Patient-centric pharma: Advancing the new business model

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A FirstWord ExpertViews Dossier Report
Patient-centric pharma:
Advancing the new business model

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Transforming a business model from product centric to patient centric

Structuring business around disease not brands

Real patient centricity involves collaboration

Layers of patient centricity in the product value proposition

Shifting to a patient-centric business model requires organisation-wide change

Cross-organisational cultural reform

‘Patient centricity, like ethics, should be part of everything we do'

Patient-centric roles and team structures

Where exactly does the Patient Affairs or Advocacy team sit in a company?

Inject patient-centric values into each function’s strategic planning

Chief Patient Officer or Patient Affairs/Engagement Leads

Engage with patients to understand how patient value can influence the business model

Metrics measuring performance of patient centricity

Operational change: the nuts and bolts of transformation into a patient-centric company

Ensuring patient-relevant impact of a product

Nurturing constructive relationships with patients and their organisations

Ask patients to talk about their experiences at meetings

Let patients know your company is listening to them

Case Study: Pfizer Link, a community for study participants

Conclusion
Research objectives, methodology and definitions

Objectives

Through expert insights, this FirstWord report seeks to identify the possible criteria and functional characteristics of a patient-centric pharma business model. It provides an analysis of how patient centricity, as concept and practice, is based on empowered and better-informed patients who play an ever-bigger part in decisions concerning their health. In turn, these patients are compelling pharma to make fundamental changes to its business model, moving from a product- or brand-centric model to a disease- and patient-centric one.

Key questions that were asked during the course of the research included:

- What does the rise in patient empowerment mean to pharma?
- Which factors are driving the change to patient-centric business models?
- Wherein lies the value for pharma adopting this business model?
- What are the main barriers (internal and external) to becoming a truly patient-centric pharma company?
- How are business models changing to enable pharma to become more patient centric?
- How do patients and internal stakeholders interact to facilitate patient centricity?
- How are companies setting patient-orientated goals and which KPIs are used to assess success?
Methodology

Information in this report was gathered from interviews with experts in the pharmaceutical industry who work within medical affairs, heads of patient affairs, patient engagement and patient advocacy. Some external specialists in patient affairs and engagement were also consulted. Interviewees were sought from the US and Europe. Most interviewees are public speakers or authors on the topic, often presenting at specialist conferences.

Experts interviewed

- Dr Anne Beal, MD, Chief Patient Officer at Sanofi
- Pamela Bennett, Executive Director Patient and Professional Relations at Purdue Pharma, US
- Dr Neil Croft, PhD, Senior Manager, Advisory Services at Kinapse, consultants on capability building and operational services to the life sciences industry
- Barbara Donalson, Patient Advocacy & Engagement Manager, Communications & Government Affairs Department, Janssen Pharmaceuticals UK (Johnson & Johnson)
- Jayne Galinsky, Health Services Researcher, Myeloma UK
- Dr Oleksandr Gorbenko, MD, PhD, Global Patient Affairs Medical Lead, ViiV Healthcare.
- David Jones, Head of Involvement and Shared Practice at Diabetes UK
- Richard Jones, Patient Services Director at The Earthworks, UK
- Simon Ridley, Director of Research, Myeloma UK
- Dr Tehseen Salimi, MD, VP Global Medical Affairs, AstraZeneca, US

Definitions

National Quality Forum definition of patient-reported outcome (PRO):¹

Any report of the status of a patient’s health condition that comes directly from the patient, without interpretation of the patient’s response by a clinician or anyone else.

Engage with regulatory and HTA bodies about patient value early on

Earlier engagement with regulatory and health technology assessment (HTA) agencies with respect to patient value is essential, adds Salimi. She sees this as a challenge currently: “We do this with the regulators to a degree but not consistently. We engage early on [in drug development] with some HTA bodies such as NICE, but not with payers in the US, for example. As an ex-payer, I believe that in the US market, it’s a matter of us taking the lead and approaching them with something meaningful,” she says.

Patient-centred outcomes need to better reflect real patient experience

Value-based contracts are increasingly being negotiated between pharmaceutical companies and payers. Salimi points out that value-based contracting, as currently practiced, includes patient impact or outcomes and clinical and economic outcomes as well, “The definition of health outcomes has three components: clinical, economic and patient-centric outcomes, the latter including humanistic and functional outcomes.”

By way of example of a functional outcome, she cites that a patient with Alzheimer’s disease might be asked how their daily functioning has improved. Can they do things for themselves? A humanistic outcome might ask whether the intervention improved their quality of life, whether they can do more or go out more. “But for each disease, the quality of life instruments are very academic, they are generic quality of life instruments and they don’t necessarily translate the patient’s experience,” Salimi remarks.

Anne Beal, from Sanofi, emphasises that key to a patient-centric approach is understanding which outcomes matter to patients, for example, how a treatment affects their daily lives. She adds that pharma needs to ensure it focuses not only on clinical outcomes but other outcomes too. “Patients want to know, ‘Will I have enough energy? Can I take care of my family? Can I go to work? What will this do for my mood? What does this mean? Am I going to be embarrassed if I have to use this product in public? All these kind of things really address how a product fits into a patient’s life,” she says.

She adds that most people do not define themselves by their “patient-hood”: “People have other responsibilities as parents, siblings, writers, doctors, bakers. Then when they have a condition, that condition is what stands between them and...”
Operational change: the nuts and bolts of transformation into a patient-centric company

Neil Croft from Kinapse highlights that the shift from talking about patient centricity to implementing it can be challenging for even the most determined companies. “People want to understand what it means for them in their day-to-day work. They may hear that the company is patient centric but they think ‘I’m working in finance for example, and it doesn’t mean anything for me.’ So companies need to make it real for people there, or in manufacturing for example,” he remarks.

In every function, says Croft, there are elements where employees can contribute to patient value: “Each function needs to have a vision or an understanding of what it means for them. That’s a challenge.”

Another key operating challenge is the concern around compliance and whether pharma employees can talk to patients within the regulatory framework, adds Croft: “I think that the fears in this respect are sometimes a little bit exaggerated. However, it is understandable because we’re in an industry that really has to manage risk very carefully. But very rarely is there a situation where you cannot listen to patients and get their views.”

However, he clarifies that it can be a breach of code or law to discuss products inappropriately, and the risks of promotion (perceived or actual) to patients must be managed through supportive compliance and legal advice: “But there’s nothing in principle to stop you getting insights, input and patient involvement in the co-development of products or projects. In fact this should be seen as an imperative.”

An important option to mitigate risks about patient contact is to connect via a patient group, whose job it is to represent patients. Croft empathises with anxieties experienced by patient groups around contractual elements of contact with pharma: “It is possible to really scare and frankly annoy patients by presenting them with really burdensome contracts to sign. That’s something that needs improvement in working with patient groups; however, contracts are necessary, particularly if you’re going to have an ongoing two-way relationship.”
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