

ESTABLISHING MEANINGFUL DIALOGUE



Mike Kan

The time has come for the industry to be bold and reconsider its approach to communicating with patients

In the early 1980s, patient activism took the UK by storm and forever changed the way pharma interacted with the end users of its products. Thirty years on, it's not just the patient advocacy groups demanding a greater voice; Parliament is calling on individual patients to drive improvements in the quality and efficiency of healthcare provision. Industry must find new ways to engage with less visible patients at a grass roots level.

Strict regulations, far from ideal advocacy group interactions and a tendency to consider advocacy group engagement as the panacea to understanding 'real world' patients, are three challenges to overcome. However, arguably there is an even more deep rooted challenge; the pharma industry's demographics. Many employees in pharma across the marketing, communications, medical and clinical disciplines are predominately white, middle class, university educated and benefit from private health cover. Furthermore, many are private school educated and live in the affluent South East. Compare this to many of those in most need of medicines: people living in the poorest areas will on average die seven years younger and spend 17 more years living with poor health. Better understanding of how to engage with these patients, and diverse patient communities, offers the key for improved health outcomes across all sectors of society.

Talking to patients

Nowadays, there is limited one-to-one engagement with 'real world' patients. Yet, today's advocacy relations evolved from patient dialogue. In the 1980s, driven by HIV/AIDS activism, the Wellcome Foundation convened Western Europe's first HIV Patient Advisory Board. Comprising patients and patients representing specific organisations, this board provided unique insights, far superior to those that could be obtained from advocacy sector representation alone.

Industry uses a range of research-based methods to understand how to improve its support for patients in making informed decisions. However, when considering this objective, the wider social determinants that may

impact on a patient's thinking are often overlooked. The importance of considering these 'determinants' in driving health and wellbeing, attitudinal and behavioural change are well documented in the coalition government's *Healthy Lives, Healthy People: Our Strategy for Public Health in England*. This in turn draws heavily on Professor Sir Michael Marmot's *Fair Society, Healthy Lives* report. The social science behind this concept is gaining ground. However, a hypothetical example can bring this patient-centric thinking to life.

Easily accessible health and patient demographic data indicates that obese patients at increased risk of diabetes are more likely to live in social housing, suffer social deprivation and poor mental health, smoke and have a degree of debt problems. Simply informing these patients of the need to present for a diabetes assessment is bound to fail. However, well constructed and targeted programmes, that consider the wider social determinants on a patient's health, should be delivered in collaboration with established and new partners that can help address these broader factors. This approach will deliver improved health outcomes, as well as evidence-based programmes that can be extended to millions of other patients.

It is never going to be easy to establish meaningful dialogue with patients to support them in making informed decisions about their health. However, innovative and evidence-based partnership programmes have delivered significant success in engaging patients and improving their health and wellbeing. Just as the Wellcome Foundation led the way in patient involvement in HIV, so the time has come to be bold, think differently and reconsider established approaches to effective patient dialogue.

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