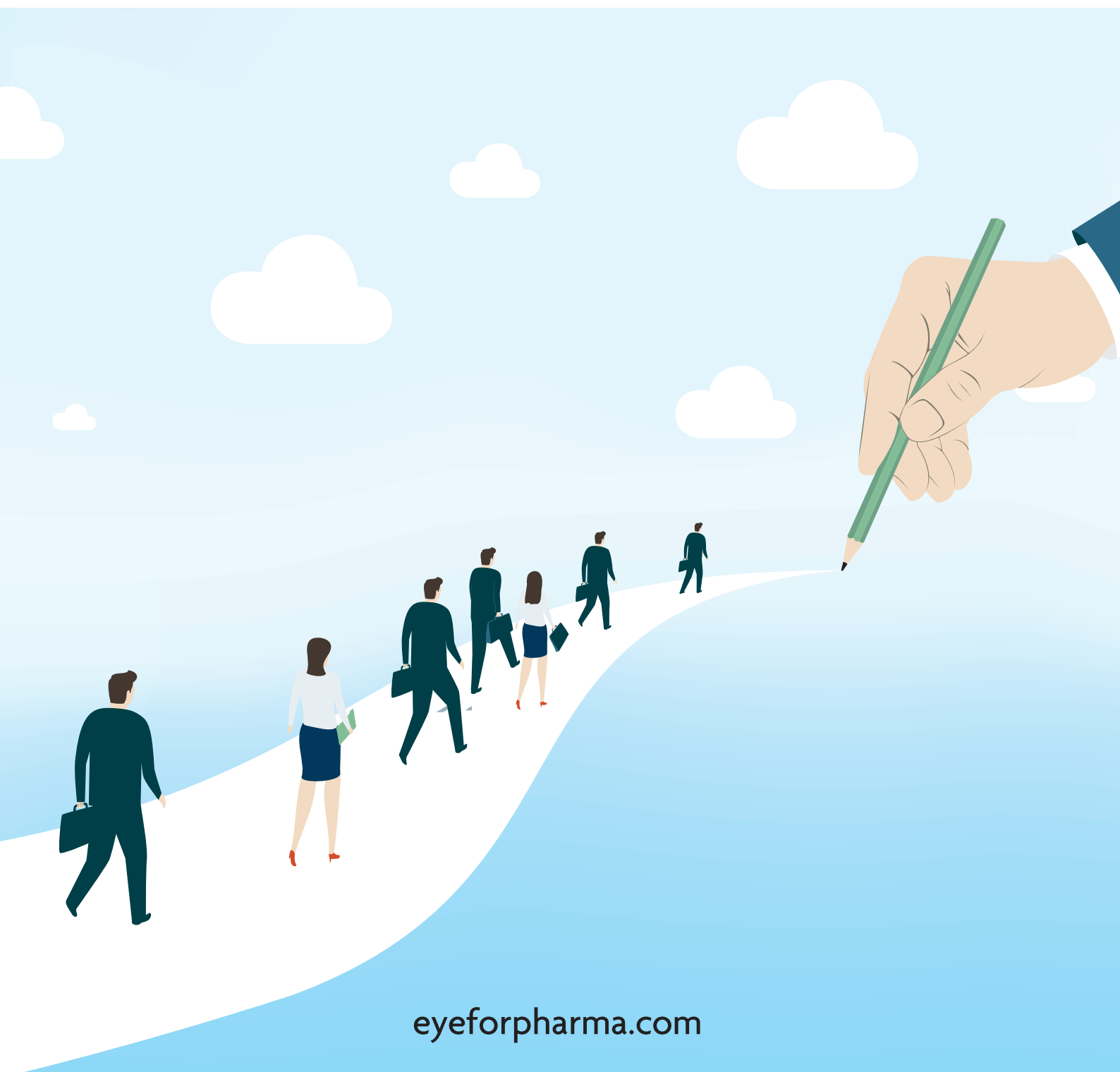


Patient-Centred Culture by Design

Embedding patient-centred focus into the culture of pharmaceutical organisations.



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- **Martin Dubuc**, Chief Product Officer and General Manager International, Aptus Health
- **James Heskett**, UPS Foundation Professor of Business Logistics and author of 'The Culture Cycle.'
- **Mark Horsley**, CEO of Northern Gas Networks
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- **Annmarie Neal**, Chief Talent Officer, Hellman & Friedman, former Chief Talent Officer, Cisco
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David Epstein, Head of Novartis
Pharmaceuticals

Foreword

Over the last several years, I, like many of you have seen a shift in the thinking of our industry from a focus on physicians to a greater focus on all our customers including payers, policy makers, healthcare professionals and of course, the most important customer, patients.

The question remains though: Are we really "walking the talk" when as an industry we say we are putting the patient first?

At Novartis, we have been asking ourselves that same question. Most notably, we've embarked on a journey to change our culture, how we lead and how we work to be more inclusive and to work side-by-side with patients.

Last year, we issued the Novartis Declaration for Patients stating publicly what patients can expect from Novartis in terms of patient safety, access, transparency, and involving them in clinical trials.

We definitely see that this focus on working with and winning for patients has ignited a passion with our associates who feel they can really make a real difference by working at Novartis.

As for me, I have always been passionate about being in an industry that transforms scientific insight into products that help people live longer and better lives. I have seen leaders and teams achieve remarkable outcomes when they keep the patient in the forefront of what they do every day at work.

Patients motivate and inspire us every day. To do our best for patients, Novartis will not accept the status quo.

A patient-centred culture fosters innovation, encourages independent thinking, collaboration and rewards diversity of thought. It nurtures risk-taking, creativity and inclusive behaviour which leads to new ideas and solutions.

But to achieve maximum results from our efforts we need to nurture a culture that also welcomes disruption in the name of delivering medicines and solutions that make a difference to patients.

From my perspective, creating a culture that delivers the best our industry can offer to patients and society is a goal worthy of pursuit.

David Epstein,

Head of Novartis Pharmaceuticals

Executive Summary

This whitepaper draws on case studies and expert insight to provide actionable recommendations for embedding patient-centred focus into the culture of pharmaceutical organisations. Evidence is provided that organisations can be patient-centred by design. Advice is provided on shaping a patient-centred culture, hiring and training people with shared values, finding leaders who have the vision to drive such a culture forward, and measuring the success of efforts to embed culture change. The barriers to a patient-centred culture are identified in order to provide strategies to avoid them.

Based on evidence both within and outside the pharma industry, a model is offered for successfully embedding the patient agenda into organisational culture:

1. **Shaping a New Culture** by defining the purpose and expected behaviours within an organisation, and setting up reinforcing systems that are patient-focused. This can require a change in business models, communication, and service designs. 'Transformation Offices' and 'Talent Organisational Architects' can help facilitate change.
2. **Hiring and Training People with Shared Values** by teaching employees how to find the 'sweet spot' (where it is win-win-win for patients, HCPs, and the company), rewarding and incentivising based on improved patient outcomes, training in ethical engagement through partnerships, attuning employees to the challenges of patients, and fostering diversity.
3. **Patient-Centred Leadership** that is transformative, purpose-driven, empathic, and based on a foundation of trust, with leader selection being around competencies and attributes.
4. **Measuring Patient-Centred Focus** via The Four R's (retention; relationships; referrals; returns to labour), KPIs (external and internal impact factors), and cultural measurements such as patient/employee satisfaction and leadership outcomes.
5. **Relapse Prevention** through strategies such as cross-functional teams to prevent silos, removing de-motivating factors, and maintaining momentum of change via the Four Pillars of Change, among other recommendations.

Real change towards a patient focus is only possible with a top-down approach that pushes the new patient agenda and allocates the necessary resources and talents to drive patient-centric performance within the industry.



Introduction

The pharmaceutical industry is in the midst of radical change, with a growing shift in emphasis from products to patients. A half-century old business model based on blockbuster drugs, incremental innovation, and physician preferences, has been turned upside down and patients are in charge.¹ The eye for pharma Industry Health Check 2015 indicates, however, that very few pharma companies would currently describe their approach to a patient-centred focus as 'Excellent' (20%) or even 'Good' (35%). Indeed, as many as 45% feel their patient-centred approach is 'Fair,' 'Inconsistent,' 'Not much action,' or 'Poor.'

Continuing pressure on the old model and the business benefits of adopting a new model of patient engagement will undoubtedly accelerate the drive towards a patient-centred focus. However, new strategies and new organisational structures won't be enough. Top leaders will not only be tasked with developing innovative, patient-centred models, they will also need to achieve enterprise-wide culture change and introduce the new leadership competencies this new model requires.

Genuine patient-centric focus means understanding patients' experiences of their condition – what the individual patient values and needs, as well as what is most likely to result in positive healthcare outcomes. Therefore, pharma will need to integrate new skills and abilities into their business model.

Making this transition will be far from easy, requiring concurrent changes in strategy, structure, and culture. Of these three important factors, culture change is likely to present the greatest challenge to pharmaceutical companies. This whitepaper provides insight into how pharma companies are embedding the patient agenda into their organisations, while also highlighting the principles and frameworks to be adhered to in order to successfully build a patient-centred organisation. Specifically, this whitepaper:

- Highlights key experiences within the industry, providing pragmatic lessons and actionable takeaways.
- Demonstrates what success looks like when embedding patient-centred cultures into pharma organisations, including how success is measured.
- Explores areas such as sales force motivation and remuneration, attracting the right talent, and new leadership competencies.
- Proposes a model for embedding patient-centred focus into organisational culture.
- Includes expert input from both within and outside the industry.



“The biggest misconception of pharma’s business model is that what’s right for the patient and what’s right for the shareholder are fundamentally at odds. In fact, the reverse is true. When the patients’ needs are our primary priority, business flourishes.”

Jill Donahue

Patient-Centred Focus - The Only Way Forward for Pharma

Pharma has traditionally been a sales-focused industry, where organisations and individuals are rewarded for profits over patient outcomes. However, pharma need only look to the recent Daraprim price hike which resulted in public outcry to realise that being too focused on financial benefits won’t serve anyone in the long run; structuring a business around aggressively chasing targets and encouraging the wrong behaviours is no longer effective or sustainable.²



Jill Donahue, industry speaker and co-creator of award-winning program EngageRx

The wider industry is placing itself at similar risk if it loses focus on its primary customer – patients. According to Jill Donahue, industry speaker and co-creator of the award-winning program [Engage Rx](#), “The biggest misconception of pharma’s business model is that what’s right for the patient and what’s right for the shareholder are fundamentally at odds. In fact, the reverse is true. When the patients’ needs are our primary priority, business flourishes.”³

Leaders are increasingly aware of the need to place greater focus on putting the patient at the centre of what pharma organisations do.⁴ By improving patient engagement and incorporating the patient voice into the design of products and services, a patient-centred focus is poised to improve patient outcomes. Donahue says pharma has progressed substantially in its efforts towards becoming more patient-centric over the last decade or so, citing the 2014 [eyeforpharma survey](#), where 86% of pharma executives feel that greater patient focus is the key to profitability.⁵



Neil Croft, Medical Affairs Advisory Services Lead at Kinapse

However, the industry has yet to reach what Donahue refers to as the “tipping point,” where patient focus is used as a growth platform. This implies that patient focus should trickle down to front-facing employees so that they can communicate with the external world that their organisation puts patients first. The word ‘growth’ implies that organisations must have a way of quantifying patient-centred focus and linking its direct contribution to business and outcomes. Kinapse Medical Affairs Advisory Services Lead, Neil Croft, poses the question, “What is actually going to change and what are you really going to do that is different from what you have been doing?”⁶ Now, the question that needs to be in the minds of pharma executives is: How can a patient-centric focus be embedded in the organisation and successfully measured and shown to contribute to better outcomes for the organisation, HCPs, society, and patients?

“To consider that the difference between a nine-hundred percent and a seventy-five percent appreciation in equity value is somewhat attributable to the strength of a company’s corporate culture highlights the significance of this often-overlooked issue”

John Kotter, “Does Corporate Culture Drive Financial Performance”, Forbes

Embedding Patient-Centred Focus into the Organisation's Culture



James Heskett, author of 'The Culture Cycle'

Culture-shaping is defined by Dustin Seale of the Senn-Delaney Leadership Consulting Group, as a methodical and integrated approach to shifting a company's culture from top to bottom, through behaviour change and personal transformation.⁷ Such a task can seem overwhelming, but the good news is that James Heskett provides a workable framework for culture-shaping.⁸

Heskett is the author of ['The Culture Cycle: How to Shape the Unseen Force that Transforms Performance'](#), where he introduces the concept of the 'culture cycle' and explains how an effective culture, which includes a focus on the customer, can contribute to almost half of profitability.⁹ The products and services provided by pharma must lead to very satisfied patients. This way, the economic power of patient relationships can be harnessed through patient referrals and retention.

Overall, the culture cycle demonstrates how 'less visible causes' such as values, mission, expected behaviours, expectations, and trust can determine the 'more visible effects' such as productivity, profitability, innovation and organisational learning, and how such learnings can be fed back to the organisation to improve the mission and values. With defined values, the expected behaviours can be identified, monitored and measured. The culture cycle has a foundation of trust, which facilitates employee engagement and job ownership.

This whitepaper uses Heskett's culture cycle as a theoretical lens and highlights key learnings of experts within and outside the pharmaceutical industry to develop a framework for how to shape a culture around providing value to the patient and how to measure its success.

1. Shaping a New Culture

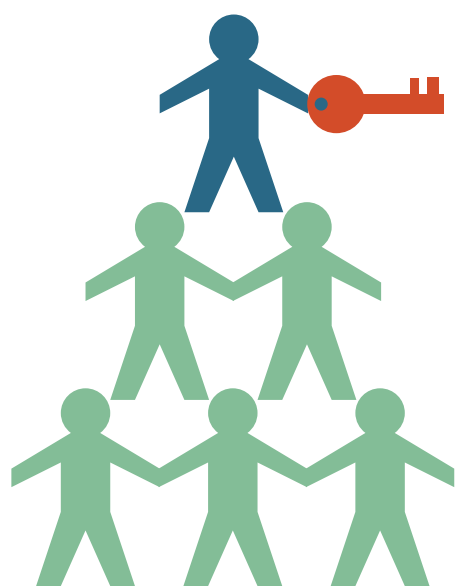
If an organisation doesn't take charge of its culture, it is at risk of developing away from the company's core strategies. Heskett explains, "Cultures develop with or without conscious effort. They generally reflect the beliefs and behaviours of the founder of the organisation and are often not codified until some years later after the success of the start-up."

So, how exactly can pharma companies take charge of their culture? The three key steps identified within interviews conducted for this whitepaper are: 1) Define the purpose of expected behaviours; 2) Set up reinforcing systems that are patient-centric by design; and, 3) Transformational change for the organisation itself.

1.1 Define the purpose and expected behaviours

Many pharma companies are attempting to integrate patient-focused thinking into their organisation by developing patient programs and opening up patient-centric departments. However, to effect a deeper cultural change, a patient focus needs to be a way of thinking, believing and acting.

"It is only when it is embedded in the culture of the entire organisation and guides decisions in all departments, at all levels, that focusing on patient health can create shareholder wealth," says Donahue. She is a strong believer that business flourishes when companies prioritise the patients' needs: "If you don't understand that simple truth, you shouldn't be in this industry."



“Until a company is patient-centric from the core - until their patient-centricity guides their daily decisions - the promise of greater outcomes will remain elusive.”

Jill Donahue

Donahue speaks passionately about research that confirms her belief in the connection between purpose and business outcomes. She references Jim Stengel’s 10-year retrospective study showing what the most successful companies do to achieve ~400% greater growth than the Standard & Poor’s 500. “In one word,” she says, “it was purpose.” These successful companies focus on their purpose or the difference they make in the world. Donahue comments pharma was surprisingly absent from the top 50 most successful companies.

“The irony,” says Donahue “is that in pharma, our sense of purpose is right under our nose. We are saving and improving lives! Yet we have not been empowering our people with this sense of purpose.” This purpose-driven mindset is not only highly engaging for pharma employees, but it also creates the common ground required to engage healthcare providers to partner with pharma to serve patients.

The first step towards embedding a patient-centred focus, therefore, is establishing a baseline of where the organisation currently is and where it sees itself in terms of shared values, behaviours, measures, and actions. “The process of shaping a culture begins by describing what exists as opposed to what is desired,” advises Heskett. “What beliefs do we, as an organisation, share now? How do we behave? How do we act as leaders when behaviours by others appear to be dysfunctional?” These questions are the basis for determining the shared values and behaviours necessary in achieving a company’s mission. Leaders should then ask, “How should our behaviours be measured? And what should we do if our behaviours don’t measure up to what is deemed to be necessary?”

To put values into action, the expected behaviours that exemplify such values and define success must be identified and safeguarded with policies and practices. “The idea is to identify values that are important to everybody and behaviours that describe how we do things around here. Without behaviours, it doesn’t make much difference to the values you identify. There’s often no way to manage the set of values unless you understand what behaviours there are to watch and manage for,” explains Heskett.

Unifying the organisation under the shared goal of serving patients better can do wonders. “When pharma people are encouraged to connect with the difference they can make in the world, it’s akin to ‘releasing the hounds,’ attests Donahue. “They love it. They stand taller and feel more pride. On top of that, they get better access to HCPs and feel more valued.” Pharma companies that still view business only as a way to make money, instead of a way of saving lives, will miss out on the benefits of being patient-focused, she warns, adding, “Until a company is patient-centric from the core - until their patient-centricity guides their daily decisions - the promise of greater outcomes will remain elusive.”

2.2 Set up reinforcing systems that are patient-focused by design

Silos are a traditional way of organising the different roles inside a company, which can be detrimental to a firm’s ability to learn and grow. Often, the silo effect occurs when there is a desire to protect the interests of one’s own department and a lack of willingness between managers to work together. Breaking away from silos can facilitate cross-functional collaboration and encourage creativity and innovation. According to Heskett, policy can be a great tool to embrace diversity, which can be “the foundation for a learning organisation.” Silos



Jane Griffiths, Company Group Chairman, Janssen Pharmaceutical Companies of Johnson & Johnson

can segregate people, but when diverse people are brought together, Heskett claims, “They are able to be more creative.” Jane Griffiths, Company Group Chairman of Janssen EMEA, agrees, and believes that creativity and innovation can be harnessed from diversity in terms of gender, age and background as long as there is a clearly defined and unifying purpose.¹⁰

Organisations can also supplement culture change with reinforcing systems – business models, service designs, communication, and transformational change for the organisation itself.

Change in organisational models

In eye for pharma’s [Barcelona 2015 Conference Highlights Report](#), there are three organisational models discussed.¹¹ The first is the introduction of a new patient-centric department, which could serve as the hub for patient-related information and activities. The second is by appointing a Chief Patient Officer who is in charge of driving patient engagement across the organisation. The third is by integrating patient focus into what everyone is doing - which



Dustin Seale, Partner and Managing Director, Senn Delaney Leadership Consulting Group

holds the greatest promise of a deep and lasting cultural shift. As Dustin Seale, Partner and Managing Director, EMEA, at Senn-Delaney, says, “If you’re going to restructure the organisation, it’s critical that your business model and your organisational model represents your belief in that culture.”¹²

A change in organisational model could mean a change in the focus of business. Seale cites the example of European pharma company, UCB, which changed its organisational structure from a focus on geographical profit-and-loss to global patient units. It also introduced three new key positions in its executive team to represent each patient value unit in major therapeutic areas. For UCB, restructuring their organisation was a patient-focused marketing strategy - to get closer to the patient, get a deeper understanding of their chronic condition needs, and deliver improved patient value.

Culture-shaping can also mean trimming off the non-patient-centric sections of an organisation. According to Seale, who has 22 years’ experience in culture-shaping, many organisations are built to serve the business, not its patients or customers. “Take CVS, the largest pharmacy chain in the U.S., as an example. Their stated purpose was bringing health to the communities they served, but at the same time, they also had a multi-billion-dollar tobacco business unit. This clearly didn’t fit with the culture, so CVS decided to drop the unit in October 2014. This resulted in consumers moving their business from competitors to CVS in support of its renewed purpose, which was contradictory to the expected falls in revenue from letting go of a business unit”, he contends.

Serving the specific needs of patients calls for a move towards specialisation, or simply achieving more by doing less. In Seale’s opinion, gone are the days when pharmaceutical companies would develop blockbuster drugs, or those that are famous as the widely accepted solution for general health problems. To become patient-centric, companies need to narrow their efforts to address specific conditions. This can be seen in the GSK-Novartis swap, where vaccines have been moved under GSK and the oncology business under Novartis.¹³ “Instead of trying to be an expert in everything, it is better to develop deep solutions for narrow disease areas,” affirms Seale.

CASE STUDY: UCB: Restructuring Marketing around Patient Value Units



Jean-Christophe Tellier,
CEO, UCB

The patient voice is getting louder and shaking up the old business models in pharma. Jean-Christophe Tellier, CEO of Belgium-based multinational UCB, knows this and is keen not to “apply a scheme from the past to push for a solution of the past.”¹⁴ Tellier took on the role of CEO in January 2015 and has since helped push several restructuring initiatives to bring the organisation closer to patients. He believes that when patient value is created and demonstrated, aligning stakeholders along the strategy of patient-centred focus is much easier. The drive for patient value is reflected in their stated company purpose: “Everything we do starts with one simple question: “How can we create more value for people living with severe diseases?”

Organisational restructuring has comprised the appointment of a Chief Patient Affairs Officer, Lode Dewulf, who also functions as VP. Tellier is also a believer of being outward-looking. “People need to get outside to understand what is changing, who is influencing who, who is making the key decisions, how the value chain is working, and I think it’s a really significant shift”. As a result, UCB has made some adjustments to the executive committee, adding what they refer to as ‘Patient Value Units,’ which are teams located in all major UCB therapeutic areas. This has facilitated the growth of cross-functional teams that are responsible for patient value practices, patient value operations, and patient value functions.



Bharat Tewarie, Executive
Vice President and Chief
Marketing Officer at UCB

Restructuring has allowed employees to delve deeper into the specific needs of patients. Bharat Tewarie, EVP & Chief Marketing Officer, says, “UCB is speaking to patients and hearing their experiences in their own words. We have implemented several techniques that allow us to directly interact with patients and gain first-hand insight and understanding into how they live with their disease.”¹⁵ By driving employees to understand the holistic experience of the patient, the organisation is also able to ensure they reframe the problems that must be solved around the patients’ needs. In order to achieve this and to better market their products, Tewarie advocates moving away from creating solutions for the patient – to creating solutions as the patient.¹⁶

Tellier measures the impact of their attempts to be closer to patients three-fold:

- If they are doing good things for the patient;
- If there is customer satisfaction;
- If employee engagement is high.

A change in organisational structure helps facilitate patient focus, but culture remains key in motivating employees to “go the extra mile.” Tellier agrees with the quote from management consultant and author, Peter Drucker, that “culture eats strategy for breakfast.” Consequently, he ensures that everyone in UCB understands that success is only possible through cross-functional cooperation.

Change in communication and service designs

According to Donahue, “Optimising patients’ health doesn’t compete with optimising our financial health; it leads to it.” Tweaking the design of services and communication leads to better chances of achieving health outcomes and patient satisfaction that reflects on the company finances.

Improving services and communication can begin with something as simple as changing the language employees use. Communicating in financial terms is a major turn-off for patients and has always been destructive for pharma’s reputation.

Pharma should look at the great customer-centric organizations - Disney, Apple, Amazon, Zappos, for example. “What are they doing to ‘delight’ the customer?” asks Donahue. “There’s no tension in those companies between how they’re selling and the customer’s needs. Pharma people need to be aligned around the concept of ‘patient/HCP delight.’” Indeed, Sanofi’s Chief Patient Officer, Dr Anne Beal, put this well when she said in an interview with Donahue, “Pharma needs to get into the business of exceeding customer’s expectations - just like Disney and Ritz-Carlton do.”

An example provided by Heskett in terms of service design improvements that contribute to “patient delight” is the Mayo Clinic in the U.S.. To become more patient-centred, the clinic changed its design systems – scheduling routines, staffing, and facilities – to revolve around patients, rather than physicians or other care providers. For instance, it schedules work based on what will provide the most effective and efficient experience for the patient, instead of what is convenient for the physician. Changes were also made to the compensation scheme by providing a salary and modest incentives based on professional performance. Heskett surmises that because of this design system, “85% of Mayo Clinic patients have referred at least one other patient to the hospital.”

Increasing the extent and quality of services can also be a way to equip both physicians and patients with better access to health-related information and knowledge. Aptus Health (formerly known as Physicians Interactive), an independent subsidiary of Merck, that provides access to content and other digital engagement solutions for healthcare professionals, healthcare systems, and life science companies, has recently acquired Univadis - an online content platform providing medical studies, journals, modules and textbooks to over three million healthcare professionals around the world.



Martin Dubuc, Chief Product Officer and General Manager International, Aptus Health

According to Martin Dubuc, Chief Product Officer of the Healthcare Professional Division and General Manager International at Aptus Health, having access to up-to-date information about drugs, clinical trials, and new medical practices can be empowering for physicians. More importantly, engaging healthcare professionals in credible, relevant content helps achieve a shared vision for improving patient outcomes. Dubuc says, “We are very focused on how engagement can improve patient outcomes. The Univadis platform includes content that helps physicians reduce treatment variability, increase adherence to new guidelines, or re-discover something they might not remember from 20 years ago in medical school. We believe all of these things are part of the foundational knowledge that helps improve patient outcomes.”¹⁷

Improving service design to better engage patients may require the assistance of outside help. Health Advocacy Strategies is a consulting firm that helps biotech and pharmaceutical companies engage with patients from early development and throughout the product lifecycle.



Jean McCoy, Senior Vice President of Strategy and Innovation at Health Advocacy Strategies

Jean McCoy, Senior Vice President of Strategy and Innovations for HAS, helps clients develop compliant programs that incorporate patient experience into their daily operations. McCoy believes that a patient network is a strong foundation for any patient-centric program, as they enable pharma companies and health providers to access and aggregate all necessary patient information.¹⁸ Networks can also be a platform for patients to share personal stories and get in touch with others who have similar experiences.



Annmarie Neal, Chief Talent Officer, Hellman and Friedman

Transformational change for the organisation itself

To be patient-centred by design, organisations must not only integrate patient focus into everything they do, but also ensure that the integration is sustained. According to Annmarie Neal, Founder of the Centre for Leadership Innovation and author of [‘Leading from the Edge’](#), “Just as business models and organisational dynamics need to shift to be customer-centric, the employee type also has to shift.”²⁰

One way to achieve this is by creating a ‘transformation office,’ to facilitate change within the organisation. This office should plan and coordinate projects for culture-shaping and oversee various work streams. It must also be managed by executive level, a “Talent Organisational Architect” who, Neal advises, “would need to combine the strategy with systems and performance management in the best way to drive the customer value proposition forward.” The task of overseeing change among people must not be handed off to HR, a department that is traditionally required to be compliance-oriented. “While your HR architect should be really smart,” she says, “he or she should not be the only one leading this. Direction and commitment must come from the C-suite as a collective.” For culture change to be successful, senior management must mindfully oversee the social shift to prevent old habits from creeping back in.

2. Hiring and Training People with Shared Values

In Heskett’s opinion, the success of culture-shaping resides “90% in people.” Seale is in agreement when he says, “You change culture one person at a time.” Employees must be aligned along the value proposition to ensure that patient experience is uniform across the board. “You can’t have some groups supporting the customer in one way and others in another,” says Neal. Organisations must achieve the kind of culture in which employees have, or strive to have, a positive effect both on the bottom line and the patient experience. To meet value-based expectations, employees with the right mindset must be empowered.

So, how exactly can pharma companies hire and train people with shared values? The four key steps identified within interviews conducted for this whitepaper are:

- Hire for attitude – Attract the right talent; Embed purpose and empathy by training employee mindset; Don’t incentivise behaviour too much
- Motivate through ownership of change
- Train and incentivise a patient-centric sales approach
- Build relationships with HCPs and patients based on trust

“Organisations that first establish profit goals rather than strategies for hiring, training, and promoting the right people are doomed to failure. The most successful culture change efforts emphasise neither sales nor customers. They always start with the employees who influence customers who determine sales growth and profitability.”

James Heskett

2.1 Hire for attitude – Attracting the right talent

Hiring employees who share the values of the organisation is critical. Heskett warns, “Organisations that first establish profit goals rather than strategies for hiring, training, and promoting the right people are doomed to failure. The most successful culture change efforts emphasise neither sales nor customers. They always start with the employees who influence customers who determine sales growth and profitability.”

Employees make an impact on both strategy and overall culture. However, between the two, getting culture right must come first. Jim Collins wrote in his book [Good to Great](#), “To decide where to drive the bus before you have the right people on the bus, and the wrong people off the bus, is absolutely the wrong approach.”²¹ In other words, getting the wrong people on board can eventually lead to many costly HR predicaments that divert the organisation’s time and resources away from its core purpose.

Hiring employees who subscribe to a set of shared values and behaviours makes for a smoother alignment with company strategies. They understand what the company stands for and how their responsibilities serve the company’s purpose. They are also more loyal, engaged and productive. This achieves both a reduction in employee turnover and increase in business innovation and customer loyalty.



Kimberly Stoddart,
Vice President of
Human Resources and
Communications, LEO
Pharma, Canada

LEO Pharma Canada, started an initiative with their employees called “*Engaging for Better Patient Care – What’s Your ‘Why’?*” which highlights and links the personal motivations of employees with the goal of helping patients. VP for HR and Communications, Kimberly Stoddart, says they created a video encapsulating the entire program: “When we are looking to hire new people, we show the video to candidates. We can tell immediately whether the concept motivates them, and to what extent, which we then explore. If it doesn’t, they’re not for us.”²²

One senior sales executive we interviewed who is a trained MBTI (Myers-Brigg Type Indicator) practitioner and has experience with some of the top-performing firms in pharma, uses behavioural psychology tools such as the Behavioural Based Interviewing (BBI), which can uncover an individual’s personal motivations and ability to build and sustain relationships.²³ He has interviewed highly qualified and technically proficient prospects many times, but has turned them down because of a clear lack of ability to empathise and engage with purpose. This senior executive has also noted that when putting together a contract sales team, sales representatives who have a particular illness (or has a relative with a certain condition) perform exceptionally in selling the related drug or therapy.

For Griffiths, potential employees need to be involved early. She is passionate about promoting the industry among students, to increase the chances of attracting the brightest minds to become the future patient-centric decision-makers of pharma. She says, “It’s in our interest, as an industry and as a company, to make sure that there are enough bright young people coming through the system with degrees appropriate to our business. So, it’s important that we encourage kids to take the right degrees and it’s up to us to educate people more about what goes on in our industry.”



CASE STUDY: Northern Gas Networks: Change the Line Up



The year 2012 wasn't a very uplifting one for the gas company, Northern Gas Networks (NGN). Firstly, an employee engagement survey found that employees felt little loyalty or sense of belonging to the firm. Secondly, in a 2011/12 customer satisfaction survey by Ofgem, among eight gas distribution network operators, NGN scored last.



Mark Horsley, CEO of Northern Gas Networks

Three years later, the condition of the company has completely turned around. NGN won two awards at the 2015 UK Customer Satisfaction Awards and three at the UK Employee Experience Awards, including 'Inspirational Leader or Manager' for NGN CEO, Mark Horsley. They also increased their operating profit from £162 million in 2013 to £175 million in 2014. They initiated the "60:60" challenge, seeking to resolve 60% of customer issues within 60 minutes, but have exceeded this by resolving 85% of complaints within an hour and over 90% within the day.

The change that paved the way for this shift in the company's condition was cultural and one that strongly links customer satisfaction with employee engagement. Horsley says, "We were an organisation that talked pipes rather than people, and I knew that needed to change."²⁴ Indeed, when Horsley took on the post of CEO in 2011, he came with the goal of revolutionising NGN's business model, one that captured employees' mental attention and passion to serve, which would effectively place the customer at the heart of the business.

Horsley is working towards a "conscious organisation," characterised by empowered and highly involved colleagues who are focused, agile when there are changes in technology or market patterns, and able to work within and across the business. Empowered employees have trust for the company that they feel is being reciprocated, fostering a can-do culture where employees decide and behave according to what they feel is right for the customer.

"I recognised that what we needed to do was not only change some of the members of the leadership team but change the behaviours in the business," says Horsley.

The composition of the workforce was also changed. From 1,500 employees, some were released on early retirement. New employees were brought in under new terms and conditions, and notably under a new recruitment and induction process. Recruitment is now greatly based on the applicants understanding and demonstration of the company's values. Induction of new employees was previously only half a day, but now is done once a month during a four-day period. Directors also take the time to meet and have lunch with new recruits.

"When you have disciplined thought, you don't need bureaucracy. When you have disciplined action, you don't need excessive controls".

James C. Collins, *Good to Great: Why Some Companies Make the Leap... and Others Don't*

“We don't really know yet what is the value-added from this activity. How do we make sure this is bringing value to patient, physicians and indeed Sanofi.”

Anne Beal

2.2 Embed purpose and empathy by training employee mindset

Although there is a dimension in training that is programmatic, Seale's experience has shown that employees tend to be unresponsive to the term 'programme.' "It's really the development of mindset of people. They must be able to ask themselves: "How do we bring this culture to life daily, in how we do meetings, interact with staff or travel the world? That way, it doesn't just become a programme, but how they do things."



“Once you have a strong purpose and engage teams you can do anything.”

Sales Excellence Expert

During Barcelona 2015, Beal offered a thought that can compel pharma employees to align their mindset along with their change in culture: "Are you going to be part of this movement or are you going to be the dinosaur that's left behind? And we know what happened to the dinosaurs, right?"²⁵

A cultural move towards patient focus and engagement is "a change in thinking," says Seale. Values should reflect in employees' mindsets. Since pharma is an 'expert' model, however, Seale observes that health experts find it challenging to listen to non-experts (i.e. the patients). "Experts need to be willing and agile enough to change, and learn from non-experts in order to be patient-centric," he contends.

Learning from non-experts requires a high degree of empathy. For one senior executive, who is a sales excellence expert and has tremendous success building high-performing contract sales teams, he instils a deep sense of purpose and empathy before sales reps are even allowed to meet with anyone. He begins with how poor adherence can cost a patient's life, explaining that 10% of patients fall off the drug regime wagon and, as a consequence, a quarter of them could die. The purpose he instils is that sales reps can get patients to engage with the product early on and potentially save a life. "Once you have a strong purpose and engage teams you can do anything," he says. This contract sales team he refers to went on to win multiple prestigious awards for several years in a row, outperforming teams from 35 other pharma companies.

Another method of training used by this senior executive is experiential learning, where he creates a scenario in which a sales rep gains a personal understanding of a condition. "It's like trying to convince a 20 year-old to contribute to a pension fund," he explains. "Many are not too worried because that's not us - that's an older version of us. If you bring in an 80-year-old person in a wheelchair on oxygen, it might not connect with a healthy young sales team." In one such scenario, he requested a make-up artist to simulate psoriasis on the arms and faces

of sales reps and had them walk around in public, prompting a deeper and more personal experience that resonates with real patients living with the condition.

2.3 Don't incentivise behaviours too much

For Griffiths, the end doesn't automatically justify the means. "Our people's evaluation is half about the *what*, but the other half is about the *how*. The best numbers in the world, if not aligned with the patient-centred credo, would not be getting a good evaluation," she maintains. One sales excellence expert we spoke with agrees with her, agreeing with her, elaborating, "It's possible that incentive programs drive behaviour, but I don't think it is always good behaviour." For this expert, having good sales numbers may be ideal, however, a look at how sales reps have been pushed to achieve those numbers can say a lot about the culture of the organisation.

“When corporations constantly emphasise share prices and sales targets, they can prime their teams to be more self-focused and less collaborative. If the message of not forgetting the patient is tagged on at the end, teams can find the concepts at odds with each other, and psychologically they can't do both.”

Sales Excellence Executive.

The executive cites research indicating that priming teams with the use of money (extrinsic rewards) can reduce their performance and promote internal competitiveness and destructive behaviour. "When corporations constantly emphasise share prices and sales targets, they can prime their teams to be more self-focused and less collaborative," he says. "If the message of not forgetting the patient is tagged on at the end, teams can find the concepts at odds with each other, and psychologically they can't do both. Companies then wonder why their culture isn't changing, without realising that they're continuing to steer their employees in the direction of the old culture."

For one expert, using incentives to drive performance can be the organisation's easy-fix when sales aren't at the level that managers want them to be. However, he urges managers to "uncover what's really going on" because poor sales might be reflecting a deeper cultural or leadership problem.

Neal suggests motivating people by asking them to do something they never thought they could do, but within realistic parameters and towards clearly defined outcomes. One of the problems Neal identifies with motivation is that not many companies think about removing de-motivating factors, too much monetary reward being one of them.

2.4 Motivating through ownership of change

How should organisations encourage autonomy, mastery and purpose? "I would go down the path of inspiring people to do things differently," suggests Seale. "That requires employees to be given an experience where they can see how they can have a more fulfilling way to do work that gets results and how they can be competent in it," he says. "That is the biggest mistake in organisational change. They stop at the top team. And they don't actually give everyone the chance to try the change, try on the new clothes."

In Seale's culture-shaping approach, a change in mindset is achieved only through experience: "When we have an experience, we clock it, and we change our thinking and behaviour." He urges pharma leaders to design a mechanism whereby employees can have a personal experience with a patient-centric culture, so they manufacture a "personal epiphany" where they see patient engagement through their own eyes and develop a mindset on their own. At LEO Pharma, this is the same as answering the question "What's your Why?", which challenges employees to remember why they work in pharma, why they chose LEO Pharma, and why they do their jobs day after day.

Seale worked with a telecommunications company that wanted to become more agile and collaborative. His team gave the organisation an experience that provided them each with the opportunity to “unfreeze” the old way of thinking. This approach resulted in turning customer regard for the company positive, making the company the fastest growing entity in their industry. “Patient centricity has the same experiential touch point,” says Seale, “but each person will have a personal experience within that. It’s theirs, and it’s from the inside-out instead of from the outside-in.” Personal experiences can inspire people to continue doing things differently and find fulfilment in what they do. For example, GSK provide patients around the globe with the opportunity to share how medication developed and sold by the company enables them to do more and live more. “That reminded everyone in the organisation why they existed and how great it is when they get it right,” Seale points out.

Seale urges pharma to “Connect the dots” for employees (between them and their impact on patients’ lives), even for non-customer-facing employees. It’s equally important for companies to reduce feelings of insecurity and fear, which can trap people inside the process and hold them back from deciding what is right for the patient. Some employees work with the mentality of: “If I make a mistake, they’re going to come and get me.” For employees to have ownership and accountability for culture change, companies need to create an environment “where people feel they can make decisions and learn, and they operate from a place of confidence and personal belief,” says Seale.

For Donahue, “Everyone wants to make a difference,” so when employees witness how culture change benefits their career, personal life, and sense of fulfilment, they become more invested in the company’s mission. Adrienne Boissy, Chief Patient Officer, trains Cleveland Clinic staff on improving relationships with patients, and recognises that people are learning adults and that they can be self-directed. “They’ll have their own goals,” she says about employees, “and I’ll have my goals for them, but what’s important is they have their own.”²⁶

2.5 Train and incentivise a patient-centric sales approach



Victoria Williams, Vice President and Sales Director, GSK

As well as providing inspiring personal experiences for their employees, GSK also stands as a role model for incentivising selling behaviour towards patient outcomes. Victoria Williams, who has been with GSK for 20 years and is now Vice President, is convinced that one of the ways pharma can change the image of the industry and drive greater value is in the way we interact with our customers to come more patient-focused.²⁷

GSK adopt a patient-centric approach to selling, instead of a product-centred one. Williams identifies the four values of the GSK culture as being: Transparency; Respect for People; Integrity; and Patient

Focus – which are embedded into their sales force. The sales model is no longer based on prescription targets, but instead representatives develop a business plan at the beginning of the year outlining the market segments they wish to target, which are iterated monthly. Before they are even allowed to meet with clients, representatives are trained through experiential role-play so they can practice the patient-centric approach. They are then evaluated based on their technical knowledge, the quality of service they deliver to HCPs to support improved patient care, and a broader set of business performance measures.

“The existence of an appropriate incentive program helps sales reps to better value and believe in a patient-centred environment,” observes Williams. “As a result, doctors are becoming more amenable to meeting with them. The ten minutes the doctors spend with the representative

“The existence of an appropriate incentive program helps sales reps to better value and believe in a patient-centred environment.”

Victoria Williams

“If the value is placed on the patient, not the sale, you’re half way there.”

Victoria Williams

brings a huge amount of value.” Doctors take more time and attention when discussing products and providing feedback. HCPs become an equal partner in the selling process instead of simply receiving the dictate of GSK representatives.

Donahue has seen the same positive response from HCPs. “When we focus on the prescription and ‘getting the sale,’ doctors don’t want to talk to us. We’re not on the same team. If we can’t get in front of them, we certainly can’t influence behaviour change to improve patient outcomes, nor can we ‘get the sale.’ When we instead authentically serve HCPs with a focus on our purpose and the patient, HCPs want to partner with us. We help them help their patients, and the sales are a natural outcome,” she shares.

The EngageRx team has designed a mobile sales (influence) programme, called [EngageRx](#): The 3 Keys to Patient-focused Growth. It is the first programme that maps out a new approach to grow sales and influence others faster in patient-focused ways. The three keys teach people:

- To focus on why they are in pharma, how be purpose-driven, and communicate to others that they are purpose-driven. This opens the door
- How to become strategic influencers and avoid the mistakes most of us make in our influence efforts. They learn instead to apply the best influence strategies from psychology, adult-education and the top business thinkers in the world
- How to improve their own social and emotional intelligence such that they become the kind of people others want to be around - to be people of influence

2.6 Building relationships with HCPs and patients based on trust

“Most pharma executives agree that our old business model is broken,” says Donahue. “If we are to conquer disease, we must regain the trust of our partners and redouble our efforts to build partnerships.” Gaining back trust demands that pharma listens and works closely with

CASE STUDY: GSK: Patient-Centric Selling and Marketing



As Vice President at GSK, Victoria Williams commits herself to the patient-centric approach by consistently working with those on the front line of sales. Changing the old ways of selling can be difficult and Williams believes that competency in management is essential to make the move towards patient-centric selling effective. She trains her sales managers (those who manage the sales reps) to espouse the same approach, pointing out, “They can’t just sit in the office. Our managers at all levels in the sales organisation need to be present in the field, coaching and supporting the teams to add real value to their customers during interactions.”

Sales Managers now spend most of their time doing field-related work where they observe, evaluate and mentor their sales reps and frontline marketers. “Sixty percent of a Sales Manager’s time is spent on field calls,” says Williams. However, instead of counting how many prescriptions have been sold, Williams says the goal of managers should be “to support the teams in order to uncover the needs of patients and doctors.” This way, the sales team becomes a platform to tailor medicines based on the needs of patients.

Patient-centric marketing goes beyond simply listening to patients, and GSK have clearly recognised and acted upon this. Patient-centric marketing is also about engagement, loyalty, adherence and delivering strong patient outcomes. In this sense, GSK don’t just listen – they understand their patients, giving them the knowledge to implement new marketing techniques. Sales Managers evaluate the performance of their reps based on agreed-upon business plans, scored observations, and summative assessments. Changing the way that performance in sales is evaluated helps shift the focus of sales representatives towards creating better ways to build strong and trusted relationships with HCPs and patients. Williams says, “If the value is placed on the patient, not the sale, you’re half way there [towards patient focus].”

An afterthought provided by Williams is that, “Selling isn’t a bad word if it’s done right.” It is this approach to sales that differentiates GSK from competitors.

HCPs and patients. Seale shares a similar view: “Rather than a drug being sold to a doctor or system, patient-centric culture requires patient/doctor collaboration to put the patient first in order to achieve positive health outcomes.” Donahue adds, “Trust and collaboration can leverage our collective curiosity, our collective intelligence, and our collective creativity against the elimination of disease and optimization of health.”

One strategy that Donahue suggests for building relationships based on trust is training employees to ‘influence people in a patient-centric way,’ as she did with LEO Pharma Canada. She provides these four steps for improving your ability to engage HCPs:

- Teach employees how to find the ‘sweet spot,’ where patients, HCPs, company and society all win
- Instead of training employees how to sell, teach them how to engage ethically through partnerships to deliver better health outcomes
- Provide rewards and incentives for sales reps based on improved patient outcomes
- Become more attuned to the challenges of patients and bring all resources - people, collective knowledge and ingenuity, not just drugs - to the common pursuit of solutions

CASE STUDY: LEO Pharma Canada: Incentivising People to Engage with the Organisation and Patients



In 2012, the top management of LEO Pharma Canada issued a call to action for all staff to “focus on the patient” and trust that, by doing so, “the business will follow.” This gave rise to LEO Pharma’s umbrella program ‘*Engaging for Better Patient Care*.’

A quarter of LEO Pharma’s employees, from Admin assistants to the CEO participated in the EngageRx mobile training program and live workshops, and 100% were very satisfied with the outcome. The true test of whether or not employees are fully engaged in their work is when they actively think of solutions to problems. LEO continually provides training for employees to develop their own ideas and figure out how those ideas can be quantified. Recently, LEO also had a project where employees needed to actively engage potential patients within their social circles. This project makes a deeper emphasis on the ‘why’ of patients by making the patient connection a personal one.

To further drive empathy and engagement with patients, the company also set up a separate company, The LEO Innovation Lab, which is committed to finding innovative solutions for psoriasis patients beyond products. This has given employees the opportunity to get closer to patients and talk to them and with other stakeholders to develop ways to deliver better patient value.

Donahue’s training program has helped teach LEO Pharma employees how to influence others in a patient-focused way. The company is looking into how they can have patient-focused rewards and recognition programs. To align their incentives with patient-centredness, 20% of LEO Canada’s sales bonuses have been behaviour-based for the past two years. Part of their bonus is computed based on how many best practices and insights are

shared with others in a coaching program called ‘best practice-sharing.’ Every quarter, staff members also nominate peers whom they believe ‘walk the talk’ in terms of their company values. Stoddart shares, “When people are rewarded for being innovative, it creates the passion and openness for other people to try it.”

There is already evidence that their training program and reward system, which is a balance between financial gain and personal fulfilment, are a success. At the inception of the journey to become more patient focused, the organisation made some structural changes to facilitate collaboration and signal the end of doing things the old way. In addition, they created a cross functional team with employees from all departments whose mission was to help evolve the culture. Using the letters of LEO, this team came up with a slogan to define the behaviours that were needed to drive the cultural shift: Leadership, Empowerment and Opportunity. “The belief that the business and the patient are inseparable is critical,” she explains. “Being “LEO” is really part of our everyday language now. It is the organisation’s guiding star.”

The company has started a journey to actively communicate with patients, partners and vendors through social media and during ‘patient days’ (e.g. World Thrombosis Day) so that they can better demonstrate the message of their new culture. Recently, LEO Pharma Canada was also recognised as having one of the “Most Impactful Emerging or Global Initiatives” at the eye for pharma Philadelphia Awards, proving that engaging and allowing employees to figure out their personal motivations can lead to patient-centric innovation and success.

3. The Role of Leaders

According to education experts and authors Steve Gruenter and Todd Whitaker, “The culture of any organisation is shaped by the worst behaviour the leader is willing to tolerate.”²⁸ Much of the success (or failure) of any pharma organisation’s attempts towards patient focus is in the hands of its leaders. Indeed, in Donahue’s experience, without a top-down approach, or the support of core decision-makers and managers of budgets to complement it, moves towards a patient-centric culture will be unsuccessful.

So, what type of leadership is required for pharma to embed a patient-centric culture? The five key factors identified within interviews conducted for this whitepaper are:

- Purpose-driven leadership
- Changing the perceived value contributed by leaders
- Role models who build a foundation of trust
- Selecting leaders based on competencies and attributes
- Transformational leadership

3.1 Purpose-driven leadership

A recurring insight among organisations that have embarked on culture-shaping is purpose-driven leadership. “The most successful culture change that we have seen when working with clients worldwide is when the CEO and top team are leading it. The way leaders think and act is mirrored by the organisation. If their behaviour is not consistent with the behaviour they want to see, they are unlikely to achieve that behaviour in their organisation,” says Seale.

Much of the success is contributed by leadership’s affinity with the company’s purpose and willingness to purposefully change. “If I were a Chief Executive of a pharma company,” says Seale, “I would ask myself whether I woke up every morning thinking about how I could make patients feel better. If the answer is no, perhaps you are in the wrong job.” Indeed, for Heskett, two key components to culture-shaping are “encouraging leaders to act out the values and behaviours, starting at the top” and “weeding out those who don’t buy into the values and the managerial behaviours they imply.”

The role of leadership is one that LEO Pharma CEO, Gitte Aabo, takes very personally. During Barcelona 2015, she said: “In order to drive change in the organisation, I need to change my

“The most successful culture change that we have seen when working with clients worldwide is when the CEO and top team are leading it. The way leaders think and act is mirrored by the organisation.”

Dustin Seale

“If we are able to meet an unmet need, even though we can’t make the business case for it, we will do it anyway.”

Gitte Aabo



“You have to have leaders who are willing to change themselves. If you’re not creating a culture where it’s okay for leaders to make mistakes and changes, to look imperfect, you’re unlikely to get people who are excited about trying to do things differently.”

Dustin Seale

priorities. If I want everybody in LEO to interact and listen to patients to understand their real needs, I have to interact and listen to patients.... If I don’t change, nobody will change. For me, it is really personal.”²⁹

The success of shaping or maintaining an effective culture also depends on the leaders’ quality of execution and ability to effectively engage employees. Heskett says, “It’s the leader who ensures the selection of the ‘right’ employees, who makes sure Human Resource practices reflect the values and behaviours of the organisation, and who enlists help from consultants but doesn’t delegate responsibility to them for implementing a culture change.”

3.2 Changing the perceived value contributed by leaders

“Pharma leaders often define the value they create in financial terms, not human ones,” says Donahue. The Harvard Business Review (HBR), which lists the best performing CEOs in the world every year, also previously rated CEOs based on their average ranking on three financial performance components: country-adjusted-returns, industry-adjusted returns and change in market capitalisation.³⁰ However, leaders measuring their success solely in terms of financial performance can turn them into detached and rigid decision-makers. It’s easy for them to become disconnected from their company’s reason for being – the patients and families that their product serve – and this won’t work in a patient-centric setting. “You have to have leaders who are willing to change themselves. If you’re not creating a culture where it’s okay for leaders to make mistakes and changes, to look imperfect, you’re unlikely to get people who are excited about trying to do things differently,” says Seale.

Recently, however, the HBR made changes in their definition of a successful CEO due to increasing desire of consumers and investors to gain an understanding of a company’s culture and values, not only its share price.³¹ The 2015 HBR methodology was only 80% based on financial performance; the remaining 20% was based on the input of Sustainalytics, a leading provider of environmental, social and governance data and analytics for mostly financial institutions and asset managers.

Under this new method of evaluating leaders, Novo Nordisk CEO, Lars Sørensen tops the 2015 list. 80% of the company’s revenue is from treatments relating to diabetes, and focusing on diabetes is the company’s strategic way of addressing the particular needs of patients. Sørensen’s purpose is to put the patient at the heart of the service, which is best embodied in his statement, “If we cure diabetes and destroy a big part of our business, we can be proud.”³²

3.3 Role models who build a foundation of trust

For Seale, “walking the talk” means being a role model in the company. “Organisations tend to be shadows of their leaders,” he says. “The way leaders think, the way they act, show up in, and are mirrored by, the organisation. So, if their behaviour is not consistent with the behaviour they want to see at the point of care, at the patient level, or anywhere else in the business, it’s very unlikely you’re going to get that behaviour from others.”

Inspiring people to behave accordingly has a lot to do with building trust. According to Heskett, “If people don’t trust you, you will not be able to implement a policy successfully.” In his book, he discusses the need to establish the “Core Phenomena,” where there is a foundation of trust, upon which employee engagement and ownership flourish.

Expectations also go both ways – what leaders expect from employees and what employees can expect in return – and meeting these expectations feeds into the climate of trust. Heskett calls this the “no surprises” kind of leadership, saying: “Trust facilitates the exchange of ideas in an organisation that leads to learning and innovation. It also makes it easier to implement a strategy. The rest of the culture cycle flows from this.”

“Trust facilitates the exchange of ideas in an organisation that leads to learning and innovation. It also makes it easier to implement a strategy. The rest of the culture cycle flows from this.”

Dustin Seale

3.4 Selecting leaders based on competencies and attributes

According to the 2014 report by Senn-Delaney, *‘Walking The Talk’ in Patient-Centric Pharma*,³³ patient-centric leaders possess these critical competencies: facilitating cultural change; relating to external stakeholders; strategic thinking; driving decision-making; and, monitoring execution.³³ Based on the interviews with senior pharma executives, the leadership traits that can effectively propel the patient agenda forward (and thus must form the basis for selecting leaders for patient-centric organisations) include having a cultural fit, empathy for patients, diversity of thought, and ability to connect people.

3.4.1 Cultural fit

While resume and experience are assets for aspiring managers, Seale suggests checking to see whether their values and mindset are a good fit with the culture. He asks, “Will they actually strengthen the patient-centric culture?” According to Neal, “Character and raw intelligence are things you come with,” explaining that it would be difficult to develop qualities in a prospective leader that aren’t there in the first place. Recruiting leaders with the cultural fit and weeding out those who don’t will be necessary for change.

“We believe that it's really important to come up with core values that you can commit to. And by commit, we mean that you're willing to hire and fire based on them. If you're willing to do that, then you're well on your way to building a company culture that is in line with the brand you want to build”

Tony Hsieh, CEO, Zappos

Seale adds that looking for prospects outside of the company is an acceptable practice, but the best way to locate and mould leaders is by looking on the inside. “Develop people inside who have those competencies. That’s the least expensive way that creates continuity.” However, whether leaders are recruited from the outside or developed from within, it is critical that they are a cultural fit. This makes them suitable to evaluate the cultural “fitness” of the rest of the organisation and execute strong performance management.

3.4.2 Empathy

One of the key pieces of learning for Seale from other industries is how much time and attention they dedicate to understanding customer behaviour and satisfaction. In order to be called patient-centric, leaders must be able to listen to patients, and to people serving them. He cites four specific industries where pharma leaders can harness inspiration. First is in some areas of the healthcare system where there is high collaboration and willingness to work with patients among HCPs, nurses and admin staff. He acknowledges how listening to patients can be challenging, but says, “When you crack it, it’s an immediate and profound experience that touches the patient and their family directly.”

Second is in fast-moving consumer good companies who “live and die by consumer regard.” Third is the successful telecommunications firms who design innovative ways to build connections with and for consumers.” These firms understand the consumer’s ecosystem to understand them better and interact with them in different media,” says Seale. The fourth is the manufacturing industry, where they not only create rules about safety, but it’s a mantra on quality and compliance.

3.4.3 Fostering diversity with connectivity

Patient-centred leaders must also be drivers of innovation, and one way to achieve that is by welcoming diversity of thought among top management and across the organisation. With diversity, there is an infusion of different perspectives. Neal says real learning can take place and the change process can be “fast-forwarded.”

Griffiths is doing this by improving gender diversity at Janssen. “Women are different from men in the way they contribute to team thinking,” she says. Since women typically make a lot of decisions about healthcare within a family, they can drive patient-centric thinking within a firm. “If one has better gender diversity in their organisation, then you’ve got a representation of society at all levels within the business, which is broadly 50% men and 50% women.”

Heskett agrees that diversity is a driver of innovation, but a patient-centred leader should also be able to manage it effectively. He or she must be able to arrange the various talents and encourage them to create something different and completely innovative. This is particularly important given the workforce that is noticeably getting younger and becoming more global. The need to motivate different generations must also be recognised. According to Neal, baby boomers respond well to rewards while millennials enjoy flexibility and independence and are more motivated by social causes. “This involves intense collaboration to drive success across the entire value chain of partners in play,” she states. Leaders must be capable of achieving connectivity, collaboration and an atmosphere of respect across the organisation. When that is achieved, developing cross-functional teams becomes easier.

Diversity can also be seen in terms of the kinds of vendors and partners the organisation chooses to work with. UCB for instance, selects vendors based on how purpose-driven they are. For Griffiths it is a similar case at J&J, where ‘social impact procurement’ is becoming embedded in the organisation. “We now have a number of suppliers that are social enterprises. Of course, for many of our supplier needs, social enterprise is not an option, but we are looking at how to systematise social impact into all our procurement; where we cannot do it directly, we can do this indirectly – so for example, all being equal on other selection parameters, we would choose to employ one agency over another if it had better social impact.”

3.5 Transformational style leadership

Leadership must be concerned with the growth of the organisation. However, Neal explains, “There is a real difference between an organisation that is incrementally improving versus the one that’s transformational. We talk about growth leaders and scale leaders, but we don’t talk about transformational leaders.”

Transformational leaders are game-changers who seek to introduce disruptive forces. “You need to have warriors who can look at the business from a different perspective and who are constantly innovating and challenging conventional wisdom,” she says. This kind of leader is a smart and agile visionary, who is able to see many years ahead and to push organisational members into realising that unless certain technologies and behaviours are employed, business opportunities will be lost.

Taking a business and making it undergo a series of activities that look, feel, and operate differently in terms of value creation in order to carry it to the other side of change is really hard. For Neal, only a leader with courage can make this happen. “It takes somebody who has a great soul to transform an industry,” she says, “and you don’t find lots of people loving you at the end of the year.”

“You need to have warriors who can look at the business from a different perspective and who are constantly innovating and challenging conventional wisdom.”

Annemarie Neal

4. The Measure of a Patient-Centred Culture

Metrics - not necessarily in terms of sales - can be the basis for evaluating and managing the impact of patient-centric focus on business. Heskett emphasises that organisational culture is not a “soft concept” and has a quantifiable effect on profit. For large organisations with many customer-facing members, the culture that dominates over customer relations, employee loyalty, productivity and referrals can “account for up to half of the differences in operating income of two organisations engaged in the same business activity,” he says.

So, how can pharma measure the successful embedding of patient-centred values into their culture? The two keys identified within interviews conducted for this Whitepaper are: The Four R’s; KPIs; and, Cultural Outcomes.

4.1 Tracking performance with the Four Rs

Retention (employee loyalty), Relationships with customers, Referrals (customer loyalty), and Returns to labour (productivity and attractiveness to the work), or the “Four Rs,” are crucial metrics to culture shaping precisely because their impact on revenue and operating incomes are quantifiable, according to Heskett.

Employee retention, for instance, is related to costs concerning losing customer relationships of previous employees and training staff replacements. Heskett estimates that for senior level managers, an aggregate of such costs could be equivalent to 250% of their annual compensation.

Relationships with patients are a direct and measurable reflection of whether or not the message of patient-centric focus has been adopted by everyone on the pharma side, in such a way that is appreciated by the patient. According to patient relations and service excellence expert, Fred Lee, “Satisfied patients have no story to tell. Only the very satisfied and the very dissatisfied have stories they’re willing to share.”³⁴

Returns to labour, or productivity, can improve the customer experience by reducing costs, maintaining consistent high performance, and fuelling a drive for innovative services. Heskett says, “The secret is in the design of processes that include the right amounts of human effort and of technology, the enlistment of the patient in self-providing care and self-medication, and staffing to ensure that personal care is provided where it is most important rather than to some uniform level that over-delivers expensive care to many patients who don’t need it.”

4.2 Key Performance Indicators (KPIs)

By Seale’s observation, financial metrics are regularly calculated, but measures of behaviour and culture targets are often done once every one or two years. “For pharma companies, this needs to happen more often in order to keep in touch with patients,” he says. Targets such as feedback from physicians, patient experience, and patient outcomes can be articulated as KPIs, making them “viable and easy to measure.”

Croft provides greater specifications in terms of those areas that can be measured with the use of KPIs, which can help drive business decisions to enhance patient value, and monitor value created for patients. “Companies need to be able to know that they’re driving in the right direction,” shares Croft, “and they’re achieving patient-centric outcomes and creating value for patients.” Without KPIs, organisations may lack the tools to assess their performance both internally and in the market. Some companies, for example, create named positions and departments to represent the patient’s voice, but Croft poses the question: “Are we managing patient insights and using them effectively to input into project strategy?” Without well-

defined definitions, targets, and roadmaps the culture-shaping process may not lead to the desired outcomes.

Croft proposes a framework to serve as a starting point for discussion on measuring aspects of business to assess patient-centric values within an organisation. His framework includes external impact factors and internal company factors. External KPIs include outcomes (clinical, patient-centred, health, etc.), patient experience (including patient feedback), and improvements in access and adherence. Internal KPIs include strategy (clarity of strategic targeting of patient needs and degree of senior level sponsorship), process (how well the patient voice is incorporated), and capability (level of skills and access to tools needed to deliver on objectives).

One performance metric that carries heavy weight is patient adherence. High adherence leads to better patient outcomes as well as better chances for reimbursement and product business sustainability for pharma companies. However, Croft cites published evidence showing how adherence still averages at only 50% across different conditions. According to Croft, “There is science in terms of what drives adherence but not everyone takes a scientific approach in trying to improve it.” Adherence benefits both the patient and the pharma shareholder, and therefore, must be championed by all of pharma.

4.3 Cultural Outcomes

Behaviours aren’t measured as frequently as financials. Typically, culture assessments are carried out once every one or two years. When embedding culture change, one sales excellence expert is a strong believer in conducting regular surveys that measure culture in terms of patient satisfaction, employee satisfaction, stakeholder relationships, and leadership outcomes. “If you are changing culture, you need to get regular feedback to test what is working and what is failing,” he says, suggesting a semi-annual assessment of organisational culture index. Otherwise, “It’s like trying to learn archery but being blindfolded. You need to be told where your arrows are going so that you can change what you’re doing.”

One important component in measuring cultural outcomes is looking into leadership outcomes, which includes an evaluation of the relationship between top management and the rest of the organisation. For this expert, patient-centric leaders must be measured in their capability to retain key people within the firm. If they fail to do so, then perhaps there is something wrong.

Cultural health can also be measured in terms of the condition of the relationships with HCPs and other stakeholders. This expert used on-call quality measures and physician feedback on top of sales metrics, and he found that his team was outperforming so many other sales teams in the industry. “It’s more work to do that,” he says, explaining why not many companies measure cultural outcomes as often as financial outcomes. However, evaluating the culture’s health and the state of cultural transformation is necessary to achieve a genuine patient-centric focus.

“If you are changing culture, you need to get regular feedback to test what is working and what is failing.”

Neil Croft

5. Barriers to a Patient-Centred Culture

With any change – whether personal or within the business world – comes the risk of relapsing to old ways.

So, how can pharma companies embedding patient-centric values into their culture prevent relapse to a sales-driven mentality? The six key barriers to patient-centricity, as identified within interviews conducted for this whitepaper are:

- Silos
- Inconsistencies and disconnect between purpose and behaviour
- Resistance to change
- Failure to achieve momentum for change
- Too much sales talk
- The unseen connection between patient value and shareholder value.

5.1 Silos

Silos remain a huge obstacle to culture change. During an interview with digital financial media company The Street, Gillian Tett, Author of [‘The Silo Effect’](#) and Managing Editor and Columnist at the Financial Times, explains, “Most silos exist because people don’t even think about the way they classify and organise their world. We become creatures of our environment.”³⁵ If culture’s economic influence on the bottom line isn’t recognised, organisations will find little motivation to shape it. Silos can fuel conflict between leaders, frustration among employees, and detachment from the patient, and are detrimental to the entire concept of a patient-centric culture. In the interview, Tett elucidates, “Employees are becoming so incredibly fragmented inside many large organisations that the right hand often has no idea what the left hand is doing.”

Besides developing a cross-functional team to inspire innovation and collaboration, Seale offers another suggestion: Take the traditional, hierarchical, careful and slow-moving structure and “then turning the pyramid on its head and putting the patient at the top, so everyone helps serve the next level that serves the patient.”

5.2 Inconsistencies and disconnect between purpose and behaviour

It’s easy to lose the message of patient-centredness when there are inconsistencies between ideals and actions. For Seale, there are three main scenarios that can quickly diffuse cultural transformation. The first is the “shadow of leadership is not consistent with the message,” pertaining to top managers who do not “walk the talk.”

Second is when leaders fail to help people link their ‘why’, which is a rich source of inspiration, to their day-to-day activity. The company culture must be ingrained into how people do their daily jobs. “If there is a disconnect between the purpose and what I have to do every single day, you’re going to lose a lot of value. If you don’t connect those dots, change will be a challenge,” says Seale.

The third is promoting people who are not a reflection of the desired culture. The company must only promote people who have the values and competencies to drive cultural change and patient-centric growth. Otherwise, people will say, “I don’t know how you got there, and it’s not by our values. That must mean our leaders are not serious about our purpose.”

One senior executive is of the same sentiment. He has seen how some pharma companies claim they are searching only for empathic leaders, yet they reward and promote based on technical capabilities. Often, the ones selected are highly confident extroverts, but with average competence levels. “Before you know it, you’ve got a highly narcissistic person leading

your team,” he warns. Promoting people who aren’t role models of patient-focused leadership results in employees losing their sense of ownership. As a result, they lose the willingness to be purposeful and accountable for their daily decisions and to create their individual ways of delivering patient value.

5.3 Resistance to change

Culture-shaping towards patient-focus will find itself up against resistance from the traditional structure. “One thing we learned along the way is that in the beginning we were all excited and maybe didn’t explain the research thoroughly. Some people who were more analytical felt the new direction was too altruistic and filled with warm and fuzzy stuff,” recalls Stoddart. If Heskett’s suggestion of “weeding out those who don’t buy into the values and the managerial behaviours they imply” proves too difficult, Stoddart offers the alternative of turning to scientific data to explain the process of change and prove the benefits of patient-focus to those who express dissent. For Anne Beal it comes down to the language you use. “Patient-centricity is part of a practical business framework,” she explains. “But the pharma industry is made up of people who come from clinical, research backgrounds and perhaps you have to drive it slightly differently with them. You use phrases like ‘exemplary customer service’, ‘meeting patients’ needs’, and ‘science and service.’ But the common thing is that people need a sense of mission.”³⁶

5.4 Failure to achieve momentum for change

“You can get a lot of change in a year, but it’s a long race,” says Seale. Change in behaviour takes time. It took Horsley four-and-a-half years to see results at NGN, and he says they are still far from done. Stoddart finds herself in the same situation: “When we first started this process in 2012, we thought it would be a one-year project. We didn’t realise it would be a multi-year journey until we were about a year into things. You can’t just roll it out and then put it on the shelf. You have to keep watering, feeding and growing it or else it will lose its roots.”

In Seale’s experience, he shares that “some of most exciting starts have not ended in culture shaping because of a lack of pace.” When leadership has been working on culture shaping for a long time before it successfully trickles down to frontline staff, R&D and other layers, “It’s too late! You have to keep leadership from getting bored. The gap may be too large to get momentum for change.”

The Senn-Delaney approach is to transfer the capability for cultural change off the hands of consultants and into those of the organisation. “Consultants should leave at some point, but when we do, we leave all our capability with the client to get to everyone (in the organisation) quickly,” explains Seale. Consultants can introduce plenty of good practices and key components to facilitate culture-shaping, but employees must be empowered to continue in their own initiative and nurture ownership.

“You can’t just roll it out and then put it on the shelf. You have to keep watering, feeding and growing it or else it will lose its roots.”

Kimberly Stoddart

“I worked with a large UK engineering firm that has global reach,” recalls Seale. “One of the best moments of my entire career was going into one of their manufacturing sites where a young lady took us in, sat everyone down and explained how you reshape culture.” The young lady reiterated Seale’s “Four Pillars of Change,” which are purposeful leadership, a willingness to purposefully change, an ability to engage everyone in the organisation, and building reinforcing systems to support the first three pillars, but within the context of her work plan. The best part for Seale was that the young lady had no idea he was the consultant and trainer of those four pillars. “After that, we went onto the shop floor where they explained how they had saved £15,000 in scrap by thinking and doing things differently. The key drivers they mentioned were ownership and accountability, applied day in and day out.”

“They are conflicted about what management is saying from a corporate philosophy perspective and what they are being measured on.”

Jill Donahue

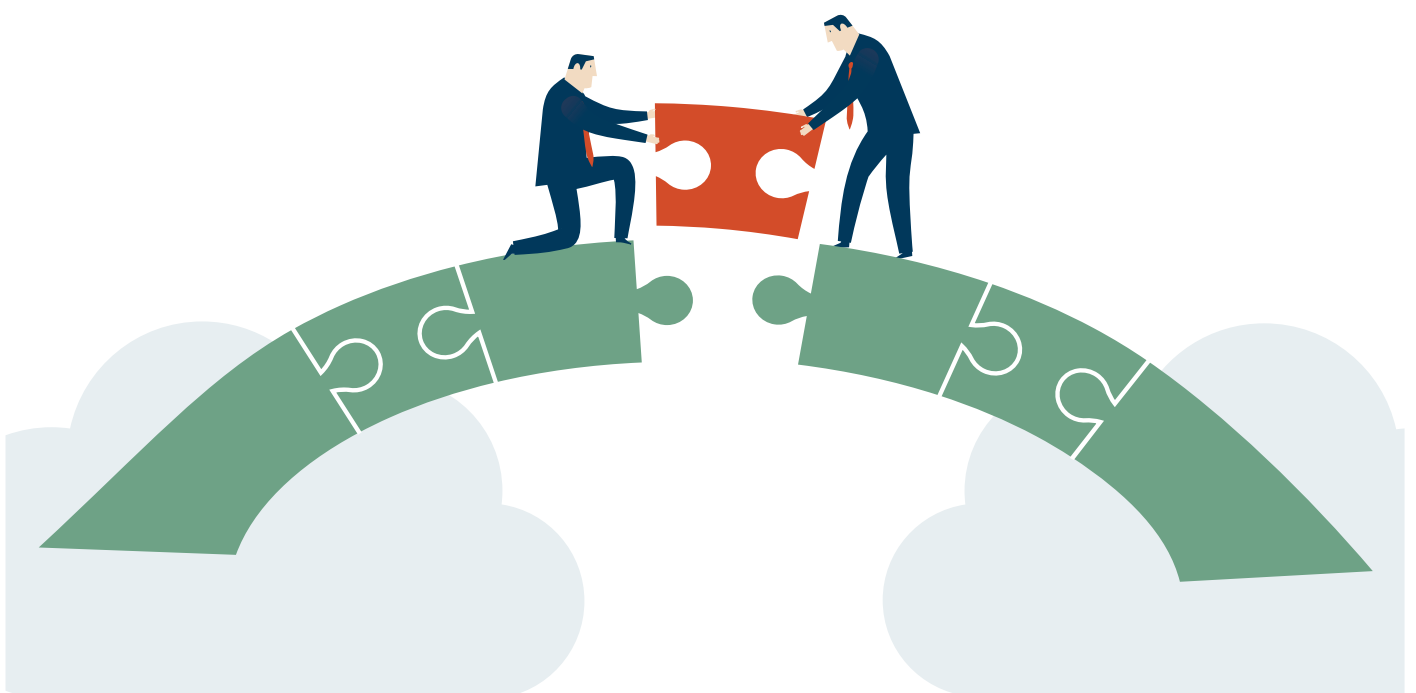
5.5 Too much sales talk

Williams strongly believes that patient-centric selling is possible when there's no distance between what you say you stand for as an organisation and what you reward and recognise. When working with her managers, she insists leaving the word “sales” out of their individual performance discussions for the sales teams. A shift away from talking too much in terms of sales levels is something Donahue agrees with. Donahue suggests, “Instead of telling your people to ‘crush the competition and achieve \$240 million in sales,’ say, ‘There are 24 million people out there suffering – let’s go crush cancer.’ Like a watched pot that doesn’t boil, taking your eye off the profit, script and sale, will bring them about faster”.

“The problem with making an extrinsic reward the only destination that matters is that some people will choose the quickest route there, even if it means taking the low road. Indeed, most of the scandals and misbehaviour that have seemed endemic to modern life involve shortcuts”.

Daniel H. Pink, *Drive: The Surprising Truth About What Motivates Us*

Donahue encourages leaders to imagine this scenario: “You’ve hired a new rep and part of the onboarding process is to have a patient shadow him/her through all their meetings and training for the first year. Are you proud? Looking at sales training from a patient’s perspective is an important lens through which to see how your organisation’s language is impacting your intention to be focused on the patient. It can help answer key questions: Are you teaching your people how to engage (formerly known as ‘sell’) HCPs in a patient-focused way? “If this scenario is a scary prospect for the company, then they haven’t quite achieved an authentic focus on patients,” says Donahue.



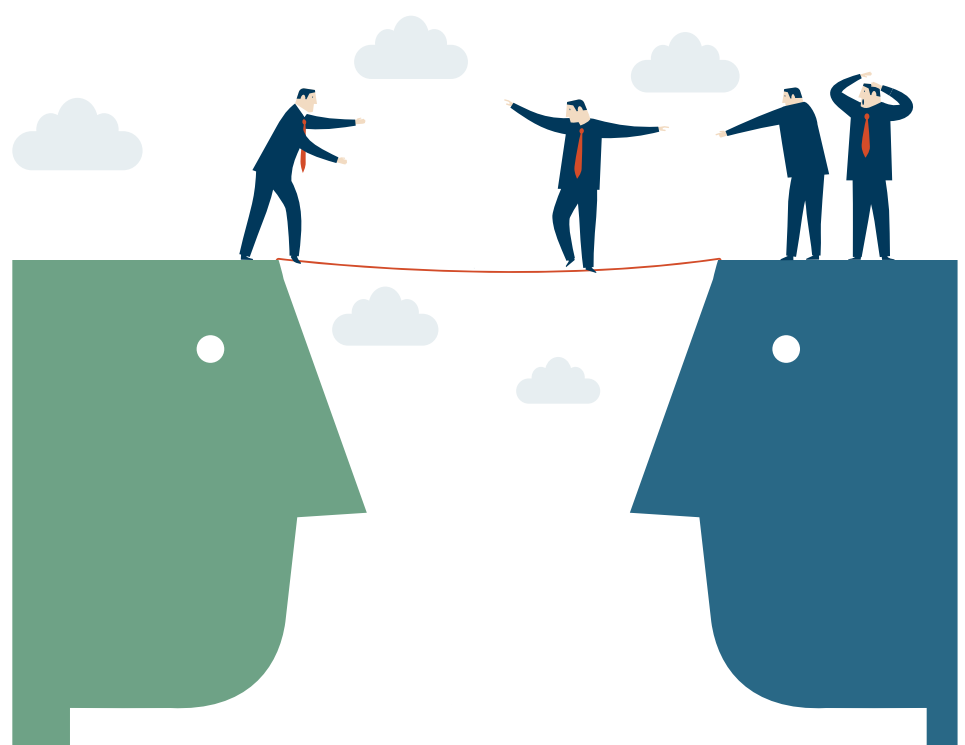
5.6 Unseen connection between patient value and shareholder value

When the focus on the patient is placed outside of the value-creation model, patient values will be viewed as a cost to business, and therefore won't be prioritised or communicated effectively within the organisation. When leaders don't see the connection between focusing on the patient and growth, they will have trouble supporting it. Donahue urges pharma to, "Think about patient-centricity from the country manager's perspective. Think about what they get in trouble for if they don't deliver – right now it's mostly financial contribution back to global." They have to keep the business afloat! We need to show them that the surest way to create shareholder wealth is by focusing on patient health.

Donahue has heard senior leaders say, "We can't afford to be patient centric anymore." Clearly, they haven't figured out how to move patient-centricity from project based to personnel based, nor how to make focusing on the patient part of their culture.

A balance in terms of focus between shareholder value and patient value must be struck. Donahue calls this the "sweet spot," where everybody wins - patients, HCPs, healthcare systems, and organisations and their people. Donahue has observed that employees are not trained to find the sweet spot: "They are conflicted about what management is saying from a corporate philosophy perspective and what they are being measured on." This is due to focusing heavily on share price as the long-standing measure of success.

Croft highlights that, "Pharma companies have had it in their mission statements for many years that their focus is on delivering for the patient, but actually, when you look at how they've assessed success, it's been the traditional business metrics of profit and share price." He suggests targeting the Triple Aim of pharma, which are proposed by Croft as being: **creating patient value, driving scientific innovation, and generating financial ROI**. This ensures that patient-centric initiatives are purposeful and sustainable. Organisations can establish and safeguard the balance using KPIs that help align decisions, actions and resource allocation. Recognition and active consideration of all three elements will ensure that companies consider more than just financial factors in their portfolio decision-making and investments.



Conclusion

Many experts warn that cultural change can be a difficult endeavour, but nonetheless an essential one if companies want to stay competitive, competitive and innovative. For pharma organisations, patient-centred focus needs to progress from lip service to a definitive and measurable way of being. The bedrock of cultural change towards such focus is people who have transformed in terms of thinking and action. This is only possible when the proper systems and methods for measurement are in place, following highly involved leadership that enables social, human and organisational change.

A critical enabler is a leader who holds a strong belief in patient values and change. Transformational leaders are needed to put in place reinforcing systems that better incorporate patient focus into everyday work and more effectively evaluate the progress of culture-shaping. Beyond creating a position or department dedicated for the patient, a transformative leader restructures an organisation and brings in innovative business models that are patient-centric by design. Improving patient value is achieved through redesigning services and communication and ensuring change is consistently being embraced until organisational members let go of old habits.

A close monitoring of the social shift in employees is essential. Transformational leaders need to inspire people to change the way they think and behave, as well as the way they want to make a difference to the lives of patients. Much of embedding patient values into culture is inspiring people to re-evaluate their purpose and strengthening their soft skills such as empathy, a collaborative spirit, and a desire to build meaningful relationships. Employees play a large role in making change permanent; embracing change and building ownership is first and foremost. Employees are also change agents themselves when they are empowered to think for themselves about how they can improve patient experience and communicate patient-centric values in everything they say and do. This is where recruitment and training for the right mindset, behaviour and skills become even more critical.

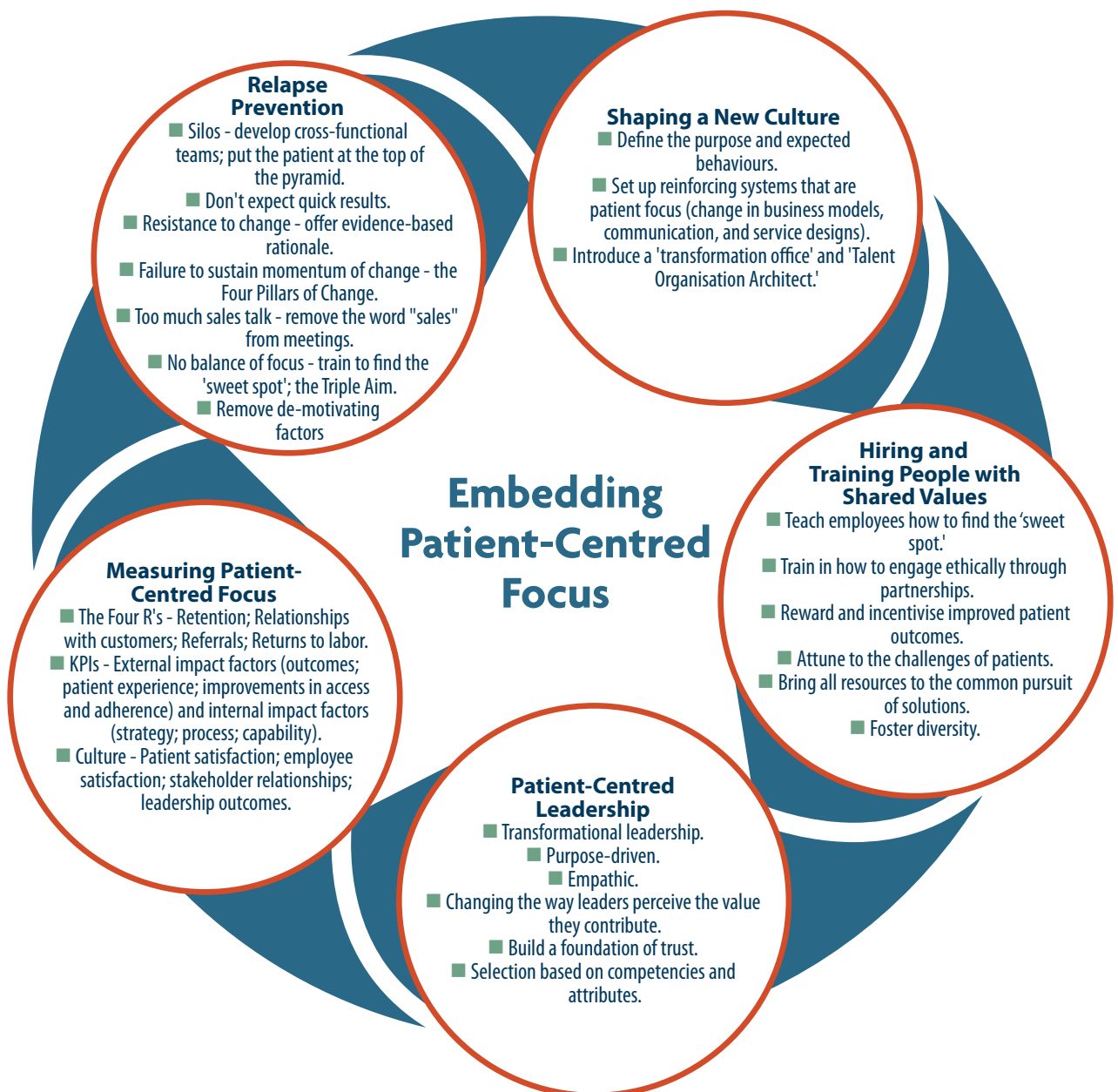
Additionally, the new patient-centred message can only be effectively communicated to the external environment - patients, vendors and other stakeholders - when the front-facing employees and leadership embody patient-centric values and think on their feet as to how best to respond in a patient focused way regardless of the confines of incentives or internal control. Sales reps and external-facing staff are ambassadors of change who can attract potential partners (HCPs, vendors, patient associations or government agencies) with the same values or inspire those looking to undergo the same social shift.

A transformational leader recognises their own need and capacity for change and fights against obstacles that can cause the organisation to relapse to old habits. These obstacles include the presence of silos, the disconnect between purpose and action, and people who fail to achieve balance between patient value and stakeholder value, adhering still to the old business model, and fearing change. For this reason, a patient-centred leader encourages the disruption brought about by diversity and knows that by effectively managing it, learning and innovation can come. Managing diversity means removing de-motivating factors and constraints to employee initiative, and building an atmosphere of consistency, transparency and trust.

To build a foundation of trust and a clear path towards the patient-centric vision, leaders must set clearly defined goals and outcomes that reflect the balance of focus on economic success, employee transformation and satisfaction, stakeholder value, and patient value; and to which both leaders and employees hold themselves accountable. It is only possible to claim patient

focus has been effectively embedded when the proper tools for measurement and evaluation have been set up, including measures such as the Four Rs, KPIs, and cultural outcomes. Without such measures, any change will lack impact and sustainability.

Embedding patient-centric focus requires defining what a patient-centric culture looks like, restructuring of the organisation, aligning the hiring, training and rewards systems along the new value proposition, setting up tools for measurement, and preventing the relapse of old systems and behaviours. However, the common thread that pulls the entire fabric together is leadership that is competent, close to the patient, and transformational.



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