

The patient care pathway might be a good thing for a health system but if pharma can tap into it, it can provide value in a multitude of ways. *Katrina Megget reports*



**F**or a patient, getting from A to Z through the healthcare system can be like driving without a map. There can be any number of twists and turns, consultants, tests and re-tests, and hospital stays that can lead to detours in care. So mapping the patient care pathway – the route a patient will take from their first contact with a health service staff member, through referral, to completion of their treatment – has helped aid this labyrinth. Indeed it has become standard in many places in an effort to streamline resources and increase efficiency; a recent Cochrane review concluded patient care pathways were associated with reduced in-hospital complications, decreased length of stay and lower hospital costs. >

# Getting from A to Z

While the purpose of a patient care pathway is clearly beneficial for a cash-strapped healthcare system, for pharma, tapping into this schematic of healthcare delivery can provide insight on many levels – from picking out the stakeholders and influencers, to identifying patients for clinical trials, to targeting marketing and communications strategies. In this era of austerity, understanding the patient pathway is central to the commissioning process and how this might affect pharma, says David Southern, manager of a London practice-based commissioning consortium and director of Pathway Communications. “Understanding how patients move through the system and what resources they consume is a vital first step.”

According to local NHS examples, utilising pathways generated by Map of Medicine, the results are indeed tangible. A pathway on age-related macular degeneration used by NHS Wirral reduced waiting times for treatment from 10 weeks to 10 days and achieved annual savings of approximately £200,000. Meanwhile a specialist physiotherapy service for knee pain in South Devon resulted in projected savings in the first year of at least £60,000, with more than 400 unnecessary consultant appointments avoided and a 70% reduction in referrals to secondary care.

**Critical for market access**

So what’s in it for pharma? As Sarah Phillips, head of health at Ipsos, notes, the focus has moved away from the single point at which a treatment decision is made into a broader more holistic understanding of the whole pathway. That means identifying the key decision points and stakeholder interactions a patient will go through – from recognising a symptom/problem, doing research, consulting the internet, going to a pharmacy, going to a doctor, then referral pathways within the NHS, whether a patient collects a prescription, takes a therapy, or continues to take

a therapy. “It’s all too easy to skip steps and interactions and that can be a major block to a product’s uptake if overlooked,” says Stephanie Hall, managing director at Uptake Strategies.

“Simply put,” says Southern, “drugs form part of the patient pathway in the same way as any other intervention. Rather than concentrate on the acquisition cost, using the patient pathway allows a company to translate the benefits of its product into language that commissioners understand and in a way that can easily be introduced

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into the commissioning process.” If a drug does not fit into a pathway well “it will struggle to access the market”.

However, a patient care pathway isn’t just about cutting

costs or getting a drug onto the market, says Phillips. A pathway needs to be considered in terms of providing the patient with the optimal experience and outcome, something that will become increasingly important as the NHS moves towards an outcomes agenda. “Ultimately, the aims of a care pathway and commissioning are the same – to improve patient outcomes, therefore

in theory they should influence each other,” she says.

So though pharma will not always see instant benefits, by ensuring patients are on the optimum pathway the correct treatment can be administered to those who need it. Indeed, adds Phillips, these days there aren’t many pharma companies that want to be just drug companies. “The involvement of pharma goes very much beyond the point of prescribing to a more integrated and holistic approach that looks across the whole patient experience and influences how the pharma company can support healthcare professionals in their management of patients, for example by providing disease management support, adherence programmes or integrated care packages.”

Roger Odd, a trustee of the Patients Association, says these social and pharmaceutical aspects will come together as the way forward for the health system. “It might be a soft sell of the product, but we do need pharma to help make this a package.”

Southern suggests transferring pharma’s business planning skills to the commissioning process, while Phillips sees no reason why industry shouldn’t help develop and manage data sets to understand the care pathway as well as develop alert and management systems to aid clinical staff. Here she cites the POINTs system developed by





to Astellas' neuropathic pain drug Qutenza (capsaicin), which reduces the systemic side effects and cumbersome dosing regimens of currently-available therapies, after asking patients what was important to them in managing their care. Likewise, UCB has joined up with the online community PatientsLikeMe to focus on learning from patients' real world experiences of living with epilepsy. Not only will this help the company design clinical trials for new drugs, but develop other programmes to assist caregivers and improve patients' quality of life, says UCB's Sue Curro, senior global project leader, patient solutions.

◀ GlaxoSmithKline for use by primary care trusts to improve the review process for chronic obstructive pulmonary disease.

**The patient experience**

However, adding true value to the pathway isn't just about support; it's about understanding the patient's experience as they navigate it and meeting their unmet needs, explains Janice Haigh, senior director, pricing and market access, Europe, at Astellas Pharma Europe. "Only when a pharma company or a decision maker within a healthcare system fully understands the impact of a disease or treatment on an individual are they able to work out the best way of helping that patient and to determine for whom a treatment can add the most value."

Phillips agrees, saying pathways should really be established with the patient experience in mind. "How the patient feels and what they experience is critical to the process – I can't stress this enough." Pharma needs to step up to the plate, Hall adds. If the NHS

is structuring services around patient needs and feelings then so should pharma. This "is essential for disease education and promotional messages, creative campaigns and to understand the wider benefits a drug can have on a patient's lifestyle".

One of the most important things to do when mapping a patient care pathway is to identify the key interaction point that leads to a diagnosis and treatment decision and to understand that conversation – the emotions, rational thoughts, language, thought process and categorisation of patients – and what might need to change for a new product or indication.

**Communicating product value**

"What we want to understand is the patient's viewpoint," explains Haigh. "The value of any medicine has to be viewed in the context of the difference it makes to patients' lives and the unmet needs that it fulfils. We have to understand their lives so that we can recognise and communicate the value of our products." This concept was applied

"Patients have been kept in the dark for too long and they should have some say about how they are looked after," notes Odd. "Patients should be involved with making decisions about what care is needed and engage in the type of treatments they want or need... It's about making the drug 'patient user-friendly' because then it's more likely to be taken by the patient."

Pharma, says Haigh, cannot really assess the success of a treatment without knowing how it affects the patient. Focusing on the patient care pathway is the first step but it isn't the be-all-and-end-all. "The patient pathway can tell us the treatments and procedures that a patient with a particular disease may be offered, the type of care they may receive and the team who will be responsible for that care. It can't, however, tell us about the experiences patients have before diagnosis, about how specific treatments impact patients' lives or about the factors beyond side effects that may contribute to a patient discontinuing a therapy. Only by expanding our view beyond the patient pathway, to look at the holistic patient experience, can we understand how, when and where our products can best add value and improve the lives of patients." **PT**

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