Managing Performance in Patient Centricity
Making the link between value for patients and value for the pharmaceutical industry
EXECUTIVE SUMMARY

Patient engagement in healthcare has been described as the ‘new blockbuster drug of the century’, and patient centricity is a key driving force for change in the pharmaceutical industry at present. However, it is important that progress in this area is considered alongside other key elements of company performance. This is consistent with healthcare as a whole; for instance, the Institute for Healthcare Improvement ‘Triple Aim’ – widely adopted in the US and influential worldwide – is to improve the patient experience of care (including quality and satisfaction), improve the health of populations and reduce the per capita cost of healthcare.

Although it seems taboo to discuss patient centricity and financial considerations in the same breath, pharmaceutical executives are obligated to act in shareholders’ interests to generate profits and increase the value of their companies. Pharmaceutical companies must therefore balance investments to address their own triple aim of driving innovation, gaining a return on investment and addressing unmet need to create value for patients.

![Image of the 'Triple Aim' of the pharmaceutical industry]

Figure 1: The ‘Triple Aim’ of the pharmaceutical industry

1 http://www.hl7standards.com/blog/2012/08/28/drug-of-the-century/
We believe that these aims are complementary, however there is a paucity of data in the pharmaceutical industry to back this hypothesis. This is because pharmaceutical companies lack performance measures on how much patient value they are adding. This is reflected by a recent survey of pharmaceutical industry executives that found the topic of greatest interest in the area of patient centricity to be key performance indicators (KPIs), chosen by 80% of survey respondents.\(^2\)

In this paper, we propose a performance management approach and framework for patient centricity and, more specifically, patient value creation for pharmaceutical companies. We recommend that companies come together to agree an aligned approach in assessing patient value as far as possible to apply both externally- and internally-orientated KPIs factoring the following key elements:

**EXTERNAL IMPACT:**
- Outcomes: Patient outcomes (e.g. clinical outcomes, patient-centric outcomes, patient activation) from use of the company’s product and services.
- Access and adherence: Improvements in the healthcare system and/or process influenced or driven by a company’s initiatives, e.g. enabling more patients to be diagnosed, access healthcare and receive treatment as needed.
- Patient experience: Patient and carer feedback on their experience of using company products, services and information, and their involvement in other company-led activities (if relevant).

**INTERNAL STRATEGY AND EXECUTION:**
- Strategy: Assessment of how well patient centricity is understood as a strategic concept and whether genuine patient needs are being addressed by company investments.
- Process: Assessment of how well the patient voice is incorporated into product and service development processes.
- Capability: Assessment of staff and company core capabilities to deliver patient value.

We present a set of draft KPIs within this document, and offer a vision for the path forward to industry-wide alignment on the measurement of pharmaceutical company patient impact and value.

We are in an era where companies are looking to ‘put the patient at the centre’

In their vision and mission statements, pharmaceutical companies state a focus on improving people’s lives and healthcare. Historically, the pharmaceutical industry has in fact been much more strategically focused on financial targets, achieved by maximising the price and volume of medicinal product sales, and reducing its cost base. External interactions have been predominantly focused on regulators for product approval and then physicians and payers as the prescribers and purchasers of the pharmaceutical company’s products. In terms of pharma’s triple aim of financial ROI, scientific innovation and meeting unmet patient need, the patient element was typically considered last, and managed through a proxy, i.e. the physician Key Opinion Leader. Pharmaceutical companies had almost no link with patients except in clinical trials, where patients were subject to a procedure rather than engaged participants. As a former head of R&D put it to us, in the past the pharmaceutical industry and healthcare industry ‘never thought about the patient’. This was not necessarily inappropriate or malign, as physicians took the decisions on medicine administration and many patients accepted being passive recipients of healthcare, directed by their physician. The physician was to a great extent the most appropriate customer for pharmaceutical companies to focus on.

As discussed in the Kinapse White Paper ‘Putting the patient first’, we are in changing times. We are already in an era where the pharmaceutical industry faces many challenges to profitability and productivity, with the years of double digit year-on-year revenue growth long gone. More importantly, we are now in an information age where internet access enables and empowers individuals to engage far more in their own healthcare. Many patients independently read about their conditions and their medicines, building an understanding of the role that they can take in managing their own healthcare and uncovering questions that they need answered. The physician is no longer the sole decision maker, but is becoming more a trusted advisor or personal shopper for their patients’ healthcare, including the medicines and services that they receive. In addition, regulators are actively seeking patient input and beginning to factor patient preferences in their approval decisions.

Faced with this shifting dynamic, the pharmaceutical industry is now focusing resources much more on the end customer, the patient, in a desire to be more ‘patient centric’. If these efforts are successful we may finally find out whether George Merck’s famous assertion of over 50 years ago ‘put patients first and profits will follow’ is true.

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4 ‘The productivity crisis in pharmaceutical R&D’ Pammolli et al Nat Rev Drug Discov 2011
5 Adams & Brantner. Spending on new drug development, Health Econ. 2010
7 FDA approves first-of-kind device to treat obesity http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm430223.htm
8 Time (18th August 1952)
Unfortunately, we do not have common agreement on what patient centricity is, and we are not clear on what the benefits are.

**There is no common understanding or definition of patient centricity in the pharmaceutical industry.** This is true in the literature, across the industry and its representative bodies, and typically within individual companies. This is a problem because a clear definition of ‘patient’ and ‘patient centricity’ is a key prerequisite for organisations to define strategic ‘patient centric’ goals and priorities, and assess progress toward against these goals.

Although there is no single agreed definition in the healthcare sector either, the following expert definitions of ‘patient-centred care’ are well aligned:

- ‘Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions’ ⁹
- ‘The experience (to the extent the informed, individual patient desires it) of transparency, individualisation, recognition, respect, dignity, and choice in all matters, without exception, related to one’s person, circumstances, and relationships in health care’ ¹⁰

Aside from references to clinical decisions, many of the healthcare sentiments apply for pharma. As pharmaceutical companies take a more holistic role in healthcare, we propose to apply broad definitions for pharma for the purpose of this paper and the associated performance management framework¹¹:

- **Patient** refers to people living with, or at risk of living with a disease¹². This includes carers and close family members.
- **Patient centricity** is an attitude and approach that puts patients’ interests central to all decision making and activities.
- **Patient value** is improvement in the life of the patient as defined from the patient’s perspective.

In other words, patient centricity is the mindset and direction that moves you towards the desired outcome or vision. Patient value is the desired outcome, and ultimately the only thing that matters. As an example of why this division is required, a project team can be told to be patient centric, and might think they are patient centric because they are involving patients in project meetings, or because they are talking to patients. In reality these actions only have a benefit if they lead to outcomes that have a positive impact on patients’ lives, i.e. they create ‘patient value’.

Once we have an agreed set of definitions we then come to the next problem: **we are not clear on what the parameters of success are in delivering patient value.** This is critical as these parameters will define the performance management framework, which in turn is crucial in building a sustainable approach; business leaders and shareholders will be increasingly resistant to ‘patient centric’ investments in the long term if they cannot see measurable benefits, and cannot correlate patient value creation with business value creation.

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¹⁰ Berwick DM. What ‘Patient-Centered’ Should Mean: Confessions Of An Extremist Health Affairs July/August 2009 vol. 28 no. 4 w555-w565 http://content.healthaffairs.org/content/28/4/w555.full

¹¹ Adapted from definitions formed at the Kinapse Patient Centric Pharma Forum, London May 2013

Drawing on the symmetry of ‘triple aims’, there is an opportunity to learn from the healthcare sector and how patient value is assessed there. This seems particularly apt as pharmaceutical companies increasingly look to act as integrators in the healthcare system, and to provide more holistic services around their products, rather than just the medicines themselves. Health quality bodies in the USA – arguably the leading country in the world in the area of healthcare performance measurement – cite four basic categories for assessment: health outcomes, processes, structures and patient experience. Within these, there is a recognised need to shift the balance to place more emphasis on health outcomes and experience and less on process measures, but this is not always possible and so a balance is required. The Cleveland Clinic is often cited as a best practice example in an institution, as one of the first organisations to collect and publicly disclose a wide variety of metrics for each hospital in its network. Their clinical quality metrics are presented in the order of priority: outcomes, process then volume. Outcomes metrics are typically clinical, but there is an intention to use more patient-reported outcomes in future. Where outcomes are not possible to report, they focus on reporting process or volume measures that are known to correlate with outcomes.

Health outcomes measures are widely seen as a step forward from purely process measures but, as with all performance measures, they must still be carefully selected in order to drive the right decisions. Blanket ‘optimal’ clinical outcomes targets applied to all patients can be harmful. For example, blood pressure targets of <130/80 mm Hg are not realistic for the most severely hypertensive patients, and evidence suggests that overmedication of these patients in pursuit of this goal may increase mortality.

It is also important to note that patient-reported outcomes are often defined from existing tools, or developed by scientists or clinicians, and so they still may not report the outcomes that matter most to patients. The emerging field of patient-centred outcomes research is required to ensure we also identify and study the outcomes that matter most to patients. These priorities can be identified through working with patient focus groups, use of conjoint analyses and so on.

A summary of measures used to monitor patient benefit in healthcare is given in table 1 below. A number of these measures are relevant to the support that pharma companies provide and will be applied to that discussion.

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13 http://www.fastercures.org/assets/Uploads/PDF/VC-Brief-EvidenceBasedMeasurement.pdf
16 Hayward, R. All or Nothing Treatment Targets Make Bad Performance Measures American Journal of Managed Care. 13.3 (2007): 126-128
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DESCRIPTION</th>
<th>EXAMPLES</th>
<th>CHALLENGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes</td>
<td>Clinical outcomes i.e. clinically-defined and measured disease or quality of life status</td>
<td>• Glycaemic control in diabetes (e.g. HbA₁&lt;8%)&lt;br&gt;• 30-day hospital readmission rates for Myocardial Infarction</td>
<td>Outcomes may or may not be of concern to patients</td>
</tr>
<tr>
<td></td>
<td>Patient-reported outcomes on their disease status / quality of life (QoL)</td>
<td>• SF-36&lt;br&gt;• EQ-5D™&lt;br&gt;• UPDRS II (Parkinson’s disease)</td>
<td>Outcomes may or may not be of concern to patients</td>
</tr>
<tr>
<td></td>
<td>Patient-centred outcomes, i.e. health and lifestyle outcomes measures defined by patient themselves</td>
<td>No standards; initiatives to identify disease-specific patient research priorities include the Patient Focused Drug Development (US FDA) initiative and James Lind Alliance (UK)&lt;br&gt;Resource intensive to scientifically validate new instruments&lt;br&gt;Patient priorities will vary by individual and group</td>
<td></td>
</tr>
<tr>
<td>Patient experience</td>
<td>Patient feedback on the healthcare they have received through satisfaction surveys</td>
<td>• HCAHCPs and CAHPS survey results (US)&lt;br&gt;• Reviews on iWantGreatCare.com (UK)</td>
<td>Satisfaction surveys do not always reflect the full experience e.g. whether the patient has been treated personably and compassionately</td>
</tr>
<tr>
<td>Patient activation**</td>
<td>Assessment of how engaged and able patients feel in managing their disease</td>
<td>• Patient Activation Measure (PAM)&lt;br&gt;• Self Efficacy to Manage Chronic Disease Scale (SEMCMD)</td>
<td>Patient activation is an emerging research area that is not yet well defined; PAM is the first and dominant index but must be licensed in order to be used in a health system</td>
</tr>
<tr>
<td>Process</td>
<td>Compliance with or improvement of a process known to contribute to improved health outcomes</td>
<td>• % people aged 60-75 screened for colorectal cancer&lt;br&gt;• % procedures compliant with an evidence-based clinical guideline</td>
<td>Provides no/minimal information on quality or patient experience</td>
</tr>
<tr>
<td>Volume</td>
<td>Absolute number of procedures or people involved</td>
<td>• Number of hip replacements performed by an institution in a year&lt;br&gt;• Number of patients covered by a health plan</td>
<td>Provides no/minimal information on quality or patient experience</td>
</tr>
</tbody>
</table>

** Patient activation / patient empowerment is an emerging and not yet well-defined area of measurement. It can be considered a process and an outcome; we have considered it a separate category in this table for the purpose of clarity. McAllister et al.¹⁷ argue that patient empowerment should be considered an outcome when it can be measured and therefore managed, as it has been shown to influence the effectiveness of healthcare interventions. Considering patient empowerment separately from Quality of Life (QoL) health outcomes tools is expected to be useful as QoL tools focus on health status and do not clearly differentiate psychosocial aspects. Separate measurement would allow examination of the effect of trade-off decisions that patients make between health status and psychosocial outcomes.


Table 1: A summary of standard measurement approaches used in healthcare
What would the tangible outcomes of patient centricity for the pharma industry be, and how could we measure them?

In pharma, as in healthcare, it is important to be clear on the patient-centric outcomes that we are trying to achieve. We can then define and measure a set of elements that lead us to those goals, and another set that demonstrate we are achieving them. Some elements will relate to external impact, i.e. the effect that the pharma company has on improving care in the eyes of the patient, and some will relate to internal activities that must be optimised to ensure success.

If the outcome we want is improvement in the quality of patients’ lives in ways that are meaningful to them, our measures should be based around achievement of that aim, using the products and services that a pharmaceutical company can offer. Therefore, health and patient experience outcomes are important external impact measures. To achieve these outcomes, the right operational objectives must be set and met. Common themes in this area will centre on achieving strong mechanisms for insight management, understanding of the patient, and positive patient perceptions and engagement. The critical success factors for the achievement of these objectives then need to be defined. These will include elements such as:

- An ability to understand and stratify the patient population, including genotype, phenotype, epidemiology, psychology and behaviour
- Effective prioritisation and resource allocation
- Robust and compliant means of engagement with patients, carers and other key health system stakeholders
- Transparency in working practices and sharing of data externally
- An ability to develop excellent products and services that meet patient needs.

Based on Kinapse’s view of the critical success factors and informed by the approach used in healthcare, a set of draft Key Performance Indicators has been defined as a starting point for discussion. The key internal and external KPI categories are presented in figure 2 with more detail in table 2 below. External KPIs will be mostly reflective of the impact a company has made up to that point (lagging indicators) while internal KPIs are designed to assess whether the right operational elements are in place to ensure the desired future external impact can be achieved (leading indicators).

**Figure 2: Summary of proposed patient value KPI categories and their key constituent parts**
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DESCRIPTION FROM PHARMA PERSPECTIVE</th>
<th>EXAMPLE METRIC</th>
<th>EXAMPLE ASSESSMENT METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes (including patient activation)</td>
<td>Patient outcomes from use of company product and services in the real world</td>
<td>• Effect of pharma information or service initiative on patient activation score</td>
<td>• Patient Activation Measure (PAM) improvement</td>
</tr>
<tr>
<td>Patient experience</td>
<td>Patient and carer feedback on products, services information received and their involvement in company led activities</td>
<td>• User (patient) satisfaction - covering R&amp;D activities in addition to marketed product</td>
<td>• Linear customer satisfaction scale (1-5 or 1-7) / Net Promoter Score supplemented with qualitative patient interviews</td>
</tr>
<tr>
<td>Access and adherence</td>
<td>Improvements in the patient’s healthcare process influenced or driven by the pharma company’s initiatives</td>
<td>• Patient adherence to medicines or services provided (including before and after an intervention)</td>
<td>• Medicines Possession Ratio (MPR) / Proportion of Days Covered (PDC)</td>
</tr>
</tbody>
</table>

**Table 2:** A proposed set of patient centric KPIs for a pharma company. Not all KPIs would be required at each level of the organisation.

This list is not a comprehensive view of all possible measures, but an indication of where the priorities might lie in building a suite of performance metrics. Each of these metrics will benefit from discussion and iteration, and further work is required to identify all implementation challenges and risks. However there are a few aspects of implementation worth highlighting at this stage.

**Recognise hierarchy within organisations:** Not all KPIs need to be measured and reported at each level in the organisation. Different KPIs will be relevant to different stakeholder groups: executive leaders are likely to want to focus on portfolio-level impact and portfolio-level measures and will delegate accountability for process excellence; R&D and Medical Affairs managers are likely to focus more on specific initiatives – the impact of specific studies or patient and healthcare professional (HCP) education programmes, for example. This practical application of metrics ensures that the effort and costs of measuring do not exceed the benefits in having the measurement, and that metrics inform decisions and actions.
Measuring impact on gaps in the implementation of care: To become more patient centric and reduce the risk of becoming commodity suppliers, pharmaceutical companies are increasingly seeking to operate in the healthcare ecosystem in a more holistic manner than before, to integrate and deliver services around the medicine. A disease-specific ‘cascade of care’ is therefore an excellent foundation on which to identify gaps that new or improved services can address and the impact on these gaps such as timely diagnosis or patient retention in care. The HIV therapy area has a well-respected and validated tool for this purpose (see figure 3 below)\textsuperscript{18}, and a similar tool has recently been proposed for diabetes\textsuperscript{19}. Many chronic conditions are amenable to this approach; epidemiology and outcomes data in addition to company insights from external engagement activities can be used to identify where quantifiable gaps in care exist.

There are of course challenges of confounding variables in a broad framework such as this. A pharmaceutical company’s contribution to some outcomes may be hard to differentiate from changes instigated by broader health system initiatives, so the KPI should be made as specific as possible. For example, a company may wish to impact the patient journey by bringing healthcare providers, non-governmental organisations (NGOs) and their own patient-focused information services together as a ‘community of interest’ to increase the proportion of patients diagnosed and linked to healthcare. In this case, the scope of the KPI should be the area where the initiative is focused and expected to have the most impact, i.e. the specific geographic location, patient subgroup and/or point on the patient journey. Control groups where the initiative is not yet implemented will add to the validity of the data and conclusions.

\textbf{Figure 3: Visualising a quantifiable impact on the implementation of care, illustrated using the ‘cascade of care’ concept of Gardner et al. in HIV}\textsuperscript{17}


Adherence as an important external process impact measure: Even the most efficacious product or service is completely ineffective if the patient does not use it. Although this is obvious, evidence shows that adherence to therapy is an enormous problem in healthcare, averaging around 50% overall and much lower in some areas such as depression. It is also an area where patient benefit and financial results clearly coincide – the cost of non-adherence has been estimated at over $500bn in lost revenue per year to the pharmaceutical industry, although, given healthcare budget limits, it is unlikely this full sum would become available in the system if patients obtained and took all the medicines prescribed to them. Nevertheless, data (from the US HCAHPS for example) and informal discussions with patients tell us that the information and guidance provided with medicines is often far from optimal. This seems a clear area where pharmaceutical industry could create measurable ‘quick wins’ in adherence by supporting patient engagement efforts that take account of patient’s beliefs on the necessity of treatment and allay their concerns about the safety and convenience of the therapy – two key elements influencing adherence. This could be achieved through increased involvement of patients in the development and review of patient information sources for example, and through supporting practical HCP and patient education on the optimal use of treatment.

Encouraging a patient-defined value focus in the regulatory and payer system: In most therapeutic areas, regulatory approval is dependent on evidence obtained from standard clinical trial designs using established clinical endpoints. Payers and Health Technology Assessment (HTA) bodies currently use generic instruments for assessing QoL such as the EQ-5D in their reimbursement decisions. This enables them to make approval cost-benefit decisions using criteria that are comparable across past decisions and different therapeutic areas. These instruments are often not focused on the specific needs of patients with a particular disease, however, and invariably the measures are not defined with their input. A key element of creating future patient value will be in supporting product development and assessment using measures that matter to and are defined by patients. For this to work in practice, pharmaceutical companies will need to actively engage with regulators and payers to demonstrate how these approaches are in the best interests of patients, an improvement over the status quo, and sufficiently robust to contribute evidence for the cost-effectiveness and safety of their products. In some countries, this approach is likely to be broadly welcomed (the FDA’s Patient Focused Drug Development initiative is evidence of this), in other countries it will be more of a challenge.

There is an opportunity to share and align on a common approach to the assessment of patient value creation across industry

KPIs should be standardised in situations where they will drive decisions across an organisation or where comparability is necessary or useful. The pharmaceutical industry has recognised and commonly adopted metrics in a number of corporate and department-specific areas, for example:

- Financial performance (e.g. revenue compound annual growth rate (CAGR), profitability, share price movement)
- Expected return on investment (e.g. risk-adjusted net present value (rNPV) for a development project)
- Clinical Operations cycle times (final protocol approved to clinical study report complete and all milestones in between).

20 CapGemini (2012). Estimated Annual Pharmaceutical Revenue Loss Due to Medication Non-Adherence
Patient value creation is not a standard process, but the objective to create patient value is common across the pharmaceutical industry, and the critical success factors involved will have more similarities than differences across companies. We believe there is an opportunity to develop a suite of standard KPIs that can be adopted industry-wide, and applied as appropriate based on the company’s strategic focus and portfolio. If we are to build this consensus it would be best to do this soon, before each company develops their own approach and the situation becomes fragmented. The industry is in an era where involvement in pre-competitive activity is becoming the norm, as the broad membership of the R&D non-profit organisation TransCelerate Biopharma demonstrates. The interest in sharing and learning expressed by participants in Kinapse patient-centric pharmaceutical industry forums, and in the many industry conferences that bring companies and patients together on the patient centric agenda, suggest that this is an area where a similar approach will work well.

Alignment on an outline approach for KPIs would not preclude the application of the KPIs to meet a company’s specific needs. Based on company strategy, the thresholds set for success, data presentation methods (dashboards) used and the consequent decisions made on the basis of these KPIs will differ. A core set of common KPIs would also not preclude the use of specific KPIs within companies to drive towards more specific objectives. Alignment with a standard KPI suite may be useful as a recognisable format aids clarity of communication, but standardisation with existing approaches may not be possible or desirable in all cases.

If a consensus can be reached and a standard approach adopted – with individual adaptations where necessary – we believe a set of standard KPIs will enable and support:

- Clarity of purpose for the pharmaceutical industry on what it means by patient centricity and patient value, and the expected outcomes associated with the implementation of these concepts
- Transparency with healthcare decision makers, patients and the public, leading to improved perceptions of the industry
- Benchmarking between organisations (if information is shared, and we believe at least some of it should be) to enable sharing of best practices that drive the industry towards better care for patients overall
- Standardisation and a common understanding within organisations – so that resource and budget investment decisions across different therapy areas or teams are assessed against common criteria, for example.

There may be some opposition to this proposal. Some may see a competitive advantage in taking their own approach. Others may feel that this area is too difficult to measure, as was traditionally the argument in Medical Affairs. Others still may claim patient value metrics will just be a ‘box-ticking’ exercise that encourages patient participation without anyone actually listening to or acting on what they have to say, or that patients can’t be engaged for legal reasons (in fact, non-promotional patient engagement ‘is possible in most if not all countries’). However, we believe a competitive advantage can be gained in applying the KPIs in the right way to manage internal priorities and performance, and in setting the right targets. In our view, the external benefits outlined above far outweigh the challenges in gaining alignment and traction within the industry.
A vision for the future

In the short term, we hope this proposal will open a dialogue on how the industry can work together to address this important area. The performance management approach presented here is not ‘the answer’ and will never be so without broader engagement with industry, and with patients themselves. We welcome the opportunity to work with industry partners to iterate and build on this proposal, and are fully committed to doing so.

A longer term vision, when performance management in the area of patient centricity and patient value is fully embedded, sees pharma executives able to interrogate where past investments have generated the most patient value, and make informed decisions on which investments are likely to do so in future. Benchmarking and sharing of best practice across companies may also be possible. Companies will therefore be able to balance their investment portfolio between maximising innovation, focusing on financial ROI and prioritising patient value. With enough data over time, they will also have the analytics to show where these elements are complementary or potentially conflicting. Shareholders will have confidence that investments in patient value are in their financial interests, and conversely know more about the societal value that their capital is creating.

In addition, teams and individuals within companies will have proven approaches to judge how their initiatives and efforts have contributed to patient value creation, which is likely to be a motivator for many. They will also know that senior decision makers will assess their performance based on the patient value that they create, just as financial costs and benefits are considered today.

In terms of patient centricity more broadly, we anticipate that the best companies will involve informed and activated patients as partners at all stages of product development and commercialisation in a compliant fashion to develop products and services that address patient needs, as defined by patients themselves.

Further to this and with adequate engagement on the journey, we believe that regulators, payers, HTA bodies, HCPs, patients and other healthcare stakeholders will favour pharmaceutical company products and services where they can see a compelling patient story embedded throughout the product lifecycle.

A focus on the patient will lead to financial success, and companies will have the data to prove it.

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ABOUT KINAPSE

Kinapse provides expert advisory, capability building and operational services to the life sciences industries. Our mission statement is: ‘Collaborating with our clients to innovate for exceptional results’. Kinapse clients include many of the world’s leading pharmaceutical, biotechnology, medical device and specialty pharmaceutical companies, government organisations and life sciences service providers.

Our key advantages are:
- Focus on the life sciences industries
- Deep industry experience and technical acumen
- History of successful project delivery

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