

# The COVID-19 Catalyst – Accelerating the Move to Patient-powered Medicine

COVID-19 is changing the world. The new reality it creates, however, will in many ways be the same as it was always going to be. Rather than changing the course of events, the current pandemic is simply speeding them up. It is a rapid and fundamental transformation that is likely to have lasting impacts for healthcare providers, the life sciences, pharmaceutical industries and – most notably – patients.

Technology is a two-way street, where data – newly democratised – not only changes healthcare’s ability to understand and treat patients, but also heralds a fundamental shift in the patient-provider dynamic.

## Accelerating Change

COVID-19’s acceleration of existing change is most obviously seen with remote working technologies. These platforms have been available for more than a decade, but necessity has taken the trend, which may have needed another decade to fully mature, and made it instantly ubiquitous. In the United States, for example, fewer than 5% of the workforce worked remotely in 2010<sup>1</sup>. In 2020 this is now estimated to be around 42%, with just 26% working from businesses premises<sup>2</sup>.

While these figures are likely to move once again as our responses evolve and life normalises, the pandemic will accelerate a permanent shift to home working for millions of people. What seemed futuristic in the spring is an established fact in the autumn.

Telescoping a decade’s worth of change into just a few months has led to unforeseen outcomes across a range of sectors, with impacts on real estate, transport infrastructure and the viability of previously robust commuter-dependent businesses. With COVID-19 acceleration shaking so many foundations, are pharma and life sciences immune?

Research from a leading life sciences cloud platform provider suggests not.

Data shows that between pre-lockdown January and early lockdown March 2020, digital approaches almost instantaneously replaced physical contacts between pharma companies and healthcare professionals, with the use of remote meetings increasing by over 2000%<sup>3</sup>.

This acceleration of technological transformation has also seen a massive increase in virtual consultations, particularly in primary care. The UK’s Royal College of General Practitioners (RCGP) reports that between February 2019 and February 2020, more than 80% of appointments were face to face and less than 1% took place over video. At the height of lockdown in April, however, face to face consultations were estimated to have plummeted to between 7 and 8%, with technology picking up the slack. Further, the RCGP believes that up to 50% of all consultations will remain virtual after the pandemic<sup>4</sup>.



## Longer-term Impact

This last statistic – with patients unwilling to go back to pre-pandemic norms – is perhaps the most interesting. Essentially, they have been given a glimpse of a more convenient future and don’t want to let it go. Research from a video consultation platform provider appears to support this interpretation, with levels of ‘happiness’ with virtual appointments rising to more than 70% by May 2020<sup>5</sup>.

Transformation also goes beyond direct patient interaction, with an acceleration in the roll-out of innovations such as electronic patient records (EPR), which will see patients able to access and interrogate their own medical histories. Further, the UK Department of Health and Social Care is investigating how technology platforms can involve patients more directly in their own care and how advances such as wearables will begin to impact healthcare. Pre-pandemic, these changes were in progress but integrating over time: post-pandemic they have suddenly emerged as essential.

While the debate still rages around whether patients are, conceptually, customers or consumers – or neither – the argument is becoming moot. The reality is that COVID-19 is accelerating the trend that sees them increasingly behaving, and expecting to be treated, as such.

While a patient is not a direct customer of a pharma company, for example, they are the end user and ultimate ‘payer’. The increasing cost of healthcare, whether paid for through personal insurances or general taxation, means that patients want greater accountability and a greater say. Today, populations access finance, socialise, are entertained, shop and find life partners online – so why should healthcare be any different?

As COVID-19 ushers in a more consumer-like experience of healthcare, people's interaction with it will also become more consumer-like. One of the most obvious iterations of this is crowd-sourced insight through review platforms. Few consumers today would think of purchasing anything online without first consulting the experiences of others.

With the emergence of online experience sharing platforms such as Trustpilot, personal opinions now have a significant financial and reputational impact for companies. These platforms may have caused initial panic in many businesses, but as they have matured, data-savvy organisations have quickly realised that opinion carries value. Near real-time feedback keeps a company focused on its customers; is an immediate and highly targetable engagement channel; and can be used to inform everything from product development to marketing and sales.

Some of the counter-arguments to embracing a more consumer-focused patient experience have centred on the fact that healthcare is different to every other form of consumption. The received wisdom is that a 'patient-consumer' could have the best possible service from a healthcare provider, but still suffer an adverse outcome – and that patient-consumers are not sufficiently qualified to make an objective judgement – so their feedback is of no value.

### Demonstrable Improvement

It is an attitude that harks back to an age that has already passed. An age of patrician healthcare where patients were to be treated and not heard. Change here isn't driven by 'trends' or fashionable concepts of democratisation – it's an acknowledgement that healthcare, if it's to be successful, must be a dialogue between clinician and patient. It's a realisation – on both sides – that there isn't a pill for everything and that ongoing personal good health isn't solely dependent on clinicians, but is also a personal responsibility.

The UK's National Health Service (NHS), for example, has long embedded patient experience in its operations. Patient panels in various guises have existed for decades but have now become critical components of care.

Professor Alf Collins, NHS England's Clinical Director, Personalised Care Group writes in the organisations' statutory guidance for clinical commissioning groups,

*“By involving people in decisions about their health and care we will improve health and wellbeing, improve the quality of care and ensure people make informed use of available healthcare resources. Involving people in their own health and care not only adds value to people's lives, it creates value for the taxpayer. The challenge now is to shift the focus of care and support services from ‘what is the matter with you?’ towards ‘what matters to you?’”*

As a maturing approach to healthcare, it is now evolving into a new discipline, known as public engagement (PE). PE isn't traditional 'communications' where organisations talk to try and change patient behaviours, rather it's about listening to patients to change organisational behaviours.

Research<sup>6</sup> demonstrates that this level of patient engagement works. Technologies – specifically a sophisticated form of 'Trustpilot for medicines' – already exist and will see significant improvements to healthcare generally and medicines specifically. A study that reviewed patients who had used an anonymised – regulatory compliant – medicines feedback app showed that, after two months:

- 79% experienced an improvement in remembering to take their medications;
- three-quarters experienced an improvement in taking their medications as prescribed;
- close to half felt they better understood their medications;
- 69% felt more motivated to take their medications; while
- more than a third felt the effect of their medication actually improved.

In calling for further research, the study concluded that *“Use of the DrugStars app improved clinically relevant indicators of adherence and impact and benefits were related to level of app usage.”*

There is also recognition that, without greater patient engagement, some new forms of medicine will never achieve their true potential. The emergence of fields such as genomics blur and even dissolve the lines between healthcare and research. Once upon a time, a patient who submitted a tissue sample gave tacit consent for this to be used in their care. Today, a tissue sample may well be used to provide care but also to be applied to a range of research purposes. This is a completely different ball game and will require properly informed consent – which demands real engagement with the patient.

### The Drug Development Cliff Edge

Despite this acceptance of the patient voice in ongoing healthcare, pharma companies remain stubbornly resistant to feedback on medicines. In pharma, the harvesting of patient data is highly valued during the clinical trial stages of development – with the industry investing an estimated US\$19 billion a year.

Post-licensing, this engagement drops off a cliff. Patients have virtually no outlet to share their day-to-day reality of often complex drugs and equally complicated regimens. The patient's real-world experience of medicines is ignored by the very companies that developed – and continue to develop – them.

It's a damaging omission that has led to a catastrophic collapse in trust. Research



supports this conclusion. A [2020 survey](#) of 3346 users of prescription and over-the-counter (OTC) medicines from the UK and the Nordics revealed that:

- more than three-quarters of patients do not trust advice from pharmaceutical companies about their medication;
- 81% feel the pharmaceutical industry influences prescription decisions; and
- 72% do not feel listened to by pharmaceutical companies.

Unlike virtually every other sector, pharma companies fail to see the value in listening to their end users (patients). These end users often report feeling confused and alone. Medicines information leaflets are one-size-fits-all documents that fail to reflect a patient's individual circumstances and experiences; are obligated to list every possible side-effect (which can make them virtually meaningless): and patients have no opportunity whatsoever to feed back or pose questions to the company or – as critically – other users.

As one Crohn's disease patient describes, *"It can be difficult getting useful and reliable information on your medication, and leaflets that come with them can be scary. They have to list all of the possible side-effects, even the rarest. It is reassuring to read about other people's real-life experience...it is important because it is by the people that actually take the medications. It makes me feel less alone..."*

It is frustrating that pharma fails to see the value in these opinions. Understanding, for example, the factors that heighten the risk of poor adherence to medication regimens can lead to solutions designed to mitigate them – and reduce patient drop-out. Further, with insight direct from users, pharma companies can optimise their patient support programmes and patient support materials, while they also have access to a continuous, near real-time market research resource made up of hundreds of thousands of highly engaged patients willing to share experiences.

### Effective Pandemic Response

As COVID-19 vaccines begin to emerge, patient insight will be critical to their success or failure. The [Pfizer-BioNTech vaccine](#), which was the first to declare, has been found to be more than 90% effective in preventing COVID-19, tested on over 43,000 people in a Phase III trial. The EU has ordered 300 million doses of this vaccine,



while the UK has ordered 40 million. The UK's Department of Health and Social Care is preparing to roll out vaccinations from 1 December, with sites from GP practices to drive-through centres to football grounds to town halls earmarked to administer around 5000 jabs a week.

This is a huge undertaking, with billions allocated to implementation. Hundreds of billions more, national economies, and the health and livelihoods of whole populations depend on effective deployment. In the age of the anti-vaxxer and widespread distrust in pharma, these efforts could fall at the first hurdle – public acceptance. In the UK, for example, more than half the public expressed an unwillingness to take a vaccine unless it had been tested for at least a year. Further, close to three-quarters would be unwilling to allow their children to receive such a vaccine.

This priceless public understanding – if pharma is prepared to listen – could allow industry to better support governments as they prepare to deploy the latest vaccines.

### Embrace Patient Power

Patient power is a shift in dynamic that shouldn't be feared. It has long proven itself to be remarkably effective in helping health systems to better align services to need and deliver demonstrable improvements to clinical outcomes. It is a critical outlet for patients using medicines, allowing them to share experience, best practice and highlight problems that have only emerged post-licensing. Further, if pharma finally embraces a 'medicines Trustpilot', patient power will help to rebuild reputations, provide remarkable insight that can improve new and existing drugs, and improve pharma business models.

Perhaps most powerfully of all, patient power and the patient voice can strengthen and improve our response to COVID-19 – and help to ensure successful emergence from the pandemic.

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