

# A Multicountry Innovative Approach to Obtain Strategic Patient Journey Insights From External Stakeholders in a New Therapeutic Rare Disease Area

**Koenders J**  
Takeda Nederland BV,  
Hoofddorp, GE, Netherlands

**Kostelac H**  
Takeda Pharmaceuticals Croatia d.o.o.,  
Zagreb, GE, Croatia

**Dominguez A**  
Takeda Pharmaceuticals International AG,  
Zurich, GE, Switzerland

## Background

### Patient centricity in early asset preparations

- To introduce new therapies and innovative technologies into clinical, it is critical to get deep insights into effective clinical practice requires. This is done through new product planning that focusses on early preparations for new innovative therapies and technologies to ensure availability to patients.
- Analyzing how patients navigate in their local healthcare system is critical to identifying patient's unmet needs under current standard of care, thereby identifying opportunities and limitations of the current care pathways.
- More specialized therapies are in development for Rare Diseases, providing targeted options for patients<sup>1</sup>.
- The patient journey understanding is pivotal to ensure patient-centricity and is researched based on a Global perspective with subsequent localization – adding locally specific insights. Although – localization provides opportunities to engage with different external stakeholders (figure 1), the process is extremely challenging in rare diseases and small countries, where patient and physician numbers are low, to identify common patterns<sup>2,3,4</sup>.

## Objectives

### Identify innovative approaches to obtain multi-country insights

- Develop a structured multi-country innovative approach to localize the patient journey for rare diseases in small-mid sized countries.
- Identify insights in different stages (figure 2) of the patient journey throughout different countries, thereby identifying unique common patterns, differences and needs.
- The innovative approach will save time, energy and resources without compromising the quality of the insights and will enable to external stakeholder engagement and developing stakeholder relationships at an early stage.

## Methods

### Collaboration software & agile scrum principles

- We identified the therapeutic areas to focus on, based on prioritization of the assets in development. We combined two indications in development since the involved stakeholders, HCPs and patients, are interconnected. We ran a medical survey in twelve CSEE countries (BE, NL, PL, CZ, SK, AT, CH, GR, BG, HR, HU, SI) that require localization to understand their needs.
- We created an interactive on-line environment (MIRO) that ensured virtual collaboration between initial three small-mid sized countries; Switzerland, Austria and the Netherlands<sup>5</sup>.
- MIRO is a virtual workspace that enables asynchronous collaboration between meetings thus helping to take a systematic approach to better understand the market realities and to enable and accelerate cross-country learnings.
- Although the insights boards were pre-populated with existing International internal data, the patient experience board was more reflecting the healthcare system and culture and was therefore left blank at the start of localization (figure 3).
- The board is pre-filled with all available patient journey information from an International and European perspective (Takeda internal and publically available including literature) and insights as backbone, that is enriched with available local data from former research.
- We worked in a rhythm and meetings structure following agile scrum principles in sprints of three weeks.<sup>6</sup>

Every sprint started with a planning meeting, followed by several action meetings, a demo meeting and closed the sprint with a team retrospective. During the sprint planning the team sets a goal, agreeing on the progress and the tasks to take over the course of the sprint

- The action meetings are short, with the goal to monitor progress, identify and collaboratively correct potential deviations
- Demonstrating the product/progress and gather insights and recommendations from a broader audience was done during the 1-hour demo meetings
- The team reflects on the sprint, both content and process, in a retro session that closes the sprint.
- A new sprint starts again, cycling the process.

- The teams obtained insights in the patient journey and the patient experiences, in their own country board continuously. The multi-country insights board is pre-populated based on these different country inputs and updated regularly.
- Our insights, experiences, differences and opportunities were obtained over a period of 6 months, consisting of eight sprints. Different stakeholders HCPs, patients and their caregivers per country were engagement and provided their input.

## Results

### Multi-country insights in the patient journey of a rare disease

- The three individual country MIRO boards are localized and contain rich insights directly after stakeholder meetings with HCPs and patients from the countries. This allows for a real-time and up-to-date capturing of insights.
  - Country colleagues from different functions were involved to ensure early engagement of all relevant stakeholders. The benefit of this approach is cross-functional alignment and input in the patients' needs.
- The country boards are used to further develop and adjust the country strategy, ensure proper early preparations and support future availability to patients.
- The multi-country CSEE board (figure 3) is enriched with country individual data, allowing the identification of similarities and difference across countries. In addition, existing evidence gaps, surprises, stakeholder needs, and opportunities are identified to further develop.
  - Specific insights were validated across countries, which provided unique opportunities to discuss with stakeholders the differences in the patient journey and their needs. Providing insights across stakeholders and sharing best practices across the region supports the aim to improve the patient journey.
- In-depth comparison tables were created to compare specific aspects of the patient journey between countries at glance. These tables are used to deep-dive into information that was highlighted in the main insights board. These comparison tables list all countries that can contribute vs. critical elements in the patient journey such as difference in clinical monitoring, the use and availability of critical tests and the desired physician education.
- A question bank was delivered, that included tested questions to draw from when conducting desk research, surveys and interviews with HCPs, patients, caregivers and patient organisations. The questions were provided mapped based on stakeholder (HCPs and/or patient questions) and based on stage of the patient journey (figure 2).

## NPP Patient Journey Localization Stages

Internal	External	Internal	External	Internal
<b>Preparation</b>	<b>Gather Insights</b>	<b>Describe and Optimize PJM</b>	<b>Validate &amp; Enrich PJM</b>	<b>Inform / Develop Asset Plan</b>
<ul style="list-style-type: none"> <li>Ensure collective understanding of the process</li> <li>Identify internal &amp; external stakeholders &amp; actions questions per market archetype)</li> <li>Prepare high-level CSEE PJM based on available internal sources</li> <li>CSEE / LOC XF team</li> </ul>	<ul style="list-style-type: none"> <li>Get deeper understanding of the unmet needs and gaps from                             <ul style="list-style-type: none"> <li>Patient Organizations</li> <li>Physicians</li> <li>Individual patients</li> <li>Payers (where permitted)</li> </ul> </li> <li>May be done by LOC (voluntary) or CSEE</li> </ul>	<ul style="list-style-type: none"> <li>Describe current local/ CSEE patient journey</li> <li>Identify most important gaps &amp; improvement opportunities</li> <li>Co-ideate optimal / aspirational future state</li> <li>Supported by vendor and/or using an on-line tool</li> </ul>	<ul style="list-style-type: none"> <li>Validate the enriched PJM with external stakeholders</li> <li>Ensure agreement on improvement opportunities / ideas</li> <li>Agree on further exploration together with external stakeholders</li> <li>Ensures LOC external engagement and positive stakeholder experience</li> </ul>	<ul style="list-style-type: none"> <li>Prioritize insights based on relevance and impact for NPP stage</li> <li>Map insights against current Global / EUCAN initiatives</li> <li>Share with relevant colleagues</li> </ul>

Figure 4. Iterative process of synthesis, localize and synthesis

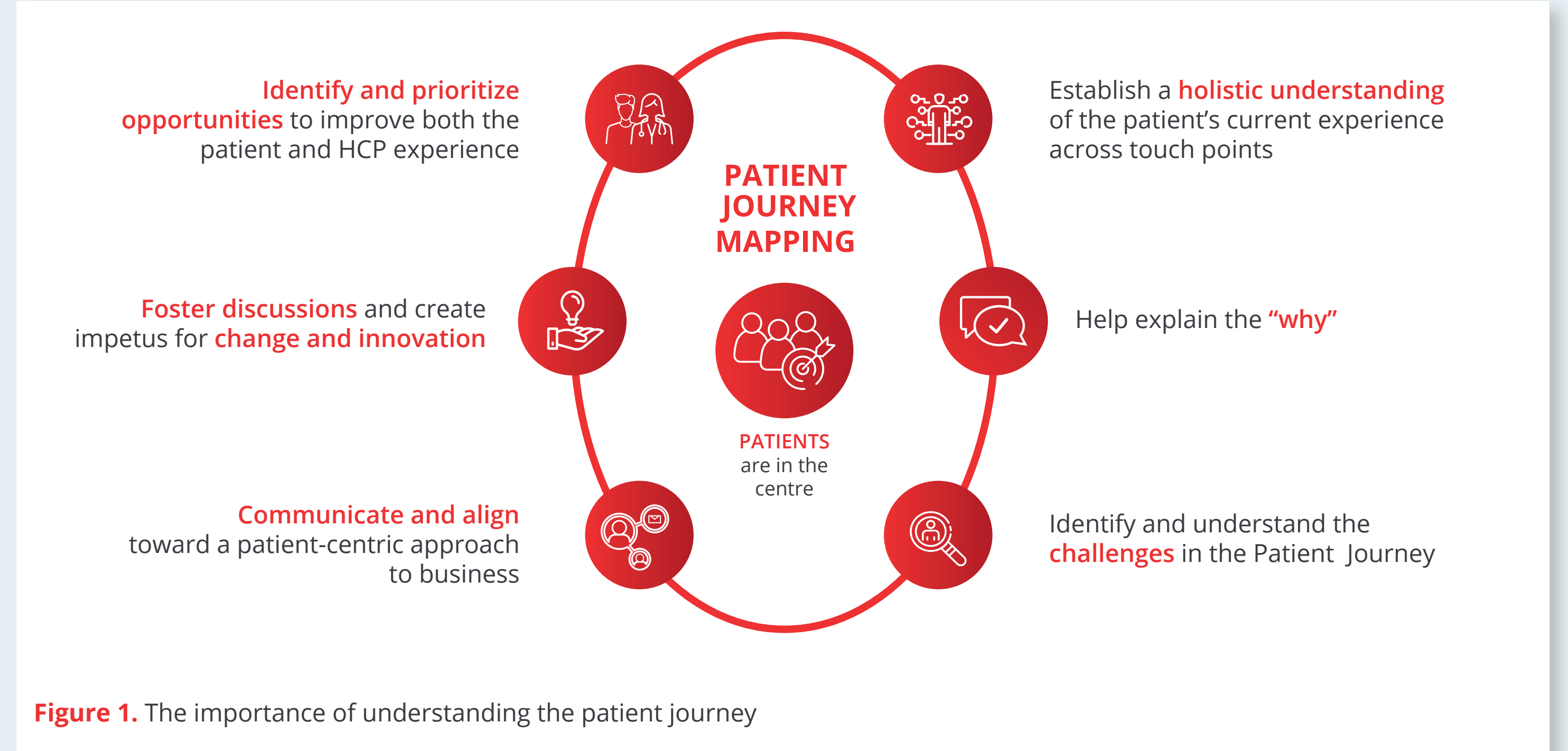


Figure 1. The importance of understanding the patient journey



Figure 2. Different stages of a patient journey

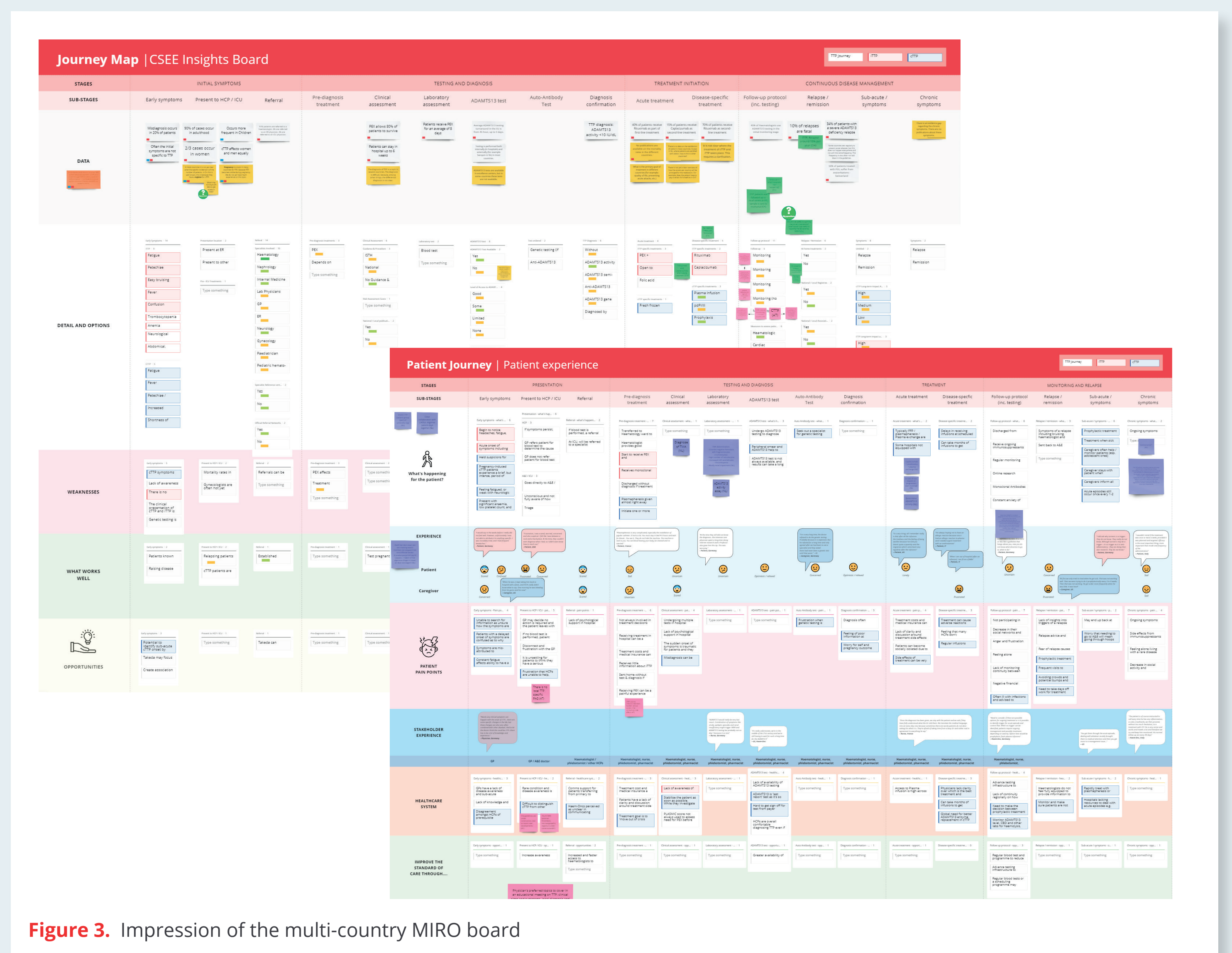


Figure 3. Impression of the multi-country MIRO board

## Conclusions

- Deepening the understanding of a disease with such a limited number of patients requires a cross-country coordinated and iterative effort of insights collection and synthesis that can not be achieved without strong supporting structures (figure 4).
- The tested structure composed by the Asynchronous online collaboration platform (MIRO) and the scrum inspired meetings type and rhythm provided the necessary visibility, flexibility and agility that allowed multiple countries to localize the patient journey simultaneously.
- This way of working was easily adopted by the country teams. The demonstration and retrospective sessions became critical to include insights and perspectives of a broader audience, improve depth of the outcomes and drive organizational alignment on the most important opportunities.
- The process can be replicated in additional countries to further enrich the insights with minimal additional adaptations.
- The rich insights from different stakeholders including HCPs, patient and caregivers, will be used to strategize early pre-launch activities for rare diseases in small-mid sized countries.
- The insights provide hypothesis for evidence gaps, potential long-term value-based partnerships within healthcare eco-system and provide input for future value dossiers, that should support the aim to ensure access and availability for patients.
- Insights can be shared with stakeholders, HCPs, patients and others through individual meetings or expert meetings. This will provide these stakeholders key learnings of similarities and differences cross-country.
- Gaining multi-country insights through innovative approaches like these may be used in collection of real-world data or other purposes.

### References

- <https://www.efpia.eu/publications/data-center/value-to-patients/new-medicines/>
- <https://www.qmatic.com/blog/patient-journey-mapping>
- <https://www.experientia.com/portfolio/rare-disease-patient-journey-mapping/>
- <https://emds.com/defining-the-patient-journey/>
- <https://miro.com/app/dashboard/>
- Data on File, Takeda International

### Acknowledgments

Country Takeda colleagues contributing from Switzerland, the Netherlands and Austria. Andus for their support in Agile working and building the MIRO board.

### Abbreviations

CSEE; Central South East Europe  
EUCAN; Europe & Canada  
HCPs; Health Care Providers  
LOC; Local Organization Country  
NPP; New Product Planning  
PJM; Patient Journey Mapping  
XF; Cross-functional

### Disclosures

This Project was sponsored by Takeda Pharmaceutical Company Limited. Kostelac and Koenders are Takeda employees and don't own Takeda stock or stock options. Dominguez is Takeda employee with stock or stock options. Email address for questions or comments: julanda.koenders@takeda.com

For an e-Print, scan this QR code. Copies of this poster obtained through Quick Response (QR) Code are for personal use only and may not be reproduced without permission from the authors of this poster.

QR code