



Patient = Customer Healthcare = FMCG

Medical Communications Networking
event

13-03-2012





Agenda

- 1-1.15pm: Peter Llewellyn introduction
- 1.15pm - 1.55pm: Nadine van Dongen, Powershift in healthcare environment, the patient prescribes
- 1.55pm-2.35pm:Sandy Oliver, Patient Intelligence: data, discussions and decisions 2.35-2.55pm coffee break
- 2.55-3.40pm: Mark Nuijten, Patient data for Market Access
- 3.40-3.55pm Panel discussion
- 3.55pm Peter Llewellyn raffle draw and wrap up





IML questions

- Do the test.....



GPs and Patients

- <http://www.youtube.com/watch?v=Yd1qYxysVEY>





PIP



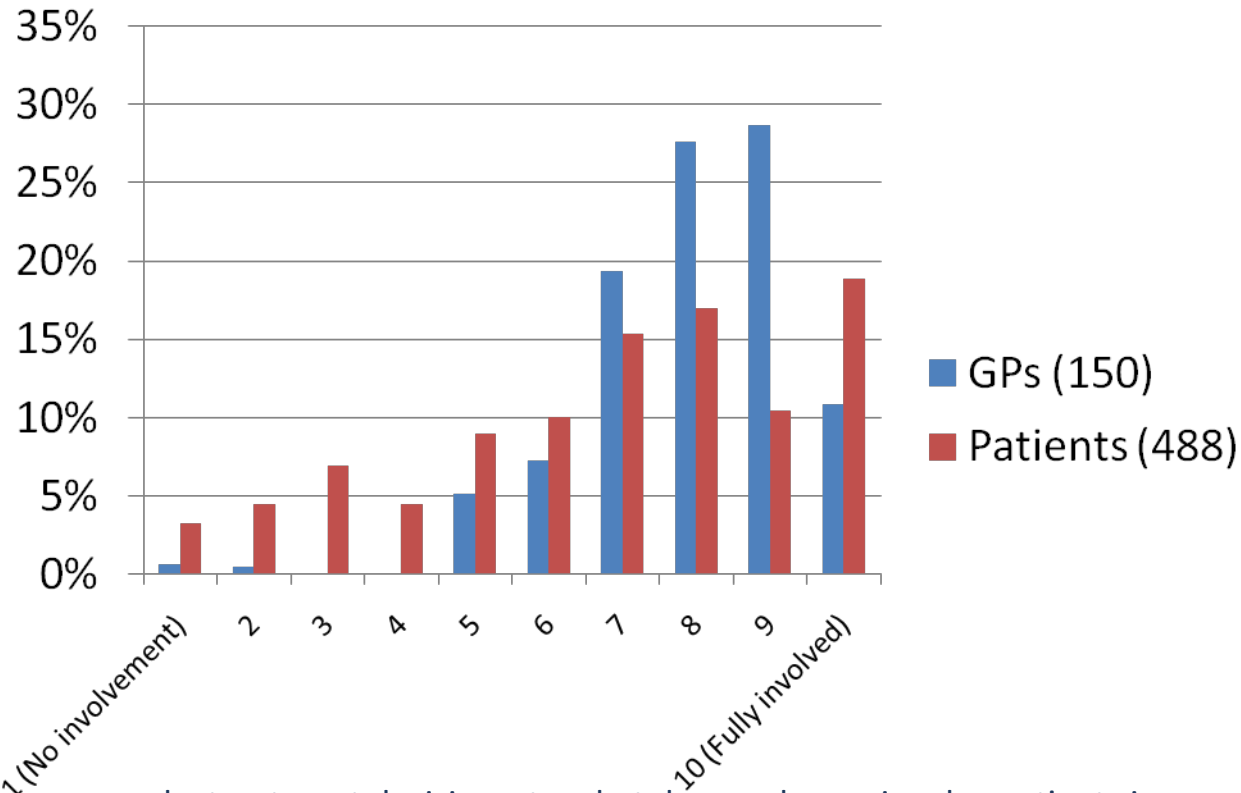


Introducing the 'new' player in healthcare: The Patient

- The power of patients through the eyes of 488 chronically ill patients and 150 GPs in the UK from a study done in January 2010



Involvement of patients in the consultation room

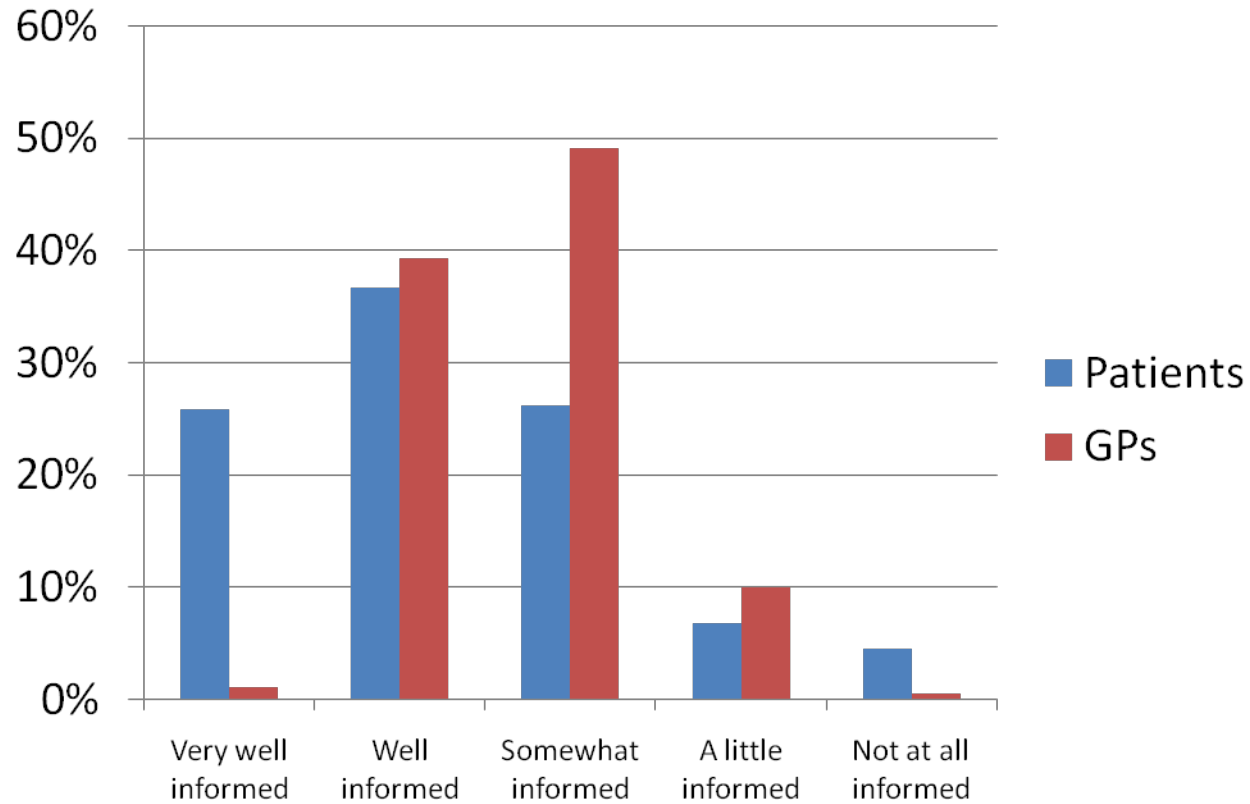


GPs: In general, when you make treatment decisions, to what degree do you involve patients in deciding on their treatment? (please score between 1 and 10 where 1 = no involvement and 10 = fully involved)

Patients: To what degree does your doctor involve you in deciding on your treatment? (please score 1 = not at all involved and 10 = fully involved)



How much does the patient know?

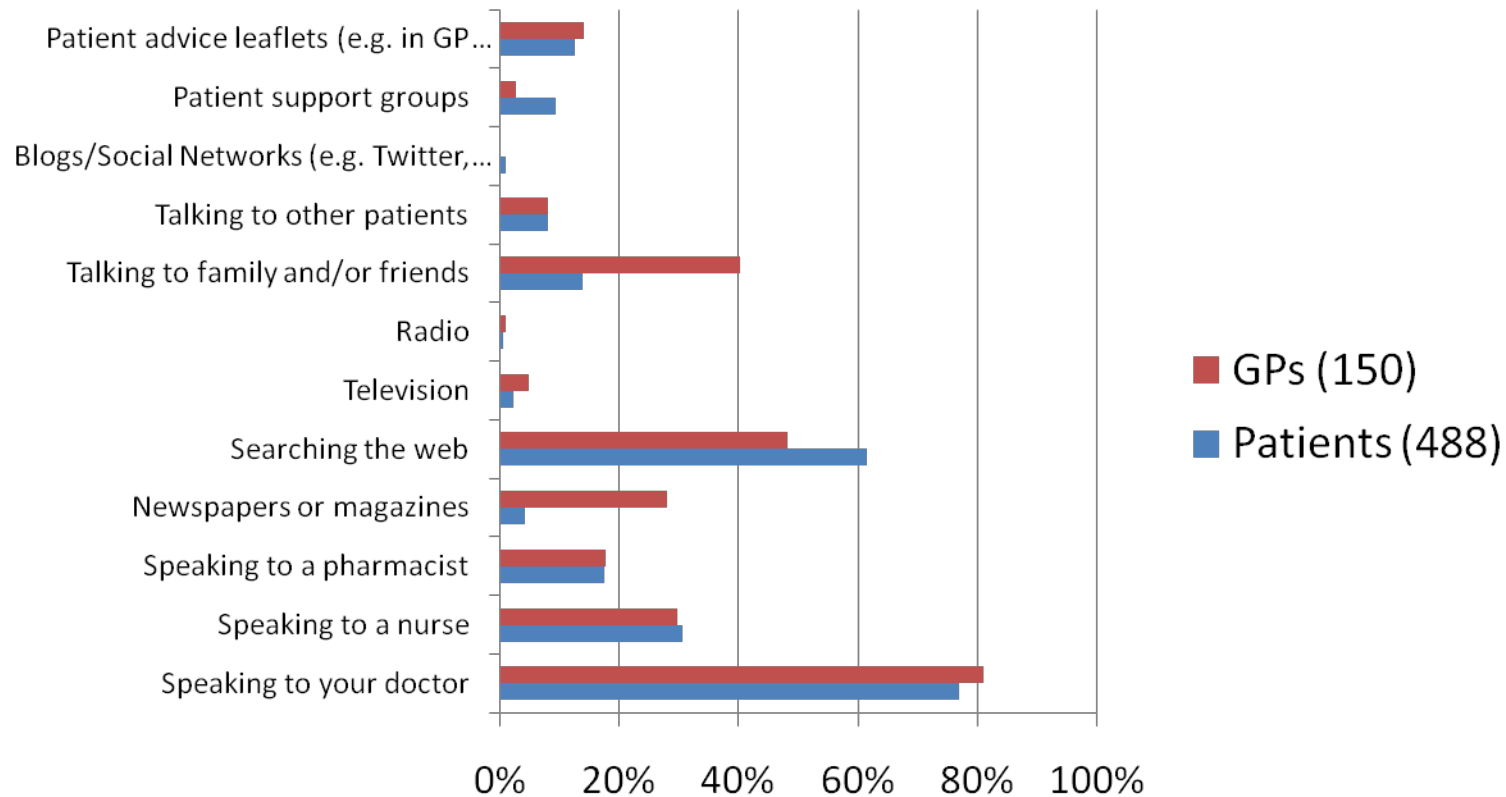


GPs: Overall, how well informed do you think patients are about their treatment options.

Patients: Overall, how well informed do you think you are about your treatment options



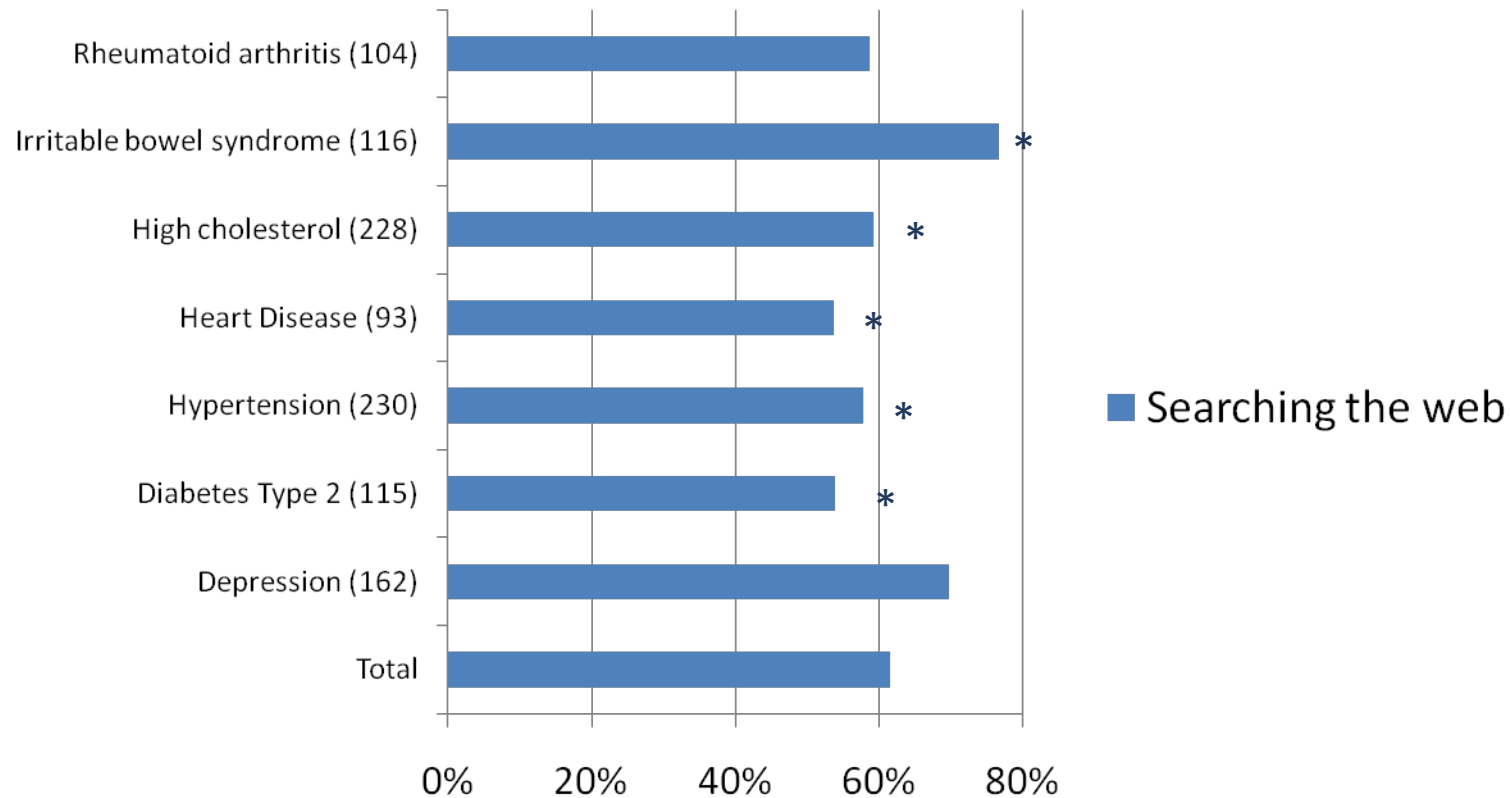
Where do they get their information?



Patients: What information source do patients *most often* use to understand their treatment options? (please select up to three most frequently used sources)



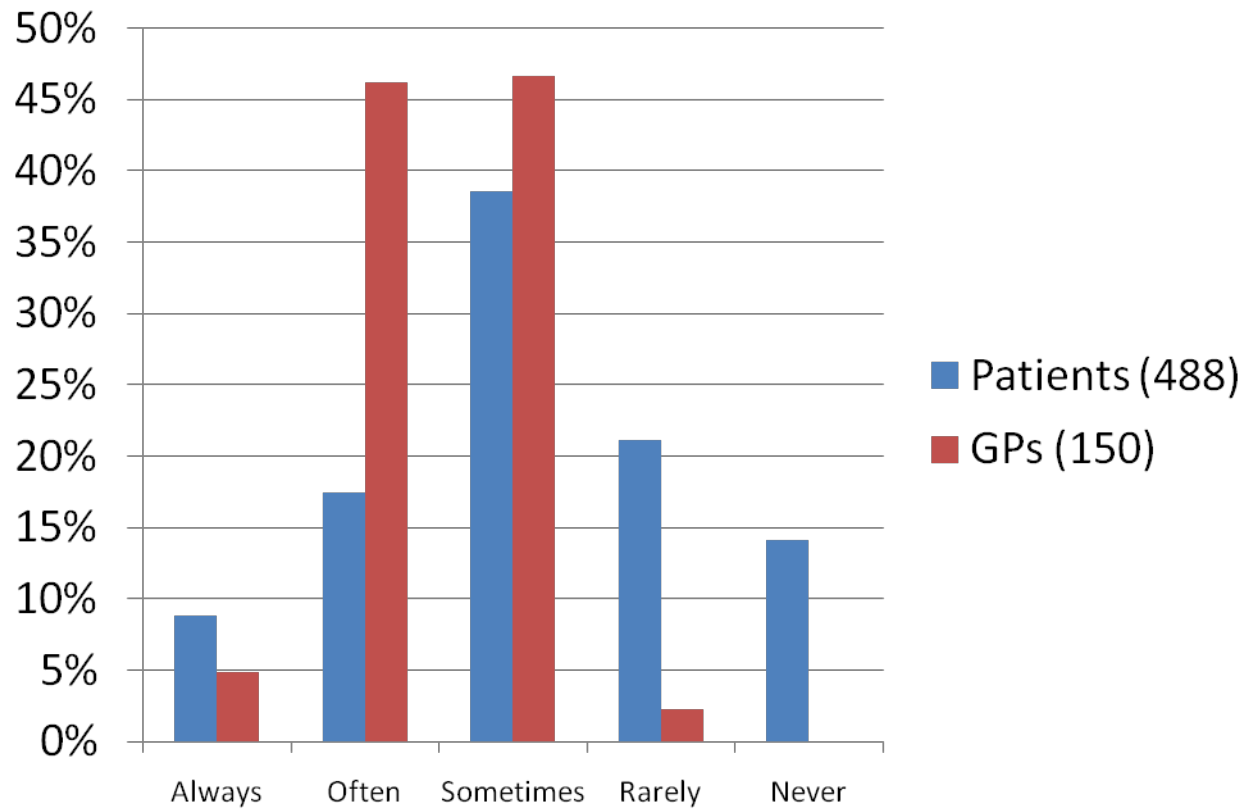
The most 'popular' conditions on the internet



GPs: What information source do patients *most often* use to understand their treatment options?
(please select up to three most frequently used sources)



Do patients discuss this information?

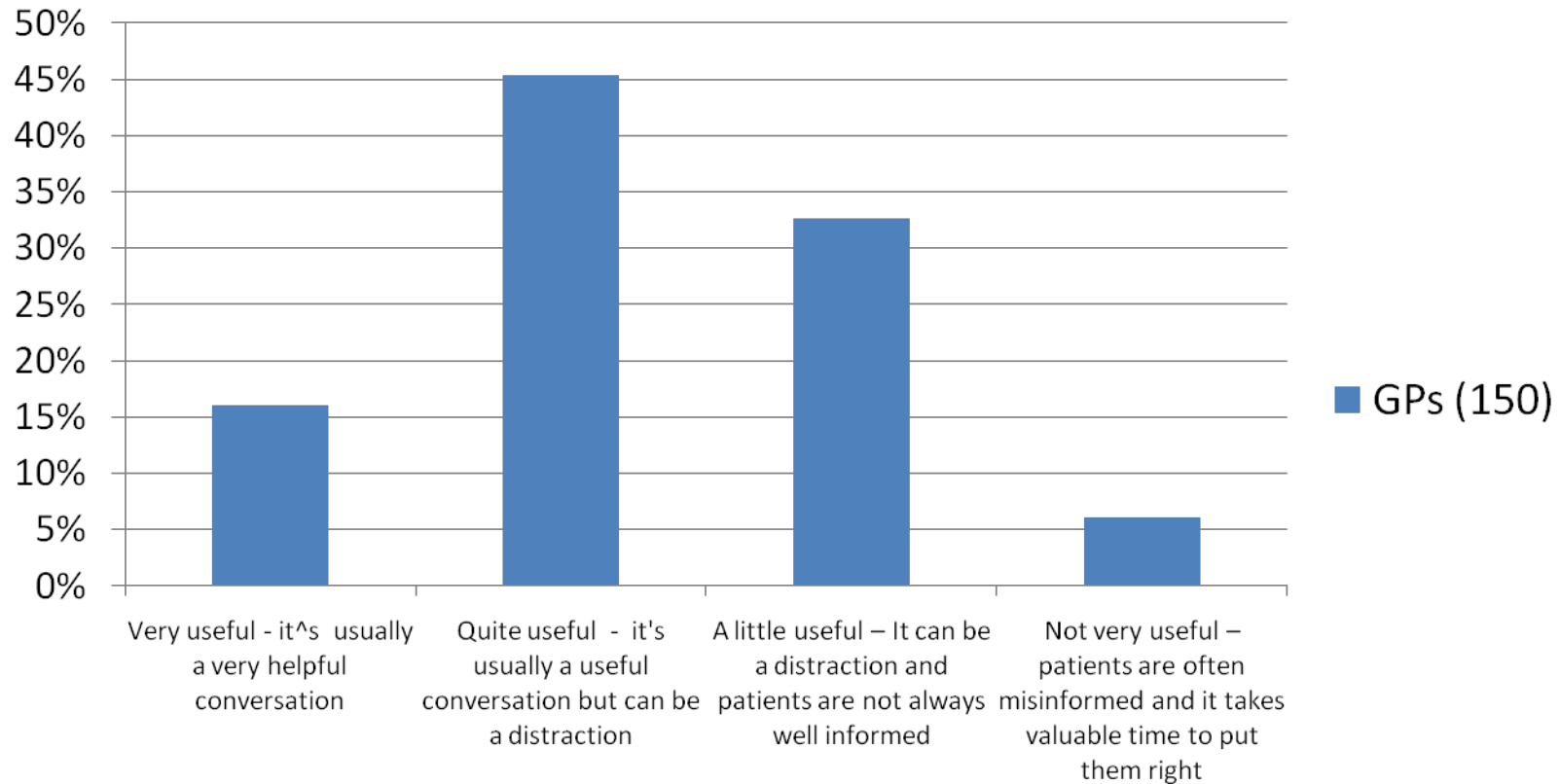


GPs: Do your patients ever discuss with you information about their treatment that they have sourced elsewhere?

Patients: Do you ever discuss with your doctor information about your treatment that you have sourced elsewhere?



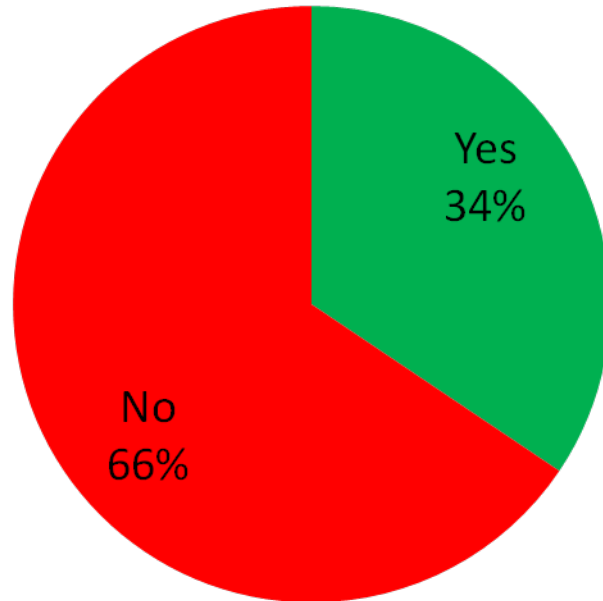
How valuable is this information to the GP?



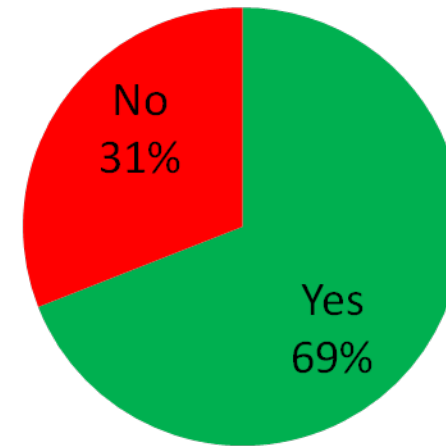
GPs: How useful do you find discussing with patients information on treatment options they have sourced elsewhere?



The patient prescribes.....



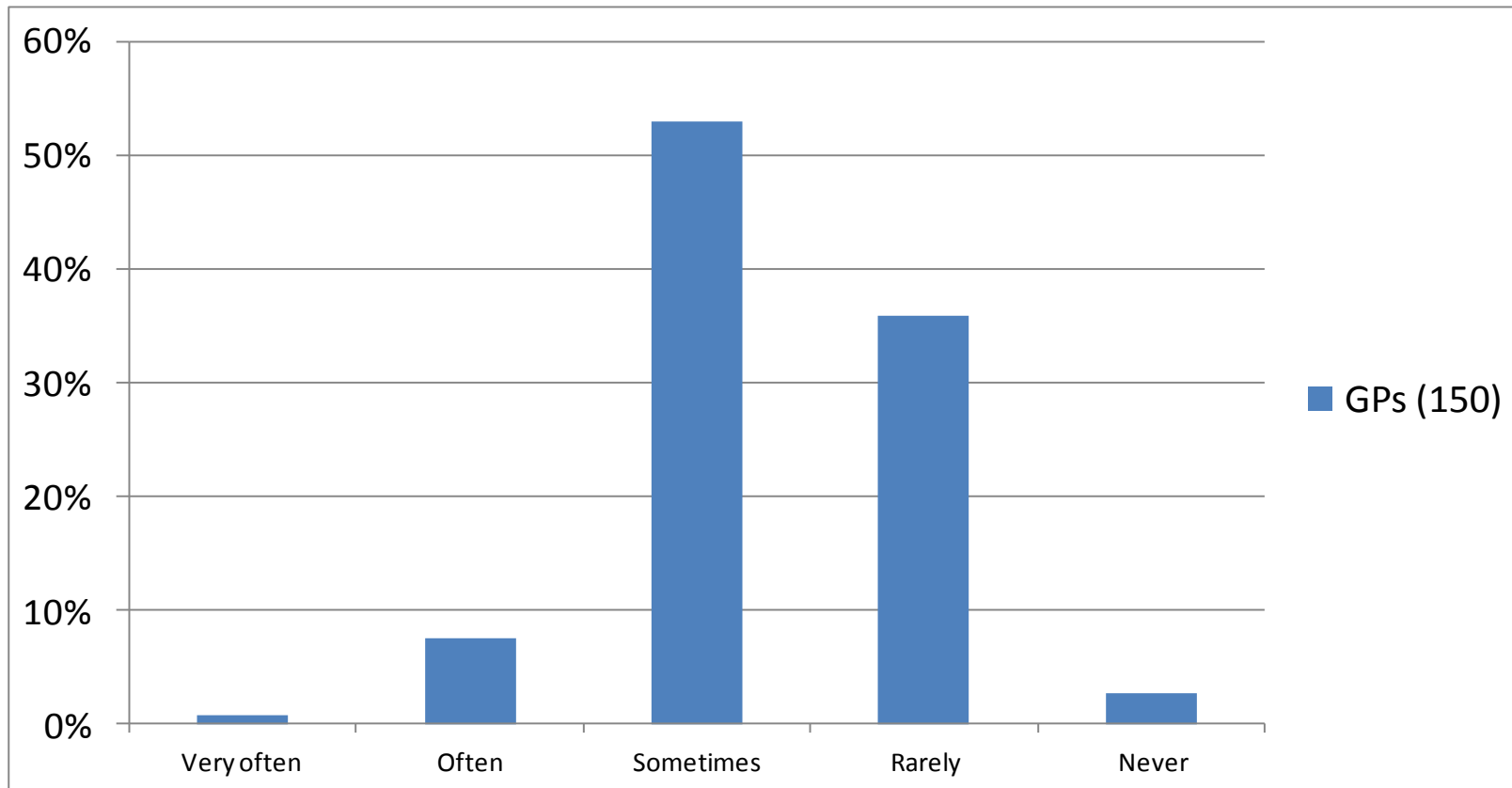
Patients: Have you ever asked your doctor to prescribe an alternative drug treatment for your condition based on information you have sourced elsewhere? (n=488)



Patients: Did your doctor agree to prescribe the alternative drug? (n=168)



Does that happen often?



GPs: How often have you changed a patient's drug treatment based on information they have brought to the consultation





Are you Patient Intelligent?

- The patient is taking control of their own health
- Challenge yourself (and your client) about your Patient Intelligence.
 - What do you know about the quality of life of people suffering from a condition
 - What do you know about where they find their information
 - What do you know about what they tell their employers about their condition
 - How do they deal with side effects? Do they accept these?
 - How compliant are they with their treatment?





Patient Intelligence



You are here: [Home](#) > [All Articles](#) > The power shift in the pharmaceutical environment



A recent study implemented by Patient Intelligence Panel in collaboration with Opinion Health in the United Kingdom showed the power of the patient in the GP's practice.

In this era of a strongly changing healthcare environment, it seems important to take a step back and assess the stakeholders and review their disease management power position in it.

There was a time that innovative pharmaceutical companies could rely on their R & D, their filled pipeline with promising compounds, their sales force and marketing machine. At this time companies in the healthcare area are facing intense and fast changes in global and local markets, R & D and technology, as well as in the social, environmental and legal context in which they are obliged to operate. In this challenging environment they need to recognize changes and act cohesively within a group or network in order to respond determinedly to market power shifts, strengthen their competitive edge and meet the needs of a wide group of stakeholders.

The patient plays an increasingly influential role in the process of prescribing drugs. The internet has, of course, played a major role in shifting the balance of power in

Patient Intelligence

Dovepress

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Let's be effective, let the patients talk! Does 'patient intelligence' have an effect on improvements in quality within the healthcare environment?

Nadine van Dongen
Van Dongen Research Ltd,
London, UK

Abstract: This paper examines the intention of patients within the context of efficiency in the pharmaceutical environment. Measurement of quality standards in healthcare are assessed with an emphasis on the question of whether 'patient intelligence' can improve quality standards in healthcare. Something gives particular consideration to the ethical issue of who owns the business part of care, as relates to the integration of patients into the decision-making process of a healthcare organization. The paper focuses on the formal and informal means by which patients in corporate and/or market access strategies for healthcare organizations.

Keywords: healthcare, decision-making process, efficiency, patient intelligence, patients

Introduction
It has been proposed that surveys and interviews can be used to elicit the views patients have on the delivery of healthcare and serve thus as a tool for quality improvement.¹ The views patients have can then be reviewed and given to healthcare providers as well as to the public in order to highlight areas in need of improvement.² Although this opportunity already existed, for many years, and even though it has been available to healthcare professionals and governmental organizations interested in the quality of care management, a large randomized trial, asserted that there was no effect on subsequent patient satisfaction.³ After another randomized trial in which general practices were allocated to either the intervention or control group, it was concluded, that in the eyes of the general practitioners (GPs), the patient survey took considerable time and energy and GPs found it difficult to use the feedback provided to actually improve their performance.⁴ Performance can be viewed in the broadest sense of the world and therefore questions if the information provided by the healthcare provider is efficient and understandable for the patient, previous research indicates the need to explore how patient surveys and interviews can be used to different ways by professionals who have the time to take the time to improve the quality in healthcare.

This article examines on the different ways patient feedback can be used in order to improve quality in healthcare. First, I will evaluate the quality standards that have been mentioned which are currently widely accepted and review their accuracy, then I will elaborate on the patient intelligence in application. Patient intelligence will be introduced and in the future in the healthcare environment discussed.

Correspondence: Nadine van Dongen, Van Dongen Research Ltd, London, UK. Email: nvd@vandongenresearch.com

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Patient Intelligence

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Applications of PIP data in health economic models for market access

Nadine van Dongen¹
Mark J.C. Nijmegen²
¹Van Dongen Research Ltd,
London, UK; ²Novo Nordisk, Paris,
Amsterdam, The Netherlands

Abstract: Cost-effectiveness data from a state of the art health economic analysis should possess reliable, reproducible, and verifiable insights into the effectiveness of a drug and the possible coverage that might be added relative to other drugs and/or treatments. The data for such health care come from a variety of degrees and can be subject to a number of assumptions. The reliability of the outcomes depends on the choice of the data sources. Data sources for the variables being used in a model may be clinical trials, databases, medical records, and Delphi panels. A limitation of these data sources is that they do not take into account the patient's perspective. Patient intelligence approaches can provide data to be used in health economic models for drug access decisions regarding treatment options and relative value of different diseases, or complex. The objective of this paper is to explore the opportunity of integrating patient data generated by Patient Intelligence applications in an alternative data source for a Delphi panel and database in health economic models.

Keywords: effectiveness, Patient Intelligence, data sources, Delphi panel

Introduction
Reimbursement of new pharmaceuticals up until now has been based mainly on registration data (efficacy, safety, and quality parameters). However, escalating costs have become a major concern for health care decision-makers, prompting the implementation of new cost containment measures, leading to additional data requirements for new pharmaceuticals, which especially relate to the use of innovative medication in real daily practice.¹ The most important new data requirements are effectiveness, cost-effectiveness, and budgetary impact. Effectiveness offers a picture of the actual value of an innovation in daily practice.² Looking at efficacy, the effect is examined under ideal conditions in a homogeneous group of patients, and usually with the assistance of interventional (experimental) endpoints. Effectiveness data, on the other hand, offer a clearer picture of the actual value because the effect is examined under more realistic conditions using a more heterogeneous group of patients.

Cost-effectiveness data from a state of the art health economic analysis should permit reliable, reproducible, and verifiable insights into the effectiveness of a drug and the possible savings that might be achieved relative to other drugs and/or treatments. Because economic evaluation will play a fundamental role in health care decision-making, it is vital that the methods used in such evaluations are carefully scrutinized and refined. It is important to recognize the need to play an important and useful role in the allocation of scarce health care resources. Thus, such analyses must be performed properly and with care.³

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PI OPINION

Are you patient intelligent?

Research reveals the importance of providing accurate information that resonates with patients

In the present era characterized by a swiftly changing healthcare environment, it is important to take a step back, assess the stakeholders, and review their position in relation to disease management.

There was a time when innovative pharmaceutical companies could rely on their R&D, their filled pipeline with promising compounds, their sales force and marketing machine.

At this time companies in the healthcare area are facing intense and fast changes in global and local markets, R&D and technology, as well as in the social, environmental and legal context in which they are obliged to operate.

In this challenging environment they need to recognize changes and act cohesively within a group or network in order to respond determinedly to market power shifts, strengthen their competitive edge and meet the needs of a wide group of stakeholders.

The patient plays an increasingly influential role in the process of prescribing drugs. The internet has, of course, played a major role in shifting the balance of power in

with their GP they received the requested information. The findings also show the importance of providing accurate information with regard to both a specific drug and the disease management.

As patients are actively searching for information, it is essential that the available information is well managed.

“For patients... quantitative research can guide feedback in a structured way”

Providing accurate information to patients can increase adherence and ensure long-term sales. Estimates suggest that 15-20 per cent of all drugs prescribed are not collected by patients. This represents a huge loss for pharmaceutical companies.

A strategy to improve this situation is to provide more information to patients in a structured way. This can be achieved by providing... For patients making decisions about disease management, quantitative research can guide feedback in a structured way.

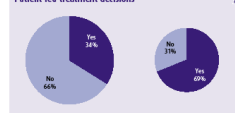
The definition of patient intelligence (PI) describes the way in which we collect and use patient information. It encompasses the technology, applications and means for collecting, integrating, analyzing and presenting data related to their health and understanding of health status.

The research outcomes can be used to report past patient information, as well as predict future trends. Through opportunities and patients, it is important that healthcare organizations begin to lay the foundations on which they can build on that through their chosen strategies.

They are able to reach the best level of sophistication, with an integrated understanding of the patient and the dynamics of regional health care systems, they are positioned better for commercial innovation and managing drug portfolio relationships.

PI is based on disease accuracy of patient information provided by the pharmaceutical company. Also, common benefits about new patient needs to drugs and/or therapy for the disease it is being prescribed. For patients making decisions about disease management, quantitative research can guide feedback in a structured way.

Patient-led treatment decisions



Have you ever asked your doctor to prescribe an alternative treatment for your condition based on information you have sourced elsewhere? (n=85)

Did your doctor agree to prescribe the alternative drug? (n=85)

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Opinion Health is a Pharmaceutical Marketing Unit

05/04/2011

PIP Data for Health Economic Modelling...

Anthony Costello | Regional Controller | Regional Operations | Network Groups | Task Forces | Business Process Links | Site Map | Contact Us



The Official News & Transacation Journal of the International Society For Pharmacoeconomics And Outcomes Research

PIP Data for Health Economic Modelling: An Alternative Data Source
Nadine van Dongen, Mark J.C. Nijmegen, Hildec Spigler, and Mark J.C. Nijmegen, PhD, MD, MSc, AMCA, Alameda, Amsterdam, The Netherlands

Introduction
Up to now, the implementation of new innovative pharmaceuticals has been based on registration data (efficacy, safety, and quality parameters). However, escalating costs have become a major concern for health care decision-makers, prompting the implementation of new cost containment measures, leading to additional data requirements for new pharmaceuticals, which especially relate to the use of innovative medication in real daily practice. The most important new data requirements are effectiveness, cost-effectiveness and budgetary impact. Effectiveness offers a picture of the actual value of an innovation in daily practice. Looking at efficacy, the effect is examined under ideal conditions in a homogeneous group of patients, and usually with the assistance of interventional (experimental) endpoints. Effectiveness data, on the other hand, offer a clearer picture of the actual value because the effect is examined under more realistic conditions using a more heterogeneous group of patients.

Cost-effectiveness data from a state of the art health economic analysis should permit reliable, reproducible, and verifiable insights into the effectiveness of a drug and the possible savings that might be achieved relative to other drugs and/or treatments. Because economic evaluation will play a fundamental role in health care decision-making, it is vital that the methods used in such evaluations are carefully scrutinized and refined. It is important to recognize the need to play an important and useful role in the allocation of scarce health care resources. Thus, such analyses must be performed properly and with care.

Keywords: effectiveness, Patient Intelligence, data sources, Delphi panel

Introduction
Reimbursement of new pharmaceuticals up until now has been based mainly on registration data (efficacy, safety, and quality parameters). However, escalating costs have become a major concern for health care decision-makers, prompting the implementation of new cost containment measures, leading to additional data requirements for new pharmaceuticals, which especially relate to the use of innovative medication in real daily practice. The most important new data requirements are effectiveness, cost-effectiveness and budgetary impact. Effectiveness offers a picture of the actual value of an innovation in daily practice. Looking at efficacy, the effect is examined under ideal conditions in a homogeneous group of patients, and usually with the assistance of interventional (experimental) endpoints. Effectiveness data, on the other hand, offer a clearer picture of the actual value because the effect is examined under more realistic conditions using a more heterogeneous group of patients.

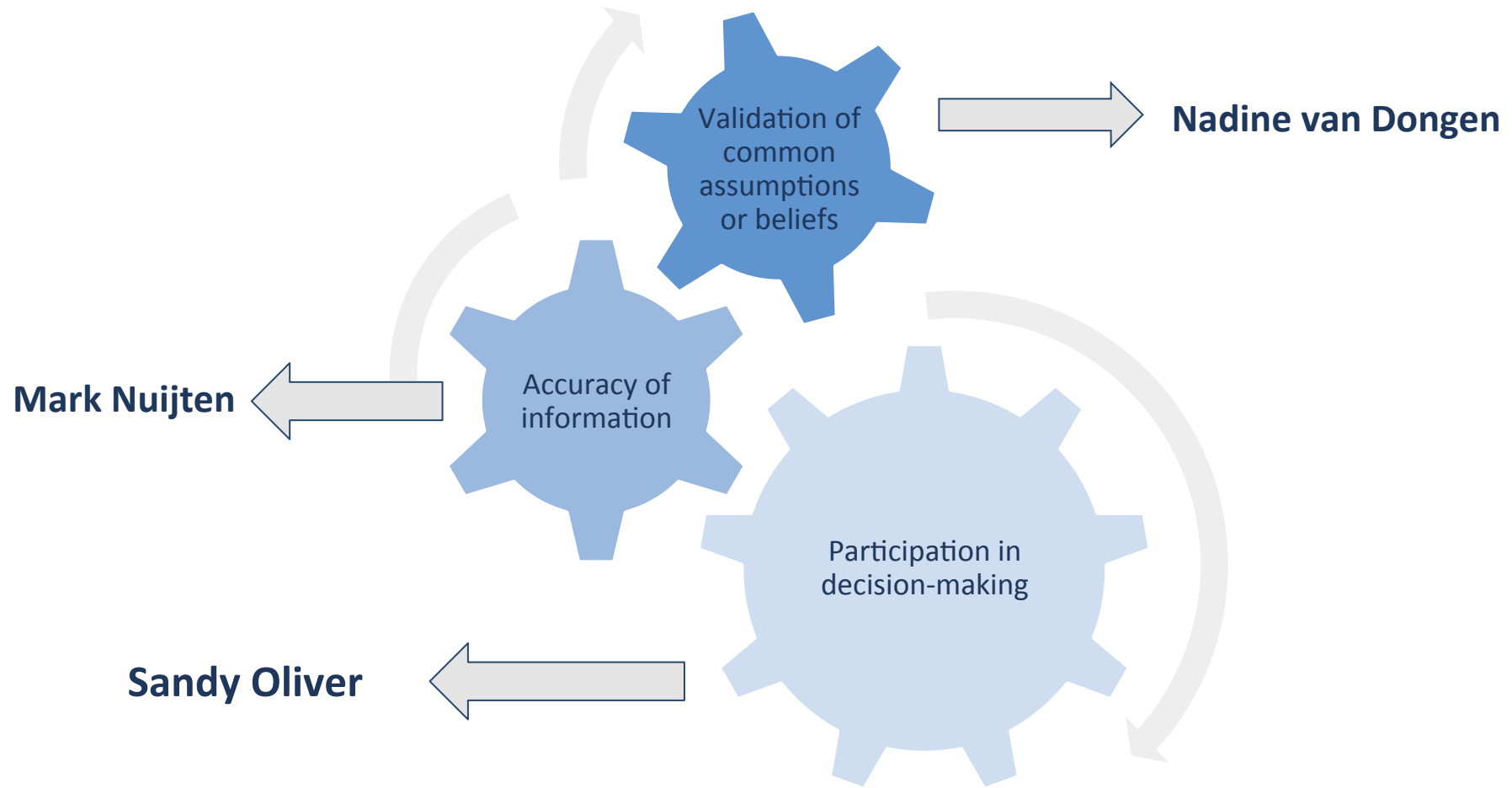
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3 applications of Patient Intelligence





Validation of common assumptions and beliefs

- Let numbers talk: quantitative research
- Methodology: online questionnaires and offline focus groups and interviews
- Charities / Patient advocacy partnerships
- We can't talk to patients? How does it work with Adverse Events and other legalities?





Patient Intelligence Application: PIP

- PIP is a bespoke online panel of patients (www.piphealth.com)
- When Patients join the panel they allow PIP to ask them to intermittently complete online surveys regarding healthcare topics
- This could include any illness related material for example leaflet reviews or measuring severity of the side effects of drugs.
- Incentives are paid towards patient organisations / charities to motivate the patients to complete the surveys (GBP 1.00).
- 5000 patients in the UK with > 100 conditions





The screenshot shows the homepage of the Patient Intelligence Panel (PIP). At the top left is the PIP logo with the tagline "Patient Intelligence Panel". To the right is a banner with the quote "Be the change you want to see in the world" by Mahatma Gandhi. Below the banner is a navigation menu with links: Home, About PIP, FAQs, Privacy, Media, Partners, Register/login, and Contact. There are also flags for the UK and the Netherlands.

The main content area is divided into several sections:

- Join today:** A blue arrow-shaped button with the text "Join today". Below it, a list of benefits:
 - Join PIP today and
 - help millions of patients worldwide
 - we will donate £1 for each survey you complete
 - enter into a free prize draw to win a relaxing spa weekend
- Register now:** An orange button with a right-pointing arrow.
- Make a difference - share your voice on healthcare!** A text block encouraging users to join the PIP Panel for free to help make a difference.
- PIP gives back:** A section with an image of hands holding a globe, titled "PIP gives back" with the subtext "See how we help patients worldwide".
- Why PIP:** A section with an image of a colorful pinwheel, titled "Why PIP" with the subtext "Our vision on patient research".
- Research results:** A section with an image of a hand holding a pen over a document, titled "Research results" with the subtext "What have we achieved so far".
- PIP Health is a patient research company:** A text block explaining the company's mission to offer better insight into patient needs to pharmaceutical and healthcare professionals.
- Dr. Nadine Van Dongen:** A text block mentioning her role as Managing Director and her personal experience with a debilitating accident.
- London Office:** PIP, Hubculture Pavilion, 49 Camley Street, London W1F 9PY, United Kingdom. Tel: (00 44) 75 45 22 3534.
- Netherlands Office:** PIP, Trappistenstraat 35, 5042 AZ Tilburg, The Netherlands. Tel: (00 31) 6 831 66 1274.

At the bottom, there are social media icons for Twitter and Facebook, and a footer with copyright information: "Copyright 2011 PIP Healthcare | Privacy | Disclaimer" and "Sitedesign by Webwonders".





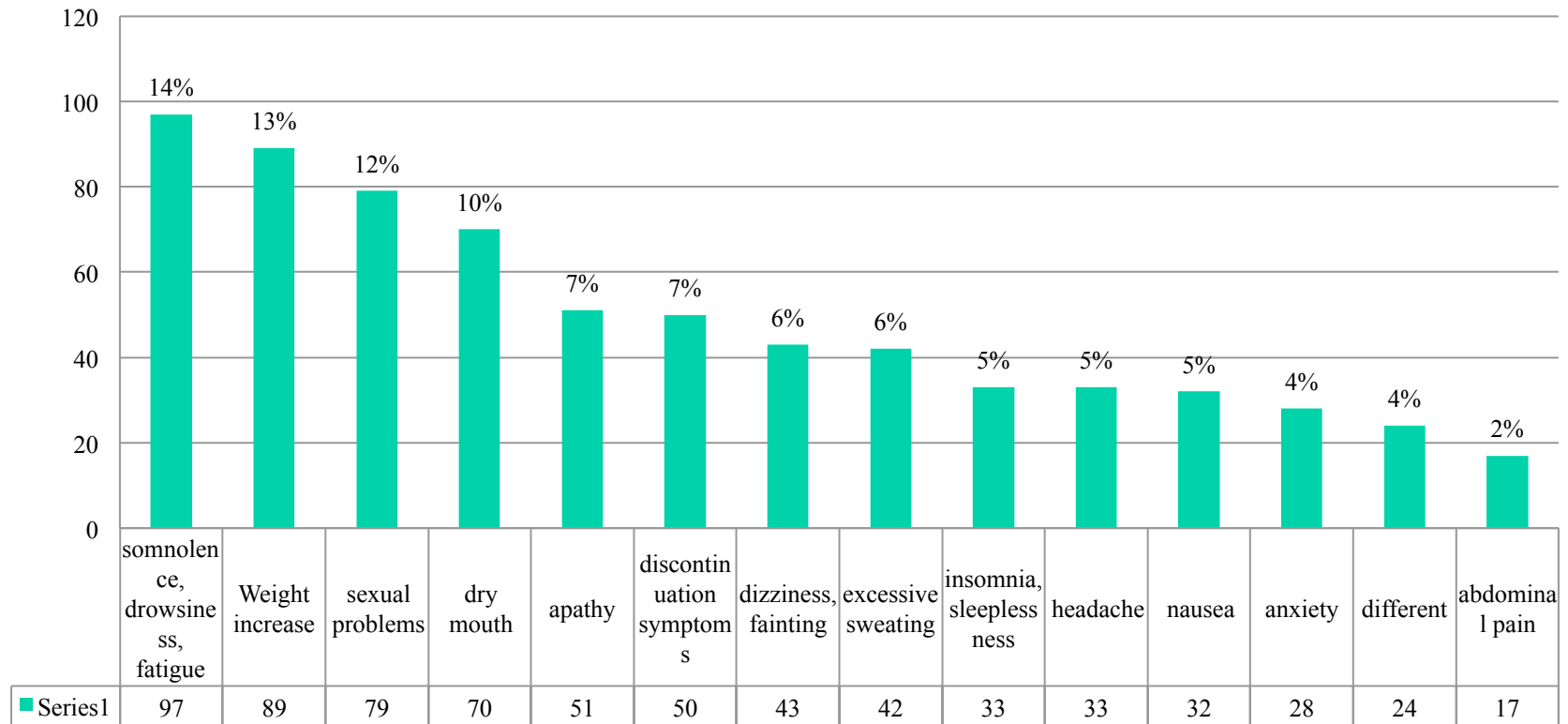
Case study 1: Depression

- Quantifying the burden of using existing antidepressants
- N = 300 people diagnosed with depression
- Not been hospitalised
- Using or have used an antidepressant in last 12 months
- Online survey – PIP panel
- Incentives paid to MDF Bipolar and MIND UK





60% have side effects, 3.8 side effects per person (N = 181)



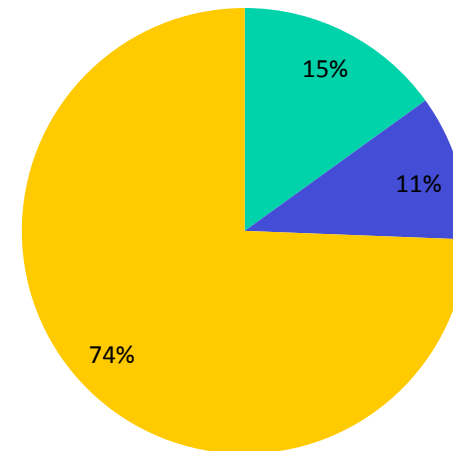
Most often: Drowsiness + Weight increase + Sexual problems with average effect on daily life of 6.93 on scale of 1-10 (Previous research experience shows that max score is 8.6)



- 25% of all depressed patients have called in sick due to side-effects (46% of all patients WITH side-effects)
- Are you willing to pay £ 16.50 per month (£ 50 for 3 months, £ 0.55 per day) for an effective different antidepressant without this side effect(s)?

Are you willing to pay (N=181)

Yes, € 16.50 Different amount No



Different amount is £5





Case study 2: Growth Hormone Deficiency

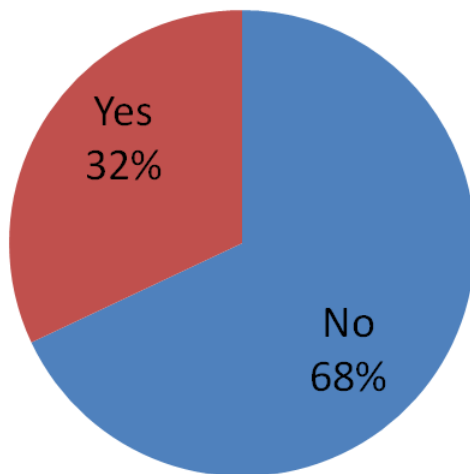
- Concordance of patients and their carers with prescription of Growth Hormones Treatment
- N = 69 parents with children with GHD
- Using Growth Hormones for min 3 months
- Online survey – PIP panel + Patient Advocacy group mail out
- Incentives paid to Child Growth Foundation



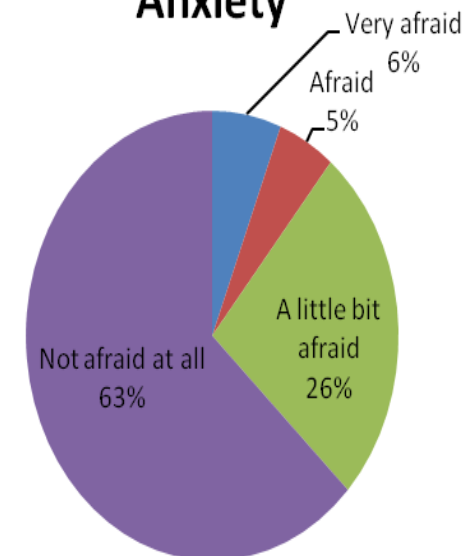
Outcomes

- 25% of the parents were not satisfied with the guidance of the healthcare professional to tackle the anxiety of their child
- 57% of the 20 parents did welcome the opportunity for psychological support from a specialist to aid to concordance and thus adherence for their adolescent children.

Freedom of choice of GH



Anxiety



Case Study 3: Care in NL

- Qual meets Quant
- What do chronically ill people perceive about care in NL? What can be improved
- Critical Incidence Technique
- N = 200



Conclusion

- Challenge yourself and your client to think more from a patient perspective for several reasons.
 - Ethical
 - Business





PIP Health

