We have all listened to our industry’s CEOs explain that their company puts the patient first, that it exists to improve patients’ lives and that it should be measured on the outcomes it effects. Although the aspiration to change lives is there, a lot of the time we don’t focus on it or achieve it.

There is an enormous need in our industry today - an area where we need innovation. We should not rely on medicines to demonstrate they make patients better, but should aim to demonstrate that our medical education programmes, all our communications, improve patient outcomes.

To do this, we have to think strategically and with purpose. We all set ourselves objectives, but what is the purpose of this activity? Is it to drive sales? Is it to communicate messages? Is it to enhance care? Is it to improve outcomes? All too often, programmes sit in silos with SMART goals, without a link to our overall objectives or purpose.

If we believe in the words of our industry’s CEOs, our WHY is to improve patient outcomes.

We are not yet at the point where patients have easy access to wearable technology that reports on symptoms each day. We may have technology that enables patients to report symptoms, but it’s a challenge to implement these advances well. And we shouldn’t wait for technology to show we can make a difference to outcomes.

Typically, our programmes and tactics are measured by customer satisfaction, return on investment or customer perception. It’s time to think of new ways of measuring effectiveness, particularly relating to outcomes.

Let me give you an example. As an industry, we spend millions on patient information leaflets and empowerment materials. Why do we do it? Most often, it is because market research suggested we need to do it, or the competition does it, or because we think it will improve patient outcomes, then we shouldn’t be doing it. Let’s invest our time where it matters. If the WHY is that patients will like it, we should reconsider doing it. If the WHY is that it will improve outcomes, and we have evidence to support this, then we should invest.

When Lucid wanted to understand how to change behaviour, it built health psychology capability. Likewise, when we wanted to understand how we can improve outcomes, we turned to the experts in health economics. Health economics allows us to model outcomes, to understand what’s possible and, most importantly, to know what needs to happen to get there. This forms a framework for how we strategically plan our programmes. Then we know we are improving outcomes.

‘Our latest methodology at Lucid is a metrics platform’

It provides a strategic approach to education that starts by defining our WHY, the outcomes we want to achieve. We then define what target behaviours we need in our audience to get us there. To do this, we research health economics literature to understand the required clinical interventions, we visit clinics to understand how to practically drive change and capture the right metrics without creating a burden for our health systems, and we work with health psychologists to target the right behaviours. We then define the education interventions that will enable the organisation to get there. The metrics platform measures everything: from the initial objectives to the end goal of outcomes. It ultimately enables us to link our work to outcomes.

Where once we thought it was only our medicines that could improve outcomes, we can now demonstrate that it’s our services and our communications that provide outcomes. When pharma companies claim in their annual reports that they have made a difference to patients’ outcomes, it should be through both medicines and services. And now we can do that. But it’s a different way of thinking. Who wants to join us?

‘Our starting point should be which outcomes, and how do we improve them?’

As Simon Sinek said, it’s not WHAT we do, or HOW we do it, it’s WHY we do it. Start with the WHY. Tactical objectives should have a WHY, and this WHY should be linked to our purpose.

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