THE NEW VALUE EQUATION
VIDEO TRANSCRIPT

00:01
hi everybody again this is paul sim

00:03
speaking to you from

00:04
london i'm very pleased to welcome you

00:07
to today's webinar

00:08
i think we'll get going um and uh as you

00:11
can see

00:11
from your screen right now you'll see

00:13
today's webinar is called the new

00:15
value equation unify data with patient

00:18
engagement to improve

00:20
patient and business outcomes we're

00:23
tackling

00:23
uh something that is obviously at the

00:26
front of mind for many of us we've had

00:28
more than 1200 people registered for

00:30
today's webinar which i think shows a

00:32
degree of popularity

00:33
but in particular i think people are

00:35
trying to make sure that we refresh our

00:33
but in particular i think people are

00:35
trying to make sure that we refresh our

00:38
patient engagement

00:39
at the moment and that of course we

00:41
ensure that there's alignment with both

00:43
what the patients wishes to experience

00:45
and of course with our business

00:47
outcomes so um understanding

00:50
those patients continuously evolving

00:53
expectations and desires

00:55
i believe is more critical than ever

00:58
we have a new reality as we have talked

01:00
about many times

01:01
and learning to actually blend that

01:03
qualitative and quantitative patient

01:05
data drives

01:06
better patient experiences and better

01:08
outcomes as mentioned

01:10
because you know patient centricity is

01:13
far more than just
01:14
a buzzword and every time we engage a
01:16
patient it's an opportunity
01:18
it's an opportunity to rethink and
01:21
potentially rebuild on a smarter
01:23
solution
01:24
and my question to you in this webinar
01:26
and what i really
01:27
am looking forward to discussing is how
01:29
we actually get the most
01:31
out of every single patient interaction
01:33
to not waste it to make sure that it not
01:35
only
01:36
uh is incorporated into our decision
01:38
making but that it travels
01:40
into the organization up to ideally a
01:42
higher level than we might have seen
01:44
before
01:45
and really actually influences us and
01:48
technology as well as the way in which
01:50
we process things can be a
01:52
massive help as we go about that so stay
01:55
with me for the next 60 minutes or so
01:58
you'll be pleased to know it's not just
01:59
me talking i am about to be joined by

02:01
some
02:01
very smart individuals indeed in fact
02:03
i'll just give you a quick introduction
02:05
to them
02:06
right now in order to really tackle this
02:08
topic so on your screen you'll see
02:10
scott top left uh scott's a great friend
02:12
been with me on a few
02:14
real life panels private previously to
02:16
this pandemic
02:17
uh he's the global public affairs head
02:19
of rare diseases actually sanofi genzyme
02:21
um
02:22
works with some fantastic people on some
02:23
fantastic projects and actually sanofi i
02:25
think is doing some really great work in
02:27
this area
02:28
scott is also someone who i've admired
02:31
for many
02:31
many years he's got a lot of experience
02:33
built up in previous organizations emd
02:35
serrano
02:37
worked at the american cancer society

02:39
and men's health network
02:40
focusing on advancing and discovering
02:42
new therapies
02:44
uh to scott's right you'll see anne ann
02:46
is
02:47
also a great friend she has actually
02:49
recently moved into the role of global
02:50
head of marketing for skyritzy
02:52
which is a medicine for crohn's disease
02:55
but
02:55
up until the start of this year was the
02:57
global head of patient experience
02:59
at abv so obviously has a wide range of
03:02
patient experience uh
03:04
uh work across multiple therapy areas
03:07
uh and uh has has basically
03:10
i think got a very strong outlook on how
03:13
we should be raising the bar abv by the
03:16
way is a company i have been
03:17
continuously impressed by how
03:19
patient engagement has been conducted
03:21
there and anne is definitely a leader of
03:23
that so thank you so much for being here
03:24
anne
03:25
to anne's right you'll see another good

03:27
friend of mine who is sarah sarah is the
03:29
ceo of the health
03:31
laboratory and that is a global
03:33
innovation hub that's built on the
03:35
foundation of cultivating trust across
03:37
healthcare
03:38
advancing health equity by amplifying
03:40
the voice of the patient
03:42
care partner and clinician in the
03:44
co-design of the future of healthcare
03:46
she is also ceo of cancer 101 which is a
03:49
patient advocacy organization that helps
03:51
patients and their families navigate
03:53
healthcare in
03:54
partnership and i've personally been
03:55
incredibly impressed by some of the
03:57
the work that cancer 101 has done to
04:00
really lift patients
04:02
when they first receive a cancer
04:03
diagnosis and and support them
04:05
as they go forward i'm massively
04:07
thankful that sarah can be here
04:09
denise underneath is the managing

04:12
partner for intelligent patient
04:14
solutions at accenture
04:15
and may i say a particular special
04:17
thanks to denise and her team
04:19
at accenture because they've been an
04:20
excellent partner in putting today
04:22
together putting together today's
04:24
webinar in fact this webinar wouldn't be
04:26
here were it not for
04:28
denise and her team been fantastic
04:30
working with you
04:31
denise herself has been a health
04:33
information technology leader for more
04:34
than 20 years she's
04:36
had a lot of experience in helping to
04:38
drive enable and enhance
04:39
value-based patient care across multiple
04:42
directions
04:43
and she's shifting on moving so she's
04:46
focusing on shifting
04:47
the care model to new places where
04:49
patients are informed empowered
04:50
and engaged and we're going to see a few
04:53
slides from denise
04:55
later on in the webinar which i'm

04:56
actually very much
04:58
looking forward to so just before we
05:00
start the discussion and i realize i'm
05:01
droning on a little bit you want to get
05:03
onto it so i'll move on as quick as i
05:05
can
05:06
you might remember that i asked you a
05:07
question when you signed up for today's
05:09
webinar and that question was
05:11
this how would you describe your
05:14
company's approach to developing patient
05:16
strategies and solutions and i gave you
05:18
five different options the full text of
05:19
which
05:20
on the right hand side of this slide
05:23
good sporadic solid and poor so
05:26
um i thought about representing this as
05:28
a bar chart then you'd probably see a
05:30
little bit of a normal distribution with
05:32
the good
05:32
obviously taking the land share 35
05:35
nearly 36 percent there
05:37
um but i didn't do that because i wanted

05:39
to also highlight how
05:40
siloed is significantly uh
05:43
big there and that's not necessarily a a
05:46
lesser or more
05:47
and also sporadic with a good 10 there
05:51
so some really interesting uh insights
05:52
there thank you to all of you for
05:54
filling
05:55
that in on the way in here and then one
05:58
other question i asked you and there's
05:59
not enough
06:00
time in the day for you to read all of
06:02
this but i asked you to please describe
06:04
in a sentence what you see as the key
06:06
barriers to having integrated patient
06:08
insights qualitative and quantitative
06:10
and what i thought was very interesting
06:11
about this was actually the
06:13
variety of the answers that were given
06:15
to us there's a hell of a lot of
06:17
different things that people are citing
06:18
as the key area
06:20
here you can obviously feel free to read
06:22
a couple of these
06:23
i'm very happy to get back to you after

06:25
the webinar with uh
06:27
more information here um and in fact
06:30
there's another page
06:31
full of different uh further different
06:33
um
06:34
things so absolutely uh you can you can
06:37
take a look at that uh in your own time
06:39
uh just one more quick thing to say
06:41
before i open up to the panel which is
06:43
um that they're all going to be speaking
06:45
from their own personal behalf they're
06:47
not representing necessary their
06:48
companies we use today
06:49
so just take we're aware of that today's
06:52
webinar is being recorded so you'll be
06:53
able to share this with your colleagues
06:55
or watch it back
06:56
afterwards and of course finally i want
06:58
to say please
06:59
use the questions box we want to make
07:02
this a discussion not just a one-way
07:04
street
07:05
so maybe you can write a quick hello to

07:07
me now so that i can check you are
07:09
still paying attention despite my
07:11
monologue here um
07:12
but please do once you've discovered
07:15
that
07:16
use it i'd love to see a question from
07:18
everybody that's listening
07:19
to this today okay let us start the
07:22
discussion
07:23
um panel could you un
07:26
hide yourselves i would love to get you
07:29
guys on
07:30
screen um and i'm gonna go to sarah
07:33
first so if you remember is the ceo of
07:35
the health collaboratory
07:36
um and uh works as the ceo of a patient
07:39
group
07:40
so sarah i'd love to just come to you
07:42
and start off
07:43
with your sense on where the challenge
07:46
is today what is the problem that we're
07:48
facing
07:49
uh you've obviously seen that we framed
07:51
this webinar as qualitative and
07:52
constitutive so if you can talk to that

07:54
a little bit that would be wonderful
07:56
thank you paul thanks for the
07:58
opportunity to join uh this great
08:00
discussion today
08:01
you know it's an exciting time in
08:02
healthcare where patients have shifted
08:04
from being
08:05
passive subjects to active partners and
08:07
co-designing the future of health care
08:09
and there's been this transformational
08:11
shift to amplify
08:13
the voices of the what i call experts by
08:15
experience the patients
08:17
across healthcare as we recognize that
08:19
the the life expertise of the person
08:21
with the disease
08:22
that's an invaluable resource that can
08:24
help
08:25
clarify a patient's priorities their
08:27
needs long before we embark upon
08:29
discovery
08:30
but it's important that we carve out
08:32
safe spaces to also integrate the voices

08:34
of
08:35
patient populations that are typically
08:37
not hurt which has been the focus of our
08:38
work at the health collaboratory
08:40
and we've all talked about the patient's
08:42
story and the patient's story provided
08:44
through the voice
08:45
of the patient or the care partner
08:47
that's medicine's oldest diagnostic tool
08:50
and it's often one of the most
08:51
overlooked places to find important
08:53
clues and
08:54
pieces of the healthcare puzzle that may
08:56
not come up in a diagnostic
08:58
you know the life expertise of the
08:59
patient can transform assumptions made
09:01
it can change health outcomes
09:03
it can even save lives because something
09:05
expressed by the patient
09:06
prompted immediate action you know i'm a
09:08
cancer researcher by trade and
09:11
i've worked across sectors from research
09:13
and disease management at sloan
09:14
kettering to varying roles advisor
09:16
and now i spend my time between

09:17
healthcare innovation patient advocacy
09:19
and behavior science
09:21
and the lens that we looked at patient
09:23
data from each of those sectors
09:25
varies greatly which is why it's
09:27
important for us to start unifying our
09:29
efforts
09:30
you know it's wonderful to see the shift
09:31
towards humanistic healthcare with
09:33
person-centered approaches as the holy
09:35
grail you know instead of a
09:36
cancer or diabetic patient for example
09:39
it's a teacher with cancer
09:41
or a mom of three with diabetes who's
09:43
trying to make ends meet
09:44
and it's taking the time to understand a
09:47
person's story that goes beyond the
09:48
symptoms they bring to the patients
09:50
that they bring to the um the patient
09:53
brings the doctor's office
09:54
you know a human-centered approach can
09:56
illuminate how a person became ill
09:58
it can eliminate the social challenges

09:59
they face in getting better
10:01
a person's story can offer missing links
10:03
and contexts that can nourish
10:05
um empathy prompting a shift in mindset
10:08
from
10:08
how do i treat this person's disease to
10:11
how do i help this person get better
10:13
what are their beliefs what are their
10:14
values what are their expectations
10:16
around
10:17
income outcomes and what are their
10:19
limitations
10:20
so um you know all of these insights can
10:23
be gathered as we focus
10:24
on piecing together the patient's story
10:28
and the patient's story has allowed us
10:29
to capture invaluable insights to
10:31
understand
10:32
the life of a patient um but many across
10:36
healthcare have struggled with
10:37
how do we turn these stories from words
10:39
on a piece of paper
10:41
into data that's actual and at the
10:43
health collaboratory we've created a
10:44
variety of tools to be able to translate

10:46
the art of the patient's story into a
10:48
science
10:48
because at the end of the day these
10:50
patient stories they're data with a soul
10:52
you know we can collect the qualitative
10:54
data translate it into quantifiable data
10:57
but also combine it with other channels
10:58
of data to bring in that
11:00
that 360 holistic view of the person
11:03
affected by condition
11:04
and the impact it's having on the family
11:08
which can ultimately help improve health
11:09
outcomes
11:12
thank you sarah that was a great place
11:14
to start um really appreciate us um
11:16
really raising our consciousness there
11:18
uh and and scott i would love to hear
11:20
your perspective on how you see the
11:21
challenge from where you're sitting
11:24
and also whether it aligns to what you
11:25
think sarah just said yeah maybe i'll
11:28
get us started and good to be here paul
11:30
thank you and sarah thank you very

11:32
aligned
11:33
on what you're saying i think uh from a
11:35
pharma perspective
11:37
i will tell you that we started looking
11:39
at how we can better understand
11:42
the patient story or what we call
11:43
patient journey
11:45
back i want to say since 2010-2012
11:49
and over the past 10 plus years
11:53
what we've been trying to do is exactly
11:56
that is how do we now
11:57
go from this patient journey being a
12:00
nice
12:00
emotional feel-good exercise for people
12:04
who work in pharma oh i know
12:06
what rheumatoid arthritis is or i know
12:08
what psoriasis is
12:10
to really deeply understanding that
12:13
these are people living with illnesses
12:15
and these are not ra patients and we
12:18
actually in abby stopped using that
12:20
terminology we stopped using the word
12:22
patient
12:23
we call and what we say is those are
12:26
people living with diseases because like

12:28
you said
12:28
it's really pulling together all of the
12:31
various sources of data
12:33
to not answer a question like we do
12:36
today
12:36
at a specific moment in time but to
12:39
paint the story that's dynamically
12:41
changing for that patient
12:43
way before they start getting their
12:44
symptoms what kind of people are they
12:46
how do they live their life
12:48
how did they find out that they had a
12:51
certain illness
12:52
and how are they managing it knowing
12:54
that pharma
12:55
will come at some point within that
12:57
journey to potentially make a positive
12:59
impact on that patient's life
13:01
now we'd know data pharma is built on
13:04
data
13:05
you know that through clinical trials
13:06
you know that uh
13:08
through a multitude of avenues so the

13:10
problem is not the availability
13:12
it's how do we pull all of the sources
13:14
of information that is deeply fragmented
13:16
today
13:17
to be able to tell a holistic story and
13:20
once you tell that story to your point
13:22
sarah
13:22
how is that story now driving decisions
13:25
within your company
13:26
how is it being used to inform the
13:28
strategy not only from a commercial
13:29
perspective
13:30
but also from a clinical trial
13:32
perspective how we design our clinical
13:34
trials what our end points are supposed
13:35
to be
13:36
all the way through how's the patient
13:38
going to get better
13:40
so that's our challenge still on the
13:41
table today i think we've made
13:43
tremendous progress at least i'll speak
13:45
from where i am now on the commercial
13:47
side of the business
13:48
knowing that i started it on the patient
13:50
experience side of the business

13:51
but long way to go for us scott
13:56
thanks ann all i can say is uh uh yes
14:00
to you and to sarah so great way to
14:03
start uh
14:03
and and paul maybe just to add from my
14:05
side as well just to thank you so much
14:07
for the opportunity to be a part of the
14:08
dialogue and discussion and
14:10
it's really a pleasure to be here with
14:12
you all and my my fellow panel
14:13
colleagues
14:14
yeah let me just first say that the the
14:17
qualitative perspectives that i
14:19
be sharing with uh with you all today
14:22
really
14:22
um about the value patient insights uh
14:25
are based off of my collective personal
14:27
experiences
14:27
as a patient myself as a caregiver
14:31
as a policy advocate as a patient
14:33
organization leader and then someone
14:34
who's worked in public affairs roles
14:37
at two companies so i've really prided

14:40
my
14:40
myself working with my colleagues to
14:42
really challenge the status quo
14:44
across all of these experiences and
14:46
really having a real appreciation of the
14:48
value of patient insights if you want to
14:50
innovate if you want to have impact and
14:53
if you want to create meaningful change
14:55
in patient health and business outcomes
14:58
so when thinking about how patient
15:00
insights are
15:01
gathered and used at pharma companies
15:03
today and really where
15:04
the gaps and opportunities are for
15:06
further focus
15:08
i wanted to highlight maybe three
15:10
aspects or elements
15:12
so the first is our ability to drive
15:15
patient insights
15:16
wide and then deep within our
15:19
organizations from
15:20
early research and development through
15:23
to market access and life cycle
15:24
management
15:25
that that's really one two is how do we

15:28
effectively marry
15:29
patient insights with other stakeholder
15:31
perspectives
15:32
so thinking of the policy perspective
15:34
payers caregivers kols and more
15:38
so kind of taking more of that ecosystem
15:40
and holistic view of health
15:41
to ensure that the patient insights that
15:43
are captured really can also then be
15:45
taken into context
15:46
and leverage as a part of other insights
15:49
being generated from those diverse
15:50
stakeholders
15:51
and then the third is how do we really
15:53
engage
15:54
and highlight to our cross-functional
15:56
leaders how patient insights can improve
15:59
health outcomes
16:00
and business solution development and
16:02
really enrolling cross-functional
16:04
leaders
16:05
as partners collaborators and drivers
16:08
with us

16:08
of those insights so i just want to
16:11
share maybe just a recent proof point
16:14
a survey that we did with more than 170
16:16
patient advocacy group leaders from
16:18
across the globe
16:19
actually just validated those three
16:21
current gaps and opportunities that i
16:23
just mentioned
16:24
and it highlighted specifically that
16:26
patients and patient groups are
16:28
eager for engagement and really provide
16:30
a context around what high quality
16:33
industry engagement means to them
16:35
and specifically what they need from
16:37
industry to ensure
16:38
more opportunities and to infuse the
16:41
patient's perspective and insights into
16:43
our strategies
16:44
and our decision making so they actually
16:46
told us three things
16:48
the the first is that they wanted to
16:50
engage in more bi-directional
16:52
insight exchanges and you may be asking
16:54
you know why
16:55
bi-directional well one was that they

16:59
wanted more opportunities to weigh
17:00
in across the drug development continuum
17:03
and they felt that the bi-directional
17:04
nature
17:05
ensured that more of those opportunities
17:07
would happen across the continuum
17:09
and then second that there was such a
17:11
really strong belief in collaboration
17:13
and that only through ongoing incites
17:16
exchanges and thought partnership
17:18
could we collectively better identify
17:21
and better understand
17:22
ultimately solving for those unmet
17:24
patient needs
17:26
the second area that we uncovered was to
17:28
really
17:29
understand and inform each other's work
17:31
the areas of interest really fell in
17:33
three categories around science
17:35
policy and access issues and there was
17:37
really a strong desire to co-create
17:40
strategies together and i just want to
17:42
underline that word co-create because

17:44
it's something that came up
17:46
many many times and then the final
17:48
bucket of learning that we had from this
17:50
recent proof point survey was
17:52
really to ensure that um the patients
17:54
and our stakeholders were really fully
17:56
informed and well positioned
17:58
to weigh in um about these issues that
18:01
exist
18:01
in the broader healthcare delivery
18:03
ecosystem was another key aspect and
18:05
then
18:06
if i were just to reflect on the impact
18:08
of covid very very quickly
18:10
in all of this related to patient
18:12
insights you know i i i
18:14
think the appreciation for insights and
18:15
engagements was heightened
18:17
due to the immediate impact of code 19
18:19
across all therapeutic areas
18:21
and all markets and i think the pan the
18:24
pandemic disruption was really a call to
18:26
action
18:26
for our teams and our executives to
18:29
prioritize and invest in new ways

18:31
to better understand and respond to
18:34
those patient needs
18:35
and i'll just give kind of a final proof
18:37
point around this is that
18:38
you know i think while patient
18:40
engagement and insights generation has
18:41
been on the verge of transformation for
18:43
several years
18:44
i think the pandemic and the virtual
18:46
approach
18:47
actually enabled us to connect with new
18:49
patient communities and new
18:51
insights that we often couldn't reach in
18:53
some of the traditional settings
18:55
and it helped essentially helped us more
18:57
efficiently
18:58
engage a broader universe of
19:00
stakeholders
19:01
and non-traditional insights i think we
19:03
might not have been able to tap into
19:05
before so
19:06
i'm excited about that element and
19:08
thanks again paul for the opportunity to

19:09
be here
19:11
hey scott thank you for for that i
19:13
thought that was great both you and
19:14
actually there are a couple of uh
19:16
really important topics raised that i
19:18
think we're going to get to
19:19
very shortly indeed but let me elect
19:22
denise into the conversation denise i
19:24
think you might uh
19:25
have a couple of slides to share at this
19:26
point which might further illustrate how
19:28
we can actually solve
19:29
some of the challenges we've just been
19:31
distressed discussing
19:33
and thank you for today this is great so
19:37
far and
19:37
yeah i have the slides that i have
19:39
actually expand upon what scott was
19:41
saying how
19:42
there's a fundamental shift um you know
19:45
every year
19:47
accenture performs a patient services
19:49
survey
19:50
basically what we do is that we look at
19:52
what's going on in the market

19:54
and we actually engage patients to
19:56
understand what they feel about it and
19:58
what their needs are
20:00
in 2020 we engage 12 000 patients on an
20:03
international level
20:05
and each year when we do this survey we
20:07
usually come up with three main
20:09
concepts that have come out of out of
20:11
the data
20:12
and this year that what we have seen
20:16
is that i think you lost the slides
20:19
there you go back again i'm sharing the
20:21
wrong view that's why
20:22
this year though every year like i said
20:25
we come up with three common threads and
20:27
this year one of the ones that was most
20:29
prevalent
20:30
are patients are really ready to see
20:32
receive
20:33
information in a new way they're ready
20:35
to interact digitally
20:36
with their caregivers and their their
20:39
continuum

20:40
um you know we've been using remote
20:43
monitoring and we've been using
20:46
telemedicine
20:47
and virtual visits for quite some time
20:49
and they were in play and they were
20:51
starting to get adopted
20:52
but at this point they are very adopted
20:54
and
20:55
most patients that we have spoken to
20:58
really have
20:59
increased their digital interaction with
21:02
their with their caregivers and and
21:05
their care providers and even the
21:06
pharmaceutical companies in the way of
21:08
how do i afford my medication in these
21:10
times now that i've lost my job
21:12
um you go to the next slide
21:16
one of the biggest things though that i
21:18
think is very very
21:19
glare glaring and we cannot deny
21:22
and that's why getting this qualitative
21:24
and quantitative view of a patient
and quantitative view of a patient
21:27
has been going to become very much more
21:29
prevalent in in the next years to come
21:32
is that 84 this is huge

21:35
of our patients said that these services
21:38
now that they're consuming these digital
21:40
services
21:41
were of extremely high value and if you
21:43
think of this percentage in a survey
21:46
with a with a mixed group of individuals
21:49
and cultures this is huge
21:52
our patient the patient population we
21:54
want to we want to receive
21:57
our services in a different way the
21:59
pandemic has changed that
22:01
and i think each organization now has to
22:03
think about their digital capabilities
22:05
and using that qualitative data to
22:08
figure out
22:08
what is the most valuable what services
22:11
are the most valuable to now shift
22:13
into digi to giving our patients
22:15
digitally
22:21
ah thank you denise um that's it for the
22:23
moment isn't it so
22:24
um let us continue with what i think is
22:28
going to be very interesting

22:29
by the way i've had some really good
22:30
audience questions coming in um
22:32
please do keep them rolling in we will
22:34
get to them very very shortly
22:36
uh denise thank you very much for that
22:37
um anna scott you have or sarah do you
22:39
have a
22:40
a comment to make on those slides before
22:42
i get on to
22:43
um my first audience poll question
22:46
do you want to make a quick comment
22:48
first
22:50
no i'll just um you know paul just added
22:53
and you know
22:53
it's great to see the different vantage
22:56
points and you know we all have access
22:57
to more information and data than ever
22:59
before
23:00
how we harness that data how we connect
23:02
it meaningfully with other data sources
23:04
how we use that to create actionable
23:06
insights or
23:07
translate that into the language of the
23:08
stakeholder you're interacting with to
23:10
trigger some sort of action

23:12
that's the secret sauce and oftentimes
23:13
you're lured by the data
23:15
that's easiest to measure and extract
23:17
but there are hidden gems that can bring
23:19
in a
23:19
different dimension to those datasets if
23:22
we start with listening to the patient
23:23
so i'm looking forward to peeling back
23:24
the layers as we continue with our
23:26
discussion
23:26
thank you paul yeah great okay well as
23:30
just recently threatened uh i'm going to
23:32
ask you all a question so if you look in
23:34
front of your screen right now you'll
23:35
see
23:36
something pop up and this is i guess a
23:38
question to show whether or not
23:40
all of these wonderful words and
23:42
wonderful uh ideas that we're discussing
23:44
right now about how we are using patient
23:46
whether it's actually
23:48
hitting home whether it's really in
23:50
reality

23:51
driving decisions so in the past 12
23:53
months how many times have you or your
23:55
leadership
23:56
made an important product or business
23:58
decision based primarily
24:00
on patient data or insights and you can
24:02
see i've given you
24:04
five options there at the top is
24:06
obviously a lot
24:07
but both at strategic level as well as
24:09
tactical going right down to the bottom
24:11
where you haven't so
24:13
i'm going to hold that open for a little
24:14
bit of time whilst
24:16
you will vote i can see about 40 of you
24:19
have done it so far
24:20
that's good keep it coming in um
24:25
five four three
24:28
two one thank you so much everybody i
24:31
saw a flurry of votes coming at the end
24:32
and got nearly all of you so that's
24:34
really good
24:34
let's have a look at the results so um
24:37
it's a bit of a normal distribution here
24:39
as well

24:39
uh with the highest nearly 30 percent of
24:42
you saying a few times but on tactical
24:44
and smaller decisions only
24:46
about a quarter of you uh several times
24:48
but on
24:49
again on tactical only 17 would say
24:52
strategic level
24:53
and actually a similar number down at
24:55
the bottom saying once or twice and
24:57
11 none of you so that i think is quite
25:00
interesting
25:01
um possibly a little bit frightening
25:02
that uh that we're not using it perhaps
25:04
as
25:05
uh as much as we want i'd be interested
25:07
to know whether or not the panelists
25:08
think that's a surprise
25:10
and of course um this this age-old
25:13
question desiree
25:14
uh my good friend desiree has written in
25:16
saying the age old question how do you
25:18
measure patient impact to communicate
25:19
the return on engagement slash

25:20
investment
25:21
to your organization uh and of course
25:24
we don't like talking about roi when we
25:26
talk about patients is a little bit of a
25:27
to do to boost subject but at the same
25:29
time we have to justify it
25:30
in some way and clearly i would say only
25:34
half of us
25:35
really from what i can tell on this
25:36
diagram that's a very crude
25:38
measure but really only half of us are
25:40
doing it as well as we
25:41
could be so what's your reaction and
25:43
scott
25:45
yeah i think um the other way to look at
25:47
these results paul is to say 80
25:50
of the people said patients don't drive
25:52
strategy
25:53
okay so that is huge i mean you could
25:56
potentially go into a meeting and show
25:58
some patient data to get funding for a
26:00
small project
26:01
to put a patient activation campaign out
26:04
there that's tactical to me
26:06
uh but knowing that all of the work that

26:10
we do
26:10
to understand unmet needs for patients
26:13
and be able to support them with
26:15
data through market research through
26:19
true quantitative representative data
26:22
and only 17 are saying that's driving
26:25
strategy
26:26
is slightly scary you know um i do
26:29
believe there's a lot of factors that
26:30
weigh in
26:32
a lot of the times the the decision
26:34
maker behind the products we're
26:36
putting out in the market is not the
26:38
patient right it's the doctor
26:40
so someone once described it to me and
26:42
it really stuck with me
26:44
they're saying if you were selling oreos
26:46
the patient
26:48
or the person picking the oreos eating
26:51
the oreos and picking
26:52
and paying for the oreos is the same
26:54
person in pharma
26:57
the person selecting the oreos the pa

27:00
the the person eating the oreos and the
27:03
person paying for the oreos are three
27:04
different people
27:05
and how do you prioritize the hcp
27:09
the patient and the payer in a way that
27:12
allows you
27:13
to have them all driving your strategy
27:15
which they should
27:16
today it's not that they aren't it's
27:19
that
27:20
two out of the three are driving
27:21
strategies to a greater extent
27:23
because they decide not only on the
27:25
selection but the access you get
27:27
and the patient comes at sort of the end
27:29
of the chain so it does make sense it's
27:31
not where we want to be
27:33
but i can see why only 17 percent are
27:35
saying that
27:39
i i agree with you and you know i i was
27:41
wondering if we could have paul have
27:43
turned that question back around to our
27:45
audience and said with those 17 uh
27:48
when when it was shaping decision at the
27:50
strategic level with senior leadership

27:52
what was it about
27:54
the insights that were captured that was
27:56
uh
27:57
uh intriguing or interesting to them
27:59
right and what was it
28:00
if you if you were one of the people
28:01
that wrote wrote in and chose that
28:03
answer then
28:04
please do um if you can write in and say
28:07
say what it was
28:08
and maybe i can read later on a couple
28:10
of those responses out but yeah
28:12
i think that would be great because you
28:14
know as i reflect on some of the
28:15
leadership that i've had the pleasure of
28:16
working with over these past years
28:18
some of the things that they've shared
28:19
is they love the real-time
28:22
patient insights uh more so than ones
28:25
that might have been you know collected
28:27
not in real time and
28:28
you know specifically that real-time
28:30
aspect

28:31
often leading to candid conversations
28:34
and maybe this kind of gets out on the
28:36
the return on engagement
28:37
aspect is when the insights were
28:39
combined with
28:40
follow-on engagement the interest
28:44
and the dialogue and the ability to
28:46
shape strategy was
28:47
significantly heightened and shared
28:50
interests
28:51
around patient solutions were more
28:53
frequently
28:54
developed that's kind of what i've
28:55
observed over these past years and then
28:57
on many occasions we had leaders share
28:59
how valuable it was
29:01
to have a better understanding of what
29:03
the patient or the community could bring
29:05
to the table
29:06
with the voice of the patient when it
29:08
included what they expected from us
29:11
and then specifically how we could work
29:12
together to achieve it
29:14
so if that element was also incorporated
29:17
noticing that senior leaders were much

29:18
more likely to kind of bring it in and
29:20
use it to shape strategic decision
29:21
making
29:23
great great thank you sorry ann i think
29:25
you're about to say something go for it
29:28
i was going to say because scott said
29:29
something at the beginning or it might
29:30
have been in our
29:31
in our meeting yesterday um you said
29:34
something about
29:35
representing the stakeholders needs
29:38
through
29:38
the the patient journey right so what
29:41
we've been
29:42
and this goes to the roi question as
29:44
well look you can't measure our roi on
29:45
patient engagement we know that we've
29:46
been in pharma long enough
29:48
like the there's a compliance factor
29:50
there
29:51
you can talk about it forever you just
29:52
won't bring it into the market but
29:55
what has worked in the past is the

29:58
ability to connect
30:00
that patient need to the other
30:02
stakeholders and how that can pose to be
30:04
a barrier
30:05
to meeting the needs of your other
30:08
stakeholders whether it's hcps or payers
30:10
or etc
30:11
so if you don't fulfill this specific
30:12
patient need the implications to the
30:14
system and the implications to the hcps
30:16
is x
30:17
that's really important that resonates
30:19
with your commercial leaders
30:21
the other way to think through it is we
30:22
thought about an engagement index that
30:24
we can really connect to
30:26
our solutions or what we put out there
30:28
in the market for patient support
30:29
perspective
30:30
persistency has been measured for years
30:32
and look it's common sense
30:34
patients staying on therapy longer
30:35
because it's working for them an
30:37
engagement index doesn't mean that
30:38
it means that patients are staying on

30:40
therapy because that therapy is not only
30:42
working but they are satisfied with it
30:44
and it works for them so that's the
30:47
other piece of it is measuring
30:48
engagement indexes in a way that is
30:51
um resonating with our commercial
30:54
leaders with our r d leaders and with
30:57
our
30:57
um with our other stakeholders like
30:59
doctors and payers and market access
31:02
professionals
31:04
you guys um that was uh excellent some
31:06
really good points made i want to drive
31:08
the conversation forward believe it
31:09
or not time flies we're already over
31:11
halfway in our conversation
31:12
i want to ask about information and this
31:15
was
31:16
a really key point that came up when we
31:17
were preparing for today's webinar
31:20
um what types of information are
31:23
important to actually understand
31:24
patients in their context

31:25
of their lives to in order to make
31:27
business decisions and
31:28
there's a related question here which i
31:30
think is you know what are the
31:32
implications of technology such as the
31:34
growing number of connected devices that
31:36
we're seeing here so
31:37
i'm trying to just just understand what
31:39
is it about the information itself
31:41
the format the type uh the way in which
31:44
we collect it that might allow it to be
31:46
used better
31:48
any thoughts on that uh denise or sarah
31:50
would you like to start with this one
31:54
uh sure um so i touched upon how
31:56
important the patient's story is
31:58
um earlier in our conversation and it's
32:00
important to note that people diagnosed
32:02
with the condition
32:03
you know they're not necessarily natural
32:04
storytellers right they don't always
32:06
know how to tell that story
32:08
um and at the health laboratory we use a
32:10
participatory storytelling technique to
32:12
allow for patients and their families to

32:14
piece together
32:15
and share their stories in a meaningful
32:16
way which provides a an opportunity for
32:18
co-production of that
32:20
that patient that care partner journey
32:21
map and we found that that technique
32:23
dramatically improves the richness of a
32:25
patient's story something that's often
32:26
missing in a
32:28
structured interview for instance or
32:29
even a pro survey instrument
32:31
and so we've created a variety of tools
32:32
to be able to again translate the part
32:34
of the patient's story the words on a
32:36
piece of paper
32:37
or a screen the qualitative data into a
32:40
science the quantitative data and just
32:42
to give you a few examples
32:43
um the life impact tool is something
32:46
that we created to
32:47
capture quantifiable data on how the
32:49
patient's condition
32:50
is impacting different dimensions of

32:52
their life whether it's
32:53
an impact on the relationship with their
32:55
partner their family their finances
32:57
their mental health
32:58
and it allows us to establish a baseline
33:00
and assess changes over time and then
33:02
introduce interventions when barriers
33:04
are
33:04
identified um there's the emotional
33:06
journey barometer
33:07
it allows us to assess the various
33:10
emotions that patients and care partners
33:12
experience
33:12
across different phases of their disease
33:14
from the time they experience
33:16
um symptoms to long-term management and
33:18
it allows us to better align the right
33:20
resources and interventions
33:22
at the right time accounting for uh the
33:25
emotional readiness of that patient
33:27
of that care partner to make a decision
33:29
for instance um
33:31
and the tools really allowed us to
33:33
reimagine what the ideal clinical
33:34
encounter

33:35
uh could look like to truly support
33:37
informed decision making
33:39
and then the last one i'll mention is um
33:41
the patient dr tango score
33:43
uh that's another tool that was designed
33:44
to assess the relationship between the
33:46
patient and the doctor across the
33:47
various domains
33:49
and you know bi-directional trust is
33:51
built into the tool to allow us to
33:52
understand what type of interventions
33:53
can be introduced
33:55
uh to troubleshoot issues identified uh
33:57
and then we have a testometer
33:59
that allows us to conduct trust
34:00
assessments across healthcare as well
34:02
just a few examples of how again we've
34:04
been able to translate that qualitative
34:06
data
34:07
um set into quantitative data and then
34:10
that can be combined with other data
34:11
sets to learn new
34:12
actionable um insights and even validate

34:15
assumptions that are made over time
34:18
you know what i've yeah what i've seen
34:21
and clients that have been successful
34:23
with some of their
34:24
outreach programs is combining
34:27
not only what what sarah was defining in
34:30
terms of
34:31
your patient i call that lifestyle
34:33
lifestyle data
34:34
how you're doing in your day-to-day life
34:35
what affects your day-to-day life
34:37
as well as remote patient monitoring so
34:39
when you combine those two you can start
34:41
to get predictive
34:42
we're no longer reactive you can
34:44
understand what's going on and now you
34:46
have
34:46
day-to-day actions that are happening
34:49
with the patient
34:50
outside the four walls of their health
34:51
institution because that's where care
34:53
happens that's where
34:54
that's where we take care of our
34:55
diseases we don't take care of our
34:57
diseases

34:58
in a physician's office so if you're
35:00
connected to that
35:02
or caregivers connected to that care in
35:05
during the day plus the lifestyle we can
35:08
begin to see situations where a patient
35:11
may fall off therapy
35:12
or they're not doing well in a real time
35:15
and i i think that's been
35:17
the most enlightening um thing to see
35:21
and have
35:21
a couple of our clients in their
35:23
offerings and see the effect on
35:25
a disease state and on a patient's life
35:27
and patients
35:28
want this they want and you saw the
35:30
results
35:31
they want self-monitoring because it's
35:33
it's helping them manage their disease
35:37
so on that self-monitoring aspect
35:40
any comment from anyone else on on that
35:42
and how technology is obviously changing
35:44
the nature of the information that's
35:45
being inputted

35:47
and what we need to do to i mean i
35:49
personally find that
35:50
so much of the conversation here kind of
35:52
stops when you realize the information
35:54
you're collecting isn't quite the right
35:55
kind of information and so um
35:58
just just curious as to how we can
35:59
overcome that because of course
36:01
patients themselves are excited about
36:02
being able to use these tools as disney
36:04
denise just said
36:06
um but when we can't use them right so
36:08
so
36:09
how do we overcome this yeah
36:12
you know i think it's easy to be
36:15
distracted by the big shiny objects
36:17
right like
36:18
the there's there's a revolution
36:20
happening um
36:21
kovit came in and just expedited all of
36:24
this transformation that pharma was
36:26
inching our way towards we
36:29
we saw all of the technology companies
36:32
start to dabble
36:33
in healthcare and they went from um

36:36
sort of just measuring very easy
36:39
lifestyle things to becoming
36:42
true monitoring services so look
36:45
i think at the end of the day if you sit
36:47
back
36:49
and think of why you're collecting a
36:50
piece of information
36:52
the reason has to be for better support
36:55
for your patients
36:56
that has to be the ultimate reason if it
36:59
is not then you should not be collecting
37:01
that specific piece of information a lot
37:04
of data is important to pharma so we can
37:06
measure how well we're doing
37:07
if you do it for that reason you shall
37:08
fail you should collect information
37:10
to see how the patient is doing and how
37:13
you might intervene
37:15
to make that journey better that's the
37:17
ultimate purpose
37:19
so i think that would help you in two
37:21
ways one
37:22
from a compliance perspective where

37:23
pharma to make sure that you are
37:25
transparent and open as a company
37:27
you have the right measures in place to
37:29
protect the patient's um
37:31
data and privacy but also not to be
37:33
overwhelmed with a set of data that's
37:35
really not helping you run your business
37:37
once we did that exercise we not only
37:40
felt more comfortable
37:41
as we started looking at strategically
37:43
where are we going with digital as a
37:45
pharma company
37:46
but also how are we going to bring it in
37:47
front of our patients our physicians and
37:49
the health care companies around the
37:51
world
37:53
now what i'll tell you though is this is
37:55
not a
37:56
two day two month two year exercise this
38:00
is a strategic decision to head in a
38:02
direction as a company
38:03
whether it's through infrastructure or
38:05
strategy or etc
38:07
and pharma companies are not tech
38:09
companies so we might have to really

38:11
open our eyes to partnerships with
38:13
companies who are doing it really well
38:15
out there and we know that
38:17
and how are there synergies between us
38:19
and them
38:20
that brings the patient what they need
38:22
they don't want another app next to the
38:24
four screens they have on their phone of
38:25
different apps right
38:26
they just won't use them they want
38:28
something that's integrated into the
38:29
solutions they already use
38:32
yeah thank you and that's that's really
38:34
good um i want to keep the conversation
38:36
driving forward if that's okay
38:38
um and i because i really want to get to
38:40
the heart of you know the crux of
38:41
today's session which is about this
38:43
qualitative and quantitative integration
38:46
if you want to call it that but at least
38:47
communication between the two how do we
38:50
unite them
38:51
um with an organ organization how do we

38:54
uh unite them across the health
38:55
ecosystem um denise i think you might
38:57
even have a slide to help us on this
38:59
would you like to go first
39:01
i do and and i think when we talk about
39:05
bringing your data together and having
39:07
what we call a patient data master or
39:09
360 view
39:10
very doable and and commercial um
39:13
i i think a lot of my clients and i'm
39:15
working on a couple of engagements right
39:17
now to do just this
39:19
they get overwhelmed because they look
39:20
at their enterprise
39:22
and really the first and foremost thing
39:24
you have to do this is
39:25
about joining a call like changing your
39:27
culture
39:28
but i think if the my the clients that
39:31
have been successful
39:32
if they when they looked at their use
39:35
cases
39:36
they said we're going to target
39:37
therapeutic areas and we're going to
39:39
target

39:39
priority prioritize our use cases and
39:42
that first use case
39:44
don't bite it all off take one use case
39:47
and set the foundation and then that
39:49
foundation
39:51
you're going to understand that you have
39:52
to assess what you have you have to
39:54
assess your programs you have to assess
39:55
your data
39:56
and you're going to have to work through
39:58
a common
40:00
set of standards that i call your core
40:03
and that is looking at your consent and
40:05
standardizing on
40:06
your common terminology and a common
40:08
solution
40:09
that all of your patient services
40:11
programs are going to write off of
40:12
you have to think about you know your
40:14
mpi strategy so your masturbation index
40:17
master person index strategy because you
40:20
need to if you really want that 360
40:22
viewer you're going to have to tie

40:23
data in from multiple sources to that

40:26
patient

40:27
and you're going to have to do

40:28
probabilistic matching on that because

40:30
not all the sources are going to have

40:32
the same idea on that patient

40:34
you really have to think of your mdm

40:35
strategy as well where did this data

40:37
come from how do you manage

40:38
it because now you're going to start

40:40
bringing in a whole bunch of sources

40:42
you need a de-identification strategy an

40:44
idea identify

40:45
a date identification strategy that's

40:47
going to align to your consent

40:49
so you are going to tell your patient

40:51
this data is going to be disclosed

40:53
but this isn't and that has to be

40:54
consistent across the board

40:56
um and you're also going to need to

40:58
think through ontologies now

40:59
this isn't something that you need in

41:01
that first when you pick that first

41:02
priority use case but as you're starting

41:05
to bring in different data sets

41:06
you're going to need to standardize what

41:08
it looks like so that you

41:10
the so that your you can analyze it and

41:12
that data is useful

41:14
um and then a common date model so a

41:17
common data model to tie this

41:18
all to tie all this data together and

41:21
the tools that serve it up

41:23
to different individuals in a fair way

41:25
not just data science tools

41:27
you need tools that a business person

41:30
can explore data

41:31
and extrapolate the data that they need

41:33
without

41:34
having a data science has to do it for

41:36
them and what does that look like

41:39
i i mean it sounds like i just said a

41:40
whole bunch but if you go to the next

41:42
slide

41:43
this is an actual um example of how

41:47
a client started they did the exercise

41:50
picked a therapeutic area based off

41:52
corporate goals we picked a use case

41:55
and they happened to say let's do this
41:58
right and do it clean and pick
41:59
a program that's launching so
42:02
while they're not going to have a ton of
42:04
data they're going to have that process
42:06
and core in place
42:07
and begin to be able to pull
42:10
more data sets in over time and this is
42:13
how simple it could look
42:14
this this simple um all they did was say
42:18
we wanted to start the master we want to
42:19
test our mpi strategy we want to make
42:22
sure the consent is working
42:23
we want to make sure that the
42:24
identification solution is working
42:26
and we're going to do it on clean data
42:28
and then over time the next use case
42:30
actually calls for another two data sets
42:32
which we're working on right now
42:34
and then they have another three data
42:35
sets that are coming on the third
42:37
priority use case in the therapeutic
42:39
area
42:41
this is really great denise it looks
42:43
like um you've built a great ecosystem

42:46
here that makes a lot of sense but of
42:48
course the reality is
42:49
so many of us are not yet doing this so
42:52
i'm just curious as to you know we've
42:53
obviously talked a little bit about the
42:54
barriers
42:56
uh at the beginning of this webinar and
42:58
we've we've obviously uh talked about
43:00
uh other challenges as well i'm just
43:01
curious as to what
43:03
a company that perhaps is a client of
43:05
yours or
43:06
or looking to go through a journey
43:08
similar to this might need to do in
43:10
order to prepare itself to
43:12
achieve this kind of a model
43:18
did you hear me denise oh i'm sorry
43:23
sorry still with you sorry i i just
43:25
wanted to
43:27
you know what the implementation of this
43:28
look like is effectively what i'm asking
43:30
the the barriers that um i've seen my
43:33
clients have and what we've been able to

43:35
overcome is through the governance
43:37
you have to have the willingness and
43:39
stakeholders in place to
43:41
that want to shift they want to shift
43:43
the way that they do things they don't
43:45
want to be siloed
43:46
and i i i really believe and this
43:49
is this is something that i've witnessed
43:51
is once you start communicating
43:53
communicating to
43:55
each business unit at their level and
43:57
engage
43:58
and bring them in you begin to have a
44:01
unified way of thinking it doesn't take
44:03
a day
44:04
i think ann said that it does not take a
44:06
day it takes a while
44:08
the governance is what takes the longest
44:10
technology
44:11
tech is tack it it's not a big deal
44:14
right it's this is kind of easy from a
44:15
technical perspective
44:17
um what's more really it's more is that
44:20
alignment and
44:21
getting that stakehold holder alignment

44:23
and
44:24
the right shift so it's cultural change
44:27
and and that's something that doesn't
44:29
take a day
44:31
and denise if i may because fv has gone
44:33
through this journey and we have a
44:34
couple lessons learned
44:36
i think if you guys are thinking or
44:38
wanting to go down the path
44:40
the easiest approach to getting your
44:42
alignment with your executives and even
44:44
cross-functional
44:46
folks like your privacy legal ethics etc
44:49
is to have a small use case with a
44:52
specific
44:53
country and it doesn't have to be a
44:54
large business unit it could be a small
44:56
business unit from eastern europe or
44:58
somewhere there
44:59
and execute on it show them what the
45:01
data can do what can it look like and
45:03
what can it drive
45:05
and that can be done quickly through

45:06
partnerships with folks who are able to
45:08
do this with agreements that are
45:10
one-time agreements
45:11
something really tangible and can be
45:14
executed within a calendar year
45:16
so that you can start to put in place
45:19
the
45:20
what if we do this on a large scale but
45:23
then you make it really real for them
45:28
yeah that really resonates and you know
45:31
paul if you don't mind as i was
45:32
listening to denise as well too you know
45:33
there there's
45:34
two elements out of a lot of things that
45:36
you mentioned denise that really stood
45:38
out to me is that
45:38
uh culture change aspect that you'd
45:41
mentioned as well as
45:42
kind of setting the foundation for
45:44
patient insights and you know as
45:46
i reflect on work in in some of the
45:47
organizations i've been in recently
45:49
i think some of the things that have
45:51
helped us get over some of the barriers
45:52
and and kind of just mentioned some of

45:54
the key success factors too
45:56
was you know creating something like a
45:57
patient insights roundtable
45:59
was something that was extremely
46:00
powerful you know end-to-end
46:03
cross-functional partners senior leaders
46:06
and
46:06
it included all of the stakeholders that
46:09
you and ann just
46:09
had mentioned and more and then i think
46:11
about you know what were some of those
46:13
first actions in addition to the use
46:14
case which i really like and
46:16
was also for for us was creating kind of
46:19
a
46:20
foundational patient insights roadmap
46:23
where we actually took a collective
46:25
cross-functional view
46:26
at all the places across the continuum
46:28
where those insights could add value
46:31
and then in the recent organizations
46:32
i've been in as we've done this we've
46:34
identified on average about

46:36
38 intersection points and value points
46:40
where patient insights could really
46:41
deliver extraordinary impact and really
46:43
meet both patient need and business
46:45
outcomes and i think
46:46
having that road map and that kind of
46:48
aligned vision and view
46:50
really empowered folks at all levels to
46:53
really
46:54
not only successfully drive towards it
46:56
but i think to ultimately implement it
46:57
as well too
46:59
yeah fantastic so yeah getting this
47:03
implementation
47:03
getting it into action um obviously key
47:07
some really good advice there
47:08
um we've got a question from connor and
47:10
this is obviously
47:12
looking at things from a slightly
47:13
different angle but still implementation
47:15
and that implementation of course is
47:17
scaling up beyond your
47:19
your your initial uh data set and
47:21
initial work
47:22
so connor says as sarah beautifully

47:24
highlighted
47:25
people are individuals and to drive
47:27
action engagement needs to be
47:28
personalized
47:29
how do you scale personalize unique
47:32
engagement to drive meaningful change
47:34
so i'm sure a few of you have got some
47:36
answers to that but what i'm also going
47:38
to do
47:38
is while you're thinking of your answer
47:40
to that or even answering it i'm going
47:42
to launch another poll
47:43
so i've got actually a question about
47:45
scaling which so i'd love to just
47:47
get the wisdom of the crowd on this
47:49
question what's the greatest barrier to
47:50
scaling farmers gathering and use of
47:52
patient insights both qualitative and
47:53
quantitative
47:54
so i'm sure you can read you don't need
47:56
me to read out all of those
47:58
different options there but do read them
48:00
all before you answer

48:01
and in the meantime if anyone's got an
48:03
answer to connor's question
48:05
about uh about how we should do this um
48:08
he
48:08
he doesn't just talk about scale he
48:10
talks about personalized scale so
48:12
so just be aware of that yeah i think
48:15
paul personalization right this is the
48:17
the the dream in pharma it's the n
48:21
equals one it's us
48:22
making content that's specifically for
48:24
you as a patient
48:26
and the good old days of patient
48:27
segmentation and having four segments of
48:30
patients where
48:31
we design content for them that's gone
48:34
that doesn't resonate doesn't resonate
48:35
with our patients
48:36
it even to a certain extent doesn't
48:38
resonate with us
48:39
um look i think uh enable
48:42
enabling pharma to personalize content
48:45
and engagement
48:46
will come through two different ways one
48:49
is technology

obviously we need the data to allow us
48:52
to understand our patients
48:54
better because their needs are
48:56
dynamically changing so as you put your
48:58
infrastructure in place
48:59
we've seen a lot of really nice
49:03
offerings out there with ai obviously
49:06
that
49:07
with validated tools and if you research
49:10
it there are a bunch of companies that
49:11
have those
49:13
academically validated tools that allow
49:15
you to understand your patients needs
49:17
even their risk of non-adherence their
49:22
their preferred engagement level so
49:25
that's one way right that tells you what
49:27
but then understanding what they need
49:29
and when is one part of it you have to
49:31
deliver on it so i think that's the
49:32
piece that pharma is still working
49:34
towards
49:35
look our our biggest personalized
49:38
offering

49:38
is is really our patient support program
49:40
nurses
49:42
those folks connect with patients build
49:45
relationships
49:46
and they understand where you are
49:48
because they're not a computer they're
49:50
talking to you
49:51
they know who you are your kids names
49:54
the dog you own
49:55
and where are you in your disease state
49:56
and what you're frustrated with
49:58
and truly we've had patients and nurses
50:01
have relationships for
50:02
years and that is a truly personalized
50:06
approach now is that scalable no
50:08
so it's sort of merging the two and
50:09
finding a happy balance in between we
50:12
haven't figured it out there's no
50:13
silver bullet and if you have one please
50:15
tell me where it is so we can use it too
50:17
but it we're working towards both how do
50:20
we leverage technology to make sure that
50:22
we're offering the right level of
50:23
engagement but how we
50:24
how do we maintain the humanistic

50:26
connection that we've been able to build
50:28
with patients
50:30
great thank you um i've got almost all
50:33
of you
50:33
uh voted i'm gonna close that vote three
50:36
two one
50:37
gone so thank you very much everybody
50:39
let's have a quick look at the results
50:41
and uh
50:42
scott denise sarah if you've got any
50:45
comments on
50:46
on the question but you also want to
50:47
refer to these results then please do so
50:50
as you can see we've got uh nearly 30
50:52
again saying that
50:54
artificial silos are the primary reason
50:57
why we cannot scale
50:58
um but a fairly good spread across some
51:01
of the other
51:02
answers as well zero percent on the
51:04
ambition nice to see perhaps we have a
51:06
slightly biased audience here uh
51:08
and uh sorry seven percent of people

51:11
saying
51:11
that there are no real barriers
51:13
whatsoever so
51:14
uh comments on the question and on the
51:20
poll
51:22
dental shouts at once now guys
51:26
anyone want to comment i'll just quickly
51:29
say that you know
51:30
the perceived barriers is always an
51:32
interesting um
51:33
response to peel back there are many
51:35
pharmaceutical companies that we've
51:37
worked with
51:38
and that perhaps prior to the pandemic
51:41
couldn't necessarily engage with
51:42
patients and there are various models in
51:44
which to engage with patients
51:46
to address that issue oftentimes
51:50
i my recommendation to pharma folks who
51:52
are encountering some of those barriers
51:54
is invite them to some of the patient
51:55
engagement meetings invite the legal
51:57
folks
51:58
your legal colleagues your regulators
52:00
that are saying no

52:01
invite them to some of these patient
52:03
engagement meetings that we're all
52:04
having these conferences
52:06
these webinars to help them understand
52:09
how they could potentially gather these
52:10
insights in a in a way that makes them
52:12
feel more comfortable
52:13
so the perceived barriers is always an
52:15
interesting one to peel back
52:17
thank you thank you okay time is running
52:20
fast thank you so much guys we've only
52:22
got five minutes left
52:23
and i do want to come to perhaps the
52:26
utopian
52:27
future that we all dream of of course
52:29
it's going to be some time given the
52:30
pandemic and this
52:32
rolling effect of not just a new normal
52:33
but new normals
52:35
as we as we come out of this um i want
52:37
to talk about
52:38
a a beautiful the beautiful dream a
52:41
connected 360 degree

52:43
patient view that translates into value
52:46
um we've talked about how to get there
52:50
we've talked about the sort of teething
52:51
growing pains that we've gotten get
52:53
there
52:53
but i'd love to just sort of try and
52:55
finish by articulating a picture of what
52:57
i
52:57
what what this could look like um denise
53:00
can i come back to you again
53:02
for to start this one off yeah sure
53:07
um and i think i may even have another
53:09
slide
53:10
you do but um
53:14
really what over time this was the first
53:16
line and
53:17
if you build these capabilities over
53:19
time and then you start bringing in your
53:21
outreach so your
53:23
your qualitative patient data you can
53:25
get to what i call
53:26
next best action and i know paul when i
53:29
first said that to you
53:30
you were like i've not heard that in
53:31
healthcare that's because healthcare has

53:33
been reactive
53:34
they haven't been proactive it's a
53:35
reactive you know it's a reactive space
53:38
and
53:38
we need to get to that proactive and
53:41
that predictive space and this
53:43
is how you could do it once you start
53:45
monitoring remotely and once you start
53:47
understanding your your patient's daily
53:50
lives you can start to predict and
53:51
i'm going to give you a real-life
53:53
example of what that actually means
53:56
i have i'm on a very very expensive
53:58
pharmaceutical
53:59
therapy and i have a multitude of people
54:03
that are organizations that manage this
54:06
for me in terms of the cost
54:08
it's the pharmaceutical company it's my
54:10
insurer and then i have another add-on
54:11
insurance because
54:12
even my co-pay is not like really not
54:15
that affordable
54:16
and for me it's daunting because there's

54:19
a specialty farmer
54:20
in the middle of it and i if something
54:23
goes wrong if they don't have the
54:24
information i i don't know who to call
54:26
am i calling my primary insurance am i
54:28
calling my secondary insurance
54:30
nobody talks to each other i take
54:32
surveys from this pharmaceutical company
54:34
and i continually say that this is
54:36
something that frustrates me
54:38
it's something that confuses me and it's
54:40
actually kept me
54:42
because of because of coverage from
54:44
skipping medication because i couldn't
54:46
i couldn't get it i couldn't afford it
54:48
and until i got everyone together and
54:51
that took time so i have skips
54:52
over the years and on december
54:56
15th of this year i get a text message
54:59
and it says please read your email
55:00
there's important coverage information
55:02
about your therapy
55:04
so i open up my email and my
55:06
pharmaceutical company
55:08
tells me that my insurance is not going

55:11
to cover
55:12
my medication by the end of the year and
55:14
i said
55:15
that's interesting i looked through the
55:17
rest of my emails see about anything
55:18
from my insurance company i have nothing
55:20
i call them and they say oh yeah the
55:23
letter is in the snail mail right it's
55:24
the letters in the mail
55:26
but i was able to go immediately this is
55:28
one day
55:29
i was immediately able to read the email
55:32
call the number for the program that
55:34
would support me for free
55:36
until my physician can actually file the
55:38
appeal
55:39
i did that they got me on that and i
55:41
called my physician
55:42
and she began the appeal process that's
55:45
predictive
55:46
they knew that i would react very very
55:49
poorly
55:49
if my insurance actually lapsed and that

55:52
i would lapse i would absolutely lapse
55:54
because that was something that i said
55:55
in before and i think that's a good
55:58
example of what
56:00
you can do and how you can help patients
56:03
if you combine that data
56:06
yeah that speaks a little bit to what
56:07
han said earlier if you're gonna collect
56:09
data make sure it's in support of the
56:10
patients and creating that
56:12
ecosystem of of uh parties communicating
56:15
with each other and benefiting you
56:17
ultimately is a pretty good way of uh
56:20
describing it and is that what you've
56:21
got on your
56:22
diagram here you didn't really refer to
56:23
your diagram and your answers i'm just
56:25
curious
56:26
wow cool um we are fast running out of
56:29
time
56:30
and uh i want to hear what everybody
56:32
else has to say and i'm also going to
56:33
just get a final poll might as well
56:35
squeeze one in at the very end here
56:37
um and uh uh perhaps whilst we're just

56:40
hearing a final
56:41
sentence i'm afraid is all i've got time
56:43
to give you each um
56:45
uh on in terms of where you think um
56:48
the 360 degree the utopian vision might
56:51
come from so i realize that's not
56:52
particularly easy thing to answer in a
56:54
sentence
56:55
but ann scott sarah would love to hear
56:57
your views and
56:58
uh audience please do have a look at
57:00
this poll whilst they're talking
57:07
who wants to go first sarah let's go
57:09
with sarah sarah what is your utopian
57:11
vision for
57:12
patient connectedness and information
57:14
flow can you summarize that in a
57:15
sentence
57:16
uh so i i would say imagine a world
57:19
where um
57:20
every um imagine where every patient
57:23
centered innovation was truly
57:24
co-designed with patients and care

57:26
partners
57:27
from uh defining the problem through the
57:29
co-development
57:30
the continuous improvement that was a
57:32
run-on but you said one second that was
57:34
pretty good
57:34
i think you'd pretty well on the spot
57:36
there put you on the spot you came up
57:37
trumps
57:39
and scott you've got a trump you've got
57:40
to beat that now
57:44
i know maybe i'll go scott always lets
57:46
the ladies go first um
57:48
i agree sarah completely i think it's a
57:50
world where
57:52
um we truly have a real-time
57:54
understanding of the patient's needs and
57:56
how can we
57:57
um as pharma or as a as other support
58:00
services
58:01
intervene to provide them with what they
58:03
need when they need it in the best
58:04
approach possible
58:05
that's not only from a commercial
58:07
perspective but only as we're designing

58:09
and running clinical trials
58:10
and trying to meet the needs of the
58:12
disease state as well
58:15
scott you've got 10 seconds i think 10
58:18
seconds
58:18
so for me it's it's the excitement
58:20
around the potential that we have
58:22
to be even better doc connectors in the
58:24
future with our senior leaders between
58:26
patient insights
58:27
and really improving patient health
58:29
outcomes and business solutions
58:30
and the chance for patient insights to
58:32
lead the way along with other diverse
58:35
stakeholder perspectives
58:36
to really transform the ecosystem of the
58:37
future
58:39
really well put i'm going to do this for
58:41
in all my webinars for now and just put
58:42
people on the spot because they come out
58:44
with really good phrases i really like
58:45
that so thank you very much guys you can
58:47
see the

58:47
poll results i've just closed them uh
58:50
have a look at the
58:51
answers on your screen right now so this
58:53
is where
58:54
next steps we think should be um it's
58:56
working out how to ensure ongoing
58:58
patient insights are translated into
58:59
value within the company so it's an
59:00
internal issue that wins with nearly 40
59:04
of the vote which i think is a very
59:06
interesting way to finish there
59:08
um there's clearly work that we can do
59:10
okay we've just gone
59:12
over time i want to respect everybody's
59:14
uh busy days but uh also say a huge huge
59:17
huge thank you to andy sarah
59:20
scott you've been wonderful today always
59:22
great to spend time with friends talking
59:24
about these fantastic
59:25
and very important topics wishing you

59:27
all the best of luck in your future
59:28
endeavors to make this happen
59:30
thank you so much for sharing today i
59:32
really appreciate it a lot
59:33
and thank you especially to denise and
59:35
her team at accenture for helping
59:37
make today happen as i said and you'll
59:39
see a little exit poll by the way as as
59:41
you leave so please do take the time to
59:44
answer that it's really important for us
59:45
thank you so much guys really appreciate
59:47
it thank you paul
59:48
thank you thank you paul thank you bye
everyone