



White paper

Patient centricity: How does Boehringer Ingelheim UK measure up?

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EXECUTIVE SUMMARY

In 2015 Boehringer Ingelheim UK set out on a pioneering journey with two clear aims in mind. One was to define what it means for a pharmaceutical company to be patient centric and, the second, to generate a broad set of internal and external measures to systematically quantify that. These measures can be seen as not only a statement of what the company stands for in terms of its commitment to patients but also a barometer of how the company is performing in this respect and how it can become more proficient in the future.



A pioneering journey

Greater participation of patients in their healthcare is forcing everyone, not least the pharmaceutical industry, to re-think how they are best served. Specifically, patient needs have become central to healthcare systems and to medical innovation. This was no better exemplified than when NHS England pronounced in 2012 that “patients should be at the heart of everything we do”. This was the central theme of a consultation document, which went on to define patient centricity. “Genuinely shared decision-making,” it said, “is about giving everyone more say in decisions about their own care. It’s about being sensitive to people’s preferences and aspirations for their care and treatment and it’s about having the right information to make informed decisions, supported by professionals.”

A September 2015 [white paper](#)¹ describes how Boehringer Ingelheim UK (BIUK) responded to this clear calling in what is proving to be a truly pioneering journey. It began with the title phrase of the 2012 NHS document, ‘no decision about me, without me’. This became the inspiration behind a major internal initiative, ‘Painting Boehringer Ingelheim’s Future’, which sought to understand how the landscape would evolve as a result of the NHS changes and what the company had to do in response.

Following this consultation exercise with both internal and external stakeholders, a team was created to represent all therapy areas and evolve a more coordinated and strategic approach to our work with patients, carers and those working on their behalf. It quickly became clear that we needed a method of benchmarking what we were doing. We needed clear measures that could demonstrate a level of performance both internally and externally along a number of key parameters, which we refer to as our core principles.

Acknowledgement of that need prompted the idea to create a method of scoring our efforts to be patient centric. By quantifying what we’re doing in terms of patient centricity and measuring this over time, we would have something that not only benefits patients and carers but also has the potential to be a powerful tool for ourselves and for other organisations within Boehringer Ingelheim, to constantly improve our efforts in this respect. The pressures on companies these days are such that we can no longer afford to do things simply in the belief that they are good or they work. We have to be able to measure what we are doing and use that information to guide future activity. If we don’t, we will never know if our work is having a positive effect on patients and carers.

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¹ September 2015. Boehringer Ingelheim White Paper. Patient centricity: What it means and why it’s important to have patients at the centre of our thinking. Available at: <http://blog.boehringer-ingelheim.co.uk/2015/09/11/walking-the-talk-on-patient-centricity/>

Patients guiding the business

With metrics on patient centricity in place, it becomes possible for the patient voice to be heard more clearly throughout the company and could become part of an overall performance dashboard that serves as a health check on the company to know how well we are doing.

The scoring mechanism also creates pointers that enable us to move towards optimum patient centricity. It does this by highlighting the core principles where we can demonstrate we are strong and, perhaps more importantly, those where we are relatively weak. These latter areas can then be addressed in the following year as we constantly hone our efforts in pursuit of excellent patient engagement practice.

This all requires strong commitment from the leadership team to address the shortfalls and make the system-wide changes that are necessary to close the gaps that we identify and become fully patient centric in our core principles. For example, if we flag that we are failing to include patients early enough in our clinical trials process but continue to design and conduct trials without input from them, that will require a system-wide change from the people who design trials, which in turn will require strong direction from the leadership team to enable these changes to happen and for us to score better next year.

Internal buy-in

The response from internal stakeholders has been enthusiastic. Professor Klaus Dugi, Medical Director and Managing Director, BI UK and Ireland, highlighted the aim of the project is not to put patients ahead of medicines *per se* because ultimately the job of a pharma company is to create innovative medicines that help people. Rather, it is to demonstrate the company is meeting its own expectations and those of patients and carers in terms of hearing and acting on what patients

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and carers are saying. He said, “By having clear benchmarks that are revisited year in, year out we expect to be able to demonstrate internally and externally that the company is moving in the right direction and to set new goals”.

Louisa Wright, our Corporate Affairs Manager, noted that clarifying the principles of patient centricity and identifying metrics to measure these would make work with patients easier to “plan, demonstrate, manage and measure”. At the same time, the exercise enables patient and carer organisations to know what to expect from BIUK and to hold it to account. This, she adds, should lead to more constructive encounters.

Jonathan Fox, Corporate Affairs Manager, pointed out that the ongoing commitment demonstrated by objective patient-centricity measures should also help the company deepen its understanding of how patients use medicines, thereby helping the development of the business.

What does it mean to be patient centric?

Defining the core principles via which our efforts in effective patient engagement are measured was not easy. This is partly because our efforts (detailed in a previous [white paper](#)) to ask patient and carer organisations what patient centricity means to them and how pharma companies can move in that direction has, to our knowledge, never been attempted before. A second reason is that the qualities that matter, such as trust and integrity, are so hard to define. Indeed, when we embarked on this extensive consultation exercise, representatives from all the organisations we spoke to agreed it is a subject that is massively talked about but few can ‘walk the talk’. Fewer still can demonstrate what that walk has achieved and where it is headed.

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When these patient and carer representatives were pushed for details, however, a picture soon emerged of the kinds of actions that lead to a truly patient-centric approach. We heard, for example, about the need for an organisational consciousness about what the patient experience is like and how this manifests in early engagement and a collaborative approach with all the stakeholders to try to identify priorities.

From this and many other insights outlined in the previous [white paper](#), six core principles of patient centricity were formulated. These reflect the Boehringer Ingelheim values already embedded within our organisation, which convey how we strive to achieve our aims on a daily basis and consist of:

- Respect: how we treat others and the environment
- Trust: how we approach each other and how we want to be viewed as partners
- Empathy: how we care about our company, our colleagues, our customers and everyone we work with, including healthcare workers, patients and their families
- Passion: how we express our desire to improve and succeed.

The six core principles of patient centricity

1. Open

An open company:

- Seeks out and listens to the voice of patients throughout its business processes and across the whole spectrum of the pipeline right through to when products are on the market.
- Can demonstrate patient input in pivotal clinical trial protocols; packaging; educational and patient-facing materials; patient involvement in advisory panels; meetings with patients and any other kind of opportunity for constructive dialogue.

Examples: BIUK continues to listen to the voice of patients through frequent engagement with Anticoagulation Europe, the Stroke Association and the Atrial Fibrillation Association. The company has worked closely with these important groups to highlight variation in care and outcomes, both nationally and locally to parliamentarians and policy makers over a number of years.

BIUK and the British Lung Foundation (BLF) recently held a joint summit between senior directors of both organisations. The main agenda items were to get to know one another, understand each other's motivations and seek out common ground. In order to effectively do this, both the BLF and BIUK needed to share each other's plans and objectives openly.

2. Responsive

A responsive company:

- Takes on board what patients are saying and makes changes accordingly.
- Has testimonials from partners confirming the company has listened and responded.

Example: Steven Wibberley, Chief Operating Officer at the BLF mentions how the company's sincerity in understanding the experience of idiopathic pulmonary fibrosis (IPF) patients was made evident by the fact it was not only prepared to fund research but also continually refer back to that research and demonstrate it had influenced its thinking around that disease.

3. Proud

A proud company:

- Produces quality work and wants to tell people about how it is helping patients get better outcomes by, for example, preventing strokes and hospitalisations from COPD or asthma flare-ups.
- Appreciates that it is critically important that its partners are also proud and want to go public with what has been achieved.

Example: Greg Woodley, Marketing and Communications Director at the Roy Castle Lung Foundation said, "[the organisation] were proud to collaborate with Boehringer Ingelheim on a truly innovative and impactful ['Beatbox Cough'](#) campaign which successfully raised awareness among the general public about spotting early symptoms of lung cancer".

4. Empathy

An empathic company:

- Strives to understand what patients might be going through from the moment they are diagnosed with a condition and throughout their journey through the care pathway.
- Has a thorough understanding of the conditions it is trying to treat.
- Puts itself in the patient shoes. This might be in following advice on clinical trial protocols, in patients' efforts to understand the treatments available to them or in simply making sense of what is happening to their health.

Example: BIUK head office staff and field teams needed to feel what it is like to walk in the patients' shoes when it came to understanding their experiences of IPF. Patients living with this condition were invited to speak of their day-to-day experiences at a number of internal events aimed at improving understanding of the patient experience.

5. Commitment

A committed company:

- Can demonstrate a number of longer-term collaborations where, in equal partnership with patient and carer organisations, it has invested resources in the planning and execution.
- Can show how these projects have evolved over time as the relationship between the company and the patient and carer organisation has strengthened.

Example: BIUK has worked for nearly a decade with the BLF to jointly improve the lives of patients with respiratory conditions.

6. Trust and respect

A company that is trusted and respected by patients and carers:

- Can demonstrate the previous five core principles of patient centricity.
- Has evidence of how standard processes have been changed to further trust and respect.

Example: Putting in place systems to ensure all patient-facing materials accord with the Information Standard to ensure the content is useful, relevant and understandable. This means finding a panel of representative patients, seeking their input, and making changes in accordance with that panel.

The scoring process

Agreeing the core principles of patient centricity or good patient engagement practice was just the first step in an ongoing dialogue. Consistent units of value will be applied to recent and frequent examples of evidence within each of the six principles, taking into account the impact and results. These will be critically examined by a steering committee, which meets at the end of each year and comprises representatives from:

- Internal members
 - Project team lead
 - Corporate affairs (patient advocacy)
 - Clinical operations
 - Market access
 - Brand teams
 - Sales
- External members (monitors)
 - Patient and carer organisations
 - Media

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The role of the steering committee is to honestly benchmark BIUK's activities and behaviours against the six core principles of patient centricity. Specifically, it is to identify where the company has demonstrated frequent and recent examples of a principle or, where these are lacking, highlighting that there is still work to be done.

For example, when the steering committee comes to evaluate BIUK's patient centricity for the past 12 months for the principle Proud, the question would be asked, "What examples can we as a company demonstrate where both BIUK and a patient group or charity have publically demonstrated that we have collaborated on a project jointly, for the benefit of patients?". If this is a true company strength, we will be able to demonstrate at least five recent examples where our work with patients groups has been highlighted to the general public through channels such as social media, the national and local press, parliamentary reports and perhaps even awards nominations.

The internal members will be drawn from a cross-section of the organisation and will have detailed knowledge of company activities and behaviours across the patient pathway.

The external members, or monitors, will include representatives from patient and carer organisations as well as the media, and will have oversight of the process and effectively validate the scoring to ensure it fairly reflects what they are hearing and seeing from a qualitative and quantitative perspective.

What do our partners think?

Our external partners have been largely supportive of the project. Steven Wibberley of the BLF, for example, highlighted the importance of all the principles but queried how patients would be able to trust and respect the company when patients in the UK are so rarely able to identify with the organisation that has made their medicine.

While this is true, most of our work with patients concerns support programmes, efforts that go beyond simply providing a pill, that enable patients to maximise the benefit from medicine. Even with support programmes some of our partners remain sceptical about patients ever being able to trust pharma companies but this is the reality we are trying to change by doing the right thing for the right reasons.

As for being unbiased in the scoring Wibberley agreed that the use of both internal and external critics was essential. "To remain truly unbiased when scoring, you have to look externally to patient advocacy groups and professional groups," he said. "One could question their independence if they're receiving funding from BIUK but a completely independent body might be quite removed from the subject matter and the passion that patient groups can bring."

Conclusions

This is a truly pioneering project that will evolve over time. Richard Pitt, our Corporate Affairs Manager, points out that strong evaluation criteria and stated outcome measures will be essential to determine if all projects and activities meet the aims. These will be spelled out in a future white paper. Meanwhile, we are confident that the effort to devise a way of honestly assessing how patient centric we are as a company will bring enormous dividends in knowing what we are good at in terms of patient centricity and, more importantly, what patients and carers want us to be good at.

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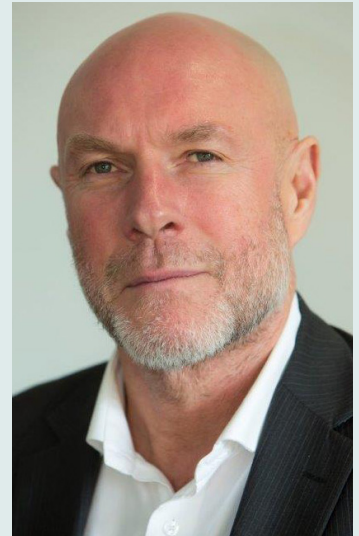
Boehringer Ingelheim is a family owned company. We have a distinctly independent structure, which means that we are not constrained by the needs of shareholders. This means that for the last 130 years we have been able to focus on the future and invest in our own research and development.

We provide treatments for a range of long-term and acute diseases and consistently reinvest over 20% of our net sales in researching new and innovative medicines in areas of high unmet need.

This investment in R&D has been the foundation of our success. It has helped us discover and develop new medicines for humans and animals that improve lives.

In his current role as Head of Corporate Affairs at Boehringer Ingelheim UK, Alan leads a team of Corporate Affairs Managers who are responsible for the company's engagement with the media, policy makers, politicians and most importantly, patients, carers and those who represent them.

Educated at the University of Edinburgh, Alan considers his current role to be the most exciting and stimulating of his extensive career in the pharmaceutical industry. He is passionate about improving the reputation of the pharma industry through a better understanding of patients' needs.



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