

Patient-Centric Profitability: Pharma's Global Survey & Analysis

A discussion of results from The Aurora Project



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Sincere thanks go to the 70 advisors who were consulted for survey design and interpretation, the 800 advisors who offered to help with dissemination of findings, and, of course, the 2,346 respondents who completed the final survey. This is the largest patient centricity survey of its kind and we couldn’t have done it without your input.

As part of the research for this report, six in-depth interviews were conducted, and our thanks is also extended to these experts:

Jill Donahue, Author of EngageRx: The 3 Keys to Patient-Focused Growth, believes there is an important role for pharma professionals in the pit crew surrounding the patient. She believes that patient centricity and profitability are not incompatible but rather inseparable.

As a consummate student, author and speaker on behavior change in healthcare, she helps pharma professionals learn how to become trusted, valued partners to healthcare providers. Jill will know she’s succeeded when pharma people feel proud that what they do matters and confident that they can make a difference for themselves, their companies, HCPs and most importantly... patients.

Paul Simms is Chairman at eye forpharma. Paul designed The Aurora Project, co-writing and disseminating the survey and helping to establish the advisors and dialogue, and create future plans for the project.

Christi Shaw, former U.S. Country Head and President of Novartis Pharmaceuticals Corporation, is committed to creating more moments and more memories for patients and caregivers. Leading through innovation, integrity, and inclusion, her previous experience includes Novartis and Ethicon. Shaw recently received the Lifetime Achievement Award from eye forpharma. Before Novartis, she held positions of increasing authority, up to that of VP of New Business Development & Strategic Analytics at Johnson & Johnson. Also, she spearheaded the ‘Signature’ program, which is designed to shorten clinical trial recruitment from six months, to only that of six weeks. Shaw serves on the board of BIO, an organization that advocates for improved biotech innovation.

Deborah Waterhouse, SVP and Business Unit Head US Primary Care at GSK, is a business leader who has managed P&Ls across multiple geographies (both developed and developing) with extensive government relations experience. She is a strong leader who has worked across many cultures, with a track record of developing clear strategies, strong alignment, and excellent execution, driving shareholder and customer value. Her extensive M&A experience includes a key role in acquiring and integrating Novartis Vaccines. As a professional in the healthcare industry, Waterhouse is motivated by the opportunity to serve all customers, and make a difference to patients.

Ramona Sequeira, President of Takeda Pharmaceuticals Ltd., United States Business Unit, is responsible for the company’s commercial operations in the U.S., and serves as a member of Takeda’s Executive Team. Prior to joining Takeda, Sequeira held various senior roles of increasing responsibility at Eli Lilly, both in the U.S. and the U.K. During her career,

she led several successful product launches, managed relationships with partners, improved operational performance, and workforce engagement. She is a member of the PhRMA Board of Directors, representing the country's leading biopharmaceutical researchers and biotechnology companies. Additionally, Sequeira is a board member of the Healthcare Leadership Council, a coalition of executives from all disciplines within American healthcare.

Jens Lipinski serves as Head of Patient Relations at Bayer Vital – Germany. His primary role is to establish relationships and collaborations with patient organizations and representatives. He is a fervent believer in the integration of patients and their perspectives in product strategies and value stories; thus, Lipinski is responsible for the support of appropriate and comprehensible medical communication measures for patients. Prior to this, he served as Senior Market Access Manager, where he aided in the preparation and implementation of market access strategy for launching products. Lipinski's expertise includes health economics, healthcare, outcomes research, and patient advocacy.

John Gerow, Service Team Strategy Partner of Ashfield and Principal at JG Consulting Inc., has worked as a senior leader within the pharma industry for the past 20 years. Being passionate about challenging the pharmaceutical commercial model, he is best known for successfully innovating and helping to lead the global launch of AstraZeneca's Multichannel Marketing capabilities. He also led the European Commercial Excellence Team, where significant changes to the operating model were implemented with a focus on customer experience. Gerow has been recognized with a Global CEO award for "New Ways of Working." Before joining AstraZeneca, he was a founding partner in a creative marketing firm working with companies, such as ISG Technologies, Microsoft, and Genentech.

Dr Nicola Davies is a Medical Writer and Health Psychology Consultant with articles in over 130 publications worldwide. She is a regular contributor to www.eyeforpharma.com. Her expertise is within the pharmaceutical and life sciences industries, where she has worked with individual pharma companies as well as the FDA. While her primary focus has been on the patient, she has been expanding into marketing and commercial. As such, she has produced large best practice Dossiers on topics ranging from improving the customer experience to utilizing multichannel marketing strategies. Her background is in research, for which she has 17 years' experience that has been utilized to assist pharma to measure and interpret patient outcomes.

Deirdre Coleman is Editor for eyeforpharma, whose mission is to make the pharmaceutical industry more open and valued, helping leaders define future strategy and direction, develop growth opportunities and address commercial challenges through collaboration, networking and market intelligence. Deirdre is a marketing and content specialist who has successfully performed in the medical device and biotechnology sectors with leading multinational organizations.

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Foreword

Why is patient centricity so difficult?



Jill Donahue of EngageRx



Paul Simms, Chairman, eyeforpharma

Truth is, if you believe that it's the right path for pharma to take, it's not difficult at all.

Or at least no harder than the difficult and expensive process of researching and proving the effectiveness of medicines.

But difficulties persist. The ship that is pharma is taking a long time to turn. Because what we face is real resistance within our organizations.

Whether that resistance stems from a lack of know-how, or the belief that we should stick to a traditional product-focused 'push' model, or that the regulatory environment has not evolved enough to make it possible, or (perhaps most destructively) when patient centricity is given a positive airing but with no real intention to follow through; it needs to be overcome across departments and companies before a sea change in patient outcomes is realized.

And much of this resistance is entirely legitimate. As a scientific industry, we must welcome the objective questioning of everything we do.

But in certain pockets, it absolutely is working. In companies where the culture has been even-handedly maneuvered to one of positivity around patient focus, there are results. This whitepaper, created as a discussion document around the results from the largest-ever pharma survey about patient centricity, shines a light on those efforts in order to demonstrate to others that it is worth staying the course.

When we made the decision to perform a global survey in March 2016, we knew that in order to make the kinds of changes needed to move the needle on patient centricity, we needed to do a much better job measuring our patient-centric efforts and outcomes. We needed to set down some benchmarks. We knew that this survey would empower us, for the first time, with an accurate picture of where the industry is.

What we didn't realize is that in creating the survey, we would also be led to so many bright individuals who want to help. And, in addition to this paper's contributors, we have built a small 'army' of volunteers who wish to take things much further.

So where are we now? As Winston Churchill famously said: "Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning."

For our patients, this is hope.

Jill Donahue & Paul Simms

Introduction

A patient-centric pharmaceutical industry is clearly the goal of many working within the field, and there is a high degree of emphasis being placed on putting the patient at the center of pharma's work. At the same time, there appears to be a host of barriers in the way of turning this patient-centric vision into a long-term reality. One of these barriers, and perhaps the strongest of these, is a fear that patient focus and profitability are counterintuitive. How can moving away from the traditional business model, where the focus is on selling, towards a more human-centric model, where the patient is the focus, make financial sense? Such questions are preventing leaders from implementing patient-centric missions with confidence – a confidence that is needed if a patient focus is to be fully embedded within the pharmaceutical industry. It is only through fully embedding patient focus into the very fabric of the industry that the true benefits to patients and pharma can be realized.

So, can patient-centric visions and profitability really co-exist? eye for pharma's Paul Simms teamed up with Jill Donahue of EngageRx to find out, and to help pharma move patient-centric intentions into actions and outcomes. This Whitepaper discusses data from **The Aurora Project: Pharma's Global Patient Centricity Survey & Analysis**. The insights gleaned from 2,346 respondents from 84 countries in a variety of pharma roles, shines a bright light. It shows that patient-centric visions and profitability can and do co-exist. Furthermore, key insights are provided on how lagging companies can ensure they aren't left behind as others confidently embrace patient-centric growth.



¹Respondents were from three streams – the pharma industry (pharma/biopharma/medical devices) (1,150), solution providers (797), other (338), and patients/patient groups (61) – and from a variety of roles, including CEOs, Senior Managers, Department Heads, Cross-Functional Heads, Customer-Facing Associates, and Consultants.



Christi Shaw pictured receiving eyeforpharma Lifetime Achievement Award from Paul Simms.

Can patient centricity and profitability co-exist?

Christi Shaw, former U.S. Country Head and President of Novartis Pharmaceuticals Corporation, believes so. She explains, “Many believe these two are at odds with each other, but I don’t see it that way. Helping as many patients as possible, while limiting spending to those activities that will help patients, leads to greater profitability.” Shaw doesn’t just believe this; she has demonstrated it during her time with Novartis, sharing numbers of patients helped instead of sales and profit margins met. “Across our diseases states, we exceeded expectations, even my own, every year,” she asserts.

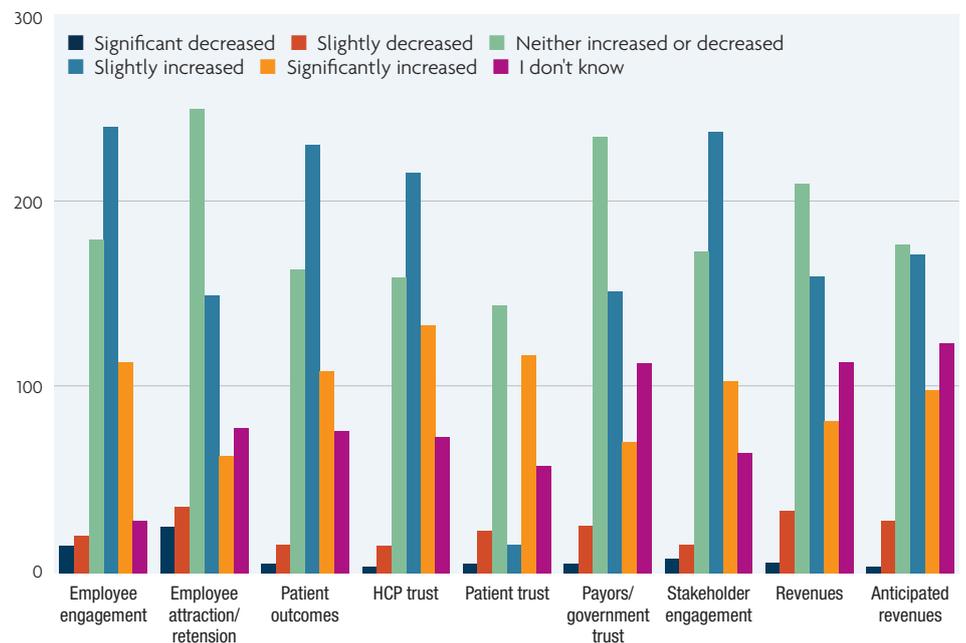
Those working in marketing might have a different view, however. Indeed, Donahue’s recent interaction with a VP of Marketing indicates that some people within pharma are frustrated with the concept of patient centricity, even going so far as to claim that, “The pendulum has swung too far away from selling and too much toward patient centricity.” The fear seems to be that greater focus on the patient equates to lagging sales.

Results from **The Aurora Project** challenge this fear. As many as 93% of the 2,346 respondents believe the integration of a patient-focused strategy improved overall business outcomes by increasing (Figure 1):

- HCP trust (58%)
- Employee engagement (58%)
- Stakeholder engagement (56%)
- Patient outcomes (56%)
- Patient trust (56%)
- Anticipated revenues (45%)
- Revenues (40%)
- Payers, government trust (37%)
- Employee attraction/retention (36%)

Figure 1: Organizational changes resulting from patient focus

As an outcome from your organization's patient-focused efforts, to what degree have the following changed?



“Many believe patient centricity and profitability are at odds with each other, but I don’t see it that way. Helping as many patients as possible, while limiting spending to those activities that will help patients, leads to greater profitability.”

Christi Shaw

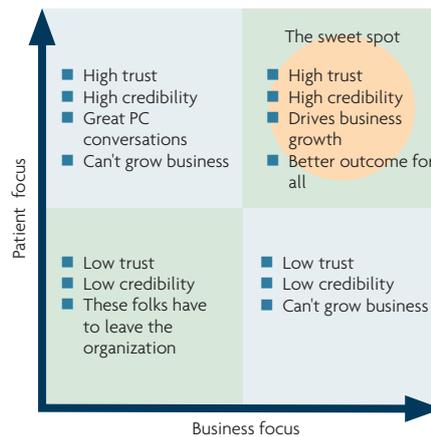


Ramona Sequeira, President of Takeda Pharmaceuticals Ltd.

Shaw is encouraged by these results, stating, “There is an obvious desire to ensure patients are leading our efforts.” In addition, other experts with whom these results were discussed aren’t surprised that patient focus impacts profitability. Ramona Sequeira, President of Takeda Pharmaceuticals Ltd., maintains, “Overall, patient focus is inextricably linked to profitability in the longer term, although the correlation is more variable in the short-term.” She adds, “I think it is hard to correlate patient focus directly to revenues in a mathematical way, but by increasing things like trust, stakeholder engagement, and patient outcomes, I believe you are going to be increasing the sustainability of revenues over time.”

When reflecting on her discussion with the VP who thought the pendulum had swung too far, Donahue proposed, “The problem is that in some cases, reps, when trying to be patient centric, focus solely on patient and physician needs and think this is the panacea for the common sales call. For patient centricity to actually work (for everyone), there needs to be another dimension – our business needs. This is the “sweet spot” of the modern sales call. It is in this place that we will truly create better outcomes – for the patient, the HCP, and our companies” (Figure 2). Adam Grant, in Give and Take talks about the most successful influencers being “other” focused with a healthy dose of ambition.

Figure 2: The ‘sweet spot’ of patient focus and business focus



Patients would largely agree with Donahue. In the **The Aurora Project**, 79% of patients believe it is paramount that pharma find the intersection where the best outcomes for the patient, the HCP and the company all coincide.

Learning from past successes

So, how to reach this ‘sweet spot’ where patient needs and business needs are both met?

As indicated within the survey, pharma is already on the right track. They are listening to patients, providing patient programs, tools and education, placing greater emphasis on leadership and organizational culture, enhancing clinical trial design, and increasing accessibility through pricing. More specifically:

- **Listening to patients:** Pharma is starting to listen more to patients and to create programs that help patients.⁴ They are creating patient ad boards and including patients in internal meetings. One respondent says, “We are actively listening to patients and patient organizations to better understand the patient’s journey, and taking these insights into our strategy and pipeline development. We regularly share these insights with ALL members of the organization to highlight evidence of a patient centric culture – this helps our teams understand what it means to be patient centric.”

“I think it is hard to correlate patient focus directly to revenues in a mathematical way, but by increasing things like trust, stakeholder engagement, and patient outcomes, I believe you are going to be increasing the sustainability of revenues over time.”

Ramona Sequeira

“Patient focus is probably more a question of culture than of training. No doubt, training supports creating a mindset and reaching higher levels of skills, but I am convinced that the best training can be achieved by positive practical experience and by sharing this experience.”

Jens Lipinski



Deborah Waterhouse, SVP and Business Unit Head US Primary Care at GSK



Jens Lipinski, Head of Patient Relations at Bayer Vital, Germany

Listening to patients saves money (Case Study described by Christi Shaw)



A protocol for a clinical trial was shared with parents of children with the disease. Many changes were made, but one small change which meant a lot was the time of monitoring the patient. Instead of asking the child and parent to come every week during the weekday (missing school and missing work), the protocol was amended for patients to be seen on Saturdays. This increased the number of patients that could participate and, therefore, reduce the time to recruit for the trial, saving money.

One key lesson illustrated in this example is the power of focusing on the patient. Listening to patients and understanding their needs markedly magnifies the benefit to both patients and sponsors. For the patient, the burden of trial participation was notably reduced. This lowered burden meant a larger number of patients had the opportunity to participate in the trial. For the sponsor, trial enrollment was accelerated and that resulted in cost savings due to the shorter overall duration of the study. In the end, harnessing the power of patient centricity resulted in a more rapid realization of the ultimate, common goal of determining if a chosen therapy can effectively improve the lives of patients.

- **Providing patient tools and education:** Patient information websites and call centers are being implemented, and patients are also having more say in clinical trial design in order to minimize patient burden. “We have started to get patient input into clinical trial design,” says one respondent. “We have appointed a global team of 8, to help move the company towards engagement and co-creation.”
- **Greater emphasis on organizational culture:** Companies have been changing the focus of their messages and the language used in these messages to ensure patient needs and business needs are becoming inseparable. They are also being clearer in their mission statements and acting accordingly: “Our mission and vision statement describes our patient-centric approach, and our tactics on the ground reflect the same,” reports one respondent. This emphasis on organizational culture is paramount to patient-centric success and needs to be embraced by more companies. As Jens Lipinski, Head of Patient Relations at Bayer Vital, Germany, says, “Patient focus is probably more a question of culture than of training. No doubt, training supports creating a mindset and reaching higher levels of skills, but I am convinced that the best training can be achieved by positive practical experience and by sharing this experience. Nevertheless, we in Bayer ensure that those who engage with patients are regularly trained in legal and regulatory frameworks.”
- **Increasing accessibility:** Access and pricing is consistently an issue within pharma, but organizations are taking action by introducing affordability patient programs, using patient support groups to ease patient access and build adherence, and tailoring funding to the relevant patient group. Deborah Waterhouse, SVP and Business Unit Head US Primary Care at GSK, reveals that at GSK, “A vast majority of our money is spent on enabling patients from around the world to access our medicines, who without that additional support, would not be able to benefit from the treatment.”



John Gerow, Service Team Strategy Partner of Ashfield and Principal at JG Consulting Inc.

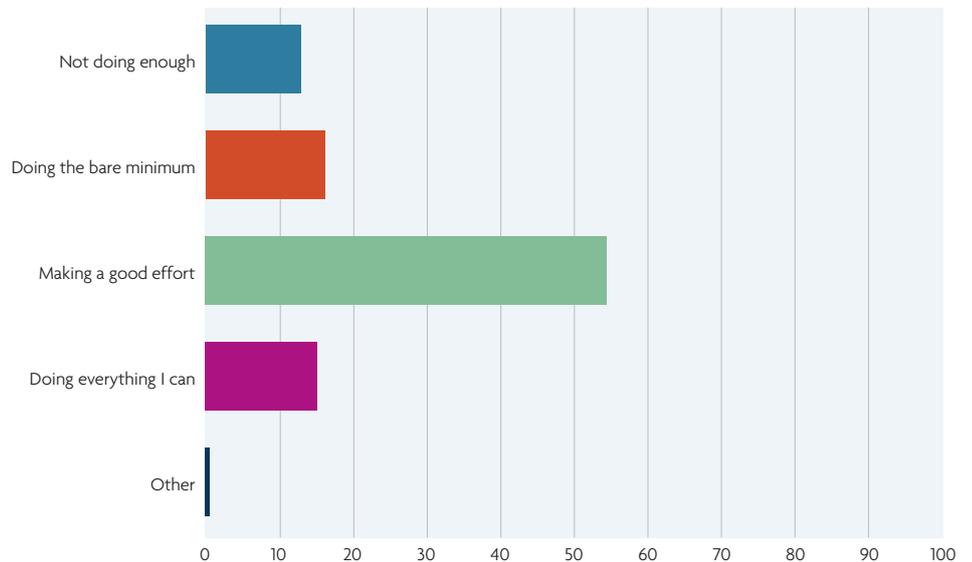
How can pharma improve?

Despite the many examples of what pharma is doing right, there is still the belief that patient-focused execution (and thus profitability) could be improved dramatically. John Gerow, Service Team Strategy Partner of Ashfield and Principle at JG Consulting Inc., raises an important question: “In the UK, 50% of doctors do not accept reps. If we were offering so much value and if we were doing such a good job at being patient centric, then why would doctors not want to see us?”

For those experts truly driving patient focus forward, there can be a sense of frustration for the quality of supposedly patient-centric services, as well as for the level of understanding of what patient focus really means. Lipinski shares, “Amazingly, most participants in the survey describe their organizations as slightly or far ahead of other companies. The majority of organizations position themselves ahead of the average. I am convinced that this result is based on the presence of different definitions or perceptions of patient centricity. Some of us in pharma still tend to reduce patient centricity to the development and provision of safe and beneficial products and services. The survey clearly demonstrates that we have many more options to demonstrate close proximity to patients’ needs.”

Waterhouse adds, “Our goal and the goal of many companies is to put the patient at the center of everything we do. But reshaping a company to meet this end goal is hard work – excruciatingly hard – and there are many challenges and learnings along the way.” Indeed, while 54% of the global benchmark survey respondents believe their company is making a good effort to move patient centricity from intention to action to outcomes, only 15% believe their company is doing everything they can (Figure 3).

Figure 3: Efforts to act on patient-centric intentions



“In the UK, 50% of doctors do not accept reps. If we were offering so much value and if we were doing such a good job at being patient centric, then why would doctors not want to see us?”

John Gerow

“You need a leader and an organization that believes they can do things in a different way. And that would be hard if you had a leader whose paycheck relied on doing things in the way they have always been done.”

John Gerow

So, let’s take a closer look at the five activities pharma could be doing better in order to move patient focus and profitability to the next level. In particular, there is a call to engage patients, provide better budgets and resources, develop effective measurement, offer training, and ensure patient focus is implemented across all departments.

1. Engage patients: While engaging patients was at the top of the list of what pharma is doing right, it was also at the top of the list of what they aren’t doing. This is perhaps reflective of the belief that there is good effort to engage patients, but that more can be done – through activities such as patient education programs. “We are not yet as good as we should be” says Waterhouse, “but we will never stop seeking to improve the lives of all patients.”

In particular, there is a call from survey respondents to talk to patients and to “fully, proactively plan for patient engagement opportunities,” including “regular and intensive discussions with patient focus groups and HCPs.” Lipinski also explains that patients have an important perspective in drug making: “Patients bring unique insights based on their experience with a drug and its current therapeutic environment. They can highlight areas of unmet need that clinicians may have underestimated. All this helps us to develop better therapies that better fit to the needs and values of patients.”

2. Budget/resources: Only 38% of respondents agree that an appropriate budget is allocated to enable them to act on their patient-focused ideas. For Waterhouse, there is a missed opportunity when pharma companies do not invest as much in efforts that deliver patient education: “We have the resources for this to be developed in order to ensure patients are informed about their care and are having meaningful conversations with their doctors,” she points out.

According to Gerow, “Product managers give credit to companies when they develop something and on how they spend their budget. So we waste a lot of money developing products that aren’t really patient-focused, but are just designed to sell a product.” He adds that leadership and movement of resources can be inextricably linked: “You need a leader and an organization that believe they can do things in a different way. And that would be hard if you had a leader whose pay check relied on doing things in the way they have always been done.”

Gaining the patient perspective to ensure marketing success (Case Study described by Lipinski)



Bayer could not recruit a single patient for a clinical trial of a drug for pulmonary arterial hypertension. The study required an overnight stay. The doctors had said that would be fine, but the patients voted with their feet. Bayer had to amend the protocol – at a cost. This was an important learning. Now, the company strives to involve patients earlier in drug development and are seeking to further expand their cooperation.

Lipinski shares another example of patient engagement activities within Bayer: “When we first introduced our supporting services for visually impaired patients in Germany, our agency developed the slogan “because seeing is living.” Prior to producing our flyers, brochures and booths, we collected feedback from representatives from German visually impaired organizations. Despite them easily understanding our intention, they directly challenged us by asking, ‘Do you want to express that without vision we do not live?’ Fortunately, we could still change the slogan prior to wasting money for printing and getting a similar pushback from a broader audience.”

“Integrating patients along the way is also not an expensive thing to do. Putting patients on steering committees for protocol development can save a lot of time in protocol amendments during the clinical trial. The FDA is engaging patients more and more and this will help as we look for product approvals to include patient focused outcomes.”

Christi Shaw

Gerow’s views are reflected in the survey, where respondents express a need for the provision of “enough resources so that employees are not struggling to meet the bare minimum regulatory obligations.” One respondent shared, “Our commercial colleagues are working in this area, but we are too understaffed and have too many other priorities to give this enough attention.”

Shaw is less convinced about the budgeting and resources argument: “I don’t believe it is more budget/resources that are needed. I believe it’s a shift of resources from non-patient-focused activities to patient journey activities.” She provides the example of some work her team did last year, whereby they built a mobile patient simulation and 120 US leaders were the actual patient. “From the physical ailments to acute episodes, from the burden of co-pays to medication management, our leaders not only internalized the patient journey, but had new creative ideas on how to help them,” she explains. These ideas would not have materialized by looking at a patient journey on paper or reading about the disease. “Integrating patients along the way is also not an expensive thing to do. Putting patients on steering committees for protocol development can save a lot of time in protocol amendments during the clinical trial. The FDA is engaging patients more and more and this will help as we look for product approvals to include patient focused outcomes,” Shaw clarifies.

According to Waterhouse, achieving success in patient centricity is not merely about allocating resources and spending for infrastructure, but also about cultural preparedness. “You have to be fundamentally in it from a values perspective for the patient. If patient centricity is not at the core of your company, you’ll make decisions that are more for-profit than for-patient.” For her, there is a large gap between patient insights and commercial priority. She asks, “How much do we invest in gaining these patient insights so that we are able to connect the story and needs of the patient to everybody in commercial – so that we can better support the patient journey from all divisions of our company?”

3. **Measurement:** A total of 46% measure their patient-focused efforts and 43% have patient-focused goals included in their personal objectives. However, measurement is still below par and there is the belief that patient-focused measurement could be improved with links to existing metrics and the setting of department KPIs. One respondent believes it should be a key element of every employee’s annual objectives and that bonuses should be attached to achieving these objectives. Lipinski warns that some measurement tools are expensive, but there are always options: “All measurements are expensive and frequently their profitability is below the activity itself. Then finding robust surrogates can help to prove the value.”
4. **Training:** Only 38% of survey respondents agree appropriate training is given, and 78% either don’t know what to teach or how to teach, or are looking for ways to train their people to behave in patient-focused ways that create better outcomes for all. Gerow is very particular about the problematic way some sales rep training has not yet been aligned. He says, “We just train our sales reps to be focused on the product. The patient is really not part of the mix. How many times do we actually take our training into the departments where our patients are being treated? Maybe we do it once, but we don’t do it all the time.” An interesting proposal by one respondent is to “Include something about patient centricity in our onboarding of every employee regardless of job title or function.”

“But knowing what patients want is also a question of not only asking one patient, but trying to find ways to reflect from a broader perspective – and this needs more aligned methodology. We think that a key future trend will be to look at improving patient outcomes in a real-life setting, and there can be economic benefits from being able to do this.”

Jens Lipinski

5. Focus across all departments: A key challenge with the implementation of patient-focused missions appears to be a lack of consistency across employees and departments. One respondent says, “Senior leaders “talk” about it, and ask middle managers to “implement” it, trying to make workers “do” it. We should be “doing” it at all levels.” Gerow says, “Internally, company leaders are up to speed on patient centricity, but their teams are not as advanced,” adding, “Without embedding patient focus across the entire company, the actual company-wide implementation fails; it’s not in the purpose of the company yet.” According to Lipinski, “Only the integration of different functional expertise and methods will allow gaining a comprehensive patient understanding.”

Turning a vision into reality: Budget, measurement and training

So, how can pharma move forward with these five key aspects of patient centricity in efforts to turn visions into actions and increase both patient focus and commercial endpoints?

Step 1: Greater engagement with patients

Sequeira recommends spending more time gathering insights from patients – through research, engagement with stakeholders, and through listening harder.

When it comes to engaging with patients, a truly patient-focused engagement delivers services not products:

According to Lipinski, “We can reach trust and sustainability only if decisions about our activities are based on the single criterion – whether they improve patient outcomes or not. But knowing what patients want is also a question of not only asking one patient, but trying to find ways to reflect from a broader perspective – and this needs more aligned methodology. We think that a key future trend will be to look at improving patient outcomes in a real-life setting, and there can be economic benefits from being able to do this.”

At GSK, using technology to drive patient education and involvement initiatives has proven itself successful. Classically, pharma companies can build a connection with patients only through the physician or HCP. “Technology is giving opportunity to connect more directly and in a more tailored manner with patients. This provides us the opportunity to provide customers with information that they think is important rather than the company pushing information,” says Waterhouse.

Gathering patient insights to improve business results (Case Study described by Sequeira)



In our Gout disease area, we gathered insights from patients and providers that the quality of discussion between patients and providers was poor, leading to sub-optimal treatment. Most of the time patients felt guilty about having a flare, and so underplayed the importance with the physician. The physician then didn’t treat as aggressively, and the disease got progressively worse, leading to incremental costs to the healthcare system. By helping improve the doctor-patient dialogue, we believe we will increase treatment and adherence rates, lower healthcare costs, and improve outcomes, which improves our business results.

“ We evolved to be more connected and responsive to patients and have shown that this model is not only beneficial to patients and public health, but profitable – proving that you can do well AND do good. ”

Deborah Waterhouse

Changing the role of sales reps along the drug life cycle (Case Study described by Gerow)



In many pharma companies, we continue to use the traditional sales representative model for the entire lifecycle of the brand and we still measure success based on whether the physician can remember our three key selling messages! When you launch a new product, you need to present the scientific evidence behind your product. In many cases, this may not be a complicated message and other channels may be an option to serve a broader group of customers than a traditional model can reach. Following a launch, physicians build their own experience with the brand and instead of changing the conversation to how we can support the patient, we stay focused on our key selling messages. Doctors globally are closing their doors to our industry in record numbers. Could it be that we are focused too much on our brand and doctors are not getting value from pharma sales calls?

I have had many years of experience building patient service teams for all phases of the brand lifecycle. The focus is not on selling products, but on providing services that are designed to support patients. In the UK, like many other markets, access has slipped to approximately 50% for sales reps; the service team, on the other hand, has 100% access - the physicians see this channel as bringing value. The cost per call for a patient service call is approx. 10 cents on the dollar versus a traditional sales call. The call is short, we don't talk about the soccer match, the weather or other topics. We focus on patients and the patient service that we have for this month. Physicians appreciate the patient-centric approach and everyone wins.

Communicating with patients digitally and directly where possible (Case Study described by Waterhouse)



We can clearly see that when we communicate with patients about our medicines in a fair and balanced way, it plays a critical role in building trust with providers, patients and the public that ultimately leads to profitability. The human-to-human interaction was always at the core of these relationships, but now we are having conversations with patients directly through consumer education efforts or digital channels that is extremely fruitful. Patients ask questions like: What is this this disease? What journey am I on? Is it debilitating? This dialog allows us to meet the patient where they want to be; we know what's useful to them, what they respond to, and what engages them or not. High trust and success are not mutually exclusive. We evolved to be more connected and responsive to patients and have shown that this model is not only beneficial to patients and public health, but profitable – proving that you can do well AND do good.

Step 2: Better use of budget and resources

Gerow suggests, “You can use your sales channel and take representatives away from brand and have them focus on patient service. You can reduce your costs and drive better outcomes because you are actually giving value for physicians by giving services to their patients, and not just selling your product.” In other words, he believes pharma can do both - drive outcomes and reduce cost. “It's not an all-or-nothing decision,” he explains. “You don't need to get rid of your sales reps. It's about how you use your sales channel and supplement that with services that are wrapped around your product. You can figure out how to do things cost-effectively. You can find and curate great content and bring it to patients.”

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John Gerow

It is Sequeira’s belief, however, that, “Training and budget alone will not move the needle. I believe there also needs to be a clear direction from leadership, accountability, and the designing of our strategies around patient insights.” Shaw adds, “I believe a lot of money is wasted when we take the business focus without integrating or leading with the patient. I like to keep things simple. Helping as many patients as possible and spending money on only those things that help patients in the short and long-term DOES lead to better business results.”

According to Lipinski, investing in patient engagement efforts are long-term investments. “Basic patient engagement is not that expensive – it is only a matter of willingness and time to do so. Once you have collected opinions directly from patients, other spending can decrease accordingly, or even be avoided. I am convinced that the early investment in patient engagement and interaction will save money in the long run, like prevention measures or vaccinations do in real health care.”

Step 3: Harnessing both quantitative and qualitative measurement

Forty-three percent (43%) of survey respondents somewhat or strongly agree with the statement: “...patient focused goals are included in employee’s personal objectives.” Similarly, 41% somewhat or strongly agree with the statement: “We measure our patient-focused efforts.” Shaw believes, “Quantitative metrics on improving patient unmet needs should be a primary driver of activity.”

Quantifying the impact of patient centricity is important in fuelling the momentum of patient-centric activities. “If one evaluates success of patient-focused activities, appropriate performance indicators should be agreed, ideally comparable to those of other activities,” says Lipinski. “We [Bayer] measure whether our major patient support program increases treatment adherence and persistence, and thereby we can indirectly prove improvements in long-term outcomes. Besides those analyses, we conducted a survey to capture improvements of quality of life in our program participants and confirmed the value of our activity directly from the patients. These results have been key drivers for continuing our efforts.”

Waterhouse is passionate about delivering patient education programs, but she admits that measuring the learning outcomes as well as the return on investment for these programs can be difficult. It is important to link learning outcomes with commercial goals. “With data analytics and Big Data, we can have a better view of the return on investment for such interventions.” For R&D, there is a general move within the industry towards utilizing real-world evidence (RWE). “RWE give us the opportunity to invest in a way where we can try different things and learn along the way in a relatively low cost manner,” says Waterhouse. This is especially applicable in the US market, where data is rich and available and pharma is allowed to have a more direct relationship with patients.

Utilizing much deeper market research, particularly those qualitative in nature, can complement data gathered from technological tools and platforms. According to Waterhouse, “Qualitative insight really brings patient data to life.” She adds that technology can also be used to make participation in clinical trials more convenient for patients by enabling the collection of data remotely, rather than requiring patients to check into a clinical trial facility weekly.

Gerow takes a somewhat different approach to the measurement of patient focus: “Sometimes, having the data to prove the effectiveness of patient-centric efforts is not important. What matters is that you prove it to yourself and your local market. Someone from the top needs to make a decision and say, “Okay, we are going to give it a shot. We are going to learn from it and we are not going to be afraid to really call out where it’s working and where it isn’t working.”

“ We should keep in mind, that every mistake from any company will affect trust in pharma as a whole – and thereby limit the possible success for all others. At Bayer, appropriate training is conducted throughout the entire company for a compliant and transparent patient interaction and engagement in accordance with all applicable laws as well as industry wide agreed rules. ”

Jens Lipinski

Step 4: Training the entire industry

While 89% believe it is paramount that people know how to find the intersection where best outcomes for the patient, the HCP and the company coincide, only 39% somewhat or strongly agree that appropriate training is given to prepare employees to find the intersection where best outcomes for patients, the HCP and the company all coincide. In addition, 68% somewhat or strongly agree that they: “...feel empowered to pursue our company’s patient centric vision in their daily work.” They characterized 59% of people in their department in the top two levels of a four level scale designed to evaluate patient centered competencies. Thirty-nine percent (39%) evaluated them as a three out of four and twenty (20%) ranked them as a four out of four on the scale.

Lipinski emphasizes how important training is not only within one organization, but also for the entire industry. “We should keep in mind, that every mistake from any company will affect trust in pharma as a whole – and thereby limit the possible success for all others. At Bayer, appropriate training is conducted throughout the entire company for a compliant and transparent patient interaction and engagement in accordance with all applicable laws as well as industry-wide agreed rules.”

Step 5: Focus across all departments

“Allowing each department to develop its patient ‘picture,’ then to share those across functions, and finally to agree on beneficial activities, is the ideal approach,” suggests Lipinski. Capturing patient needs and desires is possible through various methods, and depending on function or personal preferences each pharma employee can support the development of a holistic patient picture, some by direct interaction, some by asking physicians and some by conducting surveys.

When it comes to dealing with silos, “Everybody has the same challenge,” says Waterhouse. Many companies need to create a bridge between the internal R&D team and Medical Affairs team. More importantly, she points out that companies must keep on working on breaking down the silos that exist between local and global counterparts, which pose quite a challenge to drug development and access. “Having a cross-functional operation is key, and then aligning rewards and incentives accordingly,” she says.

Finding the “sweet spot” – doing good and doing it well

Since there appears to be a ‘sweet spot’ (Figure 2) where patient focus and business focus meet, we asked our experts: Do you have any thoughts on how we can reach that sweet spot, where patient needs and business needs are both met?

For Sequeira, “I think the important part is defining what patient focus means. For Takeda, it means gaining insights from patients through multiple sources, synthesizing those insights, and using them to design our plans and strategies. I think if you define patient focus as more altruistic, you end up with the problem of finding that “sweet spot” – and really this is based on your definition, where patient focus is somehow different and separate from business results. We see patient outcomes and long-term business results as being inextricably linked, not two separate circles where we need to find the overlap on a Venn diagram.”

According to Gerow, pharma can be a step closer to the sweet spot if they pilot more ideas. “What the industry does not do enough of is pilot. If someone has an idea or proposes a strategy, pilot it and document the learning, and figure out what went wrong in the execution.

Was it the idea, the execution, the people, or the customers targeted? Don't write it off as nothing. A lot of the time, pharma has the answer as to what could work, but they've left it because it isn't the flavor of the month. You have to find visionaries who can work with you on this – people in pharma who can think differently.”

Lipinski believes continuously listening to and interacting with patients remains the source of ideas for patient-centric efforts that lead simultaneously to a commercial return. “Besides developing new and beneficial treatment options for patients, we in pharma already conduct a couple of activities which concurrently serve both interests, such as patient educations, digital media, support programs or awareness campaigns. Attending patient organizations’ meetings or inviting patients to own events are easy opportunities at little cost. These measures have broadly shown improvements in therapeutic compliance and outcomes.”

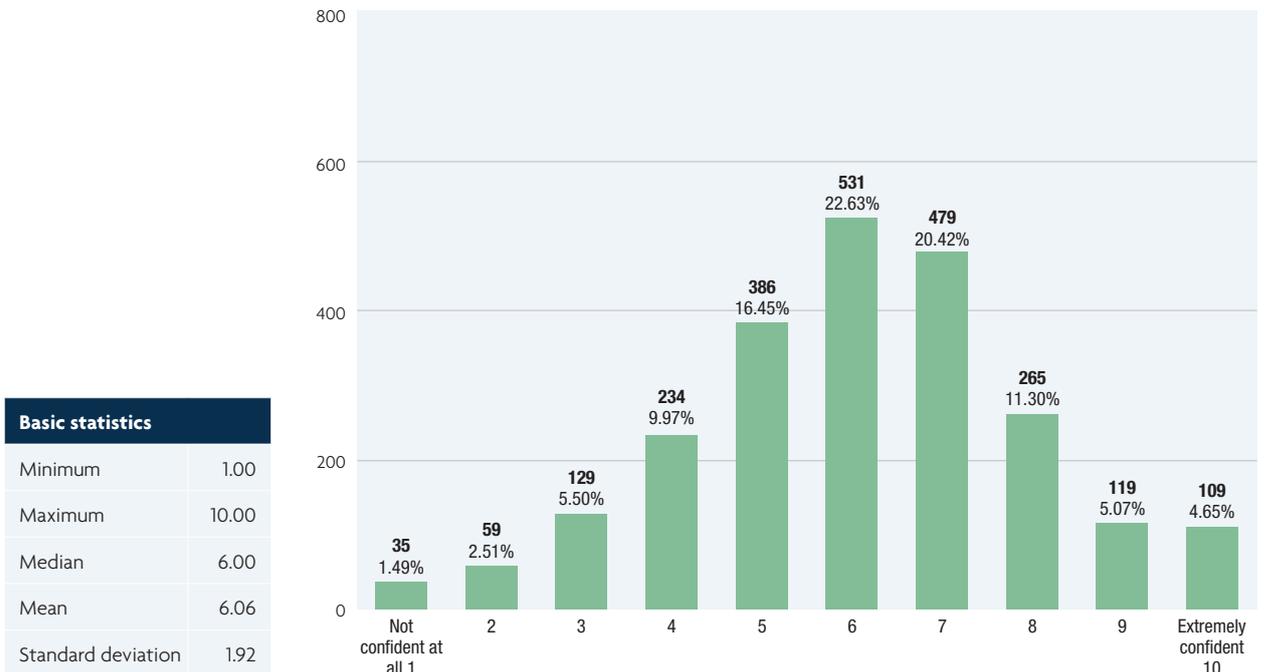
“You just need to exquisitely get the balance right,” says Waterhouse, who simply advises other companies to keep in mind that the balance is achieved by doing good and doing well at the same time.

Own the confidence to achieve patient-focused profitability

Eighty-six percent (86%) of respondents ranked the importance of pharma to deliver on their patient-focused missions/visions an eight or above on a 10-point scale. A majority (52%) ranked the importance a ten out of ten. Yet, 21% ranked their confidence in pharma being able to deliver on their patient-focused missions/visions an eight or above on a 10-point scale (Figure 4). Only five percent (5%) ranked their confidence a ten out of ten.

When importance is high and confidence wanes behind, people are motivated to learn. This bodes well for our future. Now we need to keep focused on our mission, continue to increase sharing, and pilot our ideas. We must be comfortable with our setbacks and celebrate our achievements. Just as it takes a village to raise a child, so too it will take a village to raise our industry.

Figure 4: Confidence to act on patient-centric intentions



“It is not easy to do, but is the right thing to do from a commercial and ethical perspective – and it ultimately gives you a competitive advantage.”

Deborah Waterhouse

As commercial entities, pharma companies must deliver for their respective shareholders, but focusing on the patient can lead to profit suffering in the short-term. “Shareholders may find it difficult to stomach that,” says Waterhouse. As a result, leaders often take a hammering for having a moral compass that is too orientated towards the patient and they are criticized for being too “soft.” However, confidence in patient-centric efforts starts from the top. Patient centricity begins within the values of the organization, where the patient is at the center. But consistently, senior leadership must show up aligned with those values. Their confidence eventually trickles down and is drilled into the members of the organization, says Waterhouse: “It is not easy to do, but is the right thing to do from a commercial and ethical perspective – and it ultimately gives you a competitive advantage.”

According to Lipinski, every pharma company has the ability to create patient-relevant value. When pharma members get as close as possible to the experience of the patient and witness their gratitude for the interest and assistance given to them, “There is a high probability that everybody will become even more motivated to strive for better patient outcomes. I would argue that no specific skills are required to start delivering a patient focus, beside those everybody has already learned from their interaction with family or friends. Thus, we can only make one mistake: not trying to start.”

It’s time for pharma to act

There is a ‘sweet spot’ waiting for the pharmaceutical industry. This sweet spot is where business needs and patient needs are both met, and where everyone wins. However, to find this sweet spot, companies need to not only act – they need to act with confidence. The findings from The Aurora Project, the largest of its kind, clearly demonstrate that pharma can be confident in the profitability to be reaped from pushing forward with patient-centric missions.

Patient-centric intentions are ripe, but concerted actions still green. There needs to be a greater long-term focus, the measuring of patient-focused goals, appropriate training for the whole industry, and more engagement with patients. Leaders need to ensure that patient-focused missions are embedded across all departments and that everyone is working from the same definition of what patient centricity is. Once such actions have been implemented – over the long-term – the true evidence of patient-centric profitability will be recognized and a new humanistic selling model embedded throughout the industry. Indeed, it is likely that we will question where lack of confidence in patient-centric profitability ever started.

“There is a high probability that everybody will become even more motivated to strive for better patient outcomes. I would argue that no specific skills are required to start delivering a patient focus, beside those everybody has already learned from their interaction with family or friends. Thus, we can only make one mistake: not trying to start.”

Jens Lipinski

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