

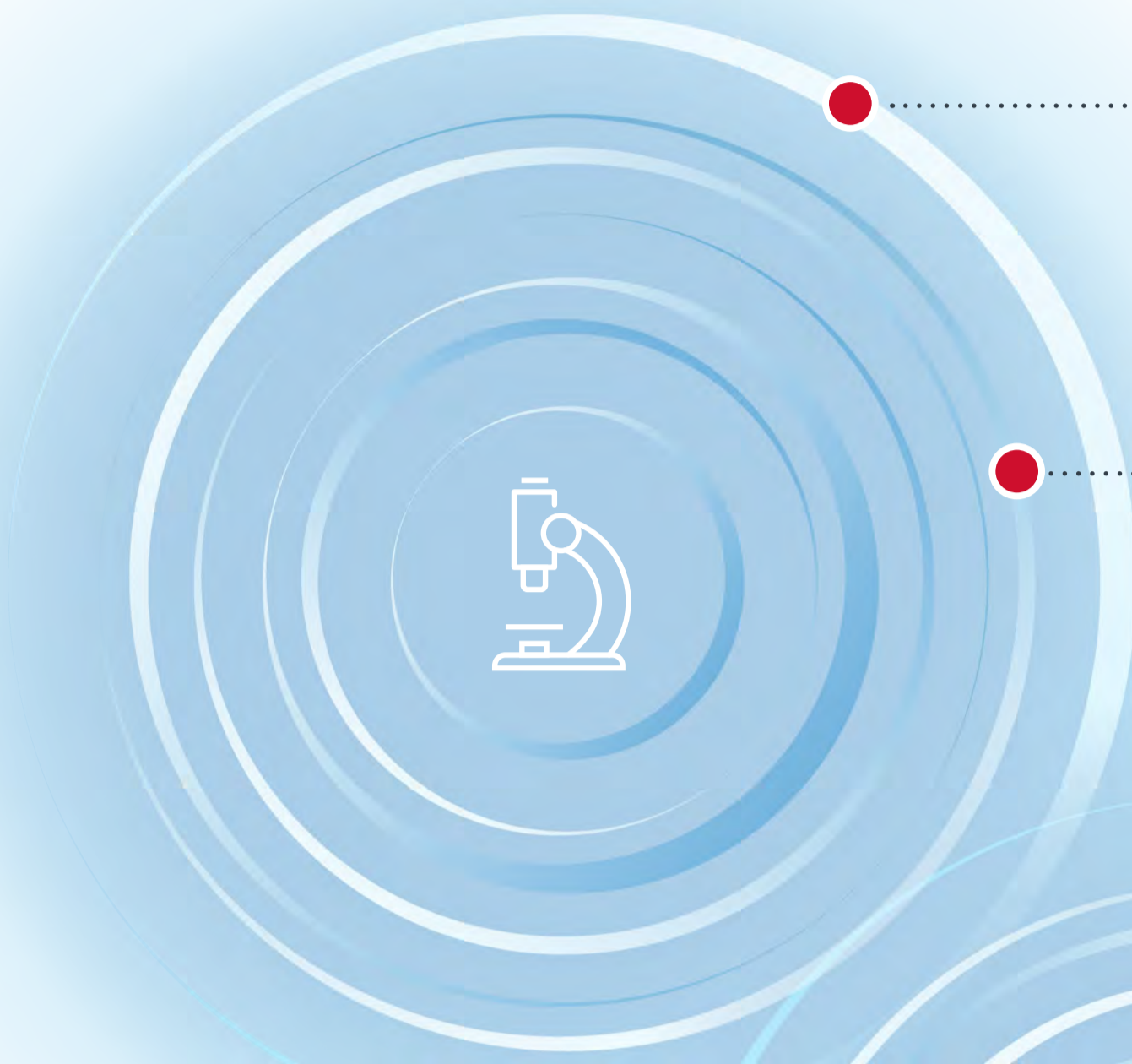
# HOW **Patient Voice** Should **Ripple** Through the Health Care Ecosystem

Patient-centricity is a longstanding aspiration in health care. But most stakeholders aim to apply patient insights to a specific set of goals—like treatment development or point-of-care—without recognizing the related ripple effects those goals have on other aspects of health care.

For example, the design of a clinical trial (including the protocols, investigator sites, and endpoints measured) has a huge impact on which patients participate. This ultimately influences the trial results and the data patients and clinicians can use to make decisions.

The result is that, by failing to understand the full range of “moments” where patient voice matters, we inadvertently create challenges in other areas. But if we recognize and account for the ways patient-centricity is applied in various contexts, we can amplify the impact of patient voice and work toward building a more patient-focused health care ecosystem.

## Treatment development



### PIPELINE STRATEGY

A patient-centered understanding of unmet need should inform prioritization of treatment development opportunities (including label expansion)

### TREATMENT DESIGN

Patient preferences like formulation and tolerance of side effects should be accounted for in treatment design

### TRIAL DESIGN

Site selection and protocols should be developed with patient convenience, access, and equity in mind

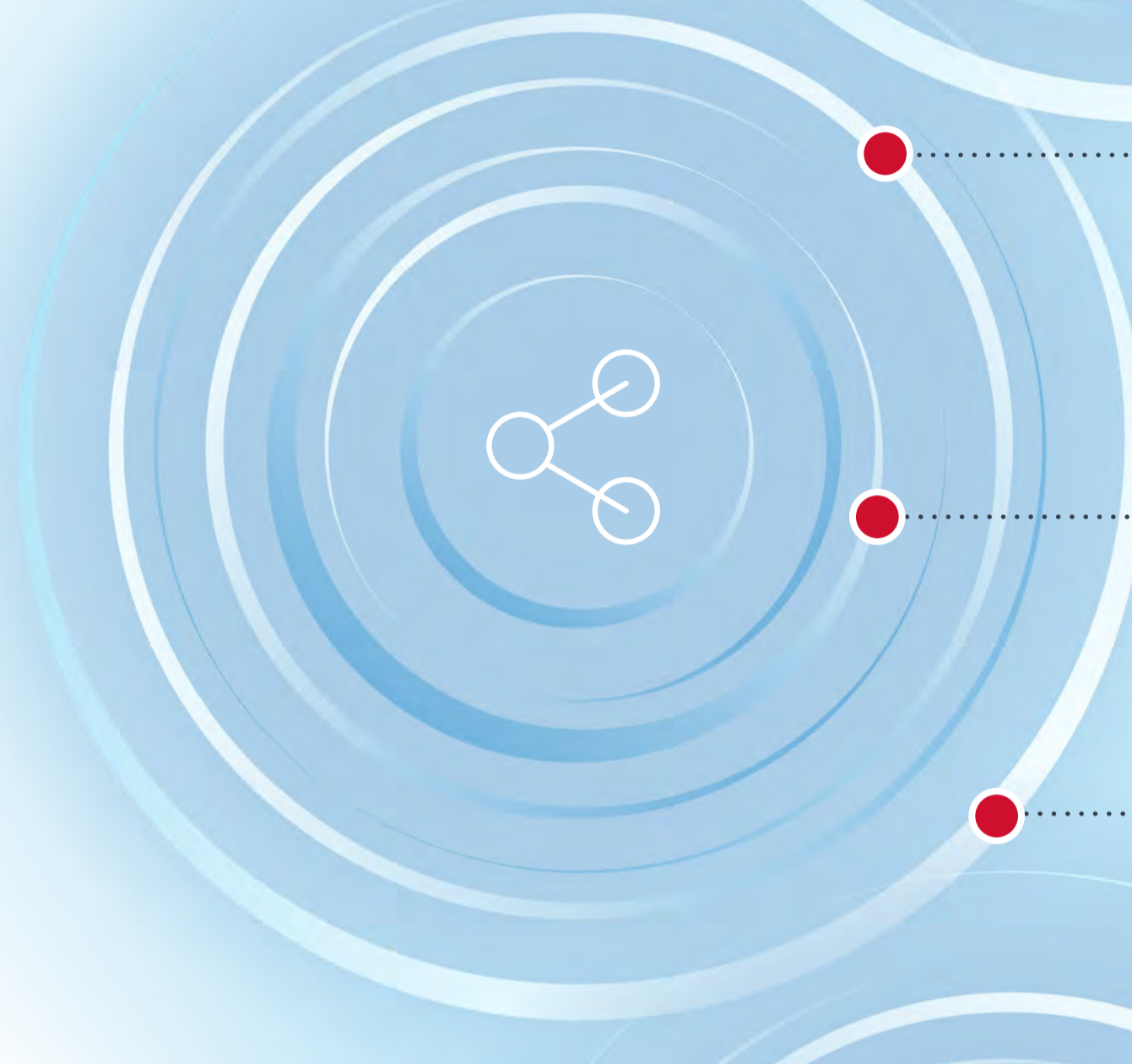
### DATA COLLECTION

Mechanisms for data capture should be patient-centered, for example collecting blood pressure from wearable devices rather than at a trial site



## Clinical trials

## Outcome measurement



### CONCEPT SELECTION

Outcomes measured should reflect concepts that matter to patients, like quality of life or caregiver impact

### ENDPOINT DEVELOPMENT

The surveys or metrics used to measure a given outcome should be intuitive to patients

### PRO INTEGRATION

Clinical data should include patient-reported outcomes (PROs), rather than rely on clinician interpretation alone

### TREATMENT PLANNING

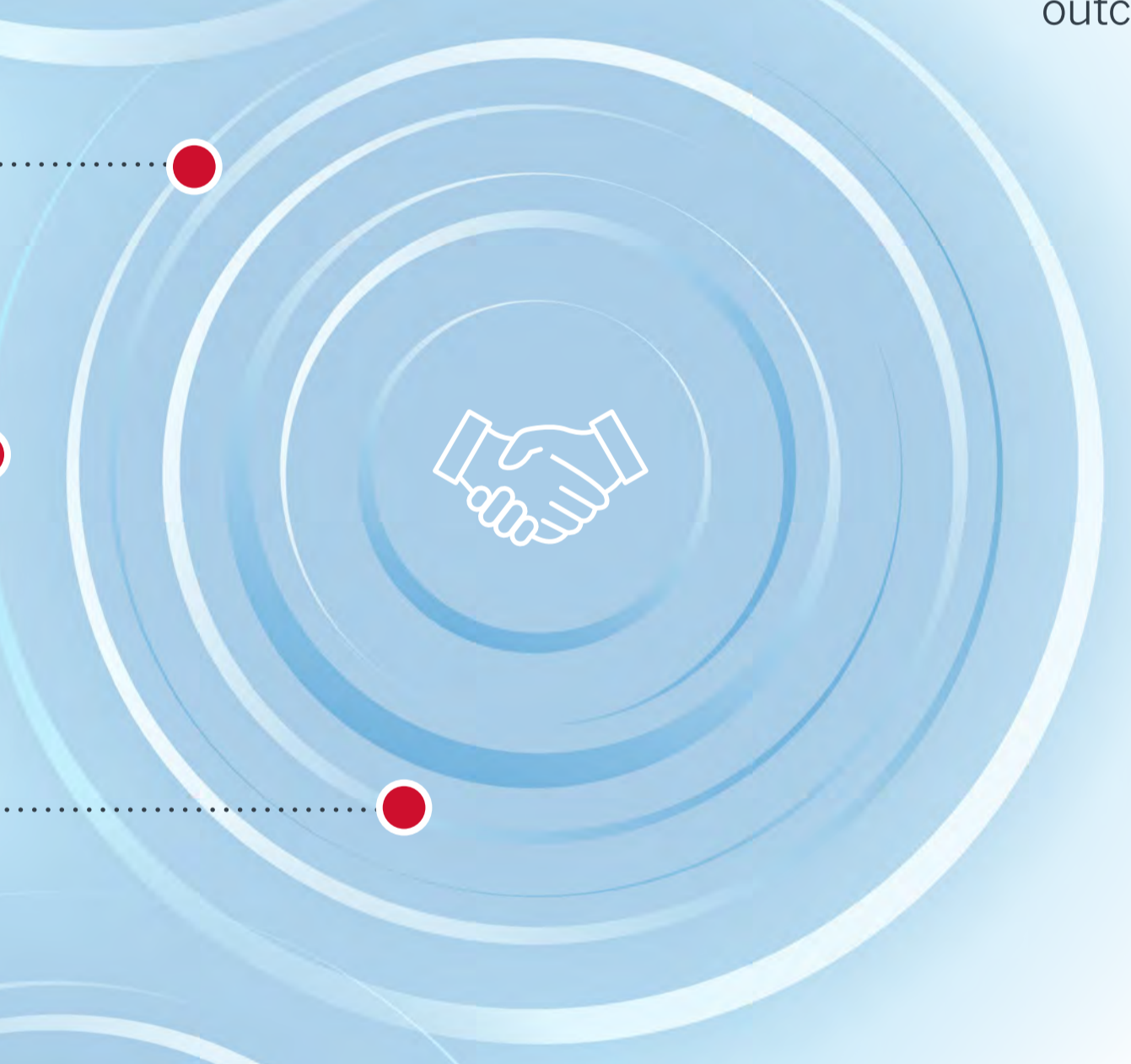
Patients’ preferences and care goals should be incorporated into treatment plans

### RISK-BENEFIT EVALUATION

Patient-centered medical evidence should help patients make more informed tradeoffs when choosing treatments

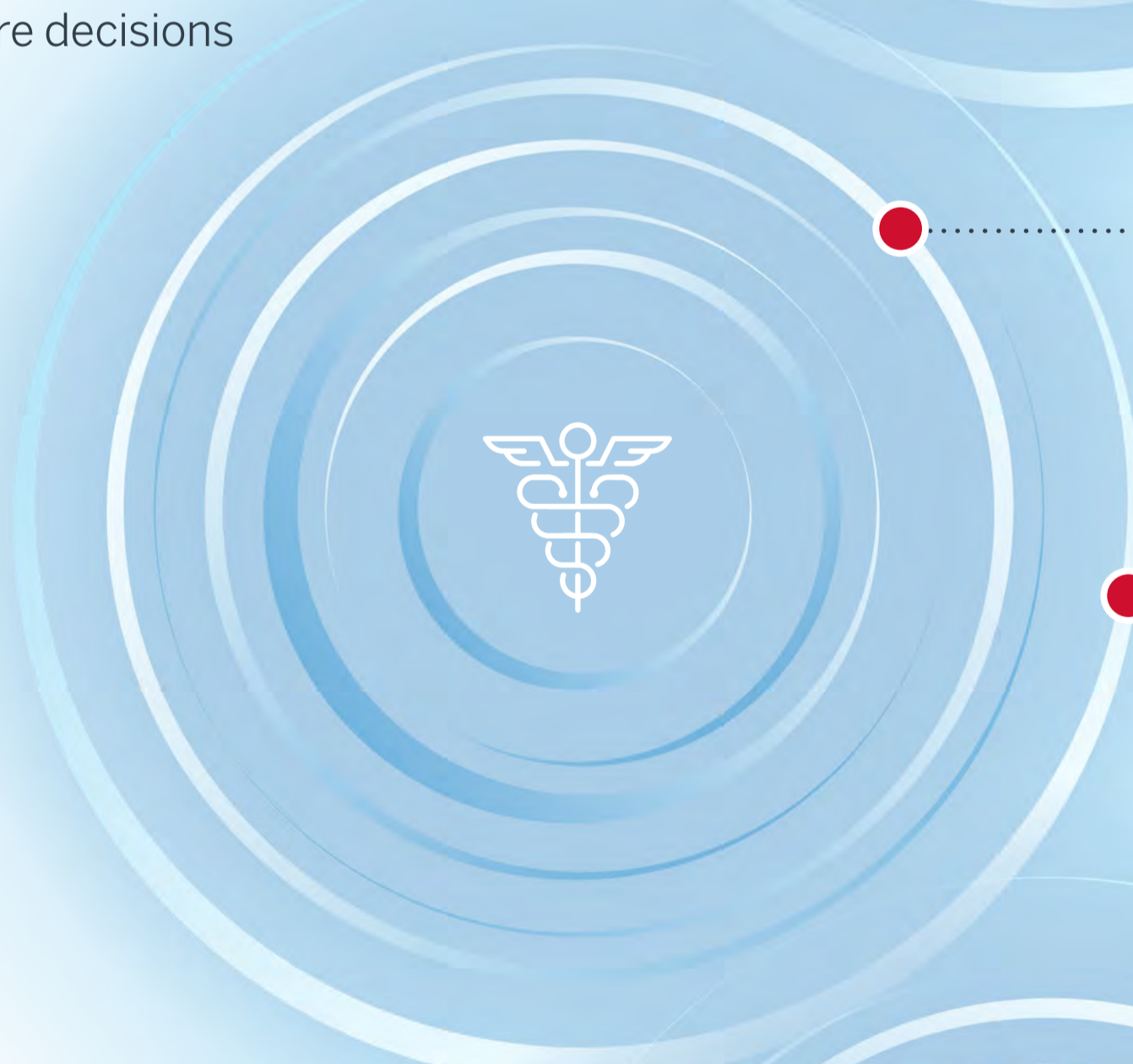
### SHARED DECISION-MAKING

Clinicians, patients, and family members should be equal stakeholders in care decisions



## Point-of-care decisions

## Treatment management



### ONGOING COMMUNICATION

Patient-centered outcomes should support clear, consistent communication between patients and clinicians (as well as patients and health plans)

### MEDICAL INTERVENTION

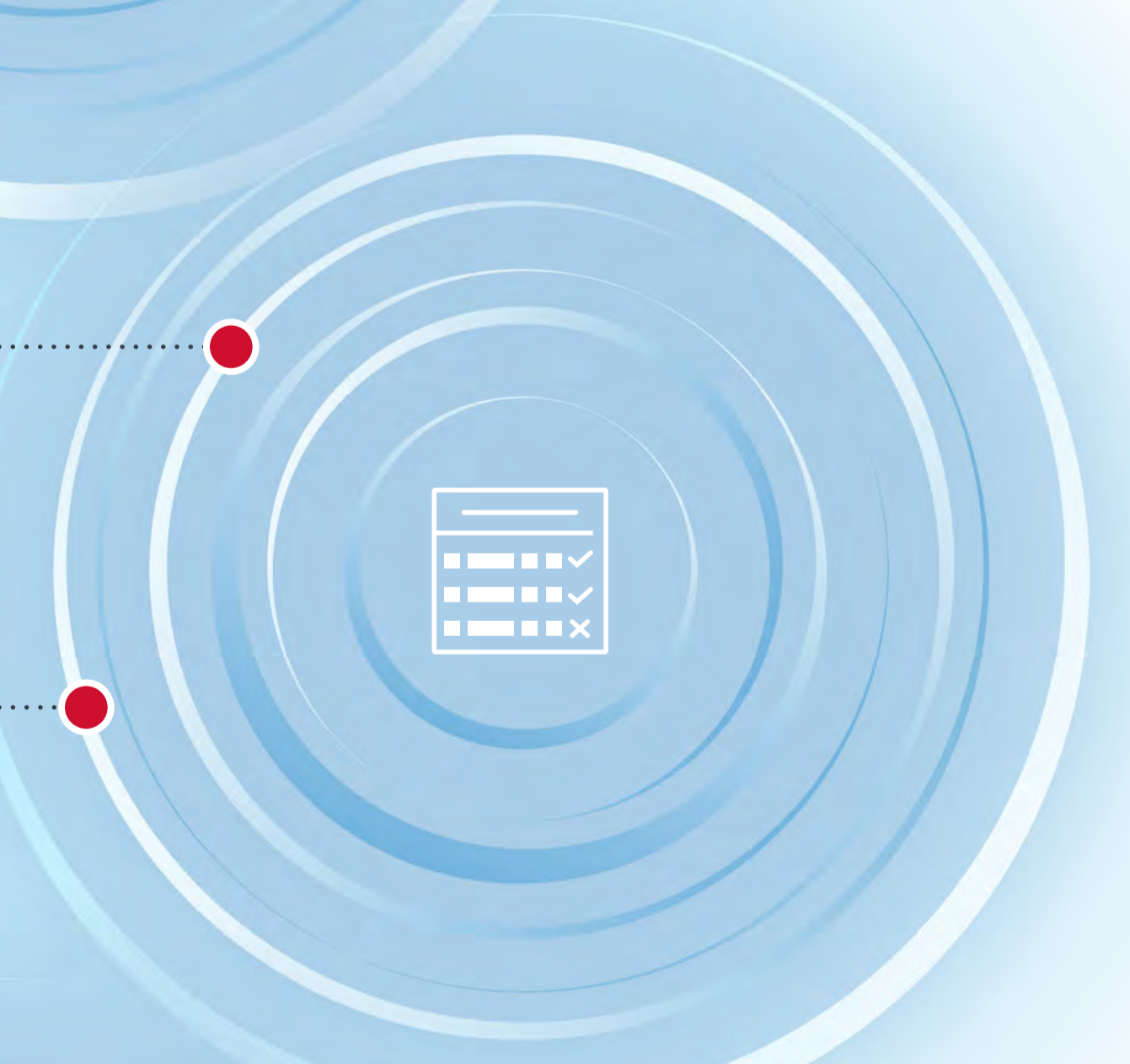
Patient-reported outcomes should be the basis for symptom monitoring, side effect management, and care plan adaptations

### METRIC SELECTION

Providers’ quality and performance measurements should include patient-centered outcomes like quality of life

### IMPROVEMENT INITIATIVES

Patient feedback should guide the development of new services and offerings



## Quality performance

## Value analysis



### VALUE ASSESSMENT

Patient preferences and patient-centered outcomes should factor into value analysis, utilization management, reimbursement and coverage decisions, and outcomes-based contracts

### GUIDELINE DEVELOPMENT

Medical evidence from patient-centered outcomes should shape clinical guidelines and pathways



To learn more about Advisory Board’s take on patient voice or to share what you’re working on, email **Ashley Rice** at [ricea@advisory.com](mailto:ricea@advisory.com)