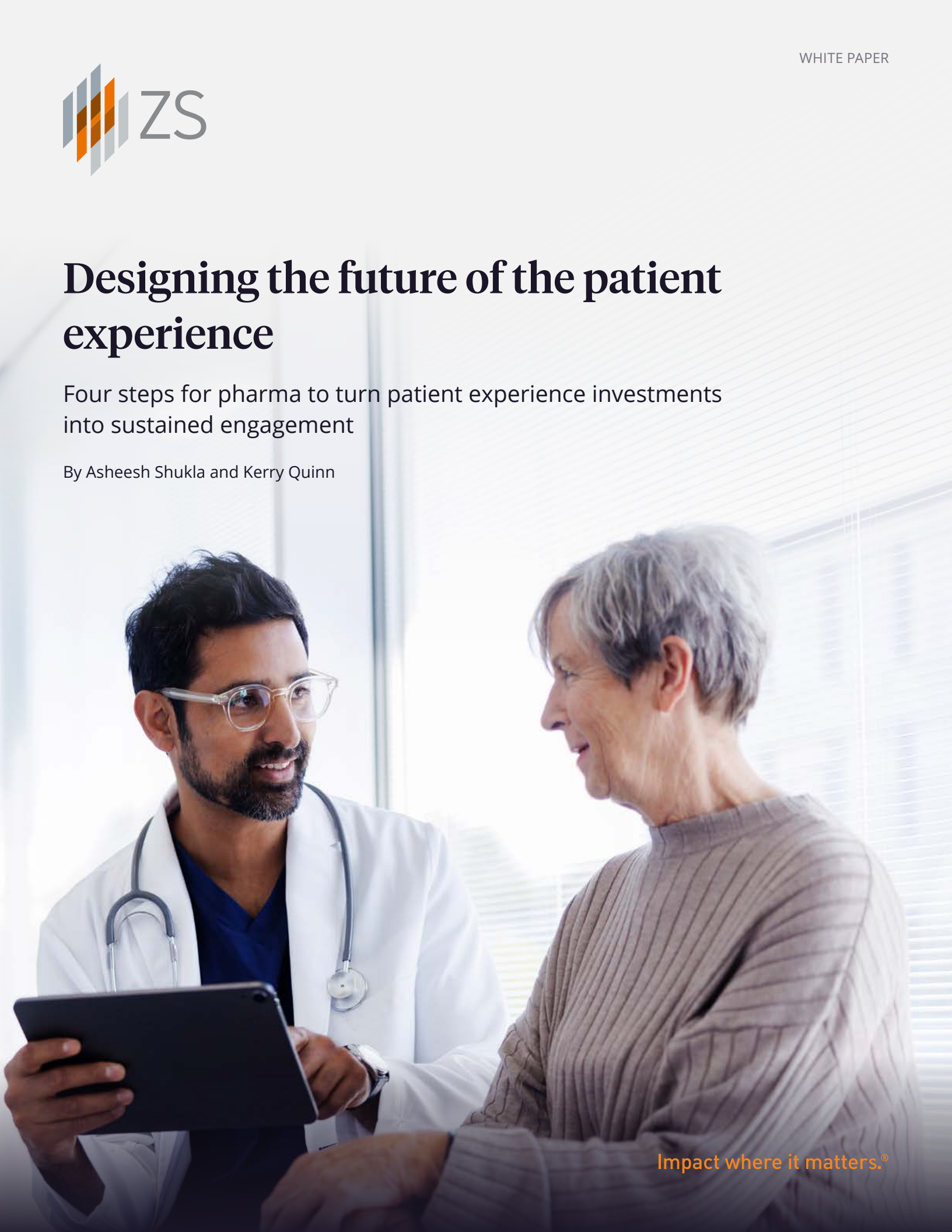
WHITE PAPER

Designing the future of the patient experience

Four steps for pharma to turn patient experience investments into sustained engagement

By Asheesh Shukla and Kerry Quinn



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The patient experience is frequently referenced as a priority in life sciences organizations because it's tied to access, engagement and outcomes. Manufacturers have invested in solutions, but there are still significant challenges:

- Pharma manufacturers look to elevate patient services capabilities to get patients started and staying on therapy. But they're working against the headwinds of evolving complex operational processes.
- Advocacy groups aim to humanize the experience and build empathetic communities as patients navigate intensive therapies. But it can be difficult to tie such community-building to sustained therapeutic outcomes.
- Providers and office staff, the frontlines to healthcare treatment, try their best to keep the focus on patient health needs among an increasingly complex administrative landscape and competing demands for their time

It's time to take a closer look at the barriers that stand in the way of building a better patient experience.

How can pharma move from experience to engagement?

We offer a renewed perspective on how pharma manufacturers can strategize, plan, invest and mobilize actionable experiences for providers and patients, so the right services reach the right stakeholders to address the right barriers across the patient's therapeutic journey.

Start with a mindset shift to transition from patient services to patient engagement, orchestrating interventions (proactive) and actions (reactive) through patient and provider-facing roles.

The time is now for pharma manufacturers to reset how they tackle the patient experience and build stronger patient engagement capabilities in these areas:

- **Patient experience transformation:**
  External forces in healthcare today are expected to intensify, compelling pharma manufacturers to adapt and evolve.
- **Dynamic services that reflect unique therapeutic barriers:**
  These barriers evolve with time and are often unique to patient and provider situations. It's critical to design for flexibility and scalability to enable resilience in a shifting landscape.
- **Structured decision-making and investments:**
  Patients as consumers have higher expectations from their healthcare experience than ever before. As the digital health hype cycle enters the "slope of enlightenment," many solutions can deliver on these needs.

A patient experience framework for pharma

Pharma manufacturers spend $5B annually on patient support programs, but only 3%-8% of patients use them, according to the U.S. General Accountability Office. High spend shows the unmet need in market and low utilization indicates that the services aren't effective in addressing the barriers. Meanwhile, the barriers that providers and patients experience today continue to have major healthcare consequences. Industry research shows 27% of new prescriptions that are written are never filled. And approximately half of these are not filled due to access barriers (excluding clinical, provider's or patient's choice).

These barriers have a direct impact on outcomes. For patients who do start therapy, research shows 50% of patients stop taking their medications as prescribed. This nonadherence translates to an annual healthcare cost of approximately $500B.

Roughly half of nonadherence stems from system-level, ecosystem-addressable drivers rather than individual patient choice (while cost related factors account for ~55% of reported nonadherence).

With a structured approach, pharma can tackle these challenges. Our framework for architecting the future of the patient experience follows four steps to tangibly address the challenge:

1. Detail the barriers unique to the therapy, including the current standard of care
2. Map how the barriers occur for providers and patients and note opportunities for intervention
3. Develop the right services and solutions to overcome the barriers, some with a balance of time-specific design and others on an ongoing basis
4. Optimize service gaps via solutions and rationalizing existing services. Embrace "less is more" by removing duplicative or low-impact services and orchestrating barrier-reducing interventions across all patient and provider-facing roles

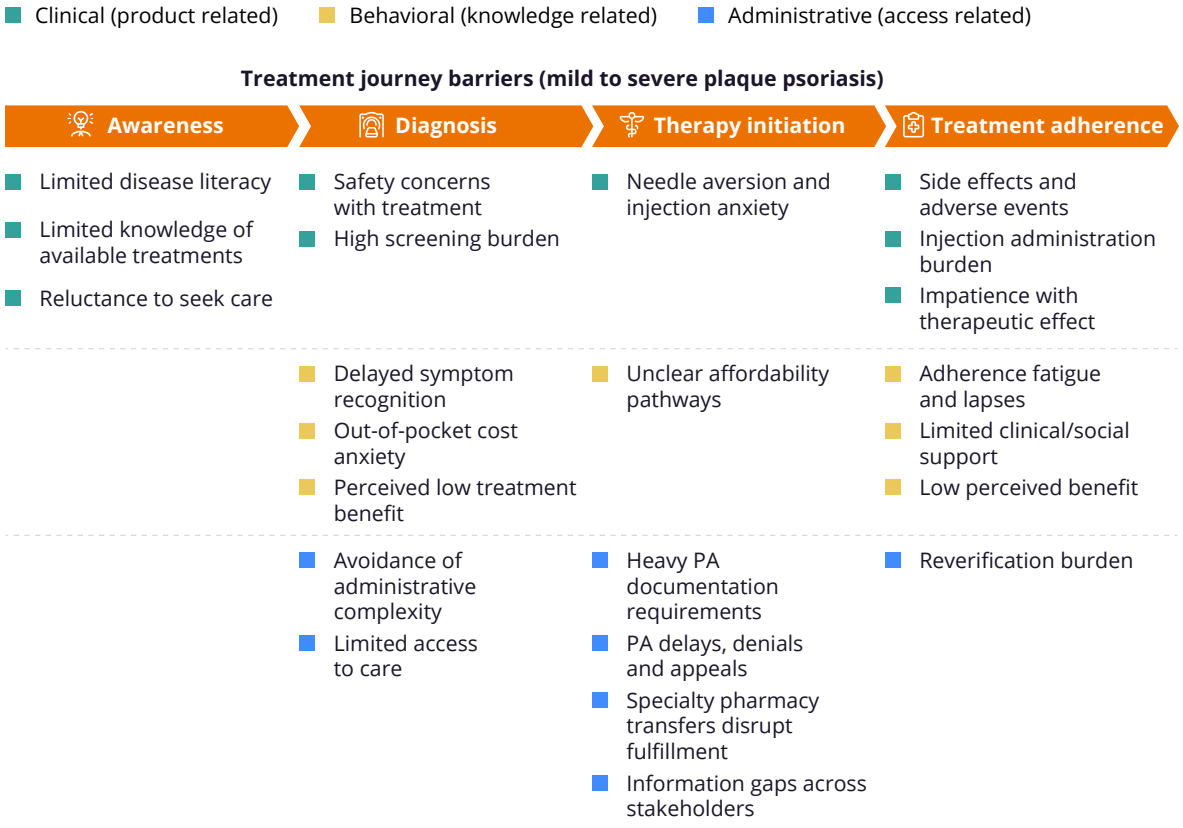
Detail barriers unique to the therapy

Each therapy area presents a unique set of barriers for patients, providers and payers. Many of these barriers remain systematic, which is why we see similarities across therapy areas. However, depending on the therapy area and the particular medicine, these barriers may be nuanced and temporal.

In the psoriasis therapy area, for example, traditional barriers for patients include needle aversion and injection anxiety. But with newer oral medications coming to market, this barrier is no longer relevant to newer oral indications. Overall, we typically see barriers across clinical (product/evidence related), behavioral (patients and providers) and administrative (access, health economics or system related). It's critical for pharma manufacturers to have a deep understanding of these barriers as they appear and evolve.

FIGURE 1:

Example: Administrative, behavioral and clinical barriers dominate the psoriasis experience



Map interventions and the influence on providers and patients

Barriers appear in the healthcare ecosystem at the patient, provider and payer levels, as well as other ecosystem players, such as distributors and pharmacies. Each barrier needs a specific solution, which may change and evolve over time. Pharma manufacturers spend significant effort in developing and deploying services to address these barriers. For example, ZS patient research found that 75% of patients say financial assistance programs are among the most valuable in patient services and digital care.

These services need to be shaped to address therapeutic area barriers, such as:

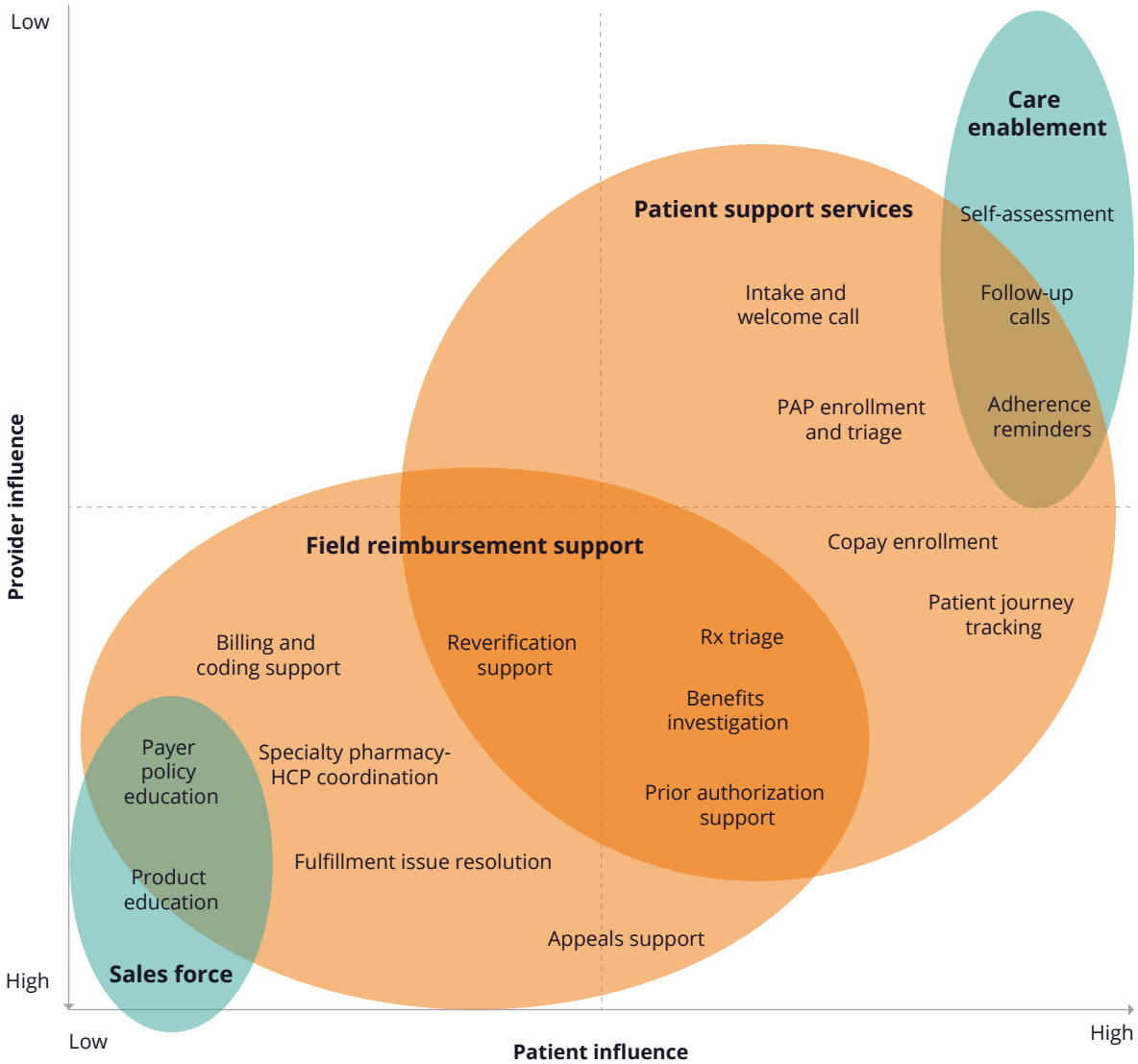
- Services influencing the patient experience include those improving “starts” and “stays,” easing education, administration and treatment support. These services are often influenced directly through case managers and direct-to-patient digital companions. In our framework, services driving a patient influence are plotted on the x-axis (see Figure 2).

- Services influencing the provider experience include those reducing reimbursement barriers and driving differentiation. These services are often influenced by teams engaging with provider offices directly such as field reimbursement managers, medical service liaisons and other coordinators. In our framework, services driving a patient influence are plotted on the y-axis (see Figure 2).

In the psoriasis example, pharma manufacturers can solve the biggest burdens through field reimbursement and patient services capabilities, as well as field sales and innovative care enablement capabilities. Our advice to pharma leaders is to take a critical view of how barriers can be tackled by influencing the patient and provider experience.

FIGURE 2:

Example: Psoriasis patient barriers can be addressed through various services



Specify the right service mix to tackle barriers

Pharma manufacturers today have significant investment already allocated to patient experience. But there's still an opportunity to fine-tune the service mix to directly tackle top barriers for a therapeutic area. This isn't as simple as planning a long-term, multiyear patient services operation. Our advice is for pharma leaders to take a stronger strategic lens on the exact services being provided and the way they are deployed to ensure these services are solving direct barriers for the therapy and nuances of the indication.

In our framework, we take the same matrix used for patient and provider influence and plot the existing services being deployed for the therapy area today. This view offers insights into where the organization is "spiking" in terms of services offered and the alignment of these services to influencing providers and patients (Figure 3). Next, we recommend taking a strategic view of the gaps—the areas across the matrix that are underserving both providers and patients.

FIGURE 3:

Examples of current service types, capabilities and barriers

Service type	Service capabilities	Barriers *(Weight)*
Intake	• Enrollment form/eRx/portal/phone	
Reimbursement	• Benefits investigation • Prior authorization • Appeals process handling • Billing and coding	
Delay and denial support	• Coverage determination and reverification • Prior authorization monitoring	
Patient assistance program	• Eligibility and enrollment	
Call center services	• Patient case management • Welcome calls • Nurse support triage • FRM inquiries	
Patient savings program	• Patient affordability and activation	
Quality and training	• Adverse events reporting • Program rep training • Quality audit and assessments	

Optimizing service gaps via solutions and rationalizing existing services

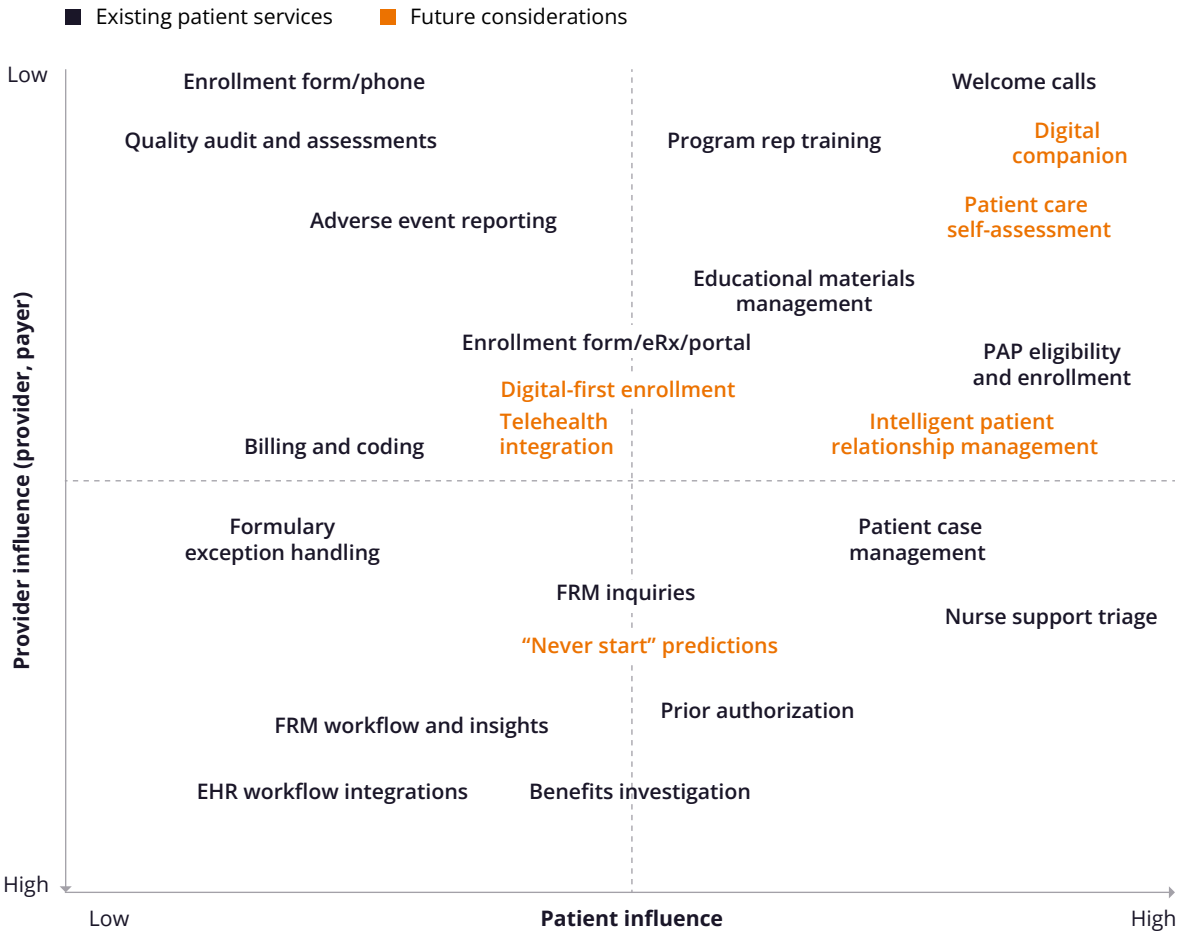
As pharma leaders identify the gaps, this is the opportunity to drive optimization of services (instead of just adding more services). Fine-tuning the mix is critical to optimize investments and upside for the patient experience.

For example, traditional case management can evolve into an intelligence-driven, agentic-enabled model that retains patient-facing communication while enabling real-time risk scoring and guiding case managers to match the right patients to the right interventions at the right time.

In the psoriasis scenario, enabling patient care self-assessment is a way to solve a gap.

FIGURE 4:

Sample framework for proactively reducing barriers



Many services are often bundled together to address specific barriers:

- For untreated, undertreated, underdiagnosed and undiagnosed patients who may benefit from existing therapies, a patient care self-assessment can be activated with solutions like ZS Diagnosis and Treatment Accelerator.
- Smoothing the patient "start" experience and tackling reimbursement barriers can be done by scaling the field reimbursement capability and using data to create and understand "never start" predictions.
- Adherence and patient "stay" experience can be optimized by evolving traditional case management to a proactive, intelligence-driven capability for holistic patient relationship management.

Biopharma organizations should apply greater rigor to planning and mobilizing services—and to measuring impact not only at the portfolio level and through patient "starts" and "stays," but also through the overall patient outcomes delivered by the service mix.

Addressing issues proactively requires connecting patient engagement data and using it compliantly and ethically to proactively address barriers for patients, providers or others in the ecosystem.

Behind every barrier is a patient deciding whether to start, continue or stop therapy. Organizations that treat the patient journey with the same operational rigor they bring to provider-facing work can reduce friction at the moments that matter most—and improve outcomes at scale.

About the authors

Asheesh Shukla leads ZS's global patient strategy and services practice, guiding pharma clients to build care-centric commercial models and seamless therapy journeys from diagnosis through long-term support. Asheesh has collaborated with clients in challenging business models and reimagining business processes. He's delivered changes in productivity and effectiveness while growing clients' capabilities via newer technology. He has led capability-building initiatives, including digital-only brand launch, automation and AI-enabled processes, organizational design and data management strategies.

Kerry Quinn is a leader in ZS's business technology consulting practice with domain focus on patient engagement, helping life sciences organizations shape data and technology strategy and deliver large-scale transformations. He has led innovative transformation programs in patient engagement, including AI-enabled patient predictions in patient services, end-to-end patient data ecosystem enablement, launch readiness and operating model transformations, among others. Kerry's focus is on end-to-end technology-enabled transformation including AI at scale in life sciences.

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