to value what is uniquely human.

Marina and Eugene Borukhovich, co-founders of YourCoach.Health, spoke about this in the context of health coaching, where they are using AI to train coaches and optimise systems, but never to coach the patients.

"We still see for the foreseeable future that empathy, accountability, building that rapport, and even that safe space will remain with that human connection," Eugene said. "So, in this AI-first driven world, we urge you to focus on what makes us human. And it's the capacity to listen, not just to hear. It's the capacity to understand, not just to process data. And it's the capacity to care, not just prescribe or intervene."

Some of the negative consequences of AI may also help us to appreciate our fellow humans, as EMD Digital CEO James Kugler pointed out.

"There's this dystopian side of this, that I don't think we're going to be able to trust anything that we see on the device anymore or a screen, because we'll have no idea if it is real or not real," he shared. "I actually think that's going to cause us to spend a lot more time with one another. I have an immense faith in humanity that, as a result of this, we'll get together again."



#17

Ensuring patient access to new drugs, new diagnostic tests – it’s not something an individual stakeholder can solve alone. There needs to be alignment amongst all

Precision medicine requires precision testing – which requires new technology in action. But patient access to new drugs, new diagnostics tests, requires an aligned ecosystem. Any new technology “has to be linked with communication, with different stakeholders,” said Philip Jerman, MA Director, Clinical Sequencing, EMA, at Thermo Fisher Scientific. “All have to sit down together [as] there needs

to be clinical evidence to convince payors reimbursement will be there,” he insisted.

Indeed, offsetting costs of medicines, for example, must be resolved in terms of health policy. As Dr Pierantonio Russo told EVERSANA’s Head of Data &

Analytics, Drew McCormick: “One of the major gaps in the EU is the inability to understand exactly how much patient care costs at the individual level. Without that, it is difficult to build up a value based care framework and/or a value based reimbursement.”

Another word for this, of course, is ‘harmonisation’ – a very clear concept discussed at length during the Digital Health Policy Summit chaired by Alberta Spreafico, SVP Health Innovation, EVERSANA and Director of this Digital Health Policy Summit, together with Megan Coder, VP, Board of Directors at the Society for Digital Mental Health. “It all starts from harmonisation and in future, hopefully, there will be one pathway,” Diana Meskendahl, Director of Strategic Projects & AI at the German Digital Health Association, summarised.

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#18

Accountable, affordable, accessible care - that is the role for digital going forwards

As noted, the buzzword AI couldn't be ignored at Frontiers Health in its tenth year. AI is veritably everywhere; everyone is using it on a daily basis. Indeed, according to FH Chairman Roberto Ascione, by applying and implementing AI and digital technology to health, scale and accessibility will become possible.

The fee for service system in healthcare, the lack of accountable care, or outcomes-oriented care – AI and digital have the ability to solve the problem. Certainly, for Jeff Dachis – Chairman, CEO, and Founder of One Health Biosensing – it is a case of “accountable,

affordable, accessible care” that digital should be purposed for going forwards. This mindset was clear during his conversation with Bayer AG's Board Member and Head of Pharmaceuticals, Stefan Oelrich, and together they shared their insights from across the divide between pharma and digital health entrepreneurship in this regard, and beyond.

For Luca Quagliata, Vice President, Global Head of Medical Affairs at Thermo Fisher Scientific, when it comes to leadership in AI in this time of profound change, he advises embracing AI at “full

scale”, whilst staying mindful of not permitting AI to change a company's “culture or soul”. It is, he said, rather a case of embracing AI to evolve to the next level. And that next level is where outcomes-based change in care will come.



#19

AI and wearables are putting power over health in the hands of the consumer

The consumerisation of healthcare is another topic that has been floating around this space for many years, but many speakers at Frontiers believe that the time is finally right for consumers, using technology, to take their day-to-day health into their own hands.

"We are entering into an era that we've never seen before and that's exceedingly favourable for digital therapeutics," said Click Therapeutics CEO David Benhoof Klein, noting that, now, when he and his family get their lab results, the first thing they do is ask AI to analyse them. "The world is shifting to the consumer and, really, they've got all the pieces. They've got traditional medicine from pharma, they're starting to and they will have this data, and that

missing piece is digital therapeutics. I have this data, I have this complex condition, what does that mean and what do I do?"

The examples are out there if you know where to look, as Marc Sluijs, a longtime digital health investor and Managing Partner at Digitalhealth.network, pointed out.

"With direct-to-consumer models, I think people still underappreciate the opportunity, both investors and entrepreneurs," he said. "And my favourite example is Pokémon Sleep. Pokémon launched a sleep game that in less than a year's time reached more than 100 million in revenue and generated meaningful clinical results in terms showing people the duration and the quality of their sleep. I would love to see more companies proving out that you can make people pay out of pocket and improve their health."



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#20

Healthcare innovation can't happen without systems and infrastructures to underpin it



Over and over again, promising health innovations have failed because they weren't engineered in a way that allowed them to work in our existing, entrenched, siloed systems.

"These business cases that we had written for these digital solutions, they ultimately fell flat in reality. That's the thing we're struggling with today. These siloes in healthcare, they're pretty tight, they're pretty solid. And people are defending their siloes," said Stephan Oelrich, Head of Bayer AG's pharmaceutical division.

Innovators have to learn to work within systems if they want to make meaningful change in the short term. But those who have power over systems also need to pave the way for change, and set an example to others.

"If there is not incentive for health systems, for financiers, to change the system, to really pay for value or for outcomes and prevention, there won't be change," said Päivi Sillanaukee, Special Envoy for Health & Wellbeing of Finland at the Ministry for Social Affairs and Health. "The individuals who are

using those devices can't change the system and can't benefit from the data and technology if there is not a system level change, and that is why we are doing that at the system level in our country."

That means everything from technology infrastructure to payment and reimbursement systems to regulatory schemes.



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European innovators are increasingly looking to bring their ideas to the States, though it's not always an easy journey

Frontiers Health is a global conference, but it has always had a special focus on highlighting and supporting the European ecosystem. This year, that focus shifted to the need for successful European health tech companies to branch out into the US market.

"When I worked with Allianz X, we always said, either you are at the dinner table or you are on the dinner table," said Min-Sung Sean Kim, Managing Director of NGS Capital, referring particularly to Europe's lack of innovation in AI. "I think when Europe is not really, let's say, laying the tracks strategically, very carefully, I think we are on the dinner table, meaning that we will be squished between Asia or between China and the US because they totally get it."

But expanding into the US market is not without its culture shock.

"Healthcare in the US is a business," said Povl Verder, CEO of SIME Clinical AI. "In Europe that's a bit of a dirty word, but in America that's reality. They care about outcomes, but cost is a big factor. And I had to change my thinking and my business model to that effect."

In the same panel, Yara Alenazi of Crane Venture Partners had some succinct advice for European startups.

"What works very well is a scrappy but targeted approach," she said. "By that we mean pick a single champion, a single department, a single workflow, nail it, and then scale it."

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#22

Higher spending does not equate to higher life expectancy. There is much room for optimisation – and not just in the US

When it comes to healthtech efficiency and capital, and indeed the urgency around these, Carlsquare Managing Partner Caspar Graf Stauffenberg is passionate about health, but more specifically the future of health. And the efficiency gain that AI permits, he said is 'incredible'.

AI compresses cost and expands throughput, while consolidation (a key word at this year's Frontiers Health conference) converts point solutions into scaled platforms. There is the actual chance to get to outcomes-based medicine. Certainly, smarter allocation must drive outcomes as healthcare spending just keeps on climbing. "The linearity cannot go forever – the limits

of financeability of healthcare systems is approaching," warned Stauffenberg. "Higher spending does not equate to higher life expectancy."

Drug approvals per \$1bn have been falling, but AI and better trial designs can bend the curve going forward. And it's not just Stauffenberg: other investors are starting to believe in the reversal of these trends.

But if we shift to an area of necessary investment, women's health is one of them. Within five years, SPRIND'S Ida Tin believes "there's a good chance that women's health will be thriving [...] No money currently goes there." Nonetheless, the tides are turning.



#23

New regulatory pathways and business models are leading into a comeback for digital health/digital therapeutics

Call it digital health, digital therapeutics, or beyond the pill, but the notion of therapeutic software solutions, either standing alone or paired with drugs, has been pursued for more than a decade now, with limited success. There are many reasons for that, from a lack of workable business models to entrenched, siloed systems, to reimbursement woes. But today there's hope for a resurgence in these technologies.

"Digital, tele, virtual health is now acknowledged to be part of a hybrid care system and not as a sideshow, as it was treated or considered previously," said American Telemedicine Association CEO Ann Mond Johnson.

New regulatory frameworks like PDURS in the United States and maturing ones like Germany's DiGA are creating new opportunities, and pharma has a renewed interest in digital health when it's tailored to the right use cases.

"The landscape is becoming tougher and tougher," said Stephane Wolf, Global Eye Health Pipeline Commercial Head at Boehringer Ingelheim. "As a result, I think pharma is focusing more on what they're good at: to develop drugs, launch them, and market them at scale. That's opened the door for companies to partner with them and provide the missing parts."



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#24

The PDURS scheme is the first, great step to think about how to combine digital and drugs



In 2023, the FDA introduced the Prescription Drug Use-Related Software (PDURS) framework, enabling pharma to include software on the drug label if it can demonstrate a clinically meaningful benefit.

Tobias Bachmann, Global Head of Market Access & Public Affairs at Medigital commented during the Digital Health Policy Summit that PDURS needs to be looking at “a combination of digital therapeutic and drug for improvement in clinical benefits, as well as commercialisation. A great first step though.”

It is, of course, only from first steps that progress develops. So it is that, in the 10th anniversary year of Frontiers Health, digital health, future health, is on the precipice of truly combinatory innovation in medicine and technology.



#25

Revolutionary change is hard, but worthwhile

The story of the last decade in health innovation has many times been the story of visionaries crashing into hard realities. Just because you can imagine a much better healthcare system, doesn't mean you know how to get there from the system we have now.

"If you come in and say 'I want to revolutionise healthcare', which is what all of us want to do, it's almost impossible because the incentives and the structures in place in healthcare today are almost intransigent and unmoveable," OneHealth Biosensing CEO Jeff Dachis said. "So, what I've learned is the way to revolutionise healthcare is one step at a time in each of these siloes."

Even though the road to doing something totally new is harder, the pathways do exist.

"With a new product, a first to market device, everyone always says

'We love innovation', but when they see it and they've never seen anything like it before it's, 'We don't know what that is and we don't know how to deal with it,'" said Povl Verder, CEO of SIME Clinical AI, explaining why his company worked with the FDA's Pre-Cert Program. "Most innovation is incremental, but if you have something truly innovative, it requires a different tack."

Though transformative change may be a big challenge, it's also one with a big payoff, Bayer's Stephan Oelrich said.

"There's a reason why the Apples, Googles, and Microsofts are not really prominent in health, because no one has been able to unlock it," he said. "So far, it's all small potatoes. But that promise of the big change is not going away. Whoever gets to unlock that is going to be the next Elon Musk because the value pool is just unbelievable."

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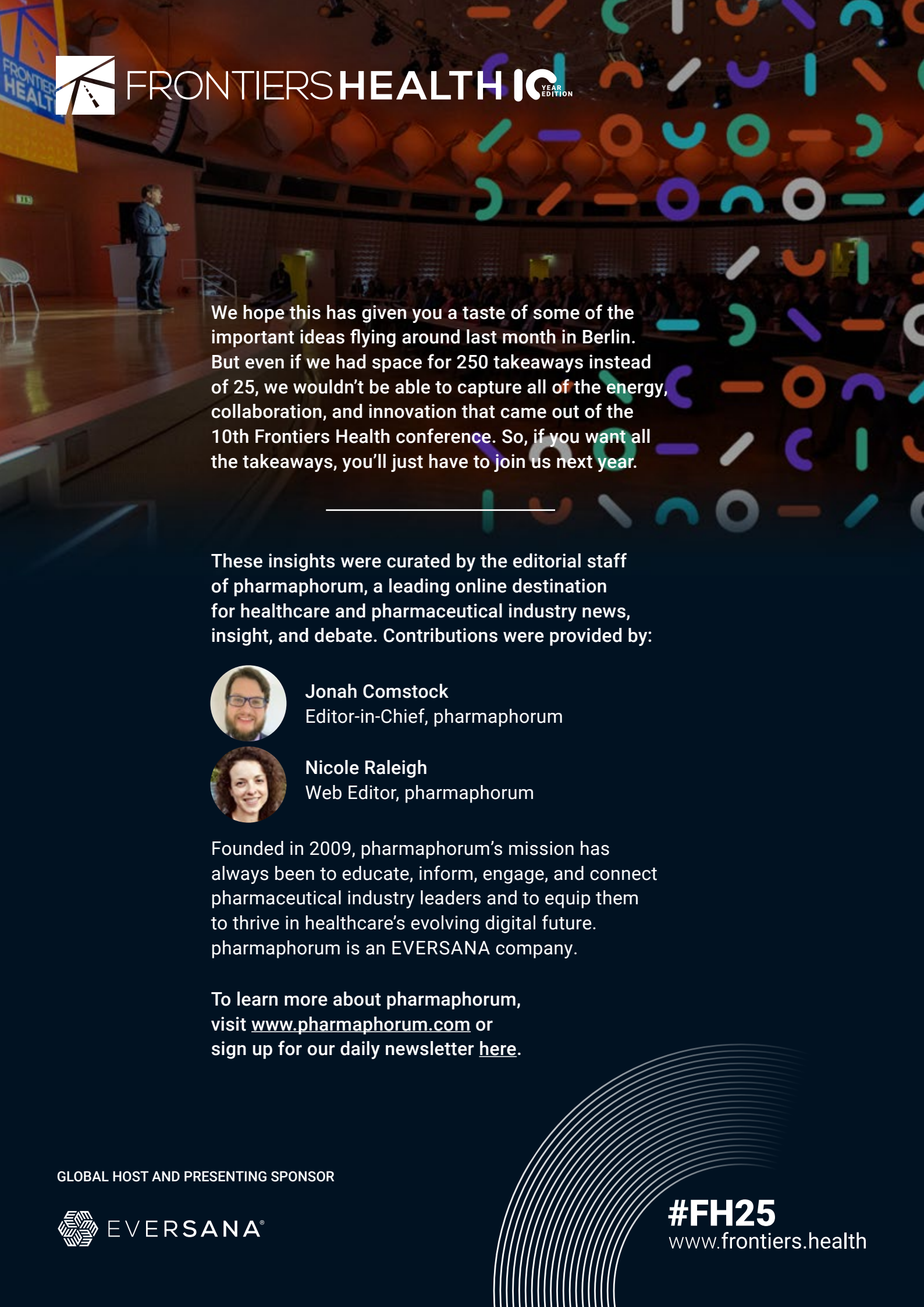


ABOUT FRONTIERS HEALTH

Founded in 2015, with its first global edition held in Berlin in 2016, Frontiers Health has become a leading global conference, bringing together a unique mix of attendees from life science companies, health innovation hubs, insurance firms, investment funds, and startups. It offers a distinctive platform to explore how innovation across these sectors is converging to transform healthcare. Frontiers Health is chaired by global digital health expert Roberto Ascione, President, Health Innovation at EVERSANA, Global Host and Presenting Sponsor. Read more at frontiers.health or visit linkedin.com/company/frontiershealth

If you'd like to dive deeper into any of these topics or watch the full sessions on replay, get your playback pass [here](#).

Curious to learn more or join us next year? We'll be convening again in October 2026 in Berlin! Please reach out to us at info@frontiers.health or find out how you and your company can get involved or learn more on www.frontiers.health.



FRONTIERS HEALTH 10th YEAR EDITION

We hope this has given you a taste of some of the important ideas flying around last month in Berlin. But even if we had space for 250 takeaways instead of 25, we wouldn't be able to capture all of the energy, collaboration, and innovation that came out of the 10th Frontiers Health conference. So, if you want all the takeaways, you'll just have to join us next year.

These insights were curated by the editorial staff of pharmaphorum, a leading online destination for healthcare and pharmaceutical industry news, insight, and debate. Contributions were provided by:



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