



# The Path to Patient Centricity

## Closing the 'How' Gap

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Gareth Phillips – Ipsos

John Elliott – The Aurora Project/Excellerate

August 2018



THE 2ND ANNUAL PATIENT CENTRICITY BENCHMARK SURVEY WAS DESIGNED BY:

#### CO-LEADS

**Dr. Lode Dewulf** – Chief Patient Officer, Servier

**John Elliott** – Excellerate, Managing Director

**Jack Whelan** – Jack Whelan LLC, Patient Advocate

#### MEMBERS

**Jeanne Barnett** – Medrise, CysticFibrosis.com, President

**Anita Burrell** – Founder and CEO, Anita Burrell Consulting LLC

**Jill Donahue** – Excellerate, Managing Director

**Wendy Erler** – Wave Life Sciences, Vice President, Patient Advocacy and Market Insights

**Charlie Grieve** – Brandcast, Founder and CEO

**T Anthony Howell** – rareLife solutions, co-founder

**Barbara Lead** – Oval Medical Technologies, CEO

**Scott von Lutcken** – Merck & Co., Director, Global Market Insights

**Shalani Sharad** – Wipro, Head, Patient & HCP centricity, Commercial Innovation, Lifesciences

**T.J. Sharpe** – Starfish Harbor, LLC Writer, Speaker, Patient Advisor

**Paul Simms** – eyeforpharma, Chairman

**Kay Warner** – GSK, Patient Engagement Lead, R&D Chief Medical Office

#### IPSOS TEAM

**Vic Guyatt** – Head of Ethnography, Ipsos

**Melissa Moodley** – Healthcare Research Director, Ipsos

#### In Memory of Jack Whelan



The need to more effectively serve patients hit close to home this past year as our survey co-lead, Jack Whelan – a passionate patient advocate – sadly passed away from his battle with cancer before its completion. We scheduled our survey planning meetings around Jack’s cancer treatments. His passion as a patient advocate inspired all of those he touched.

Said Lode Dewulf, the remaining co-lead on the project, “We have dedicated the 2nd Annual Survey to Jack’s memory.”

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## HOW PATIENTS FOUND THEIR VOICE

**The fundamental business model of the pharmaceutical industry has remained relatively unchanged since its early roots in chemistry 150 years ago. It is one based on innovation in medical discovery and commercialization, and it has always been quintessentially molecule-focused.**

**Over the past 20 years, the most significant change to that century-old model has been the rise in the power of payors and the need to reconcile the cost of innovation with the willingness and ability to pay for (new) medicines. However, we believe that an even more fundamental shift has now taken place within the healthcare environment: the rise in the power and engagement of patients in their own care.**

**The forces that have given patients their voice are manifold:**

### **The rise in chronic diseases and their treatments:**

It is no secret that both an ageing population and the global rise in chronic diseases are placing enormous pressure on healthcare systems. Paradoxically with chronic disease, although more healthcare providers are involved in patient care, the patient is the most important member of the healthcare team. For example, a diabetic patient may have the best care team and medicines in the world, but it is the modification of their own behavior that will help drive favorable outcomes. As such, there is an increasing proportion of patients who have become active stakeholders in their own care.

### **The explosion of medical knowledge and technology:**

Over the last hundred years, and especially in the past twenty, healthcare has evolved at warp speed. Medical knowledge is growing exponentially, driven in large part by technology whose growth is also exponential. This acceleration of science and technology has driven significant improvements in quality and expectancy of life around the world. However, the explosion of knowledge has also created an implementation gap, with some healthcare providers

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struggling to know and apply all advances in medicine. Patients have stepped in to help close that gap in their motivation to receive optimum care.

**Networks of social sharing and interaction:**

Social sharing is a catalyst for patient empowerment. Where once, information on the effectiveness of treatments was the exclusive domain of healthcare providers, now more of this information is available to patients to help solve their unique health problems. Online patient communities focusing on specific diseases can help patients to identify treatment options and arm them with information that they can use and/or bring to their healthcare providers.

**Patients at the centre of healthcare systems:**

Gone are the days when there was one doctor from whom we would accept all diagnoses and treatments. For decades, healthcare was system-centric, designed to optimize internal health system efficiencies and metrics. Today, care is delivered by a myriad of healthcare providers with varying degrees of system co-ordination. This has given rise to the need for patients to be more knowledgeable about their disease(s) and active in the coordination of their care.

**Consumerization of healthcare – patient as payor:**

Due to systemic financial pressures, governments and payors are increasingly focused on extracting the most value for their money. In this context, many treatments are not being paid for by public and private health plans. Patients in certain self-pay markets such as the US must often fund the latest health innovations from their own pockets. Meanwhile, an abundance of new technologies have been developed to enable consumers to better control their own healthcare – be it through education, disease monitoring, patient-generated data analysis or even treatment delivery.

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## PHARMA'S (R)EVOLUTION

**As a result of the growing role of the patient, there is an increasing imperative for the pharmaceutical industry to shift from a product focus to a patient focus, and adopt more patient-centric business structures and processes. Patient centricity is now not only well documented in corporate visions and missions, it is at the top of many pharmaceutical company agendas – as illustrated by the following comments:**



In every part of our organization and in every part of the world, our work continues to be driven by an unwavering commitment to the people at the center of everything we do – our patients and their families.

**Giovanni Caforio, M.D., Chief Executive Officer, BMS**

Quote extracted from Bristol Myers Squibb 2017 Company Overview, page 2<sup>01</sup>



for the patient.

Patient centricity is about creating a culture in the organization where you first and foremost think about what's going to add value

**Giles Platford, President, Europe and Canada, Takeda Pharmaceutical**

Harnessing scientific excellence to improve patients' lives and, where possible, help them live longer, is the goal that drives us day in and day out at Roche.

**Dr. Severin Schwan, Chief Executive Officer, Roche**

Quote extracted from Roche 2016 CEO's shareholder letter, page 22<sup>02</sup>



help patients with? What are all the touchpoints where we could be a tremendous help to patients?

**Christi Shaw, Senior VP Eli Lilly and Command President of the Biomedicines Business Unit**

I want to bring the patient journey to another level and make it more holistic beyond the medicine and therapy. What else can we



**Clearly, there is both a need for patient-centricity, and an appetite for it among those best placed to make it happen. The question that remains for pharma companies is how best to be patient-centric?**

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# HOW PATIENT CENTRIC ARE WE REALLY?



In their seminal 2016 White Paper – ‘Patient-Centric Profitability: Pharma’s Global Survey & Analysis’<sup>03</sup> – **Paul Simms (Chairman of eyeforpharma)** and **Jill Donahue (MD of Excellerate)** discuss a survey conducted by The Aurora Project, a non-profit group which they co-founded to move patient centricity from words to actions and outcomes. The world’s first large-scale patient centricity benchmarking survey, it



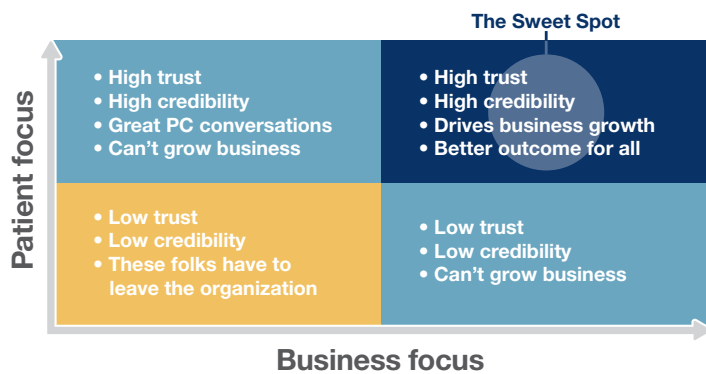
was completed by 2,346 participants across 84 countries. The report combined the research findings with expert perspectives from industry leaders. (Access the full report at: <http://1.eyeforpharma.com/LP=13231>.)



According to the published report, Simms and Donahue found that a great deal of emphasis *was* being placed on patient centricity by those working in the industry. However, there was still a vast distance to go to genuinely serve patients. One of the key challenges appeared to be widespread uncertainty over *how* to achieve a patient-centric organization. Another major stumbling block was organizational resistance to the sea change that a move from product centricity to patient centricity presents. After all, financial success is still measured in the short-term whereas survey participants agreed that patient centricity requires a long-term focus.

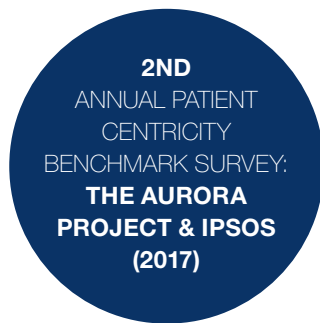
Despite this, the vast majority of study participants believed that patient centricity and profitability *can* co-exist. Figure 1 demonstrates why:

Figure 1



“ The trust and credibility that the rep earns by authentically focusing on the patient enables the rep to work with the doctor to help maximize the number of patients who can benefit from better diagnosis, treatment, and follow-up ”

Source: Has the Pendulum of Patient Centricity Swung Too Far? By Jill Donahue and John Elliott, Serve Differently column, eyeforpharma, May 20th 2016



Against this backdrop, The Aurora Project entered into a partnership with Ipsos to conduct a second wave of survey research in 2017 – to establish where we are now, one year on. Between July and November 2017, Ipsos gathered feedback from 1,282 participants who chose to take part in an online survey. The sample consisted of employees from biopharmaceutical and medical device companies, associated supplier companies, self-reported patients and patient group members (see ‘About the Research’ for full details).

The 2017 research provides us with illuminating insights and conclusions around the status of patient centricity across the industry. Over the following pages, we highlight some of the key findings.

One of the overarching insights from the survey is that participants firmly believe in the importance of delivering on pharma's patient-centered missions. When asked how important it was that pharma, biotech and medical device companies deliver on their patient-focused missions/visions, nine in ten (91%) survey participants ranked the importance an 8 or more out of 10.

Participants were also asked to rate their confidence in companies' ability to *deliver* on their patient-focused mission/visions. Only three in ten (30%) selected 8 or more out of 10, meaning that the importance they place on patient centricity far outweighs their confidence in its realization (Figure 2).

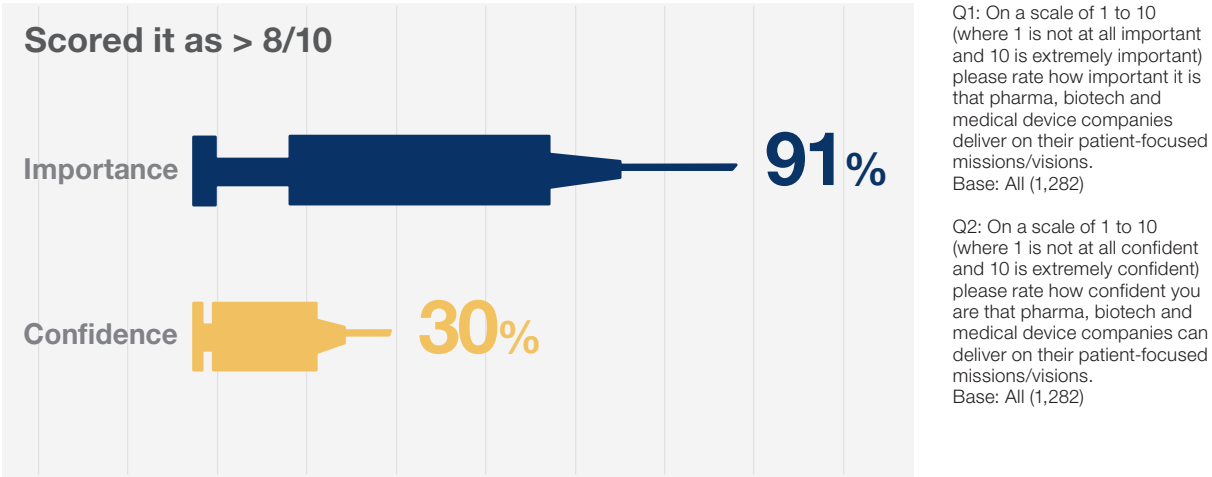


**KEY FINDING**  
Delivering on pharma's patient-centered missions is important to all parties



**KEY FINDING**  
However, they are not confident in pharma's ability to deliver

Figure 2







## COMMENTS



**Dr Lode Dewulf,**  
Survey Co-Lead & Chief  
Patient Officer, Servier

When **Dr Lode Dewulf** was asked why he thought there was such a gap between importance and confidence, he said it comes down to two things: perception and reality. “The glaring reality that only patient-centered solutions, delivering true patient value, will be paid for in our future healthcare is increasingly clear. But in our industry, we like to do things right and that usually means according to clear regulations and guidance. But those do not exist yet, and so we truly don’t know how to advance. It is this stage of adopting something new that causes fear. And that fear shows up in low confidence.

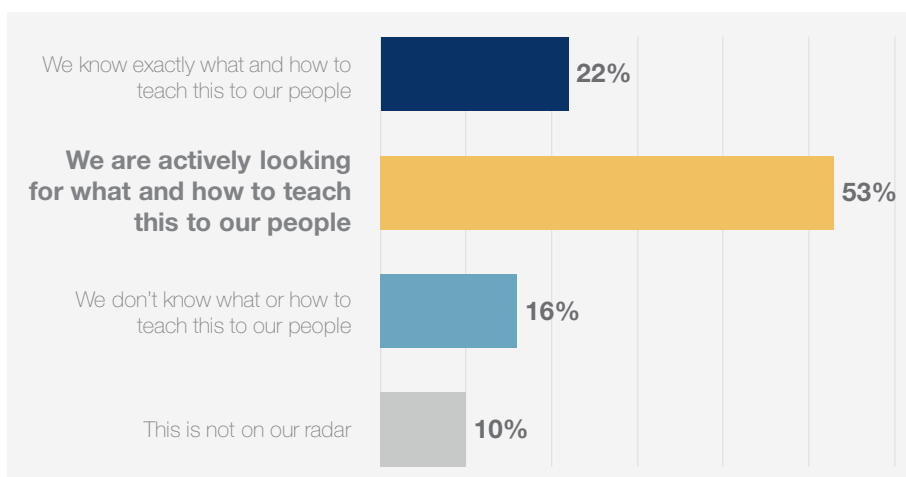
As shown in Figure 3, when asked about training or preparing people to behave in patient-focused ways, over half (53%) of the employees from biopharmaceutical and medical device companies in the survey believe the following statement best reflects their own department: “We are actively looking for what and how to teach this to our people.” Only 22% selected: “We know exactly what and how to teach this to our people.”



## KEY FINDING

The ‘how’ of patient centricity is still to be worked out – and a clear training gap exists

**Figure 3**



Q26: Regarding preparing/ training people to behave in patient-focused ways that create better outcomes for patients, healthcare professionals and your company simultaneously, which statement best reflects your department? Base: employees from biopharmaceutical and medical device companies (675)

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Instead of training on the specifics of *how* to do something, we believe that companies should provide more focus on empowering people with their purpose – with *why* they are doing it. “It is then,” Jill Donahue says, “that people will have the creativity, will and desire to develop and implement the ideas to move patient centricity from ideas to action to outcomes.” She adds, “We see this consistently. Once people connect to their ‘why’, their patient-focused mind-set, they come up with amazing ideas about ‘how’.”



## COMMENTS



**Dr. Anne Beal,**  
Global Head of Patient  
Solutions, Sanofi

“Being patient centric as a company goes beyond a mindset or a role of patient officer. It is much more powerful as we can now deliver results through new ways of capturing and analyzing big data. We can understand behaviors leading to better outcomes for patients,” explains **Dr. Anne Beal.**

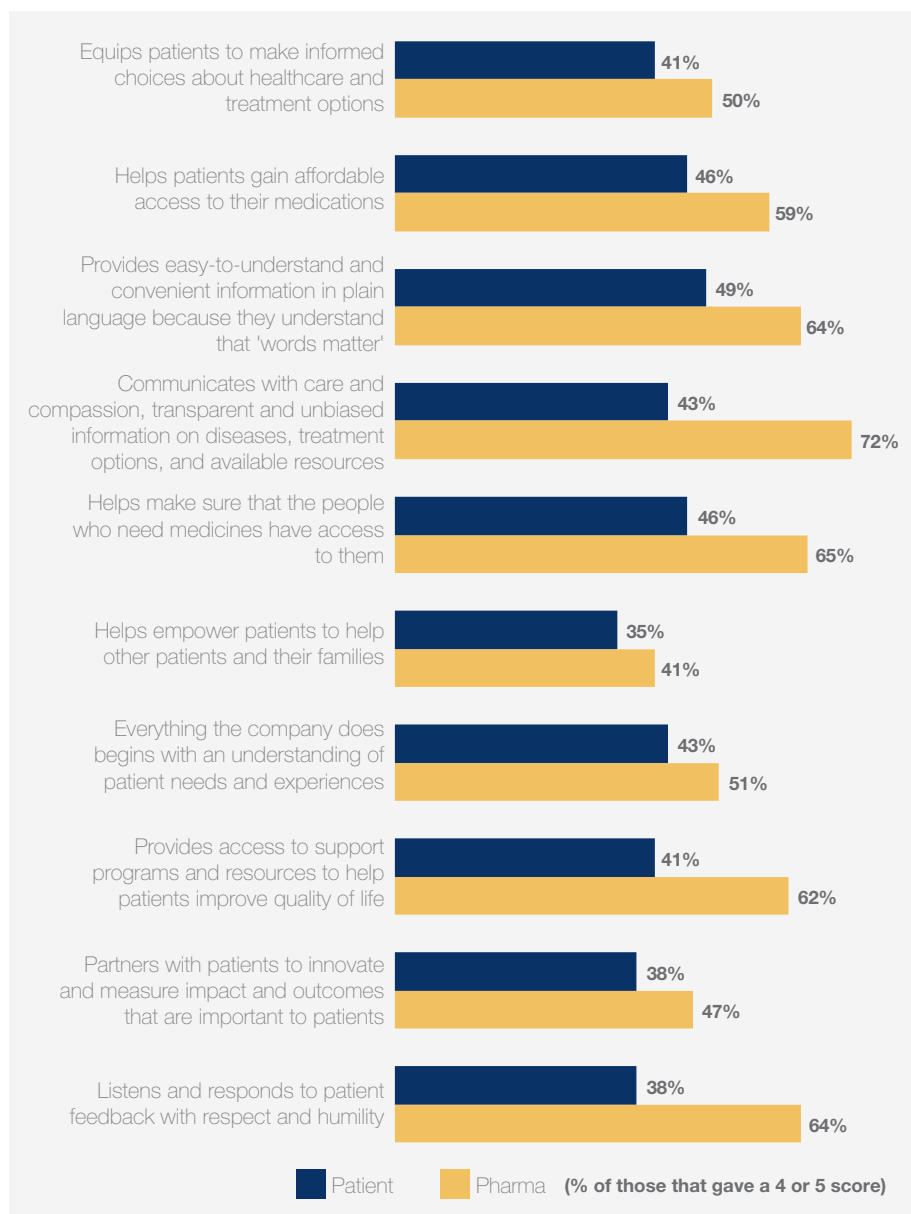
The survey also asked participants about the degree to which pharma is patient centered, using a set of 10 metrics created by patients (Figure 4). Across these 10 metrics, patients in the survey consistently rated the industry lower than did participants employed by the biopharmaceutical and medical device companies . For example, while 72% of the employees surveyed agreed with the statement, “My company communicates with care and compassion, transparent and unbiased information on diseases, treatment options, and available resources”, only 32% of the patients surveyed agreed with this statement regarding the pharma, biotech or medical device company that they interact with the most.



## KEY FINDING

Pharma rates itself higher than patients rate pharma

**Figure 4**



Q71: Now thinking about the pharma, biotech and medical device company you interact the most with, please indicate your agreement with the following statements on a scale from 1 to 5 where 1 is strongly disagree and 5 strongly agree. Base: self-reported patients (70 = small sample; results are indicative only)

Q13: Please indicate your agreement with the following statements on a scale from 1 to 5 where 1 is strongly disagree and 5 strongly agree. Base: employees from biopharmaceutical and medical device companies (675)

Note: for the given sample sizes, the differences in statistics shown between audiences need to be above 15% to be statistically significant at 95% confidence level. This means that there is 95% probability that differences observed are not due to sampling error but are genuine differences between samples.



## COMMENTS



**Amy Nicole Nayar** says, “These results tell us that we can get better – better at understanding patients, better at doing our work in collaboration with them, and better at communicating in a way that resonates with them.”

**Amy Nicole Nayar** Head of Global Patient Relations, Abbvie



## KEY FINDING

Pharma’s perception of its own trustworthiness is higher than patients’ trust in pharma

Only 36% of the patients surveyed indicate that they have “quite a bit” or “a lot” of trust in the pharmaceutical industry overall. In a separate survey question, 67% of the participants employed by biopharmaceutical and medical device companies agree that patients’ trust would “slightly increase” or “significantly increase” if they secretly observed a typical day in their department.

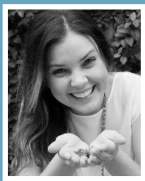


## COMMENTS



**Kabir Nath** says, “Clearly as an industry we have a systemic problem. There are a whole set of pressures that lead to overpromising and underdelivering around efficacy, value, speed, etc. Because trust is built piecemeal, built action by action, we make sure that in all our interactions, that trusting relationship is there.”

**Kabir Nath** President & CEO of Otsuka North America Pharmaceutical Business Division



Connecting with patients doesn't just shift mindsets in pharma people, it also shifts mindsets in

patients", says **Jessica Bean, a patient advocate**. She spoke at the eyeforpharma Philadelphia Conference (April 2018) about her 'aha' moment. She was invited into the pharma company to experience the journey of drug development. She remembers asking a bench scientist how long he had been working on that particular molecule. He answered that it was easy to remember because it was when his daughter was born. That baby was now 16 years old. Jessica earned a new appreciation for, and trust in, that pharmaco that day.

Jill Donahue tells the story about the year the Patient Centricity Benchmark

Survey was born. "It was 2016, and the first time eyeforpharma had had a formal patient panel in the front row of every presentation of its annual Barcelona Conference. In the last session, Paul Simms passed the stage to the patient panel to close. Their comments were eye-opening. They talked about how, prior to coming, they were embarrassed to tell their peers that they were going to be rubbing elbows with pharma people. They were concerned that they might be seen as traitors. But by the end of the conference, they said they wanted to shout from the rooftops about the great work pharma is doing, the caring and compassionate people in pharma who are trying to make a difference and the new friends they had made! It was emotional for everyone.

Just like most groups who don't understand each other, more time together to learn more about each other results in renewed understanding and collaboration.



However, **Vic Guyatt, Head of Patient Ethnography at Ipsos**, points out: "It is

not uncommon to meet executives

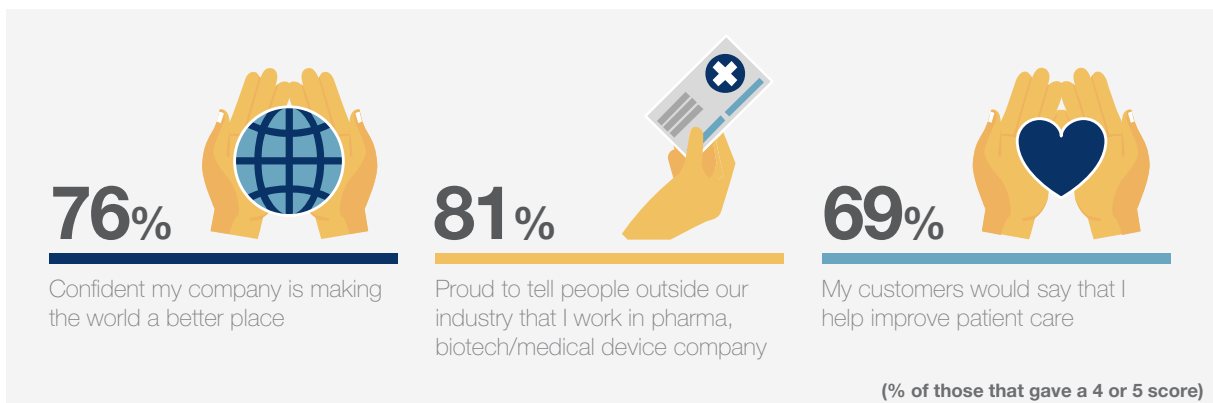
working in commercial roles in the industry who have never actually met,

in-person, a patient from the disease area in which they are working. Our goal

is to help them experience first hand, using immersive or experiential approaches, the real-life patient experience in order to build empathy and understanding."

A majority of the survey participants employed by biopharmaceutical and medical device companies appeared to be proud of what they do, perceiving their industry as a force for good. Figure 5 shows some of these observations:

**Figure 5**



Q19: On a scale of 1 to 5, where 1 means strongly disagree and 5 means strongly agree, to what extent do you agree with the following statements related to your role as a pharma person? Base: employees from biopharmaceutical and medical device companies (675)



## KEY FINDING

Patient centricity goes hand in hand with engagement and pride



## COMMENTS



**Christi Shaw from Eli Lilly** has observed that when pharma people talk about patient centric ideas, they are “reenergized and inspired and almost given permission to do what they’ve come here to do.” She believes it is freeing and empowering. She said, “I’m not directing the teams to be patient centric, I’m enabling them to do what they’ve always wanted to do.”



**Abbvie’s Amy Nicole Nayar** points to the importance of helping people connect to their sense of purpose with an analogy. She said, “What we’ve learned about mobile adherence technologies is that a blinking cap does nothing to improve adherence if the patient doesn’t want to take the medication. We know that we have to tap into patients’ intrinsic motivators in order to improve adherence. It’s the same for our colleagues; in order to improve on patient centricity and colleague engagement, we need colleagues to reconnect to a sense of purpose in their work. The more colleagues feel that their work makes a positive impact on patients, the more engaged and effective they are.”



**Björn Gustafsson**  
Head of Global Customer  
Facing Excellence  
Strategy & Operations,  
UCB

**Björn Gustafsson** finds that the most engaged people he knows feel and communicate their connection to the patient. The challenge is that as an industry, we haven’t taken the time and effort to help them connect. “It’s exciting to see and work with people who are connected to the difference they can make for patients,” he says. “You don’t need to encourage them, it comes from within.” Tapping into this connection to the patient leads to engagement and pride.



## KEY FINDING

Both patient and industry participants believe that patient centricity will yield better business outcomes

73% of patients in the survey agree that focusing on patients' needs leads to better business outcomes – and 85% of employees in the survey agree. (Base: employees from biopharmaceutical and medical device companies (675); self-reported patients (70 = small sample, results are indicative only))

Myriad case studies demonstrate that purpose-driven organizations significantly outperform others. Rick Wartzman, in his book *The End of Loyalty*, says “Building a deep and authentic sense of purpose could be a company’s ultimate competitive advantage.”<sup>04</sup>

Jill Donahue adds, “While we’ve known for a few years that pharma people get it, that patient centricity and profitability are inseparable, it was reassuring to see that patients get it too.”



## COMMENTS



**Dr. Julie Gerberding**  
Executive Vice President &  
Chief Patient Officer,  
Merck

**Dr. Julie Gerberding** comments, “In this world we are now operating in, you can’t possibly be profitable if you don’t have patients at the centre of what you are doing. It’s not a sustainable business model. On the inside of our organization, I definitely feel the momentum and, on the outside, I feel the imperative. People are moving from thinking ‘product, product, product’ to ‘patient, patient, patient’.

When asked about *outcomes* from patient centricity, Björn Gustafsson from UCB adds, “It is very clear there are worse results when you are not patient focused. It is difficult to measure how patient focused you are and therefore difficult to attribute outcomes directly to that behavior. But we do see the flipside. Focusing on yourself and your own profits will not work in the long term. If we have silo thinking in our industry, we will not be around for the long run.”





## KEY FINDING

Patient centricity needs a long-term focus, but business realities get in the way

90% of survey participants employed by biopharmaceutical and medical device companies agree that a long-term focus is key to the success of patient-centric efforts. However, the need for a long-term view is sometimes at odds with business realities, and 53% agree that their companies are mostly concerned about results this quarter (9%) or this year (44%).



**Deborah Waterhouse**  
CEO, Viiv

**Deborah Waterhouse** says, “We need to set up for long-term sustainable success. We need a deep understanding of our environment, not just the payor and political but also the social and moral environment. Pharma has taken some knocks and our reputation is not where we need it to be. We need to have a long-term plan as an industry as far as how we need to be perceived, what is our brand as an industry, so that people understand the great things we do for the health of people across the world. We believe we can do well and do good at the same time. Hopefully, customers, patients and our shareholders will all come to agree.”

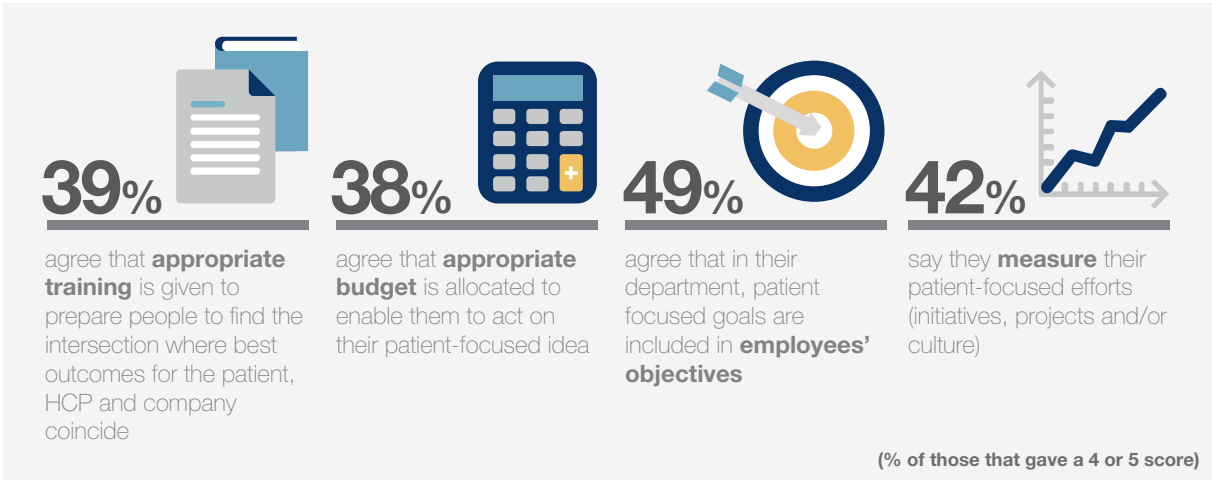


## KEY FINDING

The commitment to patient centricity is sincere

As shown in Figure 6, many of the participants employed by biopharmaceutical and medical device companies agree that certain steps toward patient-centricity are already being taken by their departments.

**Figure 6**



Q24: For the panel of questions below, choose your answer based on how that department is actually performing now - NOT how you feel it should be performing. For the following statements please rate your agreement / disagreement on a scale from 1 to 5 where 1 means strongly disagree and 5 means strongly agree. Base: employees from biopharmaceutical and medical device companies (675)



**COMMENTS**



**Doug Noland**  
Patient Experience,  
Executive Director,  
Astellas

As **Doug Noland** says, “This important study once again highlights a clear gap in the public’s understanding of the biopharmaceutical industry’s contributions, but also illuminates our Big Opportunity to do “even more” for patients. As we strive to deliver further patient-centered advances to help improve, extend and save their lives, we must focus our efforts first and foremost on helping our people connect to their purpose. With this mindset will come new results. It is our role to then support them as they discover what they need to do differently and better.”

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## THE ‘HOW OF PATIENT CENTRICITY’

### So how exactly can we achieve true patient centricity?

Let's look to global behavioral change experts like motivational speaker and best-selling author, Simon Sinek, whose 2011 book teaches us to ‘*Start with Why*’<sup>05</sup>. Explains Jill Donahue, “When we shift the mindset or the culture by empowering our people with their connection to the patient, they will create better hows than we could ever tell them.”

#### **Organizational psychologist and author of *Give and Take*, Adam**

**Grant**, puts it another way: “I think the worst way to be more productive is to set your sights on being more productive. What you want to do instead is to focus on a reason to be more productive.” It is the same with patient centricity. When we focus on the specific details, it is far less effective than when we empower people to want to be patient focused by helping them connect to their purpose<sup>06</sup>.



#### **Daniel H. Pink, global thought leader and author of six best-selling books about management and behavioral science**, comments,

“Raising the salience of purpose is one of the most potent – and most overlooked – methods of moving others.” He teaches in *Drive* that there are three factors which lead to better performance and higher levels of personal satisfaction in the workplace: autonomy, mastery and purpose. It is purpose which can be leveraged to help pharmaceutical employees engage with patient centricity<sup>07</sup>.



Pink also says that pharma has the big P (the company purpose) built in to missions and visions but the little p (the individuals’ connection to the difference they make) is not so clear to each employee.\*

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“It is completely rewarding,” Jill adds, “watching teams brainstorm what they now need to start, stop and continue to do once they have connected with the power of their purpose. It’s like ‘releasing the hounds’. Here are just a few of the ideas that I’ve seen emerge:



- Learn more about patients’ experiences
- Simplify the language in our patient communications
- Post my purpose story on my office door
- Have a ticker tape of number of patients served
- Have a ‘seat’ at the table in every meeting that represents a patient
- Add to all evaluation forms, “Would a patient’s trust in us increase, decrease or stay the same?”
- Enable our people to volunteer in the patient associations connected to our products
- Enable our people to talk with patients – hear their stories, ask them questions
- Incorporate questions about purpose in hiring
- Include in every meeting a story about a patient



- Talking about market share and instead talk about number of patients helped
- Talking about ‘competition’ and instead talk about ‘other treatment options for patients’
- Being a ‘vendor’ and start being a health solution partner
- Feeling like an annoyance to HCPs and start acting like a valued, trusted partner”



One of the ways to be more patient centric is to seek insights from patients. **Vic Guyatt** states, “Over time, we have seen the insights we generate from talking to and observing patients move from being a side-show, of arguably minority interest, to taking centre stage in brand planning and commercial activities. We see patient insight being shared more widely than ever before and a real appetite for us as market researchers to represent the patient voice in strategic commercial discussions.”



It starts with each one of us. **Sue Mahony** says, “I ask myself every day, ‘would a patient with cancer care?’ In big companies, we can sometimes get lost in the everyday activities - asking this question and carrying a card with these words written on it, every day, motivates me to only focus on the things that matter to patients”.



**Sue Mahony**  
SVP & President,  
Lilly Oncology



**Paul O'Meara** agrees. “In the course of our syndicated patient research, it has been extremely rewarding to help elevate the patient voice in terms of its importance in brand planning – and seeing the mindset of pharmaceutical executives change from being HCP-focused to being both HCP and patient focused”.

**Paul O'Meara**  
Head of Syndicated  
Patient Real World  
Evidence, Ipsos

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**Patient insights and understanding now have a stronger impact on business planning, including:**



**Strategy**

building genuine patient insight into launch strategies, positioning and brand plans; using patient segments and journeys to clarify the brand's role and create a portfolio strategy



**Communications**

creating a compelling communications platform based on patient insights



**Patient support**

creating materials and interventions designed with the patient in mind



**Product Development**

giving clinical development teams a clear window into the patient's experience of the disease and their continuing challenges with treatment



**Cultural change**

helping each person connect to the difference they make to the patient such that the change in mindset incites changes in process and behaviour

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## THE WAY FORWARD

A new healthcare industry is emerging in which more patients are becoming ‘health literate’ stakeholders at the centre of decision-making regarding their own health. As they become more involved with their treatment choices, one question remains: will there come a time when they no longer want drugs from a company they don’t trust?

**GSK’s Deborah Waterhouse** says her one piece of advice in order to move PC intentions to action would be to be brave. “Don’t make steps incrementally, but talk about what would change the game for the patient and for your organization in a way that you and all employees across the company would be excited about and which would link into the values of your organization.”

**Dr. Lode Dewulf** imagines a day when doctors, with patient input, will prescribe a class of drugs and the patient will then discuss the different options within that therapeutic class with the nurse. The patient will weigh in her or his own specific needs, priorities and risk tolerance and also consider what each company offers in terms of support “beyond the medicine”. Supported by the nurse, information and other patient feedback on different support options, the patient will then make an informed decision based on what they deem important. A few rare examples of this decision-making already exist in healthcare, but we use it far more frequently in other areas of our life, like when we choose our suppliers for energy or for shoes. If both shoe

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choices are equal but one commits, for example, to give a pair to a child in need, or never to make their shoes in a sweat shop, then you have a differentiator to help you choose. The “green-ness” of our energy supplier or our investment fund have all become important elements that drive customer choices. “This is the burning platform,” says Lode, “where companies need to wake up. If you don’t create value for your patients, what value will you still bring?”

Creating new pharma business models to align with this emergent trend is neither fast nor easy – but the future looks bright! Putting the patient front and centre and improving business outcomes is certainly achievable; the key is to take a considered and comprehensive approach and a longer-term view. It is also incumbent on pharma and their partners to help increase the flow of information, dialogue and trust between healthcare providers, HCPs, patients and pharma.

In the short term, the result will be better treatment outcomes and the enrichment of patients’ lives; in the longer term, we will see the industry shift from healthcare to health. In this journey we take inspiration from the following quote:

**“The ultimate goal in life is to die young, as late as possible”.**



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# ABOUT THE RESEARCH

## 2ND ANNUAL PATIENT-CENTRIC BENCHMARK SURVEY: SURVEY DETAILS

The 2nd Annual Aurora Project Patient-focused Benchmark Survey was designed collaboratively by a working group of Aurora Project members and Ipsos, and conducted by Ipsos between 14th July and 21st November 2017.

The survey was available in English and global in reach. Participants for the online survey were recruited across several different platforms: through the eyeforpharma database, social media and through the networks of Aurora Project members. Potential participants were invited to complete the survey through an internet link which they were then able to forward on to others. A total of 1,282 participants from 80 countries chose to take part in the survey, which they completed online. The participants consisted of employees from biopharmaceutical and medical device companies (n=675), associated supplier companies (n=358), healthcare professionals (n=106) self-reported patients (n=70\*\*) and patient group members (n=73\*\*).

\*\*Care needs to be taken due to the small sample size of self-reported patients; these results are indicative only.

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## ABOUT THE AUTHORS



**Gareth Phillips is the Managing Director UK & Head of EMEA, Ipsos' Healthcare Service Line**

Ipsos' Healthcare Service Line partners with pharmaceutical, bio-tech and medical device manufacturers to inspire better healthcare. Operating in over 40 countries, our 700+ experts support key business decisions for our clients throughout the commercial lifecycle, from early-stage strategy, to launch, to performance optimisation.

At Ipsos we are passionately curious about people, markets, brands and society. We make our changing world easier and faster to navigate and inspire clients to make smarter decisions.



**John Elliott is Project Lead of the Benchmark Survey at The Aurora Project and Managing Director at Excellerate**

The Aurora Project is a volunteer group of industry leaders trying to illuminate our path to patient centricity. We believe that together we can move forward faster than anyone can alone.

At Excellerate we teach behavioural science to help pharma professionals become patient-focused engagement experts and contribute to improving patient outcomes (which by the way is the best way to improve business outcomes).

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## EXPERT COMMENTARY

On completion of the study, the research results were shared with selected members of biopharmaceutical and medical device companies and other key opinion leaders. Their comments are included here with permission.

### **Excellerate and Ipsos would like to thank:**

- **Dr Anne Beal** – Chief Patient Officer, Sanofi  
(Full interview: <https://excellerate.wistia.com/medias/3ynb1ny1v6>)
- **Jessica Bean** – Patient Advocate
- **Dr Lode Dewulf** – Survey Co-Lead & Chief Patient Officer, Servier
- **Jill Donahue** – Managing Director of Excellerate
- **Dr Julie Gerberding** – EVP & Chief Patient Officer, Merck  
(Full interview: <https://excellerate.wistia.com/medias/0cr5ybp8jd>)
- **Adam Grant** – Organizational Psychologist & Author  
(Full interview: <https://excellerate.wistia.com/medias/vu8jbt5c3z>)
- **Björn Gustafsson** – Head of Global Customer Facing Excellence Strategy & Operations, UCB
- **Victoria Guyatt** – Head of Patient Ethnography, Ipsos
- **Dr Sue Mahony** – Senior Vice President and President, Lilly Oncology
- **Kabir Nath** – President & CEO, Otsuka North America Pharmaceuticals  
(Full interview: <https://excellerate.wistia.com/medias/4r93dsl6oz>)

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- **Amy Nicole Nayar** – Head of Global Patient Relations, Abbvie  
(Full interview: <https://excellerate.wistia.com/medias/aywjujih7>)
  - **Doug Noland** – Patient Experience, Executive Director, Astellas  
(Full interview: <https://excellerate.wistia.com/medias/kyq6z9gs0d>)
  - **Paul O’Meara** – Head of Syndicated Patient Real World Evidence at Ipsos
  - **Daniel H Pink** – Thought Leader & Author  
(Full interview: <https://excellerate.wistia.com/medias/aime98hvky>)
  - **Giles Platford** – President, Europe and Canada, Takeda Pharmaceuticals  
(Full interview: <https://excellerate.wistia.com/medias/0czii0x6d6>)
  - **Christi Shaw** – SVP & President, Lilly US  
(Full interview: <https://excellerate.wistia.com/medias/1v3hn3gi9o>)
  - **Paul Simms** – Chairman of eyeforpharma
  - **Deborah Waterhouse** – Chief Executive Officer, ViiV Healthcare  
(Full interview: <https://excellerate.wistia.com/medias/vh0rfvze9q>)



2018 Finalist BHBIA, BOBI Awards,  
Best Patient-Centric Approach



2018 Winner Excellence in MR  
Fieldwork Award (Ethnography)



2017 Winner PCHAlliance New  
Member Award



2017 Winner MRS International  
Research Award

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## THE 2ND ANNUAL AURORA PROJECT PATIENT-CENTRIC BENCHMARK SURVEY PARTNERS

### eyeforpharma:

eyeforpharma's mission is to make pharma more open and valued. eyeforpharma provides a hub for senior-level pharma executives, patient advocacy groups and other health experts to exchange ideas and stay up-to-date with shifting trends and practices. We provide commentary, events, reports, and other valuable expert-driven content. We want to facilitate positive change through discussion and debate, enable dialogue and drive the positive benefits that pharmaceuticals can offer.

### Excellerate:

At Excellerate, we believe that patient centricity and profitability are not incompatible but rather inseparable. We teach behavioural science to help pharma people become patient-focused engagement experts and contribute to improving patient outcomes (which by the way is the best way to improve business outcomes!). Leaders who believe that patient centricity is not only the right thing to do, but can be the most profitable, come to Excellerate to figure out how. We inspire, enable and train pharma teams to become an integral, influential part of the healthcare pit crew.

### Ipsos:

At Ipsos we are passionately curious about people, markets, brands and society. We make our changing world easier and faster to navigate and inspire clients to make smarter decisions. Our Healthcare Service Line partners with pharmaceutical, bio-tech and medical device manufacturers to inspire better healthcare. Operating in over 40 countries, our 700+ healthcare experts support key business decisions for our clients throughout the commercial lifecycle.