



Insights and Patient Journeys:

Building the
Foundation of
Effective Planning

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In an increasingly crowded and complex market, insights are critical to the success of a product. It is vital that companies are able to target the real need of their stakeholders - and that unmet needs are identified and informed by insights collated from a wide range of sources. Without appropriate insights, we can waste time, resources, and budget supporting activities that do not address critical barriers to adoption, negatively impacting potential patient outcomes.

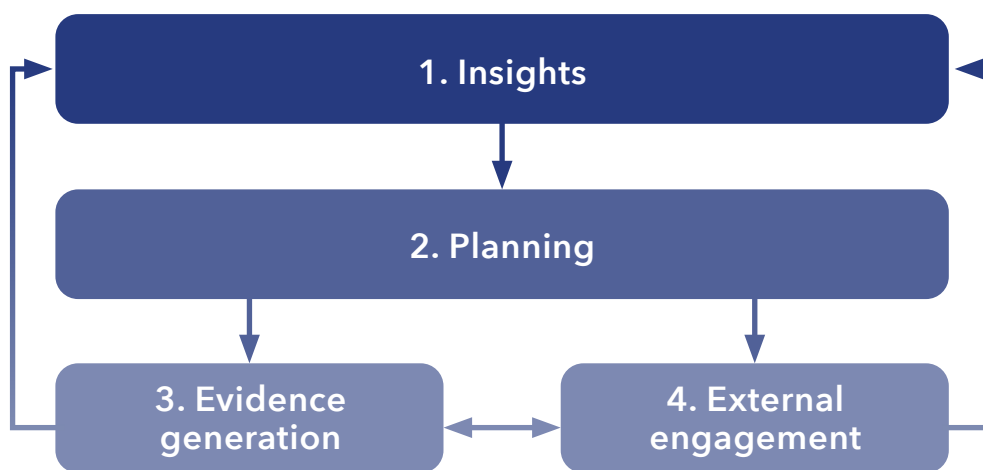


Image 1: Activity Flow

However, often insights are relegated to quarterly reports, emailed around a wide team - with select insights sometimes discussed at functional team levels, or depending on internal escalation processes, very occasionally at the brand team level. Insights can be isolated, not presented within the treatment landscape and context necessary to make informed decisions. Often there is cross-functional duplication of effort and poor internal alignment.

We require a way to consistently assess the greatest unmet need for our stakeholders, analyse available insights, and utilise this to inform our strategy development. We believe that the patient journey is a natural platform to organise and assess insights, before making informed decisions on our strategy and brand planning.

This thought piece first outlines what a patient journey is, before exploring its potential role as a platform for insights, and the critical factors for successful implementation.

What is a Patient Journey?

A patient journey is a structured representation of a patient's experience with a disease from initial diagnosis through treatment to recovery or death. There is, of course, no single patient journey for any disease and experience will vary based on a variety of elements, including (but not limited to) geography, biomarkers, and patient profile. Patient journeys will typically aggregate the most common treatment pathways.



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As an asset matures, the accompanying patient journey should evolve and, where relevant, disaggregate to follow identified patient segments. Creating these more directed patient journeys based on particular patient populations improves our understanding of personalised medicine needs - as well as allowing us to more directly address specific barriers for identified patient populations.

Along the patient journey, key decision points and points of diversion from the ideal pathway should be outlined, keeping a close focus on what is relevant for the company and the function doing the analysis. These decision points can consider various factors - what is driving the treatment decisions, what the barriers to adoption are, and a characterisation of the patient at that stage.

Assessing the unmet needs and drivers of our stakeholders across the patient journey should be a cross-functional initiative with contributions being fed in from a variety of different internal stakeholders.

Typically, a patient journey is categorised into five stages, starting at symptom onset and progressing through the referral pathway, diagnosis and testing, management strategy, and disease progression.

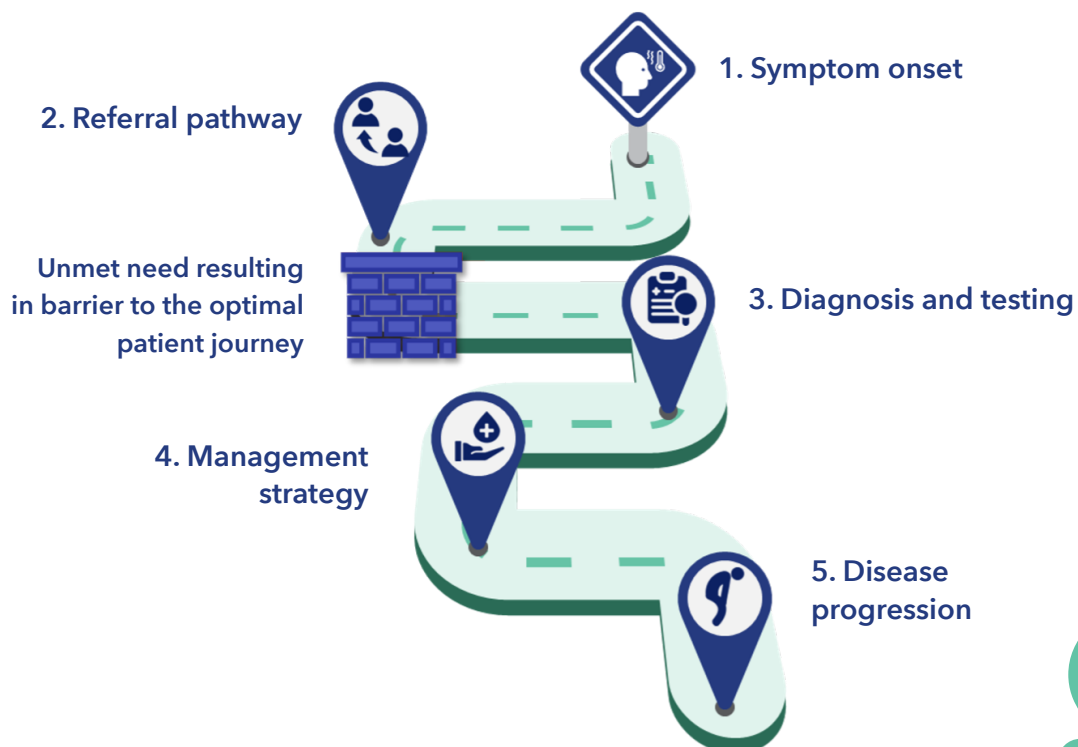


Image 2: Stages in the Patient Journey



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Segmenting patients into categories is usually done after the diagnosis & testing stage. From management strategy to disease progression, the aim is to map each patient segment under specific treatment regimens (1st Line, 2nd Line, etc.).

The Patient Journey as a Platform for Insights

A key challenge of utilising insights is keeping them visible and in context - particularly those insights that are not immediately prioritised or actioned. A secondary challenge is developing the team capabilities to develop insights, rather than observations.

The patient journey provides a natural platform to associate insights to particular decision-points, driving understanding as to whether the knowledge can have a real impact on the patient journey, and allowing team members to weight and prioritise the insight against its potential impact on patient outcomes. It places insights into context within the overall treatment journey, allowing for better decision-making.

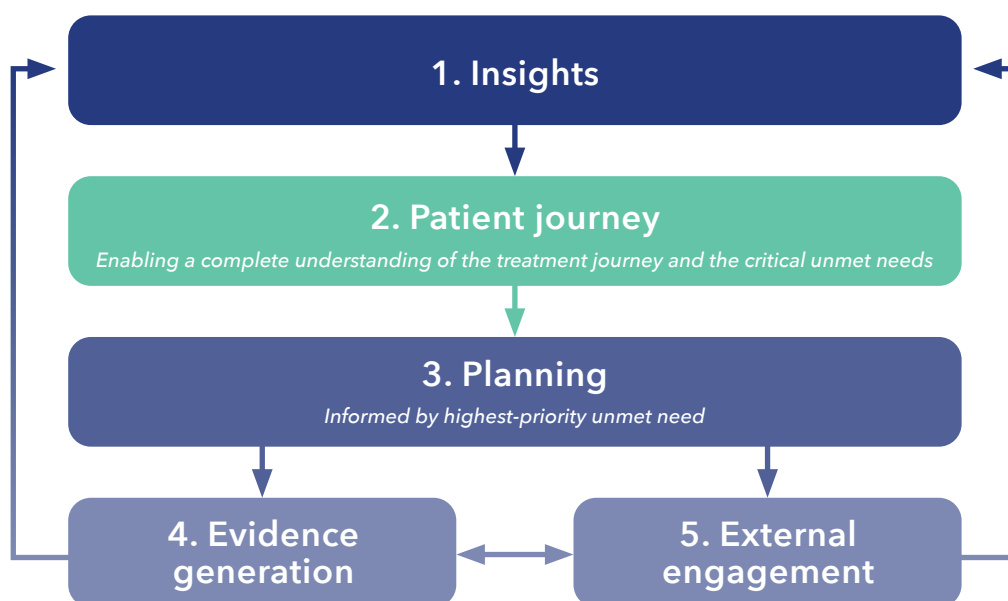


Image 3: Updated activity flow including the patient journey



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An insight gap arises when we lack clarity or certainty about the factors driving a particular decision. Similarly, when we are unaware of the points at which patients deviate from the optimal path, we may have an insights gap. Often when first drafting a patient journey, we may find that we are relying primarily on assumptions - or on care guidelines, where available. As we progress our own knowledge journey, we can formalise our assumptions through HCP and KTL discussions, and through a variety of other insight gathering options, to better reflect true treatment pathways and the considerations that go into each particular decision.

Going beyond mature assets, this can be particularly useful in pre-launch situations - a lack of journey understanding can be the root cause of an inadequate launch. By pinpointing where we lack understanding prior to deciding on critical tactics, we can ensure that we gather further information allowing us to make informed decisions on the tactics that we use. This allows us to ensure launch readiness among our most critical stakeholders by targeting the right people with the right actions, potentially requiring additional evidence generation, improved education, or improving awareness of existing evidence and education available.

For rare diseases, some particular oncology indications, and ATMPs (among others), treatments may be launched into patient settings where no therapies exist today. Collaborating with care providers from an early stage can allow us to optimise the pathway that patients take, resulting in better overall outcomes. The patient challenges in untreated landscapes can be significantly different to those in more mature indications and early understanding of the critical barriers in care pathway optimisation can prevent a disappointing launch and improve overall product performance.



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In some cases, our insights will uncover a needs gap that cannot be addressed by our product - e.g. a strong preference for a non-existent orally-taken medication - that can instead be fed into our early stage pipeline and product development.

By moving beyond an individual decision-point to the entire journey, we have full clarity of the dependencies that could lead to our drug being utilised - what testing is required at what stage; where are the patients falling out of the journey; are the challenges in diagnosis, treatment decision-making, or maintenance? The patient journey acts as a structure through which we prioritise activities, ensuring that we have full visibility of the patients' needs and deviations, and allowing us to put our time, resource, and budget to the highest impact tactics across functions.



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Critical Success Factors for Implementation of Patient Journeys

There are five critical success factors:

- 1) **Early implementation** - implementing a patient journey too late in the lifecycle of an asset can result in misaligned activity and wasted time, resource, and budget. In particular, when evidence needs are missed it can take several years to address in an effective manner; instead the patient journey and its insights should be feeding into an integrated evidence plan from an early stage in the asset lifecycle. This can be particularly relevant for treatments entering previously untreated indications, where often assumptions rather than knowledge form the foundation of early-stage planning.
- 2) **Ongoing iteration** - the patient journey needs to be a living document, updated with new insights and assumptions as they become available. By associating insights with particular decision-points and stages in the patient journey, we can understand and contextualise new information as we gather it. If we allow the patient journey to become dated, it loses its value and people begin to default back to older-style insights reports which lack the context, the landscape, and the prioritisation necessary to make the most effective use of the team's time.
- 3) **Real world verification** - clinical guidelines commonly rely on clinical trial data, which may not accurately reflect clinical practice. As the asset matures and more information becomes available, we must always test and iterate what we know in theory against what is real world practice uncovered by our HCPs, our RWD, and our insight sources.
- 4) **Collaborative development** - to support brand planning, the patient journey and the insights seated within it must be cross-functionally developed. When the internal vision and objectives of different stakeholders can be aligned, the team can ensure the most critical needs are covered off in a cohesive manner without duplication or conflicting activity. Equally, involving external partners from an early stage can ensure greater validation and improved optimisation of the care pathway.
- 5) **Clear roles and responsibilities** - clarity of ownership and responsibilities among stakeholders ensures that the patient journey is kept up to date, tested, and validated on an ongoing basis. Without clear ownership, it can default to siloed activities among functions and lose the value created by having the patient journey and available insights underpin the planning process.



Collaborative execution of patient journeys allows for greater control, flexibility, and responsiveness to organisational needs. It also fosters a deeper sense of ownership and engagement among teams.



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If external expertise is required, it is key to carefully select partners who can collaborate closely with internal stakeholders from different functions to ensure seamless integration of insights.

In conclusion...

Insights are critical to a product's success - and the inconsistency in capturing and applying insights can result in unmet patient needs and suboptimal treatment strategies. Patient journeys are an ideal way to bridge this gap, acting not just descriptive tools but strategic assets to inform cross-functional decision-making. By integrating insight gathering into patient journeys and patient journeys into strategy development we embed this as a core part of our decision-making process, enhancing patient outcomes and streamlining healthcare delivery.

As stakeholders in the pharmaceutical industry, it is our collective responsibility to leverage patient journeys effectively. This means not only understanding them in theory but integrating them into our daily operations and strategic planning. By doing so, we can ensure that our strategies are not only clinically sound but also deeply empathetic to the patient experience, ultimately leading to better healthcare outcomes and more effective treatments.

Interested in exploring how patient journeys can better serve your planning needs?

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