

# The New Golden Rule For Healthcare

*By Dr François Sarkozy, President, FSNB Health & Care*

*Summary -- Patients cannot be reduced to their disease or the existence of biomarkers. Francois takes us through the flux in the healthcare sector and shares insights on the new health paradigm.*

Pharma's approach to communicating value has historically been effective in targeting various stakeholder groups such as patients, physicians and payers, but independently from one another and sequentially.

In the past, we used to consider physicians as the major if not the unique stakeholders but in today's constricted healthcare environment, with an aversion to risk and rising costs, the rules of the game have changed, and the position of payers is now reinforced.

The ever increasing "health demand" is now facing real life with ever more limited resources (budget and medical skills). The budget holders have therefore a key word to say in this new landscape.

Today, payers – whoever they are (public, private insurance, employers, families or patients...) – do not want to face a double costing situation, challenge pharma's traditional value proposition and will reward innovation only if

- (1) they perceive the value created for their own environment and
- (2) if this value can be secured/ guaranteed in real life.

## **Need for an impactful multi-stakeholder communication strategy**

Securing payers' appreciation of the full value offered by a product requires its preliminary understanding by other key stakeholders (e.g. policy makers, opinion leaders, healthcare professionals, patients, media and public... depending on the disease and country). This underlines the need for a coherent, timely, tailored and insightful multi-stakeholder communication strategy and tactical plan.

This new approach to secure market access, penetration and sustainability is articulated around the value created for the patient. It requires, beyond the generation of evidence, the development of an integrated Value Proposition across stakeholders with a differentiated healthcare solution adapted not only to the medical characteristics of the disease, but also to patient's profile and needs as well as to local environment's resources.

This value-driven and information demanding world, with the development of social networks, mobile communication, peer to peer approaches, is imposing a new healthcare paradigm that is becoming, at last, more patient-centric and real life oriented. Patients are new healthcare customers, consumers, influencers, payers and even sometimes prescribers! They are increasingly interfacing with the other stakeholders and amongst themselves.

Real life patients are not medical book patients. They cannot be reduced to the status of their disease (type and severity) or the existence of biomarkers. They are

human beings with specific social condition, family situation, personal history, professional life, behavior, beliefs, habits, culture and priorities.

There is a need to develop therapeutic approaches that take into account these elements. This is why we strongly believe a psycho-social/ behavioral segmentation of patients has to complement the focus on medical segmentation. Move away from the *'One size fits all'* attitude. Accept to size the efforts to the needs and do more for socially impaired, isolated and education-less patients ! Only such an adapted therapeutic strategy will help securing patients' motivation - beyond compliance- and therefore the treatment efficacy and efficiency.

Another key component of therapy success is understanding of the organization of care at the level of the territory.

- How to leverage resources available - both quantitatively and qualitatively ?
- How to solve potential deficiencies or inefficiencies in the patient pathway?
- Could a specific technology like telemedicine be a substitute to the shortage of a specific medical skill?
- What kind of services or information could be developed to increase the efficiency of care and decrease the burden on patients' shoulders?

These questions should be raised to improve the management of patients suffering from chronic conditions and impose a segmentation of patient pathways and territories.

### **So the new golden rule emerges:**

<<BLOCKQUOTE>> The right therapeutic solution for the right patient group & the right environment. <<BLOCKQUOTE>>

Keeping in line with this mindset, insights will be crucial. What is the impact of the disease on patient's life, on his personal, professional and family life? How can we help the patient preserving his quality of life and way of living as much as possible? Once we understand the true hardship and burden of a disease, we need to focus our energy on selecting, among a set of predefined options, the most adapted and effective solution with the most efficient pathway.

The social and personal condition is impacting the medical condition. The health status can hardly be disconnected from who the patient is and where he lives. Our journey : "From treating a disease to managing a patient" This approach will help securing the benefit to patients while optimizing the ROI for payers, providing one can clearly measure the value created and the outcomes in real life settings.

### **The Value Dilemma**

Companies have to address the Value Dilemma to avoid situations where payers cannot afford innovations. By focusing only on their products, rather than on outcomes and value created by integrated solutions, organizations bear the risk of being considered only as drug manufacturers instead of active healthcare providers.

Understanding the stakes/ challenges when it comes to patient management, and, the identification and prioritization of value drivers are prerequisites to the development of a compelling value proposition addressing both patient and territory specific needs. This can be achieved through a systematic patient centric approach.



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