



Patient = Customer? Healthcare = FMCG?

Summary by Kirsten Corien – PR & Communications at PIP Health - <http://www.piphealth.com>

In the afternoon of 13th March 2012 PIP Health founder Nadine van Dongen and Peter Llewellyn of MedComms Networking hosted an excellent discussion titled: **Patient = customer? Healthcare = FMCG?**

Through a number of case studies, **Nadine van Dongen**, of PIP Health, demonstrated a power shift in the healthcare environment, with the patient now having a say in determining their treatment plan, and being able to influence what medication is prescribed. Nadine took listening to the voice of the patient a step further, by introducing the concept of 'Patient Intelligence'. Insights patients have to offer can be applied to validate common assumptions and beliefs, for accurate information in data modelling and for participation in decision making.

The latter was addressed by **Prof Sandy Oliver** of Social Science Research Unit and EPPI-Centre and Institute of Education, University of London. Sandy explained how patient panels have historically been involved in the public sector, what types of panels and types of expertise can be distinguished. She stressed that using patient intelligence is not just about gathering data, but offers a chance to harness patients knowledge, expertise and analytical powers to help shape scientific and medical research, policy development and decisions, also in the pharmaceutical sector.

Finally **Mark Nuijten**, Founding member and Managing Director Europe at Minerva - International Health Economic Network, showed that Patient Intelligence or patient panel data is the best type of data for application in Health Economic Modelling. This type of data is preferable over a combination of clinical trial data, Delphi and –where available- healthcare database, because of its accuracy, high validity and statistical power and close fit to the type of data needed in such models. In the discussion that followed, Mark also explained that patient panel data would allow for social values to be included in the Health Economic models, thus increasing the weight of the model outcomes.

Several very interesting issues were raised in the following discussion, including:

If pharmaceutical companies sponsor the data collection of this type of patient panel data in their modelling to get approval for reimbursement of their drug treatment, will the data source not be viewed with cynicism?

According to Mark, this should not be the case, as long as there is complete transparency about the model and the data. As the reviewers have full access to both, they can see there is nothing to hide. Also, the same question could be asked about clinical trials, which is also sponsored by the pharmaceutical sector, the only difference is that clinical trials provide a less fitting data source for the modelling.

Another question was **would drug prices be driven up, or down, by the use of patient intelligence in health economic modelling?**

According to Mark, due to the increased data accuracy there will be a higher probability of reimbursement for a new drug, which in turn lets the pharmaceutical company increase its revenues.

Based on Nadine's case studies of the power of patients, the question was raised **whether patients have more power when it comes to cheaper medications.**

An example was given of a patient asking for a different type of medication (based on self-information through internet and other channels) with presumably fewer side effects. The GP denied the request to prescribe the alternative, because it was much higher priced. Nadine thought it was certainly worth looking into the correlation between price of medication and patient power. Other participants of the discussion suggested patient power depended on a number of factors, possibly including price, the existence of and need for a different type of medication, popular demand.

Also up for discussion was **why the theme of the workshop sounded so familiar, yet for over 10 years nothing had changed.**

One opinion was that the pharmaceutical sector needs the guts to tell the health services their 10-minute consultations are ineffective. Another possible reason was 10 years ago the pharmaceutical sector was reluctant to engage with patients and they did not have the channels to do so. Any then existing opinion panels were not representative. Now however, panels are becoming more representative and can be accessed through independent research companies that form the link between patient and pharma.

According to Professor Sandy Oliver, the pharmaceutical sectors needs patient insight, it is in their best interest, a point also supported by the presentation of Mark Nuijten.

Someone else voiced the opinion that pharmaceutical companies are not at all afraid or reluctant to engage with patient data, but have their own agenda in doing so, possibly unethical. However Nadine once more stressed that the pharmaceutical sector could use the data to verify previous findings.

In the end there seemed to be general consensus that the pharmaceutical sector is becoming more and more innovative and embracing the voice of the patient.