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Why “beyond-the-pill” is Holding Back Big Pharma



Up until a couple of years ago, most large pharmaceutical companies were lining up behind the idea of “beyond-the-pill” solutions.

With many hard-to-replace blockbuster drugs coming off patent, ‘beyond-the-pill’ offered the potential of new revenue growth without relying solely on the traditional drug pipeline. Drug companies sensed a potential competitive advantage, by adding devices and services (often leveraging technology) that could support better adherence and so improve patient outcomes.

In particular, services that provided better visibility of how patients take medication – its clinical impacts and side-effects – could give patients and their doctors a clearer understanding how effective medication could be, and how well tolerated it was, at both an individual and population level.

‘Around-the-pill’ was the next generation of this idea, shifting from a focus on companion services for treatment towards non-clinical assistance, such as patient communication and lifestyle support. As David Ormsher put it in a [2015 article](#), *“think of ‘around-the-pill’ as the local neighbourhood of a drug – a community experience that impacts the ultimate patient experience.”*

Once again though, labels like “around-the-pill” and phrases such as “local neighbourhood of a drug” continue to anchor pharmaceutical thinking internally to the medication, rather than externally to the person. On the positive side, around-the-pill thinking has inspired a number of patient support programmes, providing help with monitoring, awareness, adherence and easier access to medication. However, such innovation has yet to really extend to identifying or supporting patient-defined outcomes.

Data is the new drug, but people are more than their data

From my work in qualitative research with people experiencing chronic health conditions, I believe that many of the outcomes and goals that patients value most are defined by *themselves*, not their physicians, and are often not well-understood by the healthcare community as a result. For example, people living with migraine or severe asthma may be desperate to hold down their job, both for financial and self-esteem reasons, but may struggle to communicate and arrange with employers what as individuals, they **are** and **are not** able to cope with at their workplace. Finding solutions for being able to travel to see friends or take holidays can be central to someone’s quality of life, independence and mental well-being, but the practicalities of insurance, or coping with common gastrointestinal side-effects in a social environment can be highly debilitating and/or embarrassing.



Identifying these patient-centred outcomes is typically not found by collecting Big Data, but instead by forensically searching in *Small Data* – detailed examination and coding of small-scale, in-depth interviews – each person an expert sample of n=1, yet combining to indicate wider patterns across a landscape of shared needs.

Ironically, the solutions for achieving such person-centred outcomes might well harness the same technology that ‘beyond-the-pill’ initiatives are using, via smartphones or wearable devices. Moreover, it may involve the same stakeholders too – organising, promoting and coordinating support programmes, be they patient advocacy groups, charities or local health community providers. Yet, the **starting** point for such research begins from an altogether different premise. It commits to seeing the person as the centre of a social landscape, surrounded by features of their life – emotional, physical, psychosocial – along with the moments and landmarks that anchor them into their world.

This approach is quite unlike beginning at or around the pill, and radiating outwards, encountering people, processes and places *en voyage*. It is a much truer-to-life concept to see a patient as a person living life and meeting a healthcare condition along the way. To appreciate a life journey with a healthcare episode(s), not a life defined by healthcare.

From social landscapes created for and by people living with chronic health conditions, pharmaceutical companies have the opportunity to create ‘**around-the-person**’ solutions, as defined by the patients themselves, and the things they value most. By aligning innovation and support in this way, Big Pharma can truly get beyond-the-pill and help people get more from life.

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