

# The concordance conundrum: the value of improving patient experience

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Number 4

**The HCP–  
patient dynamic**



# Creating space for open dialogue

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**Patients are almost unrecognisable today when compared to 10 or 20 years ago when HCPs often viewed them as compliant, obedient and uninformed.**

Today's patient is informed and has an opinion on what their potential diagnosis might be, and which tests and treatment options are available.

There is still and always will be a degree of inequity in the relationship because no matter how well-informed patients believe they are, they didn't study for seven plus years and their source of information may not be trustworthy.

“ *With the 'excellence-of-the-product-is-all-that-matters' era a thing of the past. The focus is now on experience and building trust across the industry-HCP-patient relationship continuum* ”

Continued....

Nonetheless, the dynamic between the parties has shifted and HCPs, with support from industry, need to be better equipped to answer probing questions about their choice of treatment.

Arguably in eagerly moving away from the paternalistic model of old, the pendulum has swung too far (there will be advocates and naysayers for both) in favour of an information-led relationship.

**The shared decision-making agenda aims at integrating these extremes in an atmosphere of respect** (from both parties), cooperation and trust – a cooperative-deliberative model.

With the ‘excellence-of-the-product-is-all-that-matters’ era a thing of the past, the focus now is on experience and building trust across the industry–HCP–patient relationship continuum.

By opening up and rebalancing the discussion around medication, the consultation is likely to be more satisfying for all parties and, therefore, more effective with **the patient having a true understanding of the importance of treatment concordance** and the implications of non-concordance. This is not a guarantee that they will concord, but it is a step in the right direction.

Sounds obvious? It may well be but given that models to improve the HCP–patient dynamic date back to 1989, and we are still talking about it now, it seems there is still plenty of room for improvement.



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In 2016, the Agency of Healthcare Research and Quality developed the SHARE Approach<sup>1</sup> – a five-step process to open up dialogue between HCPs and patients.

## Steps to shared decision making

### Step 1

#### Seek your patient's participation

Explain that there are options and encourage your patient to have an active role in the treatment conversation

### Step 2

#### Help your patient explore and compare treatment options

Discuss the benefits and risks of each option, and the risk associated with not taking medication

### Step 3

#### Assess your patient's values and preferences

Find out what matters most to your patient, e.g. preferred delivery, impact of their condition on their family

### Step 4

#### Reach a decision with your patient

Make a joint decision on the best treatment option

### Step 5

#### Evaluate your patient's decision

Discuss any concerns they may have

Adopted from The SHARE Approach, Agency of Healthcare Research and Quality, 2016

Alongside this, it is important to gain an understanding of how this process can aid concordance. There are five pre-requisites for concordance in consultations.<sup>2</sup>

- 1. A willingness to share power and a commitment to give appropriate weight to patient values and goals**
- 2. Open discussion of the options, specifically to gain understanding of the patient's views without making assumptions**
- 3. Adequate sharing of information including the uncertainties taken into consideration in arriving at the current decision**
- 4. Listening as much, if not more so, than talking**
- 5. Time – with a short amount of time available it is important that the patient does not feel hurried.**

# Barriers to a cooperative- deliberative model

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For some this will still seem aspirational and difficult to achieve. There is a natural imbalance in the relationship in relative terms based on knowledge, which can elicit a raft of emotions from 'hero' complex at one end and inferiority at the other (underpinned by arrogance and confirmation bias; fear and uncertainty, respectively).

Not all patients are ready for shared decision-making – some still prefer a clinician-led approach but **increasing numbers want partnership.**

There is a middle ground, but it requires greater imagination and empathy, open-mindedness and the ability to listen actively; a true understanding that **the quality of the communication is the responsibility of the communicator and not the recipient.**

# Where pharma comes in

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**A move to this model is also reliant on changing the dynamic between the pharma industry and HCPs. A plethora of information exists for HCPs, but it is built around what the industry wants to say about its products and less around supporting HCPs to do their job more effectively in terms of increasing concordance.**

If shared decision-making is to succeed as a means of increasing self-care, releasing time back to care and reducing cost pressures on health services, we need to change from a push to a pull model: one where HCPs are initiating the conversation around what information and tools they need from pharma to develop and maintain meaningful relationships with patients.

There is a need to educate HCPs and patients across a mix of channels, enabling them to have more meaningful conversations. Evidence suggests that an integrated media approach is the best way to deliver trusted and meaningful education that should be modular, flexible and quick and easy to find.

## References

1. The SHARE Approach. Agency of Healthcare Research and Quality 2016. [https://www.ahrq.gov/sites/default/files/publications/files/share-approach\\_factsheet.pdf](https://www.ahrq.gov/sites/default/files/publications/files/share-approach_factsheet.pdf) [Accessed May 14, 2020]
2. Britten N. Patient's expectations of consultations. *BMJ* 2004;328(7437):416-7.

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## The time to harness the opportunities that have arisen is now.

The HCP–patient dynamic is one of a series of articles focused on how companies can make the most of these opportunities, exploring how communication between industry and HCPs, and between HCPs and their patients can be taken to the next level to improve patient outcomes.

### Other topics covered:

- A new role for industry in ensuring greater levels of patient concordance
- Understanding behaviour change: the why, not the how
- How the HCP–patient relationship impacts concordance
- Patient experience: the role of active listening and the illness narrative
- Patient empowerment: the role of self-care and shared decision making
- How technology is aiding patient concordance
- How HCP appetite for remote engagement demands that industry embraces technology.

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