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As the Affordable Care Act rolls out, the behaviorists at MicroMass surveyed stakeholders about the impact on industry. **Jessica Brueggeman** sorts out the diverse views and asks: Can healthcare reform lead pharma to operationalize its patient focus?

# OPERATION

## PATIENT-CENTRICITY

**P**atient centricity. Real-world value. Patient-reported outcomes. These phrases have become a fixture in today's healthcare environment, thanks to the Affordable Care Act. But what do these concepts mean and how are they affecting the way key healthcare stakeholders think and work every day?

To gather a diverse and comprehensive perspective on the impact of healthcare reform on pharma, MicroMass conducted a qualitative research study, speaking with 21 individual healthcare stakeholders, including patients, physicians, practice managers, hospital administrators, marketers, payers and allied healthcare professionals.

The findings highlight a way for pharma to set an industry standard by defining and operationalizing the concept of patient centricity.

### New measures of success

Healthcare reform sparks polarizing views among stakeholders. A health insurance analyst referred to the current state of healthcare as a "Bermuda Triangle" where patients get lost in the "constant

struggle" between employers, providers and insurance carriers.

On the other side, a practice manager in an urban clinical practice spoke of a new emphasis on outcomes: "Every decision we make, the focus is on providing the best quality service to our patients."

Amid these views, a commonality is the belief that patient-centricity will yield success. The challenge is in how that is defined. For patients, success centers around a positive experience with staff and providers, being included in treatment decisions and having questions answered. Providers gauge success based on their ability to provide quality care, although definitions of "quality" vary among clinical outcomes, patient satisfaction and practice success/business metrics.

The lack of clarity presents an opportunity for pharma. Unless pharma better aligns itself with patient and provider definitions of success, however, its commercial success could be in jeopardy.

Pharma cannot passively stand by, observing the impact of change. Nor should it expect guidance from non-industry organizations on its role in a value-based environment.

Pharma must address the ambiguity created by healthcare reform and set a standard for defining and operationalizing patient-centricity. With access to resources and stakeholders across the full healthcare continuum, the industry is ideally positioned to harness the strengths of respective players and pioneer solutions that deliver optimal, patient-centered outcomes.

## The path to patient-centricity

### 1. Leverage partnerships to establish a consensus definition of patient-centricity

Patient-centricity is an ill-defined concept that pharma often views through a commercial lens. A company may say “patient-centric” when it really means patient adherence, patient insights or giving patients access to information about products and diseases. This narrow view doesn’t provide the foundation for delivering the real-world outcomes and value that are needed.

Pharma has the opportunity, in partnership with stakeholders, to establish a consensus definition of patient-centricity and develop guidelines for supporting the delivery of patient-centric care. Because of its access to all key stakeholders, pharma is uniquely positioned to take the lead in bringing all parties together to chart a new course. Pharma must also engage in a discussion with the FDA about how to contribute real-world value in a safe and compliant manner.

### 2. Re-think the current business model

There are some great examples of pharma becoming more patient-centric, but the industry’s entrenched business model makes lasting change difficult. This, coupled with regulatory sensitivities, produces initiatives that only scratch the surface of patient-centricity.

What’s truly needed is a new way of being, not just a new mission statement. Pharma needs to operationalize patient-centricity in a way that puts the patient in the center at all stages of a product’s life. From identifying molecules through commercialization, pharma needs to build new capabilities, skills and ways of working that drive positive patient outcomes.

### 3. Deliver value-based solutions (some examples)

With a clear definition of patient-centricity and guidelines for supporting patient-centric care, pharma can help drive lasting change in patient outcomes. To have relevance in a value-based environment, the industry must do more than serve as a product information and access broker. And just as pharma needs new skills and capabilities to thrive during healthcare reform, so do patients and providers. Skill-building initiatives that provide more of a “how to”—connecting patients and providers and making them partners in achieving optimal outcomes—will have broad utility and impact.

Onyx Pharmaceuticals, for instance, developed a comprehensive patient and caregiver support program that prioritizes the customer experience, addressing needs beyond the product. Another real-world example of a patient-centric initiative was the effort, led by Incyte, to work with patients on a novel PRO (patient reported outcome) tool for patients with myelofibrosis. And consider Janssen’s GRACE (Gender, Race And Clinical Experience) trial, a

## Stakeholder interviews reveal key themes

MicroMass spoke with 21 healthcare stakeholders, including patients, physicians, practice managers, hospital administrators, marketers, payers and allied healthcare professionals. In addition to divergent views on patient-centricity, other key themes emerged. Here are some highlights, with consensus views by stakeholder:

### Patient-centricity

- Providers largely focused on infrastructure changes
- HCPs view patient-centricity as patients becoming more responsible for their care
- Patients have more of a customer service lens, desiring higher-quality interaction with providers

### Provider needs

- Elimination of “constant struggle” among payers, providers and employers
- Elimination of perceived restrictions by insurers in delivering high-quality care
- View EMRs as limited by lack of standardization
- Ways to enhance practice management so they can spend more time with patients
- Fewer inefficiencies in healthcare system

### Quality vs. quantity

- Providers caught between two models—volume vs. value-based
- Providers trying to find balance between caring for a high-enough volume of patients to keep their practices running and creating an environment of individualized care
- Providers focused on quality improvement at administrative and practice level vs. improving communication/patient interaction

### Perceptions of pharma

- Pharma still largely viewed by other stakeholders as having a profit-driven focus
- Industry’s role seen by most as limited to delivering drugs, product information and access

Phase-IIIb study which evaluated sex- and race-based differences in outcomes associated with HIV med Prezista.

What does it take for pharma to make these leaps? First, we have to set aside the traditional playbook and wait for long-term benefits, to take risks, and to be agile and try new things. Then we have to put aside the desire for complete ownership and engage in true collaboration to share authorship of impactful solutions.

The time is now. Change isn’t on the way, it’s here. Before other organizations define or reduce pharma’s role to that of information and supply channel, let’s put the patient at the center and set an example for others in the healthcare industry to follow. ■

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