

# Chief PATIENT OFFICERS

More and more companies are elevating patient-facing roles to the C-Suite, as a result, these key roles continue to expand and evolve to address the goals of patient-centricity and patient engagement.

## **DR. JULIE GERBERDING MERCK**

### **Respecting Voices Across the Spectrum of Advocacy**

The concept of patient-centricity became visible in the 1980s and early 1990s, driven by the HIV crisis and the work of activists. Today, thanks to an explosion in the number, reach, sophistication, and impact of advocacy organizations, patients and their caregivers are more engaged at every stage in both their own care and the drug development process. As the world faces one of the greatest health challenges we've seen, we are learning how to listen and exchange insights so that the voices of our patients are respected in all aspects of our work — from defining priority therapeutic areas for discovery research to inclusion in clinical trials, and from there across the whole spectrum of advocacy related to affordable access, uptake, and use. This means we need to help our employees improve their health literacy and ability to build trust among the many communities that need our medicines and vaccines. Ensuring that the diversity of our employees reflects the diversity of our patients is a key element of that trust.

### **Medicine for the People**

One of our founders, George Merck, once said: "We try to remember that medicine is for the patient. We try never to forget that medicine is for the people." Chief patient officers sustain the north star of our organizations — the personal connection between our daily work and the value we strive to bring to people and their loved ones. At the end of the day, we try to embody the sense of purpose that we share with colleagues across the entire biopharmaceutical network. After all, patients are our purpose.

### **Meeting Unmet Medical Need**

I learned medicine at the bedsides of the hundreds of people hospitalized with AIDS

at San Francisco General Hospital during my training. In the early days of that pandemic, we were mystified by the myriad manifestations of the illness and had no effective HIV treatments. All we could do was help our patients cope with the many complications of infection, and then help them feel comfortable and cared for when they died. In other words, our most powerful diagnostic was listening, and our most important medicine was empathy. These patients were strong advocates and actively participated in the decisions about their care. They were my best teachers, and I've carried their lessons in my heart to this very day.

## **DR. CLARE GRACE PAREXEL**

### **Shining a Light**

The pandemic has posed a huge challenge to the biopharma industry while shining a light on the importance of clinical research and patient needs. In this environment the focus on the patient has become even more important and the chief patient officer (CPO) role more integral to driving patient focus, and Parexel is early in bringing this to the CRO environment. As our customers have pivoted and focused on implementing new innovations, the CPO role is key in ensuring these enhancements are made with a patients-first approach and in a way that is easy for our customers to adopt.

### **Making the Experience More Inclusive**

The most important contribution is understanding how we can improve and make the clinical trial experience more inclusive for patients, and then ensuring that understanding is translated into action. There are still too many barriers, both medical and logistical, to enable the majority of people to participate in research. It truly is all about a patients-first approach. It's vital to create an ongoing dia-

logue with the patient community, whether it's connecting directly with patients on a one-to-one basis or through our advocacy committees, so we can develop effective solutions that improve patient quality of life. This dialogue is how we are able to put the patient at the heart of everything we do.

### **Inspired to Change Research**

Early in my career as a clinical research associate working in oncology, I recall reviewing a study participant's medical record, and her life just lifted off the page in front of me. She had young children, a healthy lifestyle, and a truly awful prognosis. Our patients are people with families, passions, and loved ones and yet they were taking time to participate in research in hopes of driving toward a cure and helping others affected by a life-threatening disease. It was in that moment I felt inspired to want to do and be more in this clinical research space and patient advocacy.

## **DR. ANTHONY YANNI ASTELLAS**

### **Signals of a Cultural Change**

In my view, a chief patient officer brings two important components to an organization: what the role represents and what the role contributes. The role signals a change in approach and culture — an evolution of how the patient perspective is included at the highest levels of the organization. That representation speaks to internal teams in support of the patient being a key partner and the focus of their work. The chief patient officer also has the responsibility of creating processes, evolving infrastructure, and global and diverse opportunities for the patient to participate and influence new medicine development. More than implementation, it requires a persistent and steady voice in support of the needed transformation. We know that in most industries, the customer is the "north star" — what does the customer need

and want, and how can a company provide the solution? I believe for the pharma industry to continue to enhance true patient and societal value in the future, a close collaboration between scientific possibility and patient need is required. The patient is pharma's north star.

**Integrating Patient Insights**

I was fortunate to spend more than 10 years of my career working in clinical practice, caring for patients every day. In that time, I saw firsthand how treatments that once sounded promising ended up falling short of patient expectations — expectations that should have been more apparent to those developing these new treatments. It seemed clear that earlier and more systematic interactions with patients in the drug development process would help resolve this issue. These product shortcomings are, at best, an inconvenience, but at worst they are a devastating failure for patients desperate for new treatments.

With my learnings from the clinic, I now have the privilege of working with Astellas — and the broader industry — to help evolve the approach: working closely with our internal and external partners to integrate important patient insights to help inform the development of the next generation of medicines. <sup>PV</sup>

**The Commanders & Chiefs**



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Dr. Gerberding is responsible for a broad portfolio focused on patient engagement, strategic communications, global public policy, population health, and corporate responsibility. For more information, visit [merck.com](http://merck.com).



**CLARE GRACE, PH.D.**  
 Chief Patient Officer  
 Parexel

As Chief Patient Officer for Parexel, Dr. Grace leads global patient advocacy and site efforts, including patient engagement strategies and efforts to enhance clinical trial diversity as well

as new, innovative approaches to help teams and customers work more effectively with investigative sites. For more information, visit [parexel.com](http://parexel.com).



**ANTHONY YANNI, M.D.**  
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Dr. Yanni has responsibility for leading the development and execution of Astellas' global patient centricity strategy across all functions of the organization. For more information, visit [astellas.us](http://astellas.us).

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