

# Patient Centricity Works

Ensuring a patient-first strategy drives real results in commercial pharma



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## Welcome

### Do we need patient centricity to work?

Your answer to this question will depend on which side of the equation you sit on. Some people say patient centricity is important because it's the compassionate thing to do: that's the reason we work in pharma, it's our social and moral purpose.

But others will argue that industry is not here to be compassionate. And that patient centricity is not pharma's job; patients are to be cared for primarily by trusted doctors and nurses. Meanwhile, pharma should be squarely focussed on its core skillset; innovating and distributing the best medicines it can.

I would suggest that neither of these answers is right. I'd argue that patient centricity is essential – but not simply because we 'care'. The electronic medical record, finally now ubiquitous over the past few years, has allowed us to measure the impact of health interventions on a major scale. For the first time, we can determine the outputs – or outcomes – rather than just the inputs.

What that means is that suddenly, pharma companies are incentivised to provide the best possible experience for patients, by delivering as much as they can for them. And the only way to do this effectively is through a patient-centric design.

Does it work? Actually, yes. There are increasing volumes of evidence that demonstrate that when you focus on the difference you make to patients, your commercial performance will improve. And, as other stakeholders adapt to the same economic conditions, driven by data and our ability to measure outcomes, it improves even further.

But now we move to the question of 'how', hence this whitepaper. We have built this paper collaboratively with people from around the world, sourcing insights from different companies and different departments (see list below). This provides a showcase of examples of how patient centricity can be brought to commercial teams. Our intention is that it will ignite ideas in your mind and will spread even further.

**Paul Simms**, co-founder of **The Aurora Project** and Chairman, **eye for pharma**  
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## Introduction

**Jill Donahue**, co-founder of **The Aurora Project** and author of *EngageRx: The 3 Keys to Patient-focused Growth*

Pharma professionals across all departments have a noble purpose – to improve and extend life.

Unfortunately, for most of the 1990s and well into the 2000s, pharmaceutical companies focused primarily on themselves. Targets addressed internal needs rather than patient needs.

For decades, pharma sales models have come and gone but what they had in common was a focus on more prescriptions. Recently, people are questioning this, wondering, what if this focus on prescriptions is the one thing standing in the way of breakthrough sales?

Some years ago, Jim Stengel, author of *Grow* and former Global Marketing Officer for Proctor & Gamble, wondered what best brands had in common. To find out, he looked at 50,000 brands and tracked the connection between financial performance and customer engagement, loyalty and advocacy over a ten-year period.

Zooming in, Stengel asked: What do the world's top 50 most profitable brands do differently? He discovered that it was because they focused on their higher-order benefit to the world. Armed with proof that corporations outperform their competitors by doing good, it raises the question of how we can apply this to commercial pharma.

### **Part of the answer may lie in adopting a more patient-centric approach.**

Fortunately, there is now abundant research that shows a better way forward – when companies focus on serving patients they are actually better off than when focusing solely on their own needs. Even better news is that senior leaders are recognizing the need for this new approach.

In our global survey of pharma executives and other stakeholders conducted in 2016, ninety-three percent of respondents believed that a patient-focused strategy improved overall business outcomes, while 92% agreed that a longer-term focus was essential (see box below).

We are discovering through our work with thousands of commercial pharma people that when people connect with patient-centricity for themselves, great things happen. We've realized that the vast majority of people chose to enter and to stay in this industry because it feels good to help; they want to help HCPs make great choices that improve patient outcomes. We also have discovered, consistent with the research, that the defining quality of top pharma reps is a mindset that focuses on the patient, not the script.

"I wasn't sure if I wanted to stay in pharma," says Kyleta, a senior pharma rep. "It was only after my company proved to me that they were truly shifting to patient-centricity that I decided to stay. I could truly be myself and focus on helping the physician help the patient." And what happened to her sales? "Well, I am the top sales rep in my region."

Reps often struggle with poor access and a product that is tough to differentiate. By articulating and communicating their patient-focused mindset they stand out from the rest and become the trusted partner to healthcare professionals. They become more engaged and engaging and get more time and access.

As with any transformative change, there are many challenges to implementing an organization-wide shift of focus. Training is a key element yet 78% of respondents to the Aurora Project survey admitted to not knowing what or how to teach it or were looking for

ways to train their people to behave in patient-focused ways. Only 38% felt that adequate training was being given.

Measurement is another difficult issue; fewer than half of pharma execs said they measured their patient-focused efforts or had patient-focused goals included in their objectives (42% for both questions). Senior leaders are now starting to talk about how and what they should measure.

According to consultant Mark Duman, fear may be holding back progress in this area. “Have I seen much progress? Not much. There is interest [in patient-focused goals] but there is a (unfounded?) fear that measurement may show how poor they are at it.”

Before measurement comes definitions, says academic Dr Joanna Robaczewska: “There will be a lack of convincing evidence as long as we have not developed a shared vision towards patient-centricity. It is challenging to measure something when we do not know what it is exactly or how we want it to be.” In this paper, we heard from Guy Yeoman about how AstraZeneca was the first pharmaceutical company to have their definition of patient-centricity published in a high-impact journal.

Patient-centricity is commonplace in our vision statements but vision must be accompanied by culture change deep within an organization. “We frequently find ourselves presenting to 15-20 executives from right across a company – from marketing to sales to medical to market access and R&D,” says connected-health expert, Jim O’Donoghue. “If you ask them how important patient-centricity is, they all say it is very important, but they have very different perspectives on what it means, both to them and their departments. For marketing guys, right now, 90% of their head is in multichannel marketing and only 10% thinking about patients.”

“More often than in the past, decisions will be made with the patient in mind and with a mindset that, when patients are first and foremost, profits do follow,” says industry veteran, David Davidovic. “The most important thing to do is to think of this as a ‘glass half full’ not ‘glass half empty’ project.”

Love him or hate him, self-help guru Tony Robbins may have an answer about where to begin in making patient-centricity live within an organization. “**There are a million ways how to do something, once you know your why,**” he says. “Why comes first and how comes second.” This sentiment is echoed by Simon Sinek in his popular TED talk and book *Start With Why*,

### Patient-centricity – the facts



Many, if not most, pharma companies have put patients at the center of their vision and mission, a fact backed up by the global survey of 2,346 pharma executives, where 86% ranked the importance of delivering on patient-centricity as more than eight out of ten.

However, turning action into words has been challenging – with only 21% of respondents ranking their confidence in being able to deliver a patient-focused mission as more than eight out of ten. You often hear companies say that patient-centricity is in their DNA but, if that’s the case, they are having trouble mapping the genome!

This survey was conducted by the Aurora Project, a group of volunteers with a shared belief that patient-centricity is not just a moral imperative for pharma but is also a vital component of a sustainable future.

“while everyone is looking for the recipe, intention and mindset are more important.”

“People don't buy what you do; they buy why you do it,” and Adam Grant in *Give and Take*, “Focus on contributing to a purpose”. From Napoleon Hill onwards, great thinkers have urged us to find our purpose first.

Many companies have allocated budget and a corner office to a Director of Patient-Centric Projects, but such projects are often considered an expense. “We can't afford to be patient-centric anymore!” senior executives can be heard saying. A change in mindset allows a patient-focused vision to move from the corner office (project-based) to the doctor's office (people-based).

This is how pharma will find the 'sweet spot' where patient needs, HCP and business needs all meet. Eighty-nine percent of respondents from the global survey believed it was paramount that people know how to find the intersection where best outcomes for the patient, HCP and the company all coincide. Seventy-nine percent of patients concurred.

“A very old marketing definition reads: Find out what people want and give it to them. Individual pharma companies have the ability to find out what the patients who take their medicines want,” says healthcare thought-leader, Richie Bavasso. “Pharma should also keep in mind that patient-centricity may never lead to patient satisfaction, but, as a mindset, it will position the company for future opportunities to engage with patients on many other levels. Patient-centricity is not a one-and-done event; it is a lifetime relationship.”

Bottom line, what I have discovered in the two decades I have been working to lift our industry and build purpose-driven, influential pharma people is that while everyone is looking for the recipe, intention and mindset are more important.

It is incredible to see the change in people when you help them connect with their 'purpose', or why they work in pharma. It's like 'releasing the hounds' and we need every person in our industry let loose.

*“Without that culture underpinning everything, you can spend a lot of time, money and energy moving to a patient-centric organization but in our experience it will not hold.”*

**David Fortanbary, UCB**

## How patient-centric is commercial pharma?

In most organizations, it was not on the commercial side of the business that the concept of patient-centricity first took root. Perhaps R&D first saw the benefits of consulting with patients to improve trial recruitment and retention or maybe colleagues in medical involved patients more actively in the design of support programs.

Wherever and however patient-centricity first entered organizations, its tendrils have now extended outwards, touching every function, every colleague, and commercial is no exception. In fact commercial is the key since it is the face of the industry.

In this paper, we interview seven senior leaders from several leading companies, to ask: how patient-centric is commercial pharma? Our intention is not to offer a complete overview of the entire industry, rather an in-depth look at how seven quite different companies have approached the challenge of embedding patient-centricity into their commercial activities.

## Making it personal at UCB

For UCB, the transition to a patient-centric organization is all about sustainability, explains David Fortanbary, Head of North America Commercial Training.

“Without that culture underpinning everything, you can spend a lot of time, money and energy moving to a patient-centric organization but in our experience it will not hold.”

To embed that culture, UCB has instigated a program of change throughout the organization. For example, there has been a very deliberate change in language; the organization now refers to patients as customers and HCPs as their stakeholders.

“We no longer refer to HCPs as our customers. Now people don’t give it a second thought. When we refer to a physician or a pharmacist, they are called stakeholders. ‘Customer’ is reserved for the patient.”

UCB has also created a set of operating principles built around bringing value to patients. Known as their patient value strategies, these include: task to value, helpfulness to generosity, space with consistency and noise to signal.

“These are the four core principles that we adhere to in terms of who we are as individual contributors and team members,” explains Fortanbary. “We ask ourselves is this a task, or does this bring value to patients. Are we reacting to noise, or is this a true signal that we are getting and will this bring value to patients? Those are the kinds of questions that we ask when making decisions, whether strategic, operational around execution or resource allocation at a stakeholder level.” Every new UCB employee is trained on these principles, and they are also “consistently reinforced” with the current employee population, he adds.

Indeed, UCB have engaged in a significant program of training across a myriad of areas related to patient-centricity. Fortanbary explains that patient empathy training and storytelling training is also delivered to employees and new hires. “We help them by creating as close to an experience as we possibly can in terms of what the patient may be faced with, as it relates to their challenge with the diseases that we are focusing on; these are epilepsy, Parkinson’s disease, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, and Crohn’s disease. We try to recreate those experiences.” UCB has even leveraged augmented reality to create realistic simulations, such as the gait of a patient with Parkinson’s disease.

Meaningful patient engagement is of course also part of this exposure to the real patient

experience, adds Fortanbary. “Patients are now brought into our town hall meetings so that people can hear their stories and ask questions. It is all part of a plan to ensure that we get the right focus in bringing value to patients.”

This training is key in building an employee population that naturally considers the patient experience, particularly when it comes to sales. “Our field force doesn’t interact with patients, but it doesn’t stop them from thinking about patients and their stories and empathizing with them as they are interacting with healthcare providers. It is not just the clinical data, it’s how does that clinical data translate into a person’s life. We encourage our field to come up with their own personal story that has relevance to the kinds of products and solutions we are going to offer our HCPs and other stakeholders in the marketplace.”

According to Fortanbary, this training has had the result of making employees “more determined”.

“They believe in what they are doing because they know it brings value to the patient. They aren’t thrown off by a single objection, they’re not thrown off by some sort of cost concern. It is a value thing for our reps now. It resonates with our stakeholders too – they know our reps really believe, and then they start to believe; it’s a really powerful thing.”

He believes that this change in mind set naturally feeds into a better commercial approach, and ultimately a better bottom line.

“We are all only as good as our collective strengths within our organization, so we need everybody believing, based on their own personal experiences, that our products can bring better value to patients who are suffering from very serious diseases. This is about believing and knowing we are helping patients overcome the challenges of serious diseases. If we can believe that, then the financial part of the equation takes care of itself.”

Many companies are trying to quantify the tangible impact that a patient-centric approach has on commercial success. According to Fortanbary, financial reports will invariably reflect value brought to patients.

“As a company we continue to invest quite a bit into our R&D, and we are performing very well as an organization. I suspect if it didn’t bring value to patients, our financials would tell us that. I have no reason not to believe it isn’t working based on financial performance.”

Fortanbary believes UCB is at a “tipping point” when it comes to functioning as a truly patient-centric organization. “Things are starting to become easier. In meetings where decisions are being made – perhaps you’re discussing projects for an initiative that will cost XYZ – the question ‘How does this help patients who are being affected by serious diseases?’ will always come up. If you can’t answer that question, then it is seriously discounted – often it is just off the table. It goes back to our patient value principles on task to value – if you can’t directly or indirectly articulate a value to patients, we don’t do it.”

## Formalizing patient-centricity across Sunovion

Sunovion is very much in the middle of its patient-centricity journey, but a huge number of significant changes have already taken place within the organization, says John Jacoppi.

Jacoppi's role – Executive Director of New Product Planning reporting directly into the Chief Commercial Officer – goes above and beyond his day-to-day functions. In 2015, the organization rolled out its Vision 2020 roadmap, which outlines specific dimensions the company should focus on for sustained success.

The patient is at the center of the framework. As leader of the patient dimension action team of Vision 2020, Jacoppi looked at the trends driving patient-centricity across the biopharma industry to identify what the key future state looked like for Sunovion in this area.

The patient dimension action team has since worked to provide tangible evidence of Sunovion's goal to become an even more patient-centric organization, says Jacoppi. This includes ensuring that the patient is continually and visibly front and center; peppering the walls of the company's physical campuses, its digital intranet site and various events with patient quotes and pictures, for example.

The team also rolled out patient experience programs for Sunovion's headquarters-based employees to help put patient-centricity into a common language and to create greater alignment and unity around key priorities of Vision 2020. "Through this program, we have defined patient-centricity at Sunovion, and we help our employees understand it. More importantly, because this is very activity-based training and education, we get employees thinking about their role and how they are ultimately contributing to the patient," explains Jacoppi.

Each program closes with the perspective of a patient and, notably, Sunovion endeavors to incorporate the stories of patients who are either in or outside their therapeutic areas. "The whole point is to make sure employees understand the commonalities and unique differences across the patient experience, especially of those living with chronic conditions."

The content from these training programs is also being incorporated into the organization's new hire on-boarding program, adds Jacoppi; "this is so that every employee who comes to Sunovion has gone through that initial training and helps bring patient-centricity into our DNA."

The patient voice is also being clearly heard during Sunovion's decision-making process, both on the clinical side as well as the commercial side, Jacoppi explains. Advisory boards that include patient opinion leaders are helping to drive innovative clinical trial design, for example.



*“Historically, like other biopharmaceutical companies, we had a tendency to be HCP-centered in terms of the insights that drive certain strategies, but now we are bringing in more patient insights and making sure those insights are incorporated in every business plan.”*

**John Jacoppi, Sunovion**

Brand teams and commercial colleagues are also being encouraged to involve patients in the traditional planning process more than ever. While Jacoppi admits that Sunovion is not atypical in terms of that activity, it does represent an evolutionary change to the organization's past processes.

“Historically, like other biopharmaceutical companies, we had a tendency to be HCP-centered in terms of the insights that drive certain strategies, but now we are bringing in more patient insights and making sure those insights are incorporated in every business plan through the organization.”

Yet the foray into becoming a more patient-centric organization has helped to uncover many examples of such activity already occurring within areas of the company, says Jacoppi. The goal now is to highlight and integrate these practices across the entire organization.

“In many ways Sunovion has always been focused on the patient. There were some amazing patient-centric things happening in the organization but they were in pockets. With Vision 2020, we are focused on making sure that we are not only communicating this across the organization but that we are building intersections to align these activities and help the organization shift its model toward a truly patient-centric one. People may think this is new, but it actually isn't, it's more of a formalized approach to weave it into the fabric of the organization.”

According to Jacoppi, there are major benefits of patient-centricity for an organization. “If the patient voice and the patient need is driving your overall corporate strategy, to me it makes inherent sense that you are going to be able to be successful, because ultimately you are bringing better solutions to our patients. As an industry, many people have become comfortable with that concept.”

Yet, he also sees a move towards patient-centricity as a catalyst for a more motivated and invested workforce. “I am a firm believer that the overwhelming majority of people who are working in this industry, came here because they ultimately saw the ability to work in healthcare as an opportunity to do good, but also do well. That is particularly apparent at Sunovion; our employees reinforce this continually in various ways,” he says.

“Becoming a more patient-centric organization helps every employee reconnect with that higher purpose of why they came to the industry and to healthcare. I see this as two-fold; one is the company's opportunity to deliver better value to patients and the other is that having better internal engagement will make the company a great place to work and, in turn, provide greater value to all stakeholders.”

Jacoppi is adamant that this transition to patient-centricity must be both organic and leadership-driven, without over-reliance on external providers – a mistake he feels some companies may be making on their own journeys to become more patient-centric.

“You need to have your own unique and authentic voice in terms of how you as a company are shifting to a patient-centric model. We have focused on this as an organic employee-led initiative supported by the leadership team. We have Sunovion peers leading the training programs, and all of the new ideas come from employees. Yes, we may need to work with partners to help implement some of these patient initiatives, but ultimately the change has to come from within.”

*“We are demonstrating to our customers, the physicians, that Takeda is in this for the long haul, that it’s not just about pushing products.”*

**Heather Dean, Takeda**

## The patient as a priority at Takeda

Takeda has established a decision-making framework, which also functions as a prioritization framework, when it comes to their approach to patient-centricity. Heather Dean, National Head of Sales & Accounts in the Specialty Business Unit at Takeda USA explains that this framework can be encapsulated in just four words – Patient, Trust, Reputation, Business.

According to Dean, while pharma companies often say patients are at the center of everything they do, it is less often that the company makes decisions that point to such a mindset.

This hasn’t happened overnight; Dean admits it has been a gradual evolution to the point where it is now an overt conversation about the patient journey and patient experience upfront.

“What I love is that it is actually embedded in all of the strategic planning documents that we use. Doing what is best for the patient is at the forefront of decisions, not always financial drivers. For example, when faced with making an important decision or selecting a strategic course, the full filter of Patient-Trust-Reputation-Business considerations are contemplated in totality. For example, an initiative could be well-intentioned for the patient, but may not elicit trust with society – we must always assess the full filter of considerations.”

This stretches as far as national executives engaging in live teaching sessions at global meetings – pointing out course corrections or mistakes that happened due to a failure to place patients at the center. “They basically made a plea to these leaders, that as you go back to your local countries, we want you to make decisions and prioritize based on this algorithm of Patient-Trust-Reputation-Business.”

Central to the move to patient-centricity was a fundamental change in how market research is carried out, explains Dean. “Historically with market research, often we asked surface-level questions that didn’t get to the core of the patient insight. Our local President said we needed to do a much better job of actually understanding the patient journey, the patient’s experience with the disease from the onset, what do they go through physically, what they go through emotionally, and the impact on caregivers and family members.”

Also critical to this is engagement with patient advocacy groups. Dean stresses that Takeda is not seeking to reinvent the wheel, but rather working closely with these groups, in terms of practical help and funding, while also linking these organizations with HCPs in the field.

“We are pairing up these patient insight needs with these patient advocacy groups. Our key account team that goes into large clinics and hospitals, helps create this transition of knowledge. They can pair up to give them patient education material from advocacy groups that they can then give to their patients.”

A specific example; Takeda has recently launched a care partners program – this involves certified highly-trained nurse educators teaching patients about inflammatory bowel disease. Patients can sign up directly or via their physician’s office for the program. “It is not specific to the drug, they don’t even have to be on the drug. It is a free service and it lets them have ongoing contact with nurse educators who can help them better understand their condition,” explains Dean.

She admits that such programs can have significant “side benefits.” “We are demonstrating to our customers, the physicians, that Takeda is in this for the long haul, that it’s not just about pushing products – we truly care about patients and making sure that patients are educated and comfortable and managing through their disease.”

From a commercial perspective, Dean admits that strategic conversations are now “impossible” without mentioning the patient, and more specifically how potential products and services may impact their journey. This is enhanced by a wider move away from a focus on products to a focus on the end consumer – the patient. This could involve a unique service provided to patients, or even a consideration of their insurance co-payments when designing treatment regimens, she explains. “In order to truly be out front from a business standpoint, we have to do a better job of anticipating and understanding what our customers and patients need. It’s a shift from being very product-focused to being more patient-focused.”

A major driver of this is unsurprisingly the relatively new entity that is the empowered patient. Physicians are encountering “savvy” and informed patients, who wish to have a say in their own care and are seeking information on drugs from websites, blogs, and chat forums, adds Dean.

“The idea that Takeda is taking patient-centricity in a lateral fashion is quite intriguing. Meaning, it’s not just up to one department to do something – the obligation to lower burdens or address differing patient issues without necessarily some central coordination suggests it’s rooted in the culture. Now that’s different.”

Takeda have observed other companies’ efforts to become more patient-centric. Dean says she believes that the Patient-Trust-Reputation-Business philosophy sets them apart. “In pharma and in healthcare it is common that companies say patients are at the center of everything we do, patients come first, but it’s not often that the company actually lives those values and can make decisions that point to those values having guided the decision.”

### **Astellas strives to understand the patient experience**

Astellas is at the beginning of its patient-centricity journey, but this follows a substantial amount of background research and foundation building.

The initial trigger for the development of a more refined patient strategy was a desire by Michael Tremblay, President of Astellas Pharma Canada, to explore the area of customer experience. He invited leaders from different industries – from behemoths, such as the Four Seasons Hotel and IBM, to small independent teashops in the Toronto area – to speak to senior management about their efforts in customer-centricity.

These insights led him to a realization – this was the direction Astellas needed to take to ensure its success into the future. “I truly believed that if we could excel at that we could continue with our strong position in the marketplace; it was a point of differentiation.”

The thought of this competitive advantage was compounded by Tremblay’s dissatisfaction with what he had seen within the pharmaceutical industry pertaining to patient-centricity; “Nobody has done anything that I would consider remarkable. We all tend to do the same things – I was looking to see if I could find the ‘secret sauce’ in other businesses.”

The company abides by guiding principles contained in what is known as The Astellas Way, says Tremblay. Efforts immediately began to include a stronger focus on the patient; a small core team was established, involving members of the leadership, and an outside consulting firm was brought in.

At the same time, Astellas had also begun a similar project in the US, which they had provisionally titled the patient experience program. Having ascertained their respective visions “almost mirrored” each other’s, they married the projects and began to work together on formalizing their approach to patient-centricity. Employee surveys and focus groups determined that, while 85 percent of

*“Every employee, whether in commercial, whether in development, needs to fully understand what this means to them individually.”*

**Michael Tremblay, Astellas**

Astellas employees felt this was an area of potential strength for the organization, 50 percent had no idea how it could become more patient-focused. Tremblay calls this the “weak link,” and explains that this illustrated that a “bottom-up” approach was necessary when it came to transitioning to a truly patient-centric company.

“They could not define what it meant to them – they don’t see patients on a day to day basis. Every employee, whether in commercial, whether in development, needs to fully understand what this means to them individually. Once we do that, we think the ideas will start to generate, because if it is top-down, they are going to look at us for direction and we are not going to know everything.”

Astellas has defined this as coming under three different pillars: engaging with empathy, delivering innovative therapies, and improving patient experience and outcomes. Each of these pillars also incorporates a number of different strategies; according to Tremblay, the key motivation behind this new approach is simple – making a difference for patients.

The patient advisory boards held as part of this have been an eye-opening experience, particularly for those on the commercial team, explains Tremblay. “In my 40 years in the industry, those advisory boards with patients have been the most interesting I have sat in. Their perspective is so different – our perspective from the commercial side is always from that of HCPs, we ask doctors how patients are feeling. We have never really sat down with patients and asked them what it is that they want and how we can help.”

To that end, Astellas is considering having patients in the room for strategic planning meetings. “This would ensure that long-term plans are consistent with what the patient is looking for,” adds Tremblay.

An anticipated challenge involves the prevailing perceptions of some members of the commercial team. They may believe they already understand the patient experience through their interactions with HCPs. By extension, employee buy-in will be another challenge to overcome; Tremblay admits there is “a certain amount of skepticism out there from employees that think this is just another one of those initiatives.”

As the launch nears, Tremblay believes these attitudes will change sooner rather than later. “I think once this is launched, we will start to see our commercial teams looking at things differently. It’s the right thing to do if it is in our value set and part of our culture. If we do it well, we are going to serve patients really well, and our employees are going to be even more engaged than they are now.”

## The patient is front and center at Roche Diabetes Care

In Roche Diabetes Care North America HQ, the patient is everywhere – literally. Jay Graves, Vice President of Sales for the US division, explains that instead of the open plan office being sectioned into merely sales or marketing or finance, these areas are instead named after patients with diabetes that employees know personally.

“My area is called Ellen, it’s named after a lady who was diagnosed with type 1 diabetes when she was 41 years old and so when you come in there’s an entire storyboard with her story on it. Instead of having a human resources area, it’s called Glen. When you come into our building you’re just immersed in the patients, it’s all around us. The patient stories are on the walls and we keep it all very current.”

This explicit focus on the patient is just one aspect of their patient-centricity endeavors, however. Hiring “a new breed of sales people” has taken it further. Graves explains that two years ago he called in an outside agency specializing in behavioral consultancy, in a bid to determine what drives

*“ We advanced our culture from understanding the patient to really using that as our drive.”*

**Jay Graves, Roche Diabetes Care**

their top-performing sales reps. It soon became clear that the common denominator was the desire to make a difference for patients with diabetes. “That is what will give people their courage and their drive to bring the best solutions to our healthcare providers... that is what separated that top group from the middle group.”

Hiring people according to this personality profile then became a priority. But Graves admits that in doing so he had to contend with a certain amount of skepticism; this type of change can be costly and disruptive, and there was a lack of data to support it. A small pilot scheme provided the evidence he needed. “I went out and hired 15 people based on this profile that we had built and within six months they were outperforming our control group significantly. Again it was clear it was by combining this patient-centric drive with sales experience and performance.”

Patient-centricity permeates the entire organization; for example, Graves explains that the finance team have an initiative called Finance 500, where they aim to have at least 500 patient interactions each year.

These efforts came under the umbrella of an overall cultural change within the organization. “We advanced our culture from understanding the patient to really using that as our drive.” Graves would now like to see a change in sales KPIs – instead of profits and dollars, he believes sales reps should be evaluated in terms of how many lives they have impacted.

This attitude is manifesting itself in terms of innovation and new products. Historically, new product planning could be very much based on assumptions, Graves explains. “We used to just build our products and put them on the market, saying ‘I think this is what a diabetes patient would like.’” Incorporating the patient voice into this process has now led to the launch of Roche’s Accu-Chek Guide System – a new blood glucose meter and SimplePay savings program designed to help make managing diabetes “simple and more affordable”. According to Graves, this was “built by the patient, for the patient”.

Restrictions on patient engagement, particularly within the US, can of course hinder this approach. Graves believes the answer lies in being “creative”. “You’ve got to be creative, there are certain people in your organization that absolutely can talk to the patient, but there is no reason you can’t look for opportunities to insert the patient.” One example: Employees at Roche Diabetes Care attend local diabetes camps for up to two weeks at a time, in order to spend time with patients – time that isn’t subtracted from their annual vacation allowance.

Specific patient engagement prior to developing the parameters for the new hiring model was not necessary; Graves is a type 2 diabetic, and he says he is driven by his own father’s negative experience of having diabetes. In addition, he says the top performers on the sales team each had a very personal patient story when it came to diabetes, relating to either a family member or a friend.

Ultimately, for patient-centricity to become embedded into a company’s culture, it is Graves’ opinion that it must have strong leadership from those in senior management – a “bottom-up” approach will not work. “If you try to do this from the ground up, I would say your likelihood of succeeding is greatly diminished. If you have buy in from the top down and you have the willingness to go on that journey and to allocate resources for that journey then you are likely to be more successful.”

## Nestlé seeks to understand new generation of ‘patients’

The infant nutrition market is a different animal, with its transient customer base. “Our group of ‘patients’ is changing every two years; there is another generation coming in,” states Dirk Abeel, Global Head Performance Development, Training and Field Force Effectiveness, Nestlé Nutrition.

Moving to a patient-centric or end customer-focused model in this market has its inherent challenges, he says. The WHO code on marketing – which the company strictly adheres to in both letter and spirit – stipulates that infant formula companies such as Nestlé Nutrition cannot talk directly to mothers between 0-6 months and, in many countries, this goes up to one year or beyond. Hence, HCPs and healthcare institutions still play a critical role in communicating the right messages to mothers – the key message is that a mother should do everything possible to breastfeed her child.

Every mother is now a member of the “digital generation,” but this does not necessarily apply to their physicians and pharmacists. “The HCPs, particularly the most influential ones, are still from another generation,” says Abeel.

The organization has just finalized a global consumer segmentation model, in a bid to better understand the “new generation of parents.” This will be shared with healthcare providers in a bid to help them understand their patients’ often higher expectations. “The next step is connect the healthcare environment with the changing outside world because a lot of HCPs are not fully aware of the extent of this, and they are also not aware that many mothers and fathers are frustrated with the service they are getting from their pediatricians and other healthcare providers. It’s also about making the HCPs understand that they should have an interest in better understanding their patients.

Nestlé essentially tore up its old ‘sales’ model, and developed a new one from scratch. This new model is based on understanding and addressing modern customer expectations, and focused on trying to bring value ‘beyond the pill/tin’, he explains. This is built around engagement, “which is a lot more powerful than any kind of selling model,” notes Abeel. Their field force and medical delegates are also ultimately seeking to engage with healthcare professionals to better understand what they are looking for, so that they can deliver appropriate solutions.

According to Abeel, the traditional pharma model of selling is not only archaic, but overwhelmingly negative. “It used to be push, push, push, and the patient, as well as the HCP, were not put at the center at all. Now it’s a ‘pull’, not a ‘push’ model of selling. If you understand what ‘patients’ and their intermediates (parents) are looking for, and you are able to pass this knowledge to their HCPs, you are half way in providing the right solution to both.”

Nestlé began implementing these changes over five years ago, but the transition is still ongoing. A relatively recent change in global marketing leadership at Nestlé has meant that the whole company is now open to this relatively new approach of patient and HCP-centricity. Previously, sales/medical field force and marketing were not always aligned in their objectives. “Before there was a tension between what we believed from a sales/field force perspective and what marketing believed from a marketing perspective, and these were not always fully aligned. We trained our people in the field to look at building understanding of true needs and generating engagement, whereas from the marketing perspective there was still too much push on products and brands.”

Nestlé can afford to take its time however – as Abeel explains, the nature of such a global organization is that there are both slow-moving and fast-moving markets to work within. The long-term goal has been on building a critical mass within the organization that demonstrates that this new approach builds a sustainable business model. “In some markets, we are very far advanced with patient-centricity and this approach. The important part is getting the whole organization behind

*“If you understand what ‘patients’ and their intermediates (parents) are looking for, and you are able to pass this knowledge to their HCPs, you are half way in providing the right solution to both.”*

**Dirk Abeel, Nestlé Nutrition**

it and we have now reached that critical turning point.” He adds that in these fast-moving markets where patient-centricity is at an advanced stage, you can see “a very healthy business model”.

There has been broad acceptance of the new model across the field force; Abeel explains that employees feel the new practices are a better reflection of their reality, particularly as the old system was based on industry benchmarks not necessarily relevant to their line of work. The CRM system has also been customized to support these changes.

Although Abeel believes that the customer-focused approach will ultimately facilitate a better business model, he admits that it can be threatened by the need to demonstrate commercial success in the short term. “The biggest challenge is always when the business is under pressure, and you need to deliver the top line and, especially, the bottom line. Then the old habits have a tendency to pop up again so it is about making sure that that doesn’t happen, or if it happens, make it an exception rather than the new reality.”

This requires a clear long-term vision and strategy. “It is really pushing the organization away from the short-term, which is difficult, especially with shareholders, and making people understand that it may be a more difficult way but also a more rewarding way.” He also emphasizes the critical importance of “breaking down walls” between all key stakeholders in the business, including medical affairs, marketing, commercial, sales and all the supporting functions.

The multi-dimensional sales/medical field force and engagement model has staying power, although Nestlé Nutrition will continually work to enhance and enrich it, says Abeel. “If it is only transactional detailing, then it is very short term and unstable, as you don’t control all the parameters. If someone is smarter than you, they can outsmart you; it definitely is not an expression of being truly patient and customer-centric.”

### Defining patient-centricity at AstraZeneca

AstraZeneca were the first pharmaceutical company to have their definition of patient-centricity published in a high impact journal. Their collaborative definition of patient-centricity, developed by the company with patients and carers, appeared in the journal *BMJ Innovations* earlier this year.

Having formed their first patient-centricity team in 2015, Guy Yeoman, VP of Patient Centricity at AstraZeneca, explains that the goal was to deliver value-added patient engagement across research and development. The first step was getting back to basics, and the company quickly learned that their perceived definition of patient-centricity did not match that of patients. “The message was very clear – stop focusing on what you do, it’s how you do it that matters. If you get the ‘how’ bit right, the ‘what’ is much more impactful.”

As published, the definition states: “Putting the patient first in an open and sustained engagement of the patient to respectfully and compassionately achieve the best experience and outcome for that person and their family.” The resulting principles are centered on education/information, co-creation, and access and transparency; these were warmly welcomed by US and European online patient forums during a validation exercise.

The recently published definition of patient-centricity has since led to the development of a practical framework within AZ for working and engaging with patients. The internal standards for patient interactions are now based on the principles of the definition, and the organization has also modelled and developed an infrastructure to support this.

The new AZ framework also illustrates how to use these defined principles of patient-centricity as reference points for consistent patient engagement throughout the product life cycle. Yeoman

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**Guy Yeoman, AstraZeneca**

highlights a recent study for a lupus therapy in which patients were taken to an investigator site and asked for their thoughts; 24 recommendations were made, and 16 of these were adopted into the study. “An hour was shaved off some of the visit duration for patients and over a million dollars of costs were stripped out as a direct result of a patient simulation – these are immediate and tangible results,” he says. “That study is now delivering in advance of its anticipated recruitment and delivery timelines, so there is clear value from that patient-engaging activity.”

AZ’s development team has since mandated that patient insight must be incorporated by default into protocol development. “You have to demonstrate value to the senior leaders, in order to get them to buy-in, endorse, and ultimately embed into business processes. This demonstrates a clear return on investment – we are reducing the cost of our programs, making studies faster and more efficient.”

The penny has now dropped with other companies, who are looking at incorporating patient engagement within the clinical study paradigm, as the enormous cost of R&D becomes a focus.

Indeed, adopting the principles within AZ’s definition has significant implications for the bottom line, Yeoman says. As the organization continues to embed patient engagement into their everyday practice, the number of assumptions made will naturally decrease, while tangible evidence will emerge of its value, he explains. “I do believe there is a financial return once you’ve defined value for the patient, the other stakeholders, and the company itself.”

But Yeoman ultimately sees this work as “pre-competitive.” He thinks pharmaceutical companies should begin collaborating on patient-centricity in order to potentially develop industry-wide best practice in this area. AZ are currently working with cross-industry organization TransCelerate on ways to demonstrate that patient engagement in research is showing value, seeking to develop a cross-industry score and scale for this.

The commercial slant to enhanced and meaningful patient engagement isn’t always immediately obvious, and it can be difficult to exercise commercial teams in this regard, admits Yeoman. “No pharma company has gone bust – we are resting on our laurels to a certain extent.”

But increased patient engagement means that other threats to financial growth can be addressed; adherence being just one example. Yeoman explains that it has been well-documented that many patients in their core disease areas stop taking their medicines as prescribed within 12 months, yet new patients entering into the system keep it viable. This is a situation that will not continue, as payers begin to realize there is more value in paying for results rather than the cost per medicine. “That changes the whole paradigm – this means adherence will become a major issue.”

It is Yeoman’s belief that the majority of pharma companies are really only at stage one of their patient-centricity journey. As a first step, building meaningful and sustainable relationships with patients is critical, he says, adding that a company cannot consider itself patient-centered without doing this. “These relationships must be sustainable, and not transactional. Patients also demand transparency and respect. Compassion is also key.” While companies may start off with dedicated roles for patient interaction, ultimately this must be embedded into business processes, with everyone and every team across the life cycle needing to engage with patients appropriately and effectively, he stresses.

“We are putting in place the infrastructure that allows connection with patients, and enabling teams to connect with patients quickly and easily. Any problem must be defined from the patient perspective, then there is the co-creation of a solution to the problem with the patient, resulting in an impact that’s meaningful to the patient.”

## Discussion

Over the course of collecting these seven case studies, a number of clear common themes and threads for commercial pharma have emerged. Although each company is keen to be a trailblazer when it comes to patient-centricity, many are engaging in similar activities. For example, many have sought to clearly articulate what patient-centricity means to their organization. Similarities and differences in approach are discussed below.

### 1. Prioritization

Becoming patient-centric means an organization putting patients at the top of the list of their priorities. It also means admitting that the patient previously wasn't their top priority – at least not in any formalized manner. It appears pharmaceutical companies are seeking to make up for lost time – indeed, many seem embarrassed at their previous lack of patient-centricity. Meanwhile, others have identified key examples of a patient-centric approach by certain individuals or teams within their company and sought to roll these out across the entire organization. What is common to both of these situations is the desire to formalize this approach into the future. For example, UCB has four core principles including task to value, helpfulness to generosity, space with consistency and noise to signal. Takeda has established a decision-making framework that incorporates Patient, Trust, Reputation and Business. This clearly spells out their priorities as a company. There is acknowledgement that a long-term focus will be key to see the benefits of this prioritization.

Similarly, making a patient dimension a key component of Sunovion's Vision 2020 means the organization has clearly indicated the crucial role of patient-centricity in their future success. They admit that heretofore, their drivers were much more HCP-centered. The patient as a priority has meant a new set of operating principles built around bringing value to patients for UCB; a fundamental change in language, where the patient is described as the customer, not the HCP in question, underpins this.

Meanwhile, Astellas acknowledged that until now, the patient was completely absent from the organization's guiding principles. By making the patient the most important stakeholder in the redrafting of the company principles, the entire focus of the organization is transformed,



filtering all the way from development to commercial.

## 2. The patient presence

A core aspect of embedding patient-centricity is, of course, patient engagement. Each company has its own definition of what this should entail; for some, it is incorporating the patient voice into clinical trial design, while others have brought patients into strategic planning meetings. Astellas hosted patient advisory boards, while Takeda invited patients into strategic planning meetings.

Directly engaging with patients helps to foster a clearer understanding of the patient experience. Employees are also being encouraged to draw on their own experience of family members or friends (or themselves) as patients. UCB have gone so far as to use augmented reality so that employees can gain a sense of what it is like to be a patient with Parkinson's disease.

Restrictions on how companies engage with patients has led to some innovative initiatives – Roche Diabetes Care employees attending “diabetes camps”, for example. The prevailing view is that close engagement with patients enables a deeper understanding of what each employee is striving for i.e. bringing value to the patient.

Companies such as Sunovion and Roche Diabetes Care have cleverly incorporated patient photographs and quotes into their office design. Roche goes even further; office areas are called after patients, not functions. These efforts to humanize the end goal of providing products that make a difference to patient lives serve as a constant reminder to employees what their ultimate goal is, or should be.

Many companies are working closely with patient advocacy groups, recognizing that these organizations have already done the hard work when it comes to learning what patients with a particular disease or condition want and/or need. This work can be in the form of direct funding, but Takeda, for example, are using these relationships to deliver patient insights to HCPs and physicians.

As patients become more informed and therefore more empowered, they will demand to be taken seriously. Therefore building these meaningful relationships has the added benefit of building pharma's reputation among patients and the general public (a 2017 survey found this had sunk to an all-time low).

## 3. Top-down vs bottom-up

There are contrasting attitudes among the companies interviewed when it comes to patient-centricity being driven from the top-down or the bottom-up. While some argue that only strong leadership will facilitate this shift, others maintain that widespread employee buy-in will only occur if they are the instigators of change. Perhaps both are right; a trickle-down matched with a bubble-up approach is the ideal scenario.

Astellas are just one advocate of the bottom-up approach; their reasoning is that employees must generate ideas for patient-centricity by themselves, rather than continually looking to their leaders for direction. Part of this approach involves the “re-training” of employees in order for them to truly understand the patient experience. Sunovion have also sought to implement patient-centricity as an employee-led initiative; their take is that the more organic the transition is, the more likely it is to be workable.

Yet at Roche Diabetes Care senior management are very much the drivers of patient-centricity;

they believe that obtaining buy-in from managers who then allocate resources towards this major change is of paramount importance.

Where both of these approaches dovetail is in the recruitment process; Astellas and Roche Diabetes Care are explicitly seeking new employees with a patient-centric vision. This again ensures sustainability of patient-centricity as a mindset.

#### 4. Shift in selling focus

A shift to patient-centricity has for many companies meant a whole new perspective on their historical sales models. For some it has meant a slow evolution, while others have dared to tear up the rule book.

Nestlé have ensured that their sales model has evolved from a “push” model to a “pull” model; a less aggressive, more intuitive and knowledge-based mode of selling. They believe this “multi-dimensional” model of selling is far more sustainable than the traditional, transactional model, and have customized their CRM system to reflect this. The development of a “global consumer segmentation model” has led to enhanced understanding of who their customers are in each market. By aligning sales and marketing, and equipping their employees with key knowledge about their customers via meaningful engagement and market research, the patient-centric approach has led to increased success.

Takeda say they have also shifted their focus from the product to the patient as a customer; they now offer value-added services, such as education programs, which are not necessarily aligned to their products, but rather serve to build a lasting relationship between the company and the patients in their core disease areas.

According to UCB, patient engagement has meant that employees now naturally consider the patient when selling; this training has made them more assertive and more confident.



## Conclusions

Patient-centricity has grown from a buzzword, to a core tenet within the vast majority of pharmaceutical companies. However, its interpretation varies considerably, as the case studies in this white paper highlight. What is not in question is that patient-centricity is necessary to improve clinical outcomes, increase patient satisfaction and ultimately drive profit/revenue.

All companies agree that patient-centricity must be embedded into the company's DNA, and not simply function as a one-off initiative or project. Sustainability was a term that cropped up over and over again. The vast majority of companies are seeking to achieve this going forward by overhauling their value set and fundamentally changing their culture. Their bid to become a patient-centric organization is often backed up by infrastructural developments to support this goal.

This is underpinned by close collaboration with patients, which can take many forms. Regulatory restrictions on patient engagement means pharma has to be innovative when it comes to working directly with patients. Yet organizations now acknowledge that patients are informed and educated, and wish to take a stronger role in the management of their condition. Patients are experts in their own condition, ingesting vast amounts of information online while linking in with their peers in online forums and groups. Understanding the new breed of patient has been a key stage of each organization's patient-centricity journey.

Needless to say, there are multiple challenges. Employee buy-in remains an issue, as leaders seek to train them on patient-centricity, while assuring them this is not simply a "tick the box" exercise and rather a fundamental shift in how the company will operate going forward. Demolishing the status quo is easier said than done.

Some companies have expressed a willingness to invest heavily in patient-centricity, or make decisions that do not result in the maximal financial return immediately. In addition, most agree that their balance sheets remain healthy. The question of return on investment (ROI) crops up invariably when patient-centricity is discussed, however. Many interviewees indicated that they would like to see success measured by non-traditional metrics – rather than simply profit analysis, instead looking at the impact on patient lives, or an increase in patients on a particular treatment for example.

While the companies interviewed have been working on their respective patient-centricity strategies for differing lengths of time, one commonality was observed – none feel they are anywhere near the finish line. This could mean that patient-centricity is a fluid, evolving concept, or simply that pharma was so far behind it will take a long time to catch up to where it needs to be. Harmonization of these differing approaches resulting in pan-industry best practice when it comes to patient-centricity was touted by one interviewee.

Certainly benchmarks\* and sharing experiences of the application of patient-centric ideas across the industry will make it easier to achieve our collective desire for better outcomes for patients, HCPs and our companies.

This paper represents a sampling of ideas. It is by sharing ideas that we will collectively grow stronger. After all, a rising tide lifts all ships. If you have a story to share of applying patient-centric ideas to commercial pharma, please submit your CAR (Challenge, Application, Result) to The Aurora Project co-founder at [jill.donahue@excellerate.ca](mailto:jill.donahue@excellerate.ca). To keep this conversation going, we would love to publish a new idea each month in the efp column "Serve Differently", but we need your help. Submit your ideas now. Together we grow stronger!

*\* To take part in The Aurora Project second annual patient-centricity benchmark survey, visit [https://fidp.co.uk/lpsosOpenSurvey\\_v2/default.html?source=4](https://fidp.co.uk/lpsosOpenSurvey_v2/default.html?source=4). To read the top five insights from last year's survey, go here.*

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