Remote patient monitoring: when the doctor’s stethoscope follows you everywhere
Foreword

Health technology is maturing— from descriptive to predictive

From satellite navigation to travel and accommodation bookings—there aren’t many areas of human life that technology hasn’t disrupted yet. As technology matures, it performs increasingly important and potentially complex everyday tasks—like driving our cars.

Rapid technological transformation is increasingly common in the health ecosystem. Patients recognize the health benefits of technology-enhanced care, allowing healthcare professionals (HCPs) and patients to keep a firmer finger on the pulse with closer health monitoring to improve care and health outcomes.

In fact, in 2020 Accenture undertook a seven-country Digital Health Consumer Survey among 7,804 adult consumers, to assess health technology adoption attitudes.

A majority responded positively when asked whether they would do remote monitoring of health issues through at-home devices if given the choice.

While openness to healthcare technology adoption is high, the technologies used today still yield largely descriptive insights, like identifying disease symptoms. Technologies like artificial intelligence and cloud are set to transform healthcare delivery and outcomes from that descriptive ecosystem to one where care is predictive, enabling proactive behavior and disease management and moving towards health maintenance. Remote patient monitoring (RPM) is a critical component of that future.
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Introduction

What is Remote Patient Monitoring?

RPM is generally understood to be the process of collecting personal health information (using digital technology) and transmitting it to healthcare providers for remote assessment—and subsequent recommendations. Since RPM has been inconsistently defined by various publications, for the purposes of this white paper we define RPM as the use of mobile (smartphone, tablets and smartwatches) applications to collect personal health data outside conventional care settings.

Patient data can be collected through active patient involvement (patient reports of condition and symptoms, patients performing active tests, etc.) or passive monitoring (tracking of activity, sleep or speech patterns, movement, etc.). Once collected, data is electronically transmitted to a healthcare provider for use in care and related support.

Why does RPM matter?

In the past, HCPs would only know how patients were doing by meeting them physically or virtually. RPM changes that drastically. It allows HCPs to track patients’ health anywhere, anytime between often-infrequent visits. This provides two crucial benefits: a more objective longitudinal view of the patient’s health (leading to more informed consultations), and the ability to manage disease between visits based on that longitudinal data. This augmentation of clinical practice means the patient’s status can be monitored much more frequently than traditional HCP/patient interaction allows. Greater data availability also leads to deeper patient involvement in their own care. For example, in neurological conditions like Multiple Sclerosis, patients visit physicians three to four times per year. Using RPM, patient symptoms can be monitored daily so that neurologists can make better-informed decisions based on objective data—and improve patient outcomes.²

Why now?

New Science (the unique combination of advanced science focused on patient need and technology) continues to exceed our expectations and is projected to drive 67 percent of biopharma growth between 2021 and 2026. In addition, the pandemic illustrates biopharma’s ability to turn old ways of operating into new ways of discovering, developing and delivering treatments.³ In this context, it is increasingly important for the industry to transform old operational norms in favor of tech-driven healthcare innovations that reach patients faster than ever, transform all aspects of care and include RPM.

Recent Accenture research⁴ indicates that RPM will be the third pillar (next to virtual communication and virtual treatment and care) of the therapeutic structure of the future.
The objective of this research

Our recent study of 120 oncologists and neurologists across Europe, the US and Asia was undertaken to better understand the needs, obstacles and trends in RPM in both disciplines. These fields were chosen because they often lead the broader health sector in terms of technological innovation. This white paper is your guide—your cheat sheet to a rapid understanding of the main trends, issues and action points necessary for RPM success. Each section will give you a brief (illustrated) report on the findings, the impact of those findings and a key take-away.
RPM is performed either actively or passively. Active assessment means either measuring patient status through tests (e.g. memory tests) or asking patients about their status/symptoms (e.g. “do you have a headache?”). Passive monitoring happens in the background—the patient does not need to perform a task actively (e.g. measuring typing speed). Active and passive monitoring can both cover physical and cognitive dimensions.

Our findings

Our research indicates that, for both neurology and oncology, “active, repeated assessment of cognitive performance” is the foremost RPM type, while passive monitoring of cognitive performance is least important among the physicians in our study group. The consensus is that there is more need for RPM solutions based on patient-reported symptoms (physical or mental), and active assessment of symptoms (physical or cognitive). Passive monitoring solutions are less important, according to our study.

Frequency of RPM types used today in Neurology and Oncology

<table>
<thead>
<tr>
<th>RPM types</th>
<th>Neurology</th>
<th>Oncology</th>
</tr>
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<tbody>
<tr>
<td>Active repeated assessment of cognitive</td>
<td>&gt;50%</td>
<td>&lt;30%</td>
</tr>
<tr>
<td>performance (e.g. memory test)</td>
<td>53%</td>
<td>28%</td>
</tr>
<tr>
<td>Passive monitoring of cognitive performance</td>
<td>&lt;30%</td>
<td>&gt;50%</td>
</tr>
<tr>
<td>(e.g. typing speed)</td>
<td>28%</td>
<td>53%</td>
</tr>
<tr>
<td>Patient reported mental symptoms or status</td>
<td>&gt;50%</td>
<td>&lt;30%</td>
</tr>
<tr>
<td>(e.g. depression)</td>
<td>43%</td>
<td>52%</td>
</tr>
<tr>
<td>Patient reported physical symptoms or status</td>
<td>&gt;50%</td>
<td>&lt;30%</td>
</tr>
<tr>
<td>(e.g. headache)</td>
<td>50%</td>
<td>38%</td>
</tr>
<tr>
<td>Passive monitoring of physical performance</td>
<td>&gt;50%</td>
<td>&lt;30%</td>
</tr>
<tr>
<td>(e.g. step count)</td>
<td>42%</td>
<td>45%</td>
</tr>
<tr>
<td>Active repeated assessment of physical</td>
<td>&gt;50%</td>
<td>&lt;30%</td>
</tr>
<tr>
<td>performance (e.g. walk test)</td>
<td>45%</td>
<td>35%</td>
</tr>
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</table>
Implications of findings

We’ve established that active, repeated assessment of cognitive performance is the agreed RPM priority among both neurologists and oncologists. For neurologists in particular, cognitive performance is important because the decline of cognitive performance can indicate disease progression. For oncologists it is important because cognitive impairment can be a side effect of cancer treatment. Our respondent physicians have shown a clear preference for (and believe RPM’s future lies in) expanding patient-reported symptoms (physical or mental) and active repeated assessments (physical or cognitive).

These solutions provide great value by enabling physicians to gather detailed (longitudinal) individual patient information without the need for repeated face to face meetings. This “augmentation of practice” will remain a key value driver for RPM adoption, in our view.

Currently passive monitoring is not widespread, and most oncologists and neurologists don’t expect that to change. However, we believe that technological barriers (meaning solutions that are difficult to build, and evidence of efficacy is still scarce), rather than a lack of utility, drive their lack of enthusiasm for passive monitoring. Despite what our respondents have said, future technological development could indeed change all that, unlocking passive monitoring’s potentially significant value proposition, particularly when detection of subtle differences over long periods is important (in the early detection of Alzheimer’s disease, for example).

Key take away

Patient-reported data remain the cornerstone of RPM. Despite the potential of passive RPM, technology and therapeutic evidence will need to prove its value to oncologists and neurologists.
RPM benefits

Quality of life benefit shift

RPM creates a broad range of benefits for both patients and HCPs including better treatment/patient quality of life (e.g. earlier detection of side effects), improved HCP workflow (e.g. resource utilization) and the availability of patient data itself (e.g. patient data to support research).

Our findings

We found that eight out of 10 respondents see RPM as an effective tool for their daily practice, with the main benefit being “earlier detection of therapy side effects”. Other current key benefits include replacing standard in-clinic procedures and earlier detection of disease progression. In five years, respondents predict, “overall improved patient outcome” and “increased quality of life” for both oncology and neurology will bring the most value.

8 out of 10 of all physicians see RPM as an effective tool for their daily practice

RPM’s top three benefits in neurology today, and in five years (expected)

<table>
<thead>
<tr>
<th>Neurology today</th>
<th>Neurology in 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Earlier detection of therapy side effects (48%)</td>
<td>1. Overall improved patient outcomes (47%)</td>
</tr>
<tr>
<td>2. Replace standard in-clinic procedures (42%)</td>
<td>2. Increased patient quality of life (42%)</td>
</tr>
<tr>
<td>3. Earlier detection of disease progression (38%)</td>
<td>3. Decrease readmission rate (number of visits) (37%)</td>
</tr>
</tbody>
</table>
RPM’s top three benefits in oncology today, and in five years (expected)

**Oncology today**

1. Earlier detection of therapy side effects (52%)
   
2. Minimize resource utilization (e.g. HCP time) (33%)
   
3. Increased patient self-management (32%)

**Oncology in 5 years**

1. Overall improved patient outcomes (50%)
   
2. Earlier detection of disease progression (40%)
   
3. Increased patient quality of life (37%)

**Implications of findings**

Physicians say they are already enthusiastic about the benefits of RPM in their daily practice. To date, RPM has focused on “easily assessible” symptoms supporting the HCP, like early identification of medication side effects.

While these RPM-enabled processes have certainly improved patient care, there is much more to gain in the future. We strongly believe the benefits of RPM will shift from simpler applications like monitoring of side effects to the more technically complex, multivariate assessments required to facilitate long-term benefits like improved patient outcomes and better quality of life through personalized lifestyle and health management interventions.

**Key take away**

RPM’s perceived benefit is currently early detection of therapeutic side effects. However, our research reveals physicians believe that with increased RPM maturity, the benefit will shift to improved patient outcomes and increased quality of life.
RPM patient populations
The opportunity in chronic care

RPM is applicable to both acute and chronic diseases, and both newly diagnosed or existing conditions.

Our findings
The physicians we interviewed see RPM's main target patient population as patients with acute disease rather than patients with chronic disease. The difference between RPM use in acute versus chronic settings is more pronounced in oncology than in neurology.

Physicians’ key target patient populations for RPM solutions, by disease state

- **Patients with acute disease**
  - Neurology: 63%
  - Oncology: 63%

- **Patients with chronic disease**
  - Neurology: 42%
  - Oncology: 23%
Implications of findings

RPM is most often used for symptom tracking in the acute setting, which aligns with respondents’ key indicated benefit: “earlier detection of side effects”. Since many indications in oncology are not (yet) chronic diseases, oncologists experience a greater benefit in acute settings than neurologists do. Given that oncology is moving towards chronic disease treatment, we expect this difference to diminish over time. As long as RPM is more patient-reported outcome (PRO)-driven, it will likely remain primarily relevant to the acute setting. Chronic care will be better served by passive monitoring.

Using RPM in the acute setting mainly focuses on managing a patient’s current therapy, rather than improving overall quality of life. While improved therapy offers real value, there seems to be a huge untapped RPM market in chronic care, where the main goal of RPM would be long term. However, to drive adoption in chronic diseases where longer term monitoring is needed, new solutions must ensure: (a) flexible technology RPM solutions that adapt to evolving technology, (b) long-term data security, and (c) long-term patient adherence and engagement.

Key take away

Patients who use RPM most often today in oncology and neurology are in acute care. If they transition to chronic care, the required technology needs to be more adaptive, flexible and fit for long-term use.
RPM adoptions

Huge untapped market remains despite significant growth

Healthcare technology adoption has been growing exponentially, but RPM is in its infancy, and growing off a very small base. Increasing adoption will be a key driver to establish it as a common practice in medical care.

Our findings

While most physicians have some experience in using RPM, use is limited to just one in 10 patients to date—which applies across all study geographies and to both oncology and neurology.

Given that eight out of 10 physicians expect to increase their use of RPM going forward, adoption is likely to grow fast. Physicians expect that RPM use will double in the next five years (from 8 percent to 16 percent of patients) and 87 percent of physicians say RPM will be a key part of the patient experience in the future.

Today

1 out of 10 patients using RPM today

Tomorrow

8 out of 10 of all physicians expect to increase the use of RPM

87% of all physicians believe RPM will be a key part of the patient experience in the future
Implications of findings

There is no doubt—physicians show strong agreement that RPM will grow in importance, yet patient adoption to date is low. This low starting point means that there will be a huge untapped RPM market in the short term.

Furthermore, we believe that physicians’ adoption forecasts are based on current technologies and usage, and don’t account for new technologies and the potential for more chronic applications that improve long term outcomes. Potentially significant innovations with proven benefits would likely result in faster adoption than currently expected by the respondent physicians in our study.

Key take away

RPM adoption is in its infancy—but physicians agree that it will grow in importance. Given the low base from which it is starting, there will be significant growth headroom for some time.
RPM in the cloud
Data storage trends uncovered

Cloud technology is a key enabler of RPM. It enables scalable, elastic data storage and processing capabilities and provides flexible anytime, anywhere access to both underlying data and (potentially) analytics dashboards that display vital intelligence.

Our findings

Nearly two-thirds of physicians support cloud-based RPM data storage and expect their support to continue or even grow in the future. Many physicians also believe adoption could be encouraged through improved guidance on data ownership, usage, and storage.

What do physicians need in order to support RPM data in the cloud?

- Clear guidance on who owns the data and how it can be used: 59%
- Better security measures: 50%
- Clear guidance on how to store the data safely: 40%

63% of all physicians expect their support for cloud-based RPM data storage to continue or increase in the future.
Implications of findings

The majority of physicians support cloud-based RPM data storage which offers an opportunity to further advance RPM. Transitioning RPM data storage to the cloud means data would be available to physicians at any time—indeed of device or location. The flexibility to share the data beyond current caregiver and institution will become more important as healthcare goes increasingly virtual. The cloud also facilitates better RPM integration, scaling and evolution over time.

More transparency of the cybersecurity, data privacy and storage aspects of RPM solutions would ease concerns and boost adoption. Furthermore, assurances of personal and health data compliance and security according to general data protection regulations (GDPR) are vital. In our view, physicians are pivotal to properly educating patients about data collection, purpose, ownership, patient rights, and establishing patient comfort to earn their consent.

Key take away

Most physicians in our study, support cloud-based RPM data storage, but concerns remain. Clear guidance on data ownership and appropriate data security measures must be given to boost cloud adoption.
RPM capabilities

Growing demand for more powerful RPM analytics

RPM patient data is valuable in many different forms, from individual test results for a specific patient at a given point in time, to test results over a longer period for a given patient, to patient cohort level insights. If multiple patients are analyzed, analysis can be per disease, or across diseases.

Our findings

The majority of our respondents (60 percent) want the ability to analyze individual patient data and about 50 percent want to analyze cohort data. Four in 10 physicians want a disease-specific RPM portal, and three in 10 want broader RPM portals that show data for multiple diseases across all therapeutic areas.

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<thead>
<tr>
<th>RPM capabilities required by physicians</th>
<th>Physicians’ preferred means of RPM data access</th>
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<tbody>
<tr>
<td>The ability to analyze patient-specific data</td>
<td>Disease-specific portals 60% 43%</td>
</tr>
<tr>
<td>The ability to analyze cohort data</td>
<td>Separate portals across disease 49% 32%</td>
</tr>
</tbody>
</table>
Implications of findings

Physicians have a growing need, and desire, for more comprehensive data analysis, not just raw patient data. Detailed patient and cohort data analysis enables better general disease-related insights and support research, while patient-level data facilitates better-informed treatment decisions.

Data portals are high on physicians’ wish lists and would provide fingertip, holistic views of patient groups and unique patient status. Aside from remote patient monitoring, portals can also work as planning tools to effectively triage patients who require urgent medical intervention.

Key take away

As physicians realise its potential, they demand increasingly powerful RPM data analytics. They want the ability to analyze both patient and cohort-specific data.
RPM opportunities and obstacles

Awareness and clinical evidence—it’s make or break

Physicians and patients have different RPM adoption-limiting concerns. They range from lack of awareness, over to data privacy concerns, to limited evidence. Low adoption levels suggest that the opportunities and obstacles have not yet been adequately addressed.

Our findings

A majority of physicians in our study say that limited awareness in the medical community is the biggest obstacle to RPM adoption, and many agree that sharing clinical evidence of RPM’s value is a golden opportunity to boost it. In terms of additional barriers to adoption, physicians have concerns about data privacy and security and see the resulting limited adherence of patients to RPM-based therapies as a further reason not to adopt them. They believe that greater patient control of personal health information and data will increase trust, and usage. From a patient perspective, six out of 10 physicians think that increased patient understanding of therapy responses is the biggest RPM adoption success factor, while just over half think ease of use is key.

Success factors for using RPMs

<table>
<thead>
<tr>
<th>Physician perspective</th>
<th>Patient perspective provided by physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical evidence showing the value</td>
<td>Increased understanding of therapy response</td>
</tr>
<tr>
<td>58%</td>
<td>66%</td>
</tr>
<tr>
<td>Better patient control over his/her data</td>
<td>Easy to use</td>
</tr>
<tr>
<td>50%</td>
<td>52%</td>
</tr>
<tr>
<td>Data to facilitate a more meaningful patient visit and decision making</td>
<td>Financial incentives (e.g. reduction of treatment costs)</td>
</tr>
<tr>
<td>42%</td>
<td>44%</td>
</tr>
</tbody>
</table>
Implications of findings

The greatest opportunity (and also the greatest barrier) to RPM adoption is limited awareness of RPM solutions in the medical community. This might partly be explained by the fact that most HCP-directed communication revolves around new drugs and treatments versus advancements in technology. Technology must become an integral part of physician communication to enable adoption at scale, in our view. Clinical evidence showing the value of RPM solutions is a key element to further drive adoption. RPMs need to be developed according to FDA guidelines for software as a medical device (SaMD). Proper mechanisms to collect clinical RPM data accurately and consistently would ensure clinical evidence gets published in peer-reviewed literature and is accepted by physicians.

Proof of benefits isn’t enough, however. Patients need to believe that RPM will reveal a better understanding of their response to therapy. This could be achieved through a visual representation of the functional status over time or through patient awareness that RPM increases their HCPs’ therapeutic decision confidence level. This will be key to regular self-testing and consistent patient adherence. Ease of use is also vital, and RPM solutions must be intuitive and engaging. We believe that RPM design must consider interface clarity, familiarity, and responsiveness from the patient perspective.

As already discussed, assurances of personal and health data GDPR compliance and security are vital to RPM adoption and physician advocacy.

Key take away

Limited awareness of RPM and its potential is the single biggest barrier to adoption in the medical community—by a large margin. Conversely, proactive RPM education is needed to inform physicians of RPM’s value, and clear clinical evidence highlighting its value is the single most important physician adoption variable.
Holistic overview of findings

RPM’s changing role: a shift towards improved quality of life

Despite low adoption levels, our study reveals that oncologists and neurologists are already enthusiastic about the benefits of RPM in daily practice. Current RPM use is found mainly in the acute setting, centred around patient reported therapy side effects. This offers valuable insights into managing therapy and will remain a cornerstone of RPM going forward. In future, RPM’s focus will evolve beyond this therapy-centric perspective.

It is inspiring that our respondents believe tomorrow’s RPM will emphasize improved patient outcomes and better quality of life, and expand beyond just monitoring therapeutic side effects to broad patient engagement and personalized interventions. We also expect that, going forward, RPM will advance from descriptive to predictive use, using AI and other technologies for more actionable insights so that HCPs can manage behavior and disease proactively—health maintenance rather than disease treatment.

Based on our research, we believe that this shift towards quality-of-life applications will require both a maturation of RPM technology and the availability of strong clinical evidence supporting these new applications.

Driving adoption through clinical evidence of RPM value

We found the HCP community’s limited awareness of RPM and its potential benefits is—by a large margin—the single biggest barrier to adoption. Making RPM a key part of the conversation with HCPs will drive awareness. Furthermore, our study demonstrated that clinical evidence is a key success factor for the use of RPM. RPM solutions should be developed according to guidelines for software as a medical device.

Proper mechanisms to collect clinical RPM data accurately and consistently need to be in place to ensure clinical evidence of RPM’s value can be published in peer-reviewed literature, provided to physicians to support RPM advocacy among their patients.

We believe patients also want value from RPM—to help them better understand how they respond to their current therapy. This will be key to encouraging regular self-testing and patient adherence over a longer period of time. User experience will be key to long-term adherence—RPM solutions must be easy to use, with minimal interference to daily routine.
Watertight data security and privacy are key to cloud (and RPM) adoption

Cloud technology is vital to RPM solution advancement and to meet physicians’ demand (expressed in response to our study) for increasingly powerful RPM data analytics. Their responses indicate that clear policy on data ownership, storage and management must be in place to strengthen support for cloud-based RPM data storage. Physicians (and patients) should be educated on cloud data storage safety and scalability. This will give physicians the confidence to recommend RPMs and facilitate wider adoption among patients.

Key take away

Our study confirms that RPM has the potential to be a cornerstone in clinical practice both in neurology as well as in oncology. While adoption is still currently low, physicians agree that RPM will play a much more prominent role in the future. The potential is huge, both in further uptake in the HCP community as well as in shifting to broader patient benefits.
Life Sciences role in realizing RPM’s potential

Life sciences companies are uniquely positioned to support RPM uptake:

- **They are in a constant dialogue with HCPs.**
- **They have the know-how to develop clinical evidence.**
- **They have deep disease and therapy insights.**

These three points will help to drive awareness, adoption and the design of relevant tools for HCPs.

Given these competitive advantages, we believe life sciences companies are well positioned to become key players in making RPM a clinical mainstay. However, future RPM competitors will not only come from the life sciences industry, but also out of tech. Life sciences companies will either have to compete with those entrants by building deeper technology capabilities—or consider partnering.

Which option is better? Only time will tell whether life sciences companies should pivot their business models to cover the technology component in clinical practice. Whatever they decide, it will be important to engage with the broader health ecosystem, including health authorities, hospitals, physicians, patients and academia to maximize the chances of success.

Technology is already a key component of everyday clinical practice and we strongly believe that RPM’s importance will grow quickly in coming years. RPM solutions are on the rise and life sciences companies should get ready to become key stakeholders, starting today.
About the study

Accenture undertook an online study of 120 oncologists (50%) and neurologists (50%) in September 2020, to better understand the needs, obstacles and trends in RPM in both disciplines. These fields were chosen because they often lead the broader health sector in terms of technological innovation. We also focused on physicians—vital stakeholders in the RPM industry because, while other stakeholders are also key to RPM success, physicians are a key source of intelligence on industry needs. The study included six countries (US (33%), UK (17%), Germany (17%), India (12%), Singapore (12%) and China (8%)), a range of practice sizes from single specialists to practices with over 30 physicians, and healthcare facilities ranging from specialized private practice to large hospitals.

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References

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We have decades of experience working with the world’s most successful companies to innovate and improve their performance and across the entire Life Sciences value chain to better serve patients and stakeholders. Accenture’s Life Sciences group connects more than 15,000 skilled professionals in over 50 countries who are personally committed to helping our clients achieve their business objectives and deliver better health and economic outcomes.

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