The Debut of the Chief Patient Officer

Is It Just a Passing Fad or Will It Transform Pharma?

Author: John Mack
Engaging patients was a major theme of the eyeforpharma Barcelona 2015 conference (hashtag e4pbarca on Twitter), which took place March 24 through 26, 2015. Three days of presentations ended with a keynote by Dr. Anne Beal, Chief Patient Officer (CPO), at Sanofi, who spoke about the “Chief Patient Officer of the Future.”

Dr. Beal—a pediatrician and public health specialist—joined Sanofi in 2014 after serving as Deputy Executive Director and Chief Officer for Engagement at the Patient Centered Outcomes Research Institute (PCORI), the United States’ largest research institute focused on patient-centered outcomes research.

A Three Pillar Strategy
In her presentation, Dr. Beal provided details about the three pillars of Sanofi’s patient-centric strategy (see Figure 1, below):

- **Input and Understanding**: Utilize patients’ input to get a better sense of their needs, so we can design and deliver solutions that help fulfill them

- **Solutions and Outcomes**: Engage and support patients and other stakeholders, ensuring the solutions that we deliver enhance their lives and improve outcomes

- **Culture and Community**: Involve and support our employees to create an engaged community and patient-centric culture

Dr. Beal and her colleague, Melva T. Covington, MPH, MBA, PhD, Project Leader, Research and Development, Sanofi, were guests on the Pharma Marketing Talk podcast show on March 20, 2015. An edited transcript of that discussion appears at the end of this article (see page 3).

First of a New Breed
Dr. Beal is said to be the first CPO hired by a top 10 pharmaceutical company. A number of other companies have followed the lead of Sanofi and created similar roles, but none yet are using the name Chief Patient Officer, a C-Suite position reporting to senior management.

“I am incredibly honored to join Sanofi as the first Chief Patient Officer,” said Dr. Beal. “I will use my experience as a physician, researcher, philanthropic leader, and advocate for patient access to high quality care to infuse the patient perspective into Sanofi’s work that will advance our ability to deliver health care solutions that matter most to patients and those who care for them.”

Some titles at other pharmaceutical companies are much more complicated such as “Director of Advocacy, Diversity, and Patient Engagement,” which is how Bristol-Myers Squibb (BMS) describes the role of Lori Abrams who works in Global

Continues…

---

**Figure 1.** The Three Pillars of Sanofi’s Patient-Centric Strategy
Development Operations at BMS. Unlike Dr. Beal, Lori Abrams does not have a degree in biology, chemistry, or medicine. She became a patient advocate when friends contracted the HIV virus and she got a job at NIH as a study coordinator.

Healthcare organizations that deal with patients on a regular basis—such as major hospitals—have “Chief Patient Experience Officers,” who are tasked with promoting a culture of patient-centered care, which emphasizes outstanding service and compassion.

For pharma, the tasks of a CPO are (1) recruiting patients for clinical trials and keeping them enrolled, (2) offering services “beyond the pill,” and (3) promoting products and services in a more responsible, patient-centric manner.

Patients Are Eager to Help
During her presentation at the eyeforpharma conference, Beal was quoted on Twitter as saying: “Patients can help in many ways and we (pharma) have to reach out to them all.” @TuLupus (Nuria)—a Spanish Lupus patient blogger (“Tu Lupus Es Mi Lupus”; http://tulupusesmilupus.com)—was impressed and she offered this via Twitter:

“patients, don’t be afraid of going to the ‘dark side’ - engage with pharma and industry (is not so dark).”

“If there is something I have learnt at #e4pbarca is that there is nothing wrong about talking to pharma,” says Nuria on her blog. “At the beginning it felt so wrong for me to mention the speaker and the pharma company who was talking! I felt like if I was going ‘into the dark side’… I felt afraid of patients getting angry at me and judging me for having ‘sold my soul’ to ‘the enemy’. The fact of having a relationship with pharma does not mean I am a bad person or that I am pursuing any ‘dark’ goal… It only means I want to help them help all of us!”

Overcoming Pharma’s “Dark Side”
“Dark side? No way! We need each other and you do great things,” tweeted @TuLupus during the conference.

Speaking of the “dark side,” let’s imagine Pharma as Darth Vader and patients like @TuLupus as Luke Skywalker:

Darth Vader: Luke, you do not yet realize your importance. You have only begun to discover your power. Join me, and I will complete your training. With our combined strength, we can end this destructive conflict and bring order to the galaxy.

[Here Pharma—aka Darth Vader—is telling Luke—who represents all patients but especially “ePatients” like @TuLupus—that patients are just beginning to discover their power and if they join with pharma their power will be much greater. The combined strength of patients and pharma will bring order to the healthcare system.]

Luke: I'll never join you!
[Obviously, Luke, like many patients, does not trust Darth Vader, i.e., pharma. This lack of trust was also hammered home by many presenters at #e4pbarca.]

It remains to be seen whether patients will join the “dark side” or, like Luke in Star Wars, reject Darth Vader’s offer. The drug industry is hopeful it will be the former, not the latter that prevails and is doing everything it can to make that happen. Appointing Chief Patient Officers is just the first step to that end.

A Language Problem
Meanwhile, Paul Tunnah, writing for pharmaphorum (http://bit.ly/1NHfaOB), suggests that “one key problem” for pharmaceutical companies in trying to engage with patients is that they don’t speak the same language.

“The world of pharmaceuticals, not unlike other sectors, is full of its own internal terminology—terms that we all use every day without thinking twice, but are utterly, utterly meaningless outside our own walls,” says Tunnah. “For example, we have ‘multichannel marketing’, ‘key account management’, ‘closed-loop marketing’ and ‘sales force effectiveness’

Continues...
being bandied around as buzz words for more effective sales and marketing. But patients don’t want to be attacked via multiple channels, have closed-loop conversations or be managed more effectively—they want meaningful, genuine dialogue.”

Even the word “patient” is problematic according to Tunnah. “Well here’s some news,” says Tunnah, “most patients don’t refer to themselves as patients. They are people, living with a particular condition, with families, and friends, and jobs and lives to lead. And they just want to live long lives and have their condition impact their life as little as possible.”

What’s the ROI?

“Adding a Chief Patient Officer, alone, is not going to change the culture of pharma from ‘what’s the ROI?’ to ‘how can we make a difference in patients’ lives’?,’” says Rich Meyer, author of DTC Marketing Blog. “A Chief Patient Officer, on paper, sounds like a good idea, but what pharma really needs is more people who have empathy and less people who want presentations and spreadsheets,” says Meyer. “The culture within most pharma companies is one of ‘ROI first, patients second.’ Years of layoffs have led to a void of talent and while there are still some good people left within the industry too many have marketers have exited” (http://bit.ly/1GLILbt).

Obviously, from a short-term marketing perspective, a Chief Patient Officer is not a profit center and is an unnecessary cost. That is precisely why pharma needs someone at the C-Suite level to be a change manager throughout the organization.

Although “patient-centricity” is a big buzzword among pharma marketers on the commercial side of the business, right now most “patient advocate” roles in pharma are focused on the R&D side and the main goal is recruiting patients for clinical trials and keeping them in trials. This, of course, is a pressing need for the drug industry and many patients are eager to participate in trials. The hope, however, is that patient centricity will become part of the culture of the whole organization, including marketing.

“At the end of the day, this really is all about thinking about how everything we do within health and healthcare can really help to improve patient outcomes,” said Dr. Beal during an interview with PharmaGuy (see page 3).

Passing Fad vs. Transformation

While reading the #e4pbarca chat stream, I noticed this tweet from Phillipe Kirby, Pharma Customer Engagement Ecosystem designer & developer @ Merck/MSD: “Anne Beal, CPO Sanofi: including patient perspective will [improve] patient outcomes.”

In the past—in a galaxy far, far away—“CPO” referred to “Chief Privacy Officer.” Not much is heard from Chief Privacy Officers these days. Are any left in the pharmaceutical industry? Kirby said that there was none in his company, only a Chief Compliance Officer who, I assume, handles privacy issues.

[It should be noted that Frank Millheim (@millheif) — a colleague of Kirby’s at Merck/MSD—tweeted a response to Kirby: “don’t worry I won’t tell the chief privacy officer that you said she doesn’t exist.” So obviously, the company does have a Chief Privacy Officer. But she must be very “private” indeed if the Customer Engagement Ecosystem developer didn’t know about her. Just sayin’.]

In the days when privacy was a big issue, pharmaceutical companies hired CP(rivacy)O’s who were “customer centric” and took the side of consumers by creating policies to protect their privacy rights. Now, privacy is passé and all the CP(rivacy)O’s are gone or replaced by compliance officers who are more concerned with legal/regulatory issues than with consumer rights. But, long live the NEW CPO: Chief Patient Officer. It will be interesting to see how long they last.

Interview with a CP(atient)O

PharmaGuy interviewed Anne C. Beal, MD, MPH, Chief Patient Officer and Melva T. Covington, MPH, MBA, PhD, Project Leader, Research and Development, Sanofi, on March 20, 2015. They talked about their roles in bringing the patient perspective into Sanofi’s work to advance the company’s ability to deliver health care solutions that matter most to patients and those who care for them.

The topics of discussion included:

• How do you define “patient centricity”?
• Tell us more about the three pillars of Sanofi’s Patient-Centric Strategy. How do you get patients’ input? Do you have any patient advocates on your team who are not physicians but who have worked extensively with patients?
• Are we talking only about patient centricity in the context of research & development? What about corporate and marketing communications?
• What’s the most difficult hurdle for pharma to overcome to be truly patient centric?

Continues...
• Why did Sanofi create the role of "Chief Patient Officer?" How is it different from "Chief Medical Officer?" What do you do as Sanofi's Chief Patient Officer? Can you relate a case study that demonstrates how you are implementing your strategy?

• What other pharmaceutical companies have Chief Patient Officers? Do they all have similar roles? Will all pharma companies follow?


PharmaGuy: Hello Anne and Melva. Welcome to Pharma Marketing Talk. Anne, you’re the Chief Patient Officer at Sanofi, which is a new position. Can you tell us a little bit about how you became a Chief Patient Officer?

Anne: Sure. I’ve been here now for about a year in this role as the Chief Patient Officer and came from an organization called the Patient-Centered Outcomes Research Institute. My job there was the deputy executive director, but also at the time that I left was the chief officer for engagement. Now I’m taking that experience and bringing it to Sanofi where our overarching mandate is to try to put the patient at the center of everything that we do, to define and operationalize patient centricity and then to be able to think about how do we put that into practice in a way that is meaningful for patients.

PharmaGuy: Okay. Melva, how about you? Can you tell people a little about what you do and your background?

Melva: Absolutely. I work currently in a part of the organization that looks at patient insight as well as the medical perspective. I’ve been with Sanofi for just over four years primarily in the area of health outcomes or health economics and outcomes research. Most recently, I worked to really look at patient recruitment and retention in clinical trials as part of an initiative of the North America Hub within Sanofi.

PharmaGuy: Why don’t we start the discussion with trying to define exactly what we mean by patient centricity? I know from listening to pharma marketers at conferences that “patient centricity” is currently a pretty big buzzword these days in the industry. So, I just like to get your perspective on that.

Anne: I actually think that’s a very important question because you’re right. It is becoming a buzzword. But what does it really mean and how do we put it into action?

I often hear people talk about issues of patient empowerment, patient centeredness, patient engagement. And they often will use these terms in a pretty loose fashion without a real understanding as to what the different terms really imply.

Defining Patient Centricity
It’s not as if there’s been some consensus panel on the definition of patient centricity, but what I will share is my own perspective.

Patient centricity really is this concept of having all of your work energy and effort being focused on the patient and meeting the patient’s needs. When we hear statements such as “putting the patient at the center of everything that we do,” that really is a patient-centered perspective because it really is about trying to drive everything towards meeting patients’ needs.

But I think the question then becomes how do you put that into practice and what are the different ways to do that?

One way to do that is via patient engagement, which is about bringing patients to the table to help set directions for the organization. So, whether it’s today with-in a pharmaceutical, or in a clinical environment, or in a research environment, patient centricity is about making sure that we pull in, and engage, and respect the patient’s voice to help set directions.

And then lastly is this concept of “patient empowerment,” which is not just having patients involved, but having them empowered to help set directions for work that is going on and having them engage as equal partners.

Continues…
At the end of the day, this is all about thinking how everything we do within health and healthcare can help to improve patient outcomes. But again, there are a number of different ways to get to that goal. And certainly one of those ways is by engaging with patients and helping to set directions, but there are also a number of other ways that we can try to promote patient centricity, which I hope we’ll talk about in a moment.

**PharmaGuy**: You mentioned patient input. That’s one of the three pillars of Sanofi’s patient-centric strategy where you’re talking about input, solutions, and culture. Can you tell me how you go about getting that input?

**Anne**: As you said, we have these three pillars overall. The first pillar is input and understanding. The second pillar is focused on outcomes and solutions and the third pillar is focused on culture and community.

Input and understanding is fundamentally about making sure that we bring in patients and understand their perspective to help set directions within our organization.

Pharma has been mainly a biologically-based industry where we rely on the science. But while we continue to rely on the science, in many ways the science needs to be able to meet the needs and priorities of patients and only patients can really make it clear what those needs and priorities are.

It’s being able to engage with individual patients who can tell us about their conditions, who can give us the kinds of insights that are very granular.

There’s also opportunities to engage with patient advocacy groups who often represent a community of patients, but they also are increasingly becoming quite sophisticated and knowledgeable and are able to comment on research and talk about policy and access issues.

At the next level is what I call the “unaffiliated patients.” The fact is there’s a vast majority of patients who are not actively involved in patient advocacy groups, but who are talking to one another, especially online where they are engaged in different types of communities. We need to be able to reflect their priorities and their needs as well.

I think also there’s opportunity through large data analytics and even through natural language processing of some of the conversations that are occurring out there on the internet and in other spaces where we can gain insights into patient priorities.

When you’re talking about gaining patient insight, it’s about being able to get information at all of those different levels to really be able to develop a holistic understanding of the challenges that patients face.

**PharmaGuy**: I’m interested in the third pillar where you’re talking about culture and community and engaging and supporting your employees. Can you talk about that?

**Melva**: Absolutely. We have internal employee resource groups in the U.S. and we have had an opportunity in a couple of instances to get feedback from people in the organization who are patients or who identified themselves as being patients. Our employee resources groups are really very strong advocates for us.

**Anne**: We want everyone in this organization to know that what we do at the end of the day impacts people’s lives. Sometimes it feels like we’re moving a widget from the left side of our desks to the right side and we forget what’s really most important in terms of our work. Most people want to have a greater sense of purpose in their work. Being able to recognize that what we do touches and impacts people’s lives is an important part of this focus on patient centricity. But it also is a way that we push people to do better and make what they do more meaningful.

**Chief Patient vs. Chief Medical Officer**

**PharmaGuy**: I like to move on and talk a little bit about what it means to be a Chief Patient Officer. How does it compare, for example, to Chief Medical Officer? Can you talk a little bit about that?

**Anne**: Well, quite simply, the job of the Chief Medical Officer is to help us manage our relationships with our medical colleagues. The job of the Chief Patient Officer is to help manage our relationships with our patients. The Chief Medical Officer works on ways to engage and outreach to the medical community, whereas the Chief Patient Officer thinks about how to engage and outreach to the patient community.

The Chief Medical Officer asks “How do we work on developing key opinion leaders to bring them in to help shape our work?” And similarly, the Chief Patient Officer will work on bringing in “Key Patient Leaders” or KPLs, if you will, to help set the future directions for our organization.

I actually very much like the thought of thinking about this in comparison to the Chief Medical Officer be-
cause you take those set of activities and that job description and you just put patient wherever it says physician.

**PharmaGuy:** Have other pharmaceutical companies hired Chief Patient Officers as well or are they moving in that direction?

**Anne:** I can say with absolute certainty that many already have. And in fact, we have a number of similar roles that are starting to emerge within the industry. No one’s yet using the term “Chief Patient Officer,” but there are Directors of Patient Affairs and patient advocacy teams.

[END OF INTERVIEW TRANSCRIPT]

**The Future**

As Dr. Beal was comparing the Chief Patient Officer role to the Chief Medical Officer role within pharma and when she mentioned Key Patient Leaders (KPLs), I wondered if KPLs eventually will be used by the drug industry to influence consumers to demand one brand drug versus another, especially via social media. KPLs can evolve to be pharma’s surrogate marketers in much the same way that physician KOLs are used to influence the prescribing habits of physicians.

These days, however, the term Key Opinion Leader or KOL is falling out of fashion because Sunshine Laws are revealing the monetary ties between KOLs and pharma companies (read “A KOL By Any Other Name”; [http://bit.ly/pmn140303](http://bit.ly/pmn140303)). When patients and pharma work together, transparency is key. For more on that, read “Patient Centricity, Transparency, & Pharma's Reputation”; [http://bit.ly/pmn140203](http://bit.ly/pmn140203)