

Purposeful Pharma 2022: Opportunities to drive purpose & health equity solutions in healthcare

Global Healthcare Research Report | September 2022

Hall & Partners

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Global Purpose & Health Equity Research

In July 2020, we launched a global market research study to understand the role of purpose in influencing the behaviors, beliefs and decisions of healthcare providers and payers. Since then, the world has seen the advent of multiple Covid vaccines, healthcare outreach programs and a “return-to-normal” under a new set of behavioral expectations and social norms.

We revisited the question of purpose in 2022 with a focus on the role of health equity among HCPs and payers in the US, UK and Germany.

The last two years have shown tremendous growth in how pharma works to address care gaps and patient outcomes. **We have learned that purpose and a commitment to health equity not only remain relevant but are becoming a business imperative for pharma companies.**



The importance of purpose and health equity for Pharma

This research sets out to understand the evolution of pharma corporate purpose as we move post-pandemic as well as the growing impetus for strategic health equity strategy & programming

1

Identify **specific drivers** across perceptions and applications

2

Define what elements create a **meaningful purpose** and **health equity strategy** the eyes of HCPs and Payers

3

Evaluate **real-world perceptions and examples of purpose and health equity** to identify opportunities for pharma to engage HCP and payer audiences

Research Design

The design of this research is intended to provide clarity on the meaning, value and impact of purpose and health equity among HCPs (oncologists, neurologists and immunologists/ID specialists) and payers in the US, UK and Germany. A hybrid qualitative and quantitative research methodology was created to provide both breadth and depth in understanding how purpose influences physician and payer behaviors, values and treatment decisions.

METHODOLOGY & SAMPLE

Statistical significance of all hypotheses conducted at a 95% confidence interval

Quantitative Survey

Fieldwork July 5 – August 1, 2022

	Oncs	Neuros	Immuno/ IDS	Payers	Total
 US	51	50	50	25	176
 UK	50	50	50	25	175
 DE	54	53	51	26	184
	155	153	151	76	535

Qualitative Interviews

Fieldwork August 24 – September 2, 2022

	Oncs	Neuros	Immuno/ IDS	Payers	Total
 US	2	2	2	1	7
 UK	2	2	2	1	7
 DE	2	2	2	1	7
	6	6	6	3	21

Key Findings

All subspecialties

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THEN: 2020

Purpose 1.0 conducted July-October, 2020

Interconnectivity is needed across the healthcare ecosystem

The pandemic illuminated challenges and disruptions impacting patient access and clinical outcomes.

01

The divinity of data in addressing care gaps

There is broad acceptance that the key to unlocking innovative solutions is data. The ability to solve healthcare challenges lies in having the information to accelerate innovation.

02

Industry as change agents

Budget-strapped systems are looking to pharma to solve challenges surrounding patient access and to tackle the question of how to deliver a more sustainable healthcare delivery model of the future.

03

NOW: 2022

Purpose 2.0 conducted July-September, 2022

COVID solutions have inspired new avenues for collaboration and growth

Solutions developed out of necessity are here to stay, and have impact in achieving health equity

Commitment to addressing REAL unmet needs and health equity

Payers, providers and health systems are creating partnerships that focus on delivering value over volume and ensuring that solutions address real world challenges affecting patients.

R&D extends “beyond the pill”

Pharma can demonstrate purpose by driving innovative treatments as well as demonstrating long term investment in those disease states, not just in conditions with the biggest market opportunity.

Purpose has the power to influence treatment decisions

A strong majority of HCPs would consider a company's purpose when making treatment decisions.

In comparison to HCPs, payers are almost twice as likely to say they "strongly" consider the purpose of a pharma company when evaluating solutions.

"Purpose is something we think about...it is why I got into medicine [and] what motivates me to help patients. "

Oncologist, UK

Purpose can break parity perceptions

"You use a drug that is most effective for a specific patient. But, if there is a generic [and] a brand name, **you may be prone to use brand name if you know a purposeful company is involved.** "

Neuro, UK

"It's difficult to separate the company itself from pure science. We have to admit that there are so many social influences. Most people say they are uninfluenced and that marketing doesn't matter. But of course it does. **You are always influenced by what a company says, if you accept it or not.**"

Neuro, US

Providers and payers play two different (but interconnected) roles

HCPs frequently emphasize patient needs while payers focus on systemic solutions

A plurality of HCPs say that “*delivering the best outcomes to patients based on their unique needs and understanding*” is their primary purpose.

This sense of purpose is multifaceted and incorporates the clinical benefits physicians strive to achieve while also addressing the unique lifestyle, mental and social elements driving patient outcomes.

HIGHER
PRIORITY

Purpose Definition

My purpose is to deliver the **best outcomes** based on each patient’s unique needs and understanding

My purpose is to deliver the **most efficient and cost-effective care** to as many patients as possible

My purpose is to **participate in educational opportunities** (e.g. meetings, conferences etc.) and share my learning and experience with peers to ensure as many patients as possible benefit

My purpose is to **collaborate with other experts** in my field to identify new solutions to existing challenges

My purpose is to **drive system redesign** to effect more change for as many patients as possible

LOWER
PRIORITY

A patient-centric purpose incorporates clinical, lifestyle and quality of life factors

My purpose is to deliver the **best outcomes** to patients based on their **unique needs and understanding**

01 “Best outcomes” Some HCPs and payers reference efficacy and safety while others point to their role as safeguarding the patient’s quality of life through their treatment interventions.

02 “Unique needs” Most believe this refers to patient and/or situational factors, such as their physical condition as well as lifestyle and familial or social dynamics that may influence compliance or outcomes.

03 “Patient understanding” Ability to grasp the treatment protocol remains a challenge for some patients. Information provided in multiple languages is considered necessary to boost understanding.

“This [statement] really says it all.

We’re trying to get the disease under control without causing side effects so they can continue with their activities of daily life.” Oncologist, US

“...being able to help people during a difficult journey, from when you are diagnosed with cancer and throughout treatment, until end of life. I enjoy helping people, getting to know them and their families in a professional way, **build a relationship with them so we can make a difference in their life.**”

Oncologist, UK

Pharma's purpose is about aligning intent with impact

HCPs and payers want to see a through line between communicating and delivering on purpose

1

What you say: Define an aligned purpose between providers and pharma companies.

“A partnership for a common goal should be their purpose. [Pharma] is there to help facilitate the goal of the practitioners.” Oncologist, US

2

What you do: Collaborate with stakeholders and HCPs to bring new solutions to market.

“The more difficult and challenging your enemy is, the more you have to work together...you need a whole team to move the science to create a treatment for [disease].” Neurologist, UK

3

How you work: Prioritize solutions for the most underserved patients to experience better outcomes.

“You have look at the diseases that we haven't been able to fix...not just the ones that have the most number of patients. Where are they really suffering?” Oncologist, UK

Pharma demonstrates purpose through targeted, localized solutions at the category and patient level

IMMUNOLOGY Partnering on vaccines

Pharma companies are praised for working across competitive barriers to develop Covid vaccines, providing a halo of impact to other products in the pharma portfolio.

“I always think about the COVID vaccine. That was a disaster in and of itself. Pharma companies came through and helped out. That’s what mattered.”

ID Specialist, US

NEUROLOGY Patient support in MS

Some mention collaborations with academic institutions and MS treatment centers to identify ways to diagnose, monitor, and manage MS more efficiently and in real-time.

“Biogen’s digital app for MS Patients that provides overall care management for people with a chronic condition which that pharmaceutical company is involved in, because they have a drug that’s used to treat it.”

Payer, US

ONCOLOGY Focusing on unmet needs

Companies are applauded for investing trials and discoveries for less-common tumors, as well as making cutting-edge treatments accessible to more patients.

“A pharmaceutical company [in] CAR-T therapies also provides transportation to patients during the therapy. No other companies do that. And it led to 100% adherence in patients following through with the CAR-T therapy.”
Oncologist, US

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.

Neurologist, DE



Gender, race and income are all primary barriers to health equity

HCPs and Payers say that health equity is a “powerful term” that means all patients – regardless of gender, race, or income – have an equal opportunity to access the care they need. Most point to patients with a low socioeconomic background as being most burdened when it comes to issues of health literacy, with homeless coming in as a close second.

“Health equity...is inclusion and diversity, it is financial evaluation, accessibility, and meeting patient’s unique needs.” Oncologist, US

“We know there are anthropological studies that have demonstrated that refugees, minorities and immigrants are not using the public health system or receiving the proper medication in the same way. Epidemiological studies in Germany, France and the UK show this is a consistent pattern.” Neurologist, UK

HIGHER
IMPACT

LOWER
IMPACT

Populations most impacted by care inequities

LOW SOCIO-ECONOMIC BACKGROUND

Includes BIPOC audiences

HOMELESS

Significantly higher in Germany

DEPRIVED AREAS

Notably higher in the UK

LEARNING DISABILITIES

A greater priority in the UK

LGBTQ+

Notably higher among US respondents

A woman with dark hair, wearing safety glasses and a white lab coat, is focused on her work in a laboratory. She is looking down at something in her hands. The background is slightly blurred, showing laboratory equipment and shelves. The overall lighting is cool and blue-toned.

Most expect pharma to address inequalities specific to the populations they serve
Future-proofing system initiatives, educational programs and the inclusion of critical populations in drug development are seen as the most essential ways to solve health equity challenges.

“Pharma has to step-up and think of new ways to bridge these health inequities.”

Neurologist, US

Inclusive trial design is tantamount to health equity

Inclusion of all critical populations in drug development programs

A plurality of HCPs and a majority of payers are eager for pharma to address diversity in trial design.

Primary concerns regarding trial design and risks of bias relate to the **scale of clinical benefits of newly approved drugs or indications.**

Unaided, many say that **women and racial and ethnic groups** are at the greatest risk of underrepresentation in clinical trials.

“It’s important to have inclusion and diversity at the forefront, offering any trials available to different ethnic groups...and how that trial designed.”

Oncologist, US

“There is now a review of [the gender effect in clinical trials](#). Yes, medicines are made for ‘human beings’ but the [patient’s] gender may affect their outcomes. Take MS, where 70% of people affected are women. When you look at this from a gender perspective, we have not been focusing adequately on the best doses and strategies for women.” Neurologist, UK

Targeted education can support health equity

Provide educational programs to resonate with critically underserved communities

About half of all HCPs and payers want to see pharma companies offer education for those patient populations most in need.

The desire for education is especially strong in the UK and Germany where there is favorability towards solutions around education, learning and development.

“We want speakers on topics that the medical professionals need, like motivational interviewing, health inequities, or how to educate a patient using specific language.”

ID Specialist, US

“It’s important to figure out where there are gaps...or where patients struggle to grasp why we are giving them this treatment or information.”

Oncologist, US

Continuous development is key to solving legacy inequities

Identifying new ways to bridge health inequities to drive sustainable, future-proofed patient outcomes for the future

Companies can demonstrate purpose by developing **innovative treatments** for unmet populations and showing **long term investment in those disease states**, not just in conditions with the biggest market opportunity.

While many believe that pharma companies should demonstrate a pipeline of discovery, strong R&D and continuous innovation to address urgent challenges in healthcare, **this sentiment is especially high in the UK.**

“I’d like see them **step up and collaborate** with the government, collaborating with pharmacies or insurance companies.”

Neurologist, UK

“This might mean **using a new drug or drugs in a different way**...such as changing intravenous biologic agent or subcutaneous one to something patient-administered. This not only keeps the patient out of hospital, but we can also then use use that bed for someone else.”

ID Specialist, UK

“**An admirable company puts their profits back into innovation:** new drugs, different MoAs and indications for disease states that don’t have many drugs. They should identify subgroups that benefit the most from their product and not just trying to sell as many drugs as possible – that doesn’t work for me.”

Payer, US