

White Paper

Report on Post-approval Stage Projects under the Concept of Patient-centricity in Chinese Pharmaceutical Industry

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Initiated by Pfizer China, IQVIA has carried out survey so as to better understand the status quo of "patient-centric" projects in pharmaceutical industry of China. This report, titled as Report on Post-approval stage Projects under the Concept of Patient-centricity in Chinese Pharmaceutical Industry(2021), presents a general overview of all stakeholders' current thinking on patient-centricity and their practical experience based on in-depth interviews with major players in the pharmaceutical industry (foreign companies and domestic ones), academia/associations, foundations, patient communities and healthcare providers along with IQVIA's previous project experience. Addressing the present situation and/or advices for the Post-approval stage industry growing, this report aims to provide a visionary insight for the continuous improvement and practice of patient centricity in Chinese pharmaceutical industry. Key information and conclusions are listed here for quick reference by industry experts and peers.

There is no universally accepted definition of patient centricity in China, whilst this concept is increasingly receiving a lot attention in domestic pharma. We have refined the following four connotations of patient centricity from the industry's multiple attempts and practices:

1) Having an all-round view to value patients' needs

An all-round view to value patients' needs may reform the organizational structure to expand the project width and depth, which would better fit patients' social attributes.

2) Putting patient benefits first

This helps to establish an efficient and long-lasting communication with patients and results in a double win for both patients and companies by capturing patients' needs precisely.

3) Propelling patient active engagement

It is the inevitable requirement of patient-centricity to place patient engagement as the focus. This necessitates patient engagement, which is demonstrated in two aspects. First, patient engagement in policy-making, policy-planning and optimization of project protocol; second, patient participation in their own disease and health activities. Nowadays, there is of course absence of patients' role in above-mentioned two aspects. Steps must be taken to improve the patients' health literacy and expertise for their active participation.

4) Designing a differentiated and personalized patient project(service)

Depending on different settings, disease areas and disease stages, patients' needs may vary. Patient-centric project(service) should be implemented with a differentiated design.

On the basis of these connotations, all parties should clearly see the advantages of pharmaceutical industry, academia/associations, foundations and patient communities in professional services, social resources, policy upgrade, etc. The project objectives, contents, audience with reference to the consulting firm's findings of win-win points and project values should be taken into consideration when all work to set up a more efficient and justifiable collaboration.

Taking drug/devices companies as an example, the initiated/leading projects at present mainly strive to realize the following five values/purposes: identifying the patients at early stage of disease, improving patients' affordability, maintaining compliance, increasing drug accessibility and advancing therapy satisfaction or brand awareness. The implementation of these projects (or services) is a good helper to improve disease prognosis in parallel with meeting needs of sustainable enterprises/projects development in a long run.

Certainly, differences may exist in choosing the project type and partners when considering diverse values or goals. It is therefore of the highest importance that decision makers in the pharmaceutical industry should select the cooperation strategy according to the detailed information in this report.

In terms of project evaluation, we also summarize the often quoted system by all stakeholders in the circle, including objective indicators, to name a few, share of voice, project coverage, patient flow, etc., and subjective feedbacks, i.e., patients, medical experts and cooperation departments. However, due to the different types and purposes of projects, the evaluation system is expected to be further improved in practice. Additionally, based on these indicators, we recommend to build up a well-accepted indicator system by all unit within each organization or company, and its key performance indicators should be assessed conforming to the features of each project in practice.

In the investigation, we also find that, compared to the practice in China, global has explored types of projects at each stage and put them into considerable practice through the entire life cycle of a drug. In brief, we suggest three potential pathways in the coming future for Chinese counterparts:

1) To set up Patient Reference Group for patients. This could enable them to join in the decision-making of drug/device R&D, market approval, pricing and payment, and therapy accessibility; 2) To promote patients' health literacy jointly with the government, hospitals (doctors) and enterprises following the guidance of The National Health Literacy Promotion Action Plan (2014-2020) issued by the National Health Commission and the Healthy China Initiative (2019-2030) by the Healthy

China Action Committee of the PRC. These may enhance patients' ability and possibility to give a scientifically sound "health decision"; 3) To keep a close eye on patient's individualized behaviors and motivations. Those representative projects, patient compliance research for instance, provide good experience in designing and conducting a more tailored, or personalized one.

Undoubtedly, due to discrepancies in policy environment and the project experience at home and abroad, project implementation and development under the guidance of patient-centric concept should be based on the status quo of Chinese pharmaceutical industry. Consequent upgrades must be kept pace with time and local conditions.

At the concept-level, we put forward some suggestions on the practice of "patient-centricity" in China: the industry should listen to patient voice at the very beginning of project design, and invite patients to participate in discussion, design and decision-making rather than gathering patient feedback late at the implementation stage. In addition to patient projects, we suggest to incorporate the patient voice into other classes of projects, which will jointly promote and foster the comprehensive practice of patient-centric concept across the Chinese pharmaceutical industry.

Under the initiative of "patient centricity", we believe that innovative practice will soon take place everywhere at both pre-approval and Post-approval stage in China. On the practice of patient-centricity at Post-approval stage, we advise to follow four principles: 1) Assessing patient perception to identify the patient insight/needs at the early stage of project, which could be integrated with the project goal and then, reach its target patients precisely. 2) Focusing on the data innovation and evidence generation. Sharing data from patient

communities and platforms may increase the patient data pooling efficiency and avoid resource waste. The current PCOR (Patient Centered Outcome Research) being practiced in this field could help the healthcare practitioners make more reasonable decision from the perspective of patients. 3) Paying closer attention to project evaluation. Feedback from the project by real-time tracing could streamline its development and contribute to a successful project management and partner management as well. 4) Empowering patient community by multi-party collaboration. Patient communities' involvement plays a vital role in project design, implementation, outcome, etc. Therefore, we advocate vigorous support from all stakeholders to patient communities in their growing phase.

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